

Roy Porter Student Prize Essay

The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England

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Summary. This paper investigates ways in which early modern English recipe collections constructed domestic medicine as broader and more powerful than is often appreciated. It shows that their compilers frequently selected recipes that promised to allow them to address a wide range of surgical ailments, to heal serious surgical conditions medicinally, and to avoid invasive interventions. Claims of remedies' virtues and stories of their successes imagined domestic medicine not only as a 'first port of call', but also as a potent counterpart to the work of practitioners; a last resort when practitioners had failed; and as an alternative to the knife. Using the writings of the surgeon John Woodall, it argues that surgeons were sensitive to the attitudes and preferences that motivated this collection. In seeking to discipline surgery, Woodall invoked the stereotypical gentleness of women's and domestic medicine in an effort to inculcate greater discernment in the use of violence.

Keywords: medical recipes; efficacy claims; domestic medicine; surgery; John Woodall; patients

It was the piles. Haemorrhoids. They disabled Philip Stanhope (d. 1714), second earl of Chesterfield, in 1690. He suffered so extremely 'that I kept my Chamber three Months, and was in Miserable Pain Night and Day'.¹ Chesterfield's was a life riddled with sickness. He was 57 at the time of this bout, and had already weathered a remarkable series of illnesses and ailments. Death had loomed often. Once, he had been in 'great Danger

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¹'Piles' and 'haemorrhoids' were already used synonymously in the early modern period. See 'pile, n.4', *OED Online* (Oxford: Oxford University Press, 2012), <<http://www.oed.com/view/Entry/143827?isAdvanced=false&result=6&rskey=oH01f1&>> (accessed 25 January 2013). My account of Chesterfield's health is based principally on 'An Account of the Life of the Earl of Chesterfield' and 'Some Memorandums Concerning My Fits of the Gout and Letting of Blood' in New York Academy of Medicine (NYAM) MS *Folio Joyce Peculiar Receipts*, pp. 55–75 (quotation here from 56), and his autobiographical writings and correspondence in British Library (BL) Add. MS 19253. These two sources provide complementary and, at times, overlapping evidence, although they do also conflict in some instances. I have indicated where they disagree when relevant. The

material in the NYAM manuscript has been identified as an eighteenth-century transcription from Chesterfield's manuscript writings held by the British Museum at some point, but I have not been able to find its source. I would like to thank Arlene Shaner at NYAM for her help in working with this manuscript and the other recipe books in their collection. Other material relating to his health is found in consultation letters in Sir Hans Sloane's correspondence (BL Sl. MS 4042, fol. 19; BL Sl. MS 4043, fols. 74–75); and Chesterfield's correspondence with the Marquess of Halifax (BL Add. MS 75361). For published correspondence, see *Letters of Philip, Second Earl of Chesterfield...* (London: s.n., 1835), and *Philip Stanhope, 2nd Earl of Chesterfield: His Correspondence with Various Ladies...* &c (London: Fanfrolico, n.d.).

of Death, by a Surfeit of Melons at Rome'.² Years later, he 'got so violent a Cold by a Nocturnal Debauch in a damp cellar' that he 'was given over by all my Friends and Doctors'. Finding no benefit from 'a world of remedies' and having 'become almost to a Skeleton', he was saved by a measure suggested by 'Dr. Willis'.³ His record with the medical men was already decidedly chequered, though. For instance, when sick with a fever on one occasion, he was again 'given over', this time by 'three of the best Physitians in London', as well as all his servants and no less an eminence than the Archbishop of Canterbury. The doctors 'did all tell me that I had not above two Hours to live, and I saw the old Women come to my Bed-side to lay me out'. However, 'finding that I was not quite dead, I heard them say, wee are come to soon, let us goe and come againe halfe an hower hence'. Having been left for dead, Chesterfield saved his own life by self-dosing with burnt claret.⁴ And so, when the piles later invalidated him it was doubtless a disappointment, but probably not a surprise, that the doctors and surgeons failed him again.

It was not for lack of activity, though. The doctors warned Chesterfield that 'it would turn to a Fistula', and ordered ointments and fumigation with herbs. The 'Surgeons did open my Body with an Iron Instrument to make an Inspection into the Part'. All to no avail. '[A]t last, finding no good by all my Doctors and Surgeons; I left them all off', he explains. He searched for other means, 'And one Day, turning over an admirable Book of my Grandfather's Receipts, I found the following Receipt for the Piles, which did perfectly cure me, And I have cured many other Persons with it since'.⁵ Chesterfield found salvation in a recipe for a medicinal remedy contained in a manuscript recipe collection. In this instance, as in the earlier fever, Chesterfield used his own remedy *in extremis*, when the doctors and surgeons had failed and when he was in danger. His turn to domestic medicine in this situation is unexpected. Historians have often considered recipes in terms of a set of domestic healing practices preceding recourse to medical practitioners. Sufferers like Chesterfield, however, believed that domestic healing could be powerful and efficacious and serve as an important resource to be used concurrently with other healing means or as an alternative to the healing offered by medical practitioners, even in extreme circumstances.

Recipes were a popular genre for recording and transmitting knowledge of medical remedies in the early modern world, employed by medical practitioners and laypeople alike. Many manuscript collections of recipes compiled by laypeople survive and attest to an intense interest in recipe collection, transmission, and use. Owners valued collections highly. One signed her book and then recorded a warning to those who may have coveted it: 'Jean Gembel her book I wish she may be dround yt steals it from her'.⁶ Chesterfield's family illustrates the avidity with which many participated in recipe exchange, collection, and use. Two volumes attributed to his grandfather and namesake, the first earl (d. 1656), survive in the collection of the Wellcome Library. A third volume held in the Whitney Cookery Collection at the New York Public Library belonged to one of the second earl's wives.⁷

²NYAM MS *Folio Joyce*, p. 55.

³*Ibid.* This may have been the prominent physician Thomas Willis.

⁴This account synthesises *ibid.*, p. 56, and BL Add. MS 19253, fol. 200v (for a transcription see *Letters of Philip*, 34–5). These describe the same episode, though they disagree as to his age at the time.

⁵NYAM MS *Folio Joyce*, pp. 56–7.

⁶NYAM MS *Book of Recipes, 17th Century*, fol. 16r.

⁷Elaine Leong has identified 259 manuscript collections in her survey of a dozen research institutions. Leong, 'Making Medicines in the Early Modern Household', *Bulletin of the History of Medicine*, 2008, 82, 145–68, 146; Leong, 'Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household' (unpublished paper), 2; Leong, 'Medical Recipe Collections in Seventeenth-Century England: Knowledge, Gender

In the account of his episode of the piles, Chesterfield recorded the instructions to make the successful remedy, providing us with an example of a medical recipe. He tells readers:

To give some Intermission to the Pain, heat two Bricks very hot, and having taken away the Close-stool Pan, put them in the Close stool, and purring some white wine Vinegar upon them, and sitting down upon it, that the Steam come to the Part, as hot as you can Possibly endure it, repeat this three or four times for an hour together; This lessens the Pain, but to cure it, and so as it shall never come again; Take Green Purslain beat in a Mortar to a Pap, lay it thick and as broad as your hand upon a Cloth and so put it to the Part going to Bed, put a double Napkin upon it, and to keep it fast on make a Truss of some old Napkin. This in a Night or two will certainly break the Haemorroidal Veins and cause them to bleed very much and Perfectly cure them for ever.⁸

Chesterfield's story can be seen as an unusually extended and detailed example of the sorts of 'efficacy phrases' that accompanied many recipes, phrases like *probatum est* (it has been proved) that ostensibly relay knowledge of successful experiences.⁹ We should regard Chesterfield's entire story as an integral part of his recipe. As they gathered and transmitted recipes, collectors tested and changed them. In his use and transmission Chesterfield remade his grandfather's text. He added new and different knowledge. His use transformed it into a proven remedy of extraordinary power. It succeeded where the physicians and surgeons—and not just any of them, for he patronised the 'great', 'famous' and 'best'—had only caused needless inconvenience and pain.¹⁰ Domestic healing did not serve as *the* alternative to orthodox practitioners for Chesterfield in the way that later alternative medical movements would for some sufferers. Like many other early modern people with resources, he took something of an 'all of the above' approach to his health and continued to use domestic healing, paid practitioners, and any other measures that seemed to promise good results. But domestic medicine could, as he and others told it, provide *an* essential alternative for those in dire straits. The first earl's remedy cured perfectly and permanently in a difficult case, and his grandson had gone on to prove it on 'many' others and to transmit a new recipe that could cure when the medical men could not.

Stories like Chesterfield's were integral to the world of early modern recipes. This paper will examine some of the claims about what remedies could do, and tales of what they

and Text' (unpublished D.Phil Thesis, University of Oxford, 2005), 21–5. I would like to thank Elaine Leong for sharing these works with me and for granting me permission to quote from her thesis. The manuscripts mentioned here connected to Chesterfield are: Wellcome Library (Wellcome) MSS 761–62; New York Public Library (NYPL), Whitney Cookery Collection (Whitney) MS 2. For attributions, see Wendy Wall, 'Literacy and the Domestic Arts', *Huntington Library Quarterly*, 2010, 73, 383–412, here 406–8; Leong, 'Medical Recipe Collections', 127, 138; Leong, 'Making Medicines in the Early Modern Household', 154; and Jennifer Stine, 'Opening Closets: The Discovery of Household Medicine in Early Modern England' (unpublished Ph.D. dissertation, Stanford University, 1996), ch. 4. And see e.g., Wellcome MS 1322, fol. 33r: 'This Receipt I had of the Earl of Chesterfeild with this discription';

Wellcome MS 160, fol. 51r: 'thes two [recipes] are my Lord Chesterfills'. The collections in the Wellcome Library used in this paper are all available digitised through the Wellcome Library's online catalogue. See the relevant guides at: <<http://library.wellcome.ac.uk/using-the-library/subject-guides/food-and-medicine/domestic-medicine-and-receipt-books-16th-17th-century/>> and <<http://library.wellcome.ac.uk/using-the-library/subject-guides/food-and-medicine/domestic-medicine-and-receipt-books-18th-century/>> (accessed 18 January 2013).

⁸NYAM MS *Folio Joyce*, p. 56.

⁹Claire Jones, 'Formula and Formulation: "Efficacy Phrases" in Medieval English Medical Manuscripts', *Neuphilologische Mitteilungen*, 1998, 99, 199–209.

¹⁰BL Add. MS 19253, fol. 187v ('I had 3 great Doctors, and 2 famous surgions' with no benefit); *Letters of Philip*, 66.

had done, that recipe authors and collectors told and gathered. This genre of lay medical writing has many similarities to cure narratives in life writing and medical advertising. The context—including as parts of recipes for remedies intended for use in the domestic setting—and the content of particular stories allow us to investigate ways in which authors and collectors constructed domestic healing. We should not think of these as superfluous bits of information, as curiosities sprinkled between the real substance of the recipes proper. Authors told stories about what remedies could achieve, and purportedly already had achieved, that would appeal to potential users; collectors indicated what was appealing to them when they selected recipes and retained or appended such material. I will show that a substantial body of recipes constructed domestic healing as a potent resource to be used concurrently with other types of healing. Recipes were also an alternative that allowed sufferers to avoid unpleasant therapies and regain health when their doctors could or would not help them. That is, authors and collectors often told, and were receptive to, stories that portrayed domestic medicine as a robust realm of early modern healing that overlapped heavily with the work of paid practitioners and served as a substitute to undesirable therapies and in cases of medical failure.

Domestic Medicine and the Hierarchy of Resort

In the last few decades, the study of recipe books has flourished among historians of medicine and science. These sources have aided the investigation of lay involvement in healing work and exploration of the natural world. Much of this scholarship has focused in particular on elite women. It has shown that they were often actively involved in domestic, neighbourhood, and charitable medicine—sometimes on a large scale—and could claim substantial medical authority.¹¹ They also participated in the evolving early modern cultures of scientific investigation and proof.¹² Carefully detailed studies of

¹¹Linda Pollock, *With Faith and Physic: The Life of a Tudor Gentlewoman, Lady Grace Mildmay, 1552–1620* (London: Collins & Brown, 1993); Stine, 'Opening Closets'; Richard Aspin, 'Who was Elizabeth Okeover?', *Medical History*, 2000, 44, 531–40; 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* (Aldershot: Ashgate, 2004), 237–58; Catherine Field, "'Many hands hands': Writing the Self in Early Modern Women's Recipe Books", in Michelle Dowd and Julie Eckerle (eds), *Genre and Women's Life Writing in Early Modern England* (Aldershot: Ashgate, 2007), 49–64; Alisha Rankin, 'Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany', *Bull. Hist. Med.*, 2008, 82, 109–44; Edith Snook, "'The Beautifying Part of Physic": Women's Cosmetic Practices in Early Modern England', *Journal of Women's History*, 2008, 20, 10–33; Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace"', in Mark S. R. Jenner and Patrick Wallis (eds), *Medicine and the Market in England and its Colonies, c.1450–c.1850* (Basingstoke: Palgrave Macmillan, 2007), 133–52; Anne Stobart, 'The Making of Domestic Medicine: Gender, Self-Help

and Therapeutic Determination in Household Healthcare in Southwest England in the Late Seventeenth Century' (unpublished Ph.D. thesis, Middlesex University, 2009), which I would like to thank Anne Stobart for sharing with me; and the works of Elaine Leong cited in note 7. On recipes in the context of women's medical practice more broadly, see for instance: Mary Fissell, 'Introduction: Women, Health and Healing in Early Modern Europe', *Bull. Hist. Med.*, 2008, 82, 1–17; and Montserrat Cabré, 'Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia', *Bull. Hist. Med.*, 2008, 82, 18–51.

¹²Lynette Hunter, 'Women and Domestic Medicine: Lady Experimenters, 1570–1620' and 'Sisters of the Royal Society: The Circle of Katherine Jones, Lady Ranelagh', in Lynette Hunter and Sarah Hutton (eds), *Women, Science and Medicine, 1500–1700: Mothers and Sisters of the Royal Society* (Stroud: Sutton, 1997), 89–107 and 178–97; Alisha Rankin, 'Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532–1585)', *Isis*, 2007, 98, 23–53; and Jayne Elisabeth Archer, 'Women and Chymistry in Early Modern England: The Manuscript Receipt Book (c. 1616) of Sarah Wiggess', in Kathleen P. Long (ed.), *Gender and Scientific Discourse in Early Modern Culture* (Farnham: Ashgate, 2010), 192–216; Elaine

manuscript collections have also expanded our understanding of their creation and use over time, the nature of medical authority in domestic healing, how and why recipes circulated and were changed, and much more. They have shown, for example, that men were frequently involved in compilation and have emphasised the complex multi-authorship of many collections. This expanding historiography promises to produce increasingly nuanced research on these important sources, which represent one of the largest and richest records of lay healing work and medical knowledge in the early modern period.

Exploring the remit of lay healing based on recipe collections has not proved simple for historians. On the one hand, they have long recognised that lay compilers frequently collected recipes against a wide range of the most deadly and debilitating early modern ailments, from the plague, to smallpox, to rickets.¹³ Establishing the actual use of most collected recipes is difficult or impossible, though, and studies have suggested that in general individuals and families used their collections for more mundane medical needs.¹⁴ In her recent study, which draws on the largest survey of English collections ever conducted, Elaine Leong has concluded that recipes represented a 'first port of call' for sufferers as they navigated the early modern hierarchy of resort. With recipe books in hand, sufferers and healers confronted quotidian conditions in domestic settings, but undertook to heal their deadly counterparts less often. When a more serious ailment threatened or struck, or domestic healing failed, they would then move on to medical practitioners.¹⁵

A substantial body of literature supports this view of health-seeking behaviour, and it seems likely that many or most collectors and owners who healed using the knowledge in their recipe collections acted in that way.¹⁶ Close consideration of recipes' claims and stories reveals differing understandings of the place and remit of domestic healing, however. Recipes claimed for domestic healing a broad range of surgical conditions, including dangerous ailments; they offered alternatives to the work of doctors and especially surgeons, whose invasive operations they could purportedly help avoid; and they provided a final resort when the medical men had failed and given up. The attitudes evinced in these sources likely affected many sufferers' behaviour towards and interactions with medical practitioners. From a larger perspective, therefore, this paper also seeks to contribute to the sizeable literature on the history of the early modern patient, which has emphasised the relative autonomy and power afforded to patients in the early modern medical marketplace.¹⁷

Leong and Alisha Rankin (eds), *Secrets and Knowledge in Medicine and Science, 1500–1800* (Farnham: Ashgate, 2011).

¹³For instance: Doreen Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green: Bowling Green State University Popular Press, 1988), 69; and Leong and Pennell, 'Recipe Collections', 135. For examples, see Stine, 'Opening Closets', 26–8; Layinka M. Swinburne, 'Rickets and the Fairfax Family Receipt Books', *Journal of the Royal Society of Medicine*, 2006, 99, 391–5; Leong, 'Medical Recipe Collections', 95; Stobart, 'The Making of Domestic Medicine', 197–8.

¹⁴Stobart, 'The Making of Domestic Medicine', esp. ch. 6; Leong, 'Making Medicines in the Early Modern Household'.

¹⁵Leong, 'Medical Recipe Collections', 96–7, 112–13, 143–4; Leong and Pennell, 'Recipe Collections', 134.

¹⁶Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550–1640* (Oxford: Clarendon Press, 2003), 230–1.

¹⁷Key works in this literature include Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), and Porter's subsequent publications on the topic; Lucinda Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge, 1987); and Mary Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991).

I conclude by suggesting that surgeons were not only sensitive to patients' fears of surgery and desires to avoid pain and pursue gentle remedies, as previous work has shown, but also that the stereotypical gentleness of women's and domestic medicine could serve as a model for the disciplining of practitioners within the surgical community itself. I use the work of the prominent London surgeon John Woodall as an example of a surgical invocation of the domestic that was intended to improve bedside manner, surgical practice, and indeed ensure that surgeons acted ethically. Woodall's writings show that he was concerned about the preferences and criticisms implicit in the claims and tales I analyse here. This brief exploration suggests some of the contours of the dialectic between domestic medicine and surgery in early modern England.

Surgical Work, Serious Ailments and Medical Failures

Compilers brought together recipes of many sorts. The recipe was a common and versatile early modern genre, and the collections cited here also contain different mixtures of recipes for food and drink, household supplies (from paints to pesticides), animal medicine, and more. Some recipes even play with the genre. We find, for instance, 'A Receipt for a person to make her Husband Love Her'; another, 'To cure Love-Sickness' (composed of indifference, negligence, unconcern, false-heartedness, and 'Wilde-Oats', all steeped in forgetfulness); and a third 'to take away the pain when one gets burnt or scaltet by words'.¹⁸ One blunt parody (?) is 'Kate's Medicine for ye Tooth-Ache', which directs: 'Take ye Pestle and Knock ym out, if ye Pestle wont go into yor mouth, knock ym out on ye outside. Probatum est'.¹⁹ Another example comes from a marginal notation next to a long recipe to help women 'to be Fruitful'. A different hand has added a simple alternative: 'M.C. says a good Husband is the best remedy'.²⁰ The recipes considered here, then, are only a portion of the medical content in various collections, which itself is only one of a number of areas represented.

Recipes announced their remedies' virtues in a number of ways. Some did so in their titles ('For the King's Evil'), while others listed one or many possible uses in their bodies or at their ends. Panaceas often bear long, sometimes vast, lists of virtues, many of which strike modern readers as dubious at the very least.²¹ Statements of experience and efficacy claims, meanwhile, introduce us to a culture of proof which valued experience, especially when it was autoptic or came from a trusted source.²² Recipe books contain a vital record of trial and testing evidenced by systems of notation ('Those Marked ^ have been experienced'), strikeouts and comments ('I don't Like this'), and direct claims of use.²³ The importance of practices of testing and verification are seen in the titles of some manuscripts. One is named 'Receipts Relating To Physick and Surgery: Those Marked with M.P. Experienced by My Lady Duchess'; another, 'The

¹⁸Following the order of the quotations: Wellcome MS 1320, fol. 113r, and Wellcome Images, L0034024; National Library of Scotland (NLS) MS 10231, fol. 160v; NYAM MS Susanna Hoffman, unnumbered loose folio.

¹⁹Whitney MS 10, fol. 85v.

²⁰Wellcome MS 1795, fols. 209r–210r. A toothache remedy ('a Shorter receipt ... If it be decayed Draw it out'), likewise accompanying a longer recipe, appears similar to Kate's, mentioned above. *Ibid.*, fol. 210v.

²¹Wellcome MS 7822, fol. 7v: 'there is two Leaves of the Excellencies of this where I had it'; NYAM MS *Folio Joyce*, p. 37: 'The Virtues of this water are so many that it would register a large Book to set down all the Use of it'.

²²Pennell, 'Perfecting Practice'; Leong, 'Medical Recipe Collections', 149–66, 197–8, 225–6; Leong and Pennell, 'Recipe Collections', 138–41.

²³Quotes are from Wellcome MS 1322, fol. 40r, and Whitney MS 13, p. 108. A rich example is Wellcome MS 7113, on which see Leong, 'Collecting Knowledge for the Family', 11–12.

Ladey Mortons Booke of Receipts, most of which shee hath experimented her selfe and are very good'. The collection of Chesterfield's grandfather succinctly sums up the dimensions of medical authority in this culture:

A Booke of severall receipts for severall infirmities both in Man and Woman, and most of them eyther tryed by my selfe or my wife, or my Mother, or approved by such persons as I dare give Credit unto, that have knowne the experiment of it themselves.²⁴

In line with other collectors, the earl placed a premium upon experience, and was willing to grant authority to the experience and knowledge of women and non-elite sources.

Most recipes do not bear efficacy phrases, and when they are present they often give few details.²⁵ However, a subset of recipes do include efficacy claims more descriptive than a simple *probatum est*. When more detailed stories are included, they provide a rare window into the sorts of claims and hoped-for outcomes that drove collection. I have not attempted to judge the truth of these claims. My interest lies instead in their rhetoric. They were included with recipes at some point in their creation, circulation or assembly because someone considered them valuable bits of information. Their inclusion strongly suggests that the outcomes described were desirable and that some, at least, considered them achievable.

For example, the recurrence of identical or similar stories indicates that they transmitted powerful evidence of virtue and efficacy. One eighteenth-century recipe for a remedy for the bite of a mad dog (a dangerous ailment frequently addressed in collections) was supposed to have come from Lincolnshire's Calthorpe Church. In one variation of the accompanying efficacy claim, the whole town was bitten and those who took the remedy recovered while those who did not died. Many similar versions of this story survive, testifying to its popularity.²⁶ And it was not just dramatic problems like the bite of a mad dog. As we will see, stories like Chesterfield's of the repeated failure of doctors and surgeons to heal his piles must have been convincing too. We find similar ones in other books. Mr George Ivy, for instance, also found relief from the piles using a completely different remedy after he too 'had been in the hands of Severall Doctors and Surgeons' with no benefit.²⁷

If we take descriptions of remedies' virtues and of successful cures seriously, at least as expressions of desire, we find that many recipe books claim an expansive surgical remit, especially in terms of the disorders addressed.²⁸ Performed by a variety of practitioners licensed and unlicensed, surgery was the realm of early modern medicine that involved healing by external applications, invasive means, and manual manipulation; that dealt

²⁴NYPL George Arents Collection on Tobacco (Arents) 95–72; Whitney MS 4, on the verso of the unnumbered final folio and dated 1693; Wellcome MS 761, fol. 5r, and MS 762, fol. 5r.

²⁵Leong, 'Medical Recipe Collections', 111–12.

²⁶Whitney MS 13, p. 41; NYAM MS *Folio Joyce*, pp. 11–13; Wellcome MS 144, fol. 108r; Wellcome MS 1320, fol. 11r; *Whitehall Evening Post* or *London Intelligencer*, 7–9 August 1760 (2246); *London Evening Post*, 29–31 July 1773 (8010); *General Evening Post*, 31 July–3 August 1773 (6210); 'Domestic Intelligence', *European Magazine* and *London Review*, 1810, 58, 313–15, here 315; 'Recipes for the Bite of a Mad Dog', *The New*

Monthly Magazine, 1814, 2, 314; Katharine Doughty, *The Betts of Wortham in Suffolk, 1480–1905* (London: John Lane, 1912), 166; Eliza Gutch and M. G. W. Peacock, *Examples of Printed Folk-Lore Concerning Lincolnshire* (London: Nutt, 1908), 121.

²⁷NYAM MS *Collection of Chose Receipts*, part II, p. 125; Wellcome MS 4338, fol. 135v.

²⁸Celeste Chamberland, 'With a Lady's Hand and a Lion's Heart: Gender, Honor, and the Occupational Identity of Surgeons in London, 1580–1650' (unpublished PhD dissertation, University of California, Davis, 2004), 61; and Stobart, 'The Making of Domestic Medicine', 48, 263–9.

with conditions on the exterior of the body and with injuries; and addressed a number of special ailments like bladder stones and the French pox.²⁹ It is well known that non-invasive surgical work and minor operations were routine elements of domestic medicine. Unsurprisingly then, some recipes indicate that users should order minor surgical operations (like phlebotomy, applying leeches and making issues), or perhaps perform them themselves.³⁰ There is, as Andrew Wear and others have concluded, only limited evidence of laypeople performing more invasive surgical procedures, though it must also be observed that records of surgical practice indicate recognition of the potential dangers even of routine procedures and a desire to avoid cutting if not deemed necessary.³¹

In any case, a wide range of recipes addressed complaints that fell under the purview of surgeons. We find many to help with sores; ulcers; fistulas; imposthumes; gangrenes; cancers; cut veins, arteries and sinews; dislocations; and broken bones ('cures all wounds in the Head tho the Brainpan be broke'). Remedies targeted the full panoply of skin conditions and other external complaints, from *noli me tangere*, to the king's evil, to pimples. Some remedy the French pox, others extract foreign objects from the body. The latter variety can extend to bullets, and some promise to cure gunshot wounds and gunpowder burns.³²

Indeed, the domain of recipe books overlaps heavily with the broad expanse of what was considered surgical in early modern Europe. Margaret Pelling, Sandra Cavallo and others have established that the range of health and healing work associated with surgery was far broader than historians had previously recognised.³³ Cultural and

²⁹Andrew Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 210–13.

³⁰Wellcome MS 212, fol. 84r; Wellcome MS 1320, fols. 38r, 104v, 109r; Wellcome MS 1340, fol. 9v; Wellcome MS 4050, fol. 42r; Wellcome MS MSL 2, p. 180; Whitney MS 8, part I, pp. 14–15; NYAM MS *Collection of Choise Receipts*, part II, pp. 137–8; NYAM MS *Approved Receipts England 1680*, fol. 120r. And see Beier, *Sufferers and Healers*, 130.

³¹Wear, *Knowledge and Practice*, 211; Lucinda Beier, 'Seventeenth-Century English Surgery: The Casebook of Joseph Binns', in Christopher Lawrence (ed.), *Medical Theory, Surgical Practice: Studies in the History of Surgery* (London: Routledge, 1992), 48–84, and *Sufferers and Healers*, 51–96, 104–5, 128, 171. For another example, consider the journal of the sea surgeon John Conny, BL Sl. 2779. A classic study dealing with the question of whether or not certain conditions were only appropriate for surgeons to treat is 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), 42–71. For additional observations relevant to the conditions discussed below, see for instance Pollock, *With Faith and Physic*, 101, 109; Harold Cook, *Trials of an Ordinary Doctor: Joannes Groenevelt in Seventeenth-Century London* (Baltimore: Johns Hopkins University Press, 1994), 91; Beier, *Sufferers and Healers*, 95, 256.

³²*Noli me tangere* and the king's evil were surgical complaints involving, respectively, ulcers on the

exterior of the body and swellings, especially at the neck. The following provide examples of the problems mentioned: Whitney MS 2, fols. 57v, 62, 73v; Whitney MS 9, recipe #118; Whitney MS 11, fols. 36r–37r; NYAM MS *Collection of Choise Receipts*, part I, p. 15, and part II, pp. 63–4, 117; NLS MS 15912, fol. 23r (inverted); Wellcome MS 144, fol. 42r; Wellcome MS 160, fol. 62r; Wellcome MS 184A, fols. 15v, 41r; Wellcome MS 212, fols. 30r, 83r; Wellcome MS 373, fols. 98v, 119, 131r; Wellcome MS 761, fols. 178r, 185v, 193r–194v; Wellcome MS 1026, fol. 111v; Wellcome MS 1320, fol. 93v; Wellcome MS 1340, fols. 114r ('This hath cured some that had broken a Vein, when Drs had given 'em over'), 128; Wellcome MS 2990, fol. 80r; Wellcome MS 3009, fol. 76r; Wellcome MS 3768, fol. 13v; Wellcome MS 4050, fol. 69r; Wellcome MS 4338, fols. 55v–56r, 57v, 123r (quote), 205, 215v; Wellcome MS 7391, p. 17; Wellcome MS 7721, fols. 127v–128r; Wellcome MS 8086, fol. 51.

³³Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester: Manchester University Press, 2007); Margaret Pelling, 'Appearance and Reality: Barber-Surgeons, the Body and Disease', in A. L. Beier and Roger Finlay (eds), *London, 1500–1700: The Making of the Metropolis* (London: Longman, 1986), 82–112; Pelling, 'Occupational Diversity: Barbersurgeons and the Trades of Norwich, 1550–1640', *Bull. Hist. Med.*, 1982, 56, 484–511; Emma Markiewicz, 'Matters of the Head', *Cabinet*, Winter 2010–11, 40, 92–6.

occupational associations connected surgeons to work on the appearance of the body; decorations, furnishings, and the domestic environment; food, drink and leisure; and fabrics, dress and personal adornment. Recipes instruct in the production and use of inks, dyes, paints, varnishes and the like; in fabric care; in cleaning substances of many sorts. Perfumes are common. We find preparations targeting rats, mice, moths and fleas.³⁴ Surgeons also cared for the outward aspect, tending to beards, hair, nails and teeth. They perfumed the body and extracted insects from it. There are recipes to help with these tasks as well. Collections often contained recipes intended to help care for and beautify the face, hands, hair, teeth and lips. Collectors included remedies intended to avoid or remove scarring (from smallpox, for instance, or in wound healing), to combat wrinkles and maintain a youthful appearance, to deal with 'bumps', to sweeten stinking breath, even to clear earwax.³⁵ Other recipes help in removing pests from on or within the body, including earwigs, lice, worms or 'any quicke' or 'Creeping thing'.³⁶ For early modern people, all of these areas were concerned with health.

Furthermore, surgical recipes do not limit themselves when it comes to the severity of ailments. Many recipes recommend themselves by making it clear that remedies are not intended simply for minor surgical complaints, but for serious ones. For instance, readers are instructed in healing 'aney' burn or scald 'be it never soe greate' or 'when it is dangerous', and great and deep wounds.³⁷ Recipes address wounds that bleed violently and sores and ulcers that are filthy, festered, putrefied, worm-ridden and reaching down to the very bone.³⁸ Recipes also recommended themselves at times with efficacy stories of remarkable surgical cures. The eponymous creator of the popular Lucatella's balsam is said to have 'cured himself being scalded with boyled grease of a Hogg and boyled Lead, And being pearced through with a Sword'.³⁹ A wound drink 'cured Sr John Mince who was run thrurow the Lungs & had sore wounds in a Sea Fight'.⁴⁰ A far

³⁴For example: NYAM MS *Collection of Choise Receipts*, part I, pp. 2, 16, 112, 124; NYAM MS *Book of Recipes, 17th Century*, pp. 45–50; Whitney MS 2, fols. 17v, 26v, 27, 29r, 35v–36v, 42r–43r, 60r, 61v–62r, 69v, 75v; Whitney MS 4, pp. 140–4; Whitney MS 9, recipe #152 (sic; 252); Whitney MS 12, fols. 51v–52v; NYPL MssCol 1952, fol. 2r; Wellcome MS 160, fol. 112r; Wellcome MS 212, fol. 94r; Wellcome MS 1026, fol. 21v; Wellcome MS 1795, fol. 220; Wellcome MS 2323, fols. 43r–51r; Wellcome MS 3009, fols. 63r, 78v, 258v; Wellcome MS 4054, pp. 110–15; NLS MS 15912, fol. 30.

³⁵Snook, "'The Beautifying Part of Physic'". On bumps, Olivia Weisser, 'Boils, Pushes and Wheals: Reading Bumps on the Body in Early Modern England', *Social History of Medicine*, 2009, 22, 321–39. For example: NYAM MS *Approved Receipts*, fols. 56v–57r; NLS MS 15912, fols. 12v, 19r (inverted); Whitney MS 2, fols. 41r, 45v, 46v, 53v, 61v, 66v; Whitney MS 4, p. 101; Whitney MS 5, p. 23; Whitney MS 9, recipe #112; Whitney MS 11, fol. 35r; Wellcome MS 144, fols. 55r, 57v; Wellcome MS 373, fols. 89v, 94v–95r; Wellcome MS 761, fols. 176r, 293r; Wellcome MS 1340, fols. 36r, 107v, 125v, 127v; Wellcome MS 2990, fol. 19r; Wellcome MS 3009, fols. 35v–37r, 40, 52r; Wellcome MS 3712, fols. 39v, 75v, 86v; Wellcome MS 3769, fol. 67v; Wellcome MS 4054, pp. 109–11; Wellcome

MS 4338, fols. 61r, 78v, 136r, 198v; Wellcome MS 7391, p. 3.

³⁶Wellcome MS 212, fol. 85r (quote); Wellcome MS 373, fol. 102r (quote). For example: Whitney MS 10, p. 3 (following pagination from back cover); Whitney MS 11, fol. 67r; NYPL Arents 95–72, part I, pp. 34, 48; NYAM MS *Collection of Choise Receipts*, part I, p. 32; Wellcome MS 751, fol. 12v; Wellcome MS 3009, fol. 88r; Wellcome MS 7721, fol. 149v; NLS MS 15912, fol. 71v.

³⁷Wellcome MS 4050, fols. 39r (quote), 44r–45r; Wellcome MS 7391, p. 15 (quote); Wellcome MS 3712, fol. 114.

³⁸Whitney MS 2, fol. 56v; Whitney MS 5, p. 86; Whitney MS 8, part I, p. 18; Wellcome MS 2990, fols. 79r–80r; Wellcome MS 3009, fol. 41v; Wellcome MS 3768, fols. 64r, 65r; Wellcome MS 3769, fols. 77r–78r; Wellcome MS 4338, fols. 99v, 168v, 201v, 218v; NYPL Arents 95–72, pt. I, p. 111: for one 'thats Burnt to ye very bone'.

³⁹Whitney MS 8, part II, p. 9. For a similar example: Wellcome MS 8575, fol. 20r. See too Wellcome MS 7391, p. 114: 'the Sellar of this Oyntment hath beene seene to suffer hot burneing Bacon to fall on his hands and boyleing Lead onely in the assurance hee had in this present remedy'.

⁴⁰Wellcome MS 4338, fol. 214v; NYAM MS *Collection of Choise Receipts*, part II, pp. 205–6. See too NYPL Arents 95–72, part I, p. 54: 'this was ye recpt of an

more modest remedy nonetheless cured a thumb 'when almost cut off at a joynt'.⁴¹ Another claims it 'cured a head that was burned to the very skull'.⁴² These stories themselves and their presence in lay compilers' collections evidence an aspiration to achieve cures in dangerous, even desperate surgical cases.

As the foregoing suggests, promises and stories can be extravagant. Some have a whiff or more of the medical and bodily miracles of hagiographies. For instance, sufferers cast aside crutches and see their lame and withered limbs recover—quite literally in some cases: 'I gave it to a woman of Burton', one recipe recounts, 'who went on Chrutches two yeares togeather & useing this a Moneth was so well that she flung them away'.⁴³ Others preserve lives to extreme old age and promise to keep dead bodies from corrupting (interestingly, embalming was also the province of surgeons).⁴⁴ Such quasi-miraculous cures indicate that we should approach the question of the credibility of these claims for readers with care. Nonetheless, recipes clearly indicate a broad remit for this type of healing and, as we shall see, a belief in the ability of that healing to outdo the work of physicians and surgeons.

Studies of recipe collectors have furnished examples of both accommodative and conflictual relationships with orthodox practitioners.⁴⁵ Collections themselves suggest that attitudes were often complex and ambiguous. Compilers frequently included recipes and prescriptions by or attributed to orthodox practitioners, providing evidence of fruitful interactions with the medical men and interest in their knowledge. However, they also often recorded stories of physicians and surgeons failing or abandoning their patients. These 'given over' stories are not unique to recipe books; many different sorts of people made use of them in, for instance, medical writing, advertisements and medical conflicts—a strong indication of their rhetorical power.⁴⁶ In his struggle with the London College of Physicians, for example, the physician and surgeon Johannes Groenevelt threatened to publish information on cures he had achieved when fellows of the college had given up.⁴⁷ They also had a long history not only in medical writing but also other genres as well, including hagiography.

Ittalion who used to run his Boy through ye Arm with his sword & Cure itt againe perfectly in 24 hours'; and NYAM MS *Approved Receipts*, fols. 115r–16r: 'it hath cured those who have been run through the body, amongst the gutts'.

⁴¹Whitney MS 9, recipe #173 (sic; 273).

⁴²Wellcome MS 7391, p. 16, and Wellcome MS 3712, fol. 48v (quote).

⁴³Wellcome MS 7391, pp. 16–7, and Wellcome MS 3712, fol. 49 (quote). For similar sorts of examples, see: Wellcome MS 2330, p. 46; Wellcome MS 3009, fol. 75r; Wellcome MS 4338, fols. 29v, 85v, 124v; Wellcome MS 7391, p. 147; NYAM MS *Collection of Choise Receipts*, part II, pp. 120, 212–3; Whitney MS 12, fol. 13v.

⁴⁴NYAM MssCol 1952, fol. 74r; Wellcome MS 761, fols. 15v, 175r; Wellcome MS 2954, fols. 22v–23r; Wellcome MS 3712, fol. 95v; Wellcome MS 4054, p. 79; Wellcome MS 7391, pp. 113–14; Wellcome MS 7818, fol. 11; Wellcome MS 7822, fol. 3, 'after hee was given over by all Doctors'; NYPL Arents 95–72, part II, p. 67; W.M., *The Queens Closet Opened* (London: for Nath. Brooke, 1659), Wing

M99, pp. 275–7; Philatrios, *Natura Exenterata* (London: for H. Twiford, 1655), Wing N241, pp. 53–4. On embalming: Wear, *Knowledge and Practice*, 211.

⁴⁵The Lady Grace Mildmay is a well-known example of the former. Jennifer Wynne Hellwarth, "'Be unto me as a precious ointment": Lady Grace Mildmay, Sixteenth-Century Female Practitioner', *Dynamis*, 1999, 19, 95–117, here 109; Rebecca Laroche, *Medical Authority and Englishwomen's Herbal Texts, 1550–1650* (Farnham: Ashgate, 2009), 125; and see too Beier, *Sufferers and Healers*, 106–8, 216. By contrast, Rankin, 'Duchess, Heal Thyself'; Stobart, 'The Making of Domestic Medicine', 217–18; and Laroche, *Medical Authority and Englishwomen's Herbal Texts*, 123–5, for example, all examine tensions and conflicts.

⁴⁶Pelling, *Medical Conflicts*, 294; Wear, *Knowledge and Practice*, 63, 130; Nagy, *Popular Medicine*, 52–3, 76–8; Raymond Anselment, "'The Wantt of Health": An Early Eighteenth-Century Self-Portrait of Sickness', *Literature and Medicine*, 1996, 15, 225–43, here 231–2.

⁴⁷Cook, *Trials of an Ordinary Doctor*, 12.

In early modern recipe books, these stories often serve to show laypeople beating physicians and surgeons at their own game. One recipe informs readers that 'this medicion hath as it is very Credibly reported' cured fistula sufferers abandoned by 'ye best Chirurgeons in London'.⁴⁸ As this and the Chesterfield examples suggest, those trounced can be from the medical elite.⁴⁹ At times the recipes invoke powerful medical positions or name practitioners: 'This alone (with Gods blessing) cured One that was given over by the Kings Dr Harvey after He had done all he could'.⁵⁰ Those who outdid the medical men could be a motley crew, by contrast. A recipe offered by 'an Outlandish man' saved one in a consumption when 'all ye phisitions in London' gave him over.⁵¹ In some, it was women who, as healers or sources of recipes, succeeded when medical men failed.⁵² Such stories clearly had resonance for compilers. Domestic medicine did not serve as an alternative system of healing, and sufferers did not entirely abjure the offerings of orthodox practitioners for it. These stories did, however, present domestic healing as a worthy alternative to those offerings and a essential and powerful last resort for desperate sufferers with nowhere else to turn.

Escaping the Knife

The recipes examined above recorded successes following medical failures. Others took a different tack, however, instead indicating that they could allow sufferers to avoid undesirable therapies altogether. These offers or promises are particularly evident when it comes to surgical operations. The presence of such promises and stories should not be taken as an indication of a universal desire to avoid cutting, but rather that this was one of a number of preferences that motivated collection of many different types of recipes. Just as with practitioners, patient attitudes towards the violence of all sorts of therapies were complex, and they did often favour and seek out the powerful and dramatic. At the level of medical theory, writers debated the preferability of violent or gentle therapies and medical conflicts often featured accusations that one or the other side's therapies were dangerous or inefficacious. The struggle between the Helmontian critics of Galenism and its defenders, for instance, involved charges and counter-charges in which each side accused the other of offering dangerous therapies while touting their own as safe and even, at times, gentle. The range of patient preferences in this respect had a powerful effect on the medical marketplace as well, and practitioners peddling 'gentle' remedies proliferated. Empirics who claimed to treat the pox without mercury are a prime example.⁵³

In recipes, offers to avoid surgery are often not stated explicitly. With some ailments, surgery hovers as the implicit but seldom-mentioned alternative. Collectors' preferences are nonetheless discernible from the nature of the remedies they gathered. Take remedies for stones in the bladder and kidney. Many early modern men and women suffered from the stone, which caused pain and could debilitate and kill.⁵⁴ Recipe collections responded to this scourge in force. They bristled with remedies that promised to break and dissolve

⁴⁸Wellcome MS 212, fol. 51r. For other examples: NYAM MS *Collection of Choise Receipts*, part II, p. 73, and Leong, 'Medical Recipe Collections', 155.

⁴⁹For example: Wellcome MS 774, fol. 47v; Wellcome MS 1548, fol. 60v; Wellcome MS 2954, fol. 24r; Wellcome MS 4054, pp. 139–40.

⁵⁰Wellcome MS 1340, fol. 78v. This could refer to either William Harvey or Gideon Harvey.

⁵¹Wellcome MS 2954, fol. 24r; Wellcome MS 4054, pp. 139–40.

⁵²Whitney MS 13, p. 21; Wellcome MS 761, fol. 281v; Wellcome MS 1340, fol. 25r; Wellcome MS 3768, fols. 19v, 68r.

⁵³Wear, *Knowledge and Practice*, 87, 212, and ch. 8.

⁵⁴Cook, *Trials of an Ordinary Doctor*, 74, 82–3; Beier, *Sufferers and Healers*, 148–50.

stones throughout the body, to help void stones and gravel, and to guard against their formation.

Remedies for the stone offer a wide variety of desirable outcomes and powerful efficacy claims without recourse to surgical interventions such as 'cutting for the stone', the operation known as lithotomy. The appeal to sufferers is obvious. These recipes hold out the prospect of simple, largely painless solutions to the condition. Medicinal remedies claim to allow sufferers to pass many (even 'hundreds') of stones and large loads of gravel.⁵⁵ In efficacy stories, they are freed from the stone after years or decades of suffering. One man endured them for thirty years before using a remedy. Thereafter he was 'so preserv'd from that disease that being opened after his death There was not found any signe or show of the stone in any part of his body'.⁵⁶ Surgical interventions against stones came with pain and danger. Even when they succeeded in their immediate object, long-term outcomes were uncertain. One man had been so badly afflicted that he could not urinate at all, and therefore had to have a stone 'put by with an Instrument'. Permanent relief proved elusive, though. It was only thanks to a medicinal drink that he was finally freed from it, and after his natural death he too 'was open'd & had no stone found in him'.⁵⁷ The alternative available to sufferers is made clear in a recipe for 'Dr Palmers Electuary for the stone', which

was prescribed by the Docter to a Brother of his own who was to be cutt at 26 & was cured by it & the stone desolved & came away in Gravil & he lived tel 80 the like effect it had upon my Lady Packhurst who was miserably tormented & alsoe had an ulcer in her Kidneys & has been at ease & well for 17 yeares.⁵⁸

Few recipes make such a clear statement, but many of the stone remedies that circulated in this period implicitly promise a similar outcome.

Collection practices for other ailments for which surgeons cut follow similar patterns. Cataracts provide one example. Surgical practitioners offered an invasive procedure, couching, to address this ocular disorder. Compilers of recipe collections nonetheless gathered countless non-invasive alternatives.⁵⁹ Collectors may have intended these as a first resort, but as we have seen with other types of disorders, ophthalmological remedies sometimes display remarkable confidence in their abilities. Recipes claim remedies will heal grievous injuries and afflictions. Those blind for years regain sight, lost eyes recover, and some recipes offer to improve the eyes so that spectacles are no longer needed.⁶⁰ One popular recipe attributed to the clergyman Robert Pursglove, or

⁵⁵Wellcome MS 7113, fol. 15r (quote); Wellcome MS 1340, fol. 144r; Wellcome MS 3500, fol. 42; Wellcome MS 4338, fol. 170r; NYAM MS *Collection of Choise Receipts*, part II, p. 149; *Natura Exenterata*, p. 281.

⁵⁶Wellcome MS 1322, fol. 32r. See too Wellcome MS 4050, fol. 71r. For other examples: Whitney MS 2, fol. 67; Wellcome MS 160, fols. 50, 70v; Wellcome MS 3712, fol. 52v; Wellcome MS 7391, p. 20.

⁵⁷NYPL Arents 95–72, part I, pp. 87–8.

⁵⁸Wellcome MS 4338, fol. 184r; NYAM MS *Collection of Choise Receipts*, part II, p. 173; NYPL Arents 95–72, part II, p. 73.

⁵⁹For example: NLS MS 15912, fol. 67r; NLS Adv. MS 23.6.5, fol. 4r; Whitney MS 8, part II, pp. 1, 3–4; NYPL Arents 95–72, part I, pp. 15–16, 61, 68–9; Wellcome MS 373, fol. 116r ('that shall doe away the pearle and save the eye'); Wellcome MS 762, fols. 104r–109r, and ff.

⁶⁰Wellcome MS 212, fol. 81r; Wellcome MS 774, fol. 88v; Wellcome MS 1026, fol. 53v; Wellcome MS 2840, fol. 18v; Wellcome MS 3768, fol. 11r; Wellcome MS 4051, fol. 12; Wellcome MS 7113, fol. 30v; Wellcome MS 8086, fol. 64r. Wellcome MS 6812, fol. 73v, promises a 'certaine' cure for eyes 'stabd', 'struck or prict out', but does not offer further details about the promised outcome.

'Dr. Purslow', claims that the remedy improved his sight from the age of 50 to 125.⁶¹ (Perhaps he owed his longevity to another recipe?).

Recipes that claim to allow users to reduce the use of, or entirely avoid, medical technologies are also suggestive. Many collections contain recipes for ruptures (hernias), and some promise to limit their period requiring a truss or to heal without one altogether.⁶² Some recipes also offer to avoid such things as phlebotomy or tenting in wound healing, in which a device was used to hold the wound open.⁶³ Similarly, another popular recipe undertakes to remove the corruption from bones caused by fistulas 'without any instrument'.⁶⁴ Other medicinal remedies promise to free sufferers from things like corns and decayed teeth without cutting, surgical tool use or manual manipulation.⁶⁵

We have seen that efficacy claims were sometimes quite explicit about cures allowing sufferers to avoid surgery. Remedies for a variety of other complaints furnish further examples. One 'cur'd Mrs Hearing Who was to have been Tapped' for the dropsy, for instance.⁶⁶ Claims of having avoided amputation, that 'most lamentable part' of surgery, are perhaps the most common.⁶⁷ Mrs Webb used a 'Most excellent salve' to save the leg of 'a woman who had at least ten holes in her knee, some thorough that one might see the light and out of the sores came noe thing but bloud and water and it looked very black'. The pathetic limb was 'adiudged by Chiurgeons not to bee cured but the leg above the knee to bee cut of'. Yet with Webb's salve she was 'cured within twenty dayes'.⁶⁸ In some instances the dramatic tension inherent in these scenarios is heightened, making them something like gallows reprieves. Another woman's leg was threatened by gangrene, but when 'the surgeons came to cut off her Leg' a friend interceded and 'beg'd that this powder might be tried'. It quickly healed her.⁶⁹ A very similar recipe is contained in the Lady Ann Fanshawe collection, though with a handful of different efficacy claims. The final one relates the story of a Frenchman whose arm was threatened by gangrene. His 'Surgeons pronounc'd it must be cut off, for they cou'd not save it'. He refused and instead 'resolv'd to Dye'. He was saved by a lady in the house, though, who 'perfectly Cured him' with this powder alone.⁷⁰ In such stories, lay healers use medicinal remedies to rescue or preserve vulnerable bodies threatened by the violence of surgical interventions.⁷¹

⁶¹Wellcome MS 3547, fol. 62r; Wellcome MS 4054, p. 149; Wellcome MS 7822, fol. 17r. For similar examples, see: Wellcome MS 1340, fol. 94v; Wellcome MS 3768, fols. 22v, 42r.

⁶²Wellcome MS 8575, fol. 139v; Whitney MS 11, fol. 116r.

⁶³Wellcome MS 4338, fol. 206v; Wellcome MS 8086, fols. 30r, 37v, 39v; NLS Adv. MS 23.6.5, fol. 23r: 'Good for old sores, or Gangreayns or Sore Breasts without using any tent'; NYAM MS *Collection of Choise Receipts*, part II, pp. 111–12, 168–69; NYAM MS *Folio Recipes for Medical Remedies, England 17th Century*, fols. 26r–27v: 'by gods help it shall breake it without any tent and soe heal it'.

⁶⁴NYPL Arents 95–72, part I, p. 91; Wellcome MS 160, fol. 13v. For instances in printed works: Nicholas Culpeper, *A Physicall Directory, or, A Translation of the London Dispensatory* (London: for Peter Cole, 1649), Wing C7540, pp. 276–7; and Elizabeth Grey, Countess of Kent, *A Choice Manual, or Rare Secrets in Physick and Chirurgery* (London: for H. Mortlock, 1687), Wing K317, pp. 216–18.

⁶⁵Wellcome MS 373, fol. 99r; Wellcome MS 751, fol. 6r; Wellcome MS 3009, fol. 61v.

⁶⁶NYAM MS *Collection of Choise Receipts*, part II, p. 52; Wellcome MS 4338, fol. 49r. Presumably this refers to paracentesis (which was an early modern term). See, e.g., James Cooke, *Mellificium Chirurgiae* (London: by J.D. for Benjii. Shirley, 1676), Wing C6014, pp. 649–52, which describes it as 'an Operation ... full of danger'.

⁶⁷John Woodall, *The Surgions Mate* (London: by Edward Griffin, 1617), 171.

⁶⁸NYAM MS *Approved Receipts*, fols. 104r–105v.

⁶⁹Wellcome MS 8575, fol. 60r.

⁷⁰Wellcome MS 7113, fols. 207–8. For a later example, see Wellcome MS 7721, fol. 94r. Cf. *Caledonian Mercury*, 13 March 1815 (14549); 'New Remedy for a Cancer', *Literary Panorama and National Register*, 1815, 2, 142; and David Allen, *Ipswich Borough Archives, 1255–1835* (Woodbridge: Boydell, 2000), 603.

⁷¹Wellcome MS 7391, p. 132, may be another example.

Remedies for breast complaints are common, and generated many stories both of abandonment and avoidance of cutting. Some told tales of women who had been given over and who recovered from, or at least survived with, grim ailments.⁷² One woman even found that several surgeons refused to treat her, fearing that she would prove to have a breast cancer.⁷³ Mrs Hobart, to take another example, used one 'rare secret' for a sore or gangrenous breast to help a woman 'who had one of her breasts very much swolne and chilly and black and cold that she could finde noe warmeth in it, it was swolne as big as a cowes udder'. She had 'had many chiurgeons, and had a tent of led in her breast', apparently with no benefit. Hobart's remedy, by contrast, held out the promise of healing 'without tenting' and was the only thing that could help the unfortunate woman.⁷⁴ Surgeons performed a range of invasive operations for these ailments too, and we likewise find recipes that avoided breast surgeries. The Johanna St John collection contains a simple recipe for a remedy that was used on a 'woman whos brest was to be cut ofe But was not broke & it kept her very many years without any paine or troble & at last dyed of another disease'.⁷⁵ Another collection makes two similar claims. One remedy 'Dissolved a Cancer in Mrs Hartops Breast wich was designed to have beene Cut of by Mr Hobbs'.⁷⁶

As the examples in this section indicate, recipe collectors frequently selected remedies that promised implicitly or explicitly to help sufferers escape the surgeon's knife. If they seem unlikely to modern eyes—and many do—we can still easily appreciate collectors' interest in them. They offered, variously, to help sufferers avoid the violence, pain, disfigurement and danger that attended even the simplest and safest pre-modern operations. Early modern people were not blithe about the dangers of domestic medicine either; they recognised that the remedies they made could hurt and kill just like those of practitioners. These stories, however, present domestic medicine as a powerful and safe alternative to paid practice that did not leave sufferers at the mercy of the surgeons when afflicted with grave ailments.

John Woodall: A Surgeon's Perspective

A number of recent studies have investigated ways in which patient preferences shaped surgical thought and practices. They have explored how practitioners dealing with surgical conditions responded to—indeed sometimes catered to—sufferers' desires to avoid pain, to dictate diagnosis and treatment, to access alternative remedies (non-mercurial for the French pox, for instance), and for privacy and same-sex practitioners.⁷⁷ While they have

⁷²NYAM MS *Collection of Choise Receipts*, part II, pp. 8, 37–38; NYAM MS *Recipe Book England 18th Century*, recipe #32; NYPL Arents 95–72, part I, p. 116; NYPL MssCol 1952, fols. 23r–24r; Wellcome MS 761, fol. 174r; Wellcome MS 2535, p. 89; Wellcome MS 3009, fol. 43r; Wellcome MS 3082, fols. 162r, 163v–164r; Wellcome MS 3712, fols. 92v, 96; Wellcome MS 4338, fols. 36v–37r; Wellcome MS 7391, pp. 104–5, 115.

⁷³Wellcome MS 8575, fol. 154r.

⁷⁴NYAM MS *Approved Receipts*, fols. 124r–25r.

⁷⁵Wellcome MS 4338, fol. 18v; NYAM MS *Collection of Choise Receipts*, part II, p. 15.

⁷⁶Wellcome MS 1548, fols. 66v, 70r. I would like to thank Amanda Herbert for sharing her thoughts on this topic with me and drawing my attention to the first example in this manuscript and the 'given over'

recipe from it cited above in n.49. A similar, printed example is found in *Queens Closet*, p. 91.

⁷⁷Weisser, 'Boils, Pushes and Wheals'; Kevin Siena, 'The "Foul Disease" and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London', *Bull. Hist. Med.*, 2001, 75, 199–224; Siena, *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards', 1600–1800* (Rochester: University of Rochester Press, 2004), esp. ch. 1; Lynda Payne, *With Words and Knives: Learning Medical Dispassion in Early Modern England* (Aldershot: Ashgate, 2007); Wear, *Knowledge and Practice*, 212, 216, 236–49, 263–73; and Philip K. Wilson, *Surgery, Skin, and Syphilis: Daniel Turner's London (1667–1741)* (Amsterdam: Rodopi, 1999), 51–2.

shown that early modern surgeons were attentive to their patients' wishes, the evidence from recipe books explored here indicates a strong desire to avoid a range of what surgeons offered altogether in preference for gentler domestic remedies. In this section I look at the published works of one surgeon, John Woodall, who argued that some of his brethren were indeed too aggressive and that the stereotypical lay healers who offered sufferers gentler alternatives to the surgeon's knife could offer better healing—both more effective and more ethical. His writings reveal an abiding concern with overly aggressive surgical intervention and the harm that the perception of surgeons as bold and dangerous did to the practitioner, the surgical community, and surgery itself. His efforts to discipline surgical practice therefore depended on concern over patients' preferences and invoked stereotypes about women's and domestic medicine as a guide to some elements of correct practice. In other words, the patient preferences that we have seen in manuscript recipe books were sufficiently widespread that a major surgical author thought about how surgeons could best address and learn from them.

Woodall (d. 1643) was a leading London surgeon and the first surgeon-general of the East India Company.⁷⁸ A few years after his appointment to that post he published his *Surgeons Mate* (1617), a text whose handful of editions over four decades proved highly influential. While much of his work was ostensibly intended for novice surgeons at sea and in the armed forces, Woodall sought and gained a wider audience among both medical and lay readers.⁷⁹ One advertisement proclaimed his book 'very useful for all', though 'especially for Chirurgeons'.⁸⁰ Indeed, a few recipe collections take from him.⁸¹ His writings are therefore valuable sources for exploring a surgeon's reaction to how lay people perceived surgeons and surgery.

Woodall's work contributed to a late sixteenth- and early seventeenth-century effort among surgical authors and the London Barber-Surgeons' Company to discipline surgical work and the surgical community with the goal of raising their occupational status and combating negative perceptions of their craft.⁸² In his writings Woodall is sometimes

⁷⁸On Woodall, see: Allen Debus, 'John Woodall, Paracelsian Surgeon', *Ambix*, 1962, 10, 108–18; Geoffrey Keynes, 'John Woodall, Surgeon, His Place in Medical History', *Journal of the Royal College of Physicians of London*, 1967, 2, 15–33; John Kirkup, 'Preface' and 'Introduction', in John Woodall, *The Surgeons Mate* (Bath: Kingsmead, 1978 [1617]), vii–xxiv; John Appleby, 'New Light on John Woodall, Surgeon and Adventurer', *Medical History*, 1981, 25, 251–68; Appleby, 'Woodall, John (1570–1643)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2008), <<http://www.oxforddnb.com/view/article/29902>> (accessed 26 Jan 2011); G. M. Longfield-Jones, 'John Woodall, Surgeon General of the East India Company', *Journal of Medical Biography*, 1995, 3, 11–19 and 71–8.

⁷⁹J. D. Alsop, 'Warfare and the Creation of British Imperial Medicine, 1600–1800', in Geoffrey L. Hudson (ed.), *British Military and Naval Medicine, 1600–1830* (Amsterdam: Rodopi, 2007), 23–50, here 25–6. For surgical readership, see for instance: Alsop, 'A Stuart Manuscript of Woodall's *The Surgeon's Mate*', *Mariner's Mirror*, 1980, 66, 112.

⁸⁰Thomas Mun, *England's Treasure by Forraign Trade* (London: for Thomas Clark, 1664), advertisement for books sold by Clark following the text in BL shelfmark T38742 and 1029.a.1. The latter is available digitised in Early English Books Online. The advertisement is found in images 115–16.

⁸¹Wellcome MS 1026, fols. 46r, 96v, 101; Leong, 'Medical Recipe Collections', 282–3.

⁸²Celeste Chamberland, 'Honor, Brotherhood, and the Corporate Ethos of London's Barber-Surgeons' Company, 1570–1640', *Journal of the History of Medicine*, 2009, 64, 300–32; Chamberland, 'Between the Hall and the Market: William Clowes and Surgical Self-Fashioning in Elizabethan London', *Sixteenth Century Journal*, 2010, 41, 69–89; Chamberland, 'With a Lady's Hand and a Lion's Heart'. On negative constructions, see in addition: Christopher Lawrence, 'Medical Minds, Surgical Bodies: Corporeality and the Doctors', in Christopher Lawrence and Steven Shapin (eds), *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago: University of Chicago Press, 1998), 156–201; and Payne, *With Words and Knives*.

bracingly critical of surgical training and practice, and not only that of neophytes.⁸³ One particularly dangerous surgical sin Woodall singles out is over-aggressive and unwarranted intervention.⁸⁴ Consider the case of 'falling of the fundament' (roughly equivalent to the modern 'rectal prolapse'), for which many recipe collections contain remedies. Woodall charges that surgeons sometimes reject gentle medicinal and manual methods, and instead cut 'when with as good a conscience they might have cut their Patient his throate'. He indicates that he can name surgeons who have been 'negligent' in that fashion, who have 'so much disgraced themselves and the noble Science' of surgery, but 'will bee charitable, hoping they will amend'. He declares that the 'blood' of sufferers who die from this 'fearefull accident' 'will cry to God for revenge'.⁸⁵ Woodall was highly sensitive to the dangers of this variety of poor practice. It threatened patients as well as the vulnerable reputation of the practitioner and the art.⁸⁶

Woodall warns repeatedly that such aggressiveness can impede, oppress or subvert nature, hindering its healing power and worsening ailments.⁸⁷ At times, his exhortations against this error drive him to urge an explicit feminisation of practice, in which he contrasts the stereotyped figure of the old wife with the bold surgeon.⁸⁸ Fingering 'evill minded Surgeons' (changed after the first edition to 'evill minded and base Empericks') he laments 'the needlesse use of causticke medicines even in slight wounds'. Improper and 'rash' caustics use can 'bringeth shame to the Artist, and often unrecoverable damage to the Patient'. To be 'too busie with Causticke medicines' is 'a shamefull error', he declares, one by which 'foolish' surgeons both 'lame many' and 'bringeth much slander to the Arte of Surgery'. Indeed, he has seen patients 'lamed' when 'if an old wife had onely applied her one salve for all sores, no such thing had happened'.⁸⁹ He praises 'all soft, gentle, and speedy healing means', and observes that

an old wife oftentimes exceedeth a great Artist in healing, for she wrestleth not with Nature as great masters doe, and Nature pleased with her milde and simple meanes is appeased, and by divine providence the disease often easily made whole.⁹⁰

⁸³For example: Woodall, *Surgions Mate* (1617), 21, 166; Woodall, *Woodalls Viaticum* (London: by J. Dawson, 1628), 17; and Woodall, *The Surgeons Mate, or Military & Domestique Surgery* (London: by Robert Young, 1639), 178, 394. See too Longfield-Jones, 'John Woodall', 13–15.

⁸⁴For example: Woodall, *Surgions Mate* (1617), 26–7, 29, 34–5, and *passim*.

⁸⁵It was also known by variations of the phrase like 'going/coming forth of the fundament', 'falling down/out of the fundament', etc. Kirkup, 'Introduction', xvii. Woodall, *Surgions Mate* (1617), sig. ¶¶4v, and pp. 205–6, 244–7. See e.g.: NYPL MssCol 1952, fol. 7r; NYAM MS *Collection of Choise Receipts*, part II, p. 62; Wellcome MS 184A, fol. 50v; Wellcome MS 3009, fols. 48r, 83v; Wellcome MS 3082, fols. 146v, 183r.

⁸⁶For example: Woodall, *The Surgions Mate* (1617), 10–11, 31, 67, 145; *Surgeons Mate* (1639), 400.

⁸⁷For example: Woodall, *Woodalls Viaticum*, 7; *Surgions Mate* (1617), 27, 68 ('for ... thou shalt become an enemy to thy Patient'), 148–9; and *Surgeons Mate* (1639), 317. For a general introduction to the history of this idea, see: Max Neuburger,

'An Historical Survey of the Concept of Nature from a Medical Viewpoint', *Isis*, 1944, 35, 16–28, and Neuburger, *The Doctrine of the Healing Power of Nature throughout the Course of Time*, trans. Linn J. Boyd (n.p.: New York, 1932).

⁸⁸Pelling, *Medical Conflicts*, 212; Pelling, 'Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England', in Margaret Pelling and Hilary Marland (eds), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450–1800* (Rotterdam: Erasmus, 1996), 101–33, here 113–14. Other surgeons also urged feminisation. See, for instance: Chamberland, 'With a Lady's Hand and a Lion's Heart', 132–5.

⁸⁹Woodall, *Surgions Mate* (1617), 31–2, 145; *Surgeons Mate* (1639), 21; Woodall, *The Surgeons Mate, or Military & Domestique Surgery* (London: for Nicholas Bourne, 1655), 21. The same change was also made to 'unexpert Surgeons' at the end of the passage, but the marginal note continued to use 'surgeons' in both later editions.

⁹⁰Woodall, *Surgions Mate* (1617), 154–5 (the initial marginal note reads 'An old wifes medicament better then an unwise Artists medicine').

In contrast, 'many Surgeons never thinke they have plained the workmen till indeed they have made worke' bearing 'things not only contrary, but also dangerous to nature oftentimes'. '[I]f they would proceed mildly, and with sleight Medicines they might oftentimes effect farre more then they do, or can', but some instead 'give occasion of deformitie, lamenesse, losse of limes, fistulaes or the like'. By thus forsaking the duty to 'heale gently' they commit '[t]hese and the like grosse errors, unexcusable before God and man', and thereby

have brought to the Arte a scandall, and a sensible feeling of want upon many vertuous professours hereof, so that the guilty and unguiltie are censured both alike by the common sort, and the one smarteth for the others fault.⁹¹

For Woodall, this sort of practice is both bad business and ethically indefensible, and it must be corrected because it affects the public reputation of surgeons and surgery. He does not propose that the old wife should be a universal model. Gentleness is not appropriate in many situations, and undue caution and mildness can have as dire consequences as inappropriate aggression. Woodall's ideal surgeon must be exquisitely discerning in his use of violence, though, and the gentleness that he associates with women's and domestic healing—a stereotype which, we have seen, finds support in recipe collections—could inform surgeons' understanding of how to best use it.

Woodall was no lover of unlicensed practitioners. The records of the College of Physicians reveal an accusation he made against Susan Fletcher, a neighbour who treated breast ailments, including cancers.⁹² He had no intention to promote such unlicensed practitioners at the expense of guild surgeons, and was clearly unwilling to brook one in his own backyard. He was, however, mindful that surgeons and surgery could easily be, and be 'esteemed' to be, 'Butcher-like and hatefull'.⁹³ They could avoid both by learning from the non-interventionist character of some unlicensed healing.

Conclusion

Early modern surgical practitioners who performed invasive operations appear to have offered unique medical services; historians have found few examples of domestic healers attempting them. In practice, then, many who suffered from surgical maladies seem to us to have faced a stark choice, to suffer or submit to the surgeon's knife. Manuscript recipe books show, however, that laypeople did not see things so simply.

This paper has examined the stories that early modern English people told and collected about remedies intended, at least in theory, for preparation and use in the household. The storytelling preserved in manuscript recipe books provides a counterpoint to the view of domestic healing as primarily a first port of call for day-to-day complaints. In particular, I have shown that recipe collections routinely claim large portions of what fell under the surgeon's purview for the domestic healer, and also frequently contain recipes for remedies that promised to provide alternatives to paid surgical practitioners' more unique, invasive offerings. We cannot make any simple conclusions about how a given collector or user of recipes understood his or her own healing work from the contents of a

⁹¹Ibid.

⁹²'Fletcher, Susan', in *Physicians and Irregular Medical Practitioners in London 1550–1640: Database* (2004), ed. Margaret Pelling and Frances White <<http://www.british-history.ac.uk/report.aspx?compid=17423>> (accessed 7 July 2012). The

case is briefly discussed in Pelling, *Medical Conflicts*, 119–20; and Pelling, 'Thoroughly Resented?: Older Women and the Medical Role in Early Modern London', in Hunter and Hutton, *Women, Science and Medicine*, 63–88, here 72.

⁹³Woodall, *Surgions Mate* (1617), 6.

recipe collection, but the evidence does show that this was a construction of household healing available in early modern England.

Further research is necessary in order to more fully understand how collectors understood and used these recipes and how that affected health-seeking behaviour and medical practice. It is clear, however, that some sufferers mistrusted surgeons and that their belief in the efficacy of non-invasive and non-surgical methods bolstered their autonomy and improved their position in negotiations with medical practitioners. At Bretby in July, 1703, Chesterfield again faced the prospect of highly invasive surgical intervention. We have seen that he was needlessly opened in 1690. Worse had occurred in October, 1694, when one of his fingers swelled enormously in a fit of the gout. His surgeon, 'pretending onely to see my Finger without telling me a word of his intention', took the initiative to cut, and cut deeply: 'he took his Lancet, and did cut open my Finger from my hand to the Nail of it quite to the Bone, and made so wide an Orifice, that I did put one of my other Fingers into it'. The surgeon grasped the finger and squeezed it, forcing out 'all the Blood, Chalk, and Water'. This action, Chesterfield recalled, 'gave me the greatest Pain, that I did ever feel'.⁹⁴

Almost a decade later, a surgeon proposed the most radical of early modern operations. Chesterfield had been afflicted with shivering, burning, straining to vomit, fainting and an intermittent pulse. It all 'made me think, that I was certainly a Dying'. The next day, he arose to find that one foot and ankle were black, swollen and heavy as lead. 'And three Holes as big as Pistol Bullets did burst open in my Foot, out of which did run three great Streams of Blood'. The surgeon called for immediate amputation 'or Else I could not possibly live till the next morning, for it was mortified and gangrened'. Chesterfield was offered a grim decision: 'I would have my Leg cut off or dy'.⁹⁵ He flatly refused. 'I told him that as I came into the world with two Legs, so I intended to go out of the world with two Legs, and would not have it cut off'. The next day he called 'one of the best Surgeons in Town', who denied that there had been mortification and gangrene and pronounced the holes only 'accidental Ulcers'. There had been no need for amputation.⁹⁶ Chesterfield's stubborn and absolute refusal to accede to the first surgeon is understandable in light of his history with the medical men. He had suffered at their hands and from their failures, but he had repeatedly shown that he was not wholly dependent on them. He had his pick of practitioners and he was not lost when they did not satisfy him, in part because he could turn to his own domestic medical resources. His suspicion was born of years of medical lapses and failures and of self-healing successes, as he told it. It appears to have been both warranted and valuable. It saved his leg, and perhaps his life.

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⁹⁴NYAM MS *Folio Joyce*, p. 62.

⁹⁶NYAM MS *Folio Joyce*, p. 65.

⁹⁵*Ibid.*, p. 65, and BL Add. MS 19253, fol. 189r. These accounts are essentially the same, though some details differ. See too *Letters of Philip*, 61–2.