

**MANUSCRIPT RECIPE COLLECTIONS AND ELITE DOMESTIC MEDICINE IN  
EIGHTEENTH-CENTURY ENGLAND**

Katherine J. Allen

Thesis submitted in fulfilment of the requirements for the  
degree of Doctor of Philosophy of History at the University of Oxford

Wolfson College, University of Oxford  
Trinity Term 2015

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## **Short Abstract**

Collecting recipes was an established tradition that continued in elite English households throughout the eighteenth century. This thesis is on medical recipes and advice, and it addresses the evolution of recipe collecting from the seventeenth century and throughout the eighteenth century. It investigates elite domestic medicine within a cultural history of medicine framework and uses social and material history approaches to reveal why elites continued to collect medical recipes, given the commercialisation of medicine. This thesis contends that the meaning of domestic medicine must be understood within a wider context of elite healthcare in order to appreciate how the recipe collecting tradition evolved alongside cultural shifts, and shifts within the medical economy. My re-appraisal of the meaning of domestic medicine gives elite healthcare a clearer role within the narrative of the social history of medicine. Elite healthcare was about choice. Wealthy individuals had economic agency in consumerism, and recipe compilers interacted with new sources of information and products; recipe books are evidence of this consumer engagement. In addition to being household objects, recipe books had cultural significance as heirlooms, and as objects of literacy, authority, and creativity. A crucial reason for the continuation of the recipe collecting tradition was due to its continued engagement with cultural attitudes towards social obligation, knowledge exchange, taste, and sociability as an intellectual pursuit. Positioning the household as an important space of creativity, experiment, and innovation, this thesis reinforces domestic medicine as an important part of the interconnected histories of science and medicine. This thesis moreover contributes to the social history of eighteenth-century England by demonstrating the central role domestic medicine had in elite healthcare, and reveals the elite reception of the commercialisation of medicine from a consumer perspective through an investigation of personal records of intellectual pastimes and patient experiences.

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## **Long Abstract**

The tradition of recording recipes in manuscript collections has a long history of serving as a way of amassing and organising personalised knowledge. In elite domestic medicine, recipe books were important tools for recording remedies and health advice for personal, family, and charitable use. This thesis addresses how and why recipe books continued to be used in eighteenth-century England, through an examination of change over time from the seventeenth century and throughout the eighteenth century. Focusing on medicinal recipes, I investigate medical knowledge and practice within a cultural history of medicine framework. Moreover, using social and material history approaches, I show why elites maintained the recipe collecting tradition as a component of medical consumption and knowledge exchange amidst a rapidly expanding commercialised medical marketplace. This thesis reveals that domestic medicine remained central in elite healthcare throughout the eighteenth century. However, domestic medicine and collecting medical knowledge must be positioned within a wider context of elite healthcare in order to understand how these practices adapted to changes regarding the commercialisation of medicine, integrating purchased medicine with home-based care.

Elite healthcare was based on choice. Wealthy individuals used their financial means and leisure time to source and trial an incredible range of medical products and health

advice, and their recipe books document this. With economic agency in consumerism, elite recipe compilers interacted with new sources of information, including newsprint, in an expanding print marketplace, in addition to a wide range of *materia medica* and proprietary medicaments. Domestic medicine for elites was hence a combination of homemade and purchased treatment and advice, consumed, but not always made, at home. Recipe collecting was consequently a selective process. Each manuscript's uniqueness mirrors the individuals who used it, including a person's processes of recording and the reasons that he or she had for collecting information. Still, the recipe collecting tradition was as much about continuity as it was about change. Compilers created and recorded new knowledge and, by adding to collections, they were simultaneously preserving existing knowledge. Recipe books, in addition to being household objects, were heirlooms, objects of literacy, authority and creativity, and are artefacts of a distinct writing practice. What is more, a crucial reason for the continuation of this tradition was due to the writing genre's function as an intellectual pursuit through engagement with cultural attitudes towards social obligation, knowledge exchange, taste, and sociability.

Manuscript recipe collections have been mainly studied in an early modern context, with emphasis on the role of women as medical practitioners, as well as the relationship between recipe books and note-taking practices. The close relationship between domestic medicine and commercial medicine has also been explored in an early modern context. There is, however, a historiographical gap in understanding how the recipe collecting tradition evolved in function and form throughout the eighteenth century. Some have assumed that recipe collecting and domestic medicine declined in the eighteenth century, and this is likely due to a scholarly focus on the medical marketplace, with insufficient attention given to the home. This thesis demonstrates, by contrast, that there was a transition in the recipe collecting tradition and in domestic medicine, which coincided with

commercialisation in eighteenth-century England. Positioning the household firmly in the social milieu of medicine, recipe books are records of a reciprocal relationship where the household used purchased care, while domestic traditions encouraged the production of knowledge and products at commercial and professional levels.

This thesis centres on a representative sample of 150 manuscripts held at 20 archives throughout England. It is one of the largest studies of medicinal recipes and eighteenth-century English manuscript recipe collections, and it reveals the breadth of compilation practices and authorship contexts, as well as the geographical range of manuscripts compiled throughout England. Each of these manuscripts provides qualitative evidence of how elites experienced health and disease, and their treatment approaches. They also provide evidence of the recipe collecting tradition's rich textual history as a way of creating, exchanging, and preserving knowledge. To facilitate an in-depth investigation of the nature of domestic medicine and the recipe collecting, a database provides quantitative evidence from a smaller representative sample of 27 manuscripts, totaling 5,013 recipes.

This thesis uses the analogy of a life cycle of a recipe book as a means of rationalising the order of chapters and themes presented to convey the manuscript's evolving materiality as a textual object and record of knowledge. Beginning with recipe collections' creation as written records, we can see the significance of these objects as didactic texts and heirlooms. An additional feature of the materiality of a recipe book's life was the content; the ingredients, instructions, and equipment used to make individual recipes are therefore examined. Moving into the use of these compendiums, the types of recipes, and the ailments they were intended to treat, reveal why recipes were collected. Recipes documented not only a compiler's – or their family's – health history, but also society's medical concerns. The continuous exchange of medical knowledge between individuals was an element of the elite social obligation to maintain correspondence, build relationships, and care for kin, and it was

pivotal in the continuation of the recipe collecting tradition. Social networks and letter writing thus influenced the dynamism of a recipe collection. What is more, the life cycle of a recipe book progressed alongside shifts in print culture, as both information media influenced one another. Recipe books continually adapted as textual objects alongside social practices and cultural trends, and this explains their endurance.

Apart from the practical use of recipe books, manuscripts continued to be created and used throughout the eighteenth century as a result of an elite social preoccupation with writing, testing, and collecting. Although a distinct genre, recipe books were treated as notebooks and were closely connected to the commonplace and memoranda writing practices. Moreover, the rhetoric used to convey efficacy and trust in recipes was a style used in writing associated with communicating proprietary medicine, with roots in natural philosophy. Chapter 1 considers the textual aspects of recipe collecting and the blending of continued styles and structural features with modified organisational strategies and specialised content, which were used to cope with incorporating a wider range of information. The combination of old and new styles and information reflects the collaborative nature of recipe collections, and how these works-in-progress were passed down through multiple generations. Owing to this, recipe books had inheritance value, sentimental value, and functioned as textual spaces for documenting the biographical details of a family's health history.

Chapter 2 situates recipe books within the medical marketplace and shows how the overwhelming variety of *materia medica* referenced in eighteenth-century recipe books is testament to the expansive commercial market, and the agency elites had in consumerism. The boom in the drug trade in the mid-seventeenth century resulted in elites purchasing ingredients and pre-made treatments, rather than producing medicine entirely at home. This trend in purchasing medicine continued to increase in the eighteenth century, and evidence

from recipe books suggests that it became the norm in elite domestic medicine to purchase both supplies for creating medicine and ready-made treatments.

Providing clear directions was integral for a recipe's execution, and it was not assumed that recipe readers had sufficient pre-existing knowledge to make a recipe without guidance. Instructions for making medicine are the topic of Chapter 2. Returning to the cultural and intellectual contexts of recipe collecting, I consider making medicine as a leisure pursuit. Elite culture's interest in botany, for instance, integrated with the herbal tradition as a way for compilers to interact with plants for medical use, while feeding their intellectual curiosities for botany, collecting, and gardening. Similarly, I argue that the specialised technique of distillation continued in recipe collecting into the early eighteenth century more so as a hobby driven by empirical and experimental interests, than a medical need for providing large-scale charitable care. Through recipe collecting and domestic medicine, the household had an important role as a scientific and intellectual space. This thesis hence firmly positions eighteenth-century domestic distillation and domestic medicine generally within the history of science.

Examining the types of ailments treated with domestic remedies, and discerning which recipes were most popular in eighteenth-century collections, uncovers how and why medicine was consumed in elite households as part of family care. My research demonstrates that collections were used to document and treat health concerns for all family members, from infants to the elderly, and they were tailored according to age and individual constitutions and tastes. The types of recipes and ailments in collections also illustrate the evolution of recipe collecting alongside medical innovations and new therapeutics. Although commercial and professional medicine was available, recipe books remained important healthcare resources. Manuscripts were not used in lieu of a doctor's visit, or a patent drug, but rather in conjunction, and they serve as records of the household's interaction with the

medical marketplace. Collections moreover function as records of a compiler's role as a carer and a patient, and the emotional experience of illness often shines through in these records. As well as general physic, encompassing remedies from minor ailments through to chronic diseases and serious injuries, domestic medicine promoted self-management and healthfulness. This reflected a renewed focus within medical practice on the Galenic non-naturals and the environment's role in regimen. Alongside this trend, I consider the meaning of fashionable diseases to contemporary sufferers. These themes in function and use of recipe books are the focus of Chapter 3.

Acknowledging ownership was a way of declaring authority as a compiler, in addition to crediting individuals associated with recipes. Though the majority of collections were owned by women, men also participated in communicating and recording recipes, particularly in the context of family collections. Recipes were sourced from men and women of all social ranks, in addition to obtaining medical advice from physicians and other practitioners. Given that the sources for remedies continued growing alongside the publication of print sources and the medical marketplace, as well as broadening with diversifying communication networks, recipe collectors were obliged to re-define their criteria for sourcing trusted medical advice. Citing where a recipe came from, and who it was associated with, was a traditional strategy that continued to be used in order to demonstrate accountability in healthcare. This accountability meant that the compiler had control over what medical knowledge they recorded, and he/she was responsible for selecting recipes that were collected and used, as well as documenting past medical experiences. Recipe collecting was thus an important aspect of health self-management. As Chapter 4 demonstrates, collecting and exchanging medicinal remedies was part of elite social obligation, and was carried out via a compiler's social network. Evidence of this

social practice is also discussed in the context of letters, which document the transmission of recipes before and after their placement in collections.

The manuscript tradition did not decline with the expansion of the print marketplace. On the contrary, print and manuscript traditions evolved together; print sourced medical advice and recipes from the manuscript tradition, and manuscripts embraced popular forms of print media including newspapers, periodicals, domestic guides, and medical treatises as sources of medical knowledge. Chapter 5 investigates the close relationship between print and manuscript traditions and argues that print fuelled an elite consciousness of, and interest in, medicine by influencing consumer habits. This was done through the provision of medical advertisements and an array of social commentaries on tastes, society-wide health concerns, and medical schools of thought.

The value of print lay in its range and breadth of information; it was reference material that could be read, transcribed into recipe collections, and potentially used for medical treatment. The genre of household guides portrayed an ideal elite domestic life, and the social roles women (and men) were expected to master in order to be respectable. Gauging reception of print is challenging, but recipe books can help inform us on how print was consumed by elite readers. For instance, although cheap newsprint and its proprietary medicine advertisements were aimed at a readership with lower social status, elites did read them and often either recorded, or pasted newspapers advertisements into their collections. Domestic knowledge was a commodity and authors and publishers relied on socially-relevant rhetoric to market their texts for profit. Two of these rhetorical strategies were discussing charity and the need for tighter regulation of the medical marketplace to eradicate 'quackery'. We can thus view the household as a crucial locus for engaging with popular concerns regarding the professionalisation and commercialisation of medicine through print. Exploring the increase in the publication of lay medical guides in the late eighteenth century

alongside the meaning of domestic medicine, this thesis focuses on the published guides of three famous authors of ‘lay’ medical texts: George Cheyne, John Wesley, and William Buchan. Through an examination of these authors’ motivations for publishing, in conjunction with evidence from recipe collections, I question the extent to which these texts represent elite healthcare, and if they indeed were used by elites as ‘domestic medicine’. In doing so, this chapter emphasises that print must be evaluated carefully in regards to use, reception, and readership. Manuscript recipe books are valuable for providing a clearer picture of the reception of published medical works in eighteenth-century England because they cite authors and printed works, demonstrating an engagement with print. Moreover, manuscripts provide personal records of what medical knowledge was deemed interesting and potentially valuable, and are records of medical practice in elite households.

This thesis offers an evaluation of eighteenth-century English manuscript recipe collections and their use in elite healthcare. My re-appraisal of the meaning of domestic medicine, through an analysis of recipe books, positions the household as a central space for the creation and use of medical knowledge. Revealing the patient and consumer perspectives of the medical marketplace and commercialisation highlights the significance of the domestic lens for understanding changes within the narrative of the social history of medicine. Furthermore, by positioning the household as an important space of creativity, experiment, and innovation, this thesis demonstrates that the intellectual and technical processes of collecting and creating medicine at home deserve greater recognition in the inter-connected histories of science and medicine. This thesis contributes to the social history of eighteenth-century England by demonstrating the central role domestic medicine had in elite healthcare and reveals the elite reception of the commercialisation of medicine from a consumer perspective through an investigation of personal records of intellectual pastimes and patient experiences.

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I dedicate this thesis to the memory of my grandparents, Donald and Constance Allen, who enabled me to take this journey.

## CONTENTS

*Acknowledgements*

*List of Abbreviations and Conventions*

v

*List of Figures and Tables*

vi

### **INTRODUCTION**

**Recipe Books and Domestic Medicine in Eighteenth-Century England**

**1**

The Meaning of ‘Domestic Medicine’

6

‘No man can depend upon any one Medicine or Nostrum’: Elite Healthcare and the Eighteenth-Century Medical Marketplace

12

Structure of Thesis

22

### **CHAPTER 1**

**Constructing Recipe Books: Collecting, Organising, and Writing Domestic Medicine**

**31**

1.1 The Personal Nature of Recipe Collections

37

1.2 The Commonplace Book Tradition

41

1.3 The Internal Structure of Recipe Collections

46

1.4 Evidence of Use: Palaeography, Annotations, and Print Inserts

54

1.5 ‘Ye Greatest Cure He Ever Saw’: The Rhetoric of Recipe Books

63

1.6 Continuing a Tradition: Recipe Books as Heirlooms

71

1.7 Conclusion

76

### **CHAPTER 2**

**Making Medicine: Ingredients and Instructions in Eighteenth-Century Recipe Collections**

**78**

2.1 Ingredients Cited in Eighteenth-Century Recipe Books

81

2.2 Plant Ingredients

89

2.2.1 Leisure Pursuits: The Herbal Tradition and Botany

92

2.3 Animal Ingredients

95

2.4 Compound and Mineral Ingredients

98

2.5 Purchasing Ingredients and Proprietary Medicine	99
2.6 Instructions for Making Medicine	102
2.7 Hobby and Craft: Distilling Medicine as a Leisure Pursuit	105
2.7.1 Procedure and Equipment used in Distillation	114
2.7.2 Rebecca Tallamy Her Book of Stilling & Receipts	122
2.8 Conclusion	125
<b>CHAPTER 3</b>	
<b>Healthcare in Eighteenth-Century Elite Households</b>	<b>128</b>
3.1 Treating the Family: Remedies by Age Group	131
3.1.1 Dosage and Directions for Administering Medicine	137
3.2 General Physic in Elite Healthcare	141
3.3 Preventative Medicine and Regimens	145
3.3.1 Fashionable Diseases and Treatments: Henry Wise's Regimen	149
3.4 Common Ailments and Popular Recipes and Remedies	152
3.5 Health Histories in Recipe Books: Mrs Arscott's Breast Cancer	165
3.6 Conclusion	169
<b>CHAPTER 4</b>	
<b>Authors and Attributees: Compiling, Citing, and Exchanging Domestic Medical Knowledge</b>	<b>172</b>
4.1 Authorship and Authority in Domestic Medicine	175
4.2 Attributees and Citing Medical Knowledge	185
4.3 Networks of Medical Knowledge	196
4.3.1 The Stanhope Family's Medical Network	205
4.4 Recipes Exchanged Through Letters	209
4.4.1 The Cox Family: Letters Concerning Health	212
4.5 Conclusion	218

<b>CHAPTER 5</b>	
<b>Print and the Pursuit of Health: Newsprint and Vernacular Medical Texts in the Recipe Collecting Tradition</b>	<b>221</b>
5.1 Print in Manuscript Recipe Collections	226
5.2 Newsprint in Manuscript Recipe Collections	230
5.2.1 ‘Newspapers puff ev’ry Nostrum to town’: Proprietary Medicine Advertising	235
5.3 Self-Medicating and Domestic Advice Manuals	243
5.4 ‘Nothing lovelier can be found In Woman, than to study household good’: Domestic Management and Healthcare	246
5.5 Published Recipe Collections	251
5.5.1 ‘Private Vices, Public Benefits’: Charity and Anti-Quackery Marketing Strategies	253
5.6 Domestic Medicine Laid Open: Re-Visiting Cheyne, Wesley, and Buchan	260
5.6.1 ‘Failings of our free Wills’: George Cheyne	261
5.6.2 ‘Safe and Cheap and Easy Medicines’: John Wesley	265
5.6.3 ‘So Valuable a Treasure as Health’: William Buchan	267
5.7 Conclusion	273
<b>CONCLUSION</b>	<b>276</b>
<b>APPENDICES</b>	<b>285</b>
Appendix 1: Manuscripts included in Database Sample	285
Appendix 2: Database Form Information	287
Appendix 3: Disease Categories (Chapter 3)	288
Appendix 4: Maps of Sample Social Networks from Recipe Citations (Chapter 4)	290
<b>BIBLIOGRAPHY</b>	<b>292</b>

## **List of Abbreviations and Conventions**

BL	British Library
CBS	Centre for Buckinghamshire Studies
FSL	Folger Shakespeare Library
KHC	Kent History Centre
OBU	Oxford Brookes University
ODNB	Oxford Dictionary of National Biography
OED	Oxford English Dictionary
RCP	Royal College of Physicians of London
RO	Record Office
WSA	Wiltshire and Swindon Archives

A note on quotations, references, and dates: original spelling and punctuation have been retained in quotations; however, superscript characters have been lowered and old letterforms have been modernised for ease of reading. Dates are kept in their original format.

## List of Figures and Tables

### Figures

- Figure 1: Frontispiece of Elizabeth Fuller's recipe book (Wellcome, MS.2450, Fuller, Elizabeth (& others), with permission from the Wellcome Library)
- Figure 2: Artwork in recipe books (WSA, 161/90A and Wellcome, MS.1796, with permission from the Wiltshire and Swindon Archives and the Wellcome Library)
- Figure 3: Handwriting practise (Derbyshire RO, D5430/50/3, f. 29, with permission from the Derbyshire Record Office)
- Figure 4: Re-using manuscripts by writing over existing text (OBU, Massingberd MS Receipts Vol. 3, no page number, with permission from Special Collections, Oxford Brookes University)
- Figure 5: Efficacy statements in medicinal manuscript recipe collections (survey of 5,013 recipes)
- Figure 6: Ingredient Categories
- Figure 7: An herbal guide in a recipe collection (WSA, 161/90A, f. 143, with permission from the Wiltshire and Swindon Archives)
- Figure 8: References to distillation in the manuscripts sample set (23 out of 27 manuscripts had distillation references)
- Figure 9: Common distilled remedies in eighteenth-century recipe books
- Figure 10: Distillation equipment cited in 27 manuscripts (5,013 recipes)
- Figure 11: Rebecca Tallamy's recipe book (Wellcome, MS.4759, f. 2r., Tallamy, Rebecca, with permission from the Wellcome Library)
- Figure 12: A diagram of a plaster for the spleen (Warwickshire RO, CR 1841/5, f. 330, with permission from the Warwickshire Record Office)
- Figure 13: Common recipe treatments and ailments (from a sample of 5,013 recipes)
- Figure 14: Recipe compilers in eighteenth-century recipe books by gender
- Figure 15: Attributee citations arranged by gender and occupation.
- Figure 16: Social networks for communicating recipes for the Arscott and Arundell families (© Google 2015)
- Figure 17: Citations of attributees and locales in London (taken from a sample of 27 manuscripts and 5,013 recipes). John Roque London Map 1747 (reproduced with permission from Motco Enterprises Ltd. ©)

Figure 18: Grizel Stanhope's recipe network in Continental Europe and England (© Google 2015)

Figure 19: Newspaper clippings in a manuscript recipe book (Wellcome, MS.7366, f. 78, with permission from the Wellcome Library)

Figure 20: Handbill advertising proprietary medicine in Sarah Tully's manuscript (Wellcome, MS.8687, Sarah Tully, Lady Hoare (& others), with permission from the Wellcome Library)

Figure 21: Title page with Milton quotation referencing domesticity (Essex RO, A13522, with permission from the Essex Record Office)

## **Tables**

Table 1: Organisational features in eighteenth-century recipe books

Table 2: Ingredient totals and percentages arranged by type

Table 3: Major drug imports ranked by value (Wallis, 2012)

Table 4: Common instructions in recipe books for making medicine

Table 5: Common dosages from 5,013 recipes

Table 6: Common administration times from 5,013 recipes

Table 7: Most popular recipe titles from 5,013 recipes

Table 8: Top ten attributees cited (from 27 manuscripts and 5,013 recipes)

## INTRODUCTION

### **Recipe Books and Domestic Medicine in Eighteenth-Century England**

Collecting recipes was an established tradition that continued to thrive in elite English households throughout the long eighteenth century. A significant role of manuscript recipe books was their use in recording medical knowledge, and this thesis focuses on recipes and advice intended for medical purposes. This thesis addresses how and why elites maintained the recipe collecting tradition, particularly given the commercialisation of medicine, and argues that the endurance of this practice can be attributed to its adaptability to cultural and intellectual shifts. Collecting medical knowledge in recipe books continued in the eighteenth century as part of domestic medicine because it was a facet of healthcare, one which embraced the commercialised medical marketplace. Elites had the money and the time to have choice in medical treatment and this allowed them to combine homemade and commercial treatments and therapy approaches. As such, I use recipe books to reveal the cross-over between ‘domestic’ and ‘commercial’ medicine, within the scope of elite healthcare.

The close relationship between domestic and commercial medicine has already been explored in an early modern context, and I carry this investigation into the eighteenth century to trace change and continuity over time.<sup>1</sup> We can view recipe books as records of a feedback loop where the household’s needs relied on purchased care, while its traditions encouraged the production of new medicaments and the publication of recipes. Compilers trialled new medicines and were open to new therapies and advice, and this reflects the economic agency elites had in consumerism. Although the consumption of purchasable medicine did rise significantly in the eighteenth century, recipe books were used in conjunction with commercial

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<sup>1</sup> Elaine Leong, ‘Making Medicines in the Early Modern Household’, *Bull. Hist. Med.*, 82 no. 1 (2008), p. 145; Elaine Leong, ‘Medical Recipe Collections in Seventeenth-century England: Knowledge, Text and Gender’ (DPhil thesis, University of Oxford, 2005), p. 11.

medicine. Recipe books were also used alongside professional care. Collecting medicinal recipes therefore continued as part of healthcare because it was based on personalised medical knowledge, with collections serving as records of health. Recipes thus continued to have a practical role in medical care, but also evolved with changing ideas regarding health and consumer habits.

Although recipe collecting continued for practical reasons, equally it continued as a social practice which suited cultural tastes. Thus, this thesis is concerned with recipe books as records of use in making medicine as well as sources of medical knowledge. I situate recipe books within the wider scope of eighteenth-century culture to show that elite interests drove the continuation of recipe collecting as a writing practice. Recipe books were household objects and subsequently became domestic artefacts. As everyday objects they could convey ingenuity, choice, and had value through their use and conveyance of civility.<sup>2</sup> In order to reveal the importance of recipe books, I follow Maxine Berg's suggestion that 'a history of consumer objects must be set in the context of contemporary debates and ideas, the uses and symbolism of objects in daily life, and their place in the identities of individuals, families and groups'.<sup>3</sup> As a writing tradition, recipe collecting maintained its appeal by engaging with changing attitudes towards knowledge exchange, taste, and sociability in eighteenth-century elite culture. Recipe books also had sentimental value as inherited objects; they took on the role of notebooks and records of household management, and documented personal experience with illness. What is more, many recipe books have seventeenth-century recipes in them, and the preservation of old

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<sup>2</sup> Maxine Berg and Helen Clifford, 'Introduction', in Maxine Berg and Helen Clifford (eds.), *Consumers and Luxury: Consumer Culture in Europe 1650-1850* (Manchester: Manchester University Press, 1999), p. 11.

<sup>3</sup> Maxine Berg, 'New Commodities, Luxuries and their Consumers in Eighteenth-Century England', in Berg and Clifford, *Consumers and Luxury*, p. 68.

knowledge juxtaposed alongside new knowledge underscores the continued use and value of these manuscripts in eighteenth-century elite life.

This thesis is a comprehensive study of medicinal recipes and eighteenth-century English manuscript recipe collections. As such, it offers a significant contribution to the histories of elite life, the social history of medicine, and the study of manuscripts and writing traditions by providing a large-scale evaluation of the inter-connectedness of these studies and of change over time.<sup>4</sup> Examining recipe books within wider cultural and social contexts, this thesis is a re-appraisal of the meaning of eighteenth-century domestic medicine within the narrative of the social history of medicine, and it situates the household as a major space of innovation and practice in the general history of medicine. This project focuses on English recipe collections, rather than ‘British’, mainly because Welsh and Scottish manuscripts come from somewhat distinct traditions. It should also be recognised that recipe collecting traditions were present in many other countries on which there have been several excellent studies, some of which are referred to in this thesis.<sup>5</sup>

As is apparent from marks of ownership, recipe collecting was primarily an elite pastime. The term ‘elite’ refers to the upper sorts with privilege and is a more encompassing term than ‘gentry’ because it takes into account the varying circumstances of social status

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<sup>4</sup> There is a similar study to this one by Sally Osborn, which can be used as a comparative analysis: Sally Osborn, ‘The Role of Domestic Knowledge in an Era of Professionalisation: Eighteenth-Century Manuscript Medical Recipe Collections’ (PhD thesis, University of Roehampton, 2015).

<sup>5</sup> Studies on recipe collections in other countries include: Lesley Barbara Coates, ‘Female Disorders: Eighteenth-Century Medical Therapeutics in Britain and North America’ (PhD thesis, Birkbeck College, University of London, 2005). Vivienne Gabrielle Hatfield, ‘Domestic Medicine in Eighteenth Century Scotland’ (PhD thesis, University of Edinburgh, 1980). James Kelly, ‘Domestic Medication and Medical Care in Late Early Modern Ireland’, in Fiona Clark and James Kelly (eds.), *Ireland and Medicine in the Seventeenth and Eighteenth Centuries* (Farnham: Ashgate, 2010), pp. 109–35, especially pp. 119–22. Annemarie Kinzelbach, ‘Women and Healthcare in Early Modern German Towns’, *Renaissance Studies*, 28 no. 4 (2014), pp. 619–38. Alisha Rankin, ‘Exotic Materials and Treasured Knowledge: the Valuable Legacy of Noblewomen’s Remedies in Early Modern Germany’, *Renaissance Studies*, 28 no. 4 (2014), pp. 533–55. Lisa Wynne Smith, ‘Women’s Health Care in England and France (1650–1775)’ (PhD thesis, University of Essex, 2002). Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600-1750* (Manchester: Manchester University Press, 2013).

(including noble birth), as well as varying degrees of wealth. Recipe compilers came from families with landed estates, clergy families, and some from the peerage. Over 90% of the manuscripts in my sample of 150 with biographical details (excluding those that are completely anonymous) were owned by individuals with traceable gentry social status or higher (aristocratic). More generally, these were the classes of people who lived ‘profusely’, ‘plentifully’ or ‘well’; those with the privilege of leisure time.<sup>6</sup>

Within the context of leisure time, there were contemporary tensions on what constituted genteel accomplishments. These tensions are considered here in the context of recipe collecting, as defining the value of household activities is necessary when evaluating how recipes were used, and the significance they had in daily life. A debate emerged in the eighteenth century on what constituted ladies’ accomplishments, and this debate is relevant to recipe collecting and domestic medicine as it raises questions as to whether or not contemporaries valued practical household skills performed by women. Some considered practical skills to be positive faculties gained through study, which cultivated taste, elegance, and accuracy in knowledge. These were important attributes of sociability. Others considered accomplishments to be superficial or even considered housewifery to be ‘medieval’ in comparison to intellectual pursuits.<sup>7</sup> Mary Delany once wrote that her closet was useful only for an ‘idle mind that wants amusement’, rather than being used as a hospital table ‘to help, relieve, and bless your neighbours and acquaintance’.<sup>8</sup> Even within the practice of making medicine, the value of this accomplishment was dependent

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<sup>6</sup> Penelope J. Corfield, ‘Class by Name and Number in Eighteenth-Century England’, *History*, 72 (1987), pp. 11, 14. Penelope J. Corfield, ‘The Rivals: Landed and Other Gentlemen’, in N.B. Harte and R. Quinault (eds.), *Land and Society in Britain, 1700-1914* (Manchester: Manchester University Press, 1996), p. 7.

<sup>7</sup> Amanda Vickery, *Behind Closed Doors: At Home in Georgian England* (Yale: Yale University Press, 2009), p. 233.

<sup>8</sup> As quoted in Katherine Cahill, *Mrs Delany’s Menus, Medicines and Manners* (Dublin: New Island, 2005), p. 334.

on motivation. My research reveals that recipe collections were used as both ‘amusement’ and for practical reasons in healthcare.

This thesis also explores the relationship between science and domestic medicine in the context of creating and communicating medical knowledge.<sup>9</sup> I define science to be both natural history and natural philosophy, and I am specifically interested in the traditionally alchemical practice of distillation and the study of botany as elite hobbies associated with household healthcare. Both these pastimes were promoted to women as activities for moral and spiritual growth.<sup>10</sup> Recipe books are a testament to complex knowledge systems, such as natural philosophy, alchemy, and crafts, which influenced the theory and practice of domestic activities.<sup>11</sup> As such, they reflect a social milieu that was engaged with scientific thought and practice. These manuscripts act as records of elite participation and interest in natural philosophy and they document the overlapping histories of science, medicine, and domesticity.

Before moving into an analysis of eighteenth-century recipe collections, it is necessary to establish several historiographical frameworks. The following section deals with terminology and the complicated definition of domestic medicine as it relates to elite recipe books and healthcare. Next, elite healthcare and recipe collections are discussed in a wider framework of the eighteenth-century medical marketplace to convey the overlapping influences domestic medicine, commercial medicine, and the medical professions had on one another. An historical framework for the changing nature of charity as it relates to medicine is then established to

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<sup>9</sup> Sara Pennell’s work has similarly investigated the connection between natural philosophy and cookery recipes. Sara Pennell, ‘Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England’, in Victoria Burke and Jonathan Gibson (eds.), *Early Modern Women’s Manuscript Writing: Select Papers from the Trinity/Trent Colloquium* (Aldershot: Ashgate, 2004), pp. 237–58.

<sup>10</sup> Ann B. Shteir, *Cultivating Women, Cultivating Science: Flora’s Daughters and Botany in England, 1760-1860* (Baltimore: Johns Hopkins University Press, 1996), p. 2.

<sup>11</sup> Jane Elisabeth Archer, ‘The “Quintessence of Wit”: Poems and Recipes in Early Modern Women’s Writing’, in Michelle DiMeo and Sara Pennell (eds.), *Reading and Writing Recipe Books, 1550-1800* (Manchester: Manchester University Press, 2013), p. 115.

discern between public and private charity, and how both these practices changed in the eighteenth century.

### **The Meaning of ‘Domestic Medicine’**

The meaning of domestic medicine changed in the eighteenth century. Prior to the publications of William Buchan’s seminal work in 1776, there was an established trend in publishing on medicine related to the household. Domestic guides, as well as works such as Sydenham’s *Compleat Method of Curing almost all Diseases* (1694) and pharmacopoeias like Culpeper’s pertain to domestic medicine, and defined it in the context of homemade cures. Domestic medicine is a label used to separate the home from the professions and the medical marketplace, and this is problematic when discussing elite recipe books in the context of commercialisation. Despite ‘domestic’ and ‘commercial’ traditionally representing opposite ends of a medical spectrum, in the realm of elite healthcare these approaches converged. What, then, did contemporaries call domestic medicine before the term was popularised through Buchan’s text? Domestic medicine is sometimes viewed (contemporarily and in the historiography) as kitchen physic. ‘Kitchen physic’ is defined as ‘nourishment for an invalid’ and was claimed by Jonathan Swift to be the ‘best physic’.<sup>12</sup> Characterised by Margaret Pelling as the ‘homely, countrified, natural way to health’, kitchen physic was a somewhat romanticised return to simples. It was deemed women’s work and was seen in the early modern era to be an alternative to purchased medical care.<sup>13</sup> Home remedies and purchased medicines were, however, both used in eighteenth-century elite (and middling) households, and my research reveals that the majority of ingredients used to make medicine in elite households was likely

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<sup>12</sup> OED, ‘kitchen physic’, accessed 12 April 2015 at <<http://www.oed.com/view/Entry/103744?redirectedFrom=kitchen+physic&>>.

<sup>13</sup> Margaret Pelling, ‘Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England’, in Hilary Marland and Margaret Pelling (eds.), *The Task of Healing: Religion and Gender in England and the Netherlands, 1450-1800* (Rotterdam: Erasmus Publishing, 1996), p. 104.

purchased, making the gendered term of kitchen physic unsuitable for describing the medicine documented in eighteenth-century recipe books.

What makes Buchan significant to the cultural history of medicine is that his work marks a fundamental shift towards the end of the century in how medicine was perceived and approached from a professional perspective. Intended for a wide readership, Buchan's work aimed to teach readers the basics of healthcare in order to 'show people what is in their own power both with respect to the Prevention and Cure of Diseases', allowing them to engage in self-maintenance, but to know when it was appropriate to seek professional medical aid.<sup>14</sup> In the context of Buchan's work, domestic medicine meant: medicine for home use, medicine consumed at home, medicine made at home, and healthcare for the British nation. Domestic medicine did not necessarily need a high level of expertise, as is evident in printed vernacular medical texts which focus on simples, and prepared medicaments were available for home use. Yet, this view of domestic medicine encompasses a wide social spectrum. When we consider elite recipe books, it is evident from the content of the manuscripts that elite domestic medicine embraced simples, but also relied heavily on a tradition of complex remedies and extensive medical knowledge. Moreover, elite domestic medicine was a blend of medicine made at home, purchased medicine, and purchased treatment, as well as advice from diverse people. This combination of traditional medical knowledge and commercial and professional assistance means that Buchan's definition of domestic medicine is an accurate portrayal of the realities of healthcare for elites. At a broader social level, this re-defining of medicine and health in the home significantly influenced the nature of popular medicine by the late eighteenth century.

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<sup>14</sup> William Buchan, *Domestic Medicine; or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, Second Edition (London, 1772), title page.

The medical knowledge found within recipe books furthermore goes beyond the domestic medicine discussed by Buchan because it is part of a personal record of healthcare. Recipe books document patients' experiences with illness, carers' experiences with treatment, and consumers' receipts for buying advice and medicaments. I therefore approach a re-appraisal of the meaning of domestic medicine by following other historians in using the term 'healthcare' to encompass homemade cures, and to include sourcing of medicine and treatment from outside the home.<sup>15</sup> Using the term 'elite healthcare' positions domestic medicine (and kitchen physic) accurately within the context of recipe collecting, and shows how domestic medicine used in elite households had similarities to domestic medicine conveyed through texts like Buchan's for a lay audience, but was a disparate tradition.

When defining domestic medicine as an elite practice, an important differentiation needs to be made between elite domestic medicine recorded in recipe collections and folklore. Though folkloric recipes sometimes appear in eighteenth-century recipe books, they belong to a distinct tradition.<sup>16</sup> Alun Withey has shown that the term 'folklore' is problematic as it suggests that the treatments and approaches used were separate from orthodox Galenism.<sup>17</sup> Many of the elements of folklore and occult medicine were part of medical orthodoxy in the early modern era and continued to be used in the eighteenth century. I distinguish between folkloric medicine and

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<sup>15</sup> Anne Stobart chose to use the term household healthcare to refer to all concerns and activities related to the health of a household. Anne Stobart, 'The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in Household Healthcare in South-West England in the Late Seventeenth Century' (PhD thesis, Middlesex University, 2008), p. 12. Elaine Leong also examined domestic medical practices within the narrative of early modern healthcare systems, Leong, 'Medical Recipe Collections', p. 15.

<sup>16</sup> On the history of folk medicine in early modern England see, for example, W.G. Black, *Folk-Medicine: A Chapter in the History of Culture* (London: Folk-Lore Society, 1883). Mary Chamberlain, *Old Wives' Tales: their History, Remedies, and Spells* (London: Virago, 1981). Gabrielle Hatfield, *Memory, Wisdom and Healing: the History of Domestic Plant Medicine* (Stroud: Sutton, 1999). Dan McKenzie, *The Infancy of Medicine: An Enquiry into the Influence of Folk-Lore upon the Evolution of Scientific Medicine* (London: Macmillan, 1927). There are many local and regional folkloric histories, for example, Margaret Baker, *Folklore and Customs of Rural England* (Newton Abbot: David & Charles, 1988). Tony Deane, *Folklore of Cornwall* (Stroud: Tempus, 2003).

<sup>17</sup> Alun Withey, 'Unhealthy Neglect? The Medicine and Medical Historiography of Early Modern Wales', *Soc. Hist. Med.*, 21 no. 1 (2008). p. 166.

medicinal recipes found in elite recipe books in that the first is built primarily on an oral practice, while the latter is based on a written tradition.

Occultism and folkloric medicine were not isolated from elite domestic medicine, but included as part of wider cultural approaches to health. Due to the commercialisation of medicine, elites artificially separated themselves from medical folklore and became indifferent to their own superstitions. As Roy Porter remarks, an optical illusion was created between ““plebeian” medical “lore” and “patrician” medical “knowledge””.<sup>18</sup> Occultism and folkloric remedies and charms persist in eighteenth-century elite recipe books and they are a good example of the dual roles of recipe collections as records of medical knowledge and medical practice. Although based in oral tradition, folkloric charms were often published in eighteenth-century newspapers and journals as interest pieces for entertainment. In many instances, the remedies and charms that were recorded were likely done so out of intellectual interest and as part of a broader exercise in collecting medical knowledge, and were not necessarily meant to be used. In the context of recipe books, oral folklore converged with a manuscript tradition, in many instances, via print.

The meaning of domestic medicine must be examined more broadly to understand what ‘domestic’ meant to contemporaries. The term applies to the home, but it is also used to define a nation apart from a foreign ‘other’, and this is significant for uncovering the consumer response to the commercialisation of medicine from a household perspective because it relates to wider debates concerning identity. Domestic was not simply ‘familial’<sup>19</sup> or ‘private’<sup>20</sup>; the household

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<sup>18</sup> Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), p. 193. See also, Alexander Goldbloom, ‘Lay Medical Culture and its English Critics c. 1620 to c. 1720’ (PhD thesis, University of London, 2000).

<sup>19</sup> Family could mean ‘household’, and was broadly defined as those who lived in the same house, not just kin. Naomi Tadmor, ‘The Concept of the Household-Family in Eighteenth-Century England’, *Past & Present*, 151 (1996). p. 112.

was a place of productivity, social networks, and patronage.<sup>21</sup> Thus, the family can be seen as a microcosm of the nation, with mothers producing British subjects.<sup>22</sup> National identity and the consciousness of Englishness are challenging concepts to identify in a domestic context, but they are important for understanding how recipe collecting and healthcare as social practices fit within the narrative of British history. Kathleen Wilson notes that Englishness was not a stable construct, but depended on specific meanings and contexts as a ‘sign of difference’.<sup>23</sup>

Looking at domesticity in a wider context, empire and consciousness of empire remain understudied, especially with respect to healthcare. David Armitage has proposed that, despite being omnipresent in elite English households, objects sourced or connected to the empire remained unacknowledged, or were perhaps even taken for granted.<sup>24</sup> The history of the ‘private’ domestic use of these objects nonetheless lies at the heart of discovery, trade, and conquest.<sup>25</sup> A discussion of empire for the context of this thesis, therefore, is more implicit than explicit. The impact that exploration and early imperialism had on consumerism, particularly in the use of exotics and luxury goods in medicine, is evident in recipe books. We can also trace the incorporation of foreign tastes and therapies, such as the popular use of Peruvian bark, the ubiquity of sugar in medical recipes, and the use of the coffee cup as a unit of measurement.

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<sup>20</sup> Privacy was a flexible concept to eighteenth-century individuals. Vickery, *Behind Closed Doors*, p. 27.

<sup>21</sup> Laura Lunger Knoppers, ‘Introduction: Critical Framework and Issues’, in Laura Lunger Knoppers (ed.), *The Cambridge Companion to Early Modern Women’s Writing* (Cambridge: Cambridge University Press, 2009), p. 11.

<sup>22</sup> Mercy Cannon, ‘Hygienic Motherhood: Domestic Medicine and Eliza Fenwick’s Secresy’, *Eighteenth Century Fiction*, 20 no. 4 (2008), p. 538.

<sup>23</sup> Kathleen Wilson, *The Island Race: Englishness, Empire, and Gender in the Eighteenth Century* (London: Routledge, 2003), p. 4. It should be noted that Englishness as a form of national identity did not emerge until the 1760s–70s.

<sup>24</sup> David Armitage, *The Ideological Origins of the British Empire* (Cambridge: Cambridge University Press, 2000), p. 16.

<sup>25</sup> Kathleen Wilson (ed.), *A New Imperial History: Culture, Identity, and Modernity in Britain and the Empire, 1660-1840* (Cambridge: Cambridge University Press, 2004), p. 20.

I approach concepts of Englishness and empire in recipe books and domestic medicine through the theme of consumerism.<sup>26</sup> Consumer culture was made through public sociability, and taste was a driving force behind therapeutic trends.<sup>27</sup> The concept of taste became popular around 1700 in English philosophy and this helped individuals discern between luxuries. Amanda Vickery calls taste ‘the faculty of discerning and enjoying beauty and perfection’, and this strategy was widespread in courtesy literature as part of the rules of decorum and politeness.<sup>28</sup> Taste was a faculty that could be improved through proper education, wealth, and leisure time and it was therefore not restricted to the elite but rather, much like the rhetoric of recipe books, an approach that could be used across the social spectrum as part of a consumer culture.<sup>29</sup> I use taste as a concept to help explain the ways in which medicine changed and how recipe books evolved as domestic records.

Print culture and the culture of sensibility were two important avenues through which concepts of identity (like Englishness) and domesticity flourished.<sup>30</sup> For domestic medicine, women’s ability to practise domesticity was promoted as virtuous for the national polity.<sup>31</sup> There was therefore a presence of Englishness in everyday household activities, though this was likely implicit. Order was a foundational concept of the home and, as Vickery has acknowledged, ‘to see the state in miniature one need only go home.’<sup>32</sup> Order was essential to respectability and gentility and was important for managing the household and household

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<sup>26</sup> On consumerism see, Neil McKendrick, ‘The Consumer Revolution of Eighteenth-Century England’, in Neil McKendrick, John Brewer and J.H. Plumb (eds.), *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (Bloomington: Indiana University Press, 1982), pp. 1–8.

<sup>27</sup> Berg and Clifford, ‘Introduction’, p. 4. See also, Jeremy Black, *A Subject For Taste: Culture in Eighteenth-Century England* (London: Hambledon Continuum, 2005).

<sup>28</sup> Vickery, *Behind Closed Doors*, p. 18.

<sup>29</sup> *Ibid.*, p. 144.

<sup>30</sup> On print culture being defined as driven by historical circumstances, rather than a ‘monolithic cause’ see, Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998), p. 20.

<sup>31</sup> Wilson, *The Island Race*, p. 21.

<sup>32</sup> Vickery, *Behind Closed Doors*, p. 184.

health.<sup>33</sup> Recipe books document this need for order. Sensibility was the ‘material basis of consciousness’ and was thus linked to the self-indulgence and luxury aspects of consumerism. As expressed through literature of the era, elites placed value on a greater degree of sensibility, and ‘refined nerves’ were considered more susceptible to nervous disorders.<sup>34</sup> Nervous diseases (a broad category of symptoms with a range of definitions until mid-century) were popularly portrayed as symptomatic of fashionability, luxury, and sensibility until towards the end of the century.<sup>35</sup> Through recipe books we can see how notions of sensibility and medicine merged within a growing consumer culture.

### **‘No man can depend upon any one Medicine or Nostrum’<sup>36</sup>: Elite Healthcare and the Eighteenth-Century Medical Marketplace**

Eighteenth-century England had a culture which emphasised preventing sickness.<sup>37</sup> Healthcare was as much for treating illness as it was for maintaining the body in good working order. There was substantial freedom in healthcare and it was an individual’s ‘privilege and prerogative’ to be selective in their regimens and medical treatment.<sup>38</sup> This freedom, suggests Porter, was attributed to enlightenment notions of happiness and the ‘utilitarian programme of maximising pleasures and avoiding pains’, where every man should be his own physician.<sup>39</sup> Another often-studied concept for the history of medicine is therapeutics, and this thesis discusses therapeutics within a wider scope of healthcare. Anne Stobart uses the term ‘therapeutic determination’ in

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<sup>33</sup> On recipe books as tools for household management see, Elizabeth Tebeaux, *The Emergence of a Tradition, Technical Writing in the English Renaissance, 1475-1640* (Amityville N.Y: Baywood Pub. Co., 1997), p. 23.

<sup>34</sup> G.J. Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago: University of Chicago Press, 1992), pp. xvii, xxvi, 28.

<sup>35</sup> Heather Beatty, ‘Quacks, Social Climbers, Social Critics, and Gentlemen Physicians: the Nerve Doctors of Late Eighteenth-Century Britain’, in Glen Colburn (ed.), *English Malady: Enabling and Disabling Fictions* (Newcastle: Cambridge Scholars Publishing, 2008), p. 71. Heather R. Beatty, *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (London: Pickering & Chatto, 2012), pp. 5, 6, 69, 78.

<sup>36</sup> Quotation is taken from Dr Thompson’s unpublished regimen and advice in a manuscript (1751), BL, Add. MS 38089, f. 184r.

<sup>37</sup> Porter and Porter, *Patient’s Progress*, p. 6.

<sup>38</sup> *Ibid.*, p. 27.

<sup>39</sup> *Ibid.*, p. 9; Roy Porter, *Quacks: Fakery & Charlatans in Medicine* (Stroud: Tempus, 2003), p. 15.

domestic medicine in reference to the ability of influencing one's own healthcare choices under a larger heading of 'self-help'.<sup>40</sup> Mary Fissell proposed the term 'self-medication' to show that remedies could be made at home, or purchased.<sup>41</sup> Similarly, the concept of 'self-maintenance' has been used to explore regimens and wider notions of health and lifestyle.<sup>42</sup> Recipe collections are therefore important records of health as they reveal contemporary understandings of the body and associated curiosity about the natural world.<sup>43</sup> Health is a biological and social construct and a healthcare framework exposes the practical roles recipe collections had in medicine, as well as the cultural significance of these texts and of domestic medicine.

Broadly speaking, there were two approaches used in eighteenth-century domestic medicine, Galenic and Paracelsian.<sup>44</sup> While Galenic medicine comes from Classical Greek practice, Paracelsus and Van Helmont rejuvenated the chemical arts as part of a Christian vision of nature, which gained popularity in the mid-seventeenth century. Galenic medicine is based on the notion of four humours and maintaining a balance of these humours within one's constitution for good health. Paracelsian medicine, on the other hand, attempted to achieve health through balancing man (microcosm) and nature (macrocosm). Paracelsianism was notably chemical-based, with a healing concept of like-curing-like, whereas Galenism was centred on allopathic and antipathic healing and plant and animal remedies. For the most part,

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<sup>40</sup> Stobart, 'The Making of Domestic Medicine', p. 1.

<sup>41</sup> Mary E. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991), p. 37. Stobart, 'The Making of Domestic Medicine', p. 11.

<sup>42</sup> Anita Guerrini, *Obesity and Depression in the Enlightenment: the Life and Times of George Cheyne* (Norman: University of Oklahoma Press, 2000), p. 101.

<sup>43</sup> Deborah Harkness, 'Nosce teipsum: Curiosity, the Humoral Body and the Culture of Therapeutics in Late Sixteenth- and Early Seventeenth-Century England', in R.J.W. Evans and Alexander Marr (eds.), *Curiosity and Wonder from the Renaissance to the Enlightenment* (Aldershot: Ashgate, 2006), p. 188.

<sup>44</sup> On the history of Paracelsus see, Charles Webster, 'Alchemical and Paracelsian Medicine', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979), pp. 301–34. Charles Webster, *Paracelsus: Medicine, Magic and Mission at the End of Time* (Yale: Yale University Press, 2008).

eighteenth-century domestic medicine used these two health systems harmoniously, though opinions on which approach was superior sometimes appear in recipe books.

Situating recipe books and domestic medicine within the so-called medical marketplace permits a better understanding of the social and cultural aspects of medical supply and demand, in addition to determining the nature of authority between patients and practitioners. Andrew Wear notes that ‘medicines can be medicines only if they have power, or are perceived as possessing it’.<sup>45</sup> This need for power lay at the centre of the medical marketplace, but it was equally a space of competition and a place of cooperation.<sup>46</sup> Though a useful framework for understanding the social history of medicine, the model of the medical marketplace overlooks the significance and complexities of patients’ actions and the influence their actions had on demand.<sup>47</sup> This thesis builds on previous studies of domestic medicine, but uses a domestic perspective to engage closely with the history of the medical marketplace to highlight the interaction between the supply of medicaments and their demand and usage within elite homes. Records of self-medication and the engagement with medical products and knowledge in manuscript recipe books are valuable for interpreting the shifts in commercialisation that occurred throughout the eighteenth century.

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<sup>45</sup> Andrew Wear, *Knowledge & Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), p. 85.

<sup>46</sup> Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press, 1986). Patrick Wallis, ‘Competition and Cooperation in the Early Modern Medical Economy’, in Mark S.R. Jenner and Patrick Wallis (eds.), *Medicine and the Market in England and its Colonies, c. 1450-1850* (New York: Palgrave Macmillan, 2007), pp. 47–58. Patrick Wallis, ‘Medicines for London: the Trade, Regulation and Lifecycle of London Apothecaries, c. 1610-c. 1670’ (DPhil thesis, University of Oxford, 2002), p. ix.

<sup>47</sup> On the framework of the medical marketplace see Mark S.R. Jenner and Patrick Wallis, ‘The Medical Marketplace’, in Jenner and Wallis, *Medicine and the Market*, p. 3. See also, Michael Brown, *Performing Medicine: Material Culture and Identity in Provincial England c. 1760-1850* (Manchester: Manchester University Press), p. 3. Wallis, ‘Medicines for London’, p. 245.

By the start of the eighteenth century, elites and the majority of the middling sorts had access to commercial medicine.<sup>48</sup> With improved infrastructure, urban centres saw a substantial increase in the demand for drugs, while only select rural areas remained isolated from the medical marketplace.<sup>49</sup> Ian Mortimer, for example, maintains that in East Kent there were several doctors available within any ten mile radius; people were willing to travel to seek care, and doctors made rural house calls.<sup>50</sup> It is clear that commercial and professional medicine were accessed and used by elites. Moreover, the relationship between elite patients and collegiate physicians, as Nicholas Jewson contends, relied on the agency of the patient, since their fees and favours mainly provided the doctors' livelihoods. The medical faculty's foundation was based on the 'assumptions, obsessions, and interests' of the elite.<sup>51</sup>

Historians continue to question the interplay between domestic medicine and the medical professions. Porter argues that the rise of popular 'do-it yourself medicine' affected the dynamics of lay-professional relations and authority, and that the convergence of these medical approaches is difficult to gauge.<sup>52</sup> The debate highlights the underlying question of the extent to which eighteenth-century individuals considered household cures as separate from medicine practised by the professions. In reality, medical advice in this period was not as much about hierarchies of authority as it was about seeking effective advice and care. We therefore need to

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<sup>48</sup> Patrick Wallis, 'Apothecaries and the Consumption and Retailing of Medicines in Early Modern London', in Louise Hill Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot: Ashgate, 2006), p. 21.

<sup>49</sup> Steven King, 'Accessing Drugs in Eighteenth-Century Regions', in Louise Hill Curth (ed.), *From Physick to Pharmacology*, pp. 49–78.

<sup>50</sup> Ian Mortimer, *The Dying and the Doctors: the Medical Revolution in Seventeenth-Century England* (Woodbridge: Royal Historical Society and Boydell Press, 2009), p. 108. Ian Mortimer, 'The Rural Medical Marketplace', in Jenner and Wallis, *Medicine and the Market*, pp. 77–9. Mortimer's study used probate accounts to determine the costs associated with purchasing medicine, though his study ends in 1719. Patrick Wallis is currently continuing Mortimer's study into the eighteenth century.

<sup>51</sup> N.D. Jewson, 'Medical Knowledge and the Patronage System in 18<sup>th</sup> Century England', *Sociology*, 8 no. 3 (1974), p. 370.

<sup>52</sup> Roy Porter, 'Introduction', in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), p. 16.

be flexible in our creation of boundaries between types of healers, and between healing and caregiving.<sup>53</sup>

Although a history of the professionalisation of medicine is beyond the scope of this thesis, I include here a brief overview, along with the different categories of practitioners active in the medical marketplace. The medical professions were undergoing considerable change in the eighteenth century, but the re-defining of professions had little direct impact on the tradition of recipe collecting and domestic medicine with regards to accessing medical knowledge and care. It has been argued that the ‘medical profession’ emerged between 1680 and 1730 as a result of the Rose Case in 1704, enabling apothecaries to prescribe medicines and ending the tripartite system.<sup>54</sup> This tripartite model (a simplistic term) was composed of physicians, apothecaries, and surgeons.<sup>55</sup> Georgians had little conception of medicalisation and the medical profession as a comprehensive entity. Rather, medicine was a commodity and healthcare was a service, sourced from a multitude of places and people.<sup>56</sup>

It has been argued that during the commercialisation of medicine from the late seventeenth century and throughout the eighteenth century, the public (as patients and consumers) came to value empirical medicine over learned physic.<sup>57</sup> Harold Cook suggests that this shift emerged from new value placed on a money economy and the importance of

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<sup>53</sup> Margaret Pelling has examined the blurred, yet interconnected, boundaries between professionalism, empiricism, and irregular practitioners. See, for example, Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners 1550-1640* (Oxford: Clarendon Press, 2003). See also, Mary Fissell, ‘Introduction: Women, Health, and Healing in Early Modern Europe’, *Bull. Hist. Med.*, 82 (2008), p. 5.

<sup>54</sup> As argued by G. Holmes, cited in, Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986), p. 12.

<sup>55</sup> For an early modern history of the tripartite system, see Pelling, *Medical Conflicts in Early Modern London*. Margaret Pelling and Charles Webster, ‘Medical practitioners’, in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979), pp. 165–235.

<sup>56</sup> Porter and Porter, *Patient’s Progress*, pp. 69, 96.

<sup>57</sup> I use the definition of commercialisation used by other medical historians cited throughout this thesis. For a more general discussion of commercialisation in eighteenth-century England see, Neil McKendrick, John Brewer and J.H. Plumb, (eds.), *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (Bloomington: Indiana University Press, 1982).

materialism, consumerism, and productivity.<sup>58</sup> Anne Digby, meanwhile, claims that with the expansion of medical consumerism, the physician's role focused more on advice and psychological reassurance, rather than administering treatment.<sup>59</sup> These arguments are both accurate when we consider them in the context of elite domestic medicine. Empirical medicine was favoured, as is evident from the multitude of purchased medicines cited in recipe books, but it was no longer physicians who provided the majority of medical products to consumers. Physicians reverted to offering learned experience when interacting with patients, and this is evident from the records of physicians' consultations in collections. Empirical medicine and learned experience were central to elite healthcare and we can see through recipe books how changes in the medical faculty's approaches were connected to the household.

Recipe books indicate that the purchase of ingredients and prepared medicines sold by apothecaries and druggists played a major role in elite healthcare. For apothecaries, their roles gradually transitioned from drug makers/dispensers to 'general practitioners',<sup>60</sup> and this explains the increase in apothecary's recipes recorded in recipe books throughout the eighteenth century. By 1800, provincial apothecaries were mainly engaged with practising medicine full-time. The terms 'chymist' and 'druggist' were used interchangeably, and these individuals were normally grocers who also sold medicine. Druggists did not have mandatory medical training.<sup>61</sup> As will be discussed in Chapter 4, druggists were occasionally cited in recipe books, but mainly in relation to advertisements for purchasing medical nostrums. Concerning the final group of the

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<sup>58</sup> Cook, *Decline of the Old Medical Regime*, p. 260.

<sup>59</sup> Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), p. 199.

<sup>60</sup> Penelope J. Corfield, 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine*, 22 (2009), p. 26. See also, J.L. Burnby, 'A Study of the English Apothecary from 1660 to 1760', *Medical History*, Supplement No. 3 (1983), p. 24.

<sup>61</sup> Roy Porter and Dorothy Porter, 'The Rise of the English Drugs Industry: The Role of Thomas Corbyn', *Medical History*, 33 no. 3 (1989), p. 282.

tripartite model, surgeons were originally grouped with barbers in the early modern era, and they practised external medicine.<sup>62</sup> Surgeons' services and treatments are also documented in eighteenth-century recipe collections. Seth LeJacq claims that surgeons were mindful of a patient's pain and sought gentle treatments, using domestic caregiving as a therapy model.<sup>63</sup> This care-centric approach to surgery shows the influence patients could have in their treatment and their agency as consumers.

When considering 'irregular' practitioners, we encounter a complex group, especially with respect to the concepts of authority and trust in medical knowledge. Empirics, charlatans, and mountebanks were among fringe practitioners (usually separate from the medical faculty) characterised by their foreign 'otherness' and performance-focused approach to selling products.<sup>64</sup> These practitioners frequently fell under the broader slanderous term 'quack', and I discuss the implications of this terminology in Chapter 5. Associated with the desirability of self-dosing, a quack's medical transaction was both private and public because it focused on published advertisements and public testimonials, but ended with private consumption.<sup>65</sup> The rhetorical style of communicating medical knowledge that was used by medical proprietors is found in recipe collections and reflects a domestic awareness and adoption of this style for conveying efficacy in medical knowledge that was contemporarily labelled 'quackery'.

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<sup>62</sup> On the history of surgeons see, Philip K. Wilson, 'Acquiring Surgical Know-How: Occupational and Lay Instruction in Early Eighteenth-Century London', in Roy Porter (ed.), *The Popularization of Medicine 1650-1850* (London: Routledge, 1992), pp. 42–71. On barber-surgeons see, Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), Chapter 9.

<sup>63</sup> Seth Stein LeJacq, 'The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England', *Soc. Hist. Med.*, 26 no. 3 (2013), p. 456.

<sup>64</sup> A. K. Lingo, 'Empirics and Charlatans in Early Modern France: the Genesis of the Classification of the Other in Medical Practice', *Journal of Social History*, 19 (1986), pp. 586–7.

<sup>65</sup> Lisa Forman Cody, "'No Cure, No Money", or the Invisible Hand of Quackery: The Language of Commerce, Credit, and Cash in Eighteenth-Century British Medical Advertisements', *Studies in Eighteenth-Century Culture*, 28 (1999), p. 110.

Women remained central figures in domestic medicine from the seventeenth century and throughout the eighteenth century as patients and carers, and women of all social sorts with medical expertise typically fell under the category of ‘irregular’ practitioners in the pre-modern era.<sup>66</sup> In recipe collecting, women remained the dominant figures as compilers and as recipe donors. Moreover, women were consumers and their tastes and interests influenced wider cultural trends in commercialisation. Through an analysis of women’s identities and authorities as caregivers, medical experts, and collectors of medical knowledge, this thesis reinforces the significance of the home as an important space in the wider history of medicine. Regarding the role of gender, although household management and domestic caregiving were traditionally women’s roles, men were also instrumental in family healthcare. Men were often recipe donors as well as collectors. This thesis therefore uses a gender-inclusive analytical approach, while recognising that women’s domestic engagement with medical knowledge positions them as important actors in the broader histories of medicine and science.

A final consideration in the history of the medical marketplace is the distinction between purchased care and charitable care. In domestic medicine, the donation of medical recipes and the provision of care within the household have been termed ‘gift medicine’ by Stobart. This is to differentiate domestic medical practices of the eighteenth century from the early modern aristocratic tradition of providing large-scale charitable medicine.<sup>67</sup> Stobart argues that, in the eighteenth century, there were fewer opportunities for gift medicine, resulting in a declining value of recipes in a ‘generation gap’ of collecting.<sup>68</sup> This thesis reveals, however, that the value of recipes did not dissipate; rather it changed as new knowledge appeared and as therapy and

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<sup>66</sup> For well-presented overviews of the historiography of women caregivers in the early modern era see, Fissell, ‘Introduction’. Sharon T. Strocchia, ‘Introduction’ in Sharon T. Strocchia (ed.), ‘Women and Healthcare in Early Modern Europe’, *Renaissance Studies*, 28 no. 4 (2014), p. 496–514.

<sup>67</sup> Stobart, ‘The Making of Domestic Medicine’, p. 1.

<sup>68</sup> *Ibid.*, pp. 4; 227.

medicament preferences shifted. Instead of contrasting the ‘gentlewoman healer’ with the ‘patient consumer’, eighteenth-century recipe books reflect a blending of these two roles. Charity in domestic medicine was not dead, rather it evolved. The large-scale charitable medicine of gentlewomen did decline in the eighteenth century as the individuals who received their charity gradually gained care via other means, but charitableness remained fundamental in domestic medicine and in the communication of recipes.

Investigating the changing nature of charity in domestic medicine contributes to the wider historiography of medical charity by linking elite interests to social practice. In the early modern era, charity and welfare were, as Peregrine Horden calls it, a ‘mixed economy of care’ for the sick poor.<sup>69</sup> This changed in the eighteenth century in that welfare became organised and institutionalised through the aid of public subscriptions. Voluntary hospitals increasingly treated the poor (the majority of the population).<sup>70</sup> Dispensaries also emerged and served as voluntary out-patient facilities, again treating the poor.<sup>71</sup> Specialised hospitals such as Bethlem for mental illness, and the Lock Hospital for treating venereal disease, grew and relied on philanthropic subscriptions for financing. Anne Borsay has named this ‘corporate philanthropy’ to fit political and moral tensions within the context of commercialisation.<sup>72</sup>

Craig Muldrew sheds light on the continued need for charity and trust in eighteenth-century society in an economic context, stating that although economic co-operation and mutual help, such as large-scale monastic and aristocratic charity, declined as market competition

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<sup>69</sup> Peregrine Horden, ‘Household Care and Informal Networks: Comparisons and Continuities from Antiquity to the Present’, in Peregrine Horden and Richard Smith (eds.), *Locus of Care: Families, Communities, Institutions and the Provision of Welfare since Antiquity* (London: Routledge, 1998), p. 22.

<sup>70</sup> Fissell, *Patients, Power, and the Poor*. John Woodward, *To Do the Sick No Harm: A Study of the British Voluntary Hospital System to 1875* (London: Routledge, 1974).

<sup>71</sup> Irvine Loudon, ‘The Origins and Growth of the Dispensary Movement in England’, *Bull. Hist. Med.*, 55 no. 3 (1981), pp. 322–42.

<sup>72</sup> Anne Borsay, ‘“Persons of Honour and Reputation”: The Voluntary Hospital in the Age of Corruption’, *Medical History*, 35 (1991), pp. 282, 294.

increased, ‘trust, co-operation and reconciliation’ remained central in the form of credit, which required ‘hospitality, neighbourliness, forbearance and discretion.’<sup>73</sup> Within the ‘professional’ sphere, the College of Physicians revived ideas of charitable practice in the 1690s. Rather than being private, their medical activities were public charitable acts linked to the College.<sup>74</sup> Among elites, private charity continued to be viewed as a part of patronage and Christian duty, but increased in the form of bequests, donations, and patronage to specific institutions.<sup>75</sup> This was partly due to economic rationality and the focus on utilitarianism (as wealth and power lay in a healthy labour force).<sup>76</sup> Elites also relied heavily on patronage networks to solidify their status and sociability.<sup>77</sup> Therefore, from the perspective of elites, *noblesse oblige* was both a duty to God and humanity, as well as a social obligation of citizenship.<sup>78</sup>

The rhetoric of charity was steeped in religious meaning, and dutifully performing charitable acts was a main feature of Christian practice. With respect to religion and healthcare, the role of providence in one’s health remained strong; however we need to be cautious when considering the place of religion in elite healthcare as belief systems and religious language were dependent on the individual.<sup>79</sup> Ian Mortimer suggests that the early modern period witnessed the development of medical individualism wherein individuals saw medicine as a

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<sup>73</sup> Craig Muldrew, ‘Interpreting the Market: the Ethics of Credit and Community Relations in Early Modern England’, *Social History*, 18 no. 2 (1993), p. 164.

<sup>74</sup> Cook, *The Decline of the Old Medical Regime*, p. 234.

<sup>75</sup> Sandra Cavallo argues that this increase in charity is counterintuitive given the increase in state control and de-Christianisation. Sandra Cavallo, ‘The Motivations of Benefactors: An Overview of Approaches to the Study of Charity’, in Jonathan Barry and Colin Jones (eds.), *Medicine and Charity before the Welfare State* (London: Routledge, 1991), p. 47.

<sup>76</sup> Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton: Princeton University Press, 1989), p. 23.

<sup>77</sup> Cavallo, ‘The Motivations of Benefactors’, p. 52.

<sup>78</sup> Roy Porter, ‘The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-Century England’, in Lindsey Granshaw and Roy Porter (eds.), *The Hospital in History* (London: Routledge, 1989), p. 162.

<sup>79</sup> Jonathan Barry has argued that the elite/popular class divide does not explain the divide between the use of orthodox medicine and magic and/or quackery. Rather, different religious groups favoured specific medical characteristics. Jonathan Barry, ‘Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol’, in Roy Porter (ed.), *Patients and Practitioners*, pp. 146, 175.

supplement of providence and a way of facilitating God's healing powers.<sup>80</sup> This individualism in faith and healthcare is highlighted in this thesis using recipe books and other connected sources.

### **Structure of Thesis**

This thesis uses material, social, and cultural history frameworks to explore medicine in eighteenth-century England, centred on elite household healthcare. A social history framework highlights how recipe books and domestic medicine were used in daily life. Cultural history is an approach which looks at the narratives of daily life and considers how elite individuals were interacting with knowledge and customs (like the tradition of recipe collecting), while focusing on understanding the meaning of that knowledge and the significance of those customs to recipe compilers. Moreover, using these approaches reveals the ways in which significant social and cultural shifts in medicine occurring throughout the eighteenth century were documented at a domestic level from the perspectives of patients and consumers. I determine how and why recipe collecting continued within the scope of medicine, and how it evolved in function and form, while retaining its significance as a writing tradition and a social record of elite health and daily life.

The manuscripts consulted in this thesis come from archives and county record offices throughout England, making it one of the most extensive analyses of eighteenth-century manuscript recipe collections. Extant manuscripts spanning the late seventeenth century to the early nineteenth century were surveyed, and these manuscripts are either entirely medical in content, or at least include a significant section or proportion of medical recipes. This approach was used to demonstrate accurately the specialisation of recipe collecting through the division

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<sup>80</sup> Ian Mortimer, 'The Triumph of the Doctors: Medical Assistance to the Dying, c. 1570-1720', *Transactions of the Royal Historical Society*, 15 (2005), pp. 97, 114, 116.

of medical and culinary recipes, and to emphasise shifts in the recipe collecting tradition from the seventeenth century and throughout the eighteenth century. The manuscripts surveyed were not confined to those dated between the artificial boundaries of 1700 to 1800, as this overlooks how recipe books are part of an evolving tradition with no clear cut transitions in ownership or knowledge creation. Manuscripts analysed therefore encompass the ‘long eighteenth century’ and are an extensive sample including all archive holdings available on the A2A database (now called ‘Discovery’),<sup>81</sup> county record office catalogues, and university archive catalogues (Archives Hub).<sup>82</sup> In the 63 archives surveyed,<sup>83</sup> there are approximately 370 manuscripts available meeting my criteria.<sup>84</sup> Apart from the Folger Shakespeare Library manuscripts accessed using the Perdita database, my manuscript sources are from archives based in England.

From the manuscripts consulted, I narrowed my representative sample down to 150 manuscripts (from approximately 220) from 20 archives, which chronicle recipe collecting throughout the long eighteenth century. More specifically, 46 of the 150 manuscripts are dated from the seventeenth and eighteenth centuries, 74 are dated in the eighteenth century, and 33 have content from the eighteenth and nineteenth centuries. Of this count, three manuscripts spanned from the seventeenth century to the nineteenth century. These dates were determined when a specific date or date range was available, or by the indicated compiling start date. The 150 manuscripts were selected to encompass as many regions as possible from across England in order to account for geographical differences in the recipe collecting tradition. In addition to

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<sup>81</sup> The National Archives, Access to Archives (Discovery), accessed 5 June 2015 at <<http://discovery.nationalarchives.gov.uk/>>. It should be noted that the ability to find manuscripts is dependent on how recipe books are catalogued in archives. Search terms used included: ‘recipe’, ‘recipe book’, ‘recipe collection’, ‘receipt book’ (less frequently used), ‘remed\*’

<sup>82</sup> Archives Hub, accessed 20 Jan. 2015 at <<http://archiveshub.ac.uk/>>.

<sup>83</sup> These include archives, county record offices, university archives, libraries, auction houses, the National Trust, and published manuscripts.

<sup>84</sup> This figure does not include manuscripts that focused on culinary recipes or household recipes, which are outside the parameters of this thesis. I also do not include collections that were described as being compiled mainly in the seventeenth or nineteenth centuries.

using the Wellcome Library's large collection of manuscripts I focused on recipe books archived within estate collections as these large collections offer important biographical context for understanding how the recipe book might have been used and valued.

To conduct a detailed quantitative analysis of recipes, I created a smaller sample set of recipe books. The manuscripts selected for this sample are representative of the different variables within recipe collecting. They cover ten different archives and are dated between 1625 and 1851, with some collections being compiled across long time periods and others within a single year. Diverse compilership is represented in anonymous collections, as well as female and male authors, family collections, and collaborative documents. These manuscripts also vary in organisational styles, palaeographical styles, length, and content (both in terms of what medicinal remedies they recorded and non-recipe material). Using a Microsoft Access database, I entered 27 manuscripts totalling 5,013 recipes from ten archives. Data was compiled using an Access form and details of this are in Appendix 2. After compiling the data, queries were run to analyse data on the following information, which is used throughout this thesis. Details of these analyses are discussed in their respective chapters.

- Organisation and referencing features (150 manuscripts)
- Efficacy Statements
- Ingredients
- Instructions
- Distillation
- Treatment Categories
- Dosage and Administration
- Authorship (150 manuscripts and database)
- Attributees
- Networks

Where possible, I rely on my larger sample set of 150 manuscripts to give a more definitive indication of trends in recipe collecting.<sup>85</sup> Supporting qualitative examples are included from the manuscripts surveyed, as well as additional manuscripts not included in the larger sample. Information on the manuscripts used in the database is in Appendix 1.

This thesis employs the analogy of a recipe book's life cycle to demonstrate its evolution as a textual object and an intellectual and cultural record. This life cycle framework is used to understand the order in which the chapters and their themes are presented, that being: creating a manuscript, creating medicine, using medical knowledge, communicating and compiling knowledge, and the position of a manuscript's life within a wider framework of knowledge creation and use (print). I begin with the creation of a recipe book as an object and written record, emphasising the significance of a recipe book as a household object, heirloom, and artefact. The content of a recipe book was also a feature of its materiality; thus, the second chapter is on making medicine, including obtaining ingredients and following instructions. Following creation, the uses of recipes in healthcare, and the types of common ailments that afflicted elite families, are considered in Chapter 3 to show why recipes were collected and how they reflect society-wide medical concerns. The recipe collecting tradition was sustained through a continuous exchange of medical knowledge, and Chapter 4 therefore explores recipe collecting and letter writing within the context of elite social networks. Lastly, Chapter 5 reveals the interplay between manuscript recipe books and print culture, highlighting the widespread cross-communication of knowledge between media. The life cycle of recipe books conveys how these textual objects evolved alongside social and cultural changes, and this explains their lasting legacy and value within eighteenth-century elite society.

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<sup>85</sup> In my quantitative analyses I always indicate which sample set is used (database set of 27 manuscripts or sample set of 150 manuscripts).

My first chapter provides an overview of the materiality and language of recipe books, highlighting their construction and value as domestic and textual objects. Each recipe book was a personalised record of a compiler's interests and needs, and these manuscripts continued to be created and used as part of the elite pastimes of writing, testing, and collecting. Recipe books are a distinct genre, but they fall within the realm of record keeping and the commonplace book tradition. This chapter also looks at the memoranda style of recipe books to illustrate the educational and creative elements of collecting recipes. The similarities and differences between eighteenth-century and seventeenth-century collections convey how recipe collecting was a blend of continued styles and structural features, with modified organisational strategies and specialised content. This blend of old and new features resulted from compilers attempting to deal with a wider range of available information and changing cultural tastes. Rhetoric was another important aspect of the construction of recipe books. Words denoting a remedy's curing abilities and trustworthiness were integral to recipe collecting, and this language style was used in communicating medical information (particularly proprietary medicine) as well as scientific knowledge. The blending of old and new elements emphasises the collaborative nature and value of recipe books as generational objects. Chapter 1 concludes with a case study of Judith Madan to demonstrate the sentimental and inheritance value of recipe books, and their function as biographical health records.

Chapter 2 studies the making of medicine in elite homes. Situating eighteenth-century recipe books within the medical marketplace, we can see there was a vast array of *materia medica* available to elites in the commercial market. The mid-seventeenth-century boom in the drug trade gave elites the opportunity to purchase ingredients and nostrums and this purchasing trend rapidly increased with commercialisation in the eighteenth century, to the point that it

became the norm in elite domestic medicine to purchase medical supplies and pre-made treatments. Chapter 2 also highlights the importance of instructions for making medicine. Coherent directions were essential to a recipe's successful creation, and it was not assumed that recipe readers had pre-existing knowledge of particular recipes, ingredients, and processes. Re-visiting the cultural significance of recipe collecting, I consider making medicine as a leisure pursuit. An elite interest in botany, for example, blended with domestic medicine and the herbal tradition, allowing compilers to engage with the medicinal uses of plants in association with intellectual interests in botany and gardening. Likewise, distilling medicine as a specialised process continued in recipe collecting as a hobby fuelled by empirical and experimental interests. I therefore situate eighteenth-century household distillation and domestic medicine more firmly within the history of science.

Chapter 3 examines common ailments and remedies recorded in recipe books. Determining which recipes were most popular in eighteenth-century collections reveals how and why medicine was consumed as part of elite family healthcare. Recipe books continued to be used for a range of medical care, from infant to geriatric, and recipes were tailored according to individual constitutions and tastes. The recipes and ailments recorded in collections also demonstrate the adoption in recipe collecting of new therapeutics and medical trends, highlighting the household's interaction with the commercialisation of medicine. In addition to acting as knowledge resources on a range of general physic (treating ailments from minor complaints to chronic illnesses and injuries), the domestic medicine of recipe books was based on notions of self-management and healthfulness. One aspect on which this chapter focuses is the renewed elite interest in regimens, in association with the new perceptions on climate and the environment's role in health, as well as the rise of a culture of sensibility and the notion of

fashionable diseases. Recipe books are furthermore documents of a compiler's caring role, and the emotional experience of illness and therapeutics is expressed throughout collections. A case study of a recipe book's use in life writing, featuring Mrs Arscott's struggle with breast cancer, concludes this chapter as a means of illustrating the emotional experience of recipe collecting and the importance of recipe books as health histories.

Assigning ownership to knowledge was a central component of recipe collecting. It was important to credit the individuals providing advice and to declare one's authority as a compiler of a manuscript. Chapter 4 reveals that the majority of eighteenth-century medical recipe books were compiled by women, but men also collected and exchanged recipes, particularly in the case of family collections. Marks of authority and ownership point to a diverse range of individuals who were involved in the creation, transmission, and preservation of domestic medical knowledge. Yet, expanding information resources, alongside the growth in the print and medical marketplaces and communication networks, meant that collectors needed to re-define their criteria for recording medical advice. Attributee citations continued to be used as a way of demonstrating accountability in healthcare through citing credible sources of knowledge. Within the context of exchanging information as an elite obligation, I investigate the communication of medical recipes and advice through social networks by mapping citations recorded in recipe books. As an example of a network, a case study of the Cox family shows the importance of letter writing in communicating medical information as a social obligation of family care.

Chapter 5 examines the relationship between recipe collecting, the print marketplace, and domestic medicine. The manuscript tradition was not extinguished with the expansion of print; these traditions shifted together with cultural trends. Print media sourced medical

information from the manuscript tradition, and manuscripts embraced forms of print, including newspapers. Print fuelled an elite awareness of and interest in medicine by influencing consumer habits through medical advertisements, and social commentary on taste, medical approaches, and society-wide health concerns. Within the scope of consumerism, the genre of medical advice marketed an ideal for an audience of upper and middling sorts. This chapter looks at how household management guides gave advice on achieving an ideal elite domestic life, in regards to both respectable social roles and self-management in health. It also investigates the challenges of gauging readership and reception in print to understand how printed medical sources were consumed by elites. Newsprint and its focus on proprietary medicine is examined to show that intended readership did not equate to actual readership, and that medical advertisements were used by elites in an unintended way, as they pasted articles into their collections.

The second part of Chapter 5 investigates the relationship between domestic medicine and print through an examination of popular treatises and advice guides. Domestic knowledge was a commodity and authors and publishers used socially-relevant rhetoric to market their texts. Two of the contemporarily popular issues featured were the importance of charity, and abolishing ‘quackery’. This chapter emphasises that print must be evaluated carefully in regards to use, reception, and readership, while acknowledging that prefatory remarks can offer insight into why texts were targeted towards specific readerships, and why they used a particular rhetoric as a marketing strategy. Returning to the meaning of domestic medicine, this thesis concludes with a comparative case study of three of the most influential authors of medical texts of the era, George Cheyne, John Wesley, and William Buchan. I question the extent to which

their celebrated texts accurately represent domestic medicine in the context of elite healthcare, and if their works were used by elites as supplementary domestic medical resources.

This thesis focuses on the tradition of recipe collecting and elite healthcare in eighteenth-century England. It offers a re-appraisal of the complex meaning of domestic medicine as a contemporary term, and as a category within the history of medicine. Investigating the nature of domestic medicine, as recorded in recipe books, this thesis situates the household as an important space for the creation and use of medical knowledge in elite healthcare. I reveal how domestic medical practices changed over time between the early modern and modern eras, throughout the culturally-vibrant long eighteenth century. Furthermore, examining the processes of making domestic medicine, and uncovering the motivations for collecting and creating medical recipes, allows us to view the household as an important space of creativity, experiment, and innovation, thus offering important evidence for the connectedness of the histories of science and medicine. Finally, this thesis reveals the elite reception of the commercialisation of medicine from a consumer perspective through an investigation of recipe books as personal records of intellectual pastimes and patient experiences, thereby contributing a more complete narrative of domestic medicine and elite healthcare within the social history of eighteenth-century England.

## CHAPTER 1

### Constructing Recipe Books: Collecting, Organising, and Writing Domestic Medicine

*A most Excellent Medicine against ye Plague  
Keep it as your Life above all worldly treasure, in time of Plague [under God] trust to this for  
there never was Man, Woman, or Child that is deceived.<sup>1</sup>*

Part of a long tradition of collecting knowledge, recipe books were created, modified, and passed down through generations as valued domestic objects. A recipe book's medical advice was tailored to its compiler's needs and interests in collecting knowledge, and the manuscript could serve as a reference guide to prevent and cure all manner of afflictions. Through the acts of collecting, collating, and circulating these texts, compilers could cultivate their identities through 'self-formulation and self-presentation.'<sup>2</sup> Yet, recipe books were as much about creating and recording new knowledge as they were about preserving existing knowledge. Recipe books were material objects meant to be reworked and recycled, and it is the balance of continuity and change within the recipe collecting tradition that enabled the endurance of recipe books as objects of a writing pastime, and valued records of domestic knowledge. The evolution of recipe collecting as a writing genre illustrates the lasting interest in the acts of writing, collecting, and testing, and this sustained cultural interest is a central reason, aside from their practical role in treatment, for why manuscript recipe books continued to be created and used in the eighteenth century.<sup>3</sup>

This chapter covers the material history of eighteenth-century recipe books and the language used in communicating recipes. It examines recipe books as objects, what they meant

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<sup>1</sup> This is an example of an efficacy statement in a late 18<sup>th</sup> C. manuscript, which was a rhetorical tool used in constructing and communicating recipes. Wellcome, MS.4060, f. 23r.

<sup>2</sup> Sara Pennell and Michelle DiMeo, 'Introduction', in Michelle DiMeo and Sara Pennell (eds.), *Reading and Writing Recipe Books, 1550-1800* (Manchester: Manchester University Press, 2013), p. 11.

<sup>3</sup> This sustained interest is also noted in Elaine Leong, 'Medical Recipe Collections in Seventeenth-century England: Knowledge, Text and Gender' (DPhil thesis, University of Oxford, 2005), p. 16.

to elite society, and uncovers the physical evidence of the cultural significance of recipe books, specifically with regards to medical knowledge. This material history framework enables us to understand how manuscripts were constructed, and how their creation and presentation was justified and valued contemporarily.<sup>4</sup> Evidence of change in the recipe collecting tradition underscores the continued creation and use of recipe books as material objects, while affirming their cultural and social significance. As domestic artefacts, recipe books represent the important role the household had in preserving and communicating medical knowledge. Material culture is also an important context for the medical history of these manuscripts as it allows recipe books to be treated as a specific genre separate from other medical literature, though both were integral resources for elite healthcare.<sup>5</sup>

An important element in constructing recipe books is rhetoric. Recipe compilers used a specific rhetorical style to express authority and trust. Adopted from a long scientific tradition, efficacy statements were used in recipe books as a linguistic tool for communicating medical knowledge, and conveying the credibility of that knowledge. Apart from their practical value as medical sources, in many cases, recipe books were also heirlooms, and their sentimental value is an important reason for why the tradition continued. Recipe books were frequently given as gifts, be it for a wedding,<sup>6</sup> or as a token of friendship.<sup>7</sup> Additionally, recipe books fall under the larger practice of record-keeping. The seventeenth and eighteenth-century interest in

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<sup>4</sup> I use the term material culture as defined in, Thomas J. Schlereth, 'Material Culture and Social History Research', *Journal of Social History*, 16 no. 4 (1983), p. 112.

<sup>5</sup> On recipe books as separate genres to other medical literature see, Leong, 'Medical Recipe Collections', p. 36.

<sup>6</sup> Sara Pennell, 'Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England', in Victoria E. Burke and Jonathan Gibson (eds.), *Early Modern Women's Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium* (Aldershot: Ashgate, 2004), p. 240. Jennifer K. Stine, 'Opening Closets: The Discovery of Household Medicine in Early Modern England' (PhD thesis, Stanford University, 1996), p. 11.

<sup>7</sup> Leong has shown that recipe books were exchanged between men. Leong, 'Medical Recipe Collections', p. 123.

commonplace books and memoranda influenced the recipe book style and helped sustain the writing tradition.

The recipe as a textual genre has a long past. Although many of the features of eighteenth-century recipes remained consistent with earlier forms, there was considerable change in this writing style as forms of knowledge became more specialised. This section explores some of the changes and continuities within the genre. The word *recipe* (the Latin imperative ‘take’) prescribes an action, or testing, suggesting that a recipe was guidance for an experiment.<sup>8</sup> Recipes used an authoritative and imperative linguistic structure to convey their trustworthiness.<sup>9</sup> This structure was present in medieval collections and, as part of the tradition of recipe collecting, evolved in seventeenth and eighteenth-century collections to maintain authority, credibility, and precision in instruction. There were two umbrella categories of recipes. *Antidotaria* were of Greek origin and were lengthy recipes, which relied on a number of ingredients and often had complex procedures, whereas *receptaria* were simples based on one ingredient.<sup>10</sup> This classical origin explains why the words ‘recipe’ and ‘receipt’ were used interchangeably within recipe collecting as terms for records. Medieval recipe collections used both these styles, but they were often cryptic, written without quantities or comprehensive directions, and were used as memory prompts rather than didactic tools.<sup>11</sup>

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<sup>8</sup> William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton: Princeton University Press, 1994), p.131.

<sup>9</sup> For comparative analyses of efficacy statements see, Leong, ‘Medical Recipe Collections’, p. 17. Lisa Wynne Smith, ‘Women’s Health Care in England and France (1650–1775)’ (PhD thesis, University of Essex, 2002), p. 52.

<sup>10</sup> Stine, ‘Opening Closets’, p. 20. Alun Withey notes that Welsh recipes were usually in the *receptaria* style with titles by diseases and in alphabetical order. Alun Withey, ‘Health, Medicine and the Family in Wales, C. 1600–C. 1750’ (PhD thesis, Swansea University, 2009), Chapter four, p.4.

<sup>11</sup> Elizabeth Tebeaux, ‘Women and Technical Writing, 1474–1700: Technology, Literacy, and Development of a Genre’, in Lynette Hunter and Sarah Hutton (eds.), *Women, Science and Medicine 1500–1700: Mothers and Sisters of the Royal Society* (Thrupp: Sutton Publishing Limited, 1997), p.38.

In the early modern era, the genre shifted and developed specific rhetorical goals to meet the reader's needs and relied on multiple styles.<sup>12</sup> By the late seventeenth century, 'how-to' instructions and advice or 'secrets' found in early modern sources of knowledge, like recipe collections, were deemed techniques – situating them in close proximity to scientific practice.<sup>13</sup> These instructions were designed to help a 'non-specialist' become a 'specialist'.<sup>14</sup> Moreover, the tradition of recipe collecting in its early modern form was also influenced by the Renaissance 'notebook society' culture, which fixated on the acts of recording and collecting.<sup>15</sup> This emphasis on collecting meant that the recipe book was undefined for much of the early modern period because the parameters of 'how to' didactic literature were far-reaching, and knowledge was compiled from a multitude of sources and specialisations.<sup>16</sup>

Recipe books originated as utilitarian manuscripts, where collections and their individual recipes were, as David Goldstein states, 'machines' for turning everyday materials of the natural world into resources with specific uses in the household, like medical treatment.<sup>17</sup> Their value and survival were based on continual testing and modifications and it has been argued that no other genre is so adaptable and permeable to social change. Recipe books have also been described as a 'discourse colony', in reference to a unit of recipes creating dialogue

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<sup>12</sup> Lisa Kay Meloncon, 'Rhetoric, Remedies, Regimens: Popular Science in Early Modern England' (PhD thesis, University of South Carolina, 2005), p. 121.

<sup>13</sup> Eamon, *Science and the Secrets*, p. 5. See also, Elaine Leong and Alisha Rankin, 'Introduction', in Elaine Leong and Alisha Rankin (eds.), *Secrets and Knowledge in Medicine and Science 1500-1800* (Farnham: Ashgate, 2011), p. 8. Meloncon's study on rhetoric and popular science in vernacular medical texts discusses the early modern transition from secrecy to openness in technical texts. Meloncon, 'Rhetoric, Remedies, Regimens', p. 18.

<sup>14</sup> Meloncon, 'Rhetoric, Remedies, Regimens', p. 73.

<sup>15</sup> Catherine Field, "'Many hands hands': Writing the Self in Early Modern Women's Receipt Books', in Michelle Dowd and Julie Eckerle (eds.), *Genre and Women's Life Writing in Early Modern England* (Aldershot: Ashgate, 2007), p. 51.

<sup>16</sup> Field, 'Many hands hands', p. 54. See also, Elizabeth Spiller, 'Introduction', in Betty Travitsky and Anne Lake Prascott (eds.), *The Early Modern Englishwoman: A Facsimile Library of Essential Works Series III Vol. 3 Seventeenth-Century English Recipe Books: Cookery, Physic and Chirurgery in the Works of Elizabeth Talbot and Aletheia Talbot Howard* (Aldershot: Ashgate, 2008), p. lx.

<sup>17</sup> David Goldstein, 'Woolley's Mouse: Early Modern Recipe Books and the Uses of Nature', in Jennifer Munroe and Rebecca Laroche (eds.), *Ecofeminist Approaches to Early Modernity* (New York: Palgrave Macmillan, 2011), p. 124.

between donors, compilers, and readers.<sup>18</sup> Seventeenth-century recipe styles and customs continued into the eighteenth century as a textual tradition. Together, old recipes alongside new recipes reflect the continued engagement with these manuscripts as a genre.

Eighteenth-century collections have, however, been overlooked with respect to how they differ from earlier collections.<sup>19</sup> A distinct shift in style is that eighteenth-century collections relied more heavily on organisational features (such as section headers and pagination) than seventeenth-century books. Eighteenth-century collections show an increase in specialisation, including a desire to separate medical from culinary and household knowledge. A dependence on indexes, sections, and pagination was influenced by styles in eighteenth-century printed texts, particularly the popular encyclopaedia format, as well as the expansion of available sources from which recipes were taken (including a new trend of sourcing recipes from newspapers). Recipe compilers had greater choice in sourcing their recipes and thus needed to organise their recipes with strategies best suited for quick reference from multiple sources. Through their textual and material attributes, manuscripts reveal the continuities and evolution in recipe collecting. Their textual and material adaptability explains why the tradition persisted as part of domestic medicine in the eighteenth century. These elements of continuity and change also exemplify how the manuscript recipe collecting tradition endured by evolving alongside cultural shifts.

This chapter has six sections. The first section explains the outward structure of recipe collections and it considers material construction, size, and length to show that the variability of recipe collections illustrates their individuality as both personal records and collaborative products across generations. I then discuss the tradition of commonplace books and the variety

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<sup>18</sup> Francisco Alonso-Almeida, 'Genre Conventions in English Recipes, 1600-1800', in DiMeo and Pennell, *Reading and Writing Recipe Books*, p. 69.

<sup>19</sup> As noted by Smith, 'Women's Health Care', p. 51.

of notes and memoranda which could be found in recipe books to emphasise the wider motivations of collecting, and the desire to document knowledge as an intellectual and creative pursuit. Section three studies the internal structure of recipe books. It surveys the genres of recipes, the division of medical and culinary recipes, organisational strategies, and the use of finding aids to promote accessibility to demonstrate how the tradition evolved. The history of the recipe as a textual genre is then explored, followed by an analysis of the formulaic structure of recipes to illustrate the continued didactic role of recipe collecting. Next, I focus on evidence of use in recipe books. Copying recipes was an important process in women's education as well as for creating and preserving medical knowledge. Palaeography and annotations are important evidence for uncovering how recipe books were used, and how texts evolved over time by changing hands and evolving in writing style. This section also looks at loose material inserted into manuscripts, showing the continuity of collecting, and the adaptability of recipe books as textual objects. Section five discusses rhetoric and the use of efficacy statements in conveying authority. I show how genteel customs and the scientific writing style were integral to communicating medical knowledge. The final section is a case study on recipe books as heirlooms. The will of Judith Madan is analysed, in conjunction with an inherited recipe book, to emphasise the sentimental value and materiality of recipe books as heirlooms, and their significant role in documenting family health and biographies. Thus, this chapter investigates the material culture of recipe collecting to reveal that the recipe collecting tradition continued to be used as a main feature of domestic medicine throughout the eighteenth century because it evolved with broader cultural changes, particularly those associated with writing and collecting.

## 1.1 The Personal Nature of Recipe Collections

There was no set style for the physical appearance of the notebooks used as recipe books. Texts did not become more uniform in outward appearance in the eighteenth century, suggesting that blank manuscripts were selected according to personal preference or means. The individuality of recipe collections shows that these manuscripts were uniquely compiled by one compiler or several, often in one family and through multiple generations. Additionally, the outward structure and composition of manuscript recipe collections indicate their contemporary use. The current state of manuscripts, however, is not an accurate portrayal of how the original compilers created or used them. Recipe books are artefacts, worn and modified through generations.<sup>20</sup> The variability of the outward appearance of recipe collections is hence material evidence of their value as inherited objects and personalised records of knowledge.

Individual recipes could be recorded on loose sheets or included in recipe collections, commonplace books, and a variety of literary and epistolary texts.<sup>21</sup> The act of recording recipes on paper, Alun Withey argues, gave them permanence and an intrinsic value. Recipe books were commodities of knowledge and textual objects created using binding, paper, and ink, each a commodity in and of itself.<sup>22</sup> Compiling recipes into a single recipe book was a convenient and efficient way of preserving domestic medical advice because remedies from a spectrum of sources including manuscript, print, and oral were held in one location. With regards to the process of transcribing recipes on paper, Sara Pennell and Michelle DiMeo have convincingly

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<sup>20</sup> Nineteenth-century collections are also distinct from their predecessors in that they are usually smaller notebooks on light-weight paper, which is sometimes lined. An example of a nineteenth-century collection, which is part of a set of manuscripts started in the seventeenth century, is West Sussex RO, Castle Goring MSS 41.

<sup>21</sup> Leong examines loose recipes in the context of seventeenth-century notebooks and diaries. Leong, 'Medical Recipe Collections', p. 139.

<sup>22</sup> Withey, 'Health, Medicine and the Family in Wales', Chapter four, p. 3.

stated that there was ‘no simple linearity in the transition from medical practice (and orality) to record (and textuality), nor from manuscript to print forms of registered text’.<sup>23</sup>

Recipe collecting centred on the fluid exchange of information. Although 90% of the recipe collections I examine are bound volumes, there are a significant number of folders of loose medical recipes within estate collections at county record offices, and 24% of the collections surveyed have loose recipes (Table 1). We therefore need to widen the definition of what eighteenth-century individuals deemed a ‘recipe collection’ in order to study the material history of the practice. Despite not being bound, loose recipes were valued as sources of knowledge and records. Moreover, inserts were added into bound volumes, showing that permanence was not necessarily an indication of worth.

Collections of recipes ranged in size from small fragments of paper to palm-sized notebooks to elegant folio volumes. Some collections are in relatively good condition, with their binding intact and few ripped or missing pages, whereas others are fragile with loose binding, stains, and water damage. Many are in their original vellum (calf) covers, but the majority of manuscript covers are worn and limp and are undecorated. Some have gilt filigree decorations, clasps, and locks. Occasionally, a cover has drawings or portraits; one manuscript, for example, is adorned with a portrait of the Duke of Marlborough, while another is decorated in floral print resembling wallpaper.<sup>24</sup> Other manuscripts have undergone conservation and have been re-bound with modern buckram covers.<sup>25</sup> Recipe books were constructed in *folio* (fo), *quarto* (4to), and *octavo* (8vo), and this diversity in sizing is similar to contemporary published recipe

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<sup>23</sup> Pennell and DiMeo, ‘Introduction’, p. 5.

<sup>24</sup> CBS, D/LO/6/17/146, front cover: This manuscript from the Lowndes of Chesham estate is dated 1665–1717. Herefordshire RO E69/348, front cover: A manuscript dated c. 1735 inscribed as being ‘for Madm Middlebrooke’.

<sup>25</sup> Wellcome, MS.1795 and MS.4057: Both these manuscripts are anonymously compiled and are dated from the late 17<sup>th</sup> C. to the mid-18<sup>th</sup> C.

collections and household guides.<sup>26</sup> Hence, there was no standard of presentation for recipe books and this shows the personal nature of these manuscripts and how they were constructed for use on a case-by-case basis.



**Figure 1: Frontispiece of Elizabeth Fuller's recipe book**  
(Wellcome, MS.2450, Fuller, Elizabeth (& others), with permission from the Wellcome Library)<sup>27</sup>

A recipe book's length, like its size, varied, but is more complicated to explain in the context of a manuscript's material history. Elaine Leong analysed the lengths of seventeenth-century manuscripts by the number of recipes, finding generally 200 to 500 recipes per collection.<sup>28</sup> This approach may have been suitable for seventeenth-century collections, but it is problematic when considering eighteenth-century collections because there was great variability in recipe length, ranging from a single line to several pages. Moreover, the contents were not necessarily recipes, but could be letters, advice, notes, or printed material related to medicine or other domestic matters.<sup>29</sup> Collections also often had loose sheets or pasted-in leaves, in addition to the original pages, and were constructed to allow space for additional recipes; thus blank

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<sup>26</sup> Leong, 'Medical Recipe Collections', p. 60.

<sup>27</sup> For more information on the provenance of this manuscript, see Lisa Smith, 'Sloane Family Recipes' in The Sloane Letters Blog, 2014, accessed 29 May 2015 at <<http://www.sloaneletters.com/sloane-family-recipes/>>.

<sup>28</sup> Leong, 'Medical Recipe Collections', p. 28.

<sup>29</sup> One collection, which could be considered a 'recipe collection', was in fact a collection of prescriptions and letters from physician (Dr Troughin of Geneva) for the Stanhope family in the mid-18<sup>th</sup> C. KHC, U1590 C43/3.

pages are common.<sup>30</sup> The written content of these manuscripts therefore does not correspond with the number of leaves or folios each volume held.

In many cases, the first and last few pages of a manuscript are blank and occasionally large sections of a manuscript are blank. The presence of blank pages indicates that the manuscript changed hands, or that sections of text were copied from different sources at different times. For example, the large text gaps in Wellcome, MS.1321 (an anonymous collection dated *c.* 1675–*c.* 1725) usually coincide with changes in handwriting, suggesting that when the manuscript was passed between owners, they left some space before adding their contributions. Leaving space between sections was useful to differentiate one's work, particularly if multiple compilers were recording in the manuscript at the same time.<sup>31</sup> Another possible reason for blank pages is that the recipes were copied from another text and space was left to copy further recipes later. Finally, some blank pages were clearly meant for additions of a particular type of recipe and this occurred when the recipe collection was divided into sections with subheadings.

Missing pages are further important features of manuscript recipe books because they demonstrate the mutability of these texts, but raise several questions. Did the pages become loose and were simply lost through transmission and time? If pages were clearly cut out, when and why was the content extracted from the collection? Wellcome, MS.1322 has several pages at the end that have been torn out. Yet, as the manuscript's contents end several pages earlier, it is likely that the final pages were removed for other use, such as stationery or scrap paper. In comparison, another manuscript (Wellcome, MS.3582) has writing up to the cut out pages, but

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<sup>30</sup> Sophia Newdigate's recipe book from 1754 is an example of a recipe book that is unfinished and mainly made up of blank pages. Warwickshire RO, CR 1841/4.

<sup>31</sup> Wellcome, MS.1321.

the recipes are additions written in a later hand.<sup>32</sup> It is therefore unclear whether content was removed from the collection, or if the pages were removed before the compiler recorded his or her recipes. Thus, regarding the construction of recipe books, there was continuity in the tradition from the seventeenth century and throughout the eighteenth century in the sense that these manuscripts continued to be individualised notebooks with no set style.

## 1.2 The Commonplace Book Tradition

Beginning in the Renaissance, the commonplace method was an information storage and retrieval writing strategy which took notable fragments from authoritative texts for reference.<sup>33</sup> It was a pedagogic tradition with roots in rhetoric and the art of memory and was a means of generating order.<sup>34</sup> Even before 1700, the commonplace book was a catch-all name for any manuscript of a miscellaneous nature.<sup>35</sup> Jayne Elisabeth Archer similarly defines recipe collections as manuscript miscellanies with resemblances to scrapbooks.<sup>36</sup> While there was a separate tradition of commonplace writing that existed in the seventeenth and eighteenth centuries to record all manner of interests and household activities, the incorporation of miscellaneous information into a recipe book sheds light on the manuscript's wider role in the household.<sup>37</sup> I use the term 'commonplace book' occasionally in this thesis to refer to manuscripts which have a majority of non-recipe content. A compiler's inclusion of diverse

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<sup>32</sup> Wellcome, MS.3582: An anonymous collection dated *c.* 1725.

<sup>33</sup> John Locke devised the popular indexing system for notebooks, which characterised many commonplace books in the eighteenth century. See, Lucia Dacome, 'Noting the Mind: Commonplace Books and the Pursuit of the Self in Eighteenth-Century Britain', *Journal of the History of Ideas*, 65 no. 4 (2004), pp. 603–25.

<sup>34</sup> Dacome, 'Noting the Mind', pp. 603, 615.

<sup>35</sup> David Allan, *Commonplace Books and Reading in Georgian England* (Cambridge: Cambridge University Press, 2010), p. 26.

<sup>36</sup> Jayne Elisabeth Archer, 'The "Quintessence of Wit": Poems and Recipes in Early Modern Women's Writing', in DiMeo and Pennell, *Reading and Writing Recipe Books*, p. 119.

<sup>37</sup> Leong's analysis of Elizabeth Freke's *Book of Remembrances* covers accounts, memoranda and recipes. Elaine Leong, 'Making Medicines in the Early Modern Household', *Bull. Hist. Med.*, 82 (2008), pp. 145–68. For a comparison of seventeenth-century recipe collections and commonplace books see, Stine, 'Opening Closets', p. 21. For even earlier context of life-writing and domestic medicine see, for instance, Linda A. Pollock, *With Faith and Physic: The Dairy of a Tudor Gentlewoman- Lady Grace Mildmay, 1552-1620*, Part III (London: Collins & Brown, 1993).

information elucidates his/her interests and provides a biographical snapshot. The diversity of information within recipe books also reveals how these manuscripts were treated as notebooks, suggesting that the tradition perpetuated because it was a memoranda genre, as well as a didactic genre. As such, we can look to these texts for indications of the additional ways that recipe books interacted with, and perhaps influenced, eighteenth-century elite culture through writing and collecting.

Given that recipe books were personalised, there was no limitation to the types of information recorded. Likewise, commonplace books could take on the role of a recipe collection.<sup>38</sup> As indicated in Table 1, nearly a quarter of the recipe collections surveyed from a sample of 150 (24%) contained miscellaneous notes which were not recipes. The estate collection of the Pares of Leicester and Hopwell Hall has several commonplace books containing recipes, two of which are titled ‘the third book’ and ‘the sixth book’.<sup>39</sup> Thomas Tower’s notebook included medical and cookery recipes, in addition to alchemical notes and other memoranda written in cyphers.<sup>40</sup> William Morris’s commonplace book from 1767 includes medical and veterinary recipes,<sup>41</sup> while another commonplace book has medical recipes alongside lists of prices for medical ingredients, possibly recorded from the *London Pharmacopoeia*.<sup>42</sup> The Cooke family collection from 1777 was mainly composed of medical and cookery recipes, but also included excerpts from the *Northampton Mercury* on calculating

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<sup>38</sup> On additional information included in seventeenth-century collections see, Leong, ‘Medical Recipe Collections’, p. 34. Steven King argues that there was greater likelihood of self-dosing using recipes in commonplace books if it led to savings in expenditure on medical care. Steven King, ‘Accessing Drugs in Eighteenth-Century Regions’, in Louise Hill Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot: Ashgate, 2006), pp. 70–1. On commonplace books and medical knowledge see also, Alexander Goldbloom, ‘Lay Medical Culture and its English Critics c. 1620 to c. 1720’ (PhD thesis, University of London, 2000).

<sup>39</sup> Derbyshire RO, D5336/2/26/9 and D5336/2/26/10.

<sup>40</sup> Essex RO, D/DTw/F4/1/10.

<sup>41</sup> Norfolk RO, BOL 4/9 741 X5.

<sup>42</sup> West Sussex RO, Druitt MSS 1.

sleep patterns, instructions for metal gilding, and varnish recipes from a watchmaker.<sup>43</sup> Another collection reflects the eighteenth-century fascination with experiment and includes a recipe on how to create an electric current within a mercury-based solution.<sup>44</sup> Finally, a recipe book owned by the Rooke family of St Briavels, Gloucestershire has an account of a comet from 1680, describing the visibility of the comet every evening, and is accompanied by a drawing.<sup>45</sup> Artwork in recipe books is a fairly regular occurrence. These images in anonymous collections convey the compiler's perception of daily life and show the use of recipe books as a space for creative expression.



**Figure 2: Artwork in recipe books (WSA, 161/90A and Wellcome, MS.1796, with permission from the Wiltshire and Swindon Archives and the Wellcome Library)<sup>46</sup>**

Another feature of recipe books, which reveals the compilation of recipes out of intellectual interest and the cultural significance of recipe collecting, is the use of the recipe style for providing ‘remedies’ for social problems. A remedy for a sick soul, for example, used

<sup>43</sup> Wellcome, MS.1788, front cover, f. 17v.

<sup>44</sup> Wellcome, MS.2363, f. 52r: This recipe book was compiled by Mrs Finger and Anna Maria Reeves in the second half of the 18<sup>th</sup> C.

<sup>45</sup> Gloucestershire RO, D1833 Z/3, f. 10.

<sup>46</sup> Both of these anonymous manuscripts are dated from the late 17<sup>th</sup> C. to the early 18<sup>th</sup> C.

the structure of a recipe to recommend salvation.<sup>47</sup> Statements include taking ‘a quart of Repentance’ and ‘two Handfull of Faith in the Blood of Christ Jesus with as much hope & Charity as you can get & carry it in a Vessel of a clean Conscience, then boil it on the Fire of love so long till you see by the Eye of faith’. Following this, one was to ‘scum it clean with the Spoon of faithful Prayer’, and add a ‘Pound of Patience’. Using this remedy enabled a person to sweat out poisons [sins] like pride, whoredom, and drunkenness. In another example, a ‘never failing Receipt to cure Love’ suggested taking two ounces of ‘spirit of reason’, three ounces of the ‘powder of experience’, five drams of the ‘juice of discretion’, three ounces of the ‘powder of good advice’, and ‘two spoonfulls of the cooling water of consideration’. A pill of this concoction was sure to ‘clean the head of maggots and whimsies’.<sup>48</sup>

In a final example, a recipe titled ‘An infallible recipe for lowness of Spirits’ instructed the reader to make pills by taking an ounce of the spirit of resolution, mixed with ‘oil of good Conscience’, and infused with ‘ye Salt of Patience’. A plant known as ‘Other Woes’ found in ‘ev’ry part of ye Garden of Life’ was then to be carefully distilled to assist the salt in its operation. Next, ‘hope blossoms’ were sweetened with ‘ye Balm of Providence’ and ‘the Cordial of True Friendship’ if it could be found. This recipe moreover cautioned that the counterfeit kind of friendship known as ‘Self Interest’ was a poisonous plant that spoils the medicine’.<sup>49</sup> These examples show that the recipe was a familiar and accessible writing format that was part of English culture. This form was used to instruct, and was a way in which authors could provide social and moral advice. The use of recipe structures and language was about domesticity, and was therefore building on cookery as well as medicine, but nonetheless they

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<sup>47</sup> Derbyshire RO, D5336/2/26/9, f. 121. This recipe, recorded in an anonymous early 18<sup>th</sup> C. manuscript, was taken from a collection compiled by German physician, Dr Christopher Whirtenung (possibly 16<sup>th</sup> C. author, Christof Wirkung), and was translated into English by Mr Clark in Stony Stanton, Leicestershire.

<sup>48</sup> RCP, MS 509, ff. 68–9: Margaret Acton’s book of ‘Medical Prescriptions’.

<sup>49</sup> Wellcome, MS.4646, f. 44v: A manuscript attributed to Emily Jane Sneyd from the mid to late 18<sup>th</sup> C.

reflect the importance of the recipe collecting tradition as a practice and genre within eighteenth-century culture.<sup>50</sup>

As recipe books were domestic texts, they frequently include other household information, including accounts and inventories. The recipe book of Isabella Pease (dated May 1759) contains an inventory of household items. Interestingly, Isabella noted that these items belonged specifically to her in ‘An inventory of what is in this House belonging to me June 1773’, separating them from other items in the household.<sup>51</sup> The declaration of ownership echoes the naming of the manuscript ‘Isabella Pease Her Booke’, a statement of authorship common in recipe collections. This is a tacit reflection of the cultural importance of owning property and having authority in expert knowledge.<sup>52</sup> Writing inventories was also an exercise in household management, as the lady of the household was expected to keep careful record of expenses, as well as possessions in case items broke or went missing. On a material level, this inventory tells us what Isabella owned, giving an indication of her social status. Furthermore, the inventory describes the objects that were present in the household, which could have been used to prepare and serve the recipes she recorded in her collection. The individuality of recipe books was hence linked to the influence of broader writing practices on collecting knowledge, like the commonplace tradition, and manuscript collections are documentation of compilers’ interactions with daily life and cultural trends.

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<sup>50</sup> I discuss the recipe genre further in Chapter 5 in the context of recipes instructing women on domestic management.

<sup>51</sup> Bodleian Library, MS Eng. Misc. e. 589.

<sup>52</sup> Warwickshire RO, CR0168/1 is another case of a recipe book which includes an inventory; in this instance it belonged to a man and was ‘an Inventory of Goods &c bought in since Marriage 1757’.

### 1.3 The Internal Structure of Recipe Collections

Both the content and the physical aspects of a text could affect how it was read.<sup>53</sup> In the case of recipe collections, their content needed to be as clear and as accessible as possible for practical use, both for the original compiler and other users. Readability can be understood as ‘a combination of style, form, content, and document design’.<sup>54</sup> Compiling information lies between processes of reading and writing,<sup>55</sup> and the ways in which collectors compiled their recipes therefore reveal how they read. Leong calls this the ‘practical reading’ of utilitarian texts.<sup>56</sup> My research reveals that the recipe collecting tradition evolved throughout the eighteenth century to manage a wider selection of sources. An important reason driving the changing presentation of recipe collections in the eighteenth century was that there was less copying from a single source. As compilers gained access to an expanding number of medical authorities (in person and in print), and recorded recipes from multiple sources, copying the original presentation of a single text was no longer an efficient organising and referencing style. With recipes coming from multiple sources at different times, it was far more efficient to record them chronologically and perhaps include an index.

Compilers were conscious of the visual presentation of their collections. Leong classifies seventeenth-century recipe collections into three groups: starter collections, presentation collections, and groups of recipes copied as part of a new compilation. Starter and presentation collections were written in a neat scribal hand and were used as a jumping off point for future

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<sup>53</sup> Margaret Ezell, ‘Domestic Papers: Manuscript Culture and Early Modern Women’s Life Writing’, in Dowd and Eckerle, *Genre and Women’s Life Writing*, p. 34.

<sup>54</sup> Meloncon, ‘Rhetoric, Remedies, and Regimens’, p. 126.

<sup>55</sup> Victoria E. Burke, ‘Manuscript Miscellanies’, in Laura Lunger Knoppers (ed.), *The Cambridge Companion to Early Modern Women’s Writing* (Cambridge: Cambridge University Press, 2010), p. 55.

<sup>56</sup> Leong, ‘Medical Recipe Collections’, p. 14.

additions.<sup>57</sup> These ‘neat’ copies were carefully and beautifully written and organised. Sometimes recipes were written on recto pages only, while other compilers chose to write only one recipe per page. It appears that the practice of making presentation copies continued into the eighteenth century, but there was a change in handwriting style as the recipes were written in italic.<sup>58</sup> However, ‘starter’ copies exist from the eighteenth century only when we consider manuscripts that have seventeenth-century recipes written in scribal hand at the beginning, with later additions in italic. As many eighteenth-century collections begin with this earlier ‘starter’ format, this is an important marker of a continuation in recipe collecting tradition between centuries. There were 46 collections in my sample of 150 manuscripts that began in the seventeenth century and carried on into the eighteenth century. Three of those collections also continued into the nineteenth century. Furthermore, recipe books with spelling errors, annotations, and cross-outs point to a collection’s practical value in producing and experimenting with medicine, and engaging with knowledge more broadly. These ‘waste books’ or notebooks were often texts intended for testing and modification before being copied into a presentation collection, but recipe books could be a combination of both styles.

One dominant characteristic of eighteenth-century recipe collections is the division of medical recipes from others. This separation became popular in the 1650s when chemical medicine gained prominence.<sup>59</sup> A conscious separation of medical recipes demonstrates a shift in the tradition of recording recipes and marks the specialisation of medical knowledge in the household. Moreover, the publication of texts specifically on medicine or cookery influenced the way manuscripts were organised into sections.<sup>60</sup> Recipe collections that were wholly

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<sup>57</sup> Leong, ‘Medical Recipe Collections’, pp. 128, 130.

<sup>58</sup> An example of an 18<sup>th</sup> C. presentation recipe book is Abigail Smith’s collection (c. 1700): Wellcome, MS.4631.

<sup>59</sup> Field, ‘Many hands hands’, p. 53.

<sup>60</sup> On the organisation of seventeenth-century printed collections see, Leong, ‘Medical Recipe Collections’, p. 61.

dedicated to medicine became more common in the eighteenth century. In my survey of 150 eighteenth-century manuscripts, 33% were entirely medical.<sup>61</sup> Anne Stobart's survey of late seventeenth-century family collections from southwest England also shows a shift to more medicinal recipe collections. Stobart suggests that culinary recipes could have been used more regularly and were more susceptible to damage, or, that larger households had servants responsible for the cooking and therefore culinary recipes were not frequently included in family papers.<sup>62</sup> My research shows that medical recipes could be used as frequently as culinary recipes and, furthermore, servants were likely involved in the production of medicine as their recipes are cited in family collections.<sup>63</sup> This shift to more medicinal recipe collections is evidence of increased specialisation in the recipe collecting tradition and in organising knowledge, rather than an indication of use.

A common strategy for easy referencing in collections was separating recipes into groups including: medical, culinary, veterinary, cosmetic, confectionery, brewing/wine making, and household. With 77% of collections containing non-medical recipes (Table 1), compilers needed a way to sort through the different types of recipes. Eleven percent of the manuscripts I surveyed were divided into sections according to type of recipe (Table 1).<sup>64</sup> For example, Wellcome, MS.1795 was physically altered to include a separate section on medicine. The medical recipes were recorded by a later hand on added folios. Additions are also found at the

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<sup>61</sup> In comparison to the seventeenth century, Leong found that 39% of the manuscripts were purely medical, but these manuscripts were pharmacopoeia-style texts mainly created by men. In contrast, the physic-centred domestic collections I found were compiled by women and men and resemble standard domestic recipe collections in content and style. Leong, 'Medical Recipe Collections', pp. 29, 32.

<sup>62</sup> Anne Stobart, 'The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in Household Healthcare in South-West England in the Late Seventeenth Century' (PhD thesis, Middlesex University, 2008), p. 47.

<sup>63</sup> On servants and recipe collections see, Leong, 'Medical Recipe Collections', pp. 196–7.

<sup>64</sup> This is an increase from 5% of seventeenth-century manuscripts found by Leong.

back of the volume, written upside down.<sup>65</sup> This strategy of writing from both ends of a manuscript was found in 13% of the collections surveyed.<sup>66</sup> Dividing a volume in such a way was used to differentiate authors' contributions and define ownership.<sup>67</sup> It was also used as a referencing strategy to separate medical recipes from culinary. In Wellcome, MS.1796, for instance, the medical recipes were written in the latter half of the manuscript and it has two full indexes written by the predominant hand, one called 'the table of Cookery &c' and the following 'A Table of Surgery' for medical recipes.<sup>68</sup> This example illustrates how one compiler classified his or her recipes by type to make them more accessible and to add to the design of the manuscript. In the case of Wellcome MS.2840 there is no table of contents or index, rather three sections with the following headers: 'Chiurgery & Physicall drinks', 'Choice Receipts for Cookery', and 'Choyce Receipts for wines and Sweet Meates'. Each section was also organised alphabetically with the letters of the alphabet written in large headers. This manuscript is unusual for a mid-century collection as I have found a decline in organising alphabetically in the eighteenth century (4%).<sup>69</sup>

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<sup>65</sup> Both Leong and Stine note that this type of physical reversal of a manuscript existed in the seventeenth century. Leong, 'Medical Recipe Collections', p. 31. Stine, 'Opening Closets', p. 22.

<sup>66</sup> This is an increase from the 8% of seventeenth-century manuscripts found by Leong.

<sup>67</sup> Ezell discusses the manuscript convention of the physical reversal of the volume in relation to Elizabeth Freke's collection. Ezell, 'Domestic Papers', p. 41.

<sup>68</sup> Wellcome, MS.1796, f. 170v,173r. Another example of an eighteenth-century recipe book written from both ends is Wellcome, MS.7851.

<sup>69</sup> This is a decline from the 11% of seventeenth-century manuscripts found by Leong.

Organisational Feature	Percentage total of 150 Recipe Books
Bound	90
Loose Recipes	24
Contains Non-medical Recipes	77
Contains Misc. Notes	24
Index and/or Table of Contents	45
Organised by Sections	11
Organised Alphabetically	4
MS Written from the Front and Back	13
Numbered Recipes	10
Page Numbers	64

**Table 1: Organisational features in eighteenth-century recipe books**

Apart from a decline in alphabetical organisation, there was also a decline in organising a manuscript *a capite ad calcem* (head to foot) (0%), which was used in early modern vernacular medical texts. Only two manuscripts were organised by ailments, and one by type of medicine (pharmacopoeia style). No manuscripts were organised by zodiac signs. These evolutions in structure highlight that manuscript recipe collections were no longer being copied from a single source, which would have allowed the compiler to know how much space to leave for each section. Moreover, the absence of zodiac signs reflects a shift away from astrological medicine at the end of the early modern era, and that recipe books evolved with this shift.

For many recipe collections, there are no sections and the groupings of recipes appear random. Janet Theophano notes that the random order of recipes could indicate that the recipes were used on a regular basis, or that was the order in which they were received.<sup>70</sup> Stylistic techniques used to create order in collections included dividing recipes using lines or other embellishments such as scalloping or stars. Compilers also frequently numbered their pages and many numbered each recipe as well. Sixty-four percent of the manuscripts I surveyed included

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<sup>70</sup> Janet Theophano, *Eat My Words: Reading Women's Lives Through the Cookbooks They Wrote* (New York: Palgrave Macmillan, 2003), p. 20.

page numbers for referencing, and 10% numbered the individual recipes (Table 1).<sup>71</sup> Tables of contents and indexes were features of recipe collections which made them more accessible to readers, particularly when recipes were not organised by sections. Lisa Meloncon calls these ‘visual rhetorical techniques’, which were important features of early modern medical texts as they set up the aesthetic quality in design and style, and were used to convey a message; a common strategy used in scientific writing.<sup>72</sup> In my survey, 45% of the manuscripts had a table of contents and/or an index (at this time an index could be in the front or the back of the book).<sup>73</sup> These organisational features were used in recipe collections from the mid-seventeenth century and their use continued throughout the eighteenth century.

In the majority of cases, finding aids were written in one hand, usually the original, and therefore recipes added later are excluded. A mid-century manuscript from Norfolk, for instance, has two narrow pamphlet-style tables of contents that were stitched into the book – one for culinary recipes and one for medical.<sup>74</sup> Wellcome MS.4646 has multiple tables of contents that were broken down by ailment types, exemplifying a focused interest in medical recipes and the functionality of finding aids. The tables included recipes for the following: ‘Convulsions & other fits & Palsy’, ‘Coughs Colds & Consumptions’, ‘Fever & Inflammations’, ‘Gout & Rheumatism’, ‘Cholick’, ‘Balsams Salves & Plaisters’, ‘Worms’, and ‘Scurvy’. Wellcome, MS.4646 also includes a list (labelled an appendix) at the beginning of the collection, which details other recipes that do not match the above categories like ‘A cure for the dropsy’ or a remedy ‘for the stone’. Organising recipes by diseases demonstrates that

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<sup>71</sup> This is a significant increase from the 1.0% of seventeenth-century manuscripts using pagination and 0.4% using numbered recipes, as found by Leong.

<sup>72</sup> Meloncon, ‘Rhetoric, Remedies, and Regimens’, pp. 19, 187, 191.

<sup>73</sup> This is an increase from the 24% of seventeenth-century manuscripts found by Leong. Meloncon notes that tables of contents in early modern technical books more closely resembled our modern indexes. *Ibid.*, p. 134.

<sup>74</sup> Norfolk RO, HMN 4/5 737X4.

compilers had substantial medical knowledge through experience and study, and could recognise symptoms and seek remedies accordingly. Although focusing on medicine emerged as a recipe collecting trend in the mid-seventeenth century, the prominence of detailed classification schemes and finding aids for medical remedies in eighteenth-century collections indicates that collectors chose to modify how they recorded their recipes to accommodate cultural changes in classifying knowledge. Recipe collection organisation shows change within the tradition, illuminating the ways in which compilers perceived and processed domestic knowledge, and how these changed over time.

Turning to the history of individual recipes, as records of advice and instruction, recipes were variable in length, difficulty, and detail. Recipes were a flexible knowledge structure with deep roots in oral and written traditions, and they had their own ‘inherent cultural authority’ embedded within their structure and presentation.<sup>75</sup> As mentioned above, the early modern ‘how to’ format of a recipe gained prominence in the mid-seventeenth century. Recipe structure was vital for conveying instructions effectively, and the format generally remained consistent as a traditional formula for communicating knowledge. However, given the expanding range of knowledge available, particularly with new approaches in medicine and print media, eighteenth-century recipes were arguably more variable in length and content, and collections reflect this variety with a blend of old and new remedies. Following tradition, recipes could be written in shorthand and abbreviated if they were simple and straight-forward to make, or if the compiler used the remedy often and only needed prompts. The length and detail of a recipe was dependent on both the original author’s and the compiler’s needs for detail. Some recipes were

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<sup>75</sup> As argued by Smith, ‘Women’s Health Care’, p.51. For further information on the recipe see, Leong, ‘Medical Recipe Collections’, Chapter 1, especially p. 19.

copied verbatim as the user needed full instructions in order to execute the recipe correctly, while others resemble notes and reminders.

With regards to a recipe formula, the title was the primary indicator of a recipe's use or composition. For example, 'The Cure for ye Biteing of a Mad Dog' and 'Lady Barksherss [Berkshire's] watter for a sore brest' indicate what ailment they were intended to treat, whereas 'The Lady Hewitt's Water' and 'An Excelent Snale Water' give a sense of the type of recipe, ingredients, and to whom the recipe was attributed, but do not explain the recipe's medicinal role.<sup>76</sup> Often the recipe's attributee was cited near the title, this being the individual who either created the recipe, communicated it, or was in some other way associated. Dates and locations could also be recorded at the beginning or end of a recipe and these are important for understanding the networks and mediums through which household medical knowledge was communicated.<sup>77</sup> The title was consequently useful for informing readers about the recipe's content and provenance, but also added to the collection's overall flow and organisation.

A recipe's structure was imperative for its use in providing instructions.<sup>78</sup> In the body of a recipe, the ingredients were first listed along with their quantities and preparatory instructions.<sup>79</sup> The enumeration section of a recipe was important in establishing cohesive sentence structure and readability.<sup>80</sup> Depending on the type of recipe, there could be one or two ingredients, or dozens. Next, there were directions on how to combine the ingredients and create the product. Following, or sometimes interspersed throughout the procedure, were tips and advice for ensuring that the recipe was executed properly. In this section, modifications or

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<sup>76</sup> Wellcome, MS.1340, MS.1320. Leong argues that this type of header was used in panaceas, where additional information was provided. Leong, 'Medical Recipe Collections', p. 18.

<sup>77</sup> Authorship and the role of attributees and networks in recipe collecting are discussed in Chapter 4.

<sup>78</sup> Further discussion on instructions can be found in Chapter 2.

<sup>79</sup> For an in-depth study of early modern recipes and their structure see, TeLL Research Group, Corpus of Early English Recipes, accessed 6 April 2015 at <<http://www.gi.ulpgc.es/tell/page2/coer/coer.html>>.

<sup>80</sup> Meloncon, 'Rhetoric, Remedies, and Regimens', p. 149.

alternatives were also provided. Recipes often gave directions on how to take or administer the remedy if it was for medicinal use. Within these guidelines different quantities according to the age of the sufferer were specified.<sup>81</sup> Finally, a recipe could describe what it was used to treat, and it was common in seventeenth and early eighteenth-century collections to include a detailed list of virtues.<sup>82</sup> Many of these internal structural elements continued from the seventeenth century (or earlier) and this demonstrates the value placed on maintaining a writing tradition, and that the formulaic nature of a recipe as a set of instructions was accessible and effective.

#### **1.4 Evidence of Use: Palaeography, Annotations, and Print Inserts**

The material history of eighteenth-century recipe collections concerns the structure and construction of these textual objects, as well as their content and the writing process.<sup>83</sup>

Palaeographical evidence conveys the usage and value of recipe collections within households and it is crucial for understanding eighteenth-century writing culture. Recipe books were instruments of domestic medical knowledge and textual characteristics like annotations exemplify active engagement and experiment – a type of creative process – rather than an act of passively recording recipes. The margins of a manuscript were used to connect the compiler and reader to legitimate the knowledge.<sup>84</sup> Moreover, inserts are evidence of compilers adding to their collections and incorporating other types of records into recipe books.

The act of copying recipes was part of engaging with manuscripts as textual objects and a way of gaining medical knowledge. One of the clearest indicators that a recipe was copied is the occurrence of duplicated words, which were either left untouched or crossed out.

Alternatively, the compiler could have acknowledged that recipes were copied, as is the case of

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<sup>81</sup> Dosage is discussed in Chapter 3.

<sup>82</sup> For a comparative analysis of seventeenth-century remedy virtues see, Leong, 'Medical Recipe Collections', p. 18.

<sup>83</sup> On further evidence of use in eighteenth-century recipe books see, Smith, 'Women's Health Care', Chapter 2.

<sup>84</sup> Michelle Dowd and Juile Eckerle, 'Introduction', in Dowd and Eckerle, *Genre and Women's Life Writing*, p. 2.

Wellcome, MS.3656 which states ‘copied from Miss Myddleton book Aug 15 1785’.<sup>85</sup> In an early modern context, transcribing texts was a household activity used for girls’ education.<sup>86</sup> Rebecca Laroche notes that a crucial way in which medical knowledge was communicated was through women borrowing herbals and copying them.<sup>87</sup> Theophano has argued, moreover, that ‘women may have encouraged these concrete acts of writing for their children; they may have merely tolerated them. Either way, in the achievement of writing, children forged links with previous generations and with their successors’.<sup>88</sup> Through the sharing of domestic knowledge in recipe collections, women (and men) created a ‘textual community’.<sup>89</sup> Furthermore, transcribing large sections of a recipe book into another manuscript, Leong argues, was an act of reading and note-taking and the copies are a ‘reflection of particular instances of reading and of a particular reader’s engagement with an appropriation of information contained in a manuscript text’.<sup>90</sup> Recipe collections were used to practise handwriting, and some manuscripts are evidence of partial illiteracy as they were written in phonetic spelling and are littered with errors.<sup>91</sup> As Figure 3 shows, manuscripts could be used to try out different handwriting styles.

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<sup>85</sup> Wellcome, MS.3656, table of contents. Another example of earlier manuscripts copied into a new volume is BL, Add. MS 38089. In this manuscript, dating from the 17<sup>th</sup> C. and 18<sup>th</sup> C., the (anonymous) compiler made note of the beginning and end of each recorded book.

<sup>86</sup> Leong, ‘Medical Recipe Collections’, p. 126.

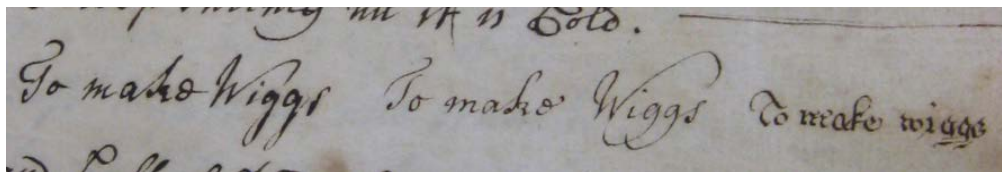
<sup>87</sup> Rebecca Laroche, *Medical Authority and Englishwomen’s Herbal Texts, 1550-1650* (Farnham: Ashgate, 2009), p.19.

<sup>88</sup> Theophano, *Eat My Words*, p. 160.

<sup>89</sup> Jennifer Wynne Hellwarth, “‘Be Unto Me as a Precious Ointment’”: Lady Grace Mildmay, Sixteenth-Century Female Practitioner’, *Dynamis Acta Hisp. Med. Sci. Hist. Illus.*, 19 (1999), p. 102.

<sup>90</sup> Leong, ‘Medical Recipe Collections’, p. 137.

<sup>91</sup> Pennell, ‘Perfecting Practice?’, p. 241. An example of an eighteenth-century recipe book containing phonetic spelling is Wellcome, MS.6956.



**Figure 3: Handwriting practise**  
(Derbyshire RO, D5430/50/3, f. 29, with permission from the Derbyshire Record Office)<sup>92</sup>

Sometimes recipes appear to have been duplicated in a manuscript through copying; in this way, recipe books are similar to copybooks.<sup>93</sup> Stobart has observed that omissions of simple words and sentences, slight title changes, and spelling changes do not necessarily indicate that two similar recipes were collected from different sources. However, alterations in quantities and dosages suggest that the same recipe was used elsewhere and separately collected.<sup>94</sup> One recipe in Lady Ranelagh's collection helpfully reveals that two duplicate recipes were copied from separate sources and acknowledged their differences by stating, 'Word for word the same with Lady Wrays Sparrow drop before written 105, only this allteration at Last'.<sup>95</sup> This example shows that compilers not only took information from multiple sources, but consciously managed their recipes.

Palaeography in recipe collections varies substantially, illustrating the collaborative nature of the manuscripts and change in the writing tradition over time. As mentioned above, recipes dating from the seventeenth century were either written in an elegant secretary hand, or the standard italic hand, while recipes originating from the eighteenth century were predominantly written in italic. The older secretary forms of the letters 'c', 'e', 'r' and fossil thorn 'ye' were not in common use by the end of the seventeenth century.<sup>96</sup> Moreover, Heather

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<sup>92</sup> Manuscript belonging to the Wright of Eyam Hall estate dating from the 1750s–90s.

<sup>93</sup> Susan E. Whyman, *The Pen and the People: English Letter Writers 1660-1800* (Oxford: Oxford University Press, 2009), p. 25.

<sup>94</sup> Stobart, 'The Making of Domestic Medicine', p. 55.

<sup>95</sup> Wellcome, MS.1340, f. 41v.

<sup>96</sup> Stobart, 'The Making of Domestic Medicine', p. 52.

Wolfe claims that women in early modern England were encouraged to write in Roman hand, but that it is difficult to generalise about their handwriting since the range and style of scripts evolved extensively during the period.<sup>97</sup> Changes in hands, particularly in the transition of handwriting styles, help trace the continued recording of recipes through generations.

Different hands also provide insight into the compiler's education and social background.<sup>98</sup> Although most domestic recipe collections were vernacular, it is not unusual to find Latinate recipes, particularly when copied from a published source, or if the collection belonged to a classically-educated man like a physician.<sup>99</sup> Latinate names for medical ingredients and apothecary symbols were regularly used to indicate quantities such as ounces ℥, drams ℥, and scruples ℥. It could be assumed that the compilers knew Latin and therefore did not need to translate the remedy into English. This, however, was not always the case. In several manuscripts, Latin prescriptions are found with an English translation, indicating that there was a need for translation for other readers. One such case is a purging potion containing senna and Aqua Mirabilis.<sup>100</sup> The English version has the apothecary symbols for the quantities needed and provided the full anglicised names for the drugs.<sup>101</sup> Furthermore, shorthand and abbreviations were more often found in recipes created by the compiler, not copied. These writing styles were used for efficiency, to save space, and for secrecy, but were potentially problematic for successors who needed to decipher remedies.<sup>102</sup> An example of a compiler's

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<sup>97</sup> Heather Wolfe, 'Women's Handwriting', in Knoppers, *Early Modern Women's Writing*, pp. 27, 31. It should also be noted that the round hand style used in the eighteenth century by merchants does not regularly appear in recipe collections.

<sup>98</sup> Leong, 'Medical Recipe Collections', p. 125.

<sup>99</sup> For example, Wellcome, MS.7073 was owned by surgeon, Caleb Lowdham. On Latin in domestic manuscripts see, Tebeaux, 'Women and Technical Writing', p. 18.

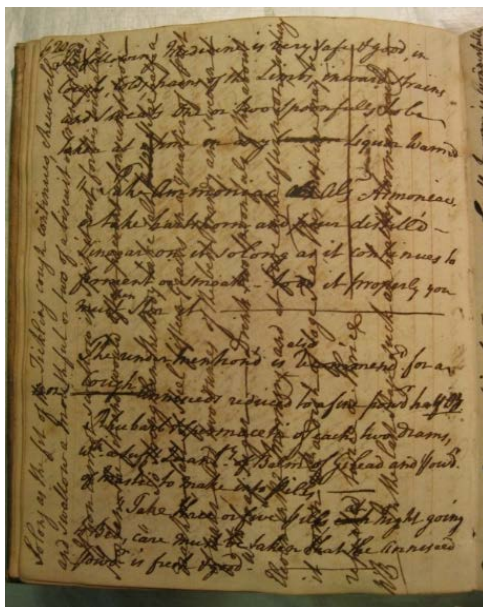
<sup>100</sup> CBS, D/LO/6/17/112, f. 12: A manuscript held in the Lowndes of Chesham estate dated 1665–1717.

<sup>101</sup> Another example is a prescription from London in 1785 for a purging draught in Lady Eleanor Dundas's collection (c. 1785): Wellcome, MS.2242, f. 19.

<sup>102</sup> Ezell, 'Domestic Papers', p. 40.

(perhaps Lady Ranelagh) or scribe's<sup>103</sup> attempt to decipher instructions is in the recipe 'For Deafness Old Lady Oxford' that said, 'take a Spoon (It is Spoon in the Original but perhaps may mean Sponge) and dip the Water and as hot as you may suffer it hold it to your Ears'.<sup>104</sup>

Cross outs are also common features of recipe collections that indicate a compiler's or reader's evaluation of the manuscript's content.<sup>105</sup> In many cases, these were part of the copying process and were simply due to spelling or transcription errors, but sometimes whole recipes are crossed out. Elizabeth Okeover's manuscript, for example, contains scraps of paper which state that some of the recipes were written out twice, verifying why they were crossed out.<sup>106</sup> In a somewhat unusual case for eighteenth-century recipe books, a manuscript owned by the Massingberd family has a number of pages that were either entirely scribbled out or written over in a new direction, a technique used to save paper (Figure 4).



**Figure 4: Re-using manuscripts by writing over existing text (OBU, Massingberd MS Receipts Vol. 3, no page number, with permission from Special Collections, Oxford Brookes University)**

<sup>103</sup> On scribes and copying recipe books in the seventeenth century see, Leong, 'Medical Recipe Books', p. 138.

<sup>104</sup> Wellcome, MS.1340, f. 144v.

<sup>105</sup> See also, Leong, 'Medical Recipe Collections', p. 161. Smith, 'Women's Health Care', p. 59.

<sup>106</sup> Wellcome, MS.3712. Caleb Lowdham's recipe book is another example of a manuscript in which many of the recipes are crossed out (Wellcome, MS.7073).

Cross-referencing to other manuscripts or recipes within the same collection also occurs. These references illustrate the compiler's familiarity with the contents of his/her collection (and other collections) and made retrieving information more efficient. For instance, one recipe for sore nipples stated to anoint the nipples sometimes with 'the Toung Oyntment' and noted that this ointment recipe was 'Mentioned here in this Book'.<sup>107</sup> This compiler was making use of two recipes within one collection for a single treatment and felt it was important to include a reminder on where to locate the other remedy. In another instance of cross-referencing, the Okeover family took the time to write 'Entered' on each loose sheet in a bundle of medical remedies to show that they had been included in their bound collection.<sup>108</sup> In the case of the Heppington family, they cross-referenced all three of their manuscripts by referencing alternative versions of the recipes beside titles in brackets, for example {No.2. p7}.<sup>109</sup> Finally, the medieval and early modern tradition of including manicules was not widely used in eighteenth-century recipe books, though a few compilers evidently desired to continue the tradition of using this indexing punctuation mark.<sup>110</sup>

Annotations are further evidence of use and reflect the continued evolution of recipe collections. The value or 'currency' of a recipe's knowledge can be determined by annotations as they represent use, authority, and experiment.<sup>111</sup> Annotations were made within the recipe's text, in the margins, or added at the end of the recipe. Again, annotations were features of earlier collections, but this stylistic continuity signifies that older recipes gained credibility in

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<sup>107</sup> CBS, D 102/15, f. 14v. The Stanhope family's collection cross-references between the medical and cookery books and cites a recipe for ginger tablets for wind to be found in the index of both manuscripts: KCH, U1590 C43/2, f. 11.

<sup>108</sup> Derbyshire RO, D231M/Z65-207.

<sup>109</sup> Wellcome, MS.7997 Vol. I.

<sup>110</sup> For example, the Massingberd family: OBU, Massingberd MS Receipts Vol. 2, f. 59.

<sup>111</sup> Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace"', in Mark Jenner and Patrick Wallis (eds.), *Medicine and the Market in England and Its Colonies, c. 1450-c. 1850* (London: Palgrave Macmillan, 2007), p. 134.

the seventeenth century and, through usefulness and popularity, were used and preserved into the eighteenth century. Compilers used symbols such as stars (\*), checks (✓), or crosses (x) to mark recipes.<sup>112</sup> These symbols can be ambiguous to modern readers, but they likely indicated that the recipe had been tried out, needed to be tested, or, that the recipe had already been created and that it was a good recipe, or one to avoid.<sup>113</sup> For Sarah Palmer, she preferred to write her initials beside recipes that she tested, such as ‘Oynments for the Eyes S.P. approved it’.<sup>114</sup>

To provide clarity, some compilers helpfully added a legend or note to explain their markings. A recipe for ‘The Tincture’ gave the following list of ailments it treated:

Ulcers ^, Cankers ^, Cancers, (bite of venomous beasts or mad Dogs, with 12 or 14 Drops inwardly), Fistulas ^ in any part though never so old, ye Piles ^, all Swellings & corruptions, sore Eyes Anointing ye Lids, prevents the Small pox pocking by Sticking the grains with a feather as the[y] appear in the Face, Tooth Ach ^ Apply’d in a Little Cotton, Burns ^ or Scalds ^ apply’d immediately, A Nail^ in a Horses foot dropping it into the Wound or any fresh hurt to a Man or beast.

At the foot of this recipe was the note, ‘The Marked ^ have been experienced’.<sup>115</sup> More detailed annotations could also be recorded at the foot of a recipe. Letitia Owen’s recipe for ‘The Sweating distemper’, which she ‘heard a phitician [sic] say he found in a manuscript’, spoke of how one was to take an ill person and put them in a warm bed with their clothes on and not let the heat escape, for if they became cold ‘it was certain death’. The recipe was followed by a separate concluding statement ‘tis to be suppos’d they eat warm things often to keep up their

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<sup>112</sup> The Newdegate family’s recipe book used heart-shaped symbols to flag recipes: Warwickshire RO, CR 1841/5.

<sup>113</sup> For examples of testing recipes see Leong’s case study of Peter Temple’s use of ‘*Probatum Est*’ and Alisha Rankin’s study of medicine and experimentation in early modern German courts. Leong, ‘Medical Recipe Collections’, p. 160. Alisha Michelle Rankin, ‘Medicine for the Uncommon Woman: Experience, Experiment, Exchange in Early Modern Germany’ (PhD thesis, Harvard University, 2005), p. 35.

<sup>114</sup> Wellcome, MS.3740, f. 11r.

<sup>115</sup> Wellcome, MS.1322, f. 40v: This is an anonymous collection dated c. 1660–c. 1750.

spirits such as broth &c'.<sup>116</sup> This statement suggests that Owen was familiar with treating fevers and care for sufferers in general. Annotations such as these thus stress the active reading of recipe collections, and are evidence of recipe collections serving as household tools and records of experiment.

As recipes and health advice could be gleaned from a multitude of sources, it was normal for eighteenth-century compilers to include additions without necessarily recording them in the manuscripts. Inserts were added when there was no space for new recipes, if the loose sheets were included by a subsequent compiler, or for no apparent reason. Theophano suggests that sometimes recipes on paper fragments were preserved with the donor's hand as a memento, a 'token of the gift and commemoration of the relationship between donor and compiler'.<sup>117</sup> These inserts could be small scraps of paper, recipe cards, letters, or newspaper clippings, and they were not necessarily recipes. Adding inserts to manuscripts was not new in the eighteenth century, particularly as seventeenth-century collections can be classified as commonplace books with letters, almanacs, and other household material added. However, one new aspect of eighteenth-century recipe collecting was a reciprocal relationship in communicating recipes and medical advice between manuscript and newsprint. The proliferation of newspapers allowed recipe collectors to incorporate published advice by pasting articles into their manuscripts. Alternatively, compilers copied out newspaper articles into their collections, keeping the original format intact. This incorporation of newsprint into manuscript collections shows that compilers used new media, and valued it as a source of medical knowledge.<sup>118</sup>

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<sup>116</sup> Wellcome, MS.3731, f. 19v.

<sup>117</sup> Theophano, *Eat My Words*, p. 43.

<sup>118</sup> The role of newsprint in recipe books is discussed in Chapter 5.

Inserts are useful for dating collections, as in the case of letters. They also show that a recipe book was a work in progress. More significantly, these additions give insight into a compiler's firsthand interaction with illness and his/her thoughts on current medical discourse and treatment. Ann Sheldon's recipe book originally began as a cookbook with a table of contents dedicated to culinary recipes. However, the remainder of her book consists of pasted-in loose sheets containing both culinary and medical recipes, as well as a section on accounts.<sup>119</sup> This manuscript exemplifies how a recipe book's purpose could change over time and how the contents were adapted to suite the compiler's needs. In another example, when a manuscript owner (possibly Mrs Meade) initially attempted to find a recipe for a conserve, it was evidently missing as the recipe (recorded on an insert) stated, 'W Vaillant has lost the Receipt for the Conserve but thinks it was as follows'.<sup>120</sup> In this instance, gaining the information was more important than ensuring that the recipe was recorded permanently and the loose recipe would suffice.

The act of copying, the variation in palaeography, annotations, and the inclusion of inserts all reflect the utilitarian purpose of recipe collections, their use as educational tools, experimental notebooks, and as records of an intellectual pursuit. Evidence of use confirms the status of recipe books as material objects of a 'textual community' and illustrates that compilers gained proficiency by continually evaluating recipes and exploring new sources of knowledge. Evidence of use thus demonstrates how the recipe collecting tradition continued by adapting to social and cultural shifts.

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<sup>119</sup> RCP, MS 508.

<sup>120</sup> Wellcome, MS.3500, loose sheet.

## 1.5 ‘Ye Greatest Cure He Ever Saw’:<sup>121</sup> The Rhetoric of Recipe Books

Rhetoric is the branch of language concerned with persuasion and is needed to legitimate and differentiate between disciplines and systems of knowledge.<sup>122</sup> Knowledge is a collective good, and we rely on trusting others to secure knowledge.<sup>123</sup> Rhetoric is thus imperative to studying medical history for, as Mary Fissell argues, the language of vernacular medical recipe collections enables us, in part, to gauge ‘how people made sense of their lives, of the natural world, of social relations, [and] of their bodies’.<sup>124</sup> Concerning the rhetoric of domestic medicine, the language of authority found in recipe books came from elite culture; however, one did not need to have genteel status in order to exercise authority or attain social dignity as these attributes were bound to notions of gentility.<sup>125</sup> Conveying genteel status was used for social negotiation,<sup>126</sup> and credible knowledge was created through acts of civility.<sup>127</sup> Moreover, good judgment and advice were equally important determinants of a person’s character and authority.<sup>128</sup> This approach to conveying authority was a principal part of the rhetoric used in scientific texts. Natural philosophers were concerned with truth claims in experiment, and rhetoric aided them in choosing between theories.<sup>129</sup> This rhetorical style was adopted into the

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<sup>121</sup> An efficacy statement attributed to Dr Walkers’ receipt for ‘a consumption’ in Elizabeth Jenner’s recipe book: Wellcome, MS.3029, f. 22.

<sup>122</sup> David Harley, ‘Rhetoric and the Social Construction of Sickness and Healing’, *Soc. Hist. Med.*, 12 no. 3 (1999), p. 411.

<sup>123</sup> Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: The University of Chicago Press, 1995), p. xxv.

<sup>124</sup> Mary Fissell, ‘Making Meanings from the Margins: The New Cultural History of Medicine’, in John Warner and Frank Huisman (eds.), *Medical History: The Stories and their Meanings* (Baltimore: Johns Hopkins Press, 2004), p. 364.

<sup>125</sup> H.R. French, *The Middle Sort of People in Provincial England, 1600-1750* (Oxford: Oxford University Press, 2007), p. 258.

<sup>126</sup> Penelope J. Corfield, ‘The Rivals: Landed and Other Gentlemen’, in N.B. Harte and R. Quinault (eds.), *Land and Society in Britain, 1700-1914* (Manchester: Manchester University Press, 1996), p. 12.

<sup>127</sup> Shapin, *A Social History of Truth*, p. 66.

<sup>128</sup> Harold Cook, ‘Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians’, *Journal of British Studies*, 33 no. 1 (1994), p. 4.

<sup>129</sup> David Gooding, Trevor Pinch, and Simon Schaffer, *The Uses of Experiment: Studies in the Natural Sciences* (Cambridge: Cambridge University Press, 1989), p. 161. On the shift in rhetoric in early modern science from

recipe collecting tradition in the early modern era as a method of conveying authority and was used for evaluating knowledge used domestically.

The rhetorical style of conveying authority in knowledge had roots in the early modern alchemical tradition and occultism, and it was appropriated by proprietary medicine as a ‘language of salesmanship’.<sup>130</sup> The rhetorical style was moreover frequently labelled as ‘quackery’ by contemporaries criticising this public approach to medicine. Consequently, the recipe collecting tradition was influenced by this rhetorical style as it was used in commercial medicine. A large promise lay at the heart of an advertisement, and extravagant therapeutic claims comprised the technique used by sellers of ‘quack’ medicines.<sup>131</sup> Lisa Forman Cody argues that an elite individual’s reputation could have been used to market a drug through the extortion of their name in a testimonial of an effective cure, in return for a refund of their payment after purchasing a nostrum. Advertisements were intended to confer value on the commodity and suggested to potential consumers that purchasing the product was a wise investment, giving the implication of consumer economic control.<sup>132</sup> David Harley has also claimed that rhetoric in medical writing should be viewed as competition for control of meaning, rather than just self-advertisement.<sup>133</sup>

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secrets and the occult to empiricism see, for example, Ryan Stark, *Rhetoric, Science & Magic in Seventeenth-Century England* (Washington, DC: Catholic University of America Press, 2009).

<sup>130</sup> Roy Porter, ‘The Language of Quackery in England, 1660-1800’, in Peter Burke and Roy Porter (eds.), *The Social History of Language* (Cambridge: Cambridge University Press, 1987), p. 78. See also, David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006), especially p. 360. On secrets see, Eamon, *Science and the Secrets of Nature*. Leong and Rankin, *Secrets and Knowledge*.

<sup>131</sup> P.S. Brown, ‘The Vendors of Medicines Advertised in Eighteenth-Century Bath Newspapers’, *Medical History*, 19 no. 4 (1975), p. 127. Jonathan Barry argues that humbler quacks did not use this rhetorical style and were more business-like with their rhetoric. Jonathan Barry, ‘Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol’, in W.F. Bynum and Roy Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London: Croom Helm Ltd., 1987), p. 30.

<sup>132</sup> Lisa Forman Cody, “‘No Cure, No Money,’ or the Invisible Hand of Quackery: The Language of Commerce, Credit, and Cash in Eighteenth-Century British Medical Advertisements’, *Studies in Eighteenth-Century Culture*, 28 (1999), pp. 123, 104.

<sup>133</sup> Harley, ‘Rhetoric and the Social Construction of Sickness and Healing’, p. 415.

Nostrum advertisements used superlatives and scientific jargon, a ‘rhetorical phantasmagoria’, as a marketing ploy, and this style of claiming efficacy and expertise continued in domestic medicine in the eighteenth century, particularly given the significant use of print and proprietary medicine in elite healthcare.<sup>134</sup> ‘A Sovereign Receipt for a Sprain’, for instance, was said to be what rope dancers used ‘to strengthen their ancles after dancing’.<sup>135</sup> Rope dancing was a main attraction used to entertain the crowds until a mountebank was ready to sell his cures.<sup>136</sup> In another case, Jane Frere’s recipe book has a printed recipe with a claim that Chester-based physician Dr John Haygarth used the Extract of Saturn or Goulard (a proprietary medicine) ‘when forty People were scorched by an Explosion of Gunpowder under a Puppet Show at Chester’, and that it was used with success.<sup>137</sup> These statements exemplify proprietary medicine’s use of rhetoric to prove efficacy and that they were used as supporting evidence for print remedies recorded in manuscript recipe books.

Efficacy statements were integral to the rhetoric of recipe books. They noted the effectiveness of a remedy and gave instructions and advice for the recipe’s production, making these citations akin to modern footnotes.<sup>138</sup> These notes could also be warnings to avoid a recipe if it was tested and deemed bad or faulty.<sup>139</sup> Efficacy statements could be marginalia, but were also found in the body of a recipe to mark which remedies were the most trustworthy.<sup>140</sup> Present and future tenses were used in efficacy statements to create optimism, and there was a trend in

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<sup>134</sup> Roy Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud: Tempus, 2003), pp. 149–51.

<sup>135</sup> In Lady Eleanor Dundas’s late 18<sup>th</sup> C. collection: Wellcome, MS.2242, f. 44r.

<sup>136</sup> Leslie G. Matthews, ‘Licensed Mountebanks in Britain’, *Journal of the History of Medicine and Allied Sciences*, 14 no. 1 (1964), p. 33. For more information on proprietary medicine and print in domestic medicine see Chapter 5.

<sup>137</sup> Norfolk RO, HMN 4/5 737X4, f. 45.

<sup>138</sup> Leong, ‘Medical Recipe Collections’, p. 225.

<sup>139</sup> Smith, ‘Women’s Health Care’, pp. 60–1. It is worth noting that a recipe could have been effective, but indicated as faulty or bad by a compiler who had poor luck testing it, or an individual who lacked the skills to prepare the recipe successfully.

<sup>140</sup> On efficacy statements in seventeenth-century collections see, Leong, ‘Medical Recipe Collections’, pp. 18, 111. Leong notes that efficacy statements were found in 8.2% of the manuscripts she surveyed. See also, Stine, ‘Opening Closets’, p.42.

citing classical sources to give authority to both the text and its author.<sup>141</sup> In my analysis of 5,013 recipes, many did not include efficacy statements, meaning that the rhetoric was used selectively. Some recipes also include multiple statements of efficacy: thus a raw count is used in my analysis rather than percentages. It should also be noted that I distinguish between words being used to show what a recipe was used to treat versus how well it treated. For example, I do not include in my analysis statements like ‘excellent for’ or ‘good for’ treating certain ailments,<sup>142</sup> but I do include statements that suggest a recipe was proved excellent or good.

Figure 5 shows that the most frequently used efficacy statements were ‘approved’ at 88 counts and ‘proved’ or ‘*Probatum Est*’ at 80 counts. These statements were adopted from scientific texts in the seventeenth century, but my evidence shows that they increased in use in the eighteenth century, reflecting the close relationship natural philosophy shared with medical writing. The next most frequently used efficacy statements are the ones which claimed that the remedy cures or allows the patient to restore their health (73 counts), followed by testimonials of curing in specific cases at 61 counts.<sup>143</sup> These medically-based efficacy statements are part of the broader style of medical writing and, as mentioned above, the technique of writing developed from language found in alchemy, and was used in advertising proprietary medicine. Francisco Alonso-Almeida has found a shift in efficacy statements from ‘good’ to ‘excellent’ throughout the early modern era.<sup>144</sup> My findings support this claim that efficacy statements transitioned to more grandiose claims with ‘excellent’ at 22 counts versus ‘good’ at 12 counts.

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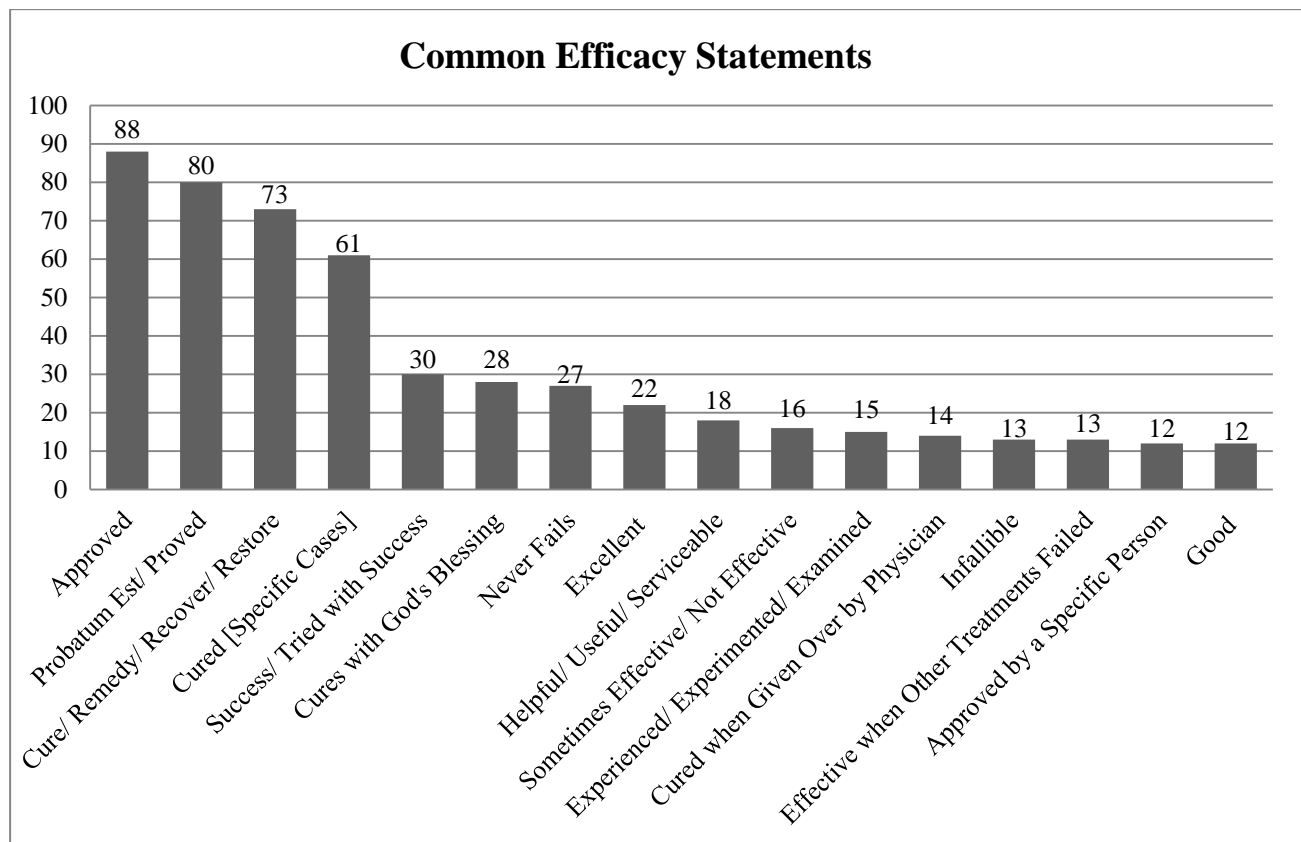
<sup>141</sup> Alonso-Almeida, ‘Genre Conventions in English Recipes’, p. 78. Meloncon, ‘Rhetoric, Remedies, and Regimens’, p. 172.

<sup>142</sup> This was a rhetorical style often found in recipe titles and it is ambiguous as to whether the recipe was ‘proven’ effective. My analysis here is concerned with evidence of use, trust, and testing, not with how a recipe might be useful.

<sup>143</sup> Leong notes an increase in these anecdotes of personal experience during the course of the seventeenth century. Leong, ‘Medical Recipe Collections’, p. 112.

<sup>144</sup> Alonso-Almeida, ‘Genre Conventions in English Recipes’, p. 74.

Yet, as Figure 5 shows, efficacy statements were also used to communicate failure when recipes were not effective (16 counts).



**Figure 5: Efficacy statements in medicinal manuscript recipe collections (survey of 5,013 recipes)**

Seth LeJacq has examined efficacy statements in relation to recipes and surgery, including statements of physicians and surgeons ‘abandoning’ their patients (a contemporary term).<sup>145</sup> These occur regularly in recipe books, and were used as a strategy in medical advertisements. I found 14 cases of efficacy statements that are based on testimonials of a cure after the patient had been ‘abandoned’ or ‘given over’ by a physician or surgeon. Thirteen efficacy statements were also found which suggest that the remedy was effective when other treatments had failed. John Goose of Eyam's sister's finger was cured with a remedy after it was

<sup>145</sup> Seth Stein LeJacq, ‘The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England’, *Soc. Hist. Med.*, 26 no. 3 (2013), p. 460.

in ‘such a bad state that the surgeon thought it was necessary to cut it off, to prevent a mortification’.<sup>146</sup> The child had been taken to a nearby town for the surgery, but, when the surgeon was not in, they returned home and tried the poultice on the finger with resulting success. Another example is of a medicine that cured ‘an Antient fatt person of 65 yeares of age’ who had a cough and fever ‘when the phisitians had given him over’.<sup>147</sup> There is also the case of a gentlewoman being saved from bleeding to death by a stranger using a wound poultice after the ‘doctors had Racked all their skill and had left her’.<sup>148</sup> LeJacq suggests that testimonials such as these present domestic healing as a worthy alternative to surgeons (or physicians). However, it is difficult to determine the origin of many of these testimonials, and whether the efficacy statements found in recipe books were created by the compilers, or taken from print.<sup>149</sup> If sourced from print, the stories may have been sensationalist, marketing ploys for proprietary medicine, or even commentary on the conflict of authority between physicians and other practitioners.

Not all claims of effectiveness were necessarily truthful, but rather they were used as part of a rhetorical style to try and persuade readers that the remedies worked. The presence of this rhetorical style in manuscripts shows the interaction of this domestic tradition with the wider medical marketplace, and how the language of persuasion in commercial medicine was used as a means of recording knowledge generally in elite healthcare.

My research supports the concept of sharing rhetoric in medical knowledge between the commercial, professional, and domestic spheres. In manuscript collections, providing an account of personal experience was important for constructing efficacy statements. These were

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<sup>146</sup> Recorded in Jane Farewell’s collection (1719–c. 1800): Derbyshire RO, D5430/50/5, f. 23.

<sup>147</sup> In Mrs Meade’s collection (1688–1727): Wellcome, MS.3500, f. 42r.

<sup>148</sup> In the Arundell family’s recipe book (1786): WSA, 2667/12/40, f. 80.

<sup>149</sup> For more information on testimonials in quack medicine see, Forman Cody, “‘No Cure, No Money’”, pp. 111–2, 123.

used to claim that individuals found a particular recipe useful or good, but were also used by physicians to communicate the success of their treatments for previous sufferers to new patients. There were 12 efficacy statements that recorded experience by a specific individual. Lady Stanhope wrote of a remedy that, ‘my Grand Mama did not take above a tea cup full or two of any thing in a day, & w<sup>n</sup> adding this, was supported when very low & weak after a severe illness, & p[a]ssed seventy years of Age. It never heavy on her stomach, nor did not make her sick. Approved’.<sup>150</sup> In Jane Frere’s recipe book, there is a note taken from John Howard’s texts on prisons stating that the great plague of 1665 in London did not spread to the house of a tobacconist. This remedy for tobacco smoke used to ward off plague is readily found in recipe collections; however, Frere commented that she had received the account from a Mrs V., whose family had a tobacconist business at the time of the plague. Frere further remarked that ‘[Mrs V] was born in the year 1709 so it was not a long tradition’.<sup>151</sup> Perhaps Frere is suggesting that this was not an antiquated remedy and that she deemed its novelty trustworthy.<sup>152</sup> Nevertheless, in the case of this efficacy statement, it is the personal account from an individual known to the compiler that gave the recipe credibility, despite being from a published source. A further example of personal experience used to construct an efficacy statement is from a Dr Cook in Jane Farewell’s manuscript, who claimed that he used a treatment on himself ‘whenever an intolerable gouty pain fixes upon any particular part’. Dr Cook recommended the gout remedy from his own experience and from others he had treated with no known negative consequences.<sup>153</sup>

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<sup>150</sup> KHC, U1590/C43/2, f. 146.

<sup>151</sup> Norfolk RO, MC 443/1, 715X9, f. 106.

<sup>152</sup> It is also possible that Frere deemed the remedy suspect because it was not a ‘long tradition’.

<sup>153</sup> Derbyshire RO, D5430/50/5, f. 2.

Apart from annotations of experience and testing, economic considerations and religious intervention remained features of conveying a recipe's worth in efficacy statements. One medicine was assured to save those who suffered from the distemper 'both money and misery', reflecting how the recipe was communicated with expense in mind. In a somewhat different case, a recipe in the Tyrrell family collection was deemed efficacious through the following statement on the profit the physician made through his remedy: 'Ingeniously [ingenuously] Confessed by an eminent Doctor of Physick upon his death bed that this Receipt alone, got him about five hundred Pounds a yeare for severall yeares of his Practice'.<sup>154</sup> Both these examples are indicative of a printed source as expense and a physician's profit were presumably targeting a wider lay audience. What is more, Alonso-Almeida notes that allusions to God were used less frequently in the eighteenth century to attest efficacy.<sup>155</sup> My research suggests that God's blessing for a cure was a factor in a recipe's value in 28 cases, which does show a decline but suggests that religion was still important in domestic medicine. One recipe in the Arundell family collection states, for example, 'Under the Blessing of God (for without that what can be efficacious?)'.<sup>156</sup> Religious language continued to be used in recipe collections but it was dependent on the compiler's faith and personal writing style, rather than the religiously-centred medical language of the early modern era.

Rhetoric remained a central feature of writing medical recipes. Throughout the eighteenth century, efficacy statements used to convey credibility and experience were based on language used by the gentry and natural philosophers. Simultaneously, medical proprietors used this language to differentiate one medicine from another. It is a culmination of all these actors

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<sup>154</sup> Wellcome, MS.7822, f. 12v.

<sup>155</sup> Alonso-Almeida, 'Genre Conventions in English Recipes', p. 79.

<sup>156</sup> WSA, 2667/12/40, no page number.

using efficacy statements which drove the continued use of rhetoric in domestic medicine to convey authority and competency.

## **1.6 Continuing a Tradition: Recipe Books as Heirlooms**

The value and meaning of recipe books as textual objects changed when they became heirlooms. Often inheritance goes undocumented if there is no indication of additional hands and added recipes. In other cases, the continuation of a family's collection is apparent through additions or marks of authorship. Mary Glanville, for instance, noted that she bequeathed her manuscript to her daughter on the title page, 'Mrs Ann Glanville's Book which I hope she will make better use of then her mother Mary Glanville.'<sup>157</sup> In another example, a manuscript is titled, 'Elizabeth Smith her book given her by her Mother in the yeare 1700'.<sup>158</sup> However, these marks of transmission are not always present, and books were not always designated in advance for a specific person. Theophano claims that the succession of ownership could be innovative, where books moved laterally within generations of female family members and in-laws, 'who became guardians of this transitory legacy'.<sup>159</sup> Furthermore, Pennell argues that 'it is through their multiple – and often overlapping – constructions as potential and actual heirlooms, as objects of monetary value, as collectible/curated artefacts, that we have the recipes we have.'<sup>160</sup> It is clear that children found great worth in their mother's (or father's) medicinal heirlooms, and that the value lay in a combination of the collection's importance as part of a family tradition and heritage, and the knowledge it contained.<sup>161</sup>

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<sup>157</sup> FSL, MS V.a. 430.

<sup>158</sup> Wellcome, MS.6956, front cover.

<sup>159</sup> Theophano, *Eat My Words*, pp. 99, 101.

<sup>160</sup> Sara Pennell, 'Making Livings, Lives and Archives: Tales of Four Eighteenth-Century Recipe Books', in DiMeo and Pennell, *Reading and Writing Recipe Books*, p. 226.

<sup>161</sup> As stated by Alisha Rankin, 'Exotic Materials and Treasured Knowledge: the Valuable Legacy of Noblewomen's Remedies in Early Modern Germany', *Renaissance Studies*, 28 no. 4 (2014), pp. 534–5.

As a case study, a set of manuscripts from the Madan Cowper family collection housed at the Bodleian Library sheds light on the importance of recipe books as heirlooms. This collection comprises two notebooks that have been bound together. One notebook is a collection of letters and wills written by the poet Judith Madan (née Cowper) (1702–81) to her daughter (also a poet), Maria Frances Cecilia Cowper (1726–97), in addition to her beloved servant Mrs Bell.<sup>162</sup> The other volume is a recipe collection owned by Helen Maitland, who was the daughter-in-law of Judith's other daughter Penelope Maitland (1730–1805). Although both notebooks were intended for different daughters, the wills for Maria, and the recipe book for Penelope, it is likely that the two ended up together because Maria died several years prior to Penelope and Penelope inherited Maria's personal documents. Both the will and the recipe book exemplify the importance of health and recipe books in Judith Madan's life.

Judith died at Stafford Row, Westminster on 7 December 1781. Prior to her death, the collection of wills and letters she wrote intimately document her love for her family, her faith, feelings towards mortality, and her concern over the family's debts.<sup>163</sup> The recipe book documents the Madan and Maitland family members' experiences with health and medical treatment, as well as household maintenance. Other documents held within the broader Madan/Cowper collection also reflect Judith's passion for writing, religious devotion, and attention to household maintenance.<sup>164</sup> This case study of Judith Madan and her family therefore situates the recipe book as an important record in elite family affairs, particularly as an heirloom.

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<sup>162</sup> Bodleian Library, MS Eng. Misc. d. 637-8.

<sup>163</sup> Apparently, Judith suffered from recurrent episodes of depression, and this seems to come through in her emotive writing. 'Madan [née Cooper], Judith', ODNB. accessed 16 April 2015 at <<http://www.oxforddnb.com/view/article/60780>>.

<sup>164</sup> These include a commonplace book started by Judith and continued by Penelope, volumes of letters exchanged between mother and daughters, household account books, and religious writings.

Judith's final wishes reflect the close connection health and mortality shared with the social implications of owning property, the legal issues surrounding debts and inheritance, and final intimate expressions of affection towards loved ones. Judith's first draft of her will, initially dated 21 January 1777, was written for Maria, and is a striking combination of business-like accounts of the family's debts mixed with declarations of devotion towards her family. The majority of the document details how she settled her sons' debts, perhaps as a sort of vindication for leaving any further unsettled debts and a small inheritance. Towards the end of her life, Judith desperately tried to settle her son Frederic's debts, and this resulted in modification of her will. A second will was created on 3 March 1779, and modified again in May 1780.

As well as illustrating a woman's agency in dealing with family financial affairs, Judith's will is an important example of the significance of inheriting household possessions in elite women's lives.<sup>165</sup> This document details the sorts of objects that could be passed down between female family members. Along with the house, domestic items including a hundred-year-old chest, a large print hanging in the bedroom, and the linen were bequeathed to Maria. Her servant and friend Mrs Isabella Bell was also left to Maria.<sup>166</sup> Judith furthermore declared that 'All the Drawings your Dear Children have given me, are yours, my Dear Maria! to keep yourself, or to Give where you think most valu'd & acceptable', suggesting the sentimental value paper objects could have.<sup>167</sup> This is further evident in Judith's description of her bureau:

There is in my Buroe a Book, I Designed for yo My Dear Maria! My other Books & written papers, Letters &c. you will, my Dear, Look over at your Leisure- & whatever

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<sup>165</sup> See, Lorna Weatherill, 'A Possession of One's Own: Women and Consumer Behavior in England, 1660-1740', *The Journal of British Studies*, 25 no. 2 (1986), pp. 131-56.

<sup>166</sup> Bodleian Library, MS Eng. Misc. d. 637-8, f. 27. Judith and her servant Isabella had a close relationship, and this statement suggests that Judith wanted to ensure that Isabella would be cared for and employed after Judith's death.

<sup>167</sup> Bodleian Library, MS Eng. Misc. d. 637-8, f. 26.

you think useless to keep, will Burn- there is also a Manuscript book of the same Sort & Size I design'd to fill for your dear sister... Your Name is in the first Page of that book, intended for you, & was begun at the Park House, about ye time you &c. went to Newland. It contains some of my own, & the more valuable thoughts of others.<sup>168</sup>

This passage demonstrates the tradition of passing down personal manuscripts between female family members. The manuscript mentioned in this passage is likely the recipe book that accompanies the wills in the archive. Dismayingly, this passage also reflects the equally common practice of burning unwanted documents, thereby erasing records of the family's past.

The recipe book bound alongside the wills is testament to the worth of recipe books as heirlooms. The manuscript has recipes from Judith Madan, which were passed to her daughter Penelope, who then gave the book to her daughter-in-law, Helen Maitland. On the front cover, the recipe book is transcribed 'Helen Maitland Her Receipt Book Totteridge Sept 3<sup>rd</sup> 1786' and again on folio 15 with the date of 1788; marking new ownership of the manuscript as an object, and ownership of the knowledge it contains. The inscription in the back of the book signifies the sentimental value this text had: 'Made and Given her by the Honble Mrs Maitland'. The contents suggest a desire to continue the legacy of the family's canon of medical knowledge by preserving the older recipes and adding new ones. Authorship citations within the collection show that medical (and culinary) knowledge was exchanged between the female family members and acquaintances. Several of the recipes are attributed to 'Mrs Madan', including a Rue Water recipe and a Lip Salve, and these appear to have been recorded by Penelope. Once she inherited the collection from her mother-in-law, Helen added in new recipes, including one from Penelope: 'For an Ague, pain in the Face or Head: Mr Basby late apothecary at Bath- sent me by the Honble Mrs Maitland'.<sup>169</sup> The men in the Madan family also participated in gathering

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<sup>168</sup> Bodleian Library, MS Eng. Misc. d. 637-8, ff. 2-3.

<sup>169</sup> *Ibid.*, f. 20.

remedies. For example, the Gout Cordial by Colonel Madan (Judith's husband) was an herb-infused brandy that was good for gout, rheumatism, and colic.<sup>170</sup> Also, an ague remedy proclaimed to be 'a most valuable Medicine, & had cur'd Agues wch baffl'd all other' was given to Colonel Madan in Flanders 'by A Trooper about the year 1744'.<sup>171</sup>

As the letters attached to the will suggest, Judith was frequently ill. Given her poor condition, it makes sense that Judith recorded remedies in a collection for personal use. One letter to Maria discusses Judith's health troubles:

I found benifite from the Operation, had it perfectly well Administered & My Cough is less violent and comes seldemer. As for the Phlegm which has been my torment, it must have time to subside. I could wish for a stronger voice before we meet, and perhaps may have that the day after tomorrow.<sup>172</sup>

Judith also provided a footnote concerning her operation, stating it 'was happily perform'd by the hands of Daughter [ ] the dearest of Mothers drew it not, as she kept out of sight, for fear of distressing her'.<sup>173</sup> Judith was pragmatic about her own mortality and went into detail about her burial requests. She desired to be buried at Hertingfordbury by her brother Cowper near a large yew tree, though she modified her request stating that the yew tree was not crucial.<sup>174</sup> Moreover, in a letter written in 1779 to Mrs Bell, she expressed her wishes to have her body lie in the house a week and that she forbid 'a Leaden Coffin'.<sup>175</sup>

Although perhaps not intended, the joining of these two manuscripts offers an alternative biography of this elite woman and poet, detailing her ideas on family, health, and mortality. The context of Helen Maitland's recipe book as an heirloom within a larger family history is also revealed. This case study moreover illustrates several themes within the recipe

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<sup>170</sup> Bodleian Library, MS Eng. Misc. d. 637-8, f. 3.

<sup>171</sup> *Ibid.*, f. 10.

<sup>172</sup> *Ibid.*, f. 39.

<sup>173</sup> *Ibid.*, f. 42.

<sup>174</sup> *Ibid.* 12, 17.

<sup>175</sup> *Ibid.*, f. 11.

collecting tradition, including the collaborative nature of manuscript compilation between generations, and the significant role of the inheritance of objects in women's lives. It furthermore demonstrates the wide-spread exchange of information in collecting medical knowledge, and the importance of social networks for communicating that knowledge, as in the case of the letters concerning health and the documentation of remedies from family members and within the recipe book.<sup>176</sup>

## **1.7 Conclusion**

Evaluating what eighteenth-century compilers perceived to be a 'recipe collection' reveals that these manuscripts were individualised notebooks, or even loose sheets, which incorporated old knowledge alongside new knowledge – a reflection of continued interest in the processes of writing, collecting, and testing. It is the balance of continuity and change within recipe collecting that allowed the tradition to survive and thrive. The materiality of recipe books exemplifies their evolution as textual objects. Visual presentation and organisation features allow us to understand how these texts were created, but also how they were read. Many textual aspects of the early modern recipe collecting tradition were preserved and adopted into eighteenth-century collections, but compilers also incorporated new styles and features, reflecting a text's adaptability. A continuation of stylistic elements suggests that compilers valued the tradition and practicalities of the recipe book genre. However, unlike earlier collections, eighteenth-century recipe books have more organisational features, which were used to reference recipes taken from multiple sources. Moreover, there was an increase in separating manuscripts into different groups, highlighting a specialisation of knowledge. This

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<sup>176</sup> The role of social networks in exchanging medical knowledge is the topic of Chapter 4.

increase in organisation strategies and specialisation was due to sourcing information from a wider range of materials and individuals, rather than copying large sections from a few texts.

Palaeography emphasises further shifts in the writing style from the seventeenth century to the eighteenth century and situates recipe collecting as a creative process. Changes in handwriting illustrate that many recipe books were collaborative projects and works-in-progress, which spanned multiple generations. Modifying and adding information to recipe books through copying, cross-outs, annotations, and inserts act as the narrative of the manuscript's life, exemplifying its use and value. Language was equally central to the construction and use of recipe books. As an important linguistic tool, rhetoric and the inclusion of efficacy statements was a strategy compilers used to demonstrate authority and credibility in communicating knowledge, a tradition shared with scientific writing and commercial medicine. Evidence of use and efficacy statements reflect a recipe compiler's medical and literary authority and simultaneously mark a recipe's medical currency. Furthermore, a recipe collection was the material product of a writing tradition and was simultaneously an artefact. As the case study of Judith Madan has demonstrated, recipe books were valuable heirlooms as well as health histories, which provide additional biographical information. These manuscripts are records of domestic necessity, medical skill, leisure pursuits, intellectual interests, education, and were also valued heirlooms. In this way, recipe books were their own distinct genre and yet they remain a part of the commonplace and memoranda writing practices, which were central to eighteenth-century elite culture.

## CHAPTER 2

### Making Medicine: Ingredients and Instructions in Eighteenth-Century Recipe Collections

#### *The greate virtue of A hedgehog*

*A hedghogg dry rosted & eaten of them that have the dropsie healtheth them within shorte time, likewise being dryed in one ouen ii or iii after the bread is drawn the skine & the intrails & the maw being cast away & the body dryed with A linen cloth, & not washed, & after the psell drying & beating toe powder, & taken in wine or broth the quantite of A Spoonfull healeth the dropsie & the flux of seede from many also the liver & the kidnies, dryed after this sorte quayleth most illness of the same disease<sup>1</sup>*

This chapter studies the ingredients and processes of making medical recipes recorded in eighteenth-century recipe collections. I examine therapeutic trends and evidence of consumer choice to trace change in the recipe collecting tradition, and in domestic medicine, from the seventeenth century and throughout the eighteenth century. Recipes document that there was a staggering array of *materia medica* used in eighteenth-century domestic medicine, indicating an expanding medical economy, and the greater choices available in elite household medicine. Instructions on how to collect, prepare, and purchase *materia medica* suggest that sourcing quality ingredients was an important component of a recipe. Although compilers did purchase ingredients in the seventeenth century, it was the norm to purchase the majority of ingredients used to make home remedies in the eighteenth century. As such, there was a shift in the eighteenth century towards commercialisation of domestic medicine, which is documented through differing ingredients used in seventeenth- and eighteenth-century recipe books. This shift and its significance to the history of recipe books, and the history of medicine, have not yet been explored. The commercialisation of medicine prompted compilers to try new ways of making medicine and recipe books document these changes in consumer habits. Compilers do

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<sup>1</sup> Example of instructions for preparing medical ingredients in a late 17<sup>th</sup> C.–early 18<sup>th</sup> C. collection owned by the Jervoise family of Herriard: Hampshire RO, 44M69/M2/4/15, f. 66.

not appear to have had qualms about distinguishing between homemade and purchased remedies. If a remedy worked, or was thought to work, it had sufficient value to be included in a personal record of medicine. When compilers did purchase or collect ingredients to make medicine at home, this allowed them to have agency in the self-management of their healthcare.

The other main component of making medicine was the process or production, which included instructions and equipment. Recipe books continued to have a strong didactic role in household instruction. The majority of recipes included directions for preparing medicine, suggesting that compilers did not assume that the readers (themselves or others) had pre-existing knowledge for creating the remedy. This was a result of recipes evolving in style in the eighteenth century, becoming more diverse, and being sourced from new authorities.

As a case study of a particular process of making medicine I look at distilled medicines. Distilled remedies had complex techniques and were based on a long history of specialised empirical knowledge, both in the home and more broadly within the histories of alchemy and chemistry. Distillation was a popular method used by aristocratic women in the early modern era for creating and distributing charitable medicine, and understanding how and why the process of distilling household medicine changed into and throughout the eighteenth century is central to tracing the history of recipe collecting and domestic medicine, and revealing the intellectual motivations driving their continuation. Although some direction was given in regards to the steps for making a recipe, the actual mechanism of distilling was learned through hands-on experience, and from published technical guides. Recipe compilers who chose to collect and prepare distilled medicine did so out of interest and preference, not necessity, as waters were available for purchase. An affinity for distillation signifies that the compiler had experimental aptitude and an interest in both the written tradition of distillation recipes, and the

technical process. The household is a significant space in the history of distillation as an experimental and intellectual practice, and I situate eighteenth-century domestic distillation within the history of natural philosophy and empiricism.

This chapter uses data from my sample set of 27 manuscripts, but descriptive examples are sourced from my larger survey of 150 manuscripts. The first section explores the wide range of ingredients cited in eighteenth-century collections in the categories of plant, animal, mineral, and compound. Recipe collections show an increase in prepared medicines, including pre-made ingredients in the eighteenth century, when compared to the seventeenth century. Moreover, evidence suggests that the majority of ingredients cited in eighteenth-century collections were likely purchased, and this speaks to the significance of recipe books documenting social and cultural changes in the context of the commercialisation of medicine in eighteenth-century England. Focusing on plant ingredients, I discuss collecting and preparing herbs, as well as advice on how to purchase plant ingredients. The following section considers why the dominant use of plants as medicine continued, aside from their role in orthodox (Galenic) treatments. The herbal textual tradition and elite interest in botany as two intellectual areas and pastimes came together in manuscripts and in print, indicating the blending of old and new approaches to plant knowledge and the wider participation of recipe collecting in elite culture. In a subsequent section, my research demonstrates how compilers recorded notes on proprietary medicine alongside homemade cures as part of an evolving collecting tradition with the commercialisation of medicine.

The second part of this chapter pertains to the process of making medicine. Instructions were crucial for the proper execution of each step in the remedy-making process and evidence suggests that recipe collections continued to be used as technical and didactic texts in the

eighteenth century. As a specialised technical process, I look at distilling medicine. I consider how the motivations for this complex practice changed from an intellectual vocation of aristocratic women providing large-scale charitable medicine, to a pastime which still met a practical need for family medicine, but became more so an intellectual pursuit in collecting technical and medical knowledge than a charitable activity. Regarding instructions for distilling, printed texts provided compilers with directions on how to care for their equipment and distil quality products, while avoiding accidents. The chapter concludes by illustrating the cross-over between print and manuscript with regards to medicinal and technical knowledge with a case study of Rebecca Tallamy's manuscript, which was recorded within a printed distillation manual.

## **2.1 Ingredients Cited in Eighteenth-Century Recipe Books**

This section discusses which ingredients were used the most in eighteenth-century collections, and how these popular ingredients differed from those used in the seventeenth century.

Comparing data on ingredients between the two centuries allows us to trace wider shifts over time in consumerism and tastes, economics and trade, and trends in medical practice from a domestic perspective. The historiography of *materia medica* has focused on supply, but further research is needed to understand demand and how ingredients were used in the home. The volume of imported drugs increased drastically in the seventeenth century, and grew steadily in the eighteenth century.<sup>2</sup> Patrick Wallis suggests that in the seventeenth century the gentry and the middling classes accessed and purchased commercial medicine.<sup>3</sup> Elaine Leong further claims that householders were comfortable mixing homemade and commercial medications and

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<sup>2</sup> Patrick Wallis, 'Exotic Drugs and English Medicine: England's Drug Trade, c. 1550-c. 1800', *Social History of Medicine*, 25 no. 1 (2012), p. 1.

<sup>3</sup> Patrick Wallis, 'Apothecaries and the Consumption and Retailing of Medicines in Early Modern London', in Louise Hill Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot: Ashgate Publishing, 2006), p. 21.

services in the seventeenth century.<sup>4</sup> By the eighteenth century, most of Britain could access a diverse medical marketplace. With improved infrastructure and rapidly growing urban centres, drugs were accessible and their consumption increased significantly when compared to the previous century.<sup>5</sup> Moreover, a culture of consumerism meant that the apothecary's shop was also a locale for shopping, a 'refined form of entertainment'.<sup>6</sup> This suggests that commercial healthcare was already in full swing by the eighteenth century and was a social norm for elites. My large-scale survey of eighteenth-century recipe books adds to this historiography by providing a domestic perspective of demand. An increase in the quantity and diversity of *materia medica* recorded in eighteenth-century recipe books is testament to the social and cultural changes surrounding the commercialisation of medicine.

I categorised *materia medica* into four groups: plant, animal, mineral, and compounds (which includes purchased drugs) in order to show the diversity of simples and the core ingredients. These categories also allow me to trace trends in Galenic and Paracelsian (more generally chemical) approaches within domestic medicine. This categorisation methodology builds on Jennifer Stine's approach.<sup>7</sup> Stine's approach of using four broad categories is effective as it permits me to find balance between conveying diversity and the contemporary understanding of the ingredients, while grouping like items together for efficient analysis. Table 2 shows a breakdown of ingredient categories and the percentages of each type of *materia medica*.

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<sup>4</sup> Elaine Leong, 'Making Medicines in the Early Modern Household', *Bull. Hist. Med.*, 82 no. 1(2008), p. 167.

<sup>5</sup> Steven King, 'Accessing Drugs in Eighteenth-Century Regions', in Louise Hill Curth (ed.), *From Physick to Pharmacology*, pp. 49–78.

<sup>6</sup> Patrick Wallis, 'Consumerism, Retailing and Medicine in Early Modern London', *Economic History Review*, 61 no. 1 (2008), p. 28.

<sup>7</sup> Jennifer K. Stine, 'Opening Closets: The Discovery of Household Medicine in Early Modern England' (PhD thesis, Stanford University, 1996), p. 29. It should be noted that other recipe historians like Stobart and Leong have also used modified versions of Stine's methodology.

Types of Ingredients	Unique Ingredients	% of Unique	Total References	% of Total References
<b>Plant (all parts, including gums and resins)</b>	1,026	43.9	15,058	55.5
<b>Animal</b>	273	11.7	3,048	11.2
<b>Mineral (from the ground)</b>	79	3.4	1,591	5.9
<b>Compound (prepared)</b>	829	35.5	7,305	26.9
<b>Unknown</b>	131	5.6	141	0.5
<b>TOTAL</b>	<b>2,338</b>	<b>100</b>	<b>27,143</b>	<b>100</b>

**Table 2: Ingredient totals and percentages arranged by type**

The plant category includes all raw botanical ingredients as well as those derived from plants (Galenic simples), but does not include ingredients with other additives or those that were chemically processed. Therefore, items like sugar and spirits of herbs were placed in the compound category, even though they derive from plants. Where possible, I distinguish between the whole plant, flowers, leaves, roots, seeds, juice, rind, oil, gums, and resins.<sup>8</sup> Animal ingredients also include raw and derived *materia medica*.<sup>9</sup> The animal category includes items that could also be classed in other categories, but are deemed ‘animal’ because they involve interaction with animals and processing by animals (as in the case of honey, which is a sweetener and is also associated with plants). I treat the different ingredients derived from one animal as individual ingredients, separating poultry from eggs, and animal innards from oils and suet.<sup>10</sup> As Leong has explained, individual animal parts were contemporaneously used in different contexts and were therefore treated as separate medicines.<sup>11</sup> The mineral category includes anything that is a mineral in its natural form, or items taken from the earth (including water). These ingredients are mainly part of chemical medicine and many of these items were purchased. The compound category includes all ingredients with multiple parts that had to be

<sup>8</sup> For creating percentages (Table 2), I grouped different names of the same plant (for example, English and Spanish saffron). Where possible, differences in nomenclature for the same species were grouped together.

<sup>9</sup> I grouped all waxes in the animal category including: beeswax, yellow wax, virgins wax and ‘unspecified’.

<sup>10</sup> For simplicity, in Table 2, I grouped all egg components together.

<sup>11</sup> Elaine Leong, ‘Medical Recipe Collections in Seventeenth-century England: Knowledge, Text and Gender’ (D Phil thesis, University of Oxford, 2005), p. 100.

prepared or processed. This category includes household items like sugar and alcohol, but also a wide variety of distilled waters, syrups, and prepared drugs. One hundred and thirty-one ingredients cited are unknown as they were either illegible or unidentifiable.<sup>12</sup> Finally, as Anne Stobart has observed, calculating averages for the frequency of ingredients is unrealistic because some items were only used once or twice in a recipe collection, while others were used often.<sup>13</sup> A raw count approach is therefore used and I translate those counts into percentages for each category (Table 2 and Figure 6).

Table 2 shows that plants remained the most used ingredients in domestic medicine. Comparing my findings for the eighteenth century with those for the seventeenth century, this percentage of 55.5% total plant ingredients is a decrease from Leong's findings of 60%<sup>14</sup>, Stine's findings of 61%<sup>15</sup>, Teigen's findings of 78.3%<sup>16</sup>, and Stobart's findings of 75% for late seventeenth-century accounts.<sup>17</sup> Examining unique ingredients, my results show a significant decrease in plant *materia medica* (43.9%) when compared to Stine's findings in her case studies (65%).<sup>18</sup> What is clear from these data is that prepared medicines (including pre-made ingredients, and purchased ready-made medicines) increased in the eighteenth century as substitutes for herbal simples.

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<sup>12</sup> To identify ingredients, I used the OED, Nicholas Culpeper, *The English Physician Enlarged* (London, 1708), and the *Pharmacopoeia Londinensis* (London, 1747). Examples of unidentifiable ingredients include some Latinate names, such as 'Rotundis catamiris', and 'Vistolagia tonga'.

<sup>13</sup> Anne Stobart, 'The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in Household Healthcare in South-West England in the Late Seventeenth Century' (PhD thesis, Middlesex University, 2008), p. 31.

<sup>14</sup> Leong, 'Medicinal Recipe Collections', p. 98.

<sup>15</sup> Stine, 'Opening Closets', p. 29.

<sup>16</sup> Philip Teigen, 'This Sea of Simples: The Materia Medica in Three Early Receipt Books', *Pharmacy in History*, 22 no. 3(1980), p. 105.

<sup>17</sup> Stobart, 'The Making of Domestic Medicine', p. 154. Comparisons between these data should be read with caution and the categorisation methodologies differed in each study, and sample sizes varied.

<sup>18</sup> This comparison also needs to be treated with caution as the sample sizes were different and Stine grouped many items together.

Excluding water, 29.2% of ingredients in the mineral and compound categories were most likely purchased from an apothecary, druggist, or grocer.<sup>19</sup> This percentage is misleading when trying to identify the total percentage of ingredients purchased. I did not attempt to determine whether or not processed plant and animal ingredients (and indeed even raw plant and animal ingredients) were purchased because there is insufficient evidence. Nonetheless, because plant items such as gum resins, rhubarb, and wormwood were purchased from apothecaries and druggists, as well as animal products like wax, hartshorn, and ambergris, it is clear that an overwhelming majority of medical ingredients were purchased in the eighteenth century. My results support those of Anne Stobart who found that 38% of the ingredients cited in her domestic sources were likely purchased, and that 71% of her medicinal receipts required additional purchases.<sup>20</sup> Although ingredients were bought in the seventeenth century, evidence suggests that the proportion of purchased ingredients increased in eighteenth-century collections as plant simples decreased. Moreover, the diversity of compound ingredients increased, as the total tallied was only about 200 fewer individual entries than plant ingredients. Eighteenth-century collections thus show a gradual shift in medical consumption from simples to compounds and from an older tradition of self-sufficiency to a blending of domestic and commercial medicine. These shifts reflect choice in treatment in eighteenth-century elite healthcare.

What, then, were the most popular ingredients used in domestic medicine as recorded in eighteenth-century recipe books? Water, as expected, was the most commonly used component of medicine (961 counts) as it served as both a base and as a part of vehicles for taking medicine. Sugar (818 counts), white wine (433 counts), and liquorice (374 counts) were the

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<sup>19</sup> I say ‘most likely’ because recipe collectors could have prepared their own liquors like white wine, ale, and rose water as recipes for these liquid bases are present in recipe collections.

<sup>20</sup> Stobart, ‘The Making of Domestic Medicine’, pp. 155, 164.

next most used items; in Figure 6 the percentages for each ingredient category are 31%, 16%, and 13% respectively. This differs slightly from Leong's top three results of roses, sugar, and wine for seventeenth-century recipe books.<sup>21</sup> This shift can be attributed to both changes in taste and to changes in the types of remedies. These most used ingredients are not surprising, given that they constituted the bases, sweeteners, and flavourings for remedies. They are also all items that were used in cookery. I have moreover found a 'core' of ingredients, first noted by Teigen, who claimed that 50 ingredients made up approximately 50% of his ingredient entries within his case study of three early modern recipe books.<sup>22</sup> My top twenty ingredients comprised 25% of all ingredient citations, in comparison to Leong's 28% 'core' ingredients, indicating that there was no drastic shift in the proportion of base ingredients, and that these ingredients remained fairly consistent between centuries.<sup>23</sup> There is also a similar trend in the core ingredients and remedies used in print collections of orthodox medicine, as both manuscript and print traditions relied heavily on classical sources.<sup>24</sup>

Whereas my research centres on use of *materia medica*, Patrick Wallis's study of supply in the exotic drug trade c. 1550–c. 1800 offers a useful comparison to show how the trends in medical consumption in the home may have influenced demand, and were influenced by supply.<sup>25</sup>

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<sup>21</sup> Leong, 'Medicinal Recipe Collections', p. 102.

<sup>22</sup> Teigen, 'This Sea of Simples', pp. 105–6.

<sup>23</sup> Leong, 'Medicinal Recipe Collections', p. 101.

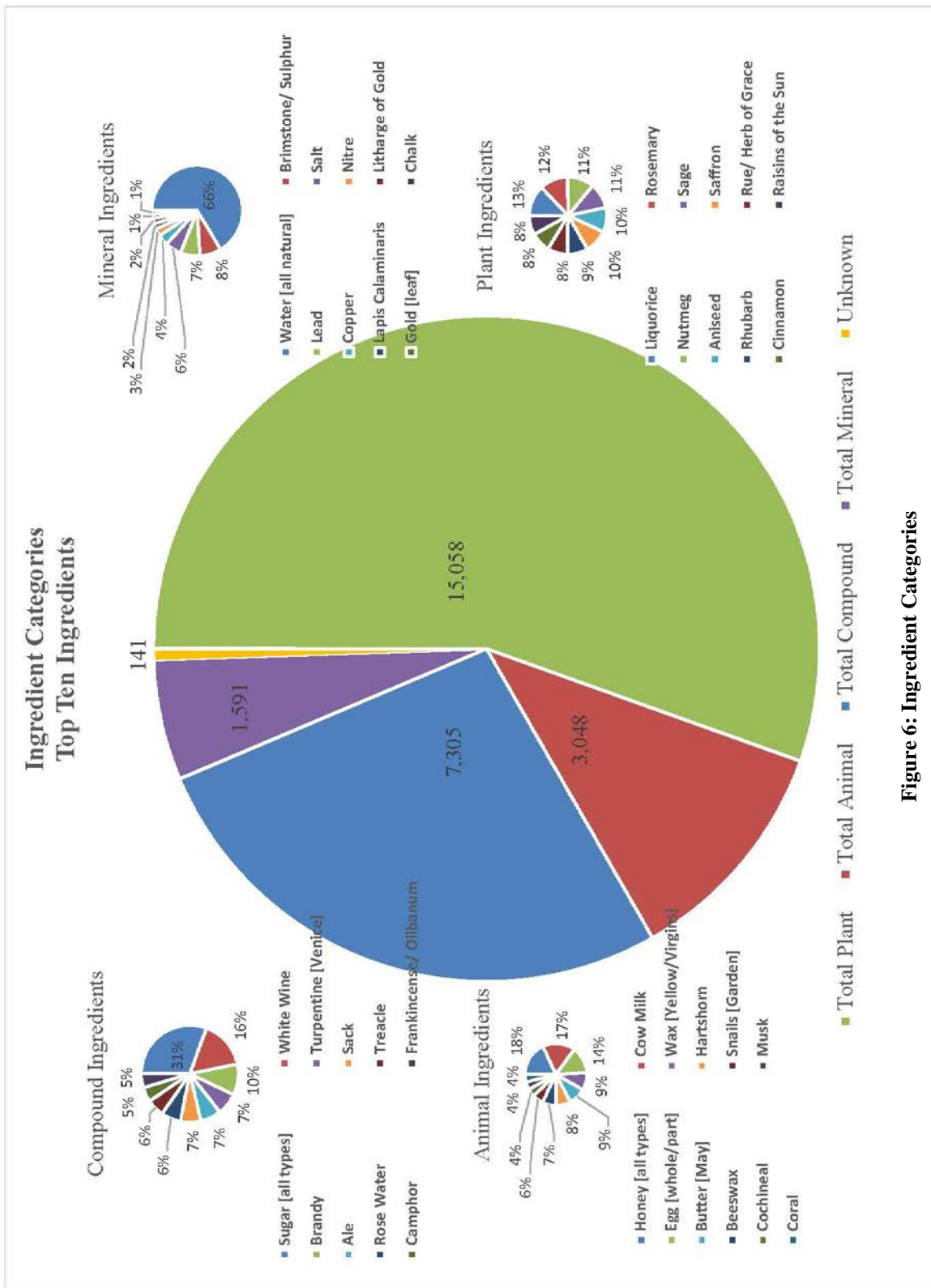
<sup>24</sup> William Brockbank, 'Sovereign Remedies: A Critical Depreciation of the 17<sup>th</sup>- Century London Pharmacopoeia', *Medical History*, 8 (1964), p. 4.

<sup>25</sup> Wallis, 'Exotic Drugs', p. 12.

Time Period	Top Five Drug Imports
1699–1701	China roots; Aloes cicotrina; Benjamin; Bezoar Stone; Aniseed oil
1722–4	Jesuit's Bark; China roots; Aloes epatica; Senna; Benjamin
1752–4	Rhubarb; Jesuit's Bark; Sarsaparilla; Benjamin; Lignum vite
1772–4	Rhubarb; Sarsaparilla; Sulphur; Cassia fistula; Senna

**Table 3: Major drug imports ranked by value (Wallis, 2012)**

Table 3 summarises Wallis's findings for the top five imported drugs in England, and how these top five ingredients changed throughout the century. When compared with my own findings, exotic imports comprised about 4.0% of the total ingredients cited in my survey of eighteenth-century recipe books. The top drugs were rhubarb (358 counts [1.3% of total ingredient references]), senna (146 [0.5%]), Jesuit's bark (128 [0.5%]), and sulphur/brimstone (110 counts [0.4%]). This figure of 4.0% may seem low, but it is a percentage of a total count which includes dominant plant ingredients used as bases and flavours so it is arguably a significant proportion. More significantly, recipe books reflect the shifting trends towards purgatives like senna and rhubarb becoming more popular, and the use of bark in treating fevers and as a strengthening medicine, as shown by Wallis's imports analysis. Evidence of domestic use from recipe books used alongside studies like Wallis's thus provides greater insight into the shifts in medical consumption from the late-seventeenth century, and throughout the eighteenth century.



**Figure 6: Ingredient Categories**

## 2.2 Plant Ingredients

The sustained use of plants in treatment represents the popularity of Galenic medicine.<sup>26</sup>

Continuing from the sixteenth century, the distrust of chemical medicine and Paracelsian ideas still divided medical practice, and this is documented occasionally in manuscript recipe books.<sup>27</sup> There was also an on-going debate over home-grown versus foreign remedies, including exotic botanicals. While describing the qualities of *Cardus benedictus* for treating Cancer,<sup>28</sup> ‘AB’ wrote to Mr Arscott about his preference for plant-based medicine:

I have often thought if our Physicians would like the Ancients Study ye Virtues of Plants more, & those of Our own Climate especially, instead of Chymical Preparations – Our Lives would be in greater Lastd that of present they are. To be sure the All Wise dispose of Things, in every Country, hath Assigned the Plant of that Country to the diseases of it, And this Seems to be the Dictate of Nature. The Indians & Plant [gatherers] who live more in a State of Nature than we do, follow this Method & the Success proves it Right-an Herb Pure [put] in the Mouth, & Applied to the Malady effects a Cure, faster and Sooner than a Recipe wrote in the d[ ] hand, and perhaps Abracadabra would do as well would do as well but there is great Virtue in Mysteries, and we Admire a thing often because we do not understand it.<sup>29</sup>

Medicinal plants remained central ingredients in remedies. Liquorice was counted 374 times, comprising 13% of all plant citations (Figure 6). Likewise, rosemary (343 counts [12%]), nutmeg (317 counts [11%]), sage (308 counts [11%]), aniseed (295 counts [10%]), and saffron (281 counts [10%]) were the most frequently used. Liquorice and aniseed could be purchased in the early eighteenth century for about two pence per ounce.<sup>30</sup> Both nutmeg and cinnamon (240 counts each) were relatively expensive compared to other plant ingredients, at six or seven pence per ounce.<sup>31</sup> Despite their price, the high usage of nutmeg and cinnamon in recipe books

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<sup>26</sup> In Galenic medicine, a remedy’s usefulness was linked to the senses. The language used to describe an herb’s usefulness was integral in creating confidence in its efficacy. Andrew Wear, *Knowledge & Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), pp. 89–90.

<sup>27</sup> Wear, *Knowledge & Practice*, pp. 72, 75.

<sup>28</sup> This is discussed in a case study in Chapter 3.

<sup>29</sup> Wellcome, MS.981, loose sheet.

<sup>30</sup> Stobart, ‘The Making of Domestic Medicine’, p. 301.

<sup>31</sup> *Ibid.*, p. 131.

is illustrative of the influence medicine had in the demand for spices and the competition for control over the spice trade monopoly between the Dutch and the British later in the eighteenth century. Additionally, the high use of wormwood (219 counts) is reflective of its widespread use in treating worms, a common ailment for children.

Rhubarb (247 counts [9%]) was an incredibly popular purgative in eighteenth-century England. This was not the garden variety we cultivate today, but rather a strain that was imported from the East. It was the roots and rhizomes of the plant that were powdered into the drug so-called rhubarb. The 1747 edition of *The British Dispensatory* says that the best kind was bought from Turkey and was firm, solid, and well dried. Rhapontic rhubarb (a strain originating near the Black Sea) was often substituted at this time, but was less effective. One could discern the difference between ‘true rhubarb’ and other varieties by chewing it; true rhubarb was mucilaginous and not astringent.<sup>32</sup> After successfully cultivating garden-variety rhubarb, only to find it had little medicinal value, British botanists focused effort into cultivating seeds from ‘true rhubarb’ throughout the eighteenth century.<sup>33</sup> Another popular plant drug was Jesuit’s bark (cinchona, Peruvian bark), which was referenced 128 times in the survey. This drug was used to treat agues and fevers, which were ubiquitous, and was considered a strengthening medicine often used to treat ailments such as nervous disorders. Wallis notes that the amount of Jesuit’s bark imported (from Central and South America) between the 1720s–50s could have provided between 200,000 and a million treatments, indicating a mass market.<sup>34</sup> Bark was available at shops apart from apothecaries, as it was also widely used in veterinary

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<sup>32</sup> Royal College of Physicians of London, *The British Dispensatory* (London, 1747), p. 12. Eighteenth-century Russia had a monopoly on the route for accessing rhubarb in the East. Although the total import quantity was far less than that sourced by the East India Company, ‘Moscow rhubarb’ was deemed high quality and was in high demand. Clifford M. Foust, *Rhubarb: The Wondrous Drug* (Princeton: Princeton University Press, 2014), p. xvi.

<sup>33</sup> Foust, *Rhubarb*, p. xvii.

<sup>34</sup> Wallis, ‘Exotic Drugs’, p. 15.

medicine. ‘The Bark that is sold in the market’ remarked one anonymous compiler, ‘is not as good as that which may be had at the Farriers’.<sup>35</sup>

Overall, recipe collections suggest that most compilers had a basic knowledge of plants, largely listing what herbs to use without explaining how to identify them, or why they were useful. This is a trend that continues from seventeenth-century recipe collecting.<sup>36</sup> Yet, additional information concerning collecting or purchasing plant ingredients was sometimes included so that compilers could make informed decisions when making medicine. A recipe for scurvy which called for ‘harief’ noted that it is a different name for chives,<sup>37</sup> and it could be bought in Covent Garden.<sup>38</sup> Instructions were sometimes included in a recipe on when to gather plants, and how to identify them.<sup>39</sup> For treating rickets, St. Christopher’s Herb roots needed to be gathered mid-February or late October. The recipe advised that ‘they grow in heaps upon ye banks Amongst Rushes & they come up like Fearne with many Leaves’.<sup>40</sup> Recipe collections also gave instruction on how to prepare herbal ingredients. Herbs usually needed to be washed, and were often dried, and bruised or stamped. These processes for creating a remedy were integral to a recipe’s structure and efficacy. ‘Ladysmock’, for instance, was to be gathered on a dry day and dried between pewter dishes on a fire.<sup>41</sup> Harriot Clinton’s collection (1788) gave

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<sup>35</sup> Wellcome, MS.3582, f. 122.

<sup>36</sup> Stine, ‘Opening Closets’, p. 29. King and Weaver suggest that support for herbal lore developed consistently in Lancashire throughout the eighteenth century, partly in connection with artisan botany. Steven King and Alan Weaver, ‘Lives in many Hands: The Medical Landscape in Lancashire, 1700-1820’, *Medical History*, 45 (2000), p. 197.

<sup>37</sup> Hairif is also known as Cleavers or Goose-grass and comes from the Old English for ‘weak feminine’. OED, ‘hairif’, accessed 19 Oct. 2015 at < <http://ezproxy-prd.bodleian.ox.ac.uk:2355/view/Entry/83315?redirectedFrom=hairif#eid>>.

<sup>38</sup> This recipe is recorded in an anonymous collection from the late 18<sup>th</sup> C: Wellcome, MS.4060, f. 28v. There were herb markets at Woolchurch, Fleet Street and Leadenhall, in addition to Covent Garden, in early modern London. J. Burnby, ‘The Herb Women of the London Markets’, *Pharmaceutical Historian*, 3 no. 1 (1969), pp. 5–6.

<sup>39</sup> Stobart’s research found that payments were sometimes associated with household duties involving gathering plants, indicating that these collected medical ingredients were not explicitly ‘free’: Stobart, ‘The Making of Domestic Medicine’, p. 114.

<sup>40</sup> Recorded in an anonymous collection dated c. 1725: Wellcome, MS.3582, f. 81v.

<sup>41</sup> CBS, D138/16/6, f. 186.

directions on drying plants, covering the plants with sand in a glass and leaving them in the sun.<sup>42</sup> With respect to quantities used in recipes, the most common measurement was ‘handful’; one compiler noted that ‘A handfull of Herbs is a quantity known by all used to Herbs’.<sup>43</sup> The increased availability and diversity of plant ingredients (including exotics) encouraged compilers to make note of their preferences and techniques to create customised healthcare.

### **2.2.1 Leisure Pursuits: The Herbal Tradition and Botany**

Herbals were a main source of information for early modern practitioners of domestic medicine.<sup>44</sup> The herbal tradition thrived throughout the seventeenth century but, as Anne Shteir argues, popular and learned views of plants and the natural world diverged at the end of the seventeenth century, separating ‘herb-woman knowledge’ from botany.<sup>45</sup> A unity of these two disciplines is, however, apparent in eighteenth-century recipe collections as they represent a blending of old and new approaches to plant knowledge. Descriptions of the virtues of herbs were included in recipe books, and these were copied out of herbals and published reference guides. Examples of such descriptions are found in one anonymous manuscript’s four pages of cramped descriptions including, ‘comfrey is very good for inward burstings’ and ‘marygolds strengthen and comfort ye heart withstand poyson’.<sup>46</sup> Another collection (a commonplace book belonging to the Pares of Leicester and Hopwell Hall) titled ‘the Sixth Book’, cited ‘Doden’s Herbal, and Millers Herbal and Peachy’, and included numerous pages on the medicinal virtues

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<sup>42</sup> Wellcome, MS.7720, f. 37.

<sup>43</sup> Recorded in a late 18<sup>th</sup> C. manuscript attributed to Emily Jane Sneyd: Wellcome, MS.4646, f. 42v.

<sup>44</sup> Elaine Leong, “‘Herbals she pursueth’”: Reading Medicine in Early Modern England”, *Renaissance Studies*, 28 no. 4 (2014), pp. 561–2. Rebecca Laroche has noted that, in the early modern period, each gentlewoman’s use of Gerard’s *Herbal* was individualised, where their interpretations meant that they were making their own selective knowledge for practical use. Rebecca Laroche, *Medical Authority and Englishwomen’s Herbal Texts, 1550-1650* (Farnham: Ashgate, 2009), p. 19. On herbal use see also, Lesley Barbara Coates, ‘Female Disorders: Eighteenth-Century Medical Therapeutics in Britain and North America’ (PhD thesis, Birkbeck College, University of London, 2005).

<sup>45</sup> Ann Shteir, *Cultivating Women, Cultivating Science: Flora’s Daughters and Botany in England, 1760-1860* (Baltimore: Johns Hopkins University Press, 1996), p. 30.

<sup>46</sup> Wellcome, MS.7102, f. 58.

of herbs.<sup>47</sup> This citation referenced Flemish botanist Rembert Dodoens' herbal works from the sixteenth century, Philip Miller's eighteenth-century *The Gardeners Dictionary*, and John Pechey's *The Compleat Herbal of Physical Plants*, reinforcing the point that eighteenth-century collections relied on old and new sources of botanical knowledge. An anonymous recipe book from the Wiltshire and Swindon Archives even includes samples of herbs, as well as a number of pressed flowers and leaves, suggesting that the recipe book also served as a botanical guide. Figure 7 shows samples of tormentil, betony, and agrimony.



**Figure 7: An herbal guide in a recipe collection (WSA, 161/90A, f. 143, with permission from the Wiltshire and Swindon Archives)<sup>48</sup>**

The significance of botanical descriptions in domestic medicine goes beyond orthodox medicine and household activities. Amy Tigner calls the trade in medical plants a ‘material microcosm’ and argues that these plants revolutionised English horticultural and gastronomic landscapes in the early modern era. The garden became a ‘site for reconstructing, owning and

<sup>47</sup> Derbyshire RO, D5336/2/26/9, f. 12.

<sup>48</sup> This is a late 17<sup>th</sup> C. manuscript held in the Lovells of Cole Park estate collection.

naturalizing the larger world within a plot of English land'.<sup>49</sup> Growing interest in botany encouraged the establishment of expansive botanical gardens, which were storerooms for medicinal plants as well as locations of leisure.<sup>50</sup> Botany was also associated with the fostering of national identity, as the practice allowed individuals to objectively compare local and foreign nature and landscapes.<sup>51</sup> Although England's local flora was the subject of botanical studies, exotics also garnered interest.<sup>52</sup> The consumption of exotic plant imports in the home was a driver for botanical exploration and the mass cultivation of products like sugar cane.<sup>53</sup> Thus, at the ingredient level, we can see that domestic medicine was opportunistic in incorporating items sourced from around the globe and that this global trade did affect household patterns of consumption and taste.<sup>54</sup>

For elites, botany was seen as an intellectual pastime and it was a means of solidifying one's 'genteel accomplishments'<sup>55</sup> and an 'antidote to superfluous accomplishments'.<sup>56</sup> In particular, botany was deemed an acceptable pastime for elite women. The gendered and

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<sup>49</sup> Amy L. Tigner, 'The Flowers of Paradise: Botanical Trade in Sixteenth-and Seventeenth-Century England', in Barbara Sebeck and Stephen Deng (eds.), *Global Traffic: Discourses and Practices of Trade in English Literature and Culture from 1550 to 1700* (New York: Palgrave, 2008), pp. 137–8.

<sup>50</sup> See, Richard Drayton, *Nature's Government: Science, Imperial Britain, and the 'Improvement' of the World* (Yale: Yale University Press, 2000). Claire Hickman, 'The Garden as a Laboratory: the Role of Domestic Gardens as Places of Scientific Exploration in the Long 18<sup>th</sup> Century', *Post-Medieval Archaeology*, 48 no. 1 (2014), pp. 229–47.

<sup>51</sup> Alix Cooper, *Inventing the Indigenous: Local Knowledge and Natural History in Early Modern Europe* (Cambridge: Cambridge University Press, 2007), pp. 81–2, 86. Janet Browne has claimed that national pride was reflected in botanical collections by exhibiting geographical, political, and commercial victories. Janet Browne, 'Botany in the Boudoir and Garden: the Banksian Context', in David Philip Miller and Peter Hanns Reill (eds.), *Visions of Empire: Voyages, Botany, and Representations of Nature* (Cambridge: Cambridge University Press, 1996), p. 166.

<sup>52</sup> Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004), p.3.

<sup>53</sup> See, Kim Hall, 'Culinary Space, Colonial Spaces: The Gendering of Sugar in the Seventeenth Century', in Valerie Traub, M. Lindsay Kaplan and Dymna Callaghan (eds.), *Feminist Readings of Early Modern Culture: Emerging Subjects* (New York: Cambridge University Press, 1996), p. 182. Sidney Mintz, *Sweetness and Power: The Place of Sugar in Modern History* (New York: Viking, 1985).

<sup>54</sup> For a discussion of botanical exploration and medicine see Schiebinger, *Plants and Empire*. Londa Schiebinger and Claudia Swan (eds.), *Colonial Botany: Science, Commerce, and Politics in the Early Modern World* (Philadelphia: University of Pennsylvania Press, 2005).

<sup>55</sup> Roy Porter, *Doctor of Society: Thomas Beddoes and the Sick Trade in Late- Enlightenment England* (London: Routledge, 1992), p. 104.

<sup>56</sup> Shteir, *Cultivating Women*, p. 35.

sexualised association of botany with women's identities has also been explored at length; as Shteir has stated, botany was 'a litmus test for other attitudes toward women' as a polite elite activity.<sup>57</sup> A cultural interest in botany is further reflected in the popularity of botanical drawing classes, crafts, wallpaper, furniture, art, and even elaborate hairstyles and headdresses.<sup>58</sup> The botanical knowledge found in many eighteenth-century recipe collections demonstrates a broader cultural interest, rather than a specific medical need. My findings also support Stobart's claim that it was more common to purchase medicine than to prepare a recipe that took hours or days to make and which required extensive cultivation, collection, and distillation of botanicals.<sup>59</sup> Knowledge of flora still played an important role in domestic medicine, but considering this knowledge in the context of intellectual trends and elite leisure pursuits helps explain why botanical information continued to be incorporated into recipe books, and why some compilers chose to prepare their own herbal remedies over purchasing drugs.

### **2.3 Animal Ingredients**

The second category of ingredients found in recipe collections is animals and animal-derived medicines, which were a central part of medicine and also had roots in Galenism. Although animal ingredients were generally used by elites as medicine, it is difficult to assess whether some of the more unusual ingredients, such as the hedgehog cited at the start of this chapter, were actually used by elites in eighteenth-century England. It is probable that animal ingredients, for example, were a regular part of domestic medicine in the early eighteenth

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<sup>57</sup> Shteir, *Cultivating Women*, p. 36. See, for example, Alan Bewell, "'On the Banks of the South Sea": Botany and Sexual Controversy in the Late Eighteenth Century', in Miller and Reill, *Visions of Empire*, pp. 173–93. Sam George, *Botany, Sexuality and Women's Writing 1760-1830: From Modest Shoot to Forward Plant* (Manchester: Manchester University Press, 2007), Chapter 1. Londa Schiebinger, *Nature's Body: Sexual Politics and the Making of Modern Medicine* (London: Pandora, 1994). Ann Shteir, 'Botanical Dialogues: Maria Jacson and Women's Popular Science Writing in England', *Eighteenth-Century Studies*, 23 no. 3 (1990), p. 305.

<sup>58</sup> Janet Browne, 'Botany in the Boudoir and Garden', p. 154. George, *Botany, Sexuality and Women's Writing*, p. 3.

<sup>59</sup> Stobart, 'The Making of Domestic Medicine', p. 1.

century, but it is less likely that elites were butchering and preparing animals for medical use in the late eighteenth century, when purchased chemical and patent medicines were regularly consumed. The garden snail was one of the most used animal ingredients. It was deemed to be ‘one of the cleanest feeders in the world’,<sup>60</sup> and Nicholas Culpeper noted that ‘the reason why they cure a consumption is this; Man being made of the slime of the earth, the slimy substance recovers him when he is wasted’.<sup>61</sup> Snail water was a prevalent remedy for treating consumption. Two other animal-based waters were Calves Lungs Water<sup>62</sup> and the Puppy Water, where ‘one young fatt puppy’ was put into the still ‘quartered Gutts and all’.<sup>63</sup> In reference to these particular ingredients, one compiler from the Dolben family suggested ‘not to let the patient know the ingredients [when] they take it’, indicating that even some eighteenth-century sufferers found animal-based remedies distasteful.<sup>64</sup> Other striking preparation instructions include taking a cat and stabbing it ‘in the shoulder or some such place that it may not die’<sup>65</sup> and taking ‘the oldest cock [cock] that you can get and beat him to death a little red as you would do a child’.<sup>66</sup>

Descriptions of preparing animal ingredients may seem graphic to modern Western readers, but these directions were included to ensure that a remedy was created accurately.<sup>67</sup> The medicinal properties of animal products likely depended on how they were prepared, their

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<sup>60</sup> As stated in M. Mascall’s late 18<sup>th</sup>–early 19<sup>th</sup> C. collection: Wellcome, MS.7875, f. 96.

<sup>61</sup> Nicholas Culpeper, *Pharmacopoeia Londinensis: or, the London Dispensatory* (London, 1708), pp.108–9.

<sup>62</sup> Recorded in an anonymous manuscript in the Benyon family estate collection, which is dated between the 18<sup>th</sup> C. and the 19<sup>th</sup> C.: Berkshire RO, D/EBY/F24, f. 7r.

<sup>63</sup> Cited in Mary Doggett’s late 17<sup>th</sup> C collection: BL, Add. MS 27466, f. 24. Another method of preparing a puppy for a rickets ointment involved hanging it, then ‘flay it & Ripp it up’: Wellcome, MS.3582, f. 85r.

<sup>64</sup> In this instance the Dolben family collection is from the late 18<sup>th</sup> C: Wellcome, MS.2201, f. 6v.

<sup>65</sup> This was so that the blood could be used to treat convulsions. Recorded in Dorothy Repp’s early 18<sup>th</sup> C. collection: Wellcome, MS.7788, f. 15v.

<sup>66</sup> Catherine Venables’ recipe book (1733): Hampshire RO, 9M73/G212, f. 14.

<sup>67</sup> On animal violence in early modern recipes see, Michelle DiMeo and Rebecca Laroche, ‘On Elizabeth Isham’s “Oil of Swallows”: Animal Slaughter and Early Modern Women’s Medical Recipes’, in Jennifer Munroe and Rebecca Laroche (eds.), *Ecofeminist Approaches to Early Modernity* (New York: Palgrave Macmillan, 2011), pp. 87–104.

freshness or preservation, and could have had origins in occult medicine. This need for accurate processing is exemplified in a remedy to make mole powder for convulsions.

Take the Moles alive, Cut their Throats making ‘em bleed as much as you can upon a Pewter plate or dish; when they have done bleeding, Rip up their Bellies, and take out their Guts, Lungs, and Young ones, blood and all; lay them on the peweter dish and set ‘em into a warm oven after Bread to dry gently, for if it scorches or burns they are quite spoilt turn ‘em often till they are perfectly dry, blood and all so that they may be beaten into a very fine powder. Then paper ‘em up and keep ‘em in a dry place for your use. Beat ‘em to powder as you use sifting it thro’ a fine Laun Sieve. *A dead Mole is good for nothing, you must cut the throat alive.*<sup>68</sup>

Butchering animals was a domestic duty and part of the recipe collecting tradition. It is possible, however, that servants may have prepared remedies such as this. With respect to the most common animal ingredients, these were also used as bases and sweeteners. Waxes, butter, and suet were bases for ointments, which played a large role in healthcare in treating wounds and skin conditions. As mentioned above, animal ingredients were commonly sourced at the apothecary.<sup>69</sup>

I have grouped human-sourced ingredients with animal products. Many of these ingredients likewise originate from classical sources used in orthodox medicine. Lady Falconbridge’s convulsion water (recorded in a late seventeenth-century anonymous collection), for instance, called for ‘Moss of Dead Mans Skull, & as much of ye skull’.<sup>70</sup> Afterbirth ‘of a male child for a girle & a female Child for a boy’ powdered in broth was used to treat incontinence.<sup>71</sup> Lastly, Mrs Own in Russell Street recommended a tea spoonful of one’s own urine poured in the ear hot to treat deafness. She claimed that this remedy was safe and ‘has had

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<sup>68</sup> This is written in a collection belonging to the Lowndes of Chesham estate (1665–1717): CBS, D/LO/6/17/112, f. 2. Italics my emphasis.

<sup>69</sup> DiMeo and Laroche have argued that home-producing medicine versus purchasing cures impacted ecological consciousness and that an understanding of nature originally arose from a dialogue between nature and medical need. This relationship with nature evolved as animal ingredients increasingly became purchased items. DiMeo and Laroche, ‘On Elizabeth Isham’s “Oil of Swallows”’, p. 99.

<sup>70</sup> CBS, D138/16/6, f. 312.

<sup>71</sup> This remedy is found in Lady Cantile’s collection from 1688: BL, Add. MS 579944, f. 176.

wonderfull Effects'.<sup>72</sup> Again, it is difficult to assess whether these types of human-based remedies were actually used by elites in eighteenth-century England, or if they represent folkloric traditions, or older remedies, and were recorded out of an interest in collecting medical knowledge.

## **2.4 Compound and Mineral Ingredients**

The third and fourth categories of ingredients are compound and mineral, and items in these groups were normally purchased and were often processed. However, the compound category also includes items such as wine and ale, which could have been prepared at home. Chemical-based ingredients were normally purchased and used in smaller quantities like ounces, drams, and scruples, owing to their stronger potency and expense.<sup>73</sup> Several recipe books included a list or table of apothecary weights so that readers could interpret recipes that used them (which presumably originated from an apothecary, physician, or printed medical text). The top compound ingredients include sugar and alcohols like wine, brandy, and ale. Due to its increased availability and decreasing cost, sugar's use as a sweetener was a conscious, practical choice. Sugar was described as 'white', 'brown', 'loaf', 'double refined' and 'sugar candy'.<sup>74</sup> Though white wine was the most used base for household medicines – apart from water – it evidently did not agree with all constitutions as one sufferer aged 70 claimed, 'White wyne or any other liquor that is ye least manner sharp is absolutely offensive as is found by experience'.<sup>75</sup> The following section explores further these two categories in the context of purchasing ingredients.

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<sup>72</sup> Written in the Arscott family's mid-century recipe book: Wellcome, MS.981, f. 64.

<sup>73</sup> Exact weights and measures were characteristic of Paracelsian medicine.

<sup>74</sup> I discuss the role of sugar in domestic medicine in more detail in Chapter 3 of my MA thesis: Katherine J. Allen, 'England's Domestic Chemists: Science and Consumerism in Eighteenth-Century Recipe Collections' (MA thesis, University of Saskatchewan, 2011).

<sup>75</sup> Recorded in an anonymous 17<sup>th</sup>–18<sup>th</sup> C. collection: BL, Egerton 2561, f. 25.

## 2.5 Purchasing Ingredients and Proprietary Medicine

Evidence in eighteenth-century recipe books supports my argument that domestic medicine was increasingly purchased, even if that meant some assembly was required at home. In the first instance, one could buy an ingredient and have it prepared. The cost of purchased *materia medica* was sometimes included in collections.<sup>76</sup> In the case of a recipe for a green salve, it included the costs and quantity of each item; 4oz of black rosin cost 1d, 2oz of olibanum cost 6d, for example, with the total cost of the recipe being two shillings.<sup>77</sup>

Quality could also vary depending on where ingredients were purchased. When buying the spirit of salt at the druggists, the quantity listed in a recipe was deemed sufficient, ‘but if at the Apothecarys put Double the Quantity’.<sup>78</sup> Venice Turpentine was cited 196 times in my sample. Turpentine normally needed to be washed before use.<sup>79</sup> This could be done at home, but one recipe in Lady Ranelagh’s collection suggested that ‘the Apothecary will Wash it for you’.<sup>80</sup> Jane Frere said that she had the drugs powdered at the druggist for ‘Dr Chambers receipts for Bile which saves Bill Clark[’s] Life, and which I have give with great success ever since’.<sup>81</sup> A recipe for ‘convulsion hystericks’ similarly stated to use ‘ye Leaves of Miseltoes carefully dry’d & then ground to Powder (which is best done by an Apothecary)’.<sup>82</sup> A dropsy remedy in the Stanhopes’ collection cautioned that the reason it was so meticulous in instructing how to prepare the syrup was because burning it alters the ‘opening quality’, and that it was best

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<sup>76</sup> Alun Withey found that Welsh recipe books owned by men more frequently listed the price of medical ingredients and where to purchase them than collections owned by women. I have not been able to discern this trend. Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600-1750* (Manchester: Manchester University Press, 2011), p. 148.

<sup>77</sup> Wellcome, MS.4057, f. 3r.

<sup>78</sup> Written in Mrs Meade’s recipe book (1688–1727): Wellcome, MS.3500, f.123. On the influence of salt chemistry and patent medicine see, Anna Marie Roos, *The Salt of the Earth: Natural Philosophy, Medicine, and Chymistry in England 1650-1750* (Boston: Brill, 2007), Chapter 5.

<sup>79</sup> This turpentine was the crude oleoresin collected from pine trees, and the solid rosin needed to be washed before use after the distillation process.

<sup>80</sup> Wellcome, MS.1340, f. 125r.

<sup>81</sup> Norfolk RO, MC 443/1, 715X9, f. 94.

<sup>82</sup> This recipe is in a manuscript from the Calley family estate papers: WSA, 1178/481, no page number.

to get it made by an apothecary or chemist ‘who may do it much the best’.<sup>83</sup> However, a further remedy from the Trumbull family’s recipe book suggested buying the entire prepared cure, which could be ‘had of Mr Rapher an Apothecary’.<sup>84</sup> There could also be a combination of collected and bought ingredients used to make a recipe. This is the case of one remedy that called for wild carrot to be gathered in September and October, while the other ingredients were to be ‘found at the Druggist’.<sup>85</sup>

As an alternative to buying ingredients, whole cures were purchased, which simply required administration at home. Purchasing medicine was a trend that increased throughout the century. Developing in the seventeenth century, commercial medicine was accessed beyond the apothecary, and allowed purchasers to avoid medical consultations.<sup>86</sup> Commercial medicines, including proprietary nostrums, rapidly gained popularity in eighteenth-century England, and recipe books show the amalgamation of purchased cures with medicines created at home. Stobart notes that her sources for late seventeenth-century households in South-West England did not incorporate purchased medicine in their recipe collections, whereas my survey suggests that recipe books evolved throughout the eighteenth century to incorporate new ingredients, therapies, and patent medicines alongside older remedies.<sup>87</sup>

My findings support those of P.S. Brown, who found that medicine could be purchased from a variety of vendors including: printers, booksellers, stationers, grocers (and confectioners), dentists, apothecaries, chemists, and druggists.<sup>88</sup> Common proprietary

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<sup>83</sup> KHC, U1590 C43/2, f. 103.

<sup>84</sup> BL, Add. MS 72619, f. 206.

<sup>85</sup> Recorded in Mrs Finger’s and Anna Maria Reeves’ recipe book (c. 1750–1800): Wellcome, MS.2363, f. 130.

<sup>86</sup> Patrick Wallis, ‘Medicines for London: the Trade, Regulation and Lifecycle of London Apothecaries, c. 1610-c. 1670’ (DPhil Thesis, University of Oxford, 2012), p. 238.

<sup>87</sup> Stobart, ‘The Making of Domestic Medicine’, p. 224.

<sup>88</sup> P.S. Brown, ‘The Vendors of Medicines Advertised in Eighteenth-Century Bath Newspapers’, *Medical History*, 19 no. 4 (1975), p. 362. Joan Lane notes that drugs were also sold by milliners and drapers. Joan Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 8.

medicaments these individuals sold, which also appear in manuscript recipe books, are: Bateman's Pectoral Drops, Scots Pills, Daffy's Elixir, Stoughton's Elixir, and a plethora of patent cordials and purging medicines.<sup>89</sup> It was popular to price these types of medicines at 5s 5d as there was a duty of 6d on medicines costing less than 5s (as of 1783).<sup>90</sup> These prices are indicative of consumers with expendable income, and are a reflection of commercial medicine being targeted towards the upper sorts. Brown found that prices for these medicines remained fairly steady between 1744 and 1770. Stamp duties were imposed in 1783 and 1785, which resulted in prices shifting approximately one shilling in the 1790s.<sup>91</sup> Significantly, these citations of purchased medicine show that proprietary medicine was part of the recipe collecting tradition and an important component of elite healthcare.<sup>92</sup>

As an example of purchasing commercial (pre-made) medicine, in a recipe book associated with the Trumbull family, there is a recipe for making red drops that were given to 'Trevanion (a poor Knight of Windsor) by Dr Dickenson, & much recommended by Mr Morris'.<sup>93</sup> The drops were used to treat children's fits and could be bought at 'Mr Wilsons Confections, at ye Corner of Bridgewater Square in Barbican'. If intended for an aged person with fits, clear drops were recommended. The compiler noted that on 1 July 1710 the family's 'keeper', Austin Hanington, was sent to Windsor for '2 small Bottles of these drops, one red, ye other Clear', which cost five shillings per bottle, including the printed directions. In another case, Mrs Brown's recipe for making eye water called for a pint of white rosewater. Rather than

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<sup>89</sup> P.S. Brown, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 20 no. 2 (1976), p. 152. On Daffy's Elixir see, David Boyd Haycock and Patrick Wallis (eds.), *Quackery and Commerce in Seventeenth-Century London: The Proprietary Medicine Business of Anthony Daffy*, Medical History Supplement No. 25 (London: The Wellcome Trust Centre for the History of Medicine, 2005), p. 1.

<sup>90</sup> Brown, 'Medicines Advertised', p. 161.

<sup>91</sup> That tax resulted in nostrums and patent medicines yielding £15,000 profit per year. Lane, *A Social History of Medicine*, p. 9.

<sup>92</sup> I discuss proprietary medicine in relation to networks in Chapter 4 and the role of newsprint in proprietary medicine in Chapter 5.

<sup>93</sup> BL, Add. MS 72619, f. 119v.

simply instructing the reader to distil the rosewater, Mrs Brown specified that ‘the best water you can have is at Powis’s Well near Southampton-row’ and that it cost ‘A Penny A quart’.<sup>94</sup> In this case, Brown was purchasing mineral ‘spa’ water as a base for her rosewater.

There is also evidence that proprietary medicine was trialled and subsequently trusted. James Everard Arundell made note that he had bought a plaster for the rheumatism and asthma at ‘Mr Gerry’s oilman, opposite Saint George’s Church [London]’, which consisted of twelve large sheets for two shillings and they were ‘tried with success for rheumatism’.<sup>95</sup> Moreover, Lady Stanhope cited several eye lotions from Doctor Taylor, ‘the famous Mountebank oculist’ whose remedy for a Mrs Mowbray cured her after she had tried the advice of ‘all the Oculists & physicians without success’.<sup>96</sup> These examples highlight the incorporation of commercial products into household healthcare and that they were often products which were cited as recommended by individuals as being efficacious.

The ways in which medicine was created changed in the eighteenth century. The contemporary understanding of what constituted domestic medicine also changed, as purchased commercial medicines became a staple of elite healthcare in the eighteenth century. Recipe books document this shift as they recorded new ingredients, remedies, and sources for *materia medica*. The tradition of recipe collecting thus evolved with new trends in medical consumption.

## **2.6 Instructions for Making Medicine**

Providing instructions on preparing ingredients and creating the remedy was integral to a recipe’s structure and usefulness. By the late seventeenth century, ‘how-to’ instructions and advice or ‘secrets’ found in early modern sources of knowledge, like recipe collections, were

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<sup>94</sup> CBS, D/DR/5/143/2, loose sheet.

<sup>95</sup> WSA, 2667/12/40, f. 111.

<sup>96</sup> KHC, U1590 C43/2, f. 84.

contemporarily deemed ‘techniques’ – situating them in close proximity to scientific practice.<sup>97</sup> These techniques, combined with an understanding of technology, registered women (and potentially men) as active experts in domestic production.<sup>98</sup> When considering the procedures and apparatus cited in recipes, Sara Pennell has argued that these were idealised scenarios for preparing a recipe and that we have only partial insight into how procedures were carried out, and how equipment was used and maintained.<sup>99</sup> Leong found for seventeenth-century collections that around 90% of recipes provided a method for making medicine (like ‘boil’), and that 64.5% of manuscript recipes gave further guidance.<sup>100</sup> My findings show that recipes used both simple and detailed instructions, reinforcing the continued role of recipe collections as technical and didactic texts in the eighteenth century.

When preparing ingredients, the majority of drugs and spices were powdered, ground in a mortar, and herbs needed to be washed and were often dried, bruised, or stamped. In my survey of 5,013 recipes, preparation instructions cited included:

Instruction	Total Citations
Boil	1,331
Strain	955
Infuse/Steep	714
Distil/Still	408
Mix/Stir	352
Powder	245
Sweeten	214
Beat	135
Melt	132
Shake/Shaking	113
Bruise/Pound	102
Dry	83
Pills	82
Simmer	79
Rolls	78
Dissolve	64
Set in sun	58
Scum	43
Filter	42
Wash	30

**Table 4: Common instructions in recipe books for making medicine**

<sup>97</sup> William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton: Princeton University Press, 1994), p. 5. Elaine Leong and Alisha Rankin, ‘Introduction’, in Elaine Leong and Alisha Rankin (eds.), *Secrets and Knowledge in Medicine and Science 1500-1800* (Farnham: Ashgate, 2011), p. 8.

<sup>98</sup> Sara Pennell, ‘Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England’, in Victoria Burke and Jonathan Gibson (eds.), *Early Modern Women’s Manuscript Writing: Select Papers from the Trinity/Trent Colloquium* (Aldershot: Ashgate, 2004), p. 253.

<sup>99</sup> Sara Pennell, ‘“Pots and Pans History”: the Material Culture of the Kitchen in Early Modern England’, *Journal of Design History*, 11 no. 3 (1998), pp. 211– 2. For further discussion on equipment used in domestic medicine see, Allen, ‘England’s Domestic Chemists’, Chapter 2.

<sup>100</sup> Leong, ‘Medical Recipe Collections’, pp. 105, 109. I have grouped these data together in my analysis, so it is difficult to make a comparison in terms of proportions of style of instruction.

dissolving, heating, melting, mixing, stirring, and making pills or balls [boluses]. Of the recipes I surveyed, 74.5% included directions. Table 4 highlights some of the commonly cited directions and is taken as a raw count, since there could be multiple directions in a recipe. Boiling was by far the most frequently cited instruction at 1,331 counts. Recipes could instruct to reduce the liquid by a certain amount such as ‘boil half away’, or ‘boil to 2 quarts’, or they could instruct to boil for a specific length of time (Table 4).<sup>101</sup> In the case of one remedy in the Arscott family’s manuscript, one was to stir until the ingredients were melted which was, ‘about the time you can recite the Creed’, a familiar phrase which likely indicated a standard timeframe of around thirty seconds.<sup>102</sup> Sometimes recipes instructed to boil until a certain consistency was reached, like ‘boil to syrup’ or ‘boil to a salve’. However, if a recipe was likely to spoil from overheating, instructions usually specified that the mixture be simmered. A recipe for the green ointment cautioned that ointments are ‘apt to Rise, or Boil over, & may fire the House or Burn the Person who is making it’.<sup>103</sup> Boiling is followed as a commonly used procedure by straining (955 counts) and infusing, or steeping (714 counts) (Table 4). All of these procedures would have been required to make liquid-based and ointment-based medicines.

Infusing or steeping ingredients (usually plants) was often done for twenty-four hours, overnight, or even for periods of weeks and months. The infusing mixture could be left in the sun, in a dunghill, by the fire, or in the cellar if it needed to be kept cool. Following an infusion, the medicine was often strained through a sieve or fine cloth, or filtered through paper. A final stage in preparing a medicine was making it palatable, and this involved sweetening.

Instructions for sweetening (214 counts) are found in the preparation section of a recipe, but

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<sup>101</sup> Sara Pennell has noted that by 1730, most printed recipe books assumed the reader had access to a clock and the ability to read it. Pennell, “‘Pots and Pans History’”, p. 205.

<sup>102</sup> Wellcome, MS.981, f. 35.

<sup>103</sup> Wellcome, MS.2363, f. 18v.

they are also found with instructions for dosage, particularly if the sweetness needed to be adjusted for an individual's taste, or for children's palates. Sweeteners were important components of medicine because they helped preserve remedies, made them palatable, and had medicinal qualities. Finally, recipes included simple instructions, which assumed prior knowledge. Instructions to make a syrup, a poultice, or apply as a plaster were cited, meaning that the compiler assumed she (or her reader) knew these basic culinary and medicinal techniques.

## **2.7 Hobby and Craft: Distilling Medicine as a Leisure Pursuit**

A prevalent instruction in recipe collections, which assumed competency, is the direction 'to distil'. As a specialised process of making medicine, distilling required technical skill, time, money, and an extensive knowledge of ingredients, and this suggests that compilers had a specific interest in distillation as a tradition in recipe collecting and as an experimental technique. Recipes that used distillation provided opportunity for the scientifically-inclined to participate in an experimental practice that was central in aristocratic women's large-scale charitable medicine in the early modern era, but was increasingly reserved for laboratories and commercial industries in the eighteenth century.<sup>104</sup> Distilled medicine is a good example of continuity and change in recipe collecting, and the eighteenth century is a significant period for understanding how this technical process went from being domestic to commercial. It is also an important period of change for the types of recipes being created domestically (and collected) as commercial medicine increased.

Eighteenth-century collections sometimes have distillation recipes recorded in a seventeenth-century hand, and these are evidence of preserving older knowledge. However, collections dated from the first quarter of the eighteenth century have distillation recipes written

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<sup>104</sup> An example of a recipe book of distilled waters for commercial use is Brotherton Library, MS 1694.

in an eighteenth-century hand (and are dated from the eighteenth century) and some compilers even dedicated sections of their manuscripts to distilling. This suggests that distillation was maintained through a continued interest in the aristocratic tradition. Yet, this practice was also driven by a wider social interest in natural philosophy, as well as the increase in printed guides used for commercial distillation. Eighteenth-century distillation recipes therefore represent a continued engagement in collecting a particular type of medical knowledge and reflect the enduring value and use of tried-and-true distillation recipes. Simultaneously, the absence of distillation recipes in late eighteenth-century collections signifies that, from around mid-century onwards, the practice of domestic distillation declined and there was a further shift in recipe collecting practices that was connected to cultural tastes and corresponding changes in the medical marketplace.

Distilling household medicine can be viewed as contemporary engagement in experiment, empiricism, and natural philosophy. A cultural interest in natural philosophy among the elite influenced the continued recording, transmitting, and potentially the production of home-distilled medicine out of a combined interest in experiment and health. This notion is further evident in the engagement with printed texts on domestic medicine and distillation. For some, distillation as a process was not a means to an end product, rather an enjoyable and stimulating empirical activity. Distilling medicine as a hobby or leisure pursuit is therefore a key link for revealing the cross-over of medicine and science in the home and for understanding the household's role in experiment and technical knowledge exchange in the eighteenth century.<sup>105</sup>

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<sup>105</sup> Lynette Hunter has also explored domestic medicine as a leisure activity for women. Lynette Hunter, 'Women and Domestic Medicine: Lady Experimenters, 1570-1620', in Lynette Hunter and Sarah Hutton (eds.), *Women, Science and Medicine 1500-1700: Mothers and Sisters of the Royal Society* (Thrupp: Sutton Publishing Limited,

Thus far, little attention has been given to the motivations behind the practice of distilling in eighteenth-century households, and how and why these motives changed. Hence, a study of the material and technical aspects of eighteenth-century domestic distillation fills an historiographical gap in the history of recipe collecting. I give the domestic sphere a firmer grounding in the interconnected histories of medicine and natural philosophy by stressing the significant role elite household practices had in technical knowledge exchange and preservation.<sup>106</sup> Household distillation has been mainly studied in the context of early modern medicine, focusing on how this highly technical practice – done mainly by women – contributed to abstract scientific theory, despite theoretical sciences being impractical in the daily household routine.<sup>107</sup> This has led Londa Schiebinger to claim that elite women’s household activities gave them authority in early modern science.<sup>108</sup> Moreover, this authority was also recognised by contemporaries, resulting in distillation and domestic medicine (‘kitchen-physic’) being re-labelled as ‘ladies chemistry’ in the mid-seventeenth century.<sup>109</sup> Even Margaret Cavendish is said to have compared the knowledge-making practices of experimental philosophers to the household production of medicaments.<sup>110</sup> Distillation has been stressed as a women’s household vocation, but the equipment was also owned by gentlemen and yeomen, and recipes were

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1997), pp. 89–90. For earlier context on women and alchemy see, Jayne Elisabeth Archer, ‘Women and Alchemy in Early Modern England’ (PhD thesis, Cambridge University, 1999).

<sup>106</sup> Jayne Archer has explored the role of distillation and recipes in women’s writing and looks at the use of satire and alchemical/experimental language. Jayne Elisabeth Archer, ‘The “Quintessence of Wit”: Poems and Recipes in Early Modern Women’s Writing’, in Sara Pennell and Michelle DiMeo (eds.), *Reading and Writing Recipe Books, 1550-1800* (Manchester: Manchester University Press, 2013), p. 114.

<sup>107</sup> Lynette Hunter and Sarah Hutton, ‘Women, Science and Medicine: Introduction’, in Hunter and Hutton, *Women, Science and Medicine 1500-1700*, p. 3.

<sup>108</sup> Londa Schiebinger, *The Mind Has No Sex?* (Cambridge, MA: Harvard University Press, 1989), p.65. Jayne Archer has acknowledged that the stillroom and the manuscript recipe book were two of the most important sites of female creativity in early modern England. Jayne Elisabeth Archer, ‘Women and Chymistry in Early Modern England: The Manuscript Receipt Book (c. 1616) of Sarah Wigges’, in Kathleen P. Long (ed.), *Gender and Scientific Discourse in Early Modern Culture* (Farnham: Ashgate, 2010), p. 215.

<sup>109</sup> Lynette Hunter, ‘Sisters of the Royal Society: The Circle of Katherine Jones, Lady Ranelagh’, in Hunter and Hutton, *Women, Science and Medicine 1500-1700*, p. 179.

<sup>110</sup> As noted in Lara Dodds, ‘Margaret Cavendish’s Domestic Experiment’, in Michelle M. Dowd and Julie A. Eckerle (eds.), *Genre and Women’s Life Writing in Early Modern England* (Aldershot: Ashgate, 2007), p. 162.

compiled by and attributed to men as well as women.<sup>111</sup> Hence, we need to be careful not to label all household distillation as purely a women's vocation.

Regarding the continuation of distillation into the eighteenth century, Anne Wilson contends that home distilling continued in gentry and middling households in the early eighteenth century, and that it was not significantly affected by the increase of commercially-distilled spirits. She further notes that, throughout the eighteenth century, distilled cordial waters became a part of social entertainment as the production transitioned into a small-scale production in a still room, rather than a still house.<sup>112</sup> Furthermore, Leong's research shows that there was an increase into the eighteenth century of printed distillation guides and of the usage of the word 'distil' in recipe collections.<sup>113</sup> In contrast, Stobart proposed that the use of stills went out of use in the eighteenth century as maintaining equipment and servants was prohibitive in terms of cost and labour.<sup>114</sup> My analysis seeks to clarify this lack of consensus in the historiography on the survival of household distillation by demonstrating that it did continue into the first quarter of the eighteenth century and declined by the late eighteenth century, but this continued practice was driven by different motives, which are discussed below.

The history of household brewing and wine making, as well as the rise of commercial distilling, offers important social and cultural contexts for situating medicinal distillation in the histories of medicine and science. Making beer, wine, cider, and spirits was common in country houses (in large quantities) until the end of the seventeenth century, when commercial brewers

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<sup>111</sup> Leong, 'Medical Recipe Collections', p. 1. Stobart, 'The Making of Domestic Medicine', p. 182.

<sup>112</sup> C. Anne Wilson, *Water for Life: A History of Wine, Distilling and Spirits from 500BC to AD 2000* (Totnes: Prospect, 2006), pp. 230, 237.

<sup>113</sup> Leong, 'Medical Recipe Collections', pp. 66, 107.

<sup>114</sup> Stobart found that an average of 11.6% of her manuscript sources used distillation. Stobart, 'The Making of Domestic Medicine', pp. 223, 177.

and distillers gained prominence.<sup>115</sup> Women, once leading producers of beer and spirits, all but disappeared from commercial activities in the late seventeenth century.<sup>116</sup> The eighteenth century witnessed a revolution in commercial distillation, with the ‘Gin Craze’ being one example.<sup>117</sup> Closely linked to early imperialism, aqua vitae was a staple in early trade in Africa for hides, gold, and ivory, and was central in the slave trade until it was replaced by rum in the mid-eighteenth century.<sup>118</sup> Moreover, distilling was an integral component in the experiments of natural philosophers, like the fellows of the Royal Society, who investigated atmospheric and chemical properties.<sup>119</sup> Medicine and recipe collections were therefore a way to continue engaging with distillation in domestic spaces out of intellectual and experimental interest.

Out of the hundreds of extant eighteenth-century manuscript recipe collections, comparatively few focus on distillation and this is because it was a specific chemical process used to create a particular type of remedy. Nonetheless, the majority of recipe books surveyed have some distillation recipes; this is reflective of the continuation of a practice that was an important part of the recipe collecting tradition in previous centuries. A smaller, yet noticeable, trend in eighteenth-century recipe books shows that distillation and medicinal recipes did not go hand-in-hand, but rather distillation was a distinct practice, often grouped with recipes using a similar technical process.

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<sup>115</sup> Pamela Sambrook, *Country House Brewing in England, 1500-1900* (London: Hambledon Press, 1996), p. 169. On brewing see, Judith Bennett, *Ale, Beer and Brewsters in England: Women’s Work in a Changing World, 1300-1600* (New York: Oxford University Press, 1996). Peter Mathias, *The Brewing Industry in England, 1700-1830* (Cambridge: Cambridge University Press, 1959).

<sup>116</sup> Sambrook, *Country House Brewing in England*, p. 166. Jane Whittle, ‘Housewives and Servants in Rural England, 1440-1650: Evidence of Women’s Work from Probate Documents’, *Transactions of the Royal Historical Society*, 15 (2005), pp. 51–74.

<sup>117</sup> See, John Basil Watney, *Mother’s Ruin: A History of Gin* (London: Owen, 1976).

<sup>118</sup> William T. Harper, *Origins and Rise of the British Distillery* (Lewiston, N.Y.: Edwin Mellen Press, 1999), pp. 116–7.

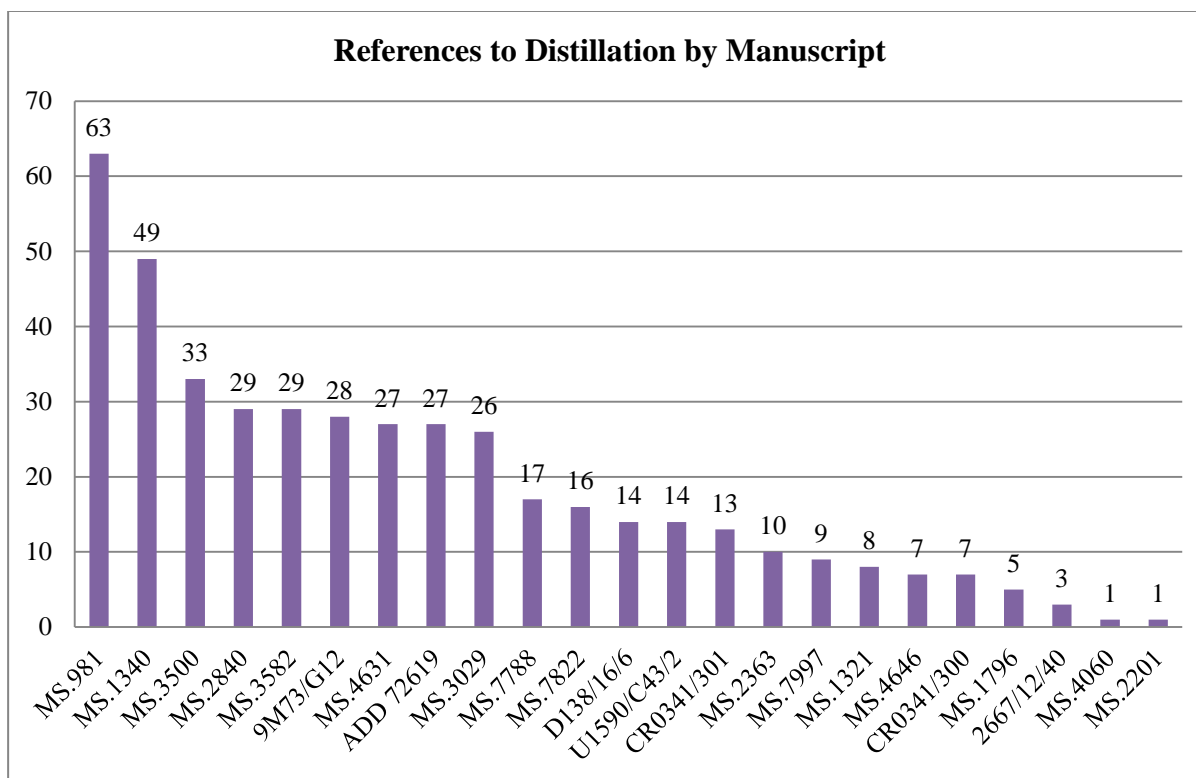
<sup>119</sup> For example, Peter Woulfe, *Experiments on the Distillation of Acids, Volatile Alkalies, &c.* in *Philosophical Transactions of the Royal Society* (London: The Royal Society of London, 1767).

Figure 8 illustrates that 23 out of the 27 manuscripts in my survey contain at least one distillation reference written in an eighteenth-century hand and dated from the eighteenth century. Most of these distillation recipes are found in collections dating from the late seventeenth century to around 1725, or are recorded in the front of a book with a longer date range, also indicating that they were compiled in the early eighteenth century. The collections cited in Figure 8 with only a few distillation recipes are dated from the late eighteenth century, as are the remaining four collections with no distillation recipes. This suggests that distillation did not cease as a domestic practice at 1700, but rather continued as an important aspect of recipe collecting before gradually declining alongside cultural shifts, including the increasing use of commercial medicine.<sup>120</sup> The data also show that the majority of recipe books have a number of distillation recipes, and some even specialise in distillation, with sections devoted to distilled waters. The verb 'to distil' appears 408 times in a sample of 5,013 recipes from 27 manuscripts (Table 4).<sup>121</sup> Furthermore, there are 436 counts of distillation equipment cited. The highest proportion of citations is found in the manuscript Wellcome, MS.981, but this can be explained by the fact that it is one of the longest manuscripts included in the analysis. The second highest proportion of recipes is found in Lady Ranelagh's manuscript (49 references to distillation). As the sister of Robert Boyle, Lady Ranelagh lived in a scientifically-minded household, and her manuscript is also from the late seventeenth/early eighteenth century.

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<sup>120</sup> The only exception to this chronological trend in distillation from my database sample is the Arundell family's recipe book dated from 1786, which has two different distilled recipes for snail water: WSA, 2667/12/40, ff. 42, 45.

<sup>121</sup> I do not give a percentage for citations of distillation because some recipes include multiple references to distillation.



**Figure 8: References to distillation in the manuscripts sample set (23 out of 27 manuscripts had distillation references)**

Distillation recipes were often grouped together, sometimes alongside recipes for making wines, indicating that these recipes were organised by process and technique. In the case of an anonymous collection of ‘Miscellany Receipts’ (c. 1725) there was a separate table of contents for distilled waters to allow readers to find easily distillation recipes that were dispersed throughout the collection.<sup>122</sup> A few collectors were keen to express their interest in distilled waters via their collection titles, as with Elizabeth Jenner’s collection, ‘For making of Waters and Syrups: and other Physical Remedies’ (c. 1706).<sup>123</sup> Yet, medicinal waters were more easily prepared without distillation via infusion, and none of the collections surveyed contain only waters or distillation. Rather, distilled waters were a type of recipe used to treat specific ailments that compilers chose to make through distillation.

<sup>122</sup> Wellcome MS.3582.

<sup>123</sup> Wellcome MS.3029.

Another crucial reason distillation was an important part of medicine is that recipes for diet drinks, cordials, and surfeit waters formed the backbone of medicines for digestive complaints. Digestive ailments and treatment was the most prevalent ailment category across all recipe collections. Likewise, distilled waters were popular drinks for treating consumption, such as snail water and milk water, and for treating plague. It is however important to recognise that these waters were readily available for purchase, and they no longer needed to be created at home for family use and charitable distribution. Hence, I consider the production of personalised distillation remedies as a leisure pursuit that could have been used to supplement a family's medical treatment. This shift from large-scale charitable production to small-scale private consumption is also evident from the smaller ingredient quantities and yields found within eighteenth-century recipes.<sup>124</sup> Waters were most often named either for a specific ailment, ingredient, or person. Many of these recipes are well-known and connected to seventeenth-century individuals. The continued recording of these older recipes stresses their enduring currency as they came from trusted authorities and had a long history of being proven effective. These distillation remedies were main features of the domestic canon of knowledge and did not require modification, which explains why they are rarely annotated. In fact, the value of these recipes came from them being the unmodified originals from their seventeenth-century creators.<sup>125</sup> Figure 9 reveals that cordial waters were the most frequently cited distilled recipes in a survey of 27 manuscripts and 5,013 recipes (35 counts), followed by remedies for consumption (32 counts), and snail water (24 counts).<sup>126</sup>

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<sup>124</sup> Generally yields are cited as one to three quarts or pints, with occasionally a yield of one gallon, indicating that it was for personal or family use, not large-scale production.

<sup>125</sup> A notable exception to this is Aqua Mirabilis, or 'miracle water', which was made with spices and a wine base and dates from the thirteenth century.

<sup>126</sup> It should be noted that the consumption category includes both snail water and milk water, but I have also displayed these as independent categories. Hence, these figures should not be grouped into a total count.

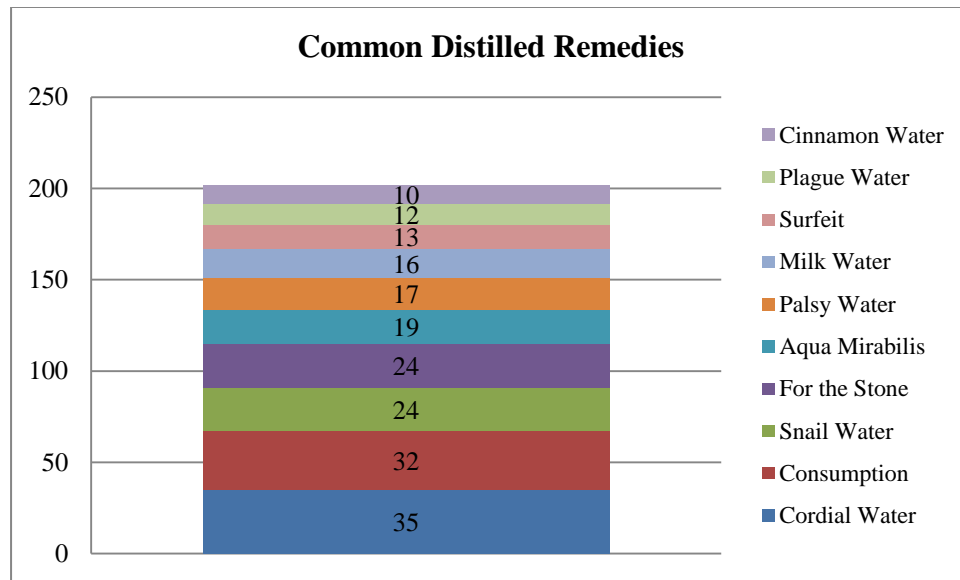


Figure 9: Common distilled remedies in eighteenth-century recipe books

The uses of medicinal waters were not always apparent from the recipe title. Many waters were considered ‘cure-alls’ or polychrest remedies, which were used to treat an extensive range of malaises.<sup>127</sup> As far back as the Tudor era, cordial waters (which were often polychrest remedies) sold by apothecaries and grocers were labelled as ‘just sauces and poisons’.<sup>128</sup> Lisa Smith argues that because these remedies were ostracised by contemporary critics of women practitioners, women’s historians have tended to overlook these important recipes in the narrative of domestic medicine, believing that they discredited women’s competency in medicine.<sup>129</sup> The result of this historiographical oversight is that distillation recipes which were cure-alls have not been fully recognised as evidence for domestic medical and experimental skill. In one cure-all recipe in the Tyrrell family’s book for ‘The Spirit of Treacle Camphorate a most incomparable thing’ it claimed, ‘It is the most noble Medicine in the world, it Restores

<sup>127</sup> On polychrest remedies see, Elaine Leong, ‘Making Medicines’, p. 156. Doreen Evenden Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green, Ohio: Bowling Green State University Popular Press, 1998), p. 69.

<sup>128</sup> Margaret Pelling and Charles Webster, ‘Medical Practitioners’, in Charles Webster (ed.), *Health, Medicine, and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979), p. 178.

<sup>129</sup> Lisa Wynne Smith, ‘Women’s Health Care in England and France (1650-1775)’ (PhD thesis, University of Essex, 2002), p. 65. Stobart, ‘The Making of Domestic Medicine’, Chapter 2.

Alters & strengthens Nature'.<sup>130</sup> Another recipe for making horsedung water, recorded in Mary Doggett's late seventeenth-century collection, confessed that 'the virtue of this water is understood by few, being admirable for all diseases whatsoever'.<sup>131</sup> Although perhaps ambitious when listing supposed virtues, these medical waters were alcoholic and thus provided comfort for low spirits, nerves, anxiety (heart problems), melancholy and other 'cold-humour' disorders that affected the 'vital, animal, and natural spirits'.<sup>132</sup>

### **2.7.1 Procedure and Equipment used in Distillation**

The process of distilling waters was highly technical and required significant skill, patience, and ingenuity on the practitioner's part. The first step in a distillation recipe was preparing the materials. When the ingredients had been gathered or purchased, they needed to be washed, dried, and then shredded, sliced, or ground. This preparation was most often associated with a large array of botanicals, but animal products required similar preparatory work. In a recipe 'To make All Flower Water', it said to soak a gallon of snails (shell-on) in sugar for two hours, then break the shells and separate the parts. Then, 'Wash them in sack, & br[u]ise them in A Mortar' and add them to your herbal-based liquid along with 'the pith [marrow] of An Oxes back', which was blanched, skinned, and ground into a pulp.<sup>133</sup>

The second step was normally infusion, which concentrated the plants' oils and released their medicinal properties and flavours. Infusing ingredients in a liquid base was often done over a twenty-four hour period or sometimes days or months for particularly robust waters.<sup>134</sup>

The well-known 'Lady Hewits Water', for instance, stated to 'wash ye hearbs & swing ym in a

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<sup>130</sup> Treacle water was made from Venice treacle, also known as theriac, and a number of herbal ingredients. It originated in ancient Greece as a cure-all. Wellcome, MS.7822, f. 22.

<sup>131</sup> BL, Add. MS 27466, f. 9.

<sup>132</sup> Cited in an anonymous collection from c. 1725: Wellcome, MS.3582, f. 63v.

<sup>133</sup> Ibid., f. 64r.

<sup>134</sup> For times it took to distil medicines see, Leong, 'Medical Recipe Collections', p. 163.

cloth till ye are well drained yn lay ym thin on a table to dry, shred ym small & put ym in an earthen pot, put to ym as much sherry sacke as will cover ye hearbs, let ym steep 24 howers, yn put ym in yr Limbecke'.<sup>135</sup> Even before the actual distillation process, the time commitment was substantial and the preparation techniques were important to the distillation process.

Contemporaries defined distillation as 'an Art by which the Quintessential Particles, and most Exalted Essences of Bodies, are extracted from the more gross and Terrence Part of Animals, Vegetables, and Minerals', and it was a procedure used by domestic medical practitioners, commercial distillers, alchemists, and natural philosophers alike.<sup>136</sup> The majority of domestic distillation recipes had few detailed instructions for distilling and most did not indicate how long the process took, pointing to an implied knowledge in manuscript recipe collections. The technical aspects of distilling were learned through hands-on instruction, and through printed treatises. Guidance was given if the water needed to be double-distilled, or if it needed to be drawn off via separate 'runnings'. When drawing 'Spirit of Sack' one recipe specified to 'keep 2 quarts of the first running by it selfe then you may draw about 12 or 13 quarts more according as you finde the strength of it and you finde it clean & well fasted for the latter running will have a nauceous taste and so stop it up and keep it for use'.<sup>137</sup> Another recipe in Lady Ranelagh's recipe book for cordial water stated to draw the water until it began to sour, but warned that 'you must not put your leaves above an inch thick in your still, for that will

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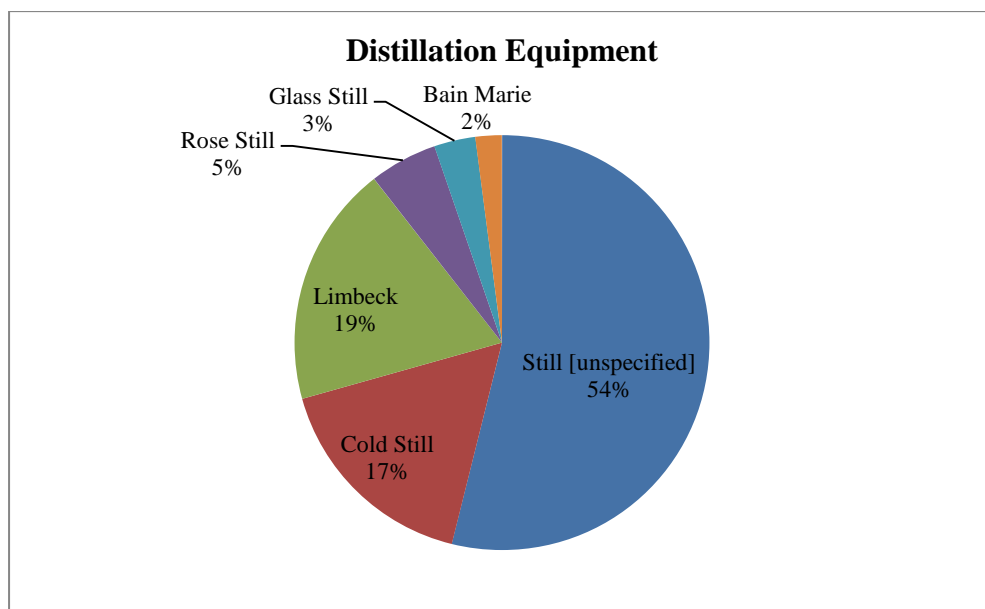
<sup>135</sup> Found in an anonymous collection dated 1710–25: Wellcome, MS.1320, f. 75v.

<sup>136</sup> Anon, *The Practical Distiller, or, A Brief Treatise of Practical Distillation* (London, 1718), p. 3. Terrence is probably a typo meaning terrene, or earthly. On the history of distillation and its ancient origins see, R.J. Forbes, *A Short History of the Art of Distillation: From Beginnings up to the Death of Cellier Blumenthal* (Leiden: E.J. Brill, 1970). Bruce T. Moran, *Distilling Knowledge: Alchemy, Chemistry and the Scientific Revolution* (Harvard: Harvard University Press, 2006).

<sup>137</sup> Cited in an anonymous collection dated c. 1660–c. 1750: Wellcome, MS.1322, f. 38r.

make it sour before it be half out'.<sup>138</sup> Quality control for taste, strength, and contamination was hence fundamental to distilling medicine.

One piece of vital information was the type of still to use. Eighteenth-century recipe books document a variety of technical equipment that was used for distilling medicine. There are a total of 436 citations of distillation equipment in my sample. Figure 10 shows that unspecified stills were the most frequently cited (235 counts [54%]). These unspecified stills were probably the more common cold stills, but 'still' could also suggest that there was no specific type required, or that the recipe's author did not know what type of still was needed. The different names and spelling variations for stills found within recipe books are significant because they point to multiple recipe sources. One individual was unlikely to spell, for instance, the word alembic: 'Alimbeck', 'limbeck', 'Alimbick', and 'Glass Limbeck' unless they were transcribing the recipes from multiple sources.<sup>139</sup>



**Figure 10: Distillation equipment cited in 27 manuscripts (5,013 recipes)**

<sup>138</sup> Wellcome, MS.1340, f. 62v.

<sup>139</sup> This was the case in the Arscott family's recipe book: Wellcome, MS.981.

An alembic, or hot still, was made of glass, copper, or earthenware, and consisted of a gourd-shaped vessel (retort) containing the mixture with a cap on top and a beak that carried vapours to a receiver, where they condensed. Alembics (usually spelled limbecks in the recipe books) were cited 82 times (19%). Copper alembics with an attached bain-marie (water bath) were particularly useful for distilling botanicals. Bain-maries were cited 9 times (2%) in association with distilling. Glass stills were a type of alembic and were cited 14 times (3%). A cold still, or common still, produced stronger distilled water and was better for extracting pure oils from new herbs because they were not dried out. Cold stills were cited 73 times (17%). A cold still was a conical vessel with a spout at the bottom and was heated over a furnace to create steam, which condensed through cooling of the still head with a wet cloth. The liquid then dripped down the spout into a receiver.<sup>140</sup> Rose stills (used to distil roses) were copper cold stills (cited 23 times [5%]). Worm stills were similar to cold stills and common in scientific experiments and whisky production; they were not cited in any of the manuscripts included in my database but are referenced in recipe books from my larger survey of 150 manuscripts. These stills had a coiled copper tube encased in a tub that attached at the top of the still and gradually decreased in diameter, allowing the liquid to condense slowly as it dripped. In a recipe for Cinnamon Water attributed to a Dr Hawes, it stated, ‘To still in a Balnes Maria a long Cop[p]er is made to fit in the Top of the Limbeck, & fill it with yr Ingredients & Liquor’ and added that it is ‘a nicer way of stilling & you may draw as much water as will run yn mix of it’.<sup>141</sup> Distilling was thus a highly technical process for a domestic space, and practitioners

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<sup>140</sup> C. Anne Wilson, ‘Still Houses and Still Rooms’, in Pamela Sambrook and Peter Brears (eds.), *The Country House Kitchen 1650-1900: Skills and Equipment for Food Provisioning* (Stroud: Alan Sutton Publishing, 1996), p. 132.

<sup>141</sup> Wellcome, MS.1320, f. 77r.

needed sufficient storage space and the competency on how to use and maintain these intricate, and often expensive, tools.<sup>142</sup>

From the sixteenth century, still rooms in wealthy country homes were the central locations for preparing medicines and cordial waters; these separate rooms were created due to the hazards of distilling.<sup>143</sup> They were an experimental space where knowledge was created and often transcribed into manuscripts.<sup>144</sup> By the eighteenth century, still rooms and still houses were less common and distillation equipment was instead stored in the kitchen, buttery, closet, hall, parlour, or the brew house.<sup>145</sup> The still room shifted to an area designated for servants and for the storage of confections, indicating a decline in small-scale distillation, which continued into the Victorian era.<sup>146</sup> The availability of space therefore largely determined where distillation took place in eighteenth-century elite households.

Apart from storage requirements, another factor concerning distillation was that the compiler needed to know how to operate his/her apparatuses correctly in order to create medicine. There were innumerable techniques, complications, and hazards involved with distillation. Instructions for distilling in manuscripts were frequently basic and implied a solid knowledge-base in distilling techniques. Lady Ranelagh's recipe book included generic instructions on how to distil herbs:

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<sup>142</sup> For costs of stills found in probate inventories see, Stobart, 'The Making of Domestic Medicine', p. 27. Alisha Rankin has cautioned that using inventories to gauge women's engagement with domestic medicine is an incomplete representation (as they do not show how the stills were used), but they do offer an account of equipment deemed worthy for inheritance. Alisha Rankin, 'Exotic Materials and Treasured Knowledge: the Valuable Legacy of Noblewomen's Remedies in Early Modern Germany', *Renaissance Studies*, 28 no. 4 (2014), p. 534.

<sup>143</sup> Patrick Wallis notes that distillation in apothecary shops was either done outside, in a cellar, or a kitchen separate from the shop to minimise smell and fire hazards. Patrick Wallis, 'Consumption, Retailing and Medicine in Early Modern London', *Economic History Review*, 61 no.1 (2008), p. 36.

<sup>144</sup> Mark Girouard, *Life in the English Country House: a Social and Architectural History* (New Haven: Yale University Press, 1978), p. 208. Stine, 'Opening Closets', p. 37. Leah Knight, *Of Books and Botany in Early Modern England: Sixteenth-century Plants and Print Culture* (Aldershot: Ashgate, 2009), p. 125.

<sup>145</sup> Stobart, 'The Making of Domestic Medicine', p. 182.

<sup>146</sup> Wilson, *The Country House Kitchen*, pp. 140–1.

the best way of drawing all sorts of spirits of earbes by fermentation take what earbe you please and beat it well with rye bread, so mash it with watter as will suffice to make it ferment and then sett it in a [dunghill] till you find it be tuned then draw it ouver ether in spirit of wine of it self and you will have the purfitt spt.<sup>147</sup>

As with other types of recipes, evidence of experiment is apparent through modifications and annotations, or when alternative recipes were recorded, because they show that the original recipe was tried out and considered as needing improvement. A treacle water recipe in the Arscott family's collection attributed to the Lady Warburton demonstrates testing and modification. 'By Mr. Malthus advice', it specified, 'add to this Water one Quart of the Juice of Green Walnuts mix'd with the Ingredients when you still it'.<sup>148</sup> This addition suggests that Mr Malthus believed the recipe could be improved and that he (or his correspondent) experimented with Lady Warburton's water and customised it for his use.

Part of the process in creating distilled waters was ensuring that one's equipment was kept in good condition for effective use, and some manuscripts include notes on preventing damage and accidents. In the directions for milk water used to treat fever it said, 'You must stir the still Every time the fire slacks or else your milk will be apt to burn Which will give the water an Ill Polish. don't Drive your still to wear'.<sup>149</sup> A recipe for honey water similarly reminded readers 'Be sure not to forget to take the stopper out that you put into the Mouth of the Worm, or else if the Liquor has no passage the still Head will fly off & do mischief'.<sup>150</sup> Another recipe cautioned to put the distilled liquor into a very strong glass, 'for if it be not

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<sup>147</sup> Wellcome, MS.1340, f. 56r.

<sup>148</sup> Wellcome, MS.981, f. 8v. Lady Warburton is cited in Elizabeth Raffald, *The Experienced English Housekeeper* (London, 1769). Raffald dedicated her work, 'to the Hon. Lady Elizabeth Warburton, Whom the Author lately served as Housekeeper'. Warburton's treacle water recipe was not included in the distillation section within the published manual.

<sup>149</sup> This recipe is recorded in a book of prescriptions and recipes from a physician for the Stanhopes: KHC, U1590 C43/3, no page number.

<sup>150</sup> A recipe in Mrs Finger's and Anna Maria Reeves' recipe book dated c. 1750–1800: Wellcome, MS.2363, f. 47r.

strong it will fly to pieces'.<sup>151</sup> One manuscript included a section on 'the Ordering of Stills & Bottles', which was copied from a printed work by Charlos Stephanos.<sup>152</sup> These notes include instructions on breaking the nose off of the glass still, 'how to know whether Aquavite be suffitiently distilled', 'to take out the savour of ye Heat or burning of distilled waters', and 'to know when yr stillation is in temprat heat'.<sup>153</sup> Including such advice suggests that compilers turned to print for guidance on how to make distilled medicine properly and safely.

Published works on distillation highlight the evolution of distillation as a technical practice and how this practice changed over time in a domestic context. Distillation guides were frequently intended for the 'use of distillers and private families', illustrating their use in commercial and domestic environments.<sup>154</sup> In the seventeenth century, distillation was a charitable activity of aristocratic women who cared for their household and neighbours. Many published collections from this era (such as *The Queen's Closet Opened*) were advertised as being for charitable activities. Gervase Markham's *The English Housewife* was marketed for a female audience, and is a reflection of early modern attitudes towards women and household economics.<sup>155</sup> Noting that he would have a housewife 'furnish herself of very good stills' Markham claimed that a housewife's production of waters would serve the health of her household.<sup>156</sup> Similarly, Eliza Smith's *The Compleat Housewife* was intended for 'those

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<sup>151</sup> Recorded in an anonymous collection (c. 1660–c. 1750): Wellcome, MS.1322, f. 37r.

<sup>152</sup> I have not been able to identify this text.

<sup>153</sup> As stated in Lady Barrett's manuscript (c. 1700): Wellcome, MS.1071, f. 279.

<sup>154</sup> A. (Ambrose) Cooper, *The Complete Distiller* (London, 1757), preface. Harper notes that the number of distilling manuals available on the market increased because of foreign competition and taxation. Harper, *Origins and Rise of the British Distillery*, p. 76.

<sup>155</sup> I discuss domestic management guides in Chapter 5.

<sup>156</sup> Gervase Markham, *The English Housewife*, ed. Michael R. Best (Kingston: McGill-Queen's University Press, 1986), p.125.

generous, charitable, and Christian gentlewomen, who have a disposition to be serviceable to their poor country neighbours'.<sup>157</sup>

Domestic guides such as these continued to be marketed for charity, but a decline in large-scale production of waters for charity is apparent.<sup>158</sup> Manuscripts show a change in types of recipes included in eighteenth-century collections, which included fewer distillation recipes, smaller quantities of ingredients needed, and smaller yields.<sup>159</sup> There is furthermore little indication in these manuscripts from marginalia and dosage instructions that distilled waters were created for charitable distribution, apart from caring for family members and close friends.

Although no longer used for producing large batches of distilled waters for charity, published guides on distillation remained important for providing guidance on technique. Instructions and proficiency within this technical tradition were therefore communicated between print and manuscript sources. A crucial distillation technique was ensuring that one's still was well luted. In the *Pharmacopoeia Universalis*, Boerhaave, Dutch botanist and physician, gave the following luting directions:

When the Subject is merely aqueous, Linseed Meal ground to a fine Powder, and well mix'd, or work'd up into a stiff Paste with the White of an Egg, makes a proper Luting; for being applied to the Junctures of distilling Vessels, it grows hard with Heat; and if it happens to crack, it is easily repair'd by a fresh Application, which soon grows solid.<sup>160</sup>

Temperature control was equally important; ingredients could easily burn and stills were prone to boiling over and exploding. Professional distiller Ambrose Cooper cautioned, 'If the Fire be

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<sup>157</sup> E. (Eliza) Smith, *The Compleat Housewife, or, Accomplish'd Gentlewoman's Companion* (London, 1750), preface.

<sup>158</sup> Amanda Vickery correctly suggests that in the case of the gentlewoman, Elizabeth Shakleton, reputation rather than charity was a primary motivation in distilling medicine for profit. This was due to the decline of aristocratic women's charitable medicine and the increase in purchased patent medicine. Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (New Haven: Yale University Press, 1999), p. 155.

<sup>159</sup> Leong notes that quantity yields reflected the shelf lives of distilled waters, which could have been produced in big batches because they kept a long time. They were also used as bases for many other medicines; however, these bases could be easily purchased by the eighteenth century. Leong, 'Making Medicines', pp. 158, 164.

<sup>160</sup> Robert James, *Pharmacopoeia Universalis: or, a New Universal English dispensatory* (London, 1747), p. 130.

too fierce, the plant will stop up the pipe of the still-head; and, consequently, the rising vapour finding no passage, will blow off the still-head, and throw boiling liquor about the still-house, so as to do a great deal of mischief'.<sup>161</sup> To prevent such a catastrophe, wet cloths were used to cool the still head. Filtering the finished product was necessary as waters could be murky with plant or animal sediment. One particularly detailed recipe for 'Adrian Gilbert's Cordial Water' offered the following filtration advice:

Take a large sheet of the Largest Cap-paper not browne, but pretty fine, yet not white neither and folde it up in the forme of a funnel, and sett it in a horne funnel (which is the best for that use) and set the funnel in a glas[s] and so poure in your water that it may run through the paper, and fill up the funell 2 or three times till it thickens.<sup>162</sup>

Finally, storing distilled waters properly in the still or in sealed bottles was necessary to ensure that they retained their alcoholic and medicinal qualities. On this subject, Cooper said that if a cold still was sealed properly and stored in a cool location, the waters produced would 'retain their virtues for a year' but if negligently kept, 'their extremely volatile spirit secretly flies off, and leaves the water vapid'.<sup>163</sup> Distillation as a tradition of experiment and technical competency is an example of a practice which was partly driven by the exchange of knowledge between print and manuscript sources, and I explore this relationship further in the following case study.

### **2.7.2 Rebecca Tallamy Her Book of Stilling & Receipts**

Rebecca Tallamy's recipe book, housed at the Wellcome Library, illustrates an interest in distillation in domestic medicine, and the important role print played in conveying distilling techniques to household practitioners. Her recipe book was recorded in a 1651 edition of John

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<sup>161</sup> Cooper, *The Complete Distiller*, p. 117.

<sup>162</sup> Recorded in an anonymous collection dated c. 1660–c. 1750: Wellcome, MS.1322, f. 5v.

<sup>163</sup> Cooper, *The Complete Distiller*, p. 111.

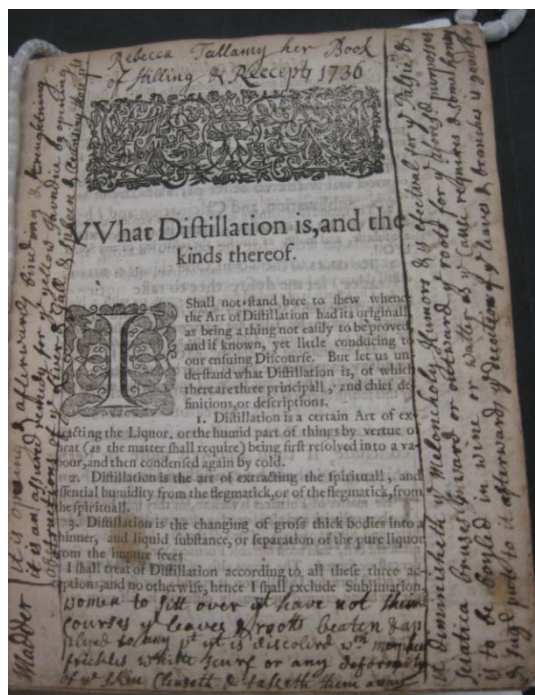
French's *The Art of Distillation*<sup>164</sup>, and this manuscript is a reflection of the household's significant role as a space where domestic knowledge interacted with social and cultural developments. The resurgence of Paracelsianism (and alchemy), and the growth of distillation in industry – and the corresponding increase in printed texts – in late seventeenth- and eighteenth-century England are examples of influential developments.

This manuscript was a family collection. The ownership citation 'Rebecca Tallamy her book of Receipts' with the date 1736 appears several times, alongside references to Patience and William Tallamy.<sup>165</sup> Evidently, the Paracelsian alchemical guide was owned by a member of the Tallamy family and was passed between family members until Rebecca gained ownership, recording her recipes between the years 1735–8. A few additional recipes were added later.

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<sup>164</sup> Leong notes that an annotator changed the publication date on the manuscript's title page from 1651 to 1691 and she suggests that this indicates awareness that French's book needed updating by the eighteenth century. Leong, "Herbals she pursueth", p. 577.

<sup>165</sup> I have not been able to trace this family; however, the family name 'Tallamy' is found in records for Mortonhampstead, Devon for the 18<sup>th</sup> and 19<sup>th</sup> centuries.



**Figure 11: Rebecca Tallamy’s recipe book**  
 (Wellcome, MS.4759, f. 2r., Tallamy, Rebecca, with permission from the Wellcome Library)

At approximately 500 pages, the majority of the collection’s pages contain printed text with handwritten notes in the margins, between figures, and written over text. The remaining recipes were recorded on the 140 blank pages added at the end of the book. Rebecca’s additions included culinary recipes, housekeeping notes, and a collection of medicinal recipes. Medical recipes are juxtaposed alongside detailed illustrations of distillation apparatuses signifying that, through the act of recording recipes, Rebecca Tallamy engaged with technical instructions on distillation. Moreover, some of her recipes were traditional cordial waters prepared via distillation, illustrating a joining of print and manuscript distillation knowledge within textual and domestic spaces. It is likely that Rebecca copied at least some of her recipes from other sources because there are duplicate recipes. There are also a number of copied botanical descriptions at the end of the manuscript resembling those found in Culpeper’s, *The English Physician*. Far from being purely a collection of recipes, Rebecca Tallamy’s book encompasses

several genres and text types, demonstrating the scope of natural knowledge used in the home and the Tallamy family's intellectual interests.

Rebecca's choice to record her recipes on the pages of an alchemical text shows that women were exposed to and could own technical guides used in alchemy and natural philosophy. Her manuscript exemplifies dual interests in distillation as an experimental practice and, more broadly, the continued presence of distillation in the household, particularly in medicine. Finally, the combination of manuscript and print within one material source highlights the active transmission of knowledge between textual mediums, as well as the value placed on technical guides within the home as sources of knowledge. As is evident from manuscript recipe collections, distillation did not disappear from elite households in the eighteenth century, but continued to change as a way of producing medicine for pleasure and for intellectual and experimental stimulation.

## **2.8 Conclusion**

This chapter has focused on what material components and instructions were needed to make medicine in eighteenth-century elite households. Recipes reflect the changing tastes and attitudes towards *materia medica* that were central to elite society, and the extensive range of ingredients and methods of preparation represent the choice that was available in treatment. As part of an expanding medical economy, recipe books evolved to incorporate more purchased medicine, and my research shows that the majority of medical ingredients found in eighteenth-century recipe collections were likely purchased. There was no clear division between homemade medicine and purchased medicine within recipe books as domestic medicine used by elite individuals fell within a larger spectrum of healthcare. Thus, recipe books reveal that

domestic medicine and the recipe collecting tradition evolved with the commercialisation of medicine in eighteenth-century England.

Despite the increase in purchased medicine, including a significant increase and diversification of compound remedies, plant ingredients remained the dominant *materia medica*. Yet, evidence from recipe books suggests that even botanical ingredients were readily and commonly purchased. Hence, providing information on where to buy ingredients was part of making medicine in elite homes, and this included buying purchased and proprietary medicines. A continued interest and use of herbs in domestic medicine goes beyond their predominant use in orthodox medicine. The recipe collecting tradition was closely associated with herbals in the early modern era, and, subsequently, elite culture's interest in botany became a part of recipe collecting as a hobby, while still serving a practical use in healthcare. With regards to the process of making medicine, the majority of recipes (74.5%) included directions on how to prepare ingredients and assemble remedies. As a feature of the didactic style of recipe books, it was not normally assumed that a reader had the knowledge to construct a remedy without guidance. This was due to a change in the types of recipes collected throughout the eighteenth century, which also changed in the style of instruction, and a diversification in sources for remedies.

Beyond cures, distilling medicine in eighteenth-century households can be construed as a pastime of the leisured; compilers enjoyed the technical challenge, while benefiting from a medicinal product. Although used as medicine, recipes for distilled waters were frequently written alongside those for wines and cordials, illustrating a tendency to group recipes according to the process of production. Significant preparation went into producing medicinal waters and they were perhaps the most time-consuming recipes found in collections. The

considerable expense and storage space associated with distillation likewise suggests that practitioners were dedicated to distilling medicine as a hobby and a craft. Most significantly, distillation was a complex endeavour with numerous procedures and considerable risk. Recipes did not explain in full how to operate one's still, meaning that compilers had a foundational knowledge, or that they sought guidance from alternative sources, including published texts. Finally, recipe collections reveal the close relationship the domestic space shared with commercial and scientific enterprise, and that the household should be regarded as an important site in the history of distillation. At the intersection of medicine and natural philosophy, distillation is a key link for revealing the household's role in experiment and eighteenth-century technical knowledge exchange.

Overall, this chapter has demonstrated that the process of making medicine was about choice. Elite compilers selected from a diverse range of ingredients and didactic resources to ensure that they acquired the best possible *materia medica* and medical knowledge for producing effective remedies and collecting interesting information. As such, the processes of sourcing ingredients and preparing medicines were a fundamental part of the significance of recipe books serving as tools for self-management of eighteenth-century elite healthcare.

## CHAPTER 3

### Healthcare in Eighteenth-Century Elite Households

As records of personal experience with illness, recipe books offer insight into how medicine was created and consumed in elite households. Each individual's collection contained medical advice that he or she felt needed to be preserved and, in the majority of cases, used. This chapter explores the different types of recipes and advice that were recorded in manuscript collections, and how these remedies were administered, to demonstrate that recipe collecting was a facet of eighteenth-century elite healthcare. Elites had choice in healthcare. The upper sorts had the time to source a variety of treatments, and could afford to be selective in the medicine and care they sought. Although there were certainly cases where elite individuals had little control over their illness or treatment, elites are the social group most likely to have access to the largest range of medical resources, ranging from advice from family and friends, purchased medicine, and consultations with medical professionals. Serving as records of elite compilers' agency in sourcing medical care, manuscripts document the household's important position in relation to professional and commercial medicine. This includes collections being records of a doctor's advice, be it in person, via a letter, or through secondary communication such as a newspaper article, or a copied recipe. Hence, although the consumption of purchasable medicine rose significantly, eighteenth-century recipe books were still used regularly for healthcare. Domestic medicine was not used in lieu of a doctor's visit or a purchased drug, but rather in conjunction. These records of treatment are also often responses to prevalent diseases as well as outbreaks occurring in the eighteenth century and therefore demonstrate the use of recipe books in documenting broader shifts in disease prevalence and understanding.

The recipe collecting tradition evolved from the seventeenth century, and throughout the eighteenth century, along with changing trends in healthcare. Compilers were interested in new medicines and following therapeutic trends that best suited (and reflected) elite freedom in consumerism. Elite individuals did suffer from society-wide health problems, particularly acute diseases, but also faced conditions specific to their genteel lifestyles. More importantly, elites had the financial means and leisure time to devote to maintaining a high quality of health in the long term. In response to this emphasis on health self-management, there was a renewed interest in medical practice in the Galenic non-naturals, with an emphasis on the environment's effect on humoral balance. Compilers therefore included advice on regimens concerning diet and exercise, as well as recipes related to preventative medicine. Eighteenth-century recipe books are thus records of healthcare through generations.

Domestic medicine was intended for general physic, but it also promoted healthfulness. Furthermore, manuscript recipe books, as Seth LeJacq contends, are evidence of domestic medicine being much more than a 'first port of call for day-to-day complaints'.<sup>1</sup> There is historiographical debate on the important distinction between medical treatment and healthcare. Medical historians have recently focused on combining 'caring' and 'curing' functions of medicine as part of the history of healthcare. Johnathan Barry and Colin Jones note, for example, that the eighteenth-century regimen approach to health incorporated both these functions.<sup>2</sup> With respect to buying medicine, medical consumption in the eighteenth century was as much about purchasing drugs as it was about buying services, and both were healthcare.<sup>3</sup>

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<sup>1</sup> Seth Stein LeJacq, 'The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England', *Soc. Hist. Med.*, 26 no. 3 (2013), p. 467.

<sup>2</sup> Jonathan Barry and Colin Jones, 'Introduction' in Jonathan Barry and Colin Jones (eds.), *Medicine and Charity Before the Welfare State* (London: Routledge, 1991), p. 7.

<sup>3</sup> Patrick Wallis, 'Exotic Drugs and English Medicine: England's Drug Trade, c. 1550- c. 1800', *Soc. Hist. Med.*, 25 no. 1 (2011), pp. 20–46.

When individuals chose a treatment, the selection of a remedy, as Lesley Barbara Coates describes it, was as the ‘end result of a chain of events’, which began with an individual’s awareness that something was wrong with his/her body. That person then had to decide whether to ignore the issue, seek advice, or self-medicate.<sup>4</sup> The household remained a central space for basic medical care and for treating diseases.<sup>5</sup> Medical proficiency was important in family care, with the goal of preserving the well-being of loved ones and persons economically vital to household maintenance, like servants.<sup>6</sup>

This chapter first outlines remedies that were used for family care. Compilers had extensive knowledge of treating childhood diseases, and of reproductive and maternal health. Examining the sufferers who were treated with domestic remedies, I highlight how medicine was created and consumed in elite homes. Next, a section on general physic covers medical knowledge for treating minor complaints, as well as caring for serious injuries. With regards to preventative medicine and regimens, taking an interest in one’s health by trying out new medicaments and therapeutics was part of elite culture. This has been aptly described by Andrew Wear as ‘the luxury end of medicine’.<sup>7</sup> The case study of Henry Wise’s regimen offers an example of the meaning of fashionable disease in eighteenth-century England. In the following section I show which illnesses and popular recipes were featured most in recipe books, allowing us to see which conditions affected elites, and how they approached treatment. This chapter concludes with a case study of a Mrs Arscott’s struggle with breast cancer as an

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<sup>4</sup> On women’s disorders see, Lesley Barbara Coates, ‘Female Disorders: Eighteenth-Century Medical Therapeutics in Britain and North America’ (PhD thesis, Birkbeck College, University of London, 2005), p. 264.

<sup>5</sup> Andrew Wear, *Knowledge & Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), p. 106.

<sup>6</sup> For example the Tyrrell family’s manuscript has a recipe that states ‘ordered by Dr Keill for one of my servants’: Wellcome, MS.7822, f. 46v.

<sup>7</sup> Wear, *Knowledge & Practice*, p. 154.

example of recipe books serving as health histories to document personal experience with illness, and the open exchange of knowledge elites used to seek effective cures.

### **3.1 Treating the Family: Remedies by Age Group**

From womb to the grave, recipe books had remedies for all family members. The family has been carefully considered by historians for its role in domestic medicine. Lisa Smith argues that there was a three way relationship between doctors, patients, and the patients' families, and that a husband's authority often took precedence where his wife's health was concerned.<sup>8</sup> Borrowing Anne Stobart's terminology, I convey the importance of recipe books in familial healthcare and the use of recipes according to age as evidence of a household's 'life cycle'.<sup>9</sup> In an era when medicine was increasingly objectified with respect to focusing on diseases, historicising the subject of medical care, the patient, is a means of determining what treatments and approaches were popularised by elite society. The presence of recipes for different age groups exemplifies recipe books' usage in family care that was tailored to age, constitution, and often an individual's tastes.

This section examines remedies for specific age groups, and is followed by a discussion on age-specific dosages. Beginning with healthcare for newborns, infant mortality remained high in eighteenth-century England and was, for instance, responsible for the highest number of burials in London (at around 34.4% from 1728–99).<sup>10</sup> Thus, recipe books included remedies and advice (including infant-specific dosages) to help infants survive. As an example of an infant remedy, a medicine to prevent fits in newborns called for a mixture of sweet almond oil, syrup

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<sup>8</sup> Lisa W. Smith, 'Reassessing the Role of the Family: Women's Medical Care in Eighteenth-Century England', *Soc. Hist. Med.*, 16 no. 3 (2003), p. 328.

<sup>9</sup> Anne Stobart, 'The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in Household Healthcare in South-West England in the Late Seventeenth Century' (PhD thesis, Middlesex University, 2008), Chapter 5. Note that this is a different use of the term 'life cycle' than the one used as a framework for this thesis.

<sup>10</sup> John Landers, *Death and the Metropolis: Studies in the Demographic History of London 1670-1830* (Cambridge: Cambridge University Press, 1993), p. 100.

of succory, rhubarb, and cinnamon water, given every few hours.<sup>11</sup> Another recipe for gripes in the Tyrrell family's collection called for a glister of warm milk, egg yolk, and sugar given to a two-month-old in a half dosage, and then increasing in quantity in proportion to the child's age.<sup>12</sup> Breastfeeding was the norm for raising infants, be it by the mother or a wet nurse.<sup>13</sup> Lady Stair's advice in a recipe book from Doctor Chamberlain discussed a method of 'proving' the quality of a wet nurse's milk; good milk produced a cream that was not broken when sloshed in a glass.<sup>14</sup> It was also possible to rear a baby on formula: 'For bringing up a child by hand', one was to finely grind white biscuit (sea biscuit or hardtack) using a coffee mill, mix it with cold water, and boil it for several minutes until a creamy consistency. When the child was stronger, fresh cow's milk was added to the mixture and the quantity of milk increased 'as it agrees with the child & it grows older – tell at last it is very healthy'.<sup>15</sup>

Once childhood was reached, an array of ailments could be encountered. Hannah Newton has shown that children were treated differently from adults with respect to their physiology and medicine, partly because their constitutions were considered moist and warm.<sup>16</sup> Recipes also frequently gave child-specific dosages to suite their constitutions. According to Newton, the most common childhood diseases included: worms, convulsions, falling sickness, epilepsy, rickets, gripes (colic/fits), smallpox/measles, agues/fevers, sore gums/teeth, chin

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<sup>11</sup> This recipe is found in Lady Barrett's manuscript (c. 1700): Wellcome, MS.1071, f. 10r.

<sup>12</sup> Wellcome, MS.7822, f. 42r.

<sup>13</sup> See, Valerie Fildes, 'The English Wet-Nurse and Her Role in Infant Care 1538-1800', *Medical History*, 32 no. 3 (1988), pp. 142–73.

<sup>14</sup> Cited in Lady Stanhope's recipe book: KHC, U1590 C43/2, f. 118.

<sup>15</sup> Advice recorded in Lady Eleanor Dundas's recipe book (c. 1785): Wellcome, MS.2242, f. 8v.

<sup>16</sup> Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2012), p. 2. Ashley Mathisen has argued that it was during the eighteenth century when therapeutic practices and treatments specific to children were developed for use in institutions. Ashley Mathisen, 'Mineral Waters, Electricity, and Hemlock: Devising Therapeutics for Children in Eighteenth-Century Institutions', *Medical History*, 51 no. 1 (2013), pp. 28–44.

cough, and thrush.<sup>17</sup> Whooping cough (chin cough) was a common childhood condition, and my database sample had 46 recipes (0.9%). Moreover, two of the most frequently cited conditions I found in recipe books are worms and rickets.<sup>18</sup> There were 102 recipes (2.0%) for worms in my database sample. To cure worms one could ‘take a pinte of milk and one dram of wormseed brused, boyle it thus, take it off the fire, adde to it half a dram of aloes, cicotrina finely powdered, strain it and give it glisterwise to a child.’<sup>19</sup> Ringworm (scald head) was another infection that affected children, and it was a complex skin condition. This ailment was the focus of eight (0.2%) recipes, but it was also mentioned in treatments for more general skin conditions. One remedy in the Godfrey-Faussett family’s collection used green copper [oxidised], verdigris, brimstone, and tobacco boiled together and mixed with butter. This ointment was applied daily to the head.<sup>20</sup>

Rickets was a second common childhood condition in eighteenth-century England. In my database sample there were 59 recipes (1.2%) for rickets. This disease was first referenced in the *London Bills of Mortality* in 1634 and gained such widespread prevalence by the 1640s that it was known as ‘Glisson’s disease’, or the ‘English disease’ on the Continent. It is thought that increased incidence in rickets was due to climate change, with England experiencing more wet summers and harsh winters. Furthermore, as it was common for elite families to employ wet-nurses, families and physicians were suspicious that poor breastfeeding brought on the disease.<sup>21</sup> One could try to cure rickets in children using a multi-step approach with a diet drink

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<sup>17</sup> Newton, *The Sick Child*, p. 46.

<sup>18</sup> Stobart also found that worms, rickets, and fits were the most frequently cited complaints for children. Stobart, ‘Making Domestic Medicine’, p. 196. See also her table of children’s ailments, p. 198.

<sup>19</sup> Wellcome, MS.1796, f. 73r. N.B. *Artemisia cina* is a plant that earned its vernacular name ‘wormseed’ because of its effectiveness in expelling worms.

<sup>20</sup> Wellcome, MS.8002, f. 49.

<sup>21</sup> The concept of nutritional deficiency in wet-nurses being passed to children was further clarified in the nineteenth century. Layinka M. Swinburne, ‘Rickets and the Fairfax Family Receipt Books’, *J. R. Soc. Med.*, 99 (2006), pp. 391–5.

and an ointment. Drinks for rickets were usually herbal-based including ingredients like hartshorn and liverwort; snails were also considered effective. Oils and ointments were rubbed onto children's legs, which were knotted and pained. More unusually, one recipe in Elizabeth Jenner's collection suggested to 'tye a scarf A bou ye midle of ye Child & swing it 8 or 9 times A day for nines day's together [sic]'.<sup>22</sup> The fact that most recipe books included these types of recipes for treating children illustrates the prevalence of childhood diseases in the eighteenth century. They moreover indicate that childhood illnesses were commonly treated at home using domestic skill and ingredients obtained from within the household, or purchased.

Recipes for treating 'women's disorders' are an important category of recipes for adult remedies to investigate because these gender-specific recipes underscore the significant role domestic collections had as advice manuals and records for sexual and maternal health.<sup>23</sup> Yet, as Wendy Churchill has shown, female healthcare was certainly not restricted to reproduction and childbirth.<sup>24</sup> Exploring ailments specific to women reveals, as Smith contends, the control women had over their bodies through prognosis and treatment choices.<sup>25</sup> My recipe sample has 168 recipes for women's disorders (3.6%). Once menarche occurred, young women were prone to suffer from green sickness.<sup>26</sup> One recipe recommended a mixture with powdered steel in conjunction with moderate exercise, and another, a tonic of juniper berries.<sup>27</sup> For ordinary menstrual cramps, a drink made from figs, raisins, aniseed, and liquorice would provide relief.<sup>28</sup>

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<sup>22</sup> Wellcome, MS.3029, ff. 43–4. This treatment for rickets is also found in seventeenth-century manuscripts.

<sup>23</sup> On women's disorders see, Coates, 'Female Disorders'.

<sup>24</sup> Wendy Churchill, *Female Patients in Early Modern Britain* (Farnham: Ashgate, 2012).

<sup>25</sup> Smith, 'Women's Health Care', p. 71.

<sup>26</sup> See, Helen King, *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty* (London: Routledge, 2004). On menstruation and fertility see, Lisa Wynne Smith, 'Imagining Women's Fertility before Technology', *Jnl. Med. Hum.*, 31 no. 1 (2010), pp. 69–79.

<sup>27</sup> Recorded in Mrs Finger's and Anna Maria Reeves' recipe book: Wellcome, MS.2363, f. 13v.

<sup>28</sup> This recipe comes from an anonymous collection: Wellcome, MS.7102, f. 84. On medicine for promoting menstruation see, Jennifer Evans, "'Gentle Purges with hot Spices, whether they work or not, do vehemently

For menstruation, one recipe from Dr Chambers ‘for old women when it ought to be stoped’ was a vinegar-soaked cloth wrapped around the neck. Alternatively, the subsequent ‘whimsical remedy’ suggested tying a piece of red tape around the neck, a remedy based on sympathetic medicine.<sup>29</sup> Another common female condition was ‘the whites’ (thrush, or possibly venereal disease). ‘The best stopper that I know’ claimed one anonymous author ‘is Broth made of sheeps feet and comfrey roots, with some other herbs proper for ye same’.<sup>30</sup> Herbal remedies for thrush included mint, rosemary, and dropwort.

Recipes for labour were included in manuscript collections, and this is to be expected since most births occurred at home.<sup>31</sup> There were 60 recipes (1.2%) for issues relating to labour, pregnancy, and miscarriages. Linked to labour and childbirth, the urinogenital category of illnesses (including potentially pregnancy-related back pain) accounted for 242 recipes (4.8%). Usually only female family members or a midwife attended births, although from the late-seventeenth century there was a rise in male midwives and physicians assisting with childbirth.<sup>32</sup> Childbirth recipes were aimed at promoting a fast and safe delivery, with one common remedy being surfeit drinks. The Lady Hewitt’s famous cordial water was said to be ‘a very great comfort’ for hard labour.<sup>33</sup> Another recipe, from Esther Hanmer’s collection titled ‘my Grandmother Pigots Electuary for women in Labour’, is a complex concoction involving

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provoke Venery”: Menstrual Provocation and Procreation in Early Modern England’, *Soc. Hist. Med.*, 25 no. 1 (2012), pp. 2–19.

<sup>29</sup> These recipes are from Jane Frere’s recipe book (1777–1815): Norfolk RO, MC 433/1 715X9, f. 39.

<sup>30</sup> Wellcome, MS.4055, ff. 5v.–6r.

<sup>31</sup> On fertility see, Jennifer Evans, *Aphrodisiacs, Fertility and Medicine in Early Modern England* (London: Royal Historical Society, 2014).

<sup>32</sup> For earlier context of male practitioners see, Monica Green, *Making Women’s Medicine Masculine: the Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008). Margaret Pelling, ‘Compromised by Gender: the Role of the Male Medical Practitioner in Early Modern England’, in Hilary Marland and Margaret Pelling (eds.), *The Task of Healing: Religion and Gender in England and the Netherlands, 1450-1800* (Rotterdam: Erasmus Publishing, 1996), pp. 101–33. See also, Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005). Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (London: UCL Press, 1995).

<sup>33</sup> Wellcome, MS.1320, f. 75v.

many ingredients and steps including ‘cod or skin of castorium’, amber, bezoar, orange water, and mugwort boiled until thick and covered with leaf gold.<sup>34</sup> Perinatal mortalities were prevalent and recipes for dealing with stillbirths are also included in recipe books.<sup>35</sup> The recipe ‘An approv’d medicine to procure deliverance of a dead child’, recorded in Margaret Acton’s manuscript, simply states to take three dragon roots, stamp them, and bind them to ‘ye hollow of ye feet’.<sup>36</sup> These are just a few examples of remedies for ailments specific to women, and they illustrate that recipe books documented women’s health and were important resources for advice concerning reproduction in elite homes.

Regarding the last stage of the household’s life cycle, the elderly are not prominently featured in recipe books in the sense that recipes do not often specify geriatric care.<sup>37</sup> One recipe for elderly treatment is titled ‘to make a cordiall for one yt is old’.<sup>38</sup> This tonic was composed of Malaga sack, cinnamon water, spirit of saffron, and syrup of gillyflowers. Another remedy for stiffness, ‘[to] which Old People are subject’ recommended rubbing the joints with spirit of hartshorn.<sup>39</sup> As a personalised example, a remedy for the Sheriff of York communicated to Lady Stanhope suggested that the winter tonic cured any joint aches or humours and sharpened the mind and body ‘till the fullness of your Years be finished’. The Sheriff moreover testified that ‘this under God hath kept me in a good state from fifty to eighty five years old, which he then was’.<sup>40</sup> Nevertheless, the majority of general physic recipes were

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<sup>34</sup> Wellcome, MS.2767, f. 37r. N.B. *Castoreum* is derived from the castor sacks of beavers and was used for headaches and hysteria.

<sup>35</sup> Lisa Smith has observed that recipes for ‘weak backs’ were often associated with miscarriages. Smith, ‘Women’s Health Care’, p.71.

<sup>36</sup> RCP, MS 509, f. 13.

<sup>37</sup> On old age and medical care see, Lynn Botelho, *Old Age and the English Poor Law, 1500-1700* (Woodbridge: Boydell Press, 2004). Susannah Ottaway, *The Decline of Life: Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2004).

<sup>38</sup> This recipe is in the Godfrey–Faussett family’s collection: Wellcome, MS.7997, f. 89.

<sup>39</sup> Recorded in Jane Frere’s recipe book: Norfolk RO, MC 433/1 715X9, f. 53.

<sup>40</sup> KHC, U1590 C43/2, f. 22.

undoubtedly used to treat older patients, and many recipes have modified dosages for older patients with weaker constitutions. In conclusion, as the above examples demonstrate, recipe books were collections of knowledge used to treat family members in each stage of the household's life cycle, emphasising domestic medical knowledge as a complementary approach to professional care within the wider scope of healthcare for elite families.

### **3.1.1 Dosage and Directions for Administering Medicine**

Recipes provided instructions on dosage according to age, strength, and constitution.<sup>41</sup>

Administration of a dose was generally indicated with the verb 'to give' and this guidance is found at the end of the recipe, before statements on efficacy.<sup>42</sup> In my survey of 5,013 recipes from 27 manuscripts there were 87 adult-specific dosages recorded, 194 child-specific dosages, and 11 infant-specific dosages. For example, one dosage for a convulsions remedy stated, 'give thereof so mixed, morning & night, halfe a spoonefull to a Child, but to one of Riper years, & greater strength, give a spoonefull in ye morning, & another in the evening three houres after any food taken'.<sup>43</sup> Recipes tended to specify a child's dosage because these medicines contained ingredients that were poisonous if ingested in high doses and could be lethal to smaller patients.<sup>44</sup>

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<sup>41</sup> Dosages were similar in seventeenth-century collections. Leong, 'Medical Recipe Collections', p. 109.

<sup>42</sup> On recipe organisation and structure see, Francisco Alonso-Almeida, 'Genre Conventions in English Recipes, 1600-1800', in Michelle DiMeo and Sara Pennell (eds.), *Reading and Writing Recipe Books, 1550-1800* (Manchester: Manchester University Press, 2013), pp. 73–6.

<sup>43</sup> These instructions are recorded in the Tyrrell family's collection, which has many recipes for treating children: Wellcome, MS.7822, f. 5r.

<sup>44</sup> Newton, *The Sick Child*, p. 76.

Common Dosages	Total
Spoonful/Spoon [Tea/Table]	762
Pint	226
Drops [also verb]	122
Glass	119
Pill[s]	53
Ounce	53
Grain	51
Pence/Penny Size	41
Dram	40
Cup [Tea/Coffee/Chocolate]	32
Shilling	24
Nut Size	19
Groat Size	14
Scruple	13

**Table 5: Common dosages from 5,013 recipes**

Common Administration Times	Total
Moming/Breakfast	1,014
Night/Bed	732
Day/Daily [once or multiple times]	710
Hour	371
Evening/Supper	221
Dinner/4pm or 5 pm	158
Week	107
In a Fit	83
Month	81
Noon	75
Changes in the Moon	71
Fall/Autumn	30
Fortnight	23

**Table 6: Common administration times from 5,013 recipes**

Table 5 shows that measuring dosage by spoonful was most common (722 counts), followed by pints (226), and drops for stronger medicines at 119 counts. There was also a clear presence of apothecary weights and preparation techniques in recipe books, including measuring dosages by ounces, grains, drams, and scruples, and administering drugs in pill form. As well, we see the economic and consumer elements of medicine, as dosages were explained in terms of coin size, meaning that individuals were aware of a standard size in addition to quantities for a set monetary amount. Medicines were also sometimes specified to be taken in coffee or chocolate cups, which were also used for medicinal purposes and were often luxury items in the eighteenth century. Compilers were equally careful to include the times at which medicine was to be taken or administered (Table 6). The most common times to take medicine were morning (1,014 counts) and before bed (732 counts). Moreover, astrological medicine continues to feature in eighteenth-century collections in the sense that 71 recipes mentioned taking medicine according to the phases of the moon.

A recipe often provided instructions for administering treatment. The most common administration advice was for applying ointments, presumably because wound care required considerable surgical and medical expertise for effective healing. For plasters, some recipes include a description or a diagram on the size and shape of the plaster, as in Figure 12. Plasters offered heat therapy, but they were also thought to encourage the absorption of medicine through the navel.<sup>45</sup> A plaster recipe to prevent miscarriage in the Okeover family's file of loose recipes, for instance, instructed the reader to spread the mixture on to leather cut in the shape provided in an accompanying diagram, which was applied to the back and hips.<sup>46</sup> Another recipe in the same collection, also for miscarriage, included a page-sized illustration of a plaster in the form of an inverted trapezoid, with the recipe written inside the outline.<sup>47</sup> Along similar lines, there was practical advice for basic women's care such as a recipe to prevent sore breasts during lying-in. This recipe instructed the reader that when making the ointment, 'have in readiness 2 pair of clothes cut fit for your breast, with holes for your nipples' and then 'put one pair of these on the next day after you are brought to bed, and let them stay on a fortnight, looking at your breasts twice a day, to put them straight'.<sup>48</sup>

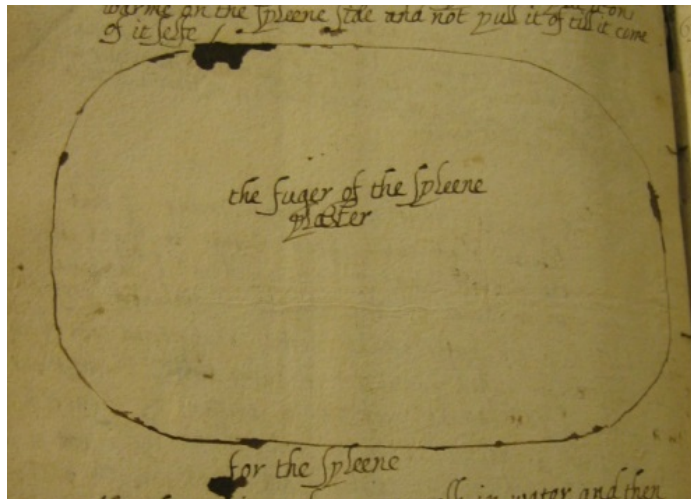
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<sup>45</sup> Smith, 'Women's Health Care', p. 76.

<sup>46</sup> Derbyshire RO, D231 M/Z65-207, loose sheet.

<sup>47</sup> Ibid.

<sup>48</sup> Wellcome, MS.1796, f. 94r.



**Figure 12: A diagram of a plaster for the spleen (Warwickshire RO, CR 1841/5, f. 330, with permission from the Warwickshire Record Office)<sup>49</sup>**

Bleeding patients is a second administration technique found in recipe books, but it is implied that it was performed by a skilled person from outside the home, like a doctor or apothecary. Dr Savage’s prescription for whooping cough recorded in a late eighteenth century-collection says ‘the Day After Bleeding the Patient shou’d begin to use the following Antimonial Powder’.<sup>50</sup> Sir Hans Sloane’s recipe for an eye ointment also advised bleeding after ‘the patient anointing the eye with a fine hair pencil’.<sup>51</sup> Alternative methods of bleeding were also present in the household through the use of leeches and the technique of cupping.<sup>52</sup> Finally, some recipes suggest that bleeding is not necessary for a cure and that priority should be given to the medicaments.<sup>53</sup> Thus, recipe books were not simply compilations of remedies; these manuscripts provided crucial information on dosages and administering treatment to all family members, which helped to ensure the best possible care.

<sup>49</sup> Diagram is in the Newdegate family’s recipe book, dating from the early 18<sup>th</sup> C.

<sup>50</sup> Wellcome, MS.4060, f. 16r.

<sup>51</sup> Wellcome, MS.4646, f. 29v.

<sup>52</sup> On the use of leeches see Harriot Clinton’s collection (1788): Wellcome, MS.7720, f. 26. On the use of cupping see the anonymous 18<sup>th</sup> C collection: Wellcome, MS.4055, f. 24.

<sup>53</sup> For example, an Oil of Charity recipe in a late 18<sup>th</sup> C. anonymous collection: Wellcome, MS.4060, f. 21r.

### 3.2 General Physic in Elite Healthcare

Recipe books are diverse and, while each manuscript was customised to its compiler's interests, over-arching types of remedies existed for treating categories of illnesses and injuries. This section highlights remedies for complaints from the bothersome to the life-threatening. In one sense, the domestic recipe book was, as Elaine Leong argues, a type of first aid kit used to treat everyday injuries and minor complaints.<sup>54</sup> Treatment at home could save a sufferer from a costly doctor's visit, although remedies were frequently used in conjunction with purchased care. Yet, in an era before antibiotics, even a minor cut could be fatal if it putrefied, so recipes included preventative care and offered guidance on both minor and major injuries.

Collections encompassed treatments from head to toe: from eye, nose, and ear discomforts, to haemorrhoids and ingrown toenails. Focusing on the head, eye-related remedies, including those for treating sore eyes, watering, and poor sight, comprised 193 recipes (3.5%) in my survey. Throat and mouth ailments, such as cankers and sore throats accounted for 128 recipes (2.6%), while there were 67 teeth remedies (1.3%) and 39 ear remedies (0.8%). Facial pain, including skin problems and inflammation, was featured in 26 recipes (0.5%). If burdened by eye pain, for example, a recipe from the Duchess of Newcastle instructed the reader to prepare drops using lapis, aloes, hepatica, sugar and rosewater, applying morning and night.<sup>55</sup> When problems arose lower down, sitting on a bedpan filled with boiling water and flour of brimstone [sulphur] was said to 'seldom fail to cure' piles.<sup>56</sup> There were 58 remedies (1.8%) for treating piles and costiveness (likely constipation) and 105 recipes (2.1%) for flux or looseness (likely diarrhoea). When an ingrown toenail caused trouble, one could 'shave ye middle part of

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<sup>54</sup> Elaine Leong argues that manuscript recipe collections were 'just-in-case medicine cabinets', Leong, 'Making Medicines', pp. 145–68.

<sup>55</sup> Derbyshire RO, D5430/50/13, loose sheet.

<sup>56</sup> Recorded in Caroline Lynes' early 19<sup>th</sup> C. collection: Bodleian Library, MS Eng. Misc. e. 549. f. 37v.

ye nail very thin, & yn it won't have strength to shoot down, & ye corners will come out'.<sup>57</sup> If a problem persisted, it is likely that the sufferer would try alternative remedies, ask for further advice, or seek professional assistance. Nonetheless, for many elite families, recipe books retained their use in basic medical care as shown by the range of remedies for everyday ailments recorded in collections, and the often personalised nature of those remedies.

As expected, recipe books contain advice on first aid, though these remedies were grouped under the general heading of 'physic'. Injuries were commonplace in households, where kitchens had open flames and sharp tools. Many collections were also kept by families who owned large estates and agricultural land, and daily activities were certain to result in accidents. Bleeding is one, if not the most common medical problem requiring first aid. In my sample, there were 21 recipes (0.4%) for external bleeding and 15 treatments (0.3%) for internal bleeding and nosebleeds. Moreover, there were 16 remedies (0.3%) for spitting blood, which were linked to respiratory ailments like consumption, and 25 recipes (0.5%) for blood ailments like sweetening/purifying the blood and diabetes. These 'bleeding' remedies were counted only if blood/bleeding was the main focus and/or described in the title, so that recipes for wounds and bruises are separate categories. For minor cuts or nosebleeds, treatment options were innumerable, such as inserting the herb shepherds purse in the nostrils, or applying Indian moss or cobwebs. For more serious wounds and spitting blood, recipes could be complex remedies and could include chemical powders obtained from apothecaries. Other cures, however, were folkloric in nature. To staunch blood, one recipe in an anonymous early eighteenth-century collection suggested eating pea soup and buttered bread, another putting your feet in a warm bath, and a third said to 'lay a large key on ye nape of ye neck'.<sup>58</sup> Practical advice such as

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<sup>57</sup> Found in Esther Hanmer's (and others) collection (c. 1750–1825): Wellcome, MS.2767, f. 108r.

<sup>58</sup> Wellcome, MS.1320, ff. 8r.–9r.

applying constant pressure, elevating the wound, and using caution when applying leeches – as they hinder blood clotting – was also included.

Following on from bleeding, wounds, and wound mortification from infections like gangrene was a further type of injury treated at home. Within the realm of surgery, wounds were caused by a flux of humours within Galenic medicine, but the notion of nerve pain and damage as a ‘solution of continuity’ developed in the eighteenth century.<sup>59</sup> There were 259 recipes (5.2%) referencing wounds and sores, and many of these recipes were also cure-alls. Seth LeJacq posits that recipe books were used by their compilers to treat serious conditions medically, rather than run the risk of invasive surgeries. From the evidence in my survey of recipe books, this argument appears accurate. As well, domestic remedies were seen as an alternative or even final resort when physicians’ interventions failed.<sup>60</sup> Wound waters were regularly recorded in manuscripts, and one particular remedy (recorded in Mary Preston’s early eighteenth-century collection) was claimed to have cured a Mr Kimberly of the fistula ‘when ye Doctor gave him over’. This herbal-based water included comfrey, sage, birthwort, and fennel in a base of white wine, and could be applied topically or taken internally.<sup>61</sup> Another type of wound cure was a salve or ointment, and one recommended by Dr Dover, cited in Mary Wise’s book, simply said to apply Venus treacle on the wound every twelve hours.<sup>62</sup> Burns were similarly treated with domestic recipes, usually an ointment. Skin ailments, including warts and corns, were grouped with burns and scalds in my database and this category had 190 recipes (3.8%).<sup>63</sup> Apart from sustaining burns from kitchen injuries, one recipe included instructions for

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<sup>59</sup> Katherine A. Walker, ‘Pain and Surgery in England, circa 1620–circa 1740’, *Medical History*, 59 no. 2 (2015), p. 263.

<sup>60</sup> LeJacq, ‘The Bounds of Domestic Healing’, p. 455.

<sup>61</sup> Wellcome, MS.3995, f. 31r.

<sup>62</sup> Warwickshire RO, CR0341/301, f. 43.

<sup>63</sup> On skin ailments see, Olivia Weisser, ‘Boils, Pushes and Wheals: Reading Bumps on the Body in Early Modern England’, *Social History of Medicine*, 22 no. 2 (2009), pp. 321–39.

alleviating ‘burns by lead, gunpowder or lightening’. Noting that it must be prepared in May, this recipe called for olive oil, plantain, elder, vinegar, and boy’s urine boiled together, strained, and combined with bees wax.<sup>64</sup> The presence of cures for serious injuries in domestic collections emphasises two points: first, wounds (including those potentially sustained in battle) were treated at home and second, domestic practitioners had the perceived need, competence, and resources to treat serious injuries.

A separate category of illnesses not often explicitly mentioned in recipe books is venereal disease. Although venereal diseases were pervasive in the eighteenth century, the absence of explicit venereal disease remedies in domestic collections (i.e. calling it a venereal disease) is partly due to the immorality and stigma associated with the disorders.<sup>65</sup> Smith has noted that recipes for ‘weak backs’ and ‘running of the reins’ were linked to venereal diseases and genital ‘leakage’, suggesting that treatment for sexually transmitted infections was present in recipe books, but catalogued under more ambiguous names.<sup>66</sup> The urinogenital category comprised 242 (4.8%) of my recipe survey. Moreover, whites (vaginal discharge) were also considered a stage of venereal disease, alongside gleet (in men), gonorrhoea, and syphilis. Thus, treatments within the wider ‘women’s disorders’ category could have also treated venereal diseases.

The normal cure for syphilis (and other skin ailments) was mercury, but this therapy had severe side-effects and treatment courses took a long time; hence many sufferers avoided mercury treatment and sought alternative cures. Abigail Smith’s manuscript included a remedy for gonorrhoea, which was composed of Venice turpentine, egg yolk, and a draught of white

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<sup>64</sup> Found in Miss Myddleton’s (and others) recipe book (1785–1818): Wellcome, MS.3656, f. 17v.

<sup>65</sup> Linda Merians, *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington, KY: University of Kentucky, 1996).

<sup>66</sup> Smith, ‘Women’s Health Care’, p. 71. Lisa Wynne Smith, ‘The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-Century England and France’, *Gender & History*, 23 (2011), pp. 26–46.

wine posset.<sup>67</sup> Another recipe from an early eighteenth-century anonymous collection recommended purchasing Sal Prunella from Salmon's Dispensatory, and it was said to be good as a diuretic when 'the water scalds by its Heat', meaning burning urine.<sup>68</sup> Although venereal diseases were occasionally explicitly referenced in recipe collections, it is likely that elite sufferers referenced remedies for treating symptoms like weak backs as part of a rhetorical style for discussing these socially-stigmatised illnesses in an acceptable context. Alternatively, sufferers could have purchased treatment and referred to printed collections, which more commonly included venereal disease remedies.

### **3.3 Preventative Medicine and Regimens**

In order to differentiate between types of care under the label of domestic medicine, we need to consider preventative treatments alongside the concept of curing. Many remedies were intended to ward off illness and thus recipe books should be seen as texts for healthcare. It was part of elite culture to have a positive attitude towards maintaining one's health through the consumption of medicaments and engagement with new therapeutics. Recipes for plague are a prime example of advice that was collected because of widespread social concern about disease, and the resulting popularisation (and sensationalising) of miracle cures in print media.<sup>69</sup> When a recipe is titled 'for the plague', often it was supposed to prevent one from catching the plague, rather than curing. Jane Farewell's book includes a recipe from a 1694 publication of the *Derby Mercury* concerning the prevention of infections in contagious disorders. This recipe advised taking the herbal water in the morning, snuffing a powdered preparation, and carrying a piece of

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<sup>67</sup> Wellcome, MS.4631, f. 11v.

<sup>68</sup> Derbyshire RO, D5336/2/26/10, f. 345.

<sup>69</sup> On prevention in printed medical advice books see, Ginnie Smith, 'Prescribing the Rules of Health: Self-help and Advice in the Late Eighteenth Century', in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), pp. 249–82.

string steeped in the liquor, as a type of nosegay.<sup>70</sup> Recipes for preventing less serious ailments were also collected. For instance, to prevent motion sickness while in a coach, one could put a piece of writing paper on the stomach, or ‘let the person eat the first thing they do a piece of raw bacon.’<sup>71</sup>

Part of prevention included advice concerning diet, exercise, and the environment. A popular elite health trend in the eighteenth century was to follow a regimen, a set of instructions a patient followed to cure an ailment and promote good health.<sup>72</sup> Unlike a recipe, a regimen was not a set of instructions to make one medicament, but holistic advice.<sup>73</sup> This Galenic approach to medicine had renewed popularity among the elite, with notions of self-management and the balance of humours being linked increasingly to climate and developing ideas of contagion due, in part, to Europeans encountering differing climates through imperial exploration.<sup>74</sup> The popularity of regimens in elite healthcare was also connected to the mid-century rise in popular perceptions of nervous disorders, in association with the cultural emphasis on sensibility.<sup>75</sup>

The notion of following a regimen for the lay population was to encourage good health in order to avoid costly doctors’ visits. As Jonathan Swift satirised, the best doctors were ‘Doctor Diet, Doctor Quiet, and Doctor Merryman’.<sup>76</sup> This approach to medicine, which had a strong emphasis on morality, dealt with the management of Galenic ‘non naturals’: sleeping and waking, exercise, passions, food and drink, air, and evacuations. However, for elites, following

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<sup>70</sup> Derbyshire RO, D5430/50/3, f. 1v.

<sup>71</sup> Wellcome, MS.3656, f. 42r.. MS.3295, f. 145.

<sup>72</sup> Heather Beatty provides an excellent overview on regimens commonly used by elites, particularly for treating nervous complaints. Heather R. Beatty, *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (London: Pickering & Chatto, 2012), Chapter 4.

<sup>73</sup> Dorothy Porter and Roy Porter, *Patient’s Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), p. 85.

<sup>74</sup> James C. Riley, *The Eighteenth-Century Campaign to Avoid Disease* (Basingstoke: Macmillan, 1987). Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660-1830* (Oxford: Oxford University Press, 2010), p. 4.

<sup>75</sup> On nervous disorders see Beatty, *Nervous Disease*, pp. 21, 23, 78, 96.

<sup>76</sup> Jonathan Swift, *A Treatise on Polite Conversation*, Dialogue II (Dublin, 1738), p. 69.

a regimen was often associated with a doctor's guidance on dietetics. For example, Ann Evens's recipe book has a passage on the symptoms of measles attributed to Dr Buchan. In this description, a cooling regimen is suggested where light food is eaten and lots of fluids, including liquors and herbal decoctions, are to be consumed. Bleeding and bathing the feet are encouraged, as is rubbing the body with flannel and taking camomile for an associated cough. The concluding statement pertains to diet and climate, suggesting that the patient be removed 'to a free air if in a large town and to ride daily on horseback', while following a diet of milk and vegetables. Finally, if the measles persisted, the passage states to 'let him remove to a warmer climate'.<sup>77</sup> Thus, this regimen was a combination of diet, therapeutic treatments, and medicaments meant to restore overall health, and not to simply rid the body of measles.

Diet was an aspect of domestic medicine associated with regimens. Food was inherently part of medicine as remedies were created from organic ingredients.<sup>78</sup> Also, the pre-existing knowledge of herbalism in recipe collecting transitioned well into the rise in vegetable regimens.<sup>79</sup> The first group of recipes involving diet are foods associated with illness and care of the sick. A diet for rheumatism, for instance, was to consist of easily digested meats, broths, and a drink made from boiling apples in spring water, with a little sherry.<sup>80</sup> Another recipe in Miss Myddleton's late eighteenth-century manuscript suggests that in asthmatic cases an individual should, 'live a fortnight on boiled carrots only. It seldom fails.'<sup>81</sup> Like today, when an individual fell ill in the eighteenth century he or she was encouraged to drink plenty of fluids,

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<sup>77</sup> Wellcome, MS.7732, ff. 4v.–6r.

<sup>78</sup> Jane O'Hara May, 'Foods or Medicines? A Study in the Relationship between Foodstuffs and Materia Medica from the Sixteenth to the Nineteenth Century', *Transactions of the British Society for the History of Pharmacy*, 1 (1971), pp. 61–97. Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), Chapter 2.

<sup>79</sup> Smith. 'Prescribing the Rules of Health', p. 258.

<sup>80</sup> From an anonymous collection dated c. 1685–c. 1725: Wellcome, MS.1795, f. 208r.

<sup>81</sup> Wellcome, MS.3656, f. 13r.

and soup was a guaranteed cure. There were 90 restorative recipes for ‘weakness’ in my sample (1.8%), and many of these were food-based.

The second group of recipes are for eating and digestion. Elites were prone to suffer from digestive issues due to overeating, but it was also common for individuals to suffer from poor appetite due to illness, melancholy, and ennui. To promote appetite there were tonics, which were composed of spices and herbs like aniseed, rosemary, and cinnamon, and taken throughout the day.<sup>82</sup> Likewise, pills made from camomile oil and orange peel were claimed to promote digestion if taken before a meal.<sup>83</sup> An individual might have needed help gaining strength and a remedy ‘to make one fatt’ advised to take a draught of boiled milk, currants, and hartshorn morning, noon, and night.<sup>84</sup> For overeating, surfeit waters were used to treat indigestion.<sup>85</sup> Comprising the dominant category of recipes, there were 406 digestive remedies (8.1%), and 316 cordial recipes (6.3%), which were diet drinks and cure-alls for indigestion.

The remaining component of a regimen was exercise. Exercise was associated with balanced humours, strengthening the body, and the importance of sweating. When stricken with a fever or fit, sweating signalled improvement and that the body was expelling impurities. In Mrs Palmer’s manuscript, her regimen specified ‘if sweating come naturally embrace it’.<sup>86</sup> Moderate exercise was recommended for good health, with horseback riding being a popular choice.<sup>87</sup> One recipe in Mrs Elizabeth Hirst’s (and others) collection advised that to prevent consumption, ‘exersise your selfe as strength will permit, through Gods mercy you shall find

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<sup>82</sup> Such as the ones cited in Lady Barrett’s collection: Wellcome, MS.1071, f. 42v. Lisa Smith also notes the therapeutic use of broths: Smith, ‘Women’s Health Care’, p. 75.

<sup>83</sup> Recorded in Mary Leaghe’s manuscript: Brotherton Library, MS 894, f. 51v.

<sup>84</sup> Wellcome, MS.1796, f. 94r.

<sup>85</sup> Surfeit waters are discussed in Chapter 2.

<sup>86</sup> Wellcome, MS.7976, f. 175.

<sup>87</sup> For example, recommending horseback riding after having colic (Wellcome, MS.7822, f. 12r.) and, conversely, avoiding violent motions like riding and dancing to promote conception in barren women (Wellcome, MS.1340, f. 36r.).

good by it'.<sup>88</sup> Alternatively, exercise could be combined with therapeutics. Offering guidance on sea bathing, a newspaper clipping pasted into Miss Myddleton's manuscript from the *General Evening Post* 16 August 1786 suggested: avoiding violent exercise, not bathing on a full stomach, swimming in the morning so that 'perspiration has relieved the system of impurities', and avoiding bathing caps as they can cause headaches and fatal apoplexies.<sup>89</sup> Akin to spas, sea bathing became a fashionable pastime for elites as a means of therapy and promoting health.<sup>90</sup> Regimens and dietetics were regularly included in eighteenth-century recipe books, and they reflect the evolution of these manuscripts alongside broader trends in treatment in the medical marketplace.

### **3.3.1 Fashionable Diseases and Treatments: Henry Wise's Regimen**

Another trend in treatment in the medical marketplace, and in elite culture, was the concept of a fashionable disease. This case study on regimen explores the meaning of fashionability in health. The 'fashionableness' of a disease was inherently tied to the medical advice and treatment a wealthy individual was able to access; it was equally a reflection of a lifestyle driven by consumerism. Yet, as Heather Beatty has argued for nervous diseases, there was a discontinuity in popular perceptions of so-called fashionable diseases and the reality that individuals did suffer. Conceptualising an illness as 'fashionable', or even romantic, was a strategy elites used throughout much of the century to make sense of their symptoms.<sup>91</sup> The following case study thus provides a personal experience of the genuine suffering a patient could experience, and the methods used to procure relief.

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<sup>88</sup> Wellcome, MS.2840, f. 84r.

<sup>89</sup> Wellcome, MS.3656, f. 36r.

<sup>90</sup> On spas see, Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), pp. 208–15. Sylvia McIntyre, 'Bath: The Rise of a Resort Town', in Peter Clark (ed.), *Country Towns in Pre-Industrial England* (Leicester: Leicester University Press, 1981), pp. 214–43.

<sup>91</sup> Beatty, *Nervous Disease*, pp. 1, 6, 78, 82, 96.

Henry Wise was a gardener at Brompton Nursery, now the site of the Royal Albert Hall. His expertise in horticulture and landscaping, including designing gardens at Hampton Court, Chatsworth, and Kensington Gardens, resulted in his appointment as Royal Gardener to Queen Anne and George I. His successful career and resulting wealth allowed Henry to move his family to an estate called The Priory, in Warwickshire. From the Wise family's recipe books it is evident that Henry, like many well-off men, suffered from indigestion through overeating. Stomach conditions like this were so common and chronic among the wealthy that indigestion can be considered one of the most pervasive fashionable diseases; indeed, stomach and intestinal remedies were the most commonly recipes cited in recipe books. Digestive symptoms were also more generally connected to nervous disorders.

Within the Wise family's recipe books are copied letters pertaining to Henry's health. On 5 October 1720 his corresponding physician, Dr George Cheyne, wrote 'I have read the [Account] of the Tyralls you have made of my prescriptions & make the following observations on them'. Listing ten observations in total, Cheyne's fifth observation stated:

I am glad you and I are agreed as to the Cause of the Disorder, viz. superfluous nourishment. Men as they grow older contrary to the Common Opinion should lessen the Quantity of their Food, tho' their Appetite be keen, because the Digestive powers grow weaker. But because this is a hard Chapter to an English constitution not used much to Abstinence, I will prescribe you a Medium which I hope will do without any Conditions.<sup>92</sup>

Henry's case illustrates the important role recipe books played in documenting elite health. His consultations with Dr Cheyne exemplify an elite individual suffering from a fashionable disease because his condition was a result of a fashionable lifestyle, and he sought counsel from one of the most fashionable physicians of the era.

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<sup>92</sup> Warwickshire RO, CR0341/300, f. 109.

It appears that the first instance of Dr Cheyne providing advice was on 7 October 1719. For Henry's 'Distemper being a Cholick from Superfluous Nourishment' Cheyne recommended rhubarb pills as a laxative. If this remedy proved too aggressive, Henry was to try an infusion of gentian, zedoary, orange, and cinnamon mixed with salt of wormwood and rhubarb in Mountain wine. Other methods of purging recommended included rhubarb in brandy, cassia in a drink of chocolate, or a drink of hartshorn and barley water. However, in a subsequent letter, Cheyne modified his prescriptions, claiming that the rhubarb brandy may be 'too hot' and that 'The Cassia Chocolate you must needs lay aside because your Bowels being sluggish and Tight, these weak purges have not force enough to move the Body, and an [ineffectual irritation] must needs gripe you'. Interestingly, Cheyne seems to have repeatedly modified Henry's regimen. Cheyne first stated that 'The Bristol waters will be of no use to you, but to increase your Costiveness. If any Waters, Germain, Spa, and Pyremont are the Best.' Yet, in another prescription for Henry dated 23 October, Cheyne wrote 'I would have you get Bristol water and Drink them with Red wine to your Meals constantly; only after your Chocolate if you could bear it'.<sup>93</sup>

Although this example is dated prior to the mid-century rise in popular discourse on fashionable diseases, it nonetheless usefully demonstrates the realities of a patient's experience with these sorts of ailments. Henry's prescribed treatments including chocolate, spa waters, and a regimen of light foods and exercise are examples of fashionable treatments, with consumer items being indicators of wealth and leisure time. Henry's correspondence with Dr Cheyne is also illustrative of fashionable medicine because it was highly desirable to seek the medical advice of celebrated physicians. Cheyne is a good example of a physician practising a style of therapeutics based on regimens, which had renewed popularity. What is more, Henry

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<sup>93</sup> Warwickshire RO, CR0341/300, ff. 3r., 108r.

participated as a consumer by purchasing the medicaments recommended to him. Fashionable diseases hence arose from an elite agency in self-management and their ability to be selective in seeking treatment. Acquiring an illness like a surfeit, gout, or melancholy through one's luxurious lifestyle was just as fashionable as seeking treatment, advice, and trying out cures. Fashionable diseases are thus one response to the commercialisation of medicine and the importance of consumerism and leisure time in elite culture.

### **3.4 Common Ailments and Popular Recipes and Remedies**

Although elites certainly included recipes for 'fashionable diseases', the majority of remedies in their recipe books were concerned with ailments common among the whole population.

Determining which remedies feature most in recipe books is valuable for understanding eighteenth-century elite experiences with morbidity, and how treatment was approached at home. The diseases that are cited the most in recipe books generally correspond with morbidity and mortality rates of the era's most prevalent diseases like consumption, fevers, and smallpox, confirming that there was a valid reason to have an arsenal of remedies on hand at home.<sup>94</sup>

Popular recipes are also indicative of the remedies which were deemed most effective, or sensationalised. Rather than recipe books serving as a jumble of cures, the repetition of remedy types and the duplication of specific recipes in manuscripts from across England shows that the recipe collecting tradition was systematic. In particular, there was a canon of popular recipes that centred on a pre-existing foundation of medical knowledge constructed in the early modern era.<sup>95</sup>

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<sup>94</sup> For example, on mortality and morbidity rates in London see, Landers, *Death and the Metropolis*, pp. xix–xx. Leong notes that the illnesses most often cited in seventeenth-century collections did not match Graunt's lists of causes of mortality, leading Leong to conclude that recipe books were more concerned with everyday minor ailments. Leong, 'Medical Recipe Collections', p. 97.

<sup>95</sup> This was also noted by Leong, 'Medical Recipe Collections', Chapter 1.

Categorising early modern diseases for historical analysis is challenging and continues to show a lack of consensus. Manuscript recipe collections present a long history of varied medical approaches and theories, and compilers frequently grouped remedies by the process of making the medicine, rather than intended use. We also need to contend with recipes being used to treat symptoms and/or diseases, and recipes that could treat several ailments, or were cure-alls. Moreover, a history of eighteenth-century nosology is beyond the scope of this thesis.<sup>96</sup> I took an objective approach to categorising diseases, following how compilers described their remedies first, and later grouping the ailments thematically into categories such as: who they were treating, approach to treatment, and diseases. I categorised recipes into 60 groupings to permit analysis using my database, and I use these categories to determine which complaints were the most common. Further information on disease categories and corresponding data can be found in Appendix 3. My approach to categorising diseases in manuscript recipe books borrows from the methods discussed below, but I focus on contemporary descriptions of ailments and how compilers comprehended and grouped their remedies, which did not strictly follow eighteenth-century nosology nor early modern concepts of illness. This is due to the nature of recipe books; they evolved with changing medical approaches, they took information from a variety of orthodox and lay sources, and they were also focused on methods of production. Therefore, these categories are not prescriptive, rather loose groupings intended to discern themes within recipe production and prevalent elite ailments. This approach to database categories attempts to provide a realistic portrayal of medicine in recipe books by following how eighteenth-century compilers understood medicine, but it also meets my needs as an historian to create manageable categories.

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<sup>96</sup> Ronald Sawyer, Doreen Nagy, Jennifer Stine, Lisa Smith, Elaine Leong, and Anne Stobart all use different categories when referring to illnesses treated with domestic medicine, as cited in Stobart, 'Making Domestic Medicine', p. 264.

For the seventeenth century, Jennifer Stine found that the most common complaints cited in the Countess of Arundel's collection were (in descending order): injuries (wounds, aches, and inflammation), colds (consumption and lung infections), stones (urinary issues and colic), eye complaints, boils and skin problems, spleen and stomach disorders, headaches, plague, jaundice, and women's disorders (breasts, uterine and pregnancy).<sup>97</sup> Lisa Smith used similar categories of illnesses to study eighteenth-century collections, opting for a head-to-toe approach, adding: cancer, gout and rheumatism alongside inflammation; heart problems with other chest complaints (colds and lungs); ear and mouth problems alongside eye complaints (head disorders); liver disorders and dysentery with stomach and spleen diseases; apoplexy, vapours, melancholy, and nerve disorders in the category of headaches; a category on plague, smallpox and 'general' remedies; and two additional categories, one on regimen and another on fever.<sup>98</sup> Elaine Leong used a different approach, adopting the International Classification of Diseases (ICD-9) used by the World Health Organisation and by Charles Webster.<sup>99</sup> These groups were: I infectious and parasitic diseases; II-IV neoplasm, endocrinal and nutritional disorders and diseases of blood; V-VII mental diseases; cardiovascular diseases; respiratory problems; digestive problems; skin disorders; urinary, genital, and reproductive complaints; residuals (injuries, bites, rheumatism, jaundice, gout, and aches) and infants. Anne Stobart used another classification system, opting for more modern groups such as 'circulatory' 'psychological' and 'sensory'.<sup>100</sup>

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<sup>97</sup> Jennifer K. Stine, 'Opening Closets: The Discovery of Household Medicine in Early Modern England' (PhD thesis, Stanford University, 1996), p. 27.

<sup>98</sup> Smith, 'Women's Health Care', pp. 64–5. See also graph on illnesses suffered in England, p. 66.

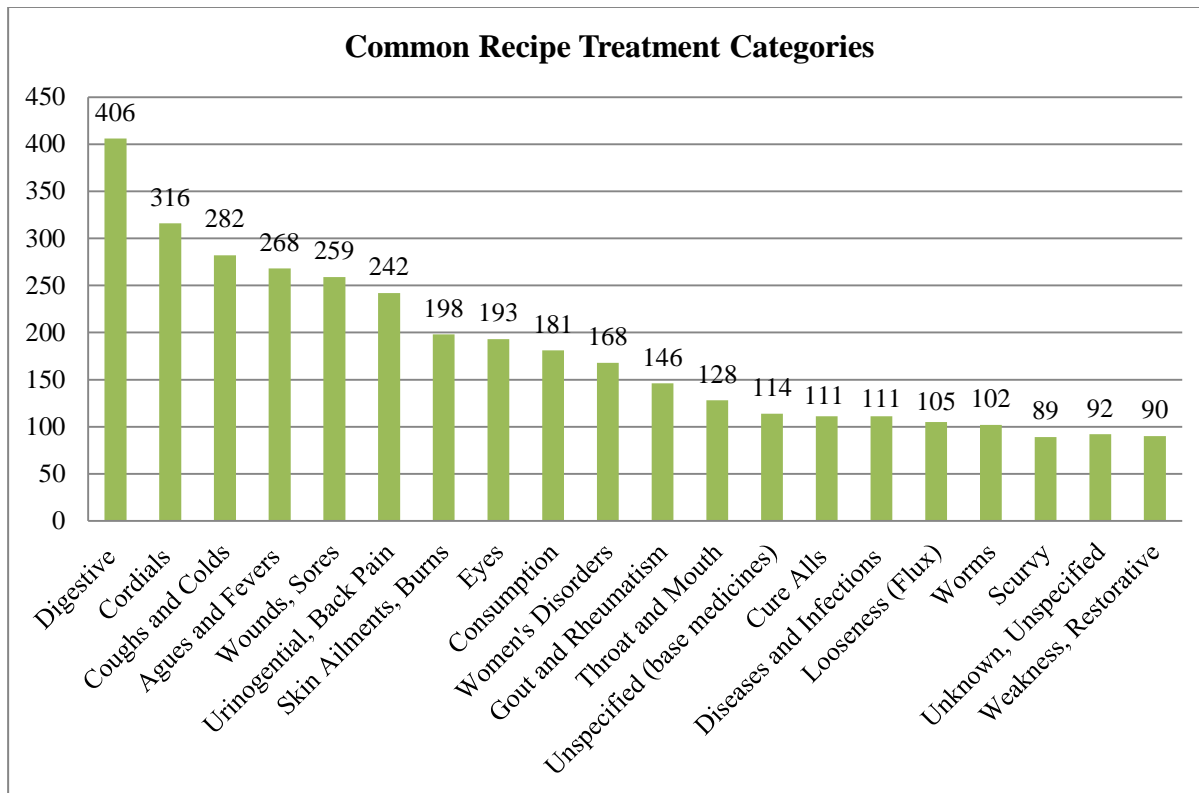
<sup>99</sup> Charles Webster's study of John Graunt's *The London Bills of Mortality* and Nicholas Culpeper's *The English Physician*, as cited in Leong, 'Medical Recipe Collections', pp. 91–6.

<sup>100</sup> Stobart, 'Making Domestic Medicine', pp. 48, 263, 265–9.

Several conditions which I have found appear frequently in eighteenth-century recipe books are: digestive and intestinal complaints, coughs and colds, agues and fevers, wounds and sores, urinogenital issues and associated back pain, eye problems, skin conditions and injuries, consumption, women's disorders, and gout and rheumatism (Figure 13). This is not to say that these conditions were in fact the most prevalent in society (though many of them were), but these are the ailments that were treated by a standard set of remedies, which appear most regularly in recipe books. Comparing my results to Stobart's early eighteenth-century findings, she found in her case studies that the majority of recipes were for digestive, musculo-skeletal, and surgical complaints, but apparently did not feature coughs, colds, and fevers as heavily as do my collections. Furthermore, if we compare my findings to those for seventeenth-century collections, Leong observed that manuscript recipe books focused more on consumption, neoplasm, endocrinal, nutritional, and blood-related ailments. Conversely, printed texts had substantially larger numbers of plague remedies and skin complaints.<sup>101</sup> Again, these findings illustrate shifts in compilation trends, changing rates of disease prevalence, and societal concerns for those diseases between the two centuries.

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<sup>101</sup> Leong, 'Medical Recipe Collections', p. 95.



**Figure 13: Common recipe treatments and ailments (from a sample of 5,013 recipes)**

Looking at the most popular recipe titles (Table 7), we can see treatment and ailments trends reflected in individual recipes. For example, Peruvian bark was the most frequently cited as a specific recipe, and this matches the pervasiveness of fevers. Lucatellus’s Balsam was used for treating both coughs and wounds, two prevalent ailments. We can see that wound care was central in collections as black and yellow salves are two further common recipes. Milk water was a restorative, but it was also used, like snail water and artificial asses’ milk, to treat pervasive consumption. Hartshorn jelly was also a popular restorative. Gascoigne’s Powder and Daffy’s Elixir are two of the most commonly referenced cure-alls that were likely purchased. Moreover, recipe collections reflect the growing taste for opiates, as laudanum recipes were cited in eighteenth-century manuscripts.

Popular Recipe Titles	Total
Bark (Peruvian, Jesuit's)	31
Lucatellus's Balsam	20
Milk Water	19
Gascoigne's Powder	16
Snail Water	15
Black Salve	14
Artificial Asses Milk	11
Plague Water	11
Hartshorn Jelly	11
Yellow Salve	8
Daffy's Elixir (Elixir Salutis)	8
Treacle Water	7
Oil of Charity	7
North American Recipe for Gout and Rheumatism	6
Laudanum	6
Hiera Picra	6

**Table 7: Most popular recipe titles from 5,013 recipes**

When considering common recipe treatment categories, digestive disorders are an ambiguous group of illnesses, since abdominal pain was a symptom of numerous diseases. Nevertheless, stomach complaint remedies comprise a substantial percentage of recipes. Moreover, purgatives were a fundamental component of Galenic medicine, which also accounts for why digestive-based recipes were prevalent. These recipes are most commonly surfeit waters and diet drinks for treating indigestion and low spirits. There were 406 digestive recipes (8.1%), which include purges, remedies to stop vomiting, stomach and intestinal pain, and vapours (wind), as well as glisters. The category of cordial waters had 316 recipes (6.3%), and this includes surfeit waters, diet drinks, and cure-alls focused on digestion. The cure-all category (comprised of panaceas and some proprietary medicines) had 111 recipes (2.2%), and these were often used to treat digestive disorders. Gout was often defined as a stomach disorder and the category for gout and rheumatism had 146 recipes (2.9%). Looseness and flux accounted for 105 recipes (2.1%), and there were 71 treatments for colic associated with

biliousness (1.4%). Piles (haemorrhoids) were linked to costiveness and this category had 58 recipes (1.2%).

To give a sense of the benefits of surfeit waters, one recipe claimed that it ‘clear ye stomack Presently bringing it upwards or downwards, or Both giving...Constitutions 2 or 3 gentle stools’.<sup>102</sup> Digestive drinks were not always complex distillations. One remedy for generic stomach pain was powdered angelica and acorn in water.<sup>103</sup> Stomach disorders could also be associated with more serious medical problems, with the best course of treatment usually being a purge. For instance, a member of the Jones family of Chastleton House recorded a purge ‘for myself’ from Dr Pitt of Oxford, which called for manna and salts dissolved in whey.<sup>104</sup> With regards to bowel complaints, constipation was a major condition, with treatments focusing on laxatives. One particular treatment for costiveness was the tobacco smoke enema. This remedy appears occasionally in domestic collections, with one recipe cautioning:

For these and all other remedies fail in this dangerous disorder, and a Tobacco clyster is tried, for God’s sake take care yt it is not made too strong, that remedy is a fine cure when the strength of it is adapted to the strength of the constitution & state of the bowels, but if it is ever so to be too strong it is poison. Yet it had better be used first than last, as the patient in the beginning of his illness has more strength to beat the operation of it, which is both upwards & downwards.<sup>105</sup>

This example suggests through its references to ‘the patient’ that it was likely taken from a printed medical guide for physicians, or was communicated by a physician, but it nonetheless conveys how advice on digestive and intestinal ailments recorded in manuscript collections varied considerably and was sourced from a range of places and people.

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<sup>102</sup> Advice found in the Tyrrell family’s manuscript: Wellcome, MS.7822, f. 26v.

<sup>103</sup> Found in Anne Lisle’s collection (1748): Wellcome, MS.3295, f. 144.

<sup>104</sup> Oxfordshire History Centre, E24/9/MS/1, f. 41.

<sup>105</sup> Wellcome, MS.2363, ff. 37v.–38r. For more information on tobacco smoke enemas see, Katherine Allen, ‘Tobacco Enemas in Eighteenth-Century Domestic Medicine’, The Recipes Project (2013), accessed 18 June 2015 at <<http://recipes.hypotheses.org/826>>.

Recipes for coughs and/or colds occurred 282 times in my sample (5.6%). Like today, coughs and colds were ubiquitous, but it would be misleading to say that these symptoms (as we know them) were mainly associated with non-life threatening conditions. Sometimes recipes grouped coughs with colds, while other recipes specifically treated a persistent cough, or a cough associated with a more serious and potentially fatal ailment. Alongside restorative broths for curing colds, artificial asses' milk, and milk-based diets in general, were associated with treating coughs (90 restorative recipes [1.8%]). Although I categorised consumption separately, remedies did frequently mention a range of coughs that they could be used to treat, including consumptive coughs (181 recipes [3.6%]). As well, whooping cough or chin cough (a childhood ailment) was cited 46 times (0.9%). Topical therapies were used for treating coughs and colds, such as Elizabeth Jenner's eighteenth-century decongestant for colds in children; a mixture of sweet almond oil and syrup of violets along with a plaster of candle wax, saffron, and nutmeg applied to the stomach.<sup>106</sup> Syrups and electuaries were popular cough remedies, as was the use of opiates in cough remedies for sedation. Mrs Cotton suggested a mixture of liquorice, vinegar, salad oil, treacle, and a tincture of opium when 'the cough is troublesome'.<sup>107</sup> Finally, lozenges were used for alleviating a sore throat. In her recipe book, Elizabeth Jenner included her own method of making lozenges 'very good for Coughs Comeing by takeing Cold'. Jenner's method involved creating a stiff paste of sugar, herbal oils and powders, and rose water, rolling out the paste, cutting out small rounds with a thimble, and then drying the lozenges in the oven.<sup>108</sup>

The category of agues and fevers had 268 recipes (5.3%). Fevers are now considered to be a symptom of an underlying condition, but in the eighteenth century, fevers, agues, and fits

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<sup>106</sup> Wellcome, MS.3029, f. 38.

<sup>107</sup> Cited in Caroline Lynes' early 19<sup>th</sup> C. collection: Bodleian Library, MS Eng. Misc e. 549. f. 6r.

<sup>108</sup> Wellcome, MS.3029, f. 30.

were treated as a group of ailments in and of themselves.<sup>109</sup> Convulsions were often linked to fever fits and this broader category had 61 recipes (1.2%), while the category of fits had 29 recipes (0.6%), but this included non-fever-related illnesses. Intermittent fevers seem to be the most common group referenced in recipe collections.<sup>110</sup> Ague, an acute type of intermittent fever, was commonly associated with malaria. Fevers were generally treated by trying to promote sweating, either through a drink or electuary. One electuary comprising Jesuit's bark and syrup of white poppies was to be taken in a dose the quantity of a nutmeg every two hours. The recipe further stated that because 'agues differ in the returns of the fit, [the remedy] must be repeated oftener than every 2 hours in case the interval does not give time to eat the whole [dose] in that time: sometimes a very slight fit will'.<sup>111</sup> Recipes such as this ague remedy, which was obtained during a military campaign, illustrate the cross-over between domestic medicine and medical treatment used by the army and navy. The expanding British Empire meant frequent exposure to malaria and other diseases indigenous to foreign territories, but these diseases also existed at home and both foreign and native treatments were included in recipe collections.

Consumption was a leading cause of mortality in the eighteenth century and it would be unusual for a recipe book to not have at least one remedy. There were 181 remedies for consumption in my sample (3.6%), along with 90 restorative remedies (1.8%) that could have been used to treat consumption, and 16 recipes for spitting blood (0.3%), a condition linked to

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<sup>109</sup> The general belief of symptoms being considered their own diseases continued until the emergence of nineteenth-century Parisian medicine. Wear, *Knowledge & Practice*, p. 105. On fevers see, William Bynum and Vivian Nutton, eds. *Theories of Fever From Antiquity to the Enlightenment* (London: Wellcome Institute for the History of Medicine, 1981). N.B. Influenza was sometimes referred to as 'the catarrhal Fever' and did not become a specific disease until 1743. Margaret DeLacy, 'The Conceptualization of Influenza in Eighteenth-Century Britain: Specificity and Contagion', *Bull. Hist. Med.*, 67 (1993), p. 77. Recipe collections do mention influenza, but only in late-18<sup>th</sup> C. and early 19<sup>th</sup> C. manuscripts.

<sup>110</sup> Typhus worsened throughout the century and was sometimes called nervous or choleric fever. Landers, *Death and the Metropolis*, p. 203.

<sup>111</sup> Recorded in Helen Maitland's recipe book: Bodleian Library, MS Eng. Misc. d. 636-8, ff. 5r.-5v.

respiratory distress. Consumption, today called tuberculosis, is a wasting disease caused by a bacterial infection and is associated with weak immune systems, malnutrition, and poverty. Roy Porter, however, suggests that chronic constitutional conditions like consumption can also be viewed as a fashionable disease caused by ‘over-energetic feasting, toasting and sporting’. William Buchan declared consumption to be a result of ‘excessive venery’ and debauchery, and George Cheyne associated consumption with England growing ‘luxurious, rich, and wanton’.<sup>112</sup> A popular treatment for consumption was snail water. One version of snail water in Elizabeth Jenner’s manuscript said, ‘In Case of A desperate Consumption’:

Rx of Snails half Boiled & Cut 3 Pound Ground Ivy 6 handfulls Six nutmegs Sliced;  
Crum of wit Bread 2 Pd: A Gallon of fresh milk; distill it in A Cold Still, you may  
Ad Crafish to it ye dose 3 or 4 ounces 3 times A day, Sweetened wth Pearl’d Sugar, or  
Sugar Candy.<sup>113</sup>

The distressing effects of consumption are emphasised at the end of this recipe where it advised, ‘life ought to be made easy & Prolong’d but you Cannot expect A Perfect Recovery’.<sup>114</sup>

Gout is another common disorder, usually referenced alongside rheumatism, and this category had 146 recipes (2.9%). Gout was a disorder associated with elites, who had a calorie-rich, meat and alcohol heavy diet; Porter likens having gout to a ‘success tax’.<sup>115</sup> Gout is characterised by inflamed joints caused by uric acid buildup and is sometimes accompanied by fevers. This painful and debilitating condition afflicted mainly men, but also sometimes older women. There were many different types of gout, but gout in the stomach, an ailment that shows up often in recipe books, was actually not gout, but an imbalance or ‘dropping’ of the body’s four humours. Gout was also connected with recipes treating joint pain, palsies and

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<sup>112</sup> As quoted in Roy Porter, ‘Consumption: Disease of the Consumer Society?’, in John Brewer and Roy Porter (eds.), *Consumption and the World of Goods* (London: Routledge, 1993), pp. 58–81.

<sup>113</sup> Wellcome, MS.3029, f. 27.

<sup>114</sup> *Ibid.*, f. 28.

<sup>115</sup> Roy Porter, *In Sickness and in Health: the British Experience, 1650-1850* (London: Fourth Estate, 1988), p. 147.

apoplexies (42 recipes [0.8%]) and sciatica (10 recipes [0.2%]). In addition to more complex cures, such as the Earl of Stafford's Gout Water which had over forty ingredients, a number of simples were thought to effectively cure gout.<sup>116</sup> For example, Mr Robinson advised hanging six pounds of crude antimony in a hogshead of small beer and drinking it constantly at meal times.<sup>117</sup> There was also the famous 'North American Prescription for Gout or Rheumatism', which was circulated widely in newspapers and appears in many eighteenth-century recipe books. This remedy contained gum guaiacum, purified nitre, and Jamaican rum.

Pestilential (epidemic) diseases are frequently referenced in eighteenth-century recipe collections, particularly plague and smallpox, and account for 111 recipes (2.2%). These diseases could have also been treated by cure-alls (111 recipes [2.2%]). In 1720, the first outbreak of plague in Europe since the Great Plague of London in 1665 occurred in Marseilles, leading to the passing of a new quarantine act in England.<sup>118</sup> As plague was still prevalent in the eighteenth century, recipe collections included remedies as a pragmatic response to significant social concern over the disease. Plague remedies could be in the form of distilled cordials or simpler recipes, such as burnt tar mixed in some wine vinegar.<sup>119</sup> Many of these recipes originate earlier and were preserved in eighteenth-century books as part of a tradition of collecting plague remedies in the seventeenth century. Nevertheless, due to heightened concern over the 1720 outbreak, it is probable that plague remedies were also newly incorporated into collections during the eighteenth century.

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<sup>116</sup> Wellcome, MS.1322, f. 35r.

<sup>117</sup> This recipe is cited in the Dolben family's collection (c. 1785): Wellcome, MS.2201, f. 22v.

<sup>118</sup> On the Great Plague of London see, Walter George Bell, *The Great Plague in London in 1665* (London: The Bodley Head, 1951). Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge, 1985). Thomas Sydenham, *The Whole Works of that Excellent Practical Physician, Dr. Thomas Sydenham*, Section I, tenth edition (London, 1734).

<sup>119</sup> Recorded in the Dolben family's manuscript: Wellcome, MS.2201, f. 25v.

Smallpox was one of the most prevalent diseases in the early modern era, accounting for six to ten percent of London burials in the eighteenth century. Inoculation emerged around 1720 and was widespread by the 1770s, with Edward Jenner later adapting this method with his cowpox vaccination at the end of the century. Although the prevalence of smallpox in adults decreased, the disease remained commonly associated with children.<sup>120</sup> Ann Even's recipe book includes a long passage written by Dr Buchan on the symptoms of the smallpox. Children would have a dull complexion, little appetite, and could have convulsion fits, which, although alarming, '[were] often salutary, the[y] seem to be one of the means made use of by Nature for Breaking the force of a fever'.<sup>121</sup> This account recommended that 'the spring and autumn have been usually Reckoned the most proper seasons for Inoculation on account of the weather being then most temperate' and that 'the most proper age for inoculation is betwixt three and five years'. Accompanying the passage on symptoms and advice on inoculation was further instruction on treatment. Buchan wrote, 'many people think that changing linen is hurtfull in the small pox by no means the linen becomes hard by the moisture which it absorbs and frets the tender skin it likewise occasions a bad smell which is very pernicious both to the patient and those about him.'<sup>122</sup> A number of treatments were given, one being a clyster made of linseed tea, new milk, and laudanum, which was used to treat a secondary or tertiary fever associated with the smallpox.<sup>123</sup> Finally, treatment for smallpox did not end after the condition had been

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<sup>120</sup> Romola Davenport, Leonard Schwarz, and Jeremy Boulton, 'The Decline of Adult Smallpox in Eighteenth-Century London', *Economic History Review*, 64 no. 4 (2011), pp. 1289–314.

<sup>121</sup> Wellcome, MS.7732, ff. 1r.–1v.

<sup>122</sup> Wellcome, MS.7732, f. 2v.

<sup>123</sup> *Ibid.*, f. 3r.

cured. Among cosmetic recipes in collections, it is common to find ointments and plasters for treating smallpox scars, especially if they were large pits in the face.<sup>124</sup>

Rabies, also called hydrophobia or ‘the bite of a mad dog’, was another feared disease in the eighteenth century across Europe and in North America. Nonetheless, there were a fairly small percentage of rabies recipes in my survey (45 remedies [0.9%]). There were serious outbreaks in England between 1734–5 and another in London (St. James) in 1752. This second outbreak resulted in an ordinance being passed confining dogs indoors and culling of potentially dangerous animals. The continued threat of rabies meant that it was a society-wide concern; remedies were featured in newspapers, including Sir George Cobb’s ‘infallible’ remedy, which also appears in manuscripts.<sup>125</sup>

The majority of recipe books include at least one recipe for treating rabies, but do not often include multiple alternatives, possibly a reflection of the fact that this ailment could not be cured at this time. Buchan argued that when a rabies remedy was proved efficacious, this was due to the fact that the dog was not rabid in the first place.<sup>126</sup> A remedy ‘for ye biting of a mad dog or cat’ in Miss Shaw’s collection called for rue, garlic, London Treacle, and tin or pewter boiled into a drink, which was to be taken in the morning and at night in six spoonful dosages.<sup>127</sup> Another was from a letter sent from Venice dated May 1791, and claimed that vinegar ‘perfectly cured 100 persons lying under the frightful Tortures of the Hydrophobia’.<sup>128</sup> A third remedy from Dr Mead, which was copied into Mary Wise’s recipe book from an article

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<sup>124</sup> See, for example, Wellcome, MS.3582, f. 67r. On cosmetics as domestic medicine see, Edith Snook, “‘The Beautifying Part of Physic’: Women’s Cosmetic Practices in Early Modern England”, *Journal of Women’s History*, 20 no. 3 (2008), pp. 10–33.

<sup>125</sup> On rabies see, George Fleming, *Rabies and Hydrophobia* (London, 1872). Lise Wilkinson, ‘History’, in Alan C. Jackson and William H. Vunner (eds.), *Rabies* (Amsterdam: Academic Press, 2002).

<sup>126</sup> As discussed in Charles E. Rosenberg, ‘Medical Text and Social Context: Explaining William Buchan’s Domestic Medicine’, *Bull. Hist. Med.*, 57 no. 1 (1983), p. 30.

<sup>127</sup> Wellcome, MS.7721, f. 130v.

<sup>128</sup> Wellcome, MS.3656, f. 29r.

in *The Craftsman* on 30 August 1735, indicated that the patient should be bled, given a powder of Liverwort, and that the individual should submerge his head in a cold bath or river thrice weekly for a fortnight.<sup>129</sup> What is significant is that these recipes were incorporated into manuscripts from a variety of sources as an anxious response to the outbreaks occurring in the eighteenth century, illustrating that recipe books serve as records of broader shifts in disease prevalence and understanding.

The focus on these illnesses suggests that recipe books were as dedicated to treating serious conditions as they were to providing guidance on minor complaints. Varied and numerous remedies for ailments like smallpox, consumption, and fevers suggest the presence of anxiety about health. This anxiety was well justified since these diseases were pervasive, difficult to cure, and were responsible for high mortality rates. Illnesses were a significant part of eighteenth-century elite culture, and medicine was a focus of daily life; this is exemplified in recipe books.

### **3.5 Health Histories in Recipe Books: Mrs Arscott's Breast Cancer**

Recipe books can tell us a great deal about elite attitudes towards health. In many ways, these manuscripts are important sources for the study of life writing because they offer insight into the everyday lives of the elite individuals who compiled them, often revealing intimate health experiences.<sup>130</sup> The author's story, LeJacq argues, gave the recipe 'extraordinary power' by relaying what the remedy could achieve, what it had already achieved, and the appeal of that particular approach to treatment.<sup>131</sup> I use the term health histories, that is, the practice of recording recipes alongside descriptions of personalised experience with illness, to reflect the

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<sup>129</sup> Warwickshire RO, CR0341/301, f. 71.

<sup>130</sup> On the family and sickness see Lucinda Beier, 'In Sickness and in Health: A Seventeenth Century Family's Experience', in Porter, *Patients and Practitioners*, pp. 101–28.

<sup>131</sup> LeJacq, 'The Bounds of Domestic Healing', pp. 453–4.

central role medicine had in domestic life. This term suits the context of recipe books and domestic medicine more than ‘case history’, which is usually from the physician’s perspective, and ‘illness narrative’, which tends to centre on one illness and not the varied glimpses into a compiler’s experiences with sickness and health associated with different recipes.<sup>132</sup> These health histories show that the enterprise of healthcare in the home was highly collaborative and communal. Furthermore, they are records that suggest that recipes were part of an emotive and personal writing style.

Written in the mid-eighteenth century, the Arscott family’s recipe book documents the trials of various treatments for Mrs Arscott’s (likely Thomasine Arscott) breast cancer, and many of the details were recorded by her husband (likely John Arscott of Tetcott, Devonshire).<sup>133</sup> If Mrs Arscott is indeed Thomasine Arscott, then her condition was not terminal as she outlived her husband, who died in 1783. Mrs Arscott’s case exemplifies how a collection of recipes could act as a record of an individual’s experience with a long-term illness. It is unclear from the records exactly what kind of cancer Mrs Arscott had as the eighteenth-century definition of a cancer was any lump, tumour, or growth on the chest. She could have had a benign tumour or a cyst, but was nonetheless in substantial pain. Cancers, including cancerous humours, tumours, and sore breasts were the focus of 33 recipes (0.7%) in my sample. Though cancer was not explicitly a female disease, surgical texts and vernacular beliefs feminised cancer in early modern England.<sup>134</sup> What is most striking about Mrs Arscott’s story is that the recipe book (*c.* 1730–76) chronicles her and her husband’s efforts to seek treatments, and includes an inserted letter as well as a number of recipes for cancer added to the end of the

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<sup>132</sup> Recipe books often have health history narratives of multiple individuals in them, especially in family manuscripts. I focus on select health histories of specific compilers (or individuals cited within manuscripts) to emphasise their unique experiences with medicine, and the role of families in care.

<sup>133</sup> Lesley Barbara Coates has a similar case study of Mrs Arscott, Coates, ‘Female Disorders’, p. 84.

<sup>134</sup> Walker, ‘Pain and Surgery’, p. 267.

manuscript. Mr Arscott's concern for his wife is evident, and the number of cancer recipes collected demonstrates his commitment to caring for her.

The first reference to Mrs Arscott's condition is a letter inserted at the front of the book 'Recominding Cardus Benedictus for a Cancer', dated 28 July 1741.<sup>135</sup> This letter was from a person with the initials A.B. (Arscott Bickford 1713–71), and was in response to Mr Arscott's inquiries about *Cardus benedictus*, a type of thistle traditionally associated with cancer curing properties. A.B. declared it to be an 'easy & Simple Medicine' stating, 'I did not know, but, your Good Lady, might be willing to put it in practice, if the good God grant it Success, & I shall be exceedingly Glad, if I have been an under [means] of her Cure'. A.B. also included several testimonies of efficacy such as, 'a Woman whose Breasts were wasted by a Cancer to the very Ribbs & yet was cur'd by washing them with the Distill'd Water of this Plant & Sprinkling them with the Powder of its Leaves'.

An insert following the letter pertains to additional advice and a report of Mrs Arscott's condition. In December 1742 Mr Ranby (likely English surgeon, John Ranby) advised a course of bark,<sup>136</sup> claiming that he had experienced good results from it in several cancers. This remedy was to be taken in conjunction with other medications and he advised 'never to Omit ye Opiates'.<sup>137</sup> Mr Arscott's report indicates that his wife began to take the treatment in December and it agreed with her for a time, but did not lessen her pain or the discharge from her ulcers. After a lengthy trial of the drug, she discontinued the treatment. The conclusion of the account illustrates the severity of her condition and the different stages within the narrative of Mrs Arscott's health history:

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<sup>135</sup> Wellcome, MS.981, loose sheet.

<sup>136</sup> Jesuit's bark or Peruvian bark.

<sup>137</sup> Wellcome, MS.981, loose sheet.

Mrs. Arscott continued very ill, All the Month of March, but towards the Middle of April found a Sensible Alteration for the Better, in every Respect. The Humour, both Lessen'd & thicken'd many parts seem'd Healing, the Pain inconsiderable to what it had been, Her Appetite good & Her Spirits Free & easy. She then supposing this proceeded from the Bark had a great Inclination to Repeat it which Mr. Ranby gave her Leave to do, in Dram Doses twice a Day, provided she did not Neglect the use of her Other Medicines, with orders, if found any Straitness of Breath, to leave it of directly. Towards ye Latter end of May, She found a Terrible return of her Complaints, which in about a Week, or Six days time became as Violent as ever.<sup>138</sup>

This insert was later incorporated as a memorandum into the recipe book, which is intriguing since it was deemed ineffective. At the end of the memorandum it moreover declared that Mr Ranby 'did not expect any great Effect from it'. The trial and failure of this remedy was likely recorded in the family collection as a reminder that the bark had been tried.<sup>139</sup> Preceding the manuscript's index are several pages of additional cancer recipes, which were recorded after the remedies discussed above. These alternative recipes indicate that Mrs Arscott and her family sourced a variety of treatments from several different individuals. One recipe is titled 'For A Cancer Mrs Fuller 1739 Experienced by her eight years ago', and this suggests that Mrs Arscott was diagnosed with the disease by 1739, if not earlier.<sup>140</sup> Dr Dobbs of Dublin provided an additional regimen for cancer, advising an ointment made of a powder, Castile soap, and red cabbage juice, along with a bland diet and frequent bleeding and purging.<sup>141</sup>

The case of Mrs Arscott demonstrates the commitment of care among family members. Moreover, it supports the idea that a husband played a supporting role in his wife's care. When serious illness struck, one sought advice from a number of individuals, not just doctors, thus underscoring collaboration within domestic medicine across social and gender boundaries. This example furthermore demonstrates that curing an illness could be a lengthy process, with no

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<sup>138</sup> Wellcome, MS.981, loose sheet.

<sup>139</sup> *Ibid.*, f. 163.

<sup>140</sup> *Ibid.*, f. 160.

<sup>141</sup> *Ibid.*, ff. 162–3.

guarantee of a successful result. Finally, the Arscott family illustrates how recipe books were important domestic tools for recording health histories. They document what treatments were tried, which remedies were efficacious, and reveal personal experience with illness as a health history.

### **3.6 Conclusion**

In January 1775, Gabriel Cox (gentry landowner from Herefordshire) wrote to his aunt concerning his kidney stone, declaring that it ‘has been some years [and] it will require time to get rid oft, and will be very expensive, but what wont we do for health!’<sup>142</sup> This statement encapsulates elite attitudes towards health; the wealthy had the time and the means to concern themselves with medical treatment as part of healthcare. This chapter has revealed that recipe books were used to treat minor and major ailments at home in the eighteenth century and these manuscripts recount personal experiences of illnesses, which I have called health histories.

Distinguishing recipe collecting trends between the seventeenth and eighteenth centuries has helped uncover how medical ideas and practices evolved. As well as being used as a ‘first resort’, as historians have convincingly demonstrated,<sup>143</sup> domestic medicine included long-term healthcare approaches and collections were used in conjunction with professional and commercial medicine in the eighteenth century. As such, it is necessary to examine the content of recipe collections as a compilation practice of medical knowledge more broadly in the context of healthcare in elite households. Leong accurately observes that manuscripts were ‘early modern medicine chests’<sup>144</sup> collected as a precautionary measure against common and feared illnesses.<sup>145</sup> Moreover, Raymond Anselment has suggested that recipe collections were

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<sup>142</sup> Herefordshire RO, J38/82/10, ‘Gabriel Cox to Mrs Witherstone 8 January 1775’.

<sup>143</sup> Leong, ‘Medical Recipe Collections’, p. 113.

<sup>144</sup> Not to be confused with actual domestic medicine chests, which are discussed in Chapter 5.

<sup>145</sup> Leong, ‘Medical Recipe Collections’, p. 169.

exclusive products of personal experience with health, in the context of early eighteenth-century manuscripts.<sup>146</sup> As this chapter has shown, both arguments are true for eighteenth-century recipe books. On the one hand, these texts retained their base function as records of knowledge for a variety of medical concerns to ensure choice in treatment. Recipes donated by family members for specific individuals, prescriptions, apothecaries' bills, and physicians' correspondences, on the other hand, point to eighteenth-century elites using their recipe books as personal records of sickness and health experiences.

With the inclusion of recipes for all age groups, and specific instructions on dosages and treatments, recipe books were advice guides for elite households, which focused on family care. Manuscript recipe collections recorded the competency carers had in treating childhood diseases, coping with labour, and healing all manner of injuries. Remedies continued to be added to collections, in part due to a social anxiety about morbidity, and preventative treatments were included as defensive measures. Intended to promote good health, regimens were an approach to healthcare that elites used as a means of combining therapeutic leisure activities, consuming medicaments, and seeking expert advice from celebrated practitioners. It is also from these elite approaches to treatment and perceptions of illness the concept of fashionable diseases arose. Finally, as the case study of Mrs Arscott has demonstrated, recipe books included personal experience with illness. Emotive details and descriptions of experience and testing gave recipes credibility and therefore recipe books also served as health histories.

The family maintained a central role in medical treatment and healthcare, and this was done through a collaborative exchange of knowledge, from a variety of people, and via different media. Simultaneously, the availability of new information allowed compilers to expand their

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<sup>146</sup> Raymond Anselment, "'The Want of Health': An Early Eighteenth-Century Self-Portrait of Sickness", *Literature and Medicine*, 15 no. 2 (1996), p. 228.

arsenal of cures and become astute and knowledgeable consumers by selecting which advice they deemed trustworthy and effective. Contextualising domestic medicine as healthcare hence provides a clearer picture of the role of elites as patients and as consumers during an era of rapid change in consumerism and commercialisation of the medical marketplace.

## CHAPTER 4

### **Authors and Attributees: Compiling, Citing, and Exchanging Domestic Medical Knowledge**

Assigning ownership to knowledge was a central component of recipe collecting. It was important to credit the individuals providing advice and to declare one's authority as a manuscript compiler. A recipe collection's uniqueness came from social and medical practices, including the materiality of authorship, and the reasons for collecting knowledge from certain people and places. This chapter investigates the sources of medical recipes. Marks of authority and ownership left by compilers reveal a diverse range of individuals involved in the creation, transmission, and preservation of domestic medical knowledge in eighteenth-century England. The exchange of medical knowledge was not constrained by gender or social barriers and elite healthcare was open-minded and opportunistic. The manuscript tradition of collecting recipes was an elite pastime, and my research shows that the majority of compilers were women, though men also played an important role in communicating and preserving health information in domestic medicine. Moreover, the meaning of author citations evolved in the eighteenth century alongside changes in social interactions, reading, record keeping, and the construction of authority.<sup>1</sup>

Social networks (relatives and acquaintances), and the medical marketplace remained central for providing medical advice, indicating continuity in recipe collecting between the seventeenth and eighteenth centuries. A significant shift did however occur in the eighteenth century as compilers expanded their sources alongside expansions in print culture, the medical marketplace, and communication networks. Criteria for how to source medical information thus

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<sup>1</sup> Elaine Leong has noted that this was also the case in seventeenth-century collections. Elaine Leong, 'Medical Recipe Collections in Seventeenth-Century England: Knowledge, Text and Gender (DPhil thesis, University of Oxford, 2005), p. 14.

evolved in eighteenth-century manuscripts, and citations increasingly served as general references for citing a wider range of sources. A difference from seventeenth-century collections is that eighteenth-century recipes are attributed less frequently to ‘celebrities’. The heyday of relying on remedies that were first published in printed guides in the 1650s, such as *The Queen’s Closet Opened*,<sup>2</sup> which were attributed to aristocratic women and famous physicians, seems to have declined to make way for new sources of medical knowledge. These new sources included proprietary medicine, which was now firmly within the scope of elite healthcare. Given the growing diversity of sources for domestic medicine in the eighteenth century, attributive citations were thus used more as records of where information came from, than stand-alone marks of authority.

Eighteenth-century healthcare was based on consumer astuteness and collecting recipes was a selective process. Purchased and homemade guidance and medicaments were used in elite healthcare, and domestic medicine was composed of advice sourced from the household and the medical marketplace. Purchased products, information, and care were all part of commercial medicine. In this sense, medical professionals were part of commercial medicine because elites bought medication and services from physicians, apothecaries, and surgeons. The commercialisation of medicine meant that recipe compilers were forced to re-define their criteria for sourcing credible advice. This enabled diverse direct and indirect communication of recipes to influence elite healthcare. Still, much of the information exchanged was personalised advice. The focus on family care and overall health maintenance remained fundamental to domestic medicine and the recipe collecting tradition, and exchanging recipes was part of the wider social obligation of sharing knowledge.

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<sup>2</sup> W.M., *The Queen’s Closet Opened: Being Incomparable Secrets in Physick, Chyrurgery, Preserving, Candyng, and Cookery*, tenth edition (London, 1698).

A main difficulty in the history of recipe books is finding evidence of use, and determining the meaning of that evidence. Recipe collections nevertheless have more cultural significance beyond being utilitarian texts. The information that was recorded within manuscripts could have been for practical use, but it also reflects how texts were used to collect knowledge as part of an intellectual and creative pastime. Additional sources such as letters provide valuable context for how medical knowledge was disseminated and used, and they emphasise the determination of elite sufferers in seeking advice from a spectrum of resources. A case study of letters penned by the Cox family was chosen because the collection is fairly large, spans several decades, the letters are from several family members who lived in diverse regions across England, and the letters contain plenty of details concerning health and medical treatment. The Cox family letters position medical recipes and manuscript collections within the cultural history of medicine by illustrating the contexts in which recipes were exchanged and how medical advice was communicated.

This chapter begins with an analysis of authorship in eighteenth-century recipe collections. Authorship was about conveying ownership of knowledge and how that knowledge was acquired. Several case studies of authorship are included to underscore the individuality of manuscript collections, and the multitude of contexts and meanings owning and compiling recipe books had for elites. Next, this chapter demonstrates how attributive citations were records of authority and a referencing style that compilers used to manage health information. The third section takes these records of authors and contributors and looks at them in the context of social networks. Mapping a compiler's social network uncovers the ways in which medical information was communicated and by whom. Social networks, moreover, bring a manuscript's history to life by offering biographical context for how these records documented

health through generations. In the final section, the exchange of medical knowledge through social networks is explored by considering letters as supplementary records for contextualising recipe collecting within elite healthcare. This chapter emphasises the social and cultural contexts of communicating medical advice and the material significance of recipe collections as records of the widespread exchange of knowledge in eighteenth-century England. This context of communicating knowledge demonstrates the household's centrality in medical discourses and healthcare, and reinforces that the commercialisation of medicine did not result in a decline of use and value of family advice and domestic skill in medicine.<sup>3</sup>

#### **4.1 Authorship and Authority in Domestic Medicine**

In order to examine the nature of authorship within recipe books, we first need to consider the meaning of medical authority. The social framework of authority and credibility in medicine changed from the seventeenth century and throughout the eighteenth century, and this influenced how compliers evaluated their sources. Notions of authority within domestic medicine (particularly women's medical authority) have been framed by historians as being akin to the authority of physicians.<sup>4</sup> Yet, domestic medicine functioned under more flexible criteria than that of the patronage-centred agenda of physicians. Authority came from an individual's experience and successful track record of treating illnesses and providing effective advice. The changes in authority that did occur in the medical profession nevertheless

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<sup>3</sup> Leonie Hannan's work on epistolary networks similarly aims to position the home as a central intellectual space for knowledge communication, namely that communicated by women. Leonie Hannan, 'Making Space: English Women, Letter-Writing, and the Life of the Mind, c. 1650–1750', *Women's History Review*, 21 no. 4 (2012), pp. 589–604.

<sup>4</sup> Leong, 'Medical Recipe Collections', p. 171. These comparisons have been made in reference to Steven Shapin's study of gentlemanly maxims for credibility by Jennifer K. Stine, 'Opening Closets: The Discovery of Household Medicine in Early Modern England' (PhD thesis, Stanford University, 1996), p. 181, and Anne Stobart, 'The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in Household Healthcare in South-West England in the Late Seventeenth Century' (PhD thesis, Middlesex University, 2008), p. 15. Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: The University of Chicago Press, 1995).

influenced, and were influenced by, elite healthcare because elite culture set the standards for expectations in care. In order to receive patronage, and successfully interact with their elite patients, physicians (and other medical practitioners<sup>5</sup>) had to be attuned to their patients' physical and emotional needs. A shift from physicians' use of gentlemanly notions of credibility to notions of morality and emotions was influenced by the mid-century adoption of the rhetoric of sensibility, in relation to the concept of a nervous system.<sup>6</sup> This shift from objective to subjective accounts of illness meant that a physician's credibility evolved alongside society's expectations of sensibility. Moreover, Heather Beatty suggests that elite physicians used their social status to convey how they had the right skills and sensibilities to relate to and treat elite sufferers.<sup>7</sup> Employing the services of a physician was an important part of elite healthcare, and recipe books are records of the shifting criteria for authority and credibility within the medical professions, and the subsequent effect on domestic medicine.

Determining authorship is essential for understanding the social impact of recipe collecting. Authorship citations reveal the diversity in ownership and provenance in recipe collecting, and how these changed over time. Janet Theophano has called recipe books 'celebrations of identity' which connected people, places, and the past, and through which individuals 'exchanged, transformed, and adapted to their changing world'.<sup>8</sup> Gender historians

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<sup>5</sup> Katherine A. Walker argues that surgeons were attuned to their patients' pain. Katherine A. Walker, 'Pain and Surgery in England, circa 1620–circa 1740', *Medical History*, 59 no. 2 (2015), pp. 255–74.

<sup>6</sup> Wayne Wild, *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-century Consultation Letters and Literature* (Amsterdam: Rodopi, 2006), p. 10.

<sup>7</sup> Heather Beatty, 'Quacks, Social Climbers, Social Critics, and Gentlemen Physicians: the Nerve Doctors of Late Eighteenth-Century Britain', in Glen Colburn (ed.), *English Malady: Enabling and Disabling Fictions* (Newcastle: Cambridge Scholars Publishing, 2008), p. 71.

<sup>8</sup> Janet Theophano, *Eat My Words: Reading Women's Lives Through the Cookbooks They Wrote* (New York: Palgrave Macmillan, 2003), p. 8.

have framed recipe book authorship as an expression of a woman's early modern self.<sup>9</sup>

However, as Mary Fissell reminds us, writing down medical knowledge was an unusual practice for most women, and existing records reflect only a select portion of women's health and healing, namely that of elites.<sup>10</sup>

Recipe collections offer a snapshot of the interests and concerns of elite individuals, each with their own distinctive tastes. Authorship and ownership are, however, problematic terms for manuscript recipe collections. An author is defined as the original creator of a work, and recipe collections were often collaborative, with content transcribed from other sources. Catherine Field argues that authorship and ownership were synonymous because a manuscript was compiled and owned by the same individual, making it an authored collection. Still, as Elaine Leong has observed, naming a specific author disregards the contributions of collaborators and subsequent compilers.<sup>11</sup> To rectify this issue, recipe collection historians use the terms 'compiler' or 'collector' to show that the work may not be an original composition, while acknowledging that content could have been authored by the compiler(s). I use the term compiler to refer to individuals who were authors and/or owners at various stages of a recipe book's life cycle.

Collections often have traces of compilership, and many of these include marking ownership of the book by writing 'her book', or including a name on the front cover. My research has found that 92% of the manuscripts which were not completely anonymous were associated with persons of elite social status (gentry and aristocracy). Of the traceable

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<sup>9</sup> Catherine Field, "'Many hands hands': Writing the Self in Early Modern Women's Receipt Books", in Michelle Dowd and Julie Eckerle (eds.), *Genre and Women's Life Writing in Early Modern England* (Aldershot: Ashgate, 2007), p. 50.

<sup>10</sup> Mary Fissell, 'Women in Healing Spaces', in Laura Lunger Knoppers (ed.), *The Cambridge Companion to Early Modern Women's Writing* (Cambridge: Cambridge University Press, 2009), p. 154.

<sup>11</sup> Leong, 'Medical Recipe Collections', p. 173.

manuscripts, 57% (85) were compiled and have traceable gentry or peerage connections, while the remaining 21% (31) have unclear authorship but are held within estate collections of gentry families. A third category has ten manuscripts with cited authors who are untraceable. This minority group of authors could represent the practice of recipe collecting among middling sorts, but it is also possible that these authors were either servants or perhaps scribes. The remaining 24 manuscripts from the sample of 150 are completely anonymous. To survey authorship in eighteenth-century recipe books, I used two sample sets. The first is my database of 27 manuscripts, used for quantitative analysis throughout the thesis. The majority of the recipe books from this sample were compiled by women (15), and only one man was cited as a primary author. Seven of the recipe books were anonymous and there were also seven family collections; eight collections were collaborative.

The second set is my larger sample of 150 manuscripts. I counted the compilership (authorship/ownership) of these collections as either: female, male, male and female (family), or unknown. Of the 150 recipe books, approximately 50% (76) were associated with a female compiler (Figure 14).<sup>12</sup> Some recipe books cite multiple compilers and therefore I also provide a total number of named compilers; the total number of female compilers cited was 88. My survey includes recipe books housed at regional archives, which are more likely to hold manuscripts within their original family estate collections, and hence are more likely to have female and family-compiled manuscripts, whereas academic institutions are more likely to hold recipe books and commonplace books compiled by men. Approximately 5% of the manuscripts (7) were compiled by men, and this is the same for the total citations. There were 14 recipe

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<sup>12</sup> When compared to collections from the seventeenth century, this is nearly double the number of female contributors in Elaine Leong's survey of 259 manuscripts. However, Leong's research specifically focused on male participants in recipe collecting and she stresses that a number of the institutional archives she used had a stronger focus on men's commonplace and memoranda books. Leong, 'Medical Recipe Collections', p. 34.

books (9%) cited as either belonging to a family (by surname), or included names of male and female family members. The total count for family collections was also 14. I have kept family manuscripts separate from recipe books which are completely anonymous, whereas Leong grouped seventeenth-century family collections in the ‘unknown’ gender category.<sup>13</sup>

Additionally, 26 manuscripts had multiple compilers though some only cited the primary compiler and ‘others’, meaning that unquantified persons could not be included in this count.

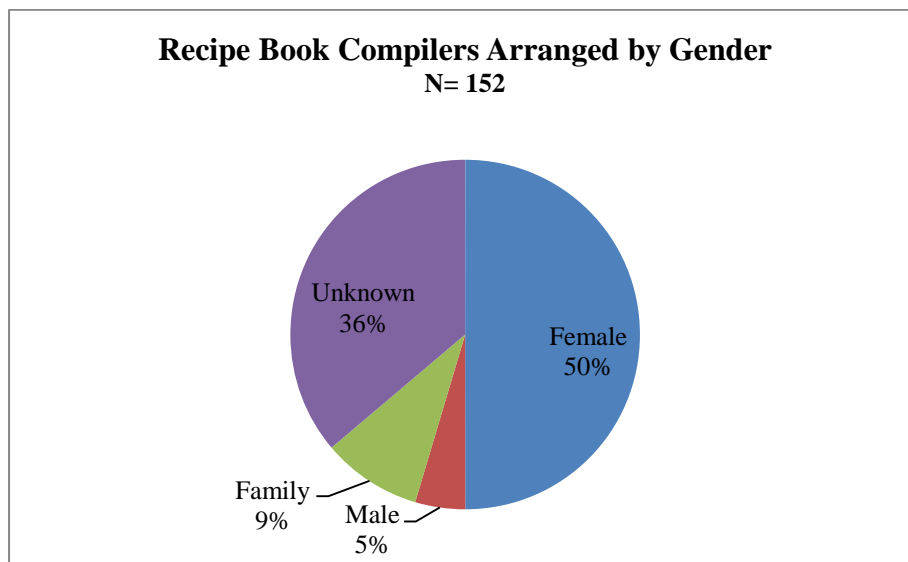
Approximately 36% of the manuscripts (55) have unknown authorship, with one manuscript citing initials, and thus the author’s gender is unknown.<sup>14</sup> Thirty-one of those unknown manuscripts, however, provide information regarding the estate collections they are held within, which gives some indication of provenance. The remaining 24 manuscripts are anonymous. These manuscripts are dated from the seventeenth century to the nineteenth century, with the earliest year being 1660 and the latest 1805. Twelve of the anonymous collections span the seventeenth and eighteenth centuries, seven are dated from the eighteenth century only, and four are dated from the eighteenth and nineteenth centuries. It is tempting to suggest that anonymity is more common with seventeenth-century collections, signifying a shift in compilership traditions; however, my sample is too narrow for the seventeenth century for this claim to be credible. It does appear nonetheless that, from the collections I surveyed that began in the eighteenth century, citing authorship was a fundamental feature of the eighteenth-century recipe collecting tradition. Nonetheless, while anonymous collections have no traces of family lineages or personal details, they are important for a complete representation of recipe

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<sup>13</sup> Leong additionally found that nearly a third of her seventeenth-century collections were compiled by a family or couple, resulting in the gender of the compiler being undetermined.

<sup>14</sup> The majority of the collections categorised as ‘unknown’ are housed in the Wellcome Library. The Wellcome has a specialised collection of manuscripts that were purchased at auction or through private sales in the 1920s and 30s and around 2000, meaning that many of the manuscripts are not situated alongside other documents that might shed light on provenance and ownership.

collecting and can even represent an ‘ordinary practitioner’.<sup>15</sup> As Sara Pennell acknowledges, the content of recipe books reflects domestic interests and anonymous authors reflect the prevalence of the recipe collecting tradition as a pedagogic practice in elite households.<sup>16</sup>



**Figure 24: Recipe compilers in eighteenth-century recipe books by gender. There were 150 manuscripts surveyed but two had male and female compilers, making N=152. Decimals have not been rounded up.**

Who were these recipe compilers? The following examples are small case studies of a few of the compilers featured in my sample. These examples provide biographical context and highlight the differences between authorship, compilership, and ownership within this constantly evolving tradition. Themes represented in the following examples include the nature of compilership as both an independent pursuit and a collaborative effort, as well as the significance of recipe collections as records of elite life, family illness, and healthcare.<sup>17</sup>

Furthermore, they illustrate the value of manuscript collections as documentation of women’s

<sup>15</sup> Lucinda Beier, ‘In Sickness and in Health: A Seventeenth Century family’s experience’, in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), p. 51.

<sup>16</sup> Sara Pennell, ‘Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England’, in Victoria E. Burke and Jonathan Gibson (eds.), *Early Modern Women’s Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium* (Aldershot: Ashgate, 2004), p. 240.

<sup>17</sup> For a seventeenth-century example of elite authorship in recipe books see, Leonard Guthrie, ‘The Lady Sedley’s Receipt Book, 1686, and other Seventeenth-century Receipt Books’, *The Lancet*, 181 (1913), pp. 1041–4.

journeys to (and in) adulthood, marriage, and motherhood, and as records of genealogy and health through generations.

Regarding manuscripts compiled by women, one example of an eighteenth-century aristocratic female compiler is Elizabeth Okeover, whose collection is dated between 1675 and 1725.<sup>18</sup> An earlier manuscript (Wellcome, MS.7391) was compiled by Elizabeth Okeover, sister to Sir Rowland Okeover of Stafford. Her niece, Elizabeth Adderley, was one owner and subsequent compiler of the later manuscript (Wellcome, MS.3712). This complicated case of authorship is clarified by Adderley in a marginal note: ‘This I make Eliz. Okeover now Adderley’. Elizabeth Adderley was born in 1644, making her approximately thirty when she began adding to this copied collection.<sup>19</sup> This manuscript provides a useful example for the contemporary importance of providing a clear mark of ownership as it established Okeover’s (Adderley’s) authority in her text. It also signifies how these manuscripts serve as records of a woman’s transition into married life.

Elizabeth Jenner’s collection is another early eighteenth-century example of a manuscript that was compiled by a woman who was evidently wealthy, but not aristocratic.<sup>20</sup> While Jenner’s background is unclear, her manuscript is catalogued referencing Edward Jenner’s papers at the Wellcome Library.<sup>21</sup> Furthermore, there is a will for an Elizabeth Jenner who died a spinster in 1740, which is held at the Gloucestershire Record Office. The will, dated 11 June 1739, states that Elizabeth Jenner lived in Pusey, Berkshire and left all her possessions (including money, bonds, probate goods, land, and chattels) to her brother-in-law, Reverend Stephen Wicksted,

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<sup>18</sup> Wellcome, MS.3712. Richard Aspin has written a thorough analysis of this manuscript and notes that it was copied from an earlier collection housed in the Wellcome Library (MS.7391). Richard Aspin, ‘Who was Elizabeth Okeover?’, *Medical History*, 44 no. 4 (2000), pp. 531–40.

<sup>19</sup> ‘Adderley marriage certificate, 1680’: Derbyshire RO, D231 M/T 411.

<sup>20</sup> Wellcome, MS.3029.

<sup>21</sup> Edward Jenner (1749–1823), the eighteenth-century physician noted for pioneering the smallpox vaccine.

including property in the parish of Lechlade.<sup>22</sup> As Edward Jenner's family originated from nearby Berkeley, it is possible that this is the same Elizabeth Jenner and that she was in fact related to the physician. With respect to her authority as a compiler, Jenner's use of the first person in some of her recipes, such as 'to make Lozenges for A Cough my way'<sup>23</sup>, points to original composition and the importance of recording personal experience in creating and testing remedies.

A final intriguing case of female compilership is a collection documented by the Wellcome Library as compiled by Emily Jane Sneyd, c. 1750–95. Although the majority of the recipes in this collection were compiled in an eighteenth-century hand, it appears that Emily Jane Sneyd was not the primary compiler, but a subsequent owner of the collection.<sup>24</sup> The handwriting of Sneyd's signature matches the recipes added during the nineteenth century at the end of the collection. In the back of the collection are also two loose nineteenth-century newspaper articles from *The Lady's Pictorial* dated 27 January and 8 February, 1894. This example of female compilership reinforces the importance of looking at the content of recipe collections because the names written on the covers can be misleading. Sneyd's mark of ownership highlights the complexity of, and distinction between, authorship, compilership, and ownership given that recipe books continually evolved as they changed hands, making the notion of authority mutable.

Recipe collections could also be important records of a family's health history and their medical knowledge. An example of a family's recipe book is one that belonged to the Tyrrells of Thornton, Buckinghamshire.<sup>25</sup> This collection originates from the later seventeenth century as there are a number of recipes in the front half of the manuscript that appear to have been compiled by Lady Frances Tyrrell (1649–99). On the manuscript's frontispiece is the signature of Charles Tyrrell Blount (1708–49), Lady Tyrrell's third grandson, indicating that he inherited

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<sup>22</sup> Probate will of Elizabeth Jenner, 1739: Gloucestershire RO, D1388/III/143.

<sup>23</sup> Wellcome, MS.3029, f. 30. This recipe is discussed in Chapter 3.

<sup>24</sup> Likely a member of the Sneyd-Kynnersley family of Loxley Hall.

<sup>25</sup> On the history of the Tyrrell family see, Arthur Collins, *The English Baronetage: Containing a Genealogical and Historical Account of all the English Baronets* Vol.2 (London: Tho. Wooton, 1741), p. 80.

the book. In the back of the collection, written in another hand, are recipes ‘ordered’ for Charles’s sons Harry and Thomas, both of whom died at the age of twenty-five.<sup>26</sup> The preservation of older recipes alongside later additions reinforces how recipe collections were as much about inheriting knowledge as they were about contributing knowledge, all serving to document a family’s health through generations.

Manuscript recipe books were open-ended narratives, a starting point for future compilers.<sup>27</sup> If we include families compiling a collection collaboratively, and consider ownership changing hands via an inherited collection, there is a clear trend of multiple compilership in recipe collecting (Figure 14). Compilership citations are usually displayed inside the front cover, or sometimes part way through the manuscript with a change in handwriting, indicating transference of ownership. One manuscript held at the Brotherton Library begins with the citation ‘Jane Beague her Receipt Book 1697’ and subsequently contains the following compiler citations: William Jeffrey, Frederick Jeffrey, Hannah Overend 1801, Burney Burley 1801, and William Wood 1859.<sup>28</sup> Not only do these citations demonstrate that this recipe book continued to be modified into the nineteenth century, but they convey the enduring importance of marking one’s ownership of, and contribution, to a manuscript.

Occasionally, historians are fortunate in coming across recipe books with supplementary biographical information. Providing more than just a name, these cases situate recipe books more firmly within eighteenth-century social and cultural history. Isabella Fenwick’s recipe book is dated 29 May 1716, evident from her mark of compilership on the inside back cover.<sup>29</sup>

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<sup>26</sup> Wellcome, MS.7822, ff. 47v., 48r.. Family Search Community Trees, ‘Tyrrell family’, accessed 16 Oct. 2015 at <<http://histfam.familysearch.org/descend.php?personID=I189750&tree=Nixon>>.

<sup>27</sup> Margaret Ezell, ‘Domestic Papers: Manuscript Culture and Early Modern Women’s Life Writing’, in Michelle Dowd and Julie Eckerle (eds.), *Genre and Women’s Life Writing* (Aldershot: Ashgate, 2007), p. 46.

<sup>28</sup> Brotherton Library, MS 871.

<sup>29</sup> Brotherton Library, MS 465. The research was conducted by Professor T.H.B. Bedford at the University of Manchester in 1952–3.

Isabella Wrightson (née Fenwick) was the eldest daughter and co-heir of William Fenwick of Bywell, Northumberland. She was the second wife of William Wrightson (1676–1760) of Cusworth Hall in Doncaster and had three children, of whom there was a sole surviving daughter. Isabella died on 9 November 1745 aged forty-six and is buried at Hemsworth, Yorkshire (12 miles from Cusworth Hall).<sup>30</sup> The manuscript was purchased from the library of Cusworth Hall, Doncaster on 23 October 1952 and a portrait of Isabella was also auctioned off at that time. This manuscript illustrates the trend, and associated drawbacks, of removing manuscripts from their original family archives through auction; the household context is potentially lost. With this additional biographical information, we know that Isabella lived for a short while before her death at Cusworth Hall, which was built from 1740–4 and that this manor included a still room. As her manuscript contains a section dedicated to distilled waters, it is possible Isabella wanted to continue making distilled waters as a married woman and may have been influential in the construction of Cusworth Hall. Cases like Isabella Fenwick’s helpfully offer a more comprehensive example of a woman’s engagement in recipe collecting and domestic medicine.

These case studies of compilership underscore the uniqueness of recipe books as personal objects and heirlooms. The stories of authorship and ownership for each manuscript illustrate the fluidity of the life cycles of recipe books, and how they evolved as objects with respect to their materiality and social, cultural, didactic, and intellectual functions. As these examples have shown, recipe collecting and domestic medicine remained a central aspect of many elite women’s lives into and throughout the eighteenth century, and collecting medical knowledge was often a family initiative.

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<sup>30</sup> This information accompanied the manuscript and was provided by a librarian G.A. Selby at the Doncaster Public library in November 1952, while a second letter dated from January 1953 was from the Vicar of St. Peter’s Church in Bywell, Northumberland.

## 4.2 Attributees and Citing Medical Knowledge

At another level of knowledge ownership, citations referencing individuals alongside recipes convey the wide spectrum of who was considered a credible source of medical knowledge.<sup>31</sup> These individuals have been labelled in the historiography as ‘attributors’; however, this implies that they were doing the attributing. I use the more accurate term ‘attributee’ to indicate that the recipes were attributed to them. Attributees can equally be considered authors and donors,<sup>32</sup> but this implies that the individual had an active role in creating and/or communicating the information, rather than just being associated with it. Each cited recipe served as a link between compiler and donor, and the citation was a mark of authority and a reference. Attributee citations were a strategy in recipe collecting for verifying information, where documenting social status in these knowledge exchanges played only a partial role. Attributing recipes in a collection could be, as Anne Stobart argues, an outcome of the nature of gift medicine.<sup>33</sup> In this referencing style, an individual’s authority as a recipe donor was based on the person’s relationship with the compiler, the compiler’s trust in that person, and in the credibility of his or her experience with the recipe.<sup>34</sup> However, authority was a complex concept in referencing in eighteenth-century collections, and this was due to medical knowledge being sourced from new people and places in conjunction with the commercialisation of medicine.

Citations document a compiler’s access and choice in healthcare, and they often showcased the compiler’s authority in relation to social status and patronage. Consultations with prominent physicians demonstrated the compiler’s wealth, references to correspondence with

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<sup>31</sup> Abigail Smith’s collection, for instance, includes a list on the front cover of all the recipes included which were sent by acquaintances, including lords, ladies, men, married and unmarried women. Wellcome, MS.4631, front cover.

<sup>32</sup> Michelle DiMeo, ‘Authorship and Medical Networks: Reading Attributions in Early Modern Manuscript Recipe Books’, in Michelle DiMeo and Sara Pennell (eds.), *Reading and Writing Recipe Books, 1550-1800* (Manchester: Manchester University Press, 2013), p. 25.

<sup>33</sup> Stobart, ‘Making Domestic Medicine’, p. 146.

<sup>34</sup> Leong, ‘Medical Recipe Collections’, p. 225.

nobility were a mark of one's patronage, and recipes cited from print demonstrated the compiler's access to information. Citations are equally representative of information exchanges that occurred between family members and friends, reflecting the importance of community in healthcare.<sup>35</sup> Recipes attributed to neighbours, servants, and relatives were thus deemed as important and credible as those attributed to well-known aristocrats and physicians. Considering direct versus indirect exchanges of information makes tracing medical networks challenging. Recipe books created in the eighteenth century reflect a shift where collections were constructed from information communicated in more family-centred networks. There was an emphasis on recipes from relatives and acquaintances, but this was also supplemented with advice from rapidly expanding print and medical marketplaces. Recipe books were tools to fulfil the social obligation of family care, but compilers remained cautiously open-minded when considering from whom they obtained their medical advice in response to commercialisation.

A distinction should first be made between the different types of citations in recipe books. A person who communicated information first-hand, meaning there was only one exchange between two people, I call a direct attributee. In contrast, an indirect attributee was someone cited in a second-hand exchange of information, either through multiple personal exchanges or through a printed source.<sup>36</sup> For example, one anonymous compiler cited a recipe with 'and my author says' which suggests that the information was taken from a printed source.<sup>37</sup> Both types of attributee could have been reputable. Examining the top ten most frequently cited individuals from my sample of 27 manuscripts, there is a mix of gender, social status, and occupation. There are three women, including an aunt, a midwife, and a wife. Three of the individuals are cited by initials or surname, and they could not be identified. This is not

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<sup>35</sup> Leong, 'Medical Recipe Collections', p. 197.

<sup>36</sup> Leong uses the terms 'simple' and 'complex' authorship citations. *Ibid.*, p. 175.

<sup>37</sup> This could have been transmitted orally, despite being from a print source. Wellcome, MS.3582, f. 86v.

unusual, as the gender of 186 attributees in my survey was unidentifiable; 89 were cited by initials and 97 were cited with their surname (Figure 15). There are additionally three physicians that were the most commonly cited attributees: Dr Chambers, Dr Cheyne, and Dr Lower. Many of these physician citations were likely taken from print sources rather than from direct communication. Finally, Henry Wise was cited often alongside recipes prescribed for him in both the family recipe books.<sup>38</sup>

Name	Manuscript	Biographical Information	Total Citations
<b>Aunt Murray</b>	U1590/C43/2	Relative of Lady Stanhope	105
<b>Mrs Trefusis</b>	MS.981	Elizabeth Trefusis, wife of Arthur Tetcott	47
<b>T Lower</b>	MS.3500	unknown	36
<b>Mr Gibbon</b>	MS.2201	unknown	32
<b>Doctor Chambers</b>	MC443/1	William Chambers (1699–1785)	27
<b>Doctor Cheyne</b>	multiple	George Cheyne (1671–1743)	27
<b>Frances Kent</b>	MS.3500	Quaker Midwife from Reading (d. 1685)	26
<b>EB</b>	MS.7822	unknown (Tyrrell Family)	24
<b>Doctor Lower</b>	multiple	Richard Lower (1631–90)	20
<b>Henry Wise</b>	CR0341/300	Royal Gardener (1653–1738)	19

**Table 8: Top ten attributees cited (27 manuscripts and 5,013 recipes)**

In my survey of 5,013 recipes, 60% (3,026) had no attributees, while 40% had one or more attributees, indicating the importance of attributing recipes but also that compilers were selective in documenting recipe sources. Figure 15 shows that women are the most commonly cited, with 997 citations. Of this count, there were 56 female family members, 29 midwife citations, and 10 nurse citations. This high count of women attributees is to be expected given that women were likely to be involved in domestic matters, and recording recipes was part of household management.<sup>39</sup> A remedy for a thorn prick, for instance, was recorded as being ‘from

<sup>38</sup> I discuss Henry Wise’s health history in Chapter 3.

<sup>39</sup> Stobart found that for eight manuscripts (2,000 recipes), 19% had attributions and women were the most commonly cited. Stobart, ‘The Making of Domestic Medicine’, pp. 145–6.

Widow Wright of Weakside’, while another collection cited ‘Mrs Herbert (ye great Midwife’s) receipt to prevent Miscarrying, from Lady Down’.<sup>40</sup>

Looking more closely at each of these contributor categories, I begin with women. There were 46 citations to women with the titles of ‘Lady’, ‘Countess’, and ‘Marquise’ in my database sample. That is approximately only 5% of female citations, indicating that elite medical knowledge was sourced from a wide social spectrum of upper, middling, and lower class women. Recipes attributed to well-known aristocratic women are challenging to analyse because it is often unclear whether the compiler actually corresponded with the women or, more likely in the case of eighteenth-century collections, copied their recipes from another source. For example, recipes by Lady Allen and Lady St. John appear frequently in both print and manuscript collections and they can be traced to their earlier publication in seventeenth-century works like *The Queen’s Closet Opened*.<sup>41</sup> When a compiler wrote ‘my lady’ as in the cases, ‘my Lady Sydenhams Oyntment for ye Small Pox’ and ‘for the Collick My Lady Tucks Receipt’, this could indicate a personal relationship or patronage connection.<sup>42</sup> However, this was also a stylistic form of respect and, therefore, is not necessarily indicative of an acquaintanceship, but rather recognition of a favoured and celebrated individual. Caroline Powys’ recipe book provides clear evidence of how she sourced her recipes. On the front cover of Powys’ manuscript she wrote that she had obtained all of the recipes either from ‘the Ladies themselves or from Family manuscripts’, reinforcing that medical knowledge could be communicated via manuscripts and orally.<sup>43</sup>

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<sup>40</sup> Cited in Mrs Meade’s (and others) collection: Wellcome, MS.3500, f. 24v. The second example is from Katharine Palmer’s collection (1700–39): Wellcome, MS.7976, f. 110.

<sup>41</sup> W.M., *The Queen’s Closet Opened*.

<sup>42</sup> Recorded in an anonymous manuscript (c. 1685–c. 1725): Wellcome MS.1795, f. 217v. The second example is from the Tyrrell family’s manuscript: Wellcome, MS.7822, f. 34r.

<sup>43</sup> BL, Add. MS 42173, f. 1.



**Figure 15: Attributee citations arranged by gender and occupation. It should be noted that text sources included individuals cited in the other categories.**

Apart from citations of aristocratic women, women of gentry and non-gentry status were significant sources of domestic knowledge and recipe collectors cited women who were friends, neighbours, servants, and irregular medical practitioners such as herbal women, nurses, and midwives.<sup>44</sup> As well, attributee citations that specify a woman’s occupation and medical credentials show the diverse range of individuals from whom domestic medical advice was sourced and, moreover, how irregular practitioners were valued for their knowledge. One remedy for swollen breasts was attributed to a Mrs Perkins, who in turn got the cure from ‘Mrs

<sup>44</sup> It should be noted that in Figure 15, midwives and nurses were grouped with women, rather than as medical practitioners to emphasise gender. However, there are three female apothecaries grouped under ‘medical practitioners’.

Woodford a famous Midwife'.<sup>45</sup> Another remedy for consumption was attributed to a Mrs Cook, who got the recipe from a Mrs Yarborough in Yorkshire.<sup>46</sup> These citations also include recipes that were attributed to an individual though a testimonial, such as one from a newspaper clipping declaring that an elderly Elizabeth Downes at St. Andrew's workhouse was cured of her blindness by rubbing her eyes daily with urine.<sup>47</sup> Evidently, manuscript compilers felt it was important to trace the transmission of a recipe between multiple people. This was presumably in order to strengthen its credibility, or if they believed there was a lack of credibility with one or more of the sources.

Men across the social spectrum were involved in the transmission of domestic medical knowledge. Other than medical professionals and proprietors, whom I counted separately, men account for 481 attributee citations. Within these citations, there are clear indicators of nobility such as Duke, Lord, Baron, and Sir (around 6%), whereas the remaining citations have the respectful form of address 'Mr' or simply a name.<sup>48</sup> The Duke of Portland's famous recipe for gout or rheumatism is an example of a recipe attributed to a titled man and one testimonial claimed, 'this Receipt was gave by the Duke of Portland and has Done great good'.<sup>49</sup> This recipe is likely referencing William Bentinck, the fourth Duke of Portland.<sup>50</sup> Recipes were occasionally attributed to military and naval men (in my sample there are 19 citations). Major Thacker, for instance, advised for a good restorative, 'Take ye birds called water wagtails either

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<sup>45</sup> Found in the Dolben family's collection: Wellcome, MS.2201, f. 12r.

<sup>46</sup> This example is recorded in the recipe book attributed to Emily Jane Sneyd: Wellcome MS.4646, f. 53v.

<sup>47</sup> From Mrs Finger's and Anna Maria Reeves' collection: Wellcome, MS.2363, back cover.

<sup>48</sup> There were approximately 30 citations of 'Lord' and 'Sir'. 'Mr' could have also indicated a surgeon.

<sup>49</sup> Wellcome MS.4057, 11v. Also cited in MS.4646, f. 13v.

<sup>50</sup> Bentinck's wife was Margaret Bentinck, a notable recipe collector and friend of botany enthusiast Mary Delany. As an aside, these two women had, what some scholars have argued, an intimate relationship that was cultivated through their botanical, medical, and artistic interests. Lisa L. Moore, *Sister Arts: The Erotics of Lesbian Landscapes* (London: University of Minnesota Press, 2011).

boiled or roasted. Let ye person consuming eat of these'.<sup>51</sup> There were also 13 references to men with religious occupations. Significantly, the majority of recipes are attributed to men with unacknowledged or non-elite social standing, confirming that the value of one's medical advice was not dependent on elite social status. A recipe for kidney stones in the Dolben family's recipe book, for instance, attributed to 'my father' (probably Sir William Dolben) proclaimed that 'Durden the Shepherd found great benefit by chewing [the mixture] like Tobacco'.<sup>52</sup> In another case, Sir George Cobb, from Adderbury, Oxfordshire, bought a remedy for rabies from a man named Tonquin. This eighteenth-century remedy was popularised through its dissemination in periodicals, as well as through personal recommendation.<sup>53</sup> Thus, the exchange of medical information was not constrained by gender or social barriers, meaning that elite healthcare as recorded in recipe books was open-minded and opportunistic.

Physicians are the third most commonly referenced individuals in domestic medicinal recipe collections, accounting for 357 citations in my survey. Many citations are identified by the title 'Dr', while others are ambiguous and only provide a surname or initials.<sup>54</sup> There were a myriad of sources from which physicians' advice could have been gleaned. Recipes from published medical treatises written by physicians were copied (directly or indirectly) into manuscripts. Physician citations are evidence of a close relationship between the household and the medical marketplace in eighteenth-century England. First, citations demonstrate that doctors' advice was available and trusted, and second, they show that professional medical knowledge was part of domestic medicine, usually as a purchased form of healthcare. Although

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<sup>51</sup> Cited in Esther Hanmer's (and others) collection (c. 1750–1825): Wellcome, MS.2767, f. 24r.

<sup>52</sup> Wellcome MS.2201, f. 23r.

<sup>53</sup> This recipe comprises, for instance, Wellcome MS.7019/3 as part of a six-piece Rabies Miscellany, and in a recipe book belonging to the Hinton Waldrist estate (c. 1775): Berkshire, D/ELS/Z11.

<sup>54</sup> Leong found that for seventeenth-century collections, recipe compilers who focused on physicians' recipes were less likely to include recipes from family and friends and this does not appear to be a trend in eighteenth-century manuscripts. Leong, 'Medical Recipe Collections', p. 192.

the medical faculty sought to separate themselves from commercial medicine in the eighteenth century, drugs and services from professionals and the commercial sector were found alongside each other in recipe books as purchased care.

To complicate physician citations further, Lettitia Owen's manuscript has a reference associated with treating a sweating distemper which she said 'I heard a phitician [sic] say he found in a manuscript'.<sup>55</sup> This particular reference is demonstrative of the feedback loop in communicating domestic medicine, where knowledge could start in manuscript form, be transferred to the medical professions, and find its way back to a recipe collection along with an oral testimony. Similarly, another anonymous manuscript was labelled as being 'My Mother Receipt Book given her by a very Eminent Physicien', indicating that domestic knowledge could also originate via the medical marketplace.<sup>56</sup>

Recipes also reflect the personal relationships that could have existed between compilers and their doctors. A physician's advice could have been recorded after a house call, but it is equally likely that the advice came from written correspondence, which was a fast and efficient way to communicate with clients.<sup>57</sup> The Dolben family's manuscript offers an example of a personal relationship between patient and physician in a recipe titled 'Drops's for Myself'. The purging medicine was attributed to Dr Richard Jebb and included an alternate nickname 'Dickey', suggesting that he and the compiler were acquaintances.<sup>58</sup> Another collection that illustrates a close relationship with a physician includes remedies that were intended for Mrs Hutchens from Dr James Keith. Some of Dr Keith's prescriptions were copied into the

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<sup>55</sup> Wellcome, MS.3731, f. 19v.

<sup>56</sup> BL, Add. MS 38089, f. 2v.

<sup>57</sup> On physicians' correspondence with patients via letter see, Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), p. 180. Lisa Wynne Smith, 'Reassessing the Role of the Family: Women's Medical Care in Eighteenth-Century England', *Social History of Medicine*, 16 no. 3 (2003), pp. 327-42. Wild, *Medicine-by-Post*.

<sup>58</sup> Wellcome, MS.2201, f. 9v.

manuscript and Mrs Hutchens additionally included original prescriptions pasted on the following pages. One recipe, for example, was ‘The Cordial Bolus yt it has pleasd God gratioously so often to bless it to stop my Cough’.<sup>59</sup> Duplication of this remedy, in addition to the statement of efficacy, reflects Mrs Hutchens’s trust in her physician’s ability to provide effective care. In addition to shorter prescriptions, Dr Keith also provided recipes that were intended to be prepared by Mrs Hutchens or another household member. One such recipe was for ‘the stomachick Wine’ dated 15 September 1715.<sup>60</sup> Regarding other medical practitioners and proprietors, apothecaries were also cited in domestic recipe books, as were surgeons. There are 11 citations to apothecaries in my survey, including three females. Moreover 16 surgeons are cited, one dentist, and three druggists/chemists (Figure 15).<sup>61</sup>

As a final examination of attributees, this section considers the cross-over of medical knowledge in manuscript and print. Figure 15 shows that 59 citations came from print sources, 44 of which were newspapers.<sup>62</sup> There was a trend in eighteenth-century recipe collections of referencing attributees by their race or national identity, rather than their name.<sup>63</sup> In my survey, seven individuals were acknowledged by their race or national identity. This was a new trend in recipe collecting, which likely emerged from sourcing recipes from newsprint. These citations reflect a cultural interest and novelty in identifying advice sourced from a foreign ‘other’.

Citations of race and ‘otherness’ raise a number of questions surrounding xenophobia, in

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<sup>59</sup> An anonymous collection (17<sup>th</sup>–18<sup>th</sup> C.): RCP, MS 506, no page number.

<sup>60</sup> Ibid.

<sup>61</sup> Bone-setters were not cited in the recipe books in my database, but are cited occasionally in my larger sample of 150 manuscripts.

<sup>62</sup> I discuss the role of print in domestic medicine in Chapter 5. Amanda Herbert has also noted how foreign recipes allowed women to gain new knowledge of the properties and efficacy of foreign remedies and practitioners. Amanda E. Herbert, *Female Alliances: Gender, Identity, and Friendship in Early Modern Britain* (Oxford: Oxford University Press, 2014), p. 109.

<sup>63</sup> On national identity and race as evolving terms in the eighteenth century see, Nicholas Hudson, “‘Nation’ to ‘Race’: The Origin of Racial Classification in Eighteenth-Century Thought”, *Eighteenth-Century Studies*, 29 no. 3 (1996), pp. 247–64.

particular whether ‘otherness’ and the exotic was a way of establishing credibility in domestic medicine. I contend that the foreignness of a recipe, in part, fuelled its appeal. Citing ‘exotic’ remedies was a way of demonstrating prestige with regards to having access to new recipes and print sources, and possibly having personal connections to the individuals communicating the information, or attributed to it. In 1797, Eliza Brown wrote that a ‘Jewish Ointment for Sore Eyes’ claimed to have done ‘great things when there has been a speck or webb in the eye’.<sup>64</sup> Another recipe for rabies was marked as a ‘Chinese Recipe’, and contained native and fictitious cinnabar.<sup>65</sup> One recipe stated that it was created by ‘Monsieur Giggere a French man’,<sup>66</sup> while another claimed to be the ‘Turkes Servants receipt’,<sup>67</sup> and a third ‘An Absolut Receipt for the Scaruey [scurvy] by An Egiption’.<sup>68</sup> These citations of ‘otherness’ also reflect the direct and indirect ways in which recipe networks branched out beyond England.

Evidence of the impact of empire on communicating recipes, particularly in association with print, is further evident from advice linked to ingredients originating in the East and West Indies. A cure for a purging from 1779, that was ‘recommended by a family connected with India’, describes a special type of rice from India called pincushion rice which, when boiled, was effective. Although expensive, at twenty shillings in India and a guinea in England, only a small quantity was needed.<sup>69</sup> Another recipe book contains a similar rice-based jelly from India, which was used as a restorative for weak bowels.<sup>70</sup> Finally, a recipe ‘for a person Poison’d by the Negros’ said to take horehound and plantain boiled in water in three doses.<sup>71</sup> But, if the third

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<sup>64</sup> Recorded in Elizabeth Michel’s mid-century collection: Wellcome, MS.3539, f. 86v.

<sup>65</sup> From an anonymous late 17<sup>th</sup> C. collection: CBS, D138/16/6, f. 270. Fictitious Cinnabar is also known as vermilion, or a powdered sublimate of antimony and mercury.

<sup>66</sup> In Letitia Owen’s recipe book (c. 1715): Wellcome, MS.3731, f. 26r.

<sup>67</sup> In Mrs Meade’s (and others) book: Wellcome, MS.3500, f. 42r.

<sup>68</sup> Found in Lady Catherine Fitzgerald’s collection (1703–7): Wellcome, MS.2367, f. 134v.

<sup>69</sup> In Mrs Finger’s and Anna Maria Reeves’ book: Wellcome, MS.2363, f. 23v.

<sup>70</sup> Recorded in Jane Frere’s recipe book (1777–1815): Norfolk RO, MC 433/1 715X9, f. 118.

<sup>71</sup> In an anonymous collection: Brotherton Library, MS 506, f. 120v.

dose does not relieve the symptoms, ‘twill be of no service’. There is no indication of where this recipe originated, but it is possible that it was sourced from a letter in the Royal Society’s *Philosophical Transactions*, which discussed an antidote to Indian poison in the West Indies.<sup>72</sup> Nonetheless, these examples are illustrative of recipe books serving as a space for recording medical knowledge out of an interest in novel cures associated with an expanding empire and interest in the exotic.<sup>73</sup>

We can see evidence of these types of recipes being sourced from newsprint in examples taken from eighteenth-century periodicals. One of the most prominent examples is the American Receipt for Rheumatism, which found its way into many eighteenth-century recipe books.<sup>74</sup> This particular remedy appears to have originated in South Carolina and was likely linked to the plantations.<sup>75</sup> Again, the novelty and ‘otherness’ of this remedy comes from its being titled as from America (and possibly from slaves on the plantations), rather than associated with a specific individual.

In another example, the *Weekly Amusement* published an article titled ‘Indian Method of curing a spitting of Blood, communicated in a Letter to the late Dr. Mead’ on 11 February 1764.<sup>76</sup> It begins by saying that it was an extraordinary case but that the author knew the ‘Gentleman to be a Man of Veracity, and had this Account from his own Mouth’. This recipe therefore established the testimony following traditional citation practices linked to genteel

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<sup>72</sup> ‘A Letter from Edward Milward, MD to Martin Folkes, Esq. President of the Royal Society, concerning an Antidote to the Indian Poison in the West-Indies’, *Philosophical Transactions*, XLI (1742/3).

<sup>73</sup> We can also consider the citing of exotic foreign recipes as part of cultural appropriation, as explored by Londa Schiebinger. Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004).

<sup>74</sup> For example, this recipe is recorded in an anonymous collection: Brotherton Library, MS 506, f. 53. ‘The Famous America Receipt for the Rheumatism’, *The British Magazine, or, Monthly Repository for Gentlemen & Ladies* (7 June 1766), p. 325.

<sup>75</sup> Thomas A. Horrocks, *Popular Print and Popular Medicine: Almanacs and Health Advice in Early America* (Amherst: University of Massachusetts Press, 2008), p. 62.

<sup>76</sup> ‘Indian Method of curing a spitting of Blood, communicated in a Letter to the late Dr. Mead’, *Weekly Amusement* (11 Feb 1764), p. 124.

social status and credibility. This gentleman, who suffered from ‘haemoptoe’ [spitting blood], sought advice throughout Maryland before putting himself ‘under the Care of a Negro Fellow’ known as ‘the Ward of Maryland’ for his reputation for performing extraordinary cures. The article concluded by declaring that the gentleman was soon cured. Although the testimony was from a gentleman and attributed to Dr Mead, the actual treatment and medical expertise was attributed to an individual described by his race and place of origin, rather than by name. This referencing style using indirect citations was commonly used in newspapers, which reflected cultural attitudes towards the exotic and foreign, and this was adopted into recipe books as compilers sourced information from new media.<sup>77</sup>

To conclude, the meaning of attribute citations evolved from the seventeenth century and throughout the eighteenth century as sources of medical information diversified. Rather than conveying the authority of individuals, citations served more as information references akin to modern footnotes, thus reflecting the compiler’s interests and breadth of access to resources and knowledge acquisition. More broadly, this evolution reflects how the commercialisation of the print and medical marketplaces contributed to a shift in the organisation and style of recipe collections and the documentation of medical knowledge for domestic use.

### **4.3 Networks of Medical Knowledge**

Beyond serving as references, citations can tell us a great deal about a compiler’s methods and means for acquiring medical knowledge. A primary means of obtaining and exchanging this advice was through one’s social network. Correspondences and acquaintanceships were not

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<sup>77</sup> Londa Schiebinger examines this concept of ignorance of the origin of knowledge (agnotology) in the context of abortifacient plants and botanical knowledge. Londa Schiebinger, ‘West Indian Abortifacients and the Making of Ignorance’, in Robert N. Proctor and Londa Schiebinger (eds.), *Agnotology: The Making and Unmaking of Ignorance* (Stanford: Stanford University Press, 2008), pp. 149–62.

exclusively intended for exchanging medical advice, rather they represent the relationships of wealthy individuals, which were partly maintained out of social obligation. This obligation stemmed from the centrality of patronage and familial responsibilities in elite life. An early modern network was a fluid community where material was circulated,<sup>78</sup> and some scholars have defined these networks as ‘textual communities’ where the knowledge shared was centred on the written word.<sup>79</sup> Moreover, a community was the joining of people, acts and artefacts, places, time, and rhetoric.<sup>80</sup> These networks and communities developed throughout the early modern period and became a central aspect of communicating knowledge in eighteenth-century elite society.

As material objects, recipes were not static; rather they evolved through exchanges and through each context of use. Documenting a recipe’s origin was part of confirming its credibility and the credibility of the individual responsible for its communication. Recipes are therefore important records of medical advice exchanged between men and women of different social backgrounds, as well as between physicians and patients.<sup>81</sup> Recipe exchanges could involve both direct and indirect contributor citations, as in the case of a cough recipe originally attributed to Boerhaave that stated, ‘give[n] me by Mr White of Ireland which by experience has been found to be very good’.<sup>82</sup> An example of an exchange of a recipe through multiple hands is found in Elizabeth Jenner’s recipe, ‘Dr Willis Syrup of Sulp [sulphur]’, which was

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<sup>78</sup> Jason Scott-Warren, ‘Reconstructing Manuscript Networks: The Textual Transactions of Sir Stephen Powle’, in P.J. Withington and Alexandra Shepard (eds.), *Communities in Early Modern England: Networks, Place, Rhetoric* (Manchester: Manchester University Press, 2000), pp. 18–37.

<sup>79</sup> Jennifer Wynne Hellwarth, “‘Be unto me as a precious ointment’”: Lady Grace Mildmay, Sixteenth-Century Female Practitioner’, *DYNAMIS. Acto. Hisp. Med. Sci. Hist. Illus.*, 19 (1999), p. 102.

<sup>80</sup> P.J. Withington and Alexandra Shepard, ‘Introduction: Communities in Early Modern England’, in Withington and Shepard, *Communities in Early Modern England*, p. 12.

<sup>81</sup> Ian Mortimer’s work on Kent has shown that social networks were reciprocal by providing patronage and financial support to physicians. Ian Mortimer, *The Dying and the Doctors: the Medical Revolution in Seventeenth-Century England* (Woodbridge: Royal Historical Society and Boydell Press, 2009), p. 14.

<sup>82</sup> Recorded in an anonymous collection dated c. 1660–c. 1750: Wellcome, MS.1322, f. 52v.

‘Communicated to Dr Walter Needham & by him to my Lady St. John And by my Lady St. John to me’.<sup>83</sup> Another citation of multiple attributees in a recipe for the stone or gravel (recorded in the Massingberd family’s book) was said to be from ‘an Eminent Physitian prescribe’d to Mrs Brooking of Plym [Plymouth?] by her friend without a fee as my daughter told me’. The recipe had apparently relieved an afflicted gentleman when he was with ‘the Governor Trelawney of Jamaica, his doctor, and a particular friend of Mrs Brooking’.<sup>84</sup> These examples demonstrate that sometimes a network of multiple individuals was used to showcase a recipe’s value and to document its origin. Associating a recipe with multiple individuals stresses the importance of recording the transmission of medical knowledge as part of the practice of recipe collecting.

Recipes and health information could be communicated long distances, but many recipes were also communicated by individuals living in close proximity, meaning that recipe networks could be both global and local. The material history of a recipe book offers clues to how recipes were exchanged through citations of the people, places, and ingredients referenced.

Simultaneously, the context of a compiler’s social network reveals the materiality and value of a recipe book as a personal item, an heirloom, a recording tool, an object of literacy, authority and creativity, and a document for preserving medical knowledge. Michelle DiMeo has noted that using recipe books to conduct micro-studies of a compiler’s social network leaves room for error when there is no corroborating evidence explaining author-attributee relationships.<sup>85</sup> I

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<sup>83</sup> Wellcome, MS.3029, f. 29. Lady Johanna St. John of Lydiard House in Swindon was famous for her recipe collections and gardening expertise. As Elizabeth Jenner was St. John’s contemporary and potentially lived less than thirty miles away, it is possible that these two women communicated directly. Walter Needham was a Fellow of the Royal Society.

<sup>84</sup> OBU, Massingberd MS Receipts, Vol. 1, no page number.

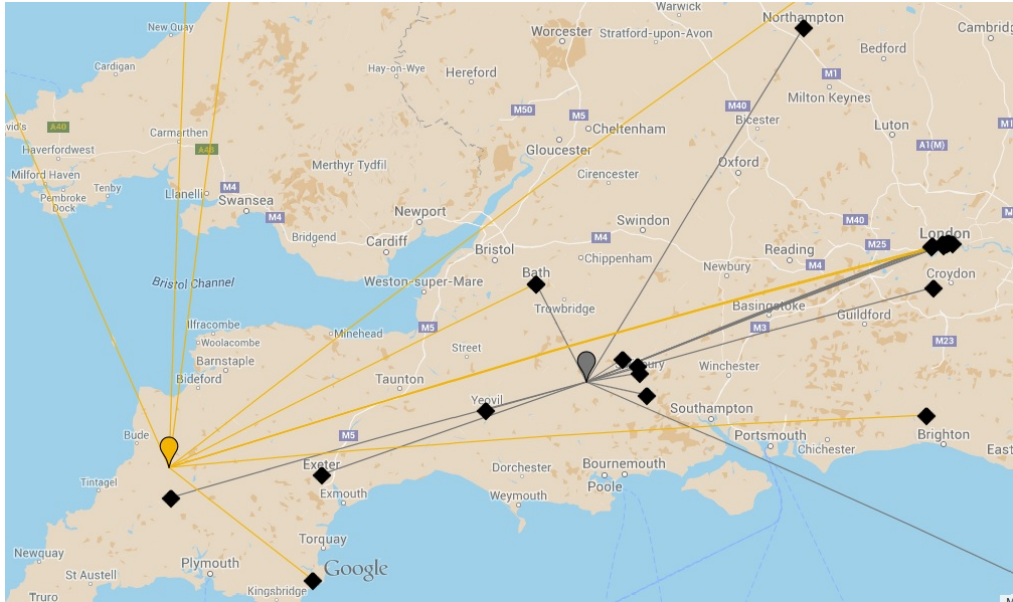
<sup>85</sup> DiMeo, ‘Authorship and Medical Networks’, p. 27.

therefore treat the citations found in recipe books as a snapshot of the range of an individual's network, and the types of sources that he or she relied on for advice.

Figure 16 gives a sample of two networks found in recipe books included in my database. Networks were mapped by marking locations cited alongside recipes, and these citations are evidence of both direct and indirect communication. Coloured balloons represent household locations (and associated recipe books). Household locations are given when the family's estate is known, otherwise the network centre node is marked with the archive location. The black diamonds are the locations (general regions and specific towns/roads) that were cited. It needs to be stressed that even though there are names, locations, and sometimes dates associated with recipes, it is often impossible to tell whether the recipe was communicated to the compiler directly or indirectly. Furthermore, with respect to buying medicine, customers did not have to visit apothecaries' shops (nor physicians); servants could pick up items and drugs could be dispatched by post.<sup>86</sup> This means that the compilers did not necessarily visit these locations in person. For more information on the locales and attributees for each household see Appendix 4.

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<sup>86</sup> Patrick Wallis, 'Medicines for London: the Trade, Regulation and Lifecycle of London Apothecaries, c. 1610-c. 1670' (DPhil thesis, University of Oxford, 2002), p. 290.



**Figure 16: Social networks for communicating recipes for the Arscott and Arundell families (© Google 2015)**

The yellow balloon in Figure 16 marks the centre of the Arscott family network, who were a gentry family residing in Tetcott, Devon. In their recipe book, the Arscotts cite commercial, professional, and lay advice. One of their recipes is cited as being from a Dr Dobbs in Dublin, who advised via letter a remedy for Mrs Arscott’s breast cancer.<sup>87</sup> Another recipe for an ointment is attributed to the *Edinburgh Dispensatory*, and was most likely recorded from the printed medical text as the details of the communication network were omitted.<sup>88</sup> Mr Moore of Bath provided advice on curing warts, and Mrs Ball of Hamilton (Lancashire) provided recipes for deafness and for the itch.<sup>89</sup> Information was also sourced close to home, as is evident from a recipe for Gascoigne’s Powder attributed to Lady Kent of Tetcott.<sup>90</sup> From these examples, it is suggestive that recipe networks could cover considerable distances and that networks were comprised of oral, handwritten, and print information.

<sup>87</sup> Wellcome, MS.981, f. 162. Mrs Arscott’s experience with breast cancer is discussed in Chapter 3.

<sup>88</sup> *Ibid.*, f. 147. William Lewis, *The Edinburgh New Dispensatory* (Edinburgh, 1786).

<sup>89</sup> *Ibid.*, ff. 131, 64, 79.

<sup>90</sup> *Ibid.*, f. 31.

The Arundell family of Wardour Castle in Tisbury, Wiltshire provide a contrasting example of a more closely-knit network. Their network is illustrated with the grey balloon in Figure 16. Mrs Mathews, the former housekeeper at Wardour Castle, was the attributee of a surfeit water recipe. Additionally, Mrs Bennet from nearby Pitt House in Downton gave recipes for fryers balsam and lip salve, and a Miss Moore of Bath provided a recipe for deafness that supposedly cured Mrs Seymour from Hendford, Somerset.<sup>91</sup> Mr Collins, a bookseller and stationer from Salisbury, was noted for selling Dicherion Drops, and a remedy from Mrs Ball is cited as being from Bath. This suggests that she is the same Mrs Ball of Hamilton who visited Bath and communicated recipes to both the Arscotts and Arundells while at the spa, since the fashionable town is near both estates.<sup>92</sup> In another example, a letter to Everard Arundell from Elizabeth Babbage at Old Sarum (dated 13 August 1801) is titled, 'A Recipe within to write into the Rect Book'. The letter recounts a Mrs Lambert's sweating disorder and states that a clergyman had recommended cow's milk and water drunken cold, which 'did him more good then [sic] all the medicines he had ever taken.'<sup>93</sup> In the case of the Arundell family, recipes and advice were obtained by the family through acquaintanceship networks that were within a reasonably close proximity to home.

Unsurprisingly, many recipes cite London. This reflects London's importance as a commercial centre and the fashionability of sourcing medical products and advice from the capital. Moreover, citations referencing apothecaries and druggists reinforce the point that London was the centre of trade in *materia medica*. The history of ingredients as materials being imported and distributed throughout England from the metropolis (along with connotations of empire and commercialism) are therefore present in recipe books through citations. On the

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<sup>91</sup> WSA, 2667/12/40, ff. 25, 30, 70, 107.

<sup>92</sup> Ibid., ff. 111, 32, 33.

<sup>93</sup> Ibid., no page number.

importance of recipe books in communicating commercial knowledge, Amanda Herbert argues that ‘by furnishing women with information about reliable dealers, fair prices, and shop locations’ manuscripts enabled compilers to share information and to ‘assert their independence in London’s streets and alleys’.<sup>94</sup> Figure 17 shows some of the London locales cited in the 27 manuscripts included in my database. My findings show that some recipe compilers sourced their ingredients and health advice from apothecaries located in the grocer’s quarters (wholesale dealers), including Cornhill and London Bridge, areas which contained 70% of London’s druggists by the 1690s.<sup>95</sup> Domestic and commercial medicine went hand-in-hand for elite healthcare and attributee citations reveal that medical proprietors were important sources of advice and treatments. Moreover, recipe books offer a domestic perspective on the state of the medical marketplace in eighteenth-century London, including where apothecaries and chemists sold their wares.

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<sup>94</sup> Herbert, *Female Alliances*, p. 109.

<sup>95</sup> Wallis, ‘Medicines for London’, p. 204.



	Location	Attributee	Original Citation
◆	Fenchurch Street (No. 37)	William Louttit & Son	Frenchurch St.
◆	Gracechurch Street	Mrs Porter, apothecary	Gratious St.
◆	Lombard Street	Theophilus Bevan, Apothecary	Plow Court
◆	Paternoster Row (Square)	Robert Baldwin	Rose in pater Roster Roe
◆	Fleet Street	Dr Walker	Warehouse at King's Arms Fleet St.
◆	Southampton Street	Mr Godfrey, Chemist	New Southampton St.
◆	Bloomsbury Square	Mr Roach, Perfumer	Kings Street near Bloomsbury Square
◆	Pall Mall	Ruspini the Dentist	Ruspini the Dentist

**Figure 17: Citations of attributees and locales in London (taken from a sample of 27 manuscripts and 5,013 recipes). John Roque London Map 1747 (reproduced with permission from Motco Enterprises Ltd. ©)**

The Dolben family's recipe book provides evidence that women corresponded with apothecaries for medical advice. A letter transcribed into the collection was for 'Louttits Extract of Bark' and was from the apothecaries William Louttit and his son, based in Fenchurch Street (Figure 17).<sup>96</sup> Recipe books also documented where attributees were located in order to purchase medical ingredients. An Arscott family member wrote about a remedy for chin cough. This remedy called for syrup of roses and stated that Mrs How 'has it from Mrs Porter an Apothecary in Gratious Street in London' (Figure 17).<sup>97</sup> Gracechurch Street was a notable area

<sup>96</sup> William Louttit and his son are registered in the Medical Register for 1779 and 1783. Wellcome, MS.2201, f. 35v.

<sup>97</sup> Wellcome, MS.981, f. 56.

for apothecaries in the eighteenth century, though I have found no record of a Mrs Porter. In the Wise family's recipe book, a 'Theophilus Bebens Apothary' at Lombard Street, Plow Court was cited as the source for the ingredients used in Doctor China's prescription for Mrs Wise's ague and Henry Wise's diet drink (Figure 17).<sup>98</sup> This attribution is intriguing as it appears that the compiler may have blended the names of two well-known apothecaries together, Silvanus Bevens and Theophilus Brown. This citation was likely meant to be Silvanus Bevens as his pharmacy was located at Plough Court<sup>99</sup>, and he is cited later by the Wise family. In another case, Emily Jane Sneyd's recipe book cites Robert Baldwin of Paternoster Row, who was an apothecary originally from Farringdon, Berkshire (Figure 17). The recipe shows that the true tincture of valerian root (according to a recipe published by a Doctor Hill) was to be purchased at Baldwin's apothecary shop, along with Doctor Hill's pamphlet on the virtues of valerian in nervous disorders.<sup>100</sup> As this citation demonstrates, compilers often deemed it important to cite where to purchase ingredients and published sources alongside a recipe.

The Arundell family offers an example of including a printed advertisement for proprietary medicine in a recipe book. A loose sheet advertises Dr Walker's Jesuits Drops, which were prepared at warehouse No. 45 at the King's Arms, on the corner of Fleet Street (Figure 17).<sup>101</sup> Robert Walker obtained the King's royal patent for this remedy in 1755 and the sale of this medicine continued well into the nineteenth century, with advertisements found widely in periodicals. Furthermore, in another recipe, it was cited that Lord Stamford gave the Arscott family a recipe for the stone which was to be prepared by Mr. Godfrey, Chymist.<sup>102</sup>

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<sup>98</sup> Warwickshire RO, CR0341/300, f. 133.

<sup>99</sup> Silvanus Bevens was a Quaker and worked with his brother Timothy. Their business was founded in 1715, and later became Allen & Hanburys Ltd.

<sup>100</sup> Wellcome, MS.4646, f. 21v. John Hill, *Valerian: Or, the Virtues of that Root in Nervous Disorders; and the Characters which Distinguish the True from the False* (London, 1758).

<sup>101</sup> WSA, 2667/12/40, loose sheet.

<sup>102</sup> Wellcome, MS.981. f. 112.

Ambrose Godfrey was a German-born chemist and apothecary, noted for being an assistant to Robert Boyle. In 1701 Godfrey leased his pharmacy in Southampton Street, which later served as a workshop for manufacturing phosphorus (Figure 17). Additionally, Jane Frere's recipe book indicates that she found use for a medicine for whooping cough sold by Mr Roach, a perfumer in King's Street, stating that it 'has been used with the most wonderful good effects by all those whom I have known to try it'.<sup>103</sup> James Roche's perfume shop was in operation until at least the late eighteenth century near Bloomsbury Square (Figure 17).<sup>104</sup> Finally, Bartholomew (Chevalier) Ruspini, the surgeon-dentist, had successful practices in London and Bath in the late eighteenth century.<sup>105</sup> Ruspini's remedy for nosebleeds, involving snuffing vinegar and alum, was recorded in Jane Frere's recipe book as being 'the most certain immediate application'.<sup>106</sup> Ruspini's London shop was located in Pall Mall (Figure 17).

Thus, these attributive citations from London highlight that recipe books included proprietary medicine and that compilers relied on print, particularly newsprint, in order to source from whom and where to buy remedies and ingredients. References to apothecaries, chemists, and dentists in recipe books reflect the changing meaning and value of attributive citations. Recipe compilers increasingly sourced information beyond physicians, family, and friends, incorporating domestic knowledge alongside commercial products and advice.

#### 4.3.1 The Stanhope Family's Medical Network

As a final example of a social network, a case study of Lady Grizel Stanhope's recipe book (née Hamilton, c. 1717–1811) offers a remarkable example of an extensive medical advice network.

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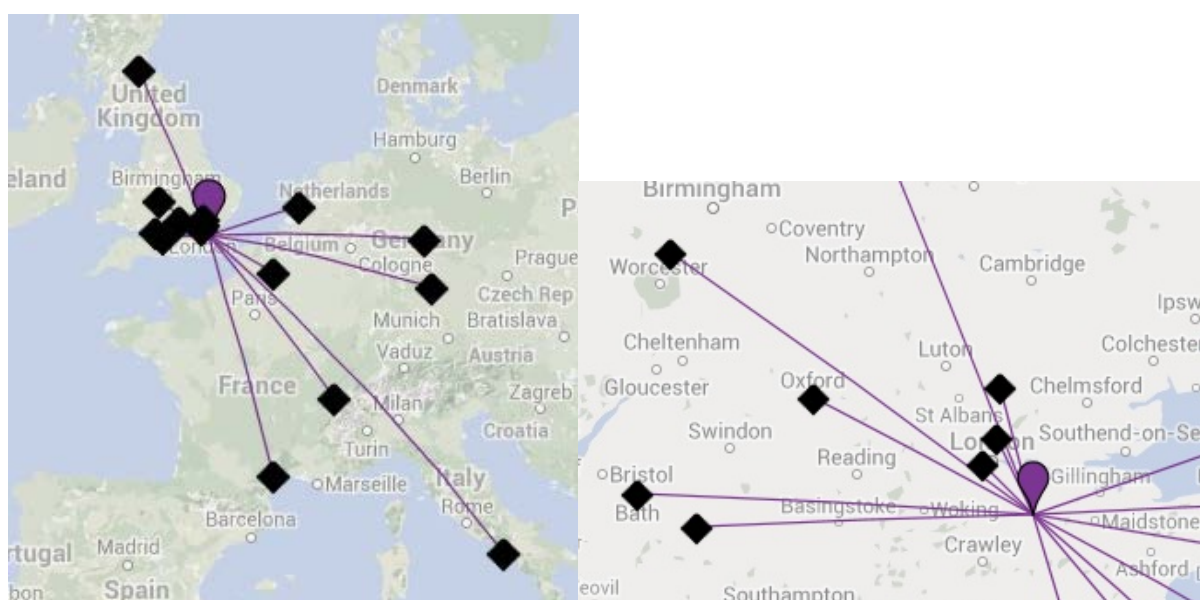
<sup>103</sup> Norfolk RO, MC 443/1/715x9, f. 66.

<sup>104</sup> As is evident from Fire Insurance Registers, 1777–86. London Lives 1690 to 1800, accessed 9 Feb. 2015 at <[http://www.londonlives.org/browse.jsp?div=fire\\_1775\\_1780\\_354\\_35474](http://www.londonlives.org/browse.jsp?div=fire_1775_1780_354_35474)>.

<sup>105</sup> P.S. Brown, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 20 no. 2 (1976), p. 363.

<sup>106</sup> Norfolk RO, MC 443/1/715x9, f. 40.

The Kent History Centre holds Lady Stanhope’s letters, journals, recipe books, and a book of prescriptions from the Chevening House estate.<sup>107</sup> The recipe book was a collaborative effort, which relied on the family’s large network for sourcing medical knowledge. Figure 18 shows that Stanhope’s network included recipes attributed to individuals in England, as well as citations referencing France, Italy, Germany, and the Netherlands. The extensive nature of the Stanhope network was a result of their social status, the families’ interests in natural philosophy, and their involvement in politics and the military.



**Figure 18: Grizel Stanhope’s recipe network in Continental Europe and England (© Google 2015)**

Lady Stanhope appears to have begun her recipe collection in 1746, as is evident from the manuscript’s title page. However, the title page also notes ‘Those marked GB copied from my Aunt Murrey’s receipt Book’, indicating that this collection was based on previously compiled knowledge. This citation is probably referring to Lady Stanhope’s maternal aunt Grizel Baillie (1692–1759), who married Sir Alexander Murray. Stanhope’s grandmother, Scottish songwriter Grizel (Grisell) Baillie (née Hume) (1655–1746) was also an avid recipe

<sup>107</sup> KHC, U1590 C43/3. U1590/C43/4 is a collection of recipes ‘examined’ by the Earl of Londonderry (brother of the first Lady Stanhope).

collector, and her collection has been published.<sup>108</sup> Lady Stanhope married Philip Stanhope (1714–86), in July 1745, meaning that she began her recipe book shortly after marriage. Philip was a mathematician and natural philosopher and his intellectual social network evidently contributed to the family’s procurement of medical knowledge.

Health and communicating medical advice played a central role in the Stanhope family’s lives and their recipe book reflects the degree to which information was exchanged as part of family healthcare. Many of the manuscript’s recipes cite family members. These include a ‘Hamilton family rect’ for a toothache,<sup>109</sup> a remedy for piles from Sir David Hamilton,<sup>110</sup> a glister for children with watery gripes from Lady Arch. [Archibald] Hamilton,<sup>111</sup> and a remedy for rheumatism for a Captain Hamilton (1786), which ‘Mrs Hamilton had seen tried wt success, where the common remedys had failed’.<sup>112</sup> Other recipes, however, reflect the family’s mobility, often in pursuit of health advice. Lady Stanhope’s elder son, Philip, had chronic health problems and was sent to Geneva for treatment (a fashionable spa city), but he died in 1763.<sup>113</sup> The family then moved to Geneva, living there from 1764 to 1774 in order to preserve the health of their younger son, Charles Stanhope (1753–1816). It is therefore likely that many of the recipes dated during this time from Geneva were communicated orally or by letter, including prescriptions. For example, one remedy for Charles found in the recipe book was a gargle for the smallpox, which was given by Dr Cheyne at Bath and was said to have ‘saved his Life’.<sup>114</sup> To treat Charles, the family also employed the services of Dr Theodore Tronchin in

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<sup>108</sup> Lady Grizel Baillie, *The Household Book of Lady Grisell Baillie, 1692-1733* (Edinburgh: Scottish Historical Society, 1911).

<sup>109</sup> KHC, U1590 C43/2, f. 12.

<sup>110</sup> *Ibid.*, f. 13.

<sup>111</sup> *Ibid.*, f. 79.

<sup>112</sup> *Ibid.*, f. 159.

<sup>113</sup> ODNB, ‘Stanhope, Charles’, accessed 14 April, 2015 at <<http://odnb2.ifaactory.com/view/article/26241/26241?docPos=11>>.

<sup>114</sup> KHC, U1590 C43/2, f. 17.

Geneva, which explains why his prescriptions are held within the estate's collection. Charles Stanhope overcame his poor health and later became a statesman and natural philosopher (and Fellow of the Royal Society), and studied at the University of Geneva.

While in Geneva, the Stanhopes sourced medicinal recipes from several notable people. Monsieur [Dillsedem], Governor to the Prince of Mecklenburg, provided a remedy for a bruise in 1778, which consisted of a poultice of veal and parsley.<sup>115</sup> Another recipe, this time for a strain, was attributed to the famous surgeon François-David Cabanis (1727–94) in 1773.<sup>116</sup> Apart from Geneva, recipes in the Stanhope collection reflect the family's movement elsewhere on the continent. Lady Stanhope's father, Charles Hamilton, Lord Binning (1697–1732), moved to Naples in 1731 due to his failing health, and several other family members also lived in and/or visited Italy. One recipe notes that Lady Murray was given a receipt for the Nuremburg plaster on 19 March 1733 by a woman called Miss Alida, who claimed that it had cured an old woman who was 'given over by the surgeons'.<sup>117</sup> Another plaster came from a 'quack' at Naples in 1732, which was communicated only 'upon promise not to discover it'.<sup>118</sup> Furthermore, a priest at Naples provided a remedy for deafness (in 1722) consisting of boiled marshmallow inhaled as vapour, with sweet almond oil dropped into the ears.<sup>119</sup> As these particular recipes have earlier dates, and some include the initials GB, they were recorded from Aunt Murray's book, indicating that they were older advice.

With regards to networks in England, locations cited alongside recipes include Edinburgh, Bath, and London. Several of the Stanhope recipes are also linked to Oxford. Given the family's status and affiliations in politics and natural philosophy, this is not surprising.

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<sup>115</sup> KHC, U1590 C43/2, f. 179.

<sup>116</sup> *Ibid.*, f. 180.

<sup>117</sup> *Ibid.*, f. 7.

<sup>118</sup> *Ibid.*, f. 66.

<sup>119</sup> *Ibid.*, f. 37.

Recipes from Oxford include a remedy for swelling from Mrs Harte (in 1739) who got it from Mr Palmer, a surgeon.<sup>120</sup> Several remedies are also from a Doctor Metcalf, dated from the 1730s. These particular remedies from Oxford also include the initials GB, meaning that they are from Aunt Murray's book, and therefore belong to an earlier network. This becomes more evident with one later recipe recorded by Lady Stanhope which said 'A Great Strengtheners & Nourishment for weak people, Dr Meleat, Oxford ordered for Grand mama when very ill & could take little or nothing'. In this case, the connection to Dr Meleat originates from Grizel Baillie's network of medicinal advice. Thus, the Stanhope recipe book is demonstrative of social networks based around old and new knowledge. The life cycle of a recipe book can indicate the narrative of a family's quest for healthcare through generations, and that past networks of medical knowledge continued to serve an important function in elite healthcare.

#### **4.4 Recipes Exchanged Through Letters**

The role of social networks in domestic medicine can be further uncovered by looking at recipes exchanged through letters. Exchanging medical knowledge through correspondence was a vital component of family care and personal health maintenance. Letter writing was an integral part of domestic medicine, and evidence of recipes communicated through correspondence reinforces that medical advice networks existed on an intimate level between family members. A recipe's origin, in many cases, came from a social obligation to exchange advice; subsequently that recipe was preserved in manuscripts as a record of use and value. Equally, recipes that were already preserved in collections were re-used via the exchange of knowledge. As material objects, recipes, recipe books, and letters all evolved in style throughout the eighteenth century, and were used together as part of a system of communicating and preserving health information. The presence of medical discourse and recipes in letters illustrates that

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<sup>120</sup> KHC, U1590 C43/2, f. 48.

domestic medicine went beyond the immediate household and was part of the culture of letter writing.<sup>121</sup>

As communicating recipes through letters was a part of social obligation, letters served as markers of a recipe's credibility; and, asking for a recipe was a legitimate reason for initiating correspondence to develop patronage networks.<sup>122</sup> Letters typically began and/or concluded with an enquiry after the recipient's health, thanking the recipient for their concern over the sender's health, and generally keeping correspondents informed, sometimes in explicit detail, about health complaints. Alun Withey remarks that letters had an 'epistolary sick role', as they were used to make public statements about illness to 'garner sympathy or demonstrate piety or conformity'.<sup>123</sup> Furthermore, the process of letter writing, as Lisa Smith contends, was therapeutic and was a means of rationalising and coping with pain.<sup>124</sup> Moreover, letters often stressed the 'emotional preoccupation' of illness.<sup>125</sup>

Medical advice could come in many forms. Sometimes kin communicated recipes and in other instances they recommended purchasing treatment. On 1 November 1711 Sir Thomas Aston wrote to his brother about his swollen legs. 'Mr Egerton is much your humble servant & is Concern for ye swelling of yr Leggs,' began Aston, 'he desire'd me to requaint you, that ye steward at Vale Royall /whose name I have forgot/ was in a lamentable condition by ye swelling of his Leggs, being unable to walk or sit and was perfectly recover'd by dwarf Elder Tea, which

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<sup>121</sup> Anne Stobart also examines family letters on health matters. Stobart, 'Making Domestic Medicine', p. 58. On the role of the family in medical care and consultation letters see, Smith, 'Reassessing the Role of the Family', pp. 327–42.

<sup>122</sup> Theophano, *Eat My Words*, p. 45.

<sup>123</sup> Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600-1750* (Manchester: Manchester University Press, 2013), p. 133.

<sup>124</sup> Lisa Smith, "'An Account of an Unaccountable Distemper': The Experience of Pain in Early Eighteenth-Century England and France", *Eighteenth-Century Studies*, 41no. 4 (2008), p. 466.

<sup>125</sup> *Ibid.*, p. 460.

he recommends to you.’<sup>126</sup> In another letter addressed to a woman named Sophy in May 1734, an anonymous author compared the value of two separate recipes:

The Cordial Water on the other side is a fine one, as I have tasted, but if I don’t greatly mistake it is a more Expensive one than that in my Mothers receipt Book, which is likewise a very good Cordial; they are both what is usually call’d Plague Water, & are very usefull in a Family, but this, is according to the best of my Memory much the richest, tho the other Perhaps may be as wholesome.<sup>127</sup>

This extract shows that the recipe communicated via the letter was tested and compared to another found in a personal collection. Both recipes were considered valuable for use in family healthcare (as cure-alls, rather than specifically for plague), with the cost of production or purchase being a key distinguishing factor, as well as their effectiveness.

In another letter from Elizabeth Gell to her sisters, living in Westminster, she thanked them for inquiring after her health. Elizabeth further thanked them for sending a recipe for a troublesome cough, which she believed to be ‘very good in time of yeare’ and she expressed gratitude to God for her doctor’s skill and her friend’s nursing that brought her back to good health.<sup>128</sup> This note exemplifies the multiple levels of advice and care a person could receive during an illness. In Elizabeth’s case, she trusted and commended her physician’s skill, in addition to the care provided by friends. Her family’s concern over her health and her sisters’ provision of domestic cures represent the important familial role in eighteenth-century approaches to healthcare. A similar example is a letter sent to Anne Beach (née Wither) from her niece Frances Wither dated October 26 (no year). Frances wrote to thank her aunt for her hospitality during her recent visit and concluded:

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<sup>126</sup> Gloucestershire RO, D1833 Z/3, f. 42.

<sup>127</sup> Gloucestershire RO, D610/F18, loose sheet.

<sup>128</sup> Derbyshire RO, D258/38/11/48, loose sheet.

Mr Wither my self & Girls joyns in duty to my unckle yourself & service to my cousins my service to ye good family at [fidelton]. Ye inclosed is ye receipt of ye Balsome I hope your friend will find ye same benefit as Mr Wither have done.<sup>129</sup>

Although the recipe was not included in the archive collection, the mention of a recipe in the letter suggests that the kinswomen spoke of health concerns during their visit. Frances was fulfilling her social obligation by sending the remedy they had discussed, along with her letter of thanks. The credibility of this remedy came from the likely in-person discussion of the remedy, as well as Frances's statement of efficacy that it had helped her husband. Letter-writing was therefore an integral part of domestic medicine, and letters offer insight into the connections between the oral customs of communicating medical knowledge, the manuscript recipe book tradition, and print culture. Evidence of recipes communicated through correspondence suggests that networks of medical knowledge existed on an intimate level between family members. Exchanging medical knowledge was a social obligation for wealthy individuals and was a vital component of family care and personal health maintenance.

#### **4.4.1 The Cox Family: Letters Concerning Health**

As a final case study of exchanging medical knowledge through social networks, I analyse a collection of letters housed at the Herefordshire Record Office, which were written by members of the Cox family. The Cox family were gentry landowners based in Herefordshire, and much of their business was in agriculture. This collection of letters was written in the mid-eighteenth century and the majority of the letters are addressed to the family benefactress Mrs Elizabeth Witherstone, who lived in the 'Red House' farm at Eaton Bishop near Hereford. Her correspondence was with her nephews Sam and Gabriel Cox, and other kinsmen including

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<sup>129</sup> Gloucestershire RO, D2455/F2/2/16, loose sheet.

Samuel Cox (Gabriel's son), Alicia Cox, and Elizabeth Saunders.<sup>130</sup> These relatives were based throughout England and many of them spent time in London, especially Samuel Cox who was a lawyer. Sam Cox's letters were sent from Souldern, Oxfordshire, Gabriel Cox's from Highgate, Hertfordshire, and Alicia Cox's were sent from Worcester. Hence, there was a considerable distance between family members and long periods of time between visits, which they often attributed to poor road conditions. Letters were crucial for keeping up-to-date on the family's wellbeing and on life events. Apart from health, this collection of letters discusses births, marriages (including a scandal when the Saunders's son ran off with a kitchen maid), land leases, agriculture, and travel. Moreover, religious language is featured in these letters, in part due to Mrs Witherstone's piety. Sam Cox, for instance, once advised Mrs Witherstone that she should not venture into a damp church for prayer in the foul weather for 'God is in yr Chamber as well'.<sup>131</sup> As is indicative in the subsequent examples, for this Roman Catholic family, they actively sought medical treatment, but the outcome was left to providence and good health was a gift from God.

The Cox family correspondence is littered with references to common disorders and medical complaints. For example, in August 1773, Samuel Cox was afflicted with a sore throat and fever, and similarly, in July 1775, Gabriel's son and daughter were struck with 'an ulcerated sore throat' while staying in London.<sup>132</sup> Other complaints include a broken thigh and a decayed tooth, which was eventually extracted.<sup>133</sup> It seems that treatments for common disorders sometimes even interfered with letter writing. In a letter dated 25 November 1776 Alicia Cox wrote, 'excuse my saying more at present for writing is a Little troublesome to me having been

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<sup>130</sup> The true family relationships are difficult to determine because the letters are sometimes addressed ambiguously.

<sup>131</sup> Herefordshire RO, J38/82/10, 'Sam Cox to Mrs Witherstone, 25 January 1765'.

<sup>132</sup> Ibid., 'Samuel Cox to Mrs Witherstone 3 August 1773'. 'Gabriel Cox to Mrs Witherstone 18 July 1775'.

<sup>133</sup> Ibid., 'Gabriel Cox to Mrs Witherstone 15 April 1775'. 'Gabriel Cox to Mrs Witherstone 18 August 1779'.

blooded This morning in my Right Arm for a giddiness in my Head, a complaint I have had for these four or five days past'.<sup>134</sup>

Domestic medicine (purchased and homemade) was a central component of the Cox family's lives. Mrs Witherstone evidently cared about the wellbeing of her correspondents as she exchanged recipes and medical advice with family and friends; for example, prescribing a burn ointment for Mr Bund (husband to Alicia Cox).<sup>135</sup> An acquaintance, S. Phillips, thanked Mrs Witherstone for sending a receipt of 'Turner's Cerate' for her mother's leg. In exchange, Phillips included a recipe for the chin cough, which she had used for her children and thought it was 'of great service to them'.<sup>136</sup> In a subsequent letter, Phillips again thanked Mrs Witherstone for the remedy, proclaiming that her mother 'thinks it has been of great use to her for thank god she has now little or no pain'.<sup>137</sup>

Mrs Witherstone's kinsmen also sent her remedies to preserve her health in old age. Upon receiving an account of Mrs Witherstone's illness, Alicia Bund (Cox) wrote to Mrs Witherstone 'let me beg you to take care of your health, kitchen physick as Broaths, and Jellys, are the best medicines at your time of life'.<sup>138</sup> In another letter, Alicia concluded that the woman's blood was poor, her frame 'languid' and that restorative medicines would be beneficial. She wrote, 'I beg you would make trial of, its recommendation is the nurrishment it affords at the same time it never loads the stomach'. This recipe for a restorative beef broth was to be eaten with toast for breakfast and supper.<sup>139</sup> Another relative, Elizabeth Saunders, recommended an eye drop remedy to Mrs Witherstone, which she described as 'trifling but I

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<sup>134</sup> Herefordshire RO, J38/82/10, 'Alicia Cox to Mrs Witherstone 25 November 1776'.

<sup>135</sup> Ibid., 'Alicia Bund [née Cox] to Mrs Witherstone 27 March [no year]'.

<sup>136</sup> Ibid., 'S. Phillips to Mrs Witherstone 6 January 1756'.

<sup>137</sup> Ibid., 'S. Phillips to Mrs Witherstone 25 May 1756'.

<sup>138</sup> Ibid., 'Alicia Cox to Mrs Witherstone 5 July [no year]'.

<sup>139</sup> Ibid., 'Alicia Cox to Mrs Witherstone 11 January [no year]'.

have known it of use'.<sup>140</sup> Exchanging recipes was an important part of the Cox family's lives, and these letters exemplify how the responsibility of family healthcare extended beyond each household to encompass the advice and remedies from concerned relatives.

Domestic remedies were certainly not the only medical treatment used by the Cox family; they visited surgeons, apothecaries, and sought advice regularly from their physicians. The documentation of professional and commercial medical services in the letters reinforces how domestic medicine for elites was healthcare that encompassed homemade and purchased treatment, and that family members played a vital role in recommending purchased care. Letters thus provide context for understanding wider medical knowledge networks and can elucidate why commercial and professional medicine were used alongside domestic remedies in elite family healthcare. Sam Cox undoubtedly trusted his physician, Dr Cameron, as he recommended him to several of his kinsmen. In a letter to Mrs Witherstone, Sam said that he had consulted Dr Cameron about 'Sister Saunders's case' (Elizabeth Saunders) and suggested that he consult him about Mrs Witherstone's ailments. He concluded, 'You will [see] that you are creeping into years. What then Madam should we not endeavour to make life as easie as we can?'<sup>141</sup>

The Cox family correspondence was primarily between middle-aged and elderly kinsmen, therefore offering valuable insight into the medical concerns prevalent in old age, as well as illuminating attitudes towards health in later life. Discussing his rheumatic condition, Sam Cox told his aunt, 'I thank God I am well in health, but for three weeks I had a great swelling in my knees; Physick has removed ye humour. Autumnal and Vernal Physic must be

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<sup>140</sup> Herefordshire RO, J38/82/10, 'Elizabeth Saunders to Mrs Witherstone 27 March [no year]'.

<sup>141</sup> *Ibid.*, 'Sam Cox to Mrs Witherstone 17 March 1756'.

my portion for the Remainder of my life.’<sup>142</sup> Alicia Cox also suffered from rheumatism. In an apology to Mrs Witherstone for not sending a receipt for a diet drink earlier, she stated that she had been unable to write for a month, and had swollen feet and legs, but that Doctor Cameron assured her that when she was able to take the Air the ‘Complaint will go off’.<sup>143</sup> It seems, moreover, that the elder members of the family had resolved to continue optimistically with daily life, despite their conditions. ‘I thank God I am as well as can expect in my vast old age’ declared Mrs Witherstone.<sup>144</sup> Sam Cox likewise observed, ‘I am now upon the verge of fifty’ and acknowledged that he ‘must not expect bowling-Green roads for the Remainder of my life’.<sup>145</sup>

Gabriel Cox was one family member who had the misfortune of chronic illness. His letters document his long-term poor health, recounting the progression of several medical conditions. From these letters it is clear that Gabriel suffered greatly, but was determined to attempt treatment, and that his whole family was concerned for his wellbeing. Alicia Cox said that her brother’s poor health gave her ‘great concern’ and his death ‘would be an irreparable loss to his family’.<sup>146</sup> Her concern extended to Gabriel’s treatment, including the recommendation of alternative physicians. On 10 April 1744 Sam Cox wrote to Mrs Witherstone, saying that his brother’s illness continued and that he ‘would have him send down his case to Worcester & let me consult Doct Cameron, whom I look upon to be as good a Physician as ye present Age affords: but he is so attached to an acquaintance of yours, Doctor Tomson, that he seems to be for consenting no Body else’.<sup>147</sup> Gabriel’s poor health continued,

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<sup>142</sup> Herefordshire RO, J38/82/10, ‘Sam Cox to Mrs Witherstone 8 October 1766’.

<sup>143</sup> *Ibid.*, ‘Alicia Cox to Mrs Witherstone 28 April [no year]’.

<sup>144</sup> *Ibid.*, ‘Mrs Witherstone to Gabriel Cox 12 March 1769’.

<sup>145</sup> *Ibid.*, ‘Sam Cox to Mrs Witherstone 10 April 1755’.

<sup>146</sup> *Ibid.*, ‘Alicia Cox to Mrs Witherstone 26 January [no year]’.

<sup>147</sup> *Ibid.*, ‘Sam Cox to Mrs Witherstone 10 April 1755’.

and in 1765 he noted that for several months he was afflicted with an issue where his thigh ‘discharge[d] greatly’.<sup>148</sup> ‘I am in some fear of a Fistula’ he wrote, and mentioned that he was taking Dr Wards paste because his sister Alicia Bund had given ‘such great Encomiums of it’.<sup>149</sup> In January 1773 Gabriel’s complaint grew worse and he went to town and ‘had the advice of a Great Surgeon who Examined [him] but the right cutting at [his] Age was not advisable’. Rather, the surgeon advised Gabriel to follow a regimen while taking Lane’s Soap but, finding no benefit, Gabriel lamented that he ‘must patiently submit to all the pains or Suffering I shall meet with during the Remainder of this short Life.’<sup>150</sup> In a subsequent letter, Mrs Witherstone advised Gabriel to look to God for support through his complaint.<sup>151</sup> These letters illustrate that part of family healthcare was providing emotional support. Moreover, when we consider the scope of medicine within elite households, the family was providing advice and care in the form of recommending professional services and commercial products.

Gabriel was more optimistic about his health in December 1774 as he wrote that he had been attended for four years by a German physician. The doctor had assured him his condition was not the stone, ‘but a sharp humour which communicaly it Self into the Bladder’, and that he would be cured.<sup>152</sup> Gabriel’s optimism about his new diagnosis continued into January 1775, and he proclaimed ‘I think my health is better than when I last wrote to you but as the Complaint has been some years it will require time to get rid oft, and will be very expensive, but what won’t we do for health!’<sup>153</sup> The emotional distress from Gabriel’s illness is evident in his letters and in August 1775 he declared, ‘I begin to despond as I am never free from pain, with a

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<sup>148</sup> Herefordshire RO, J38/82/10, ‘Gabriel Cox to Mrs Witherstone 6 February 1766’.

<sup>149</sup> Ibid., ‘Gabriel Cox to Mrs Witherstone 4 October 1766’.

<sup>150</sup> Ibid., ‘Gabriel Cox to Mrs Witherstone 9 January 1773’.

<sup>151</sup> Ibid., ‘Mrs Witherstone to Gabriel Cox 14 September 1773’.

<sup>152</sup> Ibid., ‘Gabriel Cox to Mrs Witherstone 22 December 1774’.

<sup>153</sup> Ibid., ‘Gabriel Cox to Mrs Witherstone 8 January 1775’.

very frequent making of Water, both which have reduced me very low in deed'.<sup>154</sup>

Unfortunately, Gabriel's condition overcame him and he died on 7 June 1776 'after sustaining great Torture from his Complaint.'<sup>155</sup> Gabriel's health history illustrates the family's commitment to and concern for an ill kinsman. Gabriel's case also demonstrates the determination elite individuals had in seeking treatment and medical advice. These health resources included purchased products like Dr Ward's paste and Lane's soap, in addition to consultations with physicians and surgeons. All these references reinforce the idea that, through the commercialisation of medicine, elites had access and choice in healthcare. What is more, letters concerning health provide supporting evidence for how recipes and health advice were exchanged through elite social networks, and their emotive writing style situates recipe collecting and healthcare within elite culture.

#### **4.5 Conclusion**

This chapter has investigated sources of recipes in eighteenth-century recipe books. There was remarkable diversity in who recorded and communicated medical knowledge; women and men from all social standings were engaged in exchanging recipes, and physicians' advice had a prominent place within collections. These trends in sourcing medical knowledge continued from the seventeenth century, throughout the eighteenth century, and into the nineteenth century as part of the tradition of recipe collecting. Authorship, or compilership, is a complex aspect of recipe collecting, as these manuscripts were often collaborative and passed down through generations. Each recipe book is a unique record of authorship, be it a detailed family health history or an anonymous compiler's interests and domestic activities. The majority of eighteenth-century collections were compiled by women, though men also collected and

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<sup>154</sup> Herefordshire RO, J38/82/10, 'Gabriel Cox to Mrs Witherstone 18 August 1775'.

<sup>155</sup> Ibid., 'Samuel Cox to Mrs Witherstone 12 June 1776'.

exchanged recipes, particularly in the context of family collections. My analysis also reveals that often recipe book ownership was undocumented and the lives of these compilers remain unclear. Alongside recipes, compilers frequently included evidence of direct and indirect acquisition of medical information. A recipe citation was a record and a strategy for demonstrating accountability in healthcare. Attributee citations were used by recipe compilers to verify the information they deemed trustworthy and useful. Yet, with the expansion in access to medical information and products, eighteenth-century recipe compilers had to re-define their criteria for sourcing advice, and had to be open to new information and resources coming from the professional and commercial markets. This elucidates change over time within the recipe collecting tradition, and suggests that citations were used more as references of where information came from in order to navigate a large range of resources, than explicit documentation of authority of particular individuals.

Recipe books are also records of social networks, as is evident from mapping recipe networks like the Arundell family's, which focused on correspondence with individuals within close proximity to their Devon estate. In contrast, Lady Stanhope's network was much wider, and her recipes reflect the family's travels and far-reaching social connections. Recipe books convey the social obligation among elites to maintain correspondence, part of which included sharing health advice. This obligation is apparent in letters, which usefully document the transmission of recipes before and after they were recorded in collections. As the case study of the Cox family has shown, letters were a key communication tool used by families to share their daily life experiences, including their health problems. Family members like Mrs Witherstone and Gabriel Cox relied on their kin to provide health advice, be it domestic remedies or recommendations for professional treatment. As such, social networks, as exemplified through

recipe books, were central for communicating health advice as a part of elite culture in eighteenth-century England. Evidence of networks from recipe books and letters reveals the overlap of knowledge exchange between domestic information and commercial services and products, all within a vibrant medical marketplace.

## CHAPTER 5

### **Print and the Pursuit of Health: Newsprint and Vernacular Medical Texts in the Recipe Collecting Tradition**

Found within the pages of the Goddard family's recipe book is a small handwritten note stating 'This Booke of the queens closet open'd is to bee sold att the sine of the Angell in cornwell near the Royall Exchange London'.<sup>1</sup> *The Queen's Closet Opened* was a successful domestic manual in the seventeenth century and its popularity continued into the eighteenth century. This manuscript's memorandum of where to purchase a printed manual reflects the commercialisation of print and medicine, which was adopted into the recipe collecting tradition. Domestic knowledge – a component of which was medical advice – was a commodity in eighteenth-century England. In addition to manuscript recipe collections, print media such as newspapers, magazines, domestic guides, and medical treatises comprised a knowledge bank for medical knowledge. This final chapter emphasises the importance of the print marketplace and reading practices as part of elite healthcare. The relationship between print and manuscript sources also highlights the dual role of recipe collections as sources of knowledge for domestic medical need and practice, and collections representing an intellectual interest in medical knowledge. The latter arguably became the greater focus towards the end of the century. Recipes (medical and culinary) were heavily borrowed from the manuscript tradition for publication in print. Simultaneously, the growing form of newsprint contributed new knowledge and styles to the manuscript tradition, signifying the tradition's evolution within eighteenth-century culture. Print did not eradicate the manuscript tradition; the two forms influenced each other and transitioned with broader cultural shifts.

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<sup>1</sup> This recipe book is dated 1711–27: WSA, 9/35/17, no page number.

In order to understand why and how the recipe collecting tradition continued, we must look to print culture and its role in knowledge dissemination and consumer habits. A recipe's origin could have been in manuscript, print, or oral form, and there was a fluid exchange of knowledge between media. Excerpts from published texts were re-published in magazines and newspapers; all the while recipes were often sourced from manuscript recipe collections, since it was these well-known recipes which were trusted and still in vogue.<sup>2</sup> Newsprint, handbills, and extracts from printed manuals were preserved in manuscript collections as sources of medical knowledge and documentation of where to purchase cures.<sup>3</sup> Historians have argued that it was the readers, not the publishers, who were the agents of change in the press.<sup>4</sup> As recipe compilers were readers and consumers, the tradition therefore changed with the print and medical marketplaces. At home, print fuelled elite consciousness and interest in medicine, shaped their consumer habits, and supplied commentary on ideas regarding disease and taste, all within the socio-economic milieu of the medical marketplace.

The relationship between print and manuscript medical knowledge underscores the complicated definition of domestic medicine. The function and form of domestic medicine in print was dependent on a wide audience, the author's agenda and sources of knowledge, and the stationer's marketing strategies. Consequently, domestic medicine in print was both private and public, commoditised and yet personalised. We must be careful when using printed sources to understand the meaning and practice of domestic medicine in elite households. Domestic

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<sup>2</sup> For example, John Theobald's 1764 medical text was featured in *The British Magazine*. 'Recipes, Extracted from Every Man his own Physician', *The British Magazine, or, Monthly Repository for Gentlemen & Ladies* (6 January 1765), p. 40.

<sup>3</sup> Elizabeth Leathes' recipe late 18<sup>th</sup> C. recipe book has a small printed sheet on the method of curing the ague: Norfolk RO, BOL 2/167, 740X7. The Willes family's recipe book (18<sup>th</sup>-19<sup>th</sup> C.) has loose printed sheets, including an advertisement for a family plaster treatment from a Derby printer: Warwickshire RO, CR4141/7/975.

<sup>4</sup> Stephen Orgel, 'Afterword: Records of Culture', in Jennifer Anderson and Elizabeth Sauer (eds.), *Books and Readers in Early Modern England: Material Studies* (Philadelphia: University of Pennsylvania Press, 2002), p. 283.

medicine (as recorded in recipe books) was tailored to the social and cultural practices of the wealthy, while printed sources represent a broader canon of popular medical knowledge depicted in an idealised fashion. However, within a larger framework of the commercialisation of medicine, printed medical texts and domestic manuals helped shape social attitudes towards disease and health.<sup>5</sup> These texts then enable us to understand the eighteenth-century elite population's desire to manage their health, and how aspects of self-help, self-awareness, and self-empowerment changed over time.<sup>6</sup>

Within the genre of medical texts, defining these works as 'popular medicine' or 'vernacular medicine' has been debated. Andrew Wear has questioned who was reading these books such that we deem the readership a 'popular audience', when half the population was still illiterate by 1750.<sup>7</sup> Roy Porter argues that populist radicalism and Enlightenment faith were responsible for promoting popular medical works, while the elite aimed to reform popular beliefs for social control. Medicalisation (including print) was a way to combat unwanted beliefs and superstitious folk cures, secure political rights, and was an expression of consumerism.<sup>8</sup> Taking a wider social approach, Mary Fissell suggests that print embodied medical practice and should be classed as 'vernacular'.<sup>9</sup> Medical works, as Fissell explains, functioned as 'entertainment, as memory devices, as statements about man's... relationship to

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<sup>5</sup> Paul Slack, 'Mirrors of Health and Treasures of Poor Men: the Uses of the Vernacular Medical Literature of Tudor England', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979), p. 261.

<sup>6</sup> Lisa Kay Meloncon, 'Rhetoric, Remedies, Regimens: Popular Science in Early Modern England' (PhD thesis, University of South Carolina, 2005), p. 20.

<sup>7</sup> Andrew Wear, 'The Popularization of Medicine in Early Modern England', in Roy Porter (ed.), *The Popularization of Medicine, 1650-1850* (London: Routledge, 1992), p. 18.

<sup>8</sup> Roy Porter, 'The Popularization of Medicine in Georgian England, and its Paradoxes', in Porter, *Popularization of Medicine*, p. 215.

<sup>9</sup> Mary Fissell, 'The Marketplace of Print', in Mark S.R. Jenner and Patrick Wallis (eds.), *Medicine and the Market in England and its Colonies, c. 1450- c. 1850* (New York: Palgrave Macmillan, 2007), p. 109.

the natural world, and as instructions on how to manipulate that world'.<sup>10</sup> Though not necessarily owned or read across the social spectrum, these texts nonetheless united the populace in a common pursuit of health.

When dealing with medicine and print, the question of use must be considered. Who read these texts and how were they used and valued? Reading recipes has been defined as 'practical' reading, in contrast to 'action' and 'leisure' reading,<sup>11</sup> but eighteenth-century recipe books reflect a combination of reading practices. Elaine Leong contends that, for seventeenth-century recipe books, compilers bought and read books to supplement their medical knowledge. This practice continued in the eighteenth century, but with greater emphasis on gathering medical information out of interest, rather than primarily practical needs.<sup>12</sup> Sourcing medical knowledge for elite healthcare in the eighteenth century was centred on the acquisition of knowledge out of intellectual interest, but this information could serve a practical role in treatment.

Determining reception and use of print is inherently difficult. Individual copies of a text sometimes have annotations as evidence of an individual's engagement with the text. Gauging reception of a published work in a wider social context, and how this reception changed with subsequent editions, is more challenging. Looking at the sixteenth century, Paul Slack questions whether vernacular health books were actually used, and whether or not they accurately reflect 'popular' attitudes towards disease.<sup>13</sup> Jennifer Richards moreover reminds us that early modern regimens were written to be read in a thoughtful way, rather than simply used. This thoughtful

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<sup>10</sup> Mary Fissell, 'Readers, Texts, and Contexts: Vernacular Medical Works in Early Modern England', in Porter, *Popularization of Medicine*, p. 92.

<sup>11</sup> Elaine Leong, 'Medical Recipe Collections in Seventeenth-century England: Knowledge, Text and Gender' (DPhil thesis, University of Oxford, 2005), p. 215.

<sup>12</sup> *Ibid.*, p. 236.

<sup>13</sup> Slack, 'Mirrors of Health', p. 237. See also, Jennifer Richards, 'Useful Books: Reading Vernacular Regimens in Sixteenth-Century England', *Journal of the History of Ideas*, 73 no. 2 (2012), p. 257.

reading was practical and a way of affecting the body by critically engaging with advice.<sup>14</sup> The expansion of the print marketplace in the 1650s occurred alongside a growing female readership. Reading was a gendered activity, and women's God-given domestic role dictated how, what, and why they read, offering a diverse array of reading tastes and practices.<sup>15</sup> Determining readership and reception of self-help medical guides is imperative to understanding successes and failures in publishing, and the shifts in the print marketplace alongside cultural tastes in the eighteenth century.

In the first section of this chapter I examine print citations in manuscripts to illustrate the significant influence the print marketplace had on the recipe collecting tradition. This analysis includes a case study of Henry Wise's catalogue of books in his recipe collection, which highlights the complexities of owning and reading books. The second section explores newsprint and printed recipes from periodicals and magazines within manuscript collections. The inclusion of recipes from newspapers and references to proprietary medicine advertisements exemplifies the evolution of recipe collecting, as compilers adapted their methods and sources of information to embrace the commercialisation of medicine and a consumer-driven culture. The third section examines the types of popular printed treatises and advice guides available to elite consumers. I first discuss domestic management texts as sources of medical knowledge before looking at the use of the recipe style to instruct women on housewifery duties. Section four examines vernacular medical texts and discusses marketing strategies, including charity and anti-quackery dialogue in the prefatory remarks. Finally, I revisit three celebrated authors of domestic medicine, George Cheyne, John Wesley, and William

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<sup>14</sup> Richards, 'Useful Books', pp. 249–50.

<sup>15</sup> Edith Snook, 'Reading Women', in Laura Lunger Knoppers (ed.), *The Cambridge Companion to Early Modern Women's Writing* (Cambridge: Cambridge University Press, 2009), pp. 40, 42. On reading print for domestic medical knowledge see, Elaine Leong, "'Herbals She Persueth': Reading Medicine in Early Modern England", *Renaissance Studies*, 28 no. 4 (2014), pp. 556–78.

Buchan, whose works shed light on themes of charity, anti-quackery, readership, and the reception of new ideas in the competitive print marketplace. The works of these three men significantly shaped the print marketplace's portrayal of domestic medicine, and I investigate the extent to which their texts entered the recipe collecting tradition. In doing so, I demonstrate that the scope of domestic medicine in print is a broad representation of healthcare for a lay audience, and we must be careful when using these sources to understand elite domestic medicine as expressed through manuscript recipe collections.

### **5.1 Print in Manuscript Recipe Collections**

Tracing sources in recipe collections is a challenge for historians, and this is especially difficult with print sources. Unless a compiler cited a print source, it is impossible to determine from where information originated, whether a compiler copied recipes from a text, and whether print texts borrowed material from other texts or manuscripts. When compilers do cite a book or an author, it is therefore significant that they chose to acknowledge the source by giving authority to a publication.<sup>16</sup> In my survey of 27 manuscripts and 5,013 recipes, there were 59 references to a published source and 44 of these references were from newsprint or magazines. Citations in my count only include those which specifically document that a recipe was taken from a printed source, signifying in and of itself a shift in recipe collecting. This count may seem low, but it needs bearing in mind that my sample includes manuscripts spanning the seventeenth century to the nineteenth century. The citations of print sources (particularly newspapers) were from eight collections, and these are dated from 1730 to 1815, when newsprint proliferated.

Examples of newsprint sources include: the *Derby Mercury*, *General Evening Post*, *The Craftsman*, *The Gentleman's Magazine*, the *Harleian Miscellany*, and the *White Hall Evening*

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<sup>16</sup> Stationers, publishers, and booksellers were also occasionally cited alongside remedies, reinforcing the close relationship between print and medicine in the marketplace.

*Post.* Excerpts of recipes and medical advice from these sources, along with additional examples from my wider survey of 150 manuscripts, are discussed below. Moreover, it is evident that many recipes were taken from print, but not cited as such. Texts written by physicians were commonly cited by their surname, not the book's title, and many of the citations for proprietary medicine were also likely sourced from print. Compilers furthermore frequently used descriptions indicative, but not explicitly so, of printed articles and treatises. An example of this is a plague recipe from the 'University of Montpellier' which claimed that the remedy was used by 'four Malefactores who had Robb'd and murdered people during the course of the Plague at Marseilles'.<sup>17</sup> Yet, the actual citation of the printed material from which the remedy was taken was excluded.<sup>18</sup>

It would be advantageous if recipe books were kept within their original estate collections and if those records included inventories (and book lists), though this is rarely the case.<sup>19</sup> Being able to compare a manuscript's sources with a list of medical texts and household manuals owned by an individual could help to determine from where information came, what types of texts compilers owned, and the extent of cross-over between print and manuscript sources. However, owning a book by no means meant that the owner had read the book,<sup>20</sup> and one did not have to own a book in order to read it. By the eighteenth century, the commonplace practice of copying passages as a learning technique had declined in popularity, and compilers were unlikely to record information from a text they already owned. When we do find evidence of passages recorded from a text, this is indicative of either a seventeenth-century compilation

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<sup>17</sup> While in the gallows, the robbers confessed that they had preserved themselves from the plague by using only the medicine and went 'from House to House without any fear of the Distemper'.

<sup>18</sup> Cited in the Arscott family's collection: Wellcome, MS.981, f. 144.

<sup>19</sup> See, Leong, 'Medical Recipe Collections', Chapter 4 for a case study of seventeenth-century recipe collections and book inventories.

<sup>20</sup> Natasha Glaisyer and Sara Pennell, 'Introduction', in Natasha Glaisyer and Sara Pennell (eds.), *Didactic Literature in England, 1500-1800: Expertise Constructed* (Aldershot: Ashgate, 2003), pp. 1-18.

and/or evidence that a text had been borrowed to copy passages relevant to the compiler's interests.<sup>21</sup> The following case study exemplifies how book ownership did not necessarily equate to the citing of those texts in a personal manuscript.

Recipe books and book catalogues provide important perspectives on elite reading habits, and how health fits into a wider intellectual culture. Henry Wise's recipe book is an unusual example as his book catalogue was recorded alongside recipes in February of 1710/11. Divided into folios and octavos, the list includes 180 titles, with many titles referencing multiple volumes.<sup>22</sup> The catalogue is a glimpse of the family's ownership of earlier titles, but does not document subsequent purchases, including texts published later in the eighteenth century. Examples of the genres of books owned by Henry include: religious texts; poetry; grammar manuals and dictionaries; editions of classical texts; essays on architecture; political and military treatises; works of Shakespeare; and texts on natural history, philosophy, and natural philosophy. Henry's occupation as Royal Gardener is documented in his substantial collection of herbals and botanical texts.<sup>23</sup> For instance, he owned: Evelyn's *Sylva*, Gerard's *Herball*, Parkinson's *Paradisi in Sole Paradisus Terrestris*, and Dr Sloane's *Catalogus Plantarum quae in insula Jamaica*. Among the collection are several texts concerning husbandry such as the *Compleat Horseman*<sup>24</sup> and Mortimer's *Art of Husbandry*.<sup>25</sup> Conduct guides were also part of the collection, including Blome's *Gentleman's Recreations*, Darrell's *Gentleman Instructed*, Dunton's *Ladies Dictionary*, and Alletree's *The Ladies Calling*. Two works related to food are listed, Evelyn's *Acetaria: A Discourse on Sallets* and May's *The Accomplisht Cook*. Finally,

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<sup>21</sup> This can be found in manuscripts that began in the seventeenth century and continued into the eighteenth century.

<sup>22</sup> Warwickshire RO, CR0341/300, ff. 10–5.

<sup>23</sup> Henry Wise and his regimen are discussed in Chapter 3.

<sup>24</sup> This could have been the text by De la Grey, or a text similarly titled by Solleysel.

<sup>25</sup> It is unclear whether these texts were first editions or re-prints.

there are three texts directly relating to health: Huxham's *An Essay on Fevers*, Walker's *A Companion for the Afflicted*, and Sherlock's *A Practical Discourse Concerning Death*. Henry Wise's book catalogue is reflective of a well-rounded gentleman, with diverse intellectual and recreational interests. It is also possible that some of these books were owned or used by other family members, including women, but there was no evidence to confirm female ownership of published books in this instance.<sup>26</sup> Henry's collection mirrors his expertise in gardening and botany, and his family's ambitions to maintain their social standing, their household, and their health.

When we compare the titles of the book catalogue to citations found in the Wise family's recipe books, the majority of the citations are of family, friends, and physicians, with only two printed sources mentioned. One in Mary Wise's collection is the famous rabies cure associated with Sir George Cobb, which was printed in the *White Hall Evening Post*.<sup>27</sup> The other recipe in Mary's book was recorded from the *General Evening Post* on 26 September 1771, and was a cure for the dropsy.<sup>28</sup> The recipe collection therefore documents that the family was engaging with newsprint in their manuscript collections but published texts remain undocumented. When examining Henry's catalogue of books it is evident that owning books was not equivalent to reading books, and that citing texts within a manuscript collection does not accurately reflect the sorts of print materials that compilers owned (or borrowed) and read, or with which they had personal contact (particularly as the book catalogue was compiled earlier than the recipes cited in the collection). Rather, evidence of print sources in manuscripts should be viewed as a sample of the availability of medical knowledge through different types

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<sup>26</sup> Leong notes a similar difficulty for seventeenth-century collections. Leong, 'Medical Recipe Collections', p. 242.

<sup>27</sup> Warwickshire RO, CR0341/301, f. 199.

<sup>28</sup> *Ibid.*, f. 241.

of print media accessed by elites. Copying medical information into a manuscript was not necessary since the Wise family had the means to access a range of print, as is evident from the catalogue.

## **5.2 Newsprint in Manuscript Recipe Collections**

The thriving print marketplace in eighteenth-century England, and the proliferation of daily and periodical newsprint, gave recipe collectors the opportunity to engage with published advice by pasting newsprint into their manuscripts. Some individuals alternatively copied out advice from news sources. Only a limited number of eighteenth-century recipe books include newsprint, but collections that do show the compiler's willingness to engage with a popular form of media and embrace innovations in commercial medicine as part of recipe collecting. Exposure to cheap newsprint encouraged readers to consume knowledge in new ways, and this resulted in a shift in both textual forms. Resulting from this, both the practices of commonplacing and recipe collecting evolved into a process of scrapbooking.<sup>29</sup>

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<sup>29</sup> David Allan, *Commonplace Books and Reading in Georgian England* (Cambridge: Cambridge University Press, 2010), p 29. I discuss the commonplace tradition and its connection to recipe collecting in Chapter 1.

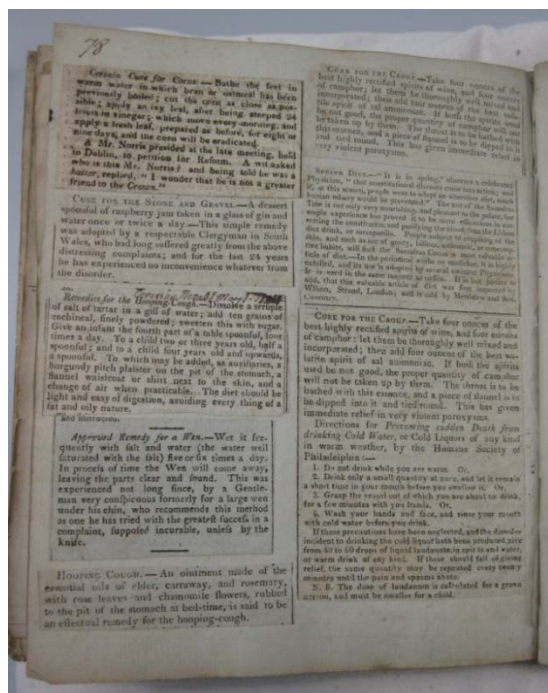


Figure 19: Newspaper clippings in a manuscript recipe book (Wellcome, MS.7366, f. 78, with permission from the Wellcome Library)<sup>30</sup>

The newspaper industry had a significant impact on the construction of identity, and this search for self-awareness and self-management filtered into recipe books.<sup>31</sup> The rhetoric used in periodicals, Kathleen Wilson argues, was a ‘commercialised, sanitised and patriotic vision of the British Empire’, which spread profit throughout England and dispersed ‘British goods, rights and liberties across the globe’.<sup>32</sup> As well as regional newspapers tailored to local communities,<sup>33</sup> national titles provided a culturally-unified experience for a ‘nation of readers’.<sup>34</sup> Porter’s work on *The Gentleman’s Magazine* has shown that this new print media offered medical diagnostics, advice columns, and all sorts of information for the ‘health-

<sup>30</sup> Newspaper clippings in an anonymous ‘Coventry housewife’s’ collection dated late 18<sup>th</sup> C. to early 19<sup>th</sup> C.

<sup>31</sup> Identity in the context of citations and the foreign ‘other’ is explored in Chapter 4.

<sup>32</sup> Kathleen Wilson, *The Island Race: Englishness, Empire, and Gender in the Eighteenth Century* (London: Routledge, 2003), p. 33.

<sup>33</sup> Most of the country had access to regional and/or London papers by 1730. Peter Isaac, ‘Pills and Print’, in Robin Myers and Michael Harris (eds.), *Medicine, Mortality and the Book Trade* (Folkestone: St Paul’s Bibliographies, Ltd., 1998), p. 35.

<sup>34</sup> Allan, *Commonplace Books*, p. 227.

conscious public spirit'.<sup>35</sup> From the perspective of newsmen and publishers, health was all about self-management and was not a private matter, but a public role for well-informed responsible consumers.<sup>36</sup> We can see this consumer engagement with print for self-management in recipe books through the recording and pasting of newsprint remedies and medical advice.

An undated article taken from *The Economist* on using green walnuts in family medicine is a good example of a newspaper clipping pasted into a manuscript. The article begins by declaring 'every body eats walnuts; every body knows how to make a pickle of walnuts; few, however, know the medicinal virtue of walnuts'.<sup>37</sup> The purgative of green walnuts boiled in sugar was deemed a palatable treat for children, unlike 'salts, jalap, and other doctor's stuff', and was claimed to save families from expensive doctor's bills. Following the self-maintenance rhetoric of the era, the article recommended the use of homemade medicine over professional care. Syrup of green walnuts was a common recipe found in early modern recipe books. This print advice was likely referencing green walnut remedies found in manuscript collections and printed domestic manuals and re-sharing the information, thus illustrating the three-way relationship of communicating advice through print, newsprint, and manuscript. The authority of recipes like this therefore did not necessarily come from the original source; it came from continuous use and exchange.

This three-way relationship is also found in a recipe book belonging to the Massingberd family which includes a plague recipe. A newspaper clipping cited as being from Reading on 18 October 1770 discussed a plague recipe found in an old manuscript; one that was popular during the eighteenth century and found in other manuscripts. This clipping represents the dynamic

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<sup>35</sup> Roy Porter, 'Lay Medical Knowledge in the Eighteenth Century: The Evidence of *The Gentleman's Magazine*', *Medical History*, 29 (1985), p. 147.

<sup>36</sup> Porter, 'Lay Medical Knowledge', pp. 147, 163.

<sup>37</sup> In Caroline Lynes' early 19<sup>th</sup> C. collection: Bodleian Library, MS Eng Misc es49, no page number.

materiality of a manuscript's preservation of newsprint while citing an original manuscript source. Complicating the material history further, this recipe was copied out on a subsequent page of the manuscript with the following description:

Sept 1791 The aforegoing Recipe, is taken from an Old MS Book found by HN amongst the late Mr L Brooks papers at Little Dartm and it was also recommended in a letter wch appeared some years since in ye Sherborne paper of which the following is an extract.<sup>38</sup>

This extract, which appears to be a variation of the newsprint plague remedy, cited personal ownership of the recipe, its communication in a letter, and that letter's preservation in the newspaper. From one recipe we can see the tangled paths through which medical knowledge could reach a recipe book, and how the same information was preserved and documented in multiple forms.

A new feature of recipe books, which gained momentum in the mid-eighteenth century, was pasted-in newspaper clippings.<sup>39</sup> As discussed above, this shows the transition of manuscript recipe collections with the print marketplace and an adoption of scrapbooking, which was also used in commonplace books. A clipping of Dr James Malone's 'Recipe for a Cold' (a balsam-style remedy), for instance, was inserted into Miss Myddleton's book.<sup>40</sup> Advice did not necessarily involve drugs and remedies, as recipe books also included 'interest pieces', many of which were health-related. Pasted upside down in a collection, a newspaper clipping on how to save the life of a neighbour provided rules for uncertain situations regarding a patient's death. Perhaps as a result of laying out the body too soon after an illness, this article instructs

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<sup>38</sup> OBU, Massingberd MS Receipts Vol. 3, f. 26.

<sup>39</sup> Vivienne Hatfield also found an emerging trend of copying recipes from magazines and newspapers in Scottish recipe collections. Hatfield stresses that this information would have only reached the small literate proportion of the population, but that it could have been communicated orally. Vivienne Gabrielle Hatfield, 'Domestic Medicine in Eighteenth Century Scotland' (PhD thesis, University of Edinburgh, 1980), p. 29.

<sup>40</sup> Wellcome, MS.3656, f. 21r.

how to ‘remedy an evil hitherto much dreaded, that of being confined to a coffin, or committed to the grave, with remaining sparks of life.’<sup>41</sup>

Rather than pasting newspaper clippings into their collections, some compilers chose to copy articles and remedies. This could have been for aesthetic continuity, or the compiler may have borrowed the newsprint and decided to copy selections. Mary Birkhead’s collection (originally dated 1681) includes a transcribed remedy for deafness recorded from the *Cambridge Journal* dated 14 July 1764.<sup>42</sup> Another, an anonymous manuscript from the Brotherton Library, offered treatment on lameness from *The Gentleman’s Magazine* (1760), while a cure for lunacy was cited as being from both *The Magazine or Universal Register* (177-) and the *Philosophical Transactions* no. 400.<sup>43</sup> In another recipe book, a remedy for consumption was recorded from the *Derby Mercury* on 11 May 1786. This remedy involved breathing in vapours of white pitch and beeswax and was supposedly trialled by a military officer who ‘found the complaint of his breast greatly reliev’d’.<sup>44</sup> The compiler selected this inhalant cure for his/her collection, which was not a common contemporary domestic treatment for consumption (though folk medicine did use herbal inhalants and animal breath for treating respiratory disorders).<sup>45</sup> This suggests that the compiler found the remedy intriguing and potentially useful, and took the time and effort to copy it.

The inclusion of newsprint into manuscripts signifies a changing material history of recipe books in eighteenth-century England. Fragments of newsprint and copied advice blur the lines between domestic and commercial medicine. Furthermore, the transposing of printed

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<sup>41</sup> In a ‘Coventry housewife’s’ collection (late 18<sup>th</sup> C. to early 19<sup>th</sup> C.): Wellcome, MS.7366, f. 149.

<sup>42</sup> BL, Egerton MS 2415.

<sup>43</sup> Brotherton Library, MS 506, f. 130r.

<sup>44</sup> A recipe book from the Wrights of Eyam Hall estate dated 1750–90s: Derbyshire RO, D5430/50/5, f. 25r.

<sup>45</sup> For example, cow’s breath was thought to contribute to the efficacy of a consumption remedy by the sufferer visiting the cow house to fetch fresh milk. An example of this is found in the anonymous collection: Wellcome, MS.7102, f. 57r. Wayland Debs Hand, *Magical Medicine: The Folkloric Component of Medicine in the Folk Belief, Custom, and Ritual of the Peoples of Europe and America* (Oakland: University of California Press, 1980), p. 273.

advice into manuscripts reflects the broader rise in accessibility and consumption of daily, cheap printed material in English society, while manuscripts retained their importance in recording domestic knowledge.

### 5.2.1 ‘Newspapers puff ev’ry Nostrum to town’<sup>46</sup>: Proprietary Medicine Advertising

Advertising proprietary medicine and therapeutic services in newspapers was a further way in which the commercial market and domestic medicine were united. Before the newsprint industry took off, in the seventeenth century almanacs were a major outlet for marketing nostrums like the famous Daffy’s Elixir.<sup>47</sup> These texts linked popular and elite cultures and served as important sources for therapeutic treatments.<sup>48</sup> As Louise Hill Curth’s research has shown, almanacs were the precursory media for proprietary medical advertising and they significantly contributed to medical materialism, particularly as their year-long life span created brand awareness.<sup>49</sup> By the end of the seventeenth century, 70-80% of almanacs had medical advertisements.<sup>50</sup> Almanacs, however, declined in popularity at the end of the seventeenth century when newspapers were regularly used for delivering daily and weekly information. Almanacs could no longer meet the needs of consumers for providing current information and medical advertisements. Handbills similarly declined to make way for newspaper advertisements.<sup>51</sup>

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<sup>46</sup> George Alexander Stevens, *The Specifick* (1788) in *The Works of the Late G.A. Stevens, esq.* (London: Washbourn and Son, 1823), pp.186–8.

<sup>47</sup> Louise Hill Curth, ‘Introduction: Perspectives on the Evolution of the Retailing of Pharmaceuticals’, in Louise Hill Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot: Ashgate, 2006), p. 6.

<sup>48</sup> Fissell, ‘Readers, Texts, and Contexts’, p. 72.

<sup>49</sup> Louise Hill Curth, ‘The Medical Content of English Almanacs 1640-1700’, *Journal of the History of Medicine and Allied Sciences*, 60 no. 3 (2005), pp. 262, 281. Louise Hill Curth, *English Almanacs, Astrology and Popular Medicine, 1550-1700* (Manchester: Manchester University Press, 2007), p. 185.

<sup>50</sup> Curth, ‘The Medical Content of English Almanacs’, p. 276.

<sup>51</sup> Roy Porter, *Quacks, Fakers, and Charlatans in Medicine* (Stroud: Tempus, 2003) p. 176. Handbills also served as wrappers for bottles and to note the dosage for the medicine. Isaac, ‘Pills and Print’, p. 31.

It has been suggested that the book trade was perhaps the most important network for proprietary medicines in England, as both books and medicines as commodities came together through advertising, distributing, and manufacturing.<sup>52</sup> The commercialisation of medicine may not have occurred without a surge in popular print that enabled the ‘mass-marketing’ of proprietary medicine.<sup>53</sup> The press, James Kelly remarks, enabled the ‘serendipitous mix’ of sellers and makers of all things to engage with each other and to market their products. This was partly due to the fact that booksellers and printers were the most prominent retailers of proprietary medicine by the early 1700s.<sup>54</sup> Patrick Wallis contends, however, that even though proprietary medicine played an important part in the development of handbill and newspaper advertising, we should not assume that print played an equally significant role in the rise of proprietary medicine.<sup>55</sup> Wallis’s conclusion is based on the emergence of proprietary medicine in the seventeenth century, presumably in connection with the oral tradition of performance and street-based charlatans. However, that oral tradition transitioned to print media, meaning that the explosion of proprietary medicine in the eighteenth century was significantly influenced by print culture. This was especially the case once a final lapse in the Licensing Acts in 1695 meant that London no longer monopolised print, allowing provincial newspapers and book trades to flourish. As is evident in recipe collections, the commercial market of medicine played a crucial role in allowing consumers to shop selectively for drugs. Through daily print, access to medical advertisements across England enabled compilers to compare, critique, and preserve proprietary advertisements in their collections, and incorporate commercial medicine (including

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<sup>52</sup> Isaac, ‘Pills and Print’, pp. 25–9.

<sup>53</sup> James Kelly, ‘Health for Sale: Mountebanks, Doctors, Printers and the Supply of Medication in Eighteenth-Century Ireland’, *Proceedings of the Royal Irish Society*, 108C (2008), p. 77.

<sup>54</sup> *Ibid.*, pp. 89, 102.

<sup>55</sup> Patrick Wallis, ‘Medicines for London: the Trade, Regulation and Lifecycle of London Apothecaries, c. 1610-c. 1670’ (DPhil Thesis, University of Oxford, 2012), p. 224.

patent nostrums) into their healthcare according to each individual's tastes, constitutions, and trust criteria.

Elites had easy access to proprietary medicine through newsprint. Initially, country printers latched onto the ready-made network of proprietary medicine agents who were suited to distributing small items like bottles of medicine.<sup>56</sup> By the second half of the eighteenth century, medical advertisements took up between ten and twenty percent of a column length in some newspapers.<sup>57</sup> In dailies, up to 75% of the space was devoted to advertisements,<sup>58</sup> and footnotes were used to advertise drugs sold at the printing office.<sup>59</sup> Bookshops acted as medicine stockists<sup>60</sup> and proprietary medicine was advertised as being sold by circulating reference libraries, which allowed provincial compilers to source medicines in newspapers printed from afar.<sup>61</sup> Coffee houses also took out subscriptions to periodicals, providing news access to customers.<sup>62</sup>

It has been argued that the general readership of newspapers, such as the *Penny London Post*, which featured advertisements, was the lower-middling sorts, whereas newspapers like the *London Evening Post* did not include medicine advertisements and were aimed at the upper and middling sorts.<sup>63</sup> It appears, however, that elites readily took advantage of the availability of

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<sup>56</sup> G.A. Cranfield, *The Development of the Provincial Newspaper 1700-1760* (Oxford: Clarendon Press, 1962), p. 249.

<sup>57</sup> P.S. Brown, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 20 no. 2 (1976), p. 352. The first advertisement in newsprint appeared in 1624, but regular advertisements were not used in London until 1648, at the same time as the rest of the print industry boomed. R.B. Walker, 'Advertising in London Newspapers, 1650-1750', *Business History*, 15 no. 2 (2006), p. 113.

<sup>58</sup> Walker, 'Advertising in London Newspapers', p. 112.

<sup>59</sup> Brown, 'Medicines Advertised', p. 358.

<sup>60</sup> Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), p. 98.

<sup>61</sup> Brown, 'Medicines Advertised', p. 360.

<sup>62</sup> Helen Berry, *Gender, Society and Print Culture in Late Stuart England: the Cultural World of the Athenian Mercury* (Aldershot: Ashgate, 2003), p. 15.

<sup>63</sup> Walker, 'Advertising in London Newspapers', p. 121-2. For instance, Francis Doherty's work on the anodyne necklace suggests that advertisements were marketed towards a 'more gullible, eager readership'. Francis Doherty, *A Study in Eighteenth-Century Advertising Methods: The Anodyne Necklace* (Lampeter: Mellen, 1992), p. 3.

newsprint, and the proprietary medicines that came with it. Eighteenth-century printers gained their profits by selling advertising space. The goods sold needed to be intended for a large client-base in order reach a wide enough market for profit; luxury items were therefore rarely advertised, but elite consumption was by no means restricted to these items.<sup>64</sup> Readership of cheap newspapers and advertisements should thus not be viewed as an activity restricted to the lower-middling and middling sorts. Moreover, local newspaper proprietors were known for publishing cookery books and other domestic manuals, reinforcing that print and the provision of domestic knowledge went hand-in-hand.<sup>65</sup> Medical advertisements were also found alongside publishing notices.<sup>66</sup> This shows the closeness of the two commercial areas and sheds light on why advertisements were included in manuscripts. Reading was a central aspect of elite life and one way newspapers were used was to stay attuned to new books being published. While scanning publishing notices, elite readers were exposed to proprietary medicine advertisements. This was a strategic marketing ploy. Readers could have also actively sought out advertisements. Through wider interaction with newsprint, compilers encountered proprietary medicine advertisements and chose to include them in their personal records of medical knowledge.

Bearing this background of the newsprint industry in mind, we can look at several examples of proprietary medicines found in manuscript recipe collections. One of the most famous examples of a medical proprietor is Joanna Stevens, whose pills for the stone and gravel earned her £5,000 from parliament in 1739. Stevens's advice and an advertisement for her pills

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<sup>64</sup> Lisa Forman Cody, "'No Cure, No Money', or the Invisible Hand of Quackery: The Language of Commerce, Credit, and Cash in Eighteenth-Century British Medical Advertisements', *Studies in Eighteenth-Century Culture*, 28 (1999), p. 107.

<sup>65</sup> Isaac, 'Pills and Print', p. 35

<sup>66</sup> Cranfield, *The Development of the Provincial Newspaper*, p. 222.

were widely circulated in newspapers, and were recorded into manuscript collections.<sup>67</sup> Elite households consumed proprietary medicines as part of their healthcare, and they were also acutely aware of the hazards of proprietary medicines (often labelled as quackery) and counterfeit cures. On the first page of an anonymous recipe book from Derbyshire is a note regarding the purchase of Belloste's Pills, 'Note all Sold at any other place are Counterfeits', taken from *The London Gazette* on 21 December 1739.<sup>68</sup> This note, which was originally used by the proprietor as a marketing tool, was used as a reminder of where to purchase the drug. As few 'branded' medicines were protected by patent law, this type of polemical advertising was used to discredit competing products, as well as counterfeits.<sup>69</sup> In another example, an article advertising Magnesia Lozenges for heartburn, exemplifies commercial medicine included in manuscripts.<sup>70</sup> It was standard in medical advertisements to note where the remedy could be purchased, in this instance from the apothecary W. Box, a chemist, a perfumer, as well as stationers across London. Clippings such as these were saved as reminders of commercial treatments to try, and where they could be purchased. Similarly, Sarah Tully (Lady Hoare) opted to use the inside front cover of her recipe book to feature a handbill advertisement for Venice Theriac, a popular compound medicine (Figure 20).<sup>71</sup> Evidently Lady Hoare (or a subsequent compiler) deemed this a valuable product, to give it such a prominent position in the collection.

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<sup>67</sup> For example, in an anonymous collection dated c. 1650–1739: Wellcome, MS.144, 110v.

<sup>68</sup> Derbyshire RO, D5336/2/26/9, f. 1.

<sup>69</sup> Walker, 'Advertising in London Newspapers', p. 128.

<sup>70</sup> Found in Jane Frere's late 18<sup>th</sup> C. manuscript: Norfolk RO, MC 433/1 715X9, f. 148.

<sup>71</sup> Wellcome, MS.8687, front cover.



**Figure 20: Handbill advertising proprietary medicine in Sarah Tully’s manuscript (Wellcome, MS.8687, Sarah Tully, Lady Hoare (& others), with permission from the Wellcome Library)**

The Dolben family from Finedon, Northamptonshire included several newspaper clippings in their recipe book, one being ‘Directions for Using Mr Mudge’s Inhaler’.<sup>72</sup> Physician John Mudge is credited with inventing the inhaler in 1778, alongside publishing his work, *A Radical and Expeditious Cure for a Recent Catarrhous Cough*. The inhaler was used in conjunction with an opiate-based elixir, and the user was to lie in bed with the inhaler three quarters filled with water. Both the pamphlet and the inhaler were sold by J. Walter, a bookseller at Charing Cross. This example is again illustrative of a multi-textual exchange of medical knowledge. The inclusion of an advertisement for a physician’s new commercial cure in a recipe book demonstrates that compilers were attuned to innovative treatments and sought out new commodities.

<sup>72</sup> Wellcome, MS.2201, f. 3r.

Though physicians generally gained their credibility through personal interactions and patronage, some took advantage of the thriving commercial market and advertised their products and services; these included: Jenner's emetic tartar, Godfrey's Cordial, Stoughton's Drops, James' powder, and Anderson's Scots Pills.<sup>73</sup> Retailers even seized the opportunity to market medicines as being associated with well-known individuals. This was the case with the drinking chocolate for medical use falsely attributed to Sir Hans Sloane, advertisements for which occasionally appear in manuscript collections.<sup>74</sup> Fashionable therapeutics also found their way into recipe books through newspapers and magazines. Electrical therapy, for instance, was increasingly popular at the end of the eighteenth century, and John Wesley (among others) supported its use. A memorandum recorded in a manuscript from an article dated 9 August 1797 discussed a machine invented by Mr Lownds, a 'medical electrician'. This stimulator was meant to exercise those afflicted with limb-impairing conditions like gout, rheumatism, and palsy. One testimonial spoke of the machine's effectiveness, proclaiming that a 'Gentleman who had purchased them spoke highly of their utility but [not] the price', a steep 26 guineas.<sup>75</sup> Another example of a fashionable therapy appearing in a recipe collection from newsprint is the famous 'master quack' James Graham's earth bathing regimen.<sup>76</sup> Said to cure rheumatism, Graham recommended submerging patients naked in dirt (in a tomb-shaped trench) for a couple of hours over several days, with an attendant bathing the head to prevent sunburn.<sup>77</sup> Graham is also an example of the complex cross-over between commercial and professional advice in newsprint,

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<sup>73</sup> Roy Porter, 'Before the Fringe: Quack Medicine in Georgian England', *History Today*, 36 no.11 (1986), pp. 16–22.

<sup>74</sup> Sloane's drinking chocolate advertisement, for example, appears in Wellcome, MS.981 and MS.2201.

<sup>75</sup> Cited in the Massingberd family's collection: OBU, Massingberd Receipts Vol 3., f. 60.

<sup>76</sup> On James Graham see, Barbara Brandon Schnorrenberg, 'A True Relation of the Life and Career of James Graham, 1745-1794', *Eighteenth Century Life*, 15 no. 3 (1991), pp. 58–75. Roy Porter, 'The Sexual Politics of James Graham', *British Journal for Eighteenth-Century Studies*, 5 no. 2 (1982), pp. 199–206.

<sup>77</sup> OBU, Massingberd MS Receipts Vol. 3, ff. 67-8. This article was copied from the *Whitehall Evening Post* (August 1798).

since he had medical training and yet was labelled as a quack due to his public style of selling proprietary medicine.

Apart from buying drugs and services, domestic medicine chests came into vogue in the late eighteenth century in England.<sup>78</sup> These small first aid boxes were originally used by naval surgeons and military men but became popular for home use following the publication of texts like Buchan's *Domestic Medicine*. They were intended to be used for treating emergencies and minor complaints.<sup>79</sup> Medicine chests were advertised in newspapers as being, 'particularly useful for people of fashion, who have families, and reside much in the country',<sup>80</sup> and were linked to orthodox medicine and consulting physicians.<sup>81</sup> Bath and Co., on Oxford Street, claimed that their medical chest preparations were selected by 'the London College Dispensatory' (London College of Physicians). The chest was accompanied by a pamphlet describing each medicine, the complaint it treated, and dosage.

In my survey of recipe books I found only one reference to a medicine chest, which was a set of directions copied from a print source for medicines used while travelling by land or sea. This description included drugs such as the emetic tartar (a purgative), extract of Peruvian bark for fevers and fits, and white plaster for wrapping and drying wounds.<sup>82</sup> The scarcity of references to medicine chests in my survey could be accounted for by the fact that chests were just coming into vogue at the end of my time period. Furthermore, individuals may not have

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<sup>78</sup> Medicine chests were popular in Continental Europe earlier in the eighteenth century. J.K. Crellin, 'Domestic Medicine Chests: Microcosms of 18<sup>th</sup> and 19<sup>th</sup> Century Medical Practice', *Pharmacy in History*, 21 no. 3 (1979), pp. 122–31.

<sup>79</sup> Anne Mortimer Young, *Antique Medicine Chests: or Glyster, Blister & Purge* (London: Vernier Press, 1994), p. 24.

<sup>80</sup> *Morning Post and Daily Advertiser*, Classified Ads. Issue 1905 (London, 25 Nov. 1778). Bath and Co., *A Description of the Names and Qualities of those Medicinal Compositions Contained in the Domestic Medicine Chests* (London, 1775).

<sup>81</sup> Crellin, 'Domestic Medicine Chests', p. 123. Medicine chests were also linked to charitable medicine and providing care for the poor, mainly by the clergy.

<sup>82</sup> Found in an anonymous collection: Wellcome, MS.8097, f. 66r.

needed to record where to buy the chests in their collections because they either already owned one, or did not need one as they purchased their drugs elsewhere. More plausibly, these chests also held small quantities and were thus used for self-dosing, not generally as supply stores of raw ingredients used to make recipes; hence medicine chests are distinct from the recipe collecting tradition. Through print, commercial medicine such as domestic medicine chests were advertised as new ways for self-managing health. Yet, recipe books and domestic medicine continued as a distinct approach to elite health, built on a long tradition of creating personalised remedies and documenting illness experiences.

In conclusion, for eighteenth-century elite domestic medicine, newsprint emerged as a prominent source for acquiring medical knowledge. Advertisements within newspapers allowed elites to stay abreast of, and even test, proprietary medicines and treatments touted by ‘quacks’ (fringe practitioners), commercial sellers, and physicians alike. The domestic tradition of collecting recipes changed to adapt to new sources of medical knowledge, and wider choice in elite healthcare.

### **5.3 Self-Medicating and Domestic Advice Manuals**

Printed domestic manuals were a further source of medical knowledge which evolved alongside the recipe collecting tradition. These manuals may have provided supplementary advice and served as reference guides, but the manuscript tradition continued as a way of documenting personal engagement with information, be it for practical use or intellectual interest. How-to books encompassed a wide variety of domestic subjects, from cooking to medicine to gardening to japanning furniture. These texts provide us with insight into household technologies and how

they influenced domestic life.<sup>83</sup> Medical self-help books are exemplary of a technical genre that developed in the 1640s and flourished into the eighteenth century.<sup>84</sup> Self-help print manuals shared many characteristics with manuscripts in the late seventeenth century in terms of content and style,<sup>85</sup> but this decreased as both genres became more developed and specialised. Owning printed physic guides gave households the agency to choose their own treatments, and was a cheaper alternative to physicians' visits. These resources, as Heather Beatty suggests, also enabled sufferers to attempt to self-diagnose and potentially obsess over their ailments, which arguably worsened conditions.<sup>86</sup> Elites owned these texts for their practical use, their provision of supplementary medical knowledge, their intellectual content, and their collectability as objects of commercial and sentimental value.

There are three prominent styles of printed works which fall under the category of domestic medicine: household management texts, collections of recipes, and physician's texts. These are loose categories with significant cross-over between them, but are created and used by historians to understand how information became increasingly specialised in print throughout the eighteenth century. The last category can be broken down into two further types of lay medicine. One was texts on regimens for the leisured and, as Charles Rosenberg notes, were 'as much moral philosophy as medical treatise'. The other was recipes and lists of

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<sup>83</sup> Elizabeth Tebeaux, 'Women and Technical Writing, 1475-1700: Technology, Literacy, and Development of a Genre', in Lynette Hunter and Sarah Hutton (eds.), *Women, Science and Medicine 1500-1700: Mothers and Sisters of the Royal Society* (Thrupp: Sutton Publishing Ltd., 1997), p. 29.

<sup>84</sup> Tebeaux, 'Women and Technical Writing', p. 39. The expansion of vernacular medical texts was partly as a result of Culpeper's publication of the *Pharmacopoeia Londinensis*. See, Lynette Hunter, 'Books for Daily Life: Household, Husbandry, Behaviour', in John Barnard and D.F. McKenzie (eds.), *The Cambridge History of the Book IV 1557-1695* (Cambridge: Cambridge University Press, 2002), pp. 514–32.

<sup>85</sup> Margaret J.M. Ezell, 'Cooking the Books, or, the Three Faces of Hannah Woolley', in Michelle DiMeo and Sara Pennell (eds.), *Reading and Writing Recipe Books, 1550-1800* (Manchester: Manchester University Press, 2013), p. 161.

<sup>86</sup> This, Beatty argues, was the case for self-diagnosing nervous disorders. Heather R. Beatty, *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (London: Pickering & Chatto, 2012), p. 87.

medicines for home treatment.<sup>87</sup> The examples of these genres I explore below are representative of print medical culture in the eighteenth century. They indicate who could author a text containing medical knowledge, and give some indication of the target audience. Moreover, prefatory remarks reveal an author's touted motivations for publication and shed light on the competitive atmosphere of the print and medical marketplaces, and how professional ideas guided and responded to eighteenth-century social attitudes towards health.

The publication of domestic manuals and vernacular medical texts increased steadily throughout the eighteenth century. Mary Fissell estimates that by the 1680s, recipe collections made up 20-30% of all medical books published and that this period is when medical advice as a print genre prospered. Between 1641 and 1800 there were over 2,700 editions of vernacular medical texts or self-help texts with medical advice published, illustrating a sustained interest in medical publications and the opportunities authors and publishers had in publishing medical material, given the lapsing of the Licensing Act. However, by 1700 the market for general medical works was 'saturated'.<sup>88</sup> Physicians turned their attention to disease-specific treatises and regimen guides, highlighting a specialisation of medical knowledge that is apparent in manuscript collections. Ginnie Smith found 62 titles published for regimen-centred books from 1770–1820. The books were slim, small, and cheap texts and also large, expensive volumes, with prices ranging from six shillings to half a guinea.<sup>89</sup>

In terms of publishers, Elizabeth Lane Furdell identified over 200 printers of medical books between 1669 and 1711, again demonstrating an expansion of resources for domestic

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<sup>87</sup> Charles E. Rosenberg, 'Medical Text and Social Context: Explaining William Buchan's Domestic Medicine', *Bull. Hist. Med.*, 57 no. 1 (1983), pp. 23–4.

<sup>88</sup> Fissell, 'The Marketplace of Print', pp. 112–8.

<sup>89</sup> Ginnie Smith, 'Prescribing the Rules of Health: Self-help and Advice in the Late Eighteenth Century', in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), p. 263.

medicine.<sup>90</sup> Comparing these findings to the publication of cookery books in eighteenth-century Britain, Sara Pennell found that between 1700 and 1749 there were 62 new titles and 99 new editions published, indicating that the domestic print market continued to expand and diversify throughout the eighteenth century.<sup>91</sup> Gilly Lehmann similarly found that the publication of British cookery books increased significantly from around 15 in the 1700s to over 60 in the 1780s.<sup>92</sup> Akin to manuscripts, printed collections that survived beyond the first edition transitioned with changes in consumer tastes, and advances in domestic technologies, medical techniques, and approaches. Re-prints often had added chapters and supplementary material,<sup>93</sup> and this re-packaging was a strategy publishers used to gain further profit.<sup>94</sup> Yet, despite these modifications alongside consumer tastes, the manuscript tradition continued as a method of recording personalised information. It was a means of sifting through and evaluating new sources of knowledge in addition to preserving tried-and-true recipes.

#### **5.4 ‘Nothing lovelier can be found In Woman, than to study household good’<sup>95</sup>: Domestic Management and Healthcare**

Domestic guides were popular, catch-all narratives for housekeeping, domestic management, and all manner of home craft. According to Catherine Field, the heterogeneous nature of household manuals allowed authors to create a wide-reaching authoritative identity, presumably beneficial in the competitive print marketplace.<sup>96</sup> Household manuals gained popularity in the

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<sup>90</sup> Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, N.Y.: University of Rochester Press, 2002), p. 49. Helen Berry recorded over 1,000 booksellers and publishers in London between 1688 and 1725. Berry, *Gender, Society and Print Culture*, p. 17.

<sup>91</sup> Sara Pennell, ‘The Material Culture of Food in Early Modern England, circa 1650-1750’ (DPhil thesis, University of Oxford, 1997), p. 76.

<sup>92</sup> Gilly Lehmann, ‘Reading Recipe Books and Culinary History: Opening a New Field’, in DiMeo and Pennell, *Reading and Writing Recipe Books*, p. 110.

<sup>93</sup> Glaisyer and Pennell, ‘Introduction’, p. 10.

<sup>94</sup> Pennell, ‘The Material Culture of Food’, p. 87.

<sup>95</sup> Essex RO, A13522, front cover.

<sup>96</sup> Catherine Field, “‘Many hands hands’”: Writing the Self in Early Modern Women’s Receipt Books’, in Michelle Dowd and Julie Eckerle (eds.), *Genre and Women’s Life Writing in Early Modern England* (Aldershot: Ashgate, 2007), p. 54.

seventeenth century and their presence in the eighteenth century was a continuation of this print tradition. Household management was an established female institution, and using a ‘female voice’ to narrate domestic guides drove their success.<sup>97</sup> This gendered style subsequently spilled over into the periodical industry in the late seventeenth century, enabling domestic advice to reach a popular audience.<sup>98</sup>

Domestic manuals emphasised the economy of home management, part of which was a ‘home-based regimen in health and sickness’.<sup>99</sup> As a genre, domestic manuals reflect a growing sense of English national identity in connection with order and authority. This has been shown in Laura Knoppers’ work on *The Queen’s Closet Opened*, and its political connotations relating to Henrietta Maria and citing the English peerage as credible domestic authorities.<sup>100</sup> Amy L. Tigner has similarly suggested that Hannah Wolley’s 1670 manual *The Queen-Like Closet* shows how early modern women engaged in culinary practices as a way of preserving domesticity (literally through the process of preserving and pickling), and driving the expansion of empire.<sup>101</sup> Domestic manuals and cookbooks became all the more central to British identity when they were exported to the American colonies.<sup>102</sup> As such, these texts echoed social

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<sup>97</sup> Amanda Vickery, *The Gentleman’s Daughter: Women’s Lives in Georgian England* (New Haven: Yale University Press, 1999), p. 131.

<sup>98</sup> Hunter, ‘Books for Daily Life’, p. 531.

<sup>99</sup> Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), p. 304.

<sup>100</sup> Laura Knoppers, ‘Opening the Queen’s Closet: Henrietta Maria, Elizabeth Cromwell, and the Politics of Cookery’, *Renaissance Quarterly*, 60 (2007), pp. 466, 481, 490. Jennifer Stine has also looked at the reliance on aristocratic ‘approvers’ in the *Queen’s Closet Opened*. Jennifer K. Stine, ‘Opening Closets: The Discovery of Household Medicine in Early Modern England’ (PhD thesis, Stanford University, 1996), pp. 187–91.

<sup>101</sup> Amy L. Tigner, ‘Preserving Nature in Hannah Woolley’s *The Queen-Like Closet; or Rich Cabinet*’, in Jennifer Munroe and Rebecca Laroche (eds.), *Ecofeminist Approaches to Early Modernity* (New York: Palgrave Macmillan, 2011), pp. 129–49.

<sup>102</sup> See, for example, Jennifer Mylander, ‘Early Modern “How-To” Books: Impractical Manuals and the Construction of Englishness in the Atlantic World’, *Journal for Early Modern Cultural Studies*, 9 no. 1 (2009), pp. 123–46.

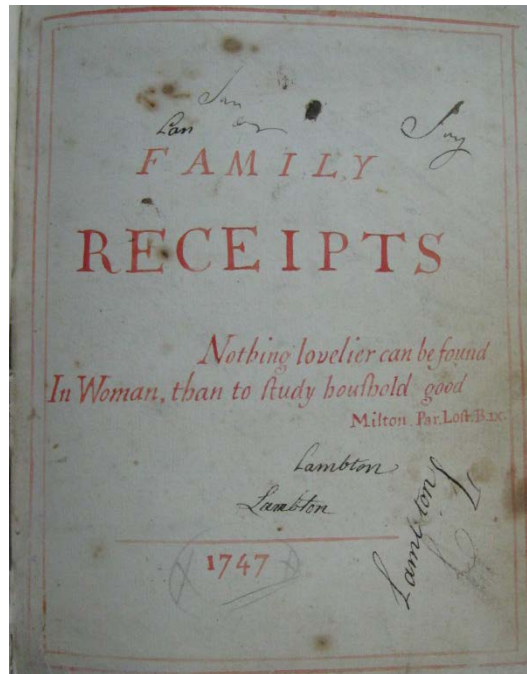
hierarchies and guided servant-employer relationships, as well as a community of readers abroad.<sup>103</sup>

Contemporary expectations of household management are evident in manuscript recipe collections. The recipe style and the recipe book were used to record advice on the responsibilities and expectations of women as housewives. As is illustrated below, this included a connection between poetry and recipes. The quotation used in the header of this section was recorded on a title page (several pages in) of a recipe book owned by the Tower family of Weald Hall (1747) and is taken from John Milton's *Paradise Lost*. The recipe book cover reads, 'Family Receipts' followed by 'Nothing lovelier can be found/ In Woman, than to study household good/ Milton. Par. Lost B IX', and was dated 1747 (Figure 21).<sup>104</sup> In the poem, Adam believes that Eve's concern on how best to manage Eden is a reflection of a good housewife (this is actually a quotation from book XIII). This reflects, or perhaps justifies, the pastime of women creating recipe collections as part of their housewifely duties. It shows that this view of women's expertise in the household as expressed in Milton's seventeenth-century poem held strong in eighteenth-century culture.

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<sup>103</sup> Janet Theophano, *Eat My Words: Reading Women's Lives Through the Cookbooks They Wrote* (New York: Palgrave Macmillan, 2003), p. 190.

<sup>104</sup> Essex RO, A13522, no page number.



**Figure 21: Title page with Milton quotation referencing domesticity (Essex RO, A13522, with permission from the Essex Record Office)**

Adding literary excerpts such as poems to recipe books reinforces the instructional value of recipe books for women. They were often compiled before or immediately following marriage, and were hand-crafted guidance on how to be a good wife and a respectable member of society. In this way there was a continuation in the function of recipe books between the seventeenth century and the eighteenth century, and indeed into the nineteenth century. Following a recipe format, poetic guidelines for wives are found in one anonymous collection, and are titled 'A Receipt for a person to make her Husband Love Her'. Instructions include, 'Let her be meek & Humble', 'never forget ye word Obey', and 'Let her never entertain jealous thought without a Cause'. The 'recipe' also advises a woman to 'Let her Apparel (& dress which is a great motive to Love) be always spruce & clean' and to 'manage the concerns of her house, rather as a diversion yn a Bisness'. By following these instructions, 'his Love [will]

increase & dayly grow to such a height, as none but Lovers know. probatum est.’<sup>105</sup> Another poem recorded in a late eighteenth-century recipe book likewise illuminates the social perception of women’s role in the household:

Good Wives to Snails should be a kin, / Always their houses keep within; / But not to carry (Fashions hacks)/ All they are worth upon their backs./ Good Wives like Echoes still should do,/ Speak but when they are spoken to;/ But not like Echoes (most absurd)./ To have for ever the last word./ Good Wives with City Clocks should rhyme,/ Be regular, and keep in time;/ But not like City Clocks aloud/ Be heard by all the vulgar Crowd.<sup>106</sup>

This poem emphasises what it meant to be a ‘good wife’, with privacy, meekness, and politeness being desirable traits.

Female compilers likely viewed practising physic and recording medical advice as part of their duties as a wife, mother, and manager of a household. Intended to help ensure that elite women maintained smooth operations in their domiciles, numerous texts were published on household management. Two examples of domestic treatises with a focus on medicine are Sarah Saunders’s *The Fountain of Knowledge; or, British Legacy* (1760) and Maximilian Hazelmores’s *Domestic Economy; or, A Complete System of English Housekeeping* (1794).<sup>107</sup> *The Fountain of Knowledge* was originally published in London as *The British Legacy* in 1754 and sold for two shillings. This first publication does not have a separate section on physic, though remedies are included, as well as a section on uroscopy. Subsequent editions in 1760 and 1781 comprise 130 pages with over ‘two hundred other Curious Particulars of the utmost service to Families in General’.<sup>108</sup> Saunders’s version contains a wide range of topics, for example: silk making, hair dyeing, cock fighting, grading diamonds, explosives, and raising mushrooms. An appended

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<sup>105</sup> Wellcome, MS.1320, f. 113r.

<sup>106</sup> Wellcome, MS.7366, f. 27v.

<sup>107</sup> Sarah Saunders, *The Fountain of Knowledge; or, Complete Family Guide* (London, 1781). Maximilian Hazelmores, *Domestic Economy; or, A Complete System of English Housekeeping* (London, 1794).

<sup>108</sup> Saunders, *Fountain of Knowledge*, p. 2.

work titled *Every one their own Physician* contained remedies attributed to physicians and was based on Galenic orthodox medicine featuring simples and regimens.

*Domestic Economy* by Hazlemore focuses on cookery (particularly newly popular French cuisine), and contains the sections ‘The Complete Brewer’ and ‘The Family Physician’. The remedies were directed towards ‘common complaints incident to families’, specifically those families who lived in the countryside where medical aid was not readily accessible.<sup>109</sup> Hazlemore wrote that his work was intended for ‘Young Persons on the Commencement of Housekeeping’ as well as current servants and family households.<sup>110</sup> Publishing manuals for young women and servants was common as there was a growing literate middling class who might not have had experience in housekeeping and needed instruction on household management. Still, the physic section targeted an elite audience as it was named ‘The Country Lady’s Benevolent Employment’. This physic section raises an important point, discussed below, which is that domestic manuals and vernacular medical texts were marketed for elite charitable use as a way of selling the heritage of a gentlewoman’s vocation as an idealised and fashionable pastime.

### **5.5 Published Recipe Collections**

Self-help books established an ideal within the domestic sphere. These texts were marketed towards the middling sorts seeking to distinguish themselves from the both the poor and the aristocracy.<sup>111</sup> Elites likely engaged with these texts because they reinforced their tradition of domestic management, which was in vogue, and as an aspect of consumerism more generally. From preface declarations, we can explore the household’s perceived position in consuming

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<sup>109</sup> Saunders, *Fountain of Knowledge*, p. 2.

<sup>110</sup> *Ibid.*, p. 4.

<sup>111</sup> Annie Gray, “‘A Practical Art’: An Archaeological Perspective on the use of Recipe Books”, in DiMeo and Pennell, *Reading and Writing Recipe Books*, p. 51.

medicine, and in creating domestic cures. Prefaces provide commentary on the competitive world of print, and on the state of the medical marketplace. Eliza Smith's preface in *The Compleat Housewife* declared, 'it being grown as unfashionable for a Book now to appear in Public without a Preface, as for a Lady to appear at a Ball without a Hoop-Petticoat; I shall conform to Custom for Fashion sake and not through any Necessity'.<sup>112</sup> The preface was the author's opportunity to engage with the reader, and provided a place for authority to become personalised. It was also the author's *curriculum vitae* used to set out his or her credentials.<sup>113</sup> The preface was a space to guide a reader and to place the book's success in the readers' hands, which, Julie Eckerle argues, was 'rhetorically powerful'. Offering personal information was a strategy an author could use to appear humble and this was a way to avoid violating social codes of self-aggrandisement.<sup>114</sup> Apart from the preface, the title page, table of contents, and frontispiece were intended to ground the rhetorical style and purpose of a text, which is why early modern and eighteenth-century titles are long-winded.<sup>115</sup>

We can attempt to gauge the intended audience of printed recipe books and vernacular medical texts by examining the style and content of the recipes. Recipes emphasising polypharmacy with expensive and exotic ingredients were generally associated with elite consumers and physicians' compound medicines. Conversely, simples using cheap and readily-available ingredients were marketed to a wider audience, and many physicians favoured this

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<sup>112</sup> Eliza Smith, *The Compleat Housewife: or, Accomplish'd Gentlewoman's Companion* (London, 1750), preface. This book sold for 5s. 6d. For more information on this text see, Katherine J. Allen, 'England's Domestic Chemists: Science and Consumerism in Eighteenth-Century Recipe Collections' (MA thesis, University of Saskatchewan, 2011), Chapter 2.

<sup>113</sup> Glaisyer and Pennell, 'Introduction', p. 9. Leong found that the majority of seventeenth-century vernacular medical text authors marketed themselves as medical practitioners. Leong, 'Medical Recipe Collections', p. 201.

<sup>114</sup> Julie A. Eckerle, 'Perfecting Texts, Authorizing Authors, and Constructing Selves: The Preface as Autobiographical Space', in Dowd and Eckerle, *Genre and Women's Life Writing*, pp. 97–105. This is part of a broader historiographical issue about needing to establish credit in print copies to prevent piracy and plagiarism. See, Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998), pp. 30–1.

<sup>115</sup> Meloncon, 'Rhetoric, Remedies, Regimens', p. 128.

medical style for ideological reasons and to make a bigger profit by attracting a wide readership.<sup>116</sup> Though a book's size and format was linked to its marketed readership, this does not reflect actual readership. An inexpensive text could be marketed towards the lower or middling sorts, but could also be used by professional and genteel readers.<sup>117</sup> Cheap print was a form and its low price did not restrict it from being read by a readership with higher social status.<sup>118</sup> Stylistically, the way a text was organised also informed how it was to be read and by whom. By 1750, domestic manuals were usually ordered alphabetically with chapters, arranged by household activities, types of recipes, and processes. The way the text was organised was illustrative of the marketing strategy, with the most desirable information at the front or highlighted.<sup>119</sup> Sara Pennell has even questioned the legitimacy of the authors and publishers wanting to provide the public with new knowledge and suggests that cookery texts at this time were little more than 'marketing constructs and rehearsals of well worn moral themes'.<sup>120</sup> We can explore this question of marketing further in the following case study of prefatory rhetoric.

### **5.5.1 'Private Vices, Public Benefits'<sup>121</sup>: Charity and Anti-Quackery Marketing Strategies**

Prefaces followed set criteria to establish trust with readers, explicitly stating the morally sound motives for publishing and for whom their advice was intended, and this was also often used as a marketing strategy. The actual motivations of these authors differed according to their practitioner status. Collegiate practitioners often wrote medical treatises to establish their exclusive expertise on a subject, whereas 'social climbers', as Beatty describes them, addressed

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<sup>116</sup> This return to simples can also be linked to the *London Pharmacopoeia* reforms during the 1720s.

<sup>117</sup> Rebecca Bushnell, 'The Gardener and the Book', in Glaisyer and Pennell, *Didactic Literature*, p. 127.

<sup>118</sup> Mary Fissell, *Vernacular Bodies: the Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), p. 9.

<sup>119</sup> Pennell, 'The Material Culture of Food', pp. 96–7.

<sup>120</sup> *Ibid.*, p. 103. Adrian Johns, however, suggests that regularly re-publishing the same text with slight amendments was an early modern strategy used by stationers and writers to tackle piracy. Johns, *Nature of the Book*, p. 182.

<sup>121</sup> Bernard Mandeville, *The Fable of the Bees, or, Private Vices Publick Benefits* (London, 1714).

the public to make a profit and establish their credibility. Additionally, ‘social critics’ wrote on these subjects out of supposed national concern for morality.<sup>122</sup> Although there were apparent divisions in approaches to health advice in print, authors’ published agendas in texts on domestic medicine examined in this thesis were alike. A central aim of domestic medical treatises was to make a profit and the authors and stationers did this by claiming that their works encouraged a lay understanding of medicine, promoted charity, and combated ‘quackery’. Print was a commodity and the standard use of marketing rhetoric reflects the commercialisation of medicine and its influence on the domestic sphere. The marketing of printed recipe collections informs us as to the reasons why elite individuals may have purchased and read this genre, namely choice in healthcare, and gaining skills to understand and navigate commercial medicine. They were also centred on notions of domesticity and sensibility, where household management and charitable deeds played significant roles in elite lives.

Publishers exploited a growing social interest in philanthropy as a marker of credibility. Eighteenth-century printed medical texts reflect charity in the context of both the home and among the medical professions. Domestic manuals relied on an earlier tradition within recipe collecting of aristocratic women practising charitable medicine.<sup>123</sup> Charity was a long-standing feature of vernacular medical texts, and was traditionally tied to the Christian value of benevolence and *noblesse oblige*. Paul Slack suggests that references to charity in vernacular medical literature of the early modern period were either ‘pious hopes or calculated advertisements’.<sup>124</sup> Framing domestic manuals within the tradition of the gentlewoman healer therefore enabled authors and publishers to home in on social ambitions of sensibility,

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<sup>122</sup> Heather Beatty, ‘Quacks, Social Climbers, Social Critics, and Gentlemen Physicians: the Nerve Doctors of Late Eighteenth-Century Britain’, in Glen Colburn (ed.), *English Malady: Enabling and Disabling Fictions* (Newcastle: Cambridge Scholars Publishing, 2008), pp. 77–9.

<sup>123</sup> See Introduction for further discussion of charity and domestic medicine.

<sup>124</sup> Slack, ‘Mirrors of Health’, p. 237.

femininity, and respectability. In the medical faculty, physicians were anxious to seem charitable to the public as it secured their credible and genteel position within elite society.<sup>125</sup> Michael Brown's work has shown that orthodox practitioners went so far as to take out advertisements in York newspapers to illustrate their eagerness to provide expertise for charity, not profit. However, not everyone favoured the dissemination of medical knowledge through print, including members of the medical faculty. Thomas Beddoes, a staunch critic of unorthodox medicine, slated medical handbooks marketed by quacks, apothecaries, and physicians as 'prostitution of medicine', which had turned it into a commodity. He moreover felt that self-help texts were 'more fatal than highwaymen' as they supposedly took both your money and your life.<sup>126</sup> As Mandeville acknowledged in *Fable of the Bees*, virtuous acts were often not done out of the principles of Christian duty, but out of public approval, thereby making charity and selfish acts indistinguishable from each other.<sup>127</sup>

Print marketing ploys also took advantage of continually-evolving medical approaches, and the on-going challenge of regulating the marketplace. A main feature of this was the inclusion of anti-quackery dialogue used as a justification of publication, labelled by Michael Neve as 'canons of medical honesty' to regulate the 'professions'.<sup>128</sup> This rhetorical style was part of the older tradition of pamphlets and their use in politics and medicine for polemical attacks and resolving conflicts.<sup>129</sup> A number of different types of practitioners could fall under the label of 'quack', who can be viewed more neutrally as 'medical entrepreneurs' who were

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<sup>125</sup> Michael Brown, *Performing Medicine: Material Culture and Identity in Provincial England c. 1760-1850* (Manchester: Manchester University Press, 2011), pp. 1–2.

<sup>126</sup> As quoted in Roy Porter, *Doctor of Society: Thomas Beddoes and the Sick Trade in Late-Enlightenment England* (London: Routledge, 1992), p. 145.

<sup>127</sup> Mandeville, *Fable of the Bees*, preface.

<sup>128</sup> Michael Neve, 'Orthodoxy and Fringe: Medicine in Late Georgian Bristol', in W.F. Bynum and Roy Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London: Croom Helm Ltd., 1987), p. 45.

<sup>129</sup> See Anita Guerrini, 'A Club of little villains': Rhetoric, Professional Identity and Medical Pamphlet Wars', in Marie Mulvey Roberts and Roy Porter (eds.), *Literature & Medicine during the Eighteenth Century* (London: Routledge, 1993), pp. 229–31.

businessmen, not so-called professionals.<sup>130</sup> Anti-quack literature was not attacking the practitioners' treatments, but their character and outward behaviour, and their public approach to practising medicine.<sup>131</sup>

Print attacks on quackery also depended on the period considered. For example, publications from the early eighteenth century, such as the works by D.E. and Hay explored below, were referencing the medical faculty's clash with apothecaries. As apothecaries became regular players in medical commercialism, attacks by the medical faculty declined.<sup>132</sup> Yet, in the 1770s, following Buchan's publication, there was a renewed interest in addressing the public to abolish quackery.<sup>133</sup> Finally, when we consider the 1790s, attacks were aimed at the influx of dispensing druggists, which is not discussed in the print sources considered here.<sup>134</sup> A common tactic used by pamphlet authors was to attack quackery and patent medicines, but then add testimonials attesting to the superiority of the author's product.<sup>135</sup> We can see this coming through in printed works, where each author set his/her work up against the 'untrustworthy other'. Authors and publishers employed themes of charity and anti-quackery to market their works but, as will be shown in the subsequent examples, how these themes were used depended on intended readership. The three texts discussed below were selected for analysis because they are representative of the common themes of charity and anti-quackery found in printed works intended for a broad (and targeted female) audience for domestic use, which were often written by, or marketed as being written by, women.

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<sup>130</sup> Porter used the term 'medical entrepreneurship'. Porter, 'The Sexual Politics of James Graham', p. 200.

<sup>131</sup> Harold J. Cook, 'Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians', *Journal of British Studies*, 33 no. 1 (1994), p. 19.

<sup>132</sup> Neve, 'Orthodoxy and Fringe', p. 41.

<sup>133</sup> Roy Porter, "'I Think Ye Both Quacks": The Controversy between Dr Theodor Myersbach and Dr John Coakley Lettson', in Bynum and Porter, *Medical Fringe & Medical Orthodoxy*, p. 75.

<sup>134</sup> Irvine Loudon, "'The Vile Race of Quacks with which this Country is Infested'", in Bynum and Porter, *Medical Fringe & Medical Orthodoxy*, p. 108.

<sup>135</sup> *Ibid.*, p. 106.

Mary Kettelby's, *A Collection of Receipts in Cookery, Physick and Surgery* was first published in 1714 and had at least seven subsequent editions, selling for 2s 6d.<sup>136</sup> The fully indexed collection is 218 pages, 95 of which are dedicated to physic and surgery. Kettelby's work, much like its seventeenth-century precursors, used the tradition of gentlewomen practitioners as a way to show its credibility as a medical source and as a charitable production. This was also a way women were able to gain authority in print. In her preface, Kettelby acknowledged that there were innumerable recipes available on the market, the majority of which did not work. Consequently, her motivation for publishing the collection was a 'desire of doing Good' by carefully creating a trusted collection of remedies. The recipes, labelled 'valuable secrets' were from individuals with extensive knowledge and experience concerned with 'Noble Charity and Universal Benevolence'.<sup>137</sup>

The book's intended female readership is evident from the sub-title, 'For the use of all Good Wives, Tender Mothers, and Careful Nurses'. The reader is immediately informed that this book was designed for the dutiful housewife. The preface also indicates that Kettelby's work used the seventeenth-century tradition of aristocratic women practising charitable medicine as a way to justify its publication:

Our Thanks to be justly owing to the Fair Sex; who, whether it be from the greater Tenderness of their Natures, the greater Opportunities of Leisure, or Advantage of acquiring Experience, or from whatever other Cause, are always found most Active and Industrious in this, as well as in all other kinds of Charity.<sup>138</sup>

By reflecting on the good deeds of past gentlewomen, this text was addressing the aspirations of a growing middle class of consumers aiming to improve their skills and reputation. Moreover,

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<sup>136</sup> Mary Kettelby, *A Collection of above Three Hundred Receipts in Cookery, Physick and Surgery: for the use of all Good Wives, Tender Mothers, and Careful Nurses*, second edition (London, 1719).

<sup>137</sup> Kettelby, *A Collection of above Three Hundred Receipts*, p. iii.

<sup>138</sup> *Ibid.*, p. iv.

the statement ‘all other kinds of Charity’ echoes the elite preoccupation of engaging in philanthropy as a social obligation.

Kettilby’s collection was marketed to the leisure class (or at least an aspiring leisure class), but the collection also addressed the clergy and the medical faculty. Recipes were noted to serve well in remote parishes by allowing the clergy ‘to imitate their Great Master, who went about doing Good, and Healing all those who were Oppressed by the Devil’.<sup>139</sup> Manuals for providing charitable medicine for the poor gained popularity, as texts like Wesley’s *Primitive Physic* (discussed below) were aimed at supplying care to those in need. Like most vernacular medical texts, Kettilby’s medical advice was part orthodox and part ‘folk’ medicine. Many recipes were attributed to physicians, while the remaining remedies were emphasised as being innocent, safe, and proved from ‘long and repeated Experience’.<sup>140</sup> Kettilby cautiously claimed that her work was intended for ‘the Service of those who are neither within the Reach of their [physicians] visits, nor in a capacity of Gratifying their Trouble’, and was therefore not a threat to lucrative practices of the ‘Learned Gentlemen of the Faculty’.<sup>141</sup> This again was a common rhetorical strategy in vernacular medical texts to avoid the medical faculty’s condemnation.

The second example of a recipe-style manual is D.E.’s *The Housewife’s Hospital*.<sup>142</sup> Despite the author’s undetermined gender, we do know that the 88-page work was published in 1717 by London stationer J. Morphew, and there appears to have been only one edition. D.E. asserted that the collection was portable, inexpensive, and ‘promote[ed] industry and ingenuity for charity.’<sup>143</sup> Turning his/her attention to anti-quackery, the author discussed the ‘ignorant’ and ‘audacious’ practice of quacks, highlighting that an aim of this work was to dissuade the

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<sup>139</sup> Kettilby, *A Collection of above Three Hundred Receipts*, p. vii.

<sup>140</sup> *Ibid.*, p. viii.

<sup>141</sup> *Ibid.*

<sup>142</sup> D.E., *The Housewife’s Hospital. For the Cure of Diseases Incident to Human Bodies* (London, 1717).

<sup>143</sup> *Ibid.*, dedication page.

public from purchasing hawked chemical nostrums. Similar to Kettilby's work, *The Housewife's Hospital* was recommended to British ladies engaged in midwifery and housewifery to help their families and neighbours, who did not have time or money to make their own remedies.<sup>144</sup> Again, we see how the recipe collecting tradition continued to be used to market new texts as an ideal, when the reality of the book's use and value was undoubtedly varied. In the preface, D.E. proposed that charitable housewives had 'a Sufficiency, Time and Opportunity, to distil Curious Cordial-Waters; and make up medicines'.<sup>145</sup> Interestingly, D.E. promoted the collection as being portable, and yet many of the recipes found within it are for distilled waters which required a permanent work space.

A final example of a recipe collection designed 'for the Benefit of Mankind' originating from Norwich is Mrs Hey's, *A Generous Discovery of many Curious and Useful Medicines and Preparations*.<sup>146</sup> Published in London in 1725 and selling for 3d., Hey's 19-page work addresses both ladies and gentlemen in the preface, which is a diatribe on the corrupt medical marketplace and is a representative example of polemical rhetoric included in popular medical guides at this time. On the topic of physicians' tactics to make money, Hey described:

He very cunningly and artfully prepares his Bait, and fixes his Trap, by a long Declaration of his good Intentions to serve the Publick, and that the following Treatise is publish'd with that view only, and without any private Ends of selfish Designs as Quacks usually have.<sup>147</sup>

After claiming charitable intent, physicians, according to Hay, would claim wonderful success through their novel cures and then make a self-promoting advertisement of their skill and success. Hey observed that the only difference between physician and quack advertisements is

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<sup>144</sup> In this instance the term 'hospital' likely refers to the notions of charity and a hospice, not the health institution.

<sup>145</sup> D.E., *The Housewife's Hospital*, preface.

<sup>146</sup> Mrs Hey, *A Generous Discovery of Many Curious and Useful Medicines and Preparations* (London, 1725).

<sup>147</sup> *Ibid.*, p. 3.

that physicians charged for their name, whereas quacks were required to market themselves.<sup>148</sup>

The second half of Hey's preface was on the issue of patents and their prevention of poor but innovative practitioners from distributing novel remedies. Accordingly, Hey asked her readers 'what has he else to do but make an Honest Publication of them?' and used this as a justification for her publication of cures that she ensured were successfully tested.<sup>149</sup> The significant and ironic point of Hey's preface is that she employed the same strategy as physicians and quacks which she warned her readers against.

Although serving as a marketing ploy, the prefaces of medical texts like these offer important commentary on the competitive nature of eighteenth-century medicine, and how practitioners' politics entered the home through print and influenced healthcare choices. Domestic manuals were products of eighteenth-century culture and they reflect the concerns and fashions authors and publishers deemed of importance to consumers, two of which were charity and the regulation of medicine. I explore this connection between print, culture, and medicine further in the following case study on the complexities of determining actual readership, reception, and use of print in the context of elite domestic medicine.

### **5.6 Domestic Medicine Laid Open: Re-Visiting Cheyne, Wesley, and Buchan**

This final section offers a case study of printed works on medicine published by three authors. In his article on Georgian medicine, Porter compared the works of three of the most influential authors of 'lay' medicine of the day, George Cheyne, John Wesley, and William Buchan,<sup>150</sup> and I re-visit this trio in print by examining their works in the context of elite domestic medicine and the manuscript recipe book tradition. From their prefaces, we can consider how they justified the publication of their ideas and how their beliefs were received. The marketed

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<sup>148</sup> Hey, *A Generous Discovery*, p. 4. See also Porter, *Quacks*, p. 88.

<sup>149</sup> *Ibid.*, p. 6.

<sup>150</sup> Porter, 'Medicine in Georgian England'.

readership of these texts raises the question of whether or not elites used them, and if so, how these texts were incorporated into elite healthcare. Comparing and contrasting these seminal works, I demonstrate how domestic medicine represented through popular print does not accurately represent the reality of domestic medicine in the context of elite healthcare and recipe collecting. The categories of vernacular and popular, while encompassing the social spectrum, overlook the uniqueness of domestic medicine in elite households. It is therefore crucial when using these sources to situate them within a framework of records of domestic practice, like manuscript collections. Doing so reveals that the domestic medicine associated with recipe collecting was a distinct tradition, but shared many commonalities with domestic medicine in print. Both text forms exchanged knowledge and were based on orthodox medicine, and they transitioned alongside innovations in medicine and with cultural shifts.

### **5.6.1 ‘Failings of our free Wills’<sup>151</sup>: George Cheyne**

George Cheyne was a proponent of the notion that every man should be his own physician; individuals needed to understand how their bodies (and their humours) functioned, what treatments were available, and how to practise a moderate lifestyle.<sup>152</sup> He was most famous for his beliefs associated with regimens and the non-naturals, particularly a lowering diet designed for sedentary lifestyles.<sup>153</sup> Cheyne’s works were intended for polite society,<sup>154</sup> so it is no surprise that his work and advice appear the most out of the three authors in manuscript recipe books. He was cited 23 times in my database sample set of 5,013 recipes from 27 manuscripts, and was featured as a regular correspondent and recipe source in the Wise family’s recipe

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<sup>151</sup> George Cheyne, *An Essay of Health and Long Life* (London, 1725), p. xv.

<sup>152</sup> Cheyne quoted in Steven Shapin, ‘Trusting George Cheyne: Scientific Expertise, Common Sense and Moral Authority in Early Eighteenth-Century Dietetic Medicine’, *Bull. Hist. Med.*, 77 no. 2 (2003), p. 266.

<sup>153</sup> Shapin, ‘Trusting George Cheyne’, p. 273. Anita Guerrini, ‘A Diet for a Sensitive Soul: Vegetarianism in Eighteenth-Century Britain’, *Eighteenth-Century Life*, 23 no. 2 (1999), pp. 34–42.

<sup>154</sup> Dorothy Porter and Roy Porter, *Patient’s Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), p. 199.

books. Cheyne's medical practice at Bath enabled him to develop his reputation and was partly responsible for the success of his books.<sup>155</sup> Later in his career, Cheyne's fame grew when he published his works on melancholy, significantly contributing to the formation of popular discourses on elite nervous disorders in an age of sensibility.<sup>156</sup> Cheyne moreover had a background in Newtonianism, but he combined his outlook on natural philosophy with spirituality (mysticism) to deliver regimen advice that was fashionable with elites.<sup>157</sup>

Two of Cheyne's successful works were *An Essay of Health and Long Life* (1725) and *The English Malady* (1733). The preface to *An Essay of Health and Long Life* claims that the publication of these health guidelines was a result of meeting a friend for a health consultation, and creating a regimen for him.<sup>158</sup> Cheyne was therefore using his private practice for profit and for public recognition, an act akin to proprietary medicine advertising. Yet, he was cautious to acknowledge that he did not intend for his work to 'inroach [sic] on the Province of the Physician', a standard disclaimer in printed medical texts.<sup>159</sup> Cheyne claimed that his work was intended for an elite readership as this text was designed for the 'Sickly and the Aged, the Studious and the Sedentary, Persons of weak Nerves, and the Gentlemen of the learned Professions'.<sup>160</sup> Nonetheless, he apparently received significant criticism for the publication of this work. In his preface to *The English Malady*, Cheyne spoke of critics calling him a Leveller (for his denunciation of alcohol) and accusing him of destroying order and fancifully using

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<sup>155</sup> Anita Guerrini, *Obesity and Depression in the Enlightenment: the Life and Times of George Cheyne* (Norman, OK: University of Oklahoma, 2000), p. xix.

<sup>156</sup> Beatty, *Nervous Disease*, pp. 19, 21.

<sup>157</sup> Margaret Pelling suggests that Cheyne's success was possibly to do with the fact that most physicians had moved away from dietetics and holistic views of health, which remained popular with the laity, in pursuit of Newtonianism. Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), p. 61.

<sup>158</sup> Cheyne, *An Essay of Health*, p. xi. This 'friend' could have been Samuel Richardson.

<sup>159</sup> *Ibid.*, p. xviii

<sup>160</sup> *Ibid.*, p. xiv.

folklore and allegory.<sup>161</sup> Referencing his own struggles with obesity, Cheyne noted that ‘Others swore I had eaten my Book, recanted my Doctrine and System... and was returned again to the Devil’.<sup>162</sup> Although his work was successful, and his regimens using the non-naturals were copied by other physicians, Cheyne’s discussion of the criticism of his work was a common rhetorical style used to defend one’s ideas and promote one’s work for profit. This reflects more broadly the competitive atmosphere of the commercial marketplace, both for print and for medicine.

An extract of *An Essay on Health and Long Life* was included in a mid-eighteenth-century recipe (commonplace) book belonging to the Wright family of Frocester, Gloucestershire. This extract includes several pages describing Cheyne’s approaches to the non-naturals. For example, from chapter one ‘Of Air’, Cheyne recommended smoking tobacco which was ‘useful to legmatick [phlegmatic] Constitutions but to dry & clean Habits are pernicious’, while furthermore noting that ‘Snuf is just good for Nothing at all.’<sup>163</sup> On passions, the manuscript included notes from Cheyne’s sixth chapter. Violent passions caused acute diseases and sudden death, while slow and lasting passions brought chronic illness that is found with ‘Grief & languishing hopeless Love’, the former being more dangerous than the latter.<sup>164</sup> The presence of Cheyne’s health and regimen advice in a recipe book speaks to the success the physician had in the print marketplace, and confirms that his advice in print was included in the recipe collecting tradition.

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<sup>161</sup> George Cheyne, *The English Malady, or, A Treatise on Nervous Disorders of All Kinds* (London, 1733), p. iii.

<sup>162</sup> Cheyne, *The English Malady*, p. iv.

<sup>163</sup> Gloucestershire RO, D6755/3/2, no page number.

<sup>164</sup> Ibid.

*The English Malady* addresses the social hypochondria of nervous disorders, vapours, and lowness of spirits.<sup>165</sup> This melancholy and depression was called ‘the English malady’ on the Continent. Cheyne argued that the English propensity for melancholy stemmed from the following conditions: the damp climate, the richness and heaviness of their diet, the nation’s wealth, the elite’s sedentary lifestyles, and over-populated urban centres.<sup>166</sup> He noted that over a third of the population was suffering from nervous disorders of some description.<sup>167</sup> Thus, Cheyne justified the publication of this book by recommending the ‘Diet and manner of Living of the middling Rank’, which focused on plain foods native to the country. Cheyne viewed this moderate and temperate diet as being best suited to England’s climate and believed that his readership preferred ‘Health, Cheerfulness, and long Life, to a short Life and a merry’.<sup>168</sup> An elite demographic is evident as Cheyne stated that his readers were the ‘Voluptuous and Unthinking’, ‘Those who value Life only for the Sake of good Eating and Drinking, and those whose thinking Faculties and Organs have never been truly form’d or duly cultivated’.<sup>169</sup> Although Cheyne criticised the elite lifestyle of excess, he advised his elite audience as to how they could improve their diets and balance their constitutions.

In a recipe collection titled ‘the sixth book’ associated with the Pares family of Leicester and Hopwell Hall, Derbyshire, are recipes and advice transcribed from newspapers and texts associated with physicians.<sup>170</sup> On the second page of their book is a copied passage from *The English Malady*. The particular section is the fourth chapter on ‘The Objections against a Regimen, especially a Milk, Seed and Vegetable Diet considered: The Case of the Honourable

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<sup>165</sup> Mandeville was one of the first to write on hysteria and hypochondria in the context of nerves. Bernard Mandeville, *A Treatise of the Hypochondriak and Hysterick Passions* (London: Dryden Leach, 1711).

<sup>166</sup> Cheyne, *The English Malady*, pp. i–ii.

<sup>167</sup> *Ibid.*, p. ii.

<sup>168</sup> Cheyne, *The English Malady*, pp. iv–v.

<sup>169</sup> *Ibid.*, p. ix.

<sup>170</sup> N.B. This is one of several 17<sup>th</sup> and 18<sup>th</sup> C. notebooks belonging to the family.

Colonel Townshend'. This section discusses a patient who had been unwell, with persistent vomiting, and who was subsequently diagnosed with melancholy.<sup>171</sup> Similarly, a recipe book belonging to the Massingberd family cites Cheyne's cordials for low spirits and notes that they were taken 'out of his booke page 71'.<sup>172</sup> The presence of Cheyne's approach to health in domestic collections reflects the success he achieved and that his holistic view of health complemented elite domestic approaches to treatment. It appears that Cheyne's influence, through print and consultations, was far-reaching, and that his revised regimen-approach to healthcare became firmly established within the recipe collecting tradition.<sup>173</sup>

### 5.6.2 'Safe and Cheap and Easy Medicines': John Wesley

At the other end of the social spectrum, John Wesley's *Primitive Physic*, first published in 1747 and re-printed in 37 editions, was marketed to guide lay preachers and other Methodist helpers when visiting the infirm poor and was intended to provide health for all.<sup>174</sup> This work was relatively inexpensive, with the first edition costing only one shilling. Wesley's call for the prevention of disease through healthy living and inexpensive cures contributed to a developing psychology of health.<sup>175</sup> However, was Wesley a central figure in domestic medicine in the context of the recipe collecting tradition? Wesley and his work are not referenced in any of the manuscript recipe collections I surveyed, and this was likely due to the marketing of the book in that it was not intended for an elite audience. Furthermore, Wesley criticised elite approaches to healthcare with regards to physicians' treatments and excessive consumerism, meaning that his views were not comparable to those of the average recipe collector, despite his remedies being

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<sup>171</sup> Derbyshire RO, D5336/2/26/9, f. 2.

<sup>172</sup> OBU, Massingberd MS Receipts Vol 1., no page number.

<sup>173</sup> See Chapter 3 for a case study of Cheyne's consultations with Henry Wise.

<sup>174</sup> Deborah Madden, *A Cheap, Safe and Natural Medicine: Religion, Medicine and Culture in John Wesley's Primitive Physic* (New York: Rodopi, 2007), p. 97. For more information on Wesley see, Eunice Bonow Barbell, 'Primitive Physic: John Wesley's Receipts', *Pharmacy in History*, 21 no.3 (1979), pp. 111–21. Samuel J. Rogal, 'Pills for the Poor: John Wesley's *Primitive Physick*', *Yale Journal of Biology and Medicine*, 51 (1978), pp. 81–90.

<sup>175</sup> Malony, 'John Wesley's *Primitive Physick*', p. 147.

based in orthodox medicine. I am not suggesting that elites did not read Wesley's work; rather they did not choose to cite him as a source of medical knowledge in their collections.

Wesley's preface was grounded firmly in his Methodist beliefs, and curing a bodily disorder was linked to re-instating man's position before the Fall.<sup>176</sup> Deborah Madden argues that Wesley joined his roles of pastor and medical practitioner out of a duty to deliver 'traditional methods of healing with new scientific medical discoveries'.<sup>177</sup> Wesley belonged to the group of medical practitioners who valued simples created from locally-sourced ingredients, and favoured ancient medical remedies (Galenic) over chemical medicine.<sup>178</sup> On his motivation for publishing his work, Wesley wrote that physic had become 'an abstruse Science, quite out of the reach of Ordinary Men'. With unintelligible technical terminology, compound medicines, and exotics that most people did not have 'Skill, nor Fortune, nor Time to prepare', Wesley's guide instead offered plain and easy remedies for the ordinary man.<sup>179</sup> Compound medicines, Wesley argued, 'swell the Apothecary's Bill' and 'prolong the Distemper, that the Doctor and he may divide the Spoil'.<sup>180</sup> Wesley denounced commercial medicine, and claimed that the needs of the wealthy had too much influence on shaping medical practice.<sup>181</sup> This criticism of elites and their consumer culture did not earn Wesley a substantial following of elite users of his text, at least not according to what is apparent within manuscript recipe collections.

Given his polemical preface, Wesley was criticised by some as being a religious and medical quack.<sup>182</sup> Although Wesley has been previously labelled as a promoter of folk medicine, the majority of his remedies originated in orthodox medicine and he incorporated new

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<sup>176</sup> John Wesley, *Primitive Physic, or, An Easy and Natural Method of Curing Most Diseases* (London, 1747), p. iv. N.B. alternative spelling *Primitive Physick*. Madden, *A Cheap, Safe and Natural Medicine*, p. 273.

<sup>177</sup> Wesley, *Primitive Physic*, p. 15.

<sup>178</sup> *Ibid.*, pp. viii, ix.

<sup>179</sup> *Ibid.*, pp. x–xi.

<sup>180</sup> *Ibid.*, p. xvi.

<sup>181</sup> Madden, *A Cheap, Safe and Natural Medicine*, p. 19.

<sup>182</sup> *Ibid.*, p. 12.

medical ideas and techniques into his approach to healthcare. Wesley based much of his guidelines on Cheyne's non-naturals,<sup>183</sup> Sydenham's 'cool regimen' involving cold bathing, and Tissot's *Avis au Peuple sur sa Santé* (1761). Wesley also used a rating system of symbols, similar to that used by Robert Boyle,<sup>184</sup> to identify experienced remedies. 'T' stood for tried and 'I' for infallible and this system, along with the variety of remedies for each diseases, offered readers freedom of choice in their healthcare.<sup>185</sup> While *Primitive Physic* fell outside the sphere of elite healthcare, Wesley's health recommendations were grounded in the same lay and orthodox medicine which influenced other vernacular medical texts of the day, and that was included in manuscript recipe collections. Although the information Wesley provided was similar to that found within the recipe collecting tradition, he did not receive recognition through attributive citations.

### **5.6.3 'So Valuable a Treasure as Health'<sup>186</sup>: William Buchan**

Perhaps the most famous of all eighteenth-century vernacular medical texts, Scottish physician William Buchan's *Domestic Medicine* (1769) was marketed towards the upper and middling sorts, making it a highly accessible print work concerning household medicine.<sup>187</sup> At a price of six shillings, *Domestic Medicine* initially sold over 5,000 copies, with 80,000 copies and 19 English editions sold in Buchan's lifetime.<sup>188</sup> Translated editions were available in many of the European languages, and *Domestic Medicine* had widespread success in America, with

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<sup>183</sup> Wesley, *Primitive Physic*, p. xix.

<sup>184</sup> On Robert Boyle's medical text and rating system see, Allen, 'England's Domestic Chemists'.

<sup>185</sup> Wesley, *Primitive Physic*, p. xviii.

<sup>186</sup> William Buchan, *Domestic Medicine; or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, second edition (London, 1772), p. xx.

<sup>187</sup> It has been argued that the text was co-authored by Buchan and his stationer, William Smellie. C. J. Lawrence, 'William Buchan: Medicine Laid Open', *Medical History*, 19 (1975), p. 20.

<sup>188</sup> With at least 142 English-language editions published in total.

Buchan's followers being dubbed 'Buchaneers'.<sup>189</sup> The second edition, and first to be published in England, is from 1772 and contains an impressive 794 pages of medical knowledge. I focus on this first edition to be published in England as it is testament to the initial success of Buchan's work, and it represents the start of a shift in popular medical advice in print towards the end of the eighteenth century.

Like the other texts I have examined, *Domestic Medicine* was focused on the belief that it was man's right to self-manage his own health. In addressing the charitable intention of his work as a standard rhetorical strategy against antagonism, Buchan accused 'ignorant peasants' of refusing to take physician's prescriptions, yet swallowing 'with greediness, any thing that is recommended to them by their credulous neighbours'. Buchan further argued that 'it is certainly more rational to afford them all the light we can, than to leave them intirely in the dark', demonstrating the intended use of his work by elites as a form of paternalistic medicine for the lower sorts.<sup>190</sup> *Domestic Medicine*, as its name implies, was designed to provide safe and experienced remedies for household use. It combined traditional lay medical knowledge with therapeutics used by the Edinburgh medical faculty and was evaluated by a credible physician in an effort to deliver accessible healthcare to a wide audience.<sup>191</sup> Buchan did not wish to abolish household medicine; he sought to establish clearer boundaries between lay practice and the medical faculty.<sup>192</sup>

The text was also one of the first of its kind to examine hygiene and contagion in the context of preventing illness within the British nation and family. Tying into the importance of domestic management as a woman's duty, Buchan emphasised that it was a mother's

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<sup>189</sup> Peter M. Dunn, 'Dr William Buchan (1729-1805) and his *Domestic Medicine*', *Arch. Dis. Child. Fetal. Neonatal. Ed.*, 83 (2000), p. F71. Porter and Porter, *Patient's Progress*, p. 199.

<sup>190</sup> Buchan, *Domestic Medicine*, p. xxiii.

<sup>191</sup> Porter, 'Lay Medical Knowledge', p. 140.

<sup>192</sup> Rosenberg, 'Medical Text and Social Context', p. 27.

responsibility to safeguard a child's health.<sup>193</sup> It is within this section on childcare that Buchan criticised the wealthy for their luxurious and idle living, and suggested that, through their poor health, elites would not be able to raise healthy children. Like Wesley, Buchan's criticism of elite habits raises questions about the upper sorts' reception of his work. *Domestic Medicine* was the first of its kind to break away from genre conventions by being a book intended to be read and used by the middling sorts.<sup>194</sup> This, in conjunction with the book's style, disease-oriented format, focus on children's health, attention to chronic and acute illnesses, and an environment-based approach to health regimen made it, Rosenberg contends, a 'genuinely novel cultural product'.<sup>195</sup>

As with Wesley, Buchan is not featured regularly in eighteenth-century manuscript recipe books. Two recipe books I surveyed (from a sample of 150) specifically cite Buchan. The first, which I discussed in Chapter 3, is Ann Evens's collection wherein she recorded two passages from *Domestic Medicine*, one on smallpox and the other on measles. Evens's collection is dated c. 1788–c. 1831. The second reference is in Jane Frere's recipe collection and comprises several remedies for bleeding which were cited 'see far the Dm. Med. 360 Buchan', meaning that more remedies could be found on page 360 of the published work.<sup>196</sup> Judging from the handwriting and its place towards the end of the manuscript, this citation appears to be a later addition from the nineteenth century. It is possible therefore that Buchan's work came

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<sup>193</sup> Mercy Cannon has shown that the term 'domestic' used by Buchan refers to both the home and 'a national sentiment that defines itself against foreign threat'. Mercy Cannon, 'Hygienic Motherhood: Domestic Medicine and Eliza Fenwick's Secresy', *Eighteenth Century Fiction*, 20 no. 4 (2008), pp. 535–37. Rosenberg notes that Buchan's work was used opportunistically to situate physicians as accepted practitioners in childbirth and childcare for the middling sorts, which was a traditionally female realm. Rosenberg, 'Medical Text and Social Context', p. 28.

<sup>194</sup> Rosenberg, 'Medical Text and Social Context', pp. 24, 26.

<sup>195</sup> *Ibid.*, p. 38.

<sup>196</sup> Norfolk RO, MC 443/1 715x9, f. 161.

too late to be incorporated into most of the eighteenth-century manuscripts I surveyed.<sup>197</sup> This suggests that it took some time for the reception of a printed work to become evident through other sources, like personal manuscripts. It is also possible that these types of medical texts were either kept separate from the manuscript collecting tradition, or did not need to be cited since Buchan was relying on a basis of medical knowledge that was already used in recipe books and elite healthcare. Further research on late eighteenth-century and nineteenth-century collections could help determine Buchan's influence on the recipe collecting tradition over time.

A figurehead in the regimen approach to physic, like Wesley and Cheyne, Buchan proclaimed that prevention through diet, air, and exercise was the key to health. Porter contrasted *Domestic Medicine* with *Primitive Physic*, showing that Buchan's work went 'beyond bare recipes and "do's and don'ts", expounding a broad philosophy of health to be achieved through temperance, hygiene, and obedience to Nature's laws'. In other words, Porter suggests that Buchan called for 'democratization of medicine'.<sup>198</sup> Buchan lamented that 'the power of the magistrate [was] very seldom exerted in this country for the preservation of health'.<sup>199</sup> He argued that if men were more attentive to the natural regimen approach to health, and less adamant about 'hinting after secret remedies', medicine would not have become 'an object of ridicule'.<sup>200</sup> By this, Buchan was referencing the disordered state of the medical marketplace and the indiscernibility of what medicaments were to be trusted, which were made by both empirics and physicians.

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<sup>197</sup> In their study of Lancashire medicine in the eighteenth century, King and Weaver note that *Domestic Medicine* and *Primitive Physick* were found in the libraries of their Lancashire families, who were arguably of a lower sort than the elite I surveyed, being from a poorer region of England. Steven King and Alan Weaver, 'Lives in many Hands: The Medical Landscape in Lancashire, 1700-1820', *Medical History*, 45 (2000), p. 194.

<sup>198</sup> Porter, 'Medicine in Georgian England', pp. 217-8.

<sup>199</sup> Buchan, *Domestic Medicine*, pp. viii, ix.

<sup>200</sup> *Ibid.*, p. x.

Buchan discussed the incomprehensibility of the medical faculty's practice, comparing the publication of medical treatises for public use to the printing of vernacular bibles during the Reformation.<sup>201</sup> Through the use of Latin in prescriptions, physicians ran the risk of having apothecaries (or their young apprentices) misinterpret the drugs prescribed, consequently creating distrust and fear when remedies aggravated illnesses, or even proved fatal. Buchan concluded:

By this means the greatest man in the kingdom, even when he employs a first rate physician, in fact trusts his life in the hands of an idle boy, who has not only the chance of being very ignorant, but likewise giddy and careless.<sup>202</sup>

This need for clear instruction in medicine was of the utmost importance to elites, who were major users and consumers of physicians' prescriptions and apothecaries' preparations. Buchan was hence addressing the need for sufferers to be able to assume accountability of their health. He called for 'open, frank, and undisguised behaviour' within the medical faculty, and reassured his fellow practitioners that sufferers will turn to 'men of superior abilities' for relief when they are empowered with confidence and readiness and when they 'believe that Medicine is a rational science'.<sup>203</sup>

The theme of anti-quackery is prominent in *Domestic Medicine*. Buchan said that the exclusivity of the medical faculty was comparable to the secretive nature of quacks and therefore the public could not discern the difference between practitioners.<sup>204</sup> A better lay understanding of medicine would encourage sufferers to follow physicians' advice and guard them 'against the destructive influences of Ignorance, Superstition, and Quackery.'<sup>205</sup> Buchan

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<sup>201</sup> Buchan, *Domestic Medicine*, p. vii. Ironically, Buchan claimed his credibility and expertise as an intellectual author through his use of Latin quotes in the preface. Fissell, 'Readers, Texts, and Contexts', p. 85.

<sup>202</sup> *Ibid.*, p. xxvi.

<sup>203</sup> *Ibid.*, p. xiv.

<sup>204</sup> *Ibid.*, pp. xxiv–xxvi. For a discussion on quack doctors and language see, Porter, *Quacks*, pp. 138–51.

<sup>205</sup> *Ibid.*, p. xix.

declared that no law would ever prevent quackery as long as the quack was believed to be an ‘honest man’.<sup>206</sup> Consequently, Buchan, like other authors, marketed his work as a way to combat tactfully the problem of quacks interfering with the medical faculty’s authority.

Despite being a success with a lay readership, *Domestic Medicine* was not well received by some members of the medical faculty. Ginnie Smith argues that Buchan delivered ‘the most provocative and successful attack on the dangers of professional monopoly’ and his work served as a model for subsequent reforming advice books. He was strongly criticised by faculty members, including James Makittrick Adair and James Parkinson, for revealing trade secrets.<sup>207</sup> In *Domestic Medicine*’s second edition Buchan reflects on how his work was ‘condemned’ by the ‘more selfish and narrow-minded part of the Faculty’. This leads Buchan to conclude that ‘all physicians wish to conceal their art’.<sup>208</sup> The condemnation of Buchan and his criticism of the medical faculty are exemplified in a poem referencing Buchan’s false obituary:

*Qui capit ille facit*  
BUCHAN is still alive and well,  
Tho’ you all wish he were in hell;  
The reason is not hard to give,  
You wish him dead, that you may live.<sup>209</sup>

Providing medical advice through print and the outright criticism of the faculty’s methods put Buchan in a difficult position in terms of loyalty to the medical faculty, but his success in the print marketplace overshadowed his criticism of fellow practitioners and enabled him to emphasise his credibility within a wide commercial market.

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<sup>206</sup> Buchan, *Domestic Medicine*, p. xxv. Buchan was particularly against occult medicine and disease-specific efficacy for certain drugs. Rosenberg, ‘Medical Text and Social Context’, p. 30.

<sup>207</sup> Smith, ‘Prescribing the Rules of Health’, pp. 257–6.

<sup>208</sup> Buchan, *Domestic Medicine*, p. v.

<sup>209</sup> *Gazetteer and New Daily Advertiser* Issue 17447 (London, 11 Nov. 1784). Latin translates as the proverb: ‘The one who takes it, the same makes it’.

There is significant variation in terms of how closely these three authors' texts on domestic medicine fit within the recipe-collecting tradition and elite healthcare. All three proclaimed that every man could be his own physician, and convey the cultural concept of self-management with a focus on orthodox medicine. At the broadest level, these texts represent the exchange of medical knowledge, and the mutual relationships between learned and lay medicine, and print and manuscript sources. Statements of intended readership and marketing techniques are two of the best ways for gauging if elites were specifically targeted as an audience, but the reality of whether or not elites actually used the books remains difficult to determine. However, with their agency in consumerism and choice in medical care, the elite were the group most likely to choose self-management, since they had options in making or purchasing healthcare. Cheyne clearly marketed his texts to the leisured class and his approach centres on the culture of sensibility; this makes Cheyne a good example of a medical practitioner using print to profit from a growing consumer market. Thus, his texts fit best with the elite recipe collecting tradition and their healthcare. Conversely, Wesley and Buchan aimed for a wider readership. Both these authors criticised the consumer practices and lifestyles of elites, suggesting that their aims did not suite elite healthcare, nor the tradition of recipe collecting as it was practised in the mid to late eighteenth century.

## **5.7 Conclusion**

Within the scope of elite domestic medicine and recipe collections, print was a resource that could be potentially read and used to supplement domestic medical knowledge. An estimation of this use becomes clearer when annotations are present within personal print copies, and when recipe compilers cited and copied print in their manuscripts. Print offered wider choice in healthcare, and using newsprint and published medical guides were ways for collectors to

modify their patterns of knowledge acquisition and consumption of medicine. Despite cheap print and proprietary medicine advertisements being intended for an audience of lower-middling social ranks, they were read by elites and the medical advice and products became a part of the recipe collecting tradition and elite domestic medicine. Moreover, the incorporation of print material into manuscripts reflects how the tradition maintained its value as a way of documenting knowledge. The dynamic knowledge exchange between print and manuscript media allowed the two genres to evolve alongside changes in medicine and in consumer habits.

Self-help books were a diverse genre that included medical information used in conjunction with personal recipe collections. Medical texts were important instructional tools for household management, which emerged in the seventeenth century and continued to be published well into the nineteenth century; *Mrs Beeton's Book of Household Management* being a famous nineteenth-century example. This genre represented an idealised scenario of domestic life and the texts illustrate the centrality of social norms in women's role in the family, and notions of respectability, sensibility, and order in eighteenth-century daily life. Self-management guides also provided readers with a way to strengthen their health consciousness and take account for their medical needs; as such they had similar aims to manuscript collections.

Print also served as a rhetorical weapon and a promotional device. Authors and publishers relied on current social dialogue, including dialogue on charity and the regulation of medicine, in order to fit into the print marketplace and make a profit. As these texts were intended for domestic use, the household was hence an important space for contending with issues surrounding the social emphasis on philanthropy, and the desire to stamp out quackery. However, we need to be careful when it comes to making claims about readership. It is

important to evaluate critically genres of printed medical texts within a wider framework of domestic sources to determine the extent to which these books were used as part of elite healthcare, and if they actually did inform elite medical practices, or were just marketed as such. When we look at domestic medicine in print, this does not fully represent the domestic medicine that was used by the elites who compiled recipe collections. Nonetheless, print did play an important role in the eighteenth-century elite pursuit of health.

## CONCLUSION

On 9 March 1757 in the *Whitehall Evening Post* there was an advertisement for Martha Bradley's *The British Housewife*.<sup>1</sup> Martha Bradley, claiming to be a professional cook and housekeeper, published her weighty two-volume domestic guide on cookery and medicine in 1756–7. This work is a classic example of a collection of medical recipes and advice published for domestic use in this era, and the advertisement for Bradley's compendium encapsulates the nature of domestic medicine and recipe collecting in eighteenth-century England. The proprietor of *The British Housewife* purchased Mrs Bradley's papers, in addition to the family receipt book of 'the eminent Lady Hewit'. The notice states that two 'excellent Cordial Waters', Lady Allen's Water and Lady Hewitt's Water – two of the most famous seventeenth-century recipes – were to be published in their original form in the second volume of *The British Housewife*, in the distillation section. This initial context and statement highlights two themes of this thesis. First, there is the evident connection between print and manuscript, with a newspaper advertising a published domestic guide which gleaned medical knowledge from a manuscript collection. Second, we can see the continued appreciation of the recipe collecting tradition through the focus on famed seventeenth-century recipes (and distillation recipes at that) – supposedly still of interest to eighteenth-century readers of upper and middling social status. Furthermore, this reflects how published guides utilised the history of aristocratic women practising charitable medicine to market their products.

The advertisement continues by declaring that it was important to readers because physicians opined that these waters were superior to all others that 'are to be had at the Shops'. It moreover states that these waters, which were created for retail, were made incorrectly by

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<sup>1</sup> *Whitehall Evening Post or London Intelligencer*, Classified Ads. Issue 1568 (London, 9–11 March 1756). Martha Bradley, *The British Housewife: or, The Cook, Housekeeper's and Gardiner's Companion* (London, 1756/7).

‘Persons not being able to get the right Receipts’. Two additional themes are present in these details. We can see the authority of physicians being used to convey the credibility of a remedy, in addition to a claim concerning consumer choice: that making a medicine was better than buying a ready-made product. Bearing in mind that this is an advertisement, the issue surrounding counterfeit products is acknowledged, and we can treat these domestic recipes as proprietary remedies. What was once a personal manuscript collection of recipes was transformed into a commodity through the commercialisation of medicine.

Concluding the notice is a statement about Lady Hewitt’s manuscript, illustrating its value as a material and social object. It declares, ‘This Book of Lady Hewit’s which is esteemed one of the greatest Treasures ever compiled in the Family Way, may be seen by the Curious at Mess. Crowder and Woodgate’s at the Golden Ball in Paternoster Row’. The enduring importance of this manuscript is conveyed as it was characterised as a valued and even celebrated object, owing to its original compiler’s fame as the creator of popular remedies, and the knowledge it held. This notice also underscores the meaning of recipe books in family life, and their worth as artefacts and as records of knowledge. As such, this advertisement illustrates why the recipe collecting tradition endured in the context of domestic medicine. Medical recipes retained their practical value and had wider cultural significance, making them important records of elite society in eighteenth-century England.

This thesis has explored two inter-related histories, the history of recipe collecting and the history of domestic medicine. I have framed these two histories together in the context of elite healthcare to illustrate the ways in which a material history of manuscript recipe collections informs a cultural history of medicine and a social history of elite life. The implications of using these approaches are that they reveal the social and cultural shifts that

occurred throughout the eighteenth century, and that these shifts were documented at a domestic level conveying patient, carer, and consumer perspectives. This thesis has addressed the evolution of recipe collecting from the seventeenth century and throughout the eighteenth century, revealing that the tradition continued as a writing practice, and as an integral part of exchanging and preserving domestic medical knowledge. Building on previous investigations of early modern medicine and recipe collecting, this thesis contributes to our understanding of the cultural history of medicine in England. I have questioned why and how elites maintained the recipe collecting tradition, given the commercialisation of medicine, arguing that the perpetuation of this tradition was due to its adaptability to cultural and intellectual shifts. Owing to their ability to have choice in medical care, elites collected medical knowledge in recipe books as a facet of healthcare while embracing the commercialised medical market.

Due to this cross-over in domestic and commercial products and spaces, this thesis has re-examined the meaning of domestic medicine within the scope of elite healthcare. Domestic medicine was not purely 'kitchen physic', but medicine intended to be consumed at home, not always made at home. As William Buchan stressed, domestic medicine was about utilising professional advice and self-medication for health management. When we look at domestic medicine in an elite context, the commercialisation of medicine, and the subsequent agency elites had as consumers, meant that buying care and self-medicating was varied and complex. Hence, the concept of healthcare accurately reflects the elite cultural and social milieu, which embraced many aspects of medicine, both lay and commercial. The elite household was thus a space of medical innovation in practice, as well as a consumer space.

The analogy of a recipe book's life cycle has been used as a framework in this thesis to illustrate its evolution as a textual object and cultural record. It began with the creation of a

recipe book as an object, exploring how the content of a recipe book was an expression of its materiality, and how that content, and the book as a whole, was used in elite healthcare.

Following this, I considered how the life of a recipe book was sustained through the continuous exchange of medical knowledge, including how the recipe book as a text form interacted with and influenced the print marketplace. As such, the life cycle of a recipe book conveys how its use as an object changed with social and cultural shifts, and that this adaptability is a reason for the permanence of recipe collecting.

Recipe books were important objects in a writing tradition; they had significance as heirlooms, and they had personal meaning as records of collecting, interests, medical needs, and health histories. As objects of elite daily life, these personal records provide insight into the cultural history of collecting medical knowledge. Moreover, rhetoric had continued importance in communicating medical knowledge and as a reference strategy for assigning credibility. The language used in recipe books illuminates the overlap in knowledge between medical spheres – the professions, fringe practitioners, and the home – within the context of conveying trust, expertise, and credit in a commercial society. Examining change and continuity in writing and collecting styles traces the evolution of recipe collecting as a writing genre and social pastime, as well as the place of elite healthcare within the wider history of medicine. Through this examination, I have closed a historiographical gap in how seventeenth-century and eighteenth-century recipe books and domestic medical practices differed. More importantly, I have emphasised that this tradition is one without an end, as it consistently adapted to social needs and cultural contexts. Further research on the transition of recipe collecting into the nineteenth century will help reveal the tradition's on-going evolution alongside shifts in medical practice and in print. Nineteenth-century collections are distinct in their structure, organisation, and

content in that they are often smaller lined notebooks and contain fewer traditional recipe-style remedies and more prescriptions.

Recipes continued to serve a practical role in medical care, but changed with new concepts regarding health and consumer habits. Due to commercialisation, the majority of medical ingredients and products cited in recipe books were likely purchased in the eighteenth century. Recipe collections are therefore records of consumer identity emphasising an engagement with exotics and foreign products and advice. As such, they enrich our understanding of eighteenth-century consumer culture and the importance of taste, especially in relation to medicine. An examination of recipes and *materia medica* has additionally helped in determining the nature of authority between patients and practitioners, as recorded by elite patients and consumers. Recipe books are records of a feedback loop, or a reciprocal relationship, where the household used purchased care, while domestic traditions influenced the production of new medicaments and the publication of recipes. Consequently, a greater range of sources meant that compilers emphasised the importance of providing comprehensive directions.

We must look to the cultural context of recipe collecting in order to understand why the tradition continued. In the eighteenth century, the cultural and consumer environment meant that this writing tradition was based on acquiring knowledge for practical reasons and out of an intellectual interest in medical knowledge; it was a quintessential leisure pursuit. Two particular leisure pursuits within recipe collecting, botany and distillation show that recipe books and domestic medicine reflect an elite interest in scientific thought and practice. Recipe books are hence records of elite participation and interest in natural philosophy, and are important representations of a social milieu engaged with intellectual and enlightenment thought.

Throughout this thesis, I have stressed the importance of elites having choice in healthcare, and how that agency influenced recipe collecting. The significance of accountability in elite healthcare has also been stressed. We can see from recipes that empirical medicine was valued as a commodity, but also that the elite household respected learned experience; from a domestic perspective we can thus better our understanding of the physician's changing role in medicine. Recipe books retained their utilitarian role as health tools and as records of the decisions that compilers made, or had yet to make, in self-management and in the management of the health of family and friends. Investigating what ailments were common in elite households, and how they were treated, contributes to our knowledge of the social and cultural aspects of medicine, including themes of supply and demand and the issue of authority in patient/practitioner and customer/proprietor relations.

Recipe collecting was an elite pastime and women remained the most common compilers, though men also had a significant role in documenting medical advice, especially with family collections. Using a gender-inclusive approach in this thesis has enabled us to view men and women as collectors, sources of knowledge and care, and as consumers. Returning to the debate surrounding genteel accomplishments, recipe books reveal that there was a wide spectrum of cultural and intellectual activities that existed within the domestic realm. It is likely that collecting and making medical remedies as intellectual and creative outlets (or amusements) was partly legitimised through the onus on managing a household and providing care. What is more, the implication of making medicine for charity was clearly still a prevalent discourse in print, though, as this thesis has shown, the realities of these so-called genteel accomplishments were far more complex. As recipe books were owned by gentry and aristocratic families, their manuscripts provide valuable insight into elite lives and the

importance of record keeping. Recipe books are also artefacts and written legacies of some of England's most influential families and individuals. I hope to explore further the biographies of these recipe compilers to understand better how their recipe books relate to their intellectual activities, social networks, and even the architectural and gardening histories of their estates.

At the heart of this study was the importance of the exchange of medical knowledge. The dynamism of recipe collecting was due to its role in the exchange of knowledge between family and friends. This knowledge exchange was part of a social obligation to maintain communication, establish patronage connections, and demonstrate care for the well-being of others. This exchange existed in the context of changing attitudes towards knowledge, taste, and sociability in eighteenth-century elite culture. There was continued diversity as to who communicated the medical knowledge recorded in recipe books, emphasising that healthcare was a pursuit not restricted by gender or social status. However, in response to a wider range of medical information, compilers re-defined their criteria for sourcing advice, and were open to new resources, including those from the print and medical marketplaces. An avenue of research which could benefit from further study is the role of letters in documenting the exchange of both commercial and domestic medical advice from family members.

There was also a dynamic relationship between print and manuscript sources in the eighteenth century, and the exchange of information between these two media types enabled them to diversify with shifts in medicine and in consumer habits. One significant way in which manuscripts evolved was their incorporation of newsprint. There is still work to be done in using newspapers as sources for understanding eighteenth-century popular medical culture and the exchange of medical advice as both a form of entertainment and informational resource. When we consider medicine in print, and in the context of household management, it is

apparent that this genre represented an ideal of domestic life, and idealised social roles for facilitating order. Regarding medical information, print sources offered elites greater choice in healthcare. But, this choice also came with the challenges of navigating claims of efficacy, as in the case of proprietary medicaments, and in the language authors and publishers used to market their products. In the scope of print, the label domestic medicine does not fully represent the nature of elite healthcare. It is necessary to consider carefully how and to whom printed guides were marketed, and *Primitive Physic* and *Domestic Medicine* can be treated as examples of middle class ideals, not necessarily elite realities. The impact of Buchan's work on the mass-marketing of printed medical guides, and the extent to which this influenced the manuscript collecting tradition at the end of the century, are areas to be investigated further. Nevertheless, examining print sources that could have been used in elite healthcare demonstrates the dynamic relationship between medicine, print, and consumer culture.

Domestic medicine remained central to elite healthcare in eighteenth-century England and recipe collections serve as personal records of health and engagement with medical knowledge, contributing to the patient and carer narratives within the social history of medicine. Through an analysis of the process of making domestic medicine, and the motivations for collecting and creating medical recipes, this thesis has positioned the household as an important space of creativity, experiment, and innovation, and has given the domestic space greater significance in the histories of eighteenth-century science and medicine. Moreover, as a narrative of elite life and culture, through its comprehensive evaluation of medicinal manuscript recipe collections, this thesis has revealed the reception of commercialisation from the perspective of elite consumers. The value of collecting medical knowledge as an intellectual pastime directly linked to broader cultural trends and tastes, thus uncovering the nature of elite

domestic medicine and recipe collecting. This enriches our understanding of the social history of eighteenth-century England by giving due credit to these important personal records of daily life.

In the front cover of an eighteenth-century recipe book a nineteenth-century antiquarian wrote, ‘A Very Curious & Valuable Collection of Recipes & Prescriptions’.<sup>2</sup> This is what recipe books meant to eighteenth-century elites. They had value through their practical use in elite healthcare and as heirlooms, didactic texts, and textual spaces for intellectual and creative pursuits. They were also objects of curiosity and interest to elites and were part of a tradition of exchanging knowledge and conveying authority, while also engaging with novel ideas and products within an expanding commercial market and globalising society. Through the material history of recipe collections, their social and cultural relevance is illuminated.

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<sup>2</sup> Brotherton Library, MS 506.

## APPENDICES

### Appendix 1: Manuscripts included in Database Sample

Manuscripts (27)	Archives (10)	Dates 1625–1851	Authors	Medical Recipes (5,013)
<b>D/ELS/Z1</b>	Berkshire RO	1775–1851	Mary Loder	48
<b>Add. MS 72619</b>	British Library	17 <sup>th</sup> / 18 <sup>th</sup> C	Trumbull (East Hampstead, Wokingham)	216
<b>D138/16/6</b>	CBS	18 <sup>th</sup> C	Anon (Chequers Estate)	94
<b>D5430/50/5</b>	Derbyshire RO	1750s–90s	Anon (Wright of Eyam Hall Estate)	28
<b>9M73/G212</b>	Hampshire RO	1733	Catherine Venables	340
<b>U1590/C43/2</b>	KHC	1746	Grizel, Lady Stanhope	373
<b>MC443/1</b>	Norfolk RO	1777–1815	Jane Frere (husband John Frere antiquary)	237
<b>CR0341/300</b>	Warwickshire RO	1716–8	Wise family	104
<b>CR0341/301</b>	Warwickshire RO	18 <sup>th</sup> C	Mary Wise	97
<b>MS.981</b>	Wellcome	1730–76	Arcott family	385
<b>MS.1321</b>	Wellcome	1625–1725	Anon	85
<b>MS.1340</b>	Wellcome	1675–1710	Katherine Jones, Lady Ranelagh (Boyle)	637
<b>MS.1796</b>	Wellcome	1685–1725	Anon	107
<b>MS.2201</b>	Wellcome	c. 1785	Dolben family	313
<b>MS.2363</b>	Wellcome	1750–1800	Mrs Finger/ Anna Maria Reeves	139
<b>MS.2840</b>	Wellcome	1684–1725	Elizabeth Hirst	140
<b>MS.3029</b>	Wellcome	1706	Elizabeth Jenner	142
<b>MS.3500</b>	Wellcome	1688–1727	Mrs Meade and others	245
<b>MS.3582</b>	Wellcome	1725	Anon (Geo. Sloper 1864 inscribed on cover)	156
<b>MS.4057</b>	Wellcome	mid 18 <sup>th</sup>	Anon	34
<b>MS.4060</b>	Wellcome	1779–1805	Anon	123
<b>MS.4631</b>	Wellcome	1697–1763	Miss Dorothy Baker	302
<b>MS.4646</b>	Wellcome	c. 1750–95	Emily Jane Sneyd	138
<b>MS.7788</b>	Wellcome	1703	Dorothea Repp	135

<b>MS.7822</b>	Wellcome	17th/ 18 <sup>th</sup> C	Tyrrell family	177
<b>MS.7997</b>	Wellcome	18 <sup>th</sup> C	Heppington family	36
<b>2667/12/40</b>	WSA	12/07/1786	Mrs E Arundell and James Everard Arundell	182

## Appendix 2: Database Form Information

- Unique recipe collection ID number formatted as ‘manuscript number\_recipe number’
- Collector of the manuscript
- Date provided for the manuscript, or, when available, the individual recipe
- Recipe title
- Primary attributee (name of the person cited alongside the recipe, if present)
- Secondary attributees (any persons documented in the communication of the recipe)
- Procedure/Notes (how to make the recipe and any specific notes)
- Treatment (a drop-down menu)
- Dosage/Administration notes
- Ingredients
  - Item (modernised spelling to allow analysis)
  - Quantity (modified to whole numbers or fractions)
  - Unit (modified to be a singular unit such as Handful, Ounce, Quart)
  - Description (notes on how the ingredient was prepared)
- Equipment
  - Item name (modernised for analysis)
  - Technique (how the tool was used, e.g. straining, pounding, distilling)
  - Description of the object

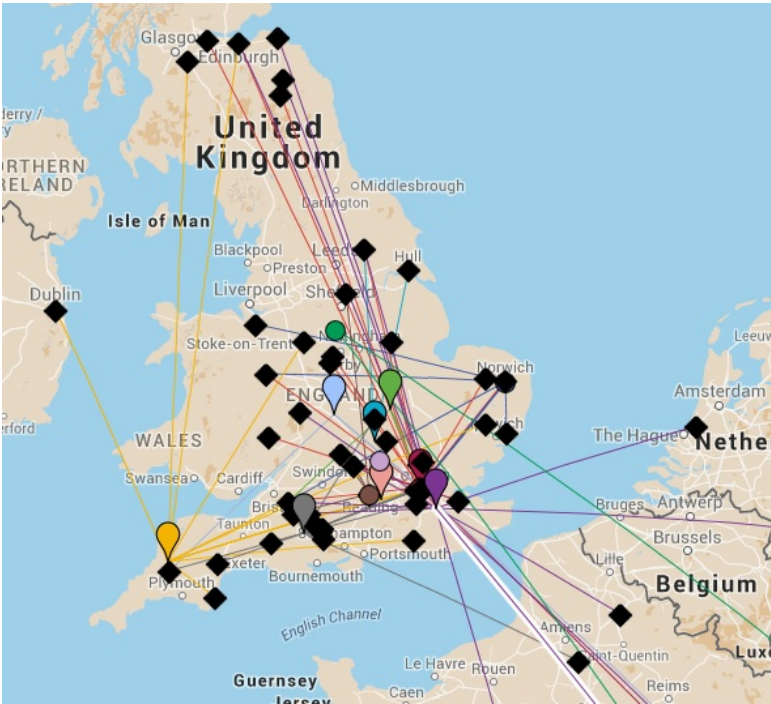
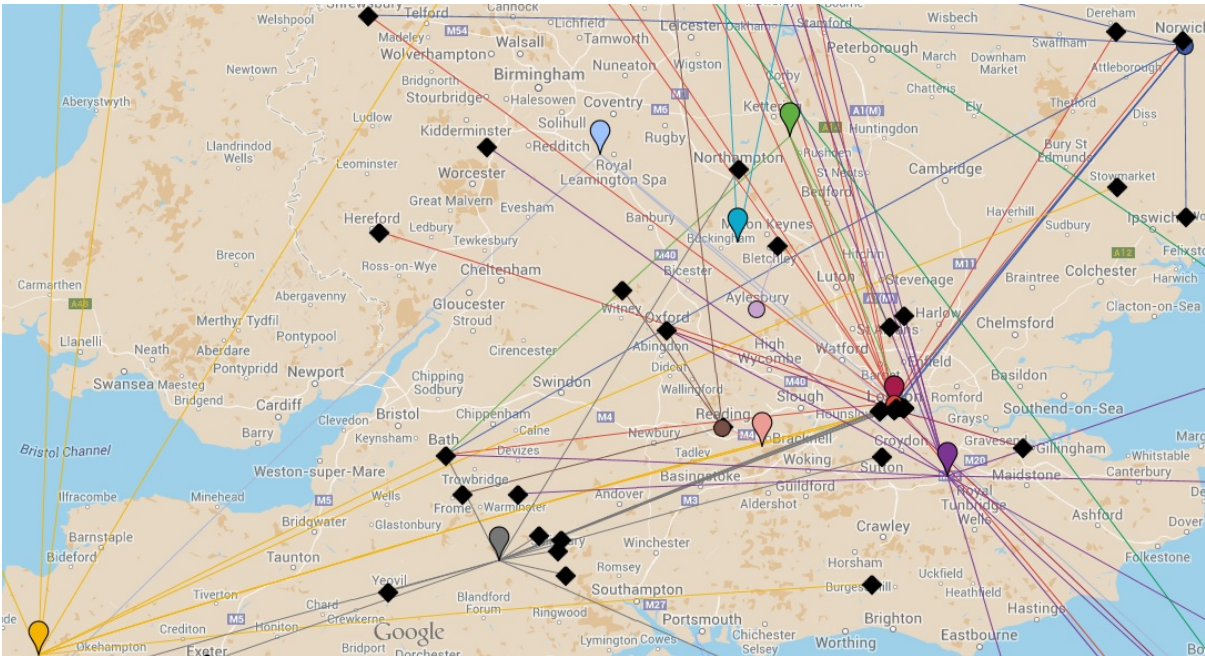
### Appendix 3: Disease Categories (Chapter 3)















Recipes from my database sample set were categorised by treatment for a complaint. When more than one ailment could be treated, the predominant illness was selected, or it was grouped as a cure-all.

Treatment/ Disease	Total	Percent	Description
<b>Digestive</b>	406	8.1	purges, stopping vomiting, stomach and intestinal pain, glisters, vapours, wind
<b>Cordials</b>	316	6.3	surfeits, diet drinks-digestive but also cure-alls or base medicines
<b>Coughs and Colds</b>	282	5.6	grouped with respiratory
<b>Agues and Fevers</b>	268	5.3	all types
<b>Wounds, Sores</b>	259	5.2	many of the treatments were also cure-alls
<b>Urinogenital, Back Pain</b>	242	4.8	stone, gravel, running of the reins, linked to women's disorders and pregnancy
<b>Skin Ailments, Burns</b>	198	3.9	scalds, corns, tetter, warts, felons, scald head
<b>Eyes</b>	193	3.8	sores, watering, restoring sight
<b>Consumption</b>	181	3.6	grouped with bad coughs and spitting blood (not scrofula)
<b>Women's Disorders</b>	168	3.6	linked to pregnancy, cancers, fits
<b>Gout and Rheumatism</b>	146	2.9	linked to sciatica, joint pain, stomach
<b>Throat and Mouth</b>	128	2.6	cankers, sore throat, children's thrush
<b>Unspecified (base medicines)</b>	114	2.3	
<b>Cure-Alls</b>	111	2.2	found in multiple categories
<b>Diseases and Infections</b>	111	2.2	plague, smallpox, measles
<b>Looseness (Flux)</b>	105	2.1	includes gripes
<b>Worms</b>	102	2.0	mainly in children
<b>Scurvy</b>	89	1.8	
<b>Unknown, Unspecified</b>	92	1.8	
<b>Weakness, Restorative</b>	90	1.8	
<b>Dropsy</b>	80	1.6	linked to swelling and the liver
<b>Colic</b>	71	1.4	digestive
<b>Aches and General Pain</b>	67	1.3	
<b>Teeth</b>	67	1.3	aches, strengthening, cleaning
<b>Convulsions</b>	61	1.2	linked to fits
<b>Headache</b>	59	1.2	giddiness, nerves, megrims
<b>Labour, Pregnancy, Abortion</b>	60	1.2	
<b>Piles (haemorrhoids)</b>	58	1.2	linked to costiveness
<b>Rickets</b>	59	1.2	
<b>Sprains, Strains</b>	56	1.1	link with bruises and swellings
<b>Swelling</b>	56	1.1	linked to sore breasts, aches

<b>Respiratory (Asthma, Pleurisy)</b>	50	1	
<b>Bruises</b>	50	1	linked with swelling and aches
<b>Jaundice</b>	47	0.9	
<b>King's Evil (Scrofula)</b>	45	0.9	
<b>Rabies (Bite of a Mad Dog)</b>	45	0.9	
<b>Whooping Cough, Chin Cough</b>	46	0.9	
<b>Ears (Deafness)</b>	39	0.8	
<b>Palsies and Apoplexies</b>	42	0.8	linked to frozen limbs and rheumatism
<b>Cancer</b>	33	0.7	humours, tumours and sore breasts
<b>Fits</b>	29	0.6	fever, children, mother, falling sickness, convulsions
<b>Facial Pain</b>	26	0.5	inflammation, skin problems
<b>Low Spirits, Melancholy</b>	23	0.5	
<b>Bleeding, External</b>	21	0.4	
<b>Blood Ailments</b>	25	0.5	sweetening and purifying, diabetes
<b>Falling Sickness (Epilepsy)</b>	20	0.4	linked to convulsion fits
<b>Spleen</b>	21	0.4	
<b>Bites, Stings and Poison</b>	15	0.3	one for drunkenness
<b>Blood, Spitting</b>	16	0.3	linked to consumption and respiratory
<b>Bleeding, Internal (Nose Bleeds)</b>	15	0.3	
<b>Fistula</b>	16	0.3	
<b>Itch (Scabies)</b>	13	0.3	
<b>Lameness and Shrinking of the Sinews</b>	15	0.3	
<b>Nerves, Madness</b>	20	0.4	
<b>Sleep, to Provoke</b>	14	0.3	
<b>Heart</b>	8	0.2	palpitations, chest pain, grief
<b>Sciatica</b>	10	0.2	linked to rheumatism
<b>Humours</b>	3	0.1	balancing the four humours
<b>Liver (obstructions)</b>	6	0.1	
<b>Motion Sickness</b>	5	0.1	
<b>Total</b>	5,013	100 (rounded)	

**Appendix 4: Maps of Sample Social Networks from Recipe Citations (Chapter 4)**



Networks by Household Location	Networks by Archive Location
 Arscott family (Tetcott) (Wellcome)	 Berkshire RO (Mary Loder)
 Arundell family (Wardour Castle) (Wiltshire and Swindon RO)	 Centre for Buckinghamshire Studies (Anon. Chequers Estate)
 Dolben family (Finedon) (Wellcome)	 Derbyshire RO (Anon. Wright of Eyam Hall Estate)
 Grizel, Lady Stanhope (Chevening House) (Kent History Centre)	 Norfolk RO (Jane Frere)
 Katherine Jones, Lady Ranelagh (Pall Mall) (Wellcome)	 Wellcome Library MS.4057 (Anon.) MS.4646 Emily Jane Sneyd MS.2363 Mrs Finger/ Anna Maria Reeves (Hendens, Berk) MS.4361 Miss Dorothy Baker MS.3500 Mrs Meade and Others MS.7788 Dorothea Repp
 Trumbull family (East Hampstead) (BL)	 Location cited in Manuscript
 Tyrrell family (Thornton) (Wellcome)	
 Wise family (Priory Park) (Warwickshire RO)	

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### Manuscript and Archival Sources

#### Recipe books included in 150 manuscript sample

\* Denotes collections not cited in-text, but included in 150 sample (for quantitative analysis).

#### Aylesbury, Centre for Buckinghamshire Studies (CBS)

\*D102/15:

Anon., 'Medicinal recipes' (18<sup>th</sup> C.), A.E. Steevens Collection of High Wycombe.

\*D102/16 Vol. 1:

Anon., 'Medicinal recipes' (18<sup>th</sup> C.), A.E. Steevens Collection of High Wycombe.

D 138/16/6:

Anon., 'Recipe Book' (late 17<sup>th</sup> C.), Chequers Estate.

D/DR/5/143/2:

Anon., 'Approved Receipts in Physick' (18<sup>th</sup>-19<sup>th</sup> C.), Drake family of Shardeloes, Amersham.

D/LO/6/17/112:

Anon. 'Limp volume of recipes' (1665-1717), Lowndes of Chesham Estate.

\*D/LO/6/17/140:

Anon., 'Recipes found loose in volume 112. A Bitter for the Stomack' (1665-1717).  
Lowndes of Chesham Estate.

D/LO/6/17/146:

Anon., 'Limp volume of recipes' (1665-1717), Lowndes of Chesham Estate.

#### Chelmsford, Essex Record Office

A13522:

Anon., 'Manuscript recipe book' (1747), Records of the Tower family of Weald Hall.

\*D/DDw Z2:

Thomas Wright, 'book of medical recipes' (c. 1755-1812).

\*D/DP Z40:

Anon., 'Manuscript volume of medicinal and culinary recipes' (c. 1800), Petre family of  
Ingatestone and West Horndon.

\*D/DR Z2:

Anon., 'Medical book' (1740-1801), Gray and Round families of Birch, Colchester and  
District.

\*D/DU 818/1:

Mary Rooke, 'Recipe book of Mary Rooke' (c. 1770-7), Mary Marriot 1770 Ardwick House  
Lancashire and also Mary Rooke Langham Hall Essex, 1777.

#### Chichester, West Sussex Record Office

\*Castle Goring MSS 40:

Anon., 'Medical recipe book' (late 18<sup>th</sup> C.), family Papers of the Pechell and Somerset  
families.

Castle Goring MSS 41:

Anon., 'Household remedies recipes' (19<sup>th</sup> C.), family Papers of the Pechell and Somerset families.

\*Parham 2/3/3/7:

Harriet Anne, Lady Zouche, and Harriett Anne Curzon, 'Commonplace books' (1781–1865), Parham Archive, Personal Papers of the Curzon family.

#### Chippenham, Wiltshire and Swindon History Centre (WSA)

9/35/17:

Anon., [no title] (1711-27). Volume containing personal and household accounts of a member of the Goddard family 1724–7, with many recipes and cures, 1711–5, Savernake Estate.

\*161/90A:

Anon., 'Medicines, cures and cookery' (late 17<sup>th</sup> C.), Lovells of Cole Park Collection.

\*332/256:

Anon., [no title] (18<sup>th</sup> C.). Twelve paper-covered volumes of recipes and remedies, many loose, Penruddocke of Compton Chamberlayne.

1178/481:

Anon., 'Bundle of loose recipes and medical prescriptions' (17<sup>th</sup> and 18<sup>th</sup> C.), The Calley Papers.

\*1720/933:

Hester Washbourne (later Soame) of Pytchley, Northants., 'Recipe and remedy book' (early 18<sup>th</sup> C.).

\*2667/23/7:

James Everard Arundell, 'Medicinal recipes written out by James Everard Arundell' (c. 1780), Arundell of Wardour.

2667/12/40:

Mrs J.E. Arundell, 'Book of medicinal recipes' (1786), Arundell of Wardour.

\*2189/9:

Samuel Vieash, 'Bound notebook and commonplace book' (1780–1831)

#### Gloucester, Gloucestershire Record Office

D610/F18:

Mrs Gast (Canterbury?) and Mrs Crisp (Basingstoke?), 'medical and cookery recipes' (18<sup>th</sup> C.), Hodges and Leigh families of Broadwell.

\*D2455/F2/2/4:

Anne Beach, 'Recipe and herbal book of Anne Beach (nee Wither)' (17<sup>th</sup>–18<sup>th</sup> C.), Hicks Beach family of Coln St Aldwyn and Great Witcombe (Gloucestershire), Netheravon, Fittleton and Keevil (Wiltshire), and Oakley (Hampshire).

#### Hereford, Herefordshire Record Office

E69/348:

Anon., [no title] (c. 1735), Radcliffe-Cook Collection. (Inscribed 'for Madm Middlebrooke')

\*MSS.558 vol. 1:

Anon., 'Recipe Book' (18<sup>th</sup> C.), Biddulph family Papers.

\*MSS. 592:

Anon., 'Recipes and Remedies' (1700), Biddulph family Papers.

Hull, University of Hull (Defining Gender Database)

\*DDHO/19/2:

Lord Hotham, 'Cookery and Medical Receipts from the University of Hull' (1777–1813).

Leeds, Brotherton Library Special Collections, University of Leeds

\*MS 328:

Anon., 'Book containing late seventeenth century culinary and medical recipes (c. 1690–early 18<sup>th</sup> C.).

MS 465:

Isabella Fenwick, 'Recipe book compiled by Isabella Fenwick' (c. 1716).

MS 506:

Anon., 'An anonymous collection of cookery, household and medical recipes' (mid-17<sup>th</sup>– late 18<sup>th</sup> C.).

\*MS 687:

Gertrude Holcroft (d. 1674) and Mr. Matthias, 'Recipe Book' (1651–1700).

MS 871:

Various Hands, 'A recipe book in various hands, apparently of Yorkshire provenance, once belonging to Jane Beauge' (c. 1697–1801). (Likely connected to the Beauge St John Mildmay families)

London, British Library (BL)

Add. MS 27466:

Mary Doggett, 'RECIPE BOOK of Mary Doggett, wife of Thomas Doggett, the actor' (1684).

Add. MS 38089:

Anon., 'COLLECTION of Medical recipes' (17<sup>th</sup>–18<sup>th</sup> C.)

Add. MS 42173:

Caroline Powys, 'POWYS DIARIES. Vol. XIV. Book of household recipes' (1762–98).

Add. MS 72619:

Anon., 'TRUMBULL PAPERS. Vol. CCCLXXVIII. Book of recipes for Trumbull's household' (1600–1740).

\*Add. MS 579944:

Lady Cantile, 'Culinary and Medical Receipts' (1688).

\*Egerton MS 2214:

Lady Harley, 'Medical Recipes' (1672–c.1700).

Egerton MS 2415:

Mary Birkhead, 'Recipe Book of Mary Birkhead, containing culinary and medicinal recipes' (25 March 1681).

\*Egerton MS 2561:

Anon., 'MEDICAL, culinary, and other recipes' (17<sup>th</sup>–18<sup>th</sup> C.).

\*Add. MS 45718:

FREKE PAPERS. Vo1. I Commonplace book of Elizabeth Freke (1684–1714).

\*Sloane MS 3842:

Elizabeth Butler, 'Hester Gullyford: Collection of receipts given by, to E. Butler' (1679).

London, Royal College of Physicians (RCP)

MS 506:

Anon., 'Medical and Culinary Receipts' (17<sup>th</sup>–18<sup>th</sup> C.).

\*MS 507:

Anon., 'Medical recipe books' (17<sup>th</sup>–18<sup>th</sup> C.).

MS 509:

Margaret Acton, 'Medical Prescriptions' (18<sup>th</sup> C.).

London, Wellcome Library

\*MS.144:

Anon, Collection of medical, cookery and veterinary receipts, (c. 1650–1739).

\*MS.751:

Elizabeth Sleigh and Felicia Whitfeld, 'Collection of medical receipts' (1647–1722).

MS.981:

Arcott family, 'Physical Reciepts [sic]' (c. 1725–76).

MS.1071:

Lady Barrett, 'Select Receipts' (c. 1700).

MS.1320:

Anon., 'A Book of Physick' (1710–25).

MS.1321:

Anon., 'Collection of cookery and medical receipts' (c. 1675–c. 1725).

MS.1322:

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MS.1340:

Katherine Jones, Lady Ranelagh, 'Collection of Medical Receipts' (c. 1675–1710).

\*MS.1662:

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MS.1788:

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MS.3740:  
 Sarah Palmer and others, 'Collection of medical receipts' (early 18<sup>th</sup> C.).

MS.3995:  
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MS.4055:  
 Anon., 'Recipe Book' (18<sup>th</sup> C.).

MS.4057:  
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MS.4759:  
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book.

\*D231 M/Z 208-290:

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Jane Farewell (Wright), [no title] (1719- c. 1800).

D5430/50/5:

Anon., [no title] (1750s-90s), Wright of Eyam Hall Estate.

D5430/50/13/1-89:

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BOL 2/167. 740X7:

Elizabeth Leathes (Peach), 'Mrs Leathe's Recipes' (late 18<sup>th</sup> C.), Bolingbroke Collection.

\*FEL 985, 557X5:

Frances Thornhill (d. 1772), 'Miscellaneous recipes and cures' (18<sup>th</sup> C.), Fellowes of  
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Oxford, Bodleian Library Special Collections, University of Oxford

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Oxford, Oxford Brookes University, Special Collections (Fuller Collection)

Massingberd family of Gunby Hall, Lincolnshire (1771–1847).  
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Massingberd MS Receipts Vol. 3

Reading, Berkshire Record Office

D/EBY/F24:  
Anon., 'Recipe Book' (18<sup>th</sup>–19<sup>th</sup> C.), Papers of the Benyon family.  
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Mary Loder, 'Recipe Book' (c. 1775–1851), Manorial records, deeds and estate papers of Hinton Waldrist Estate.  
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\*D/ELS/Z11:  
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Warwick, Warwickshire Record Office

CR0168/1:

Anon., 'Recipe Book' (18<sup>th</sup> C.)

CR0341/300:

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CR0341/301:

Mary Wise, 'Recipe book of Mary Wise' (18<sup>th</sup> C.), Wise family of Woodcote.

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CR1841/5:

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CR4141/7/975:

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