

**The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in  
Household Healthcare in South-West England in the Late Seventeenth Century**

**A Thesis Submitted to Middlesex University in Partial Fulfilment of the Requirements for  
the Degree of Doctor of Philosophy**

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## **Abstract**

This thesis explores household healthcare in the later seventeenth century, particularly the extent of household production of medicines based on medicinal receipts. Medicinal receipts were widely collected in the early modern period although the extent to which these recipes were in ongoing use has not been well-established. The aims of this research are to consider the health concerns and activities of lay women and men, to identify resources available for self-help healthcare, and to establish factors affecting selection and use of medicinal receipts. Accounts are analysed alongside family letters and receipt collections, from selected households in South West England, to identify medicinal supplies and medical services provided by apothecaries, physicians, surgeons and other individuals. Households differ in terms of ingredients purchased, preparations preferred, suppliers, therapeutic strategies used, and the extent of use of medical practitioners. Recorded ingredient purchases match few receipts although there is evidence of some favourite preparations being made. Other resources are considered, including gifts of advice and remedies, and plant ingredients from gardens and the wild. I argue that use of these other resources depended on factors such as knowledge, including plant identification skills, and material considerations, including labour availability. Purchased medicines appeared to become increasingly significant in self-help whilst opportunities for gift medicine may have been reduced. I contrast the gentlewoman healer and the patient consumer in their assessment of medicinal receipts, and their use of medicines with children. Both demonstrated strategies for maintaining therapeutic determination and influencing the approach of medical practitioners in relation to their own complaints. This study shows that medicinal receipt collections did not fully reflect the extent of lay healthcare activities and differences between lay household healthcare practitioners. It contributes to our understanding of the gendered shaping of domestic medicine, and the relationship of household healthcare to medical authority and the developing commercial and professional medical market in the eighteenth century.

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## **Abbreviations**

**BIWLD**      **British and Irish Women's Letters and Diaries**

**BL**            **British Library**

**DRO**         **Devon Record Office**

**DHC**         **Dorset History Centre**

**CFA**         **Clifford Family Archive**

**SARS**        **Somerset Archive and Record Service**

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## **Introduction**

When I first came across an early modern manuscript collection that included medicinal receipts, I was astonished at the pristine nature of the pages. My first question when faced with these unsullied items was whether they had actually been used to prepare medicines? Other questions followed. How had these receipts been chosen? Had they served other purposes which ensured their survival? What happened to these receipts as commercial and patent medicines became increasingly available? However, most of the receipt collections I encountered were divorced from their original context, and so it was difficult to answer these questions. From this starting point, I decided to seek out some medicinal receipt collections accompanied by household papers in order to explore the extent to which these medicinal receipts actually reflected household healthcare. I particularly wanted to examine the activities of lay household healthcare providers towards the end of the seventeenth century. A clearer understanding of the role and practice of the lay household healthcare provider could help provide an explanation for the dramatic increase in purchase and consumption of medicines in the eighteenth century. This period also anticipated the increasingly professional control and administration of medical care through the eighteenth century. I wanted to discover information both about medical self-help and purchases, and the relationship of lay healthcare to medical practitioners through examination of family papers.

This study therefore focuses on medicinal receipts and household healthcare in the later seventeenth century. My aim is to establish whether medicinal receipts were in use in the later seventeenth century. Furthermore, I aim to chart the way in which households relinquished the preparation of remedies alongside the rise of commercial medicine. I also aim to show how the boundaries of household healthcare were effectively shaped to form a more constrained form of domestic medicine. I introduce the use of several terms to help to understand how these changes took place. The term "gift medicine" refers to aspects of healthcare which involved no obvious monetary transactions although reciprocity might have been expected in some form, as for example the donation of medicinal receipts, remedies or medical care. The term "therapeutic determination" refers to the ability to influence the nature of healthcare. This could involve prophylactic measures, diagnostic decisions, providing advice or receipts, preparing or purchasing of medicines, negotiating treatment or other actions. Patients, relatives, lay and medical practitioners could all contribute to the form of medical treatment.

Household healthcare is historiographically interesting as it draws together a remarkable range of disciplinary perspectives in addition to the history of medicine and science, ranging over economic, cultural, feminist, material, spatial, literary, social, religious, epidemiological, folkloric and ethnographic studies. I review scholarly work on household healthcare, and find that it has largely been ignored by medical historians, or the subject of a number of assumptions about gender roles. Some of these assumptions reflect key historiographical perspectives on the medical marketplace and medical authority. I argue that the use of terms such as self-help, household healthcare and domestic medicine needs to be considered carefully as these terms carry complex meanings relating to changing practice and authority in healthcare.

By investigating the likely extent of use of medicinal receipts, the context of household healthcare and the involvement of lay household healthcare practitioners I hope to provide an improved understanding of the factors involved in the rise of commercial and professional medicine in the early modern period and in determining gendered roles in medicine. I set out to answer specific questions which include the following: What is meant by terms such as self-help and domestic medicine? What were the concerns of the lay household healthcare practitioner and other family members? How did the lay person decide what constituted an "excellent" medicinal receipt? To what extent did medicinal purchases match the medicinal receipt ingredients? What other resources were available to the household healthcare practitioner, from gifts to garden plants? Were there links between records of spending on medicinal items and medical practitioners? What was the overall household expenditure on medicinal supplies and medical services? Furthermore, I planned to identify who were the most likely recipients of household healthcare expenditure and activity, and whether their treatment reflected the medicinal receipt collections.

The specific focus of this piece of research is to explore the relationship between medicinal receipt collections and household healthcare practices as evidenced through the receipts themselves, household letters and accounts. I examine a selection of South West England family sources which include letters and accounts alongside medicinal receipt collections. I ascertain whether medicinal receipts were likely to have been in actual use in these households, and the context of household healthcare concerns and other activities. I show how lay members of these families did actively direct and amend their practice in household healthcare, particularly in the light of their social and economic roles, the costs of healthcare services and commodities, and some of their beliefs about illness and appropriate care as patients in later life. Findings from these seventeenth century sources

suggest that assumptions about the availability of resources and ready preparation of remedies need to be questioned. I argue that it was not only the professional medical practitioner who sought to impose change in medical provision, rather that there were significant economic and social imperatives for such changes in households that provided the basis for a consumer boom in medicines. In conclusion, I argue that medicinal receipt collections, though widely collected and valued by many, provide an incomplete reflection of the activities and concerns of household practitioners in this period. The lay practitioners considered here demonstrated active involvement in household healthcare and ongoing efforts to ensure therapeutic determination. There was variation in therapeutic beliefs and a number of factors influenced practice. These factors included material concerns such as cost and labour. I conclude that both social and economic factors were significant in the shaping of domestic medicine, a gendered form of lay healthcare increasingly limited in scope. Purchasing simple and compound remedies enabled lay individuals to retain some elements of "therapeutic determination".

In Chapter 1, I consider historiographical issues and the early modern history of household healthcare, particularly in relation to terminology used for self-help, concepts of the medical marketplace and medical authority, and gender aspects of healthcare. I review previous studies of medicinal receipts and other sources, and provide details of methodology and sources for this study. In Chapter 2, I examine the range of health concerns evident in household medicinal receipt collections and in family letters. The medicinal receipts provide details of a variety of ailments although factors influencing the selection of particular receipts appeared to vary between households. Furthermore the family letters suggest a broader picture of health-related activities. These activities were: health maintenance and prevention of ill-health, medical treatment by self, lay or medical practitioners, and nursing care including a range of activities undertaken on behalf of the sick person. In Chapter 3, I analyse the household accounts for expenditure on medicinal supplies and medical services. I develop categories of expenditure and distinguish between "essential " and "extended" self-help. I show household variations in individual purchases and use of apothecaries, physicians and other medical services, and consider links between these types of expenditure as well as the overall proportion of household expenditure involved. Some medicinal items appeared to be made on a frequent basis, although purchase of groups of items, possibly to make specific remedies, was less common. I also consider average prices of medicinal items and concerns about costs. In Chapter 4, other resources for household healthcare are considered, from information to ingredients and equipment. This reveals some unexpected costs and difficulties. I consider named

individuals who contribute medicinal receipts and their gender and status. Advice from lay people, gifts of exotic items, and other examples illustrate the variety of possible elements of gift medicine, though there were instances of rejection of offered advice. Other possible resources included plants from gardens and the wild and I show that familiarity with garden management and wild plant identification could not always be assumed. A comparison of medicinal receipts across the seventeenth century shows that a decreasing number could have been made up without purchase or pre-prepared ingredients. The gender and status of the receipt contributor also affected the proportion of purchased ingredients. I show that although many preparations could be made with general kitchen utensils, the use of specialised equipment for distillation was expensive and labour-intensive. Overall, I show how material concerns about costs and labour may have affected choices made in relation to household healthcare, and could have impacted on lay roles in healthcare. In Chapter 5, I show that household members, including children and servants, appear to be the most likely beneficiaries of healthcare purchases, rather than the poor. Comparison of the nature of purchases for children's complaints with those suggested in receipt collections shows that frequently purchased remedies did not always appear as receipts. As the women in these households aged, they shifted from being confident lay practitioners to being patients themselves with chronic complaints. I show how these individuals sought to maintain some control or therapeutic determination over the nature of their medical treatment. Finally, in Chapter 6, I discuss the findings of this study, compare the households, and factors that influenced the use of household preparations. I argue that there were reduced opportunities for gift medicine for lay practitioners, especially women, as receipts became less valued, and their preparation less feasible. There appeared to be a generation gap in terms of household healthcare, and there were instances in which the lay household practitioner conformed to a model of "domestic medicine" which involved only self-treatment of minor complaints and recognition of the expertise of the professional medical practitioner. However, the lay person could maintain some independence through the continuing purchase of a range of commercially-prepared medicines.

## Chapter 1: Household Healthcare Matters

### 1.1 Context

This study focuses on the extent to which people made their own medicines in early modern households. Here I summarise three key gaps in our understanding of household healthcare towards the end of the seventeenth century. These are: (i) the role of medicinal receipts in the context of household healthcare, (ii) the resources available for self-help with medicinal receipt ingredients and purchased medicines, and (iii) the practices involved in household healthcare and the relationship between lay household healthcare providers and other advisers regarding medicines and treatment of various ailments in the family life-cycle.

#### *(i) The Role of Receipts.*

Recent interest in manuscript receipt collections has promoted closer examination of links between medicinal receipts and printed texts, and the ownership and social meaning of these sources, leading to acknowledgements of the genre of manuscript receipts.<sup>1</sup> There has been recognition of the "currency" of medicinal receipts in terms of medical knowledge.<sup>2</sup> However, few of these receipt collections have been viewed with reference to their context and related sources, such as household accounts and family letters, in order to explore lay therapeutics and actual practice. Despite a number of studies of medicinal receipt collections and family letters, the practice of household healthcare remains poorly understood. Ginnie Smith notes that the process of prevention in healthcare in the eighteenth century has been less "visible" to historians. Her view is that medical lay knowledge was of a higher level and more widespread in the later eighteenth century than previously acknowledged, and that many people were routinely prescribing for themselves without professional assistance, thus supporting a revival of the advice book market in the 1770s, mostly modelled on the work of William Buchan.<sup>3</sup>

<sup>1</sup> Richard Aspin, "Illustrations from the Wellcome Library: Who Was Elizabeth Okeover?," *Medical History* 44 (2000): pp. 531-40, Elaine Leong, "Medical Remedy Collections in Seventeenth-Century England: Medical Theory, Gender and Text" (PhD thesis, Oxford University, 2006), Janet Theophano, *Eat My Words: Reading Women's Lives through the Cookbooks They Wrote* (New York: Palgrave Books, 2002).

<sup>2</sup> Elaine Leong and Sara Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'," in *Medicine and the Market in England and Its Colonies, c. 1450-c. 1850*, ed. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), p. 134.

<sup>3</sup> Ginnie Smith, "Prescribing the Rules of Health: Self-Help and Advice in the Late Eighteenth Century," in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 249, 255, 263, 275.

Medicinal receipts are widely assumed to reflect actual practice, or at least potential practice.<sup>4</sup> Merry Wiesner-Hanks notes, of recipes handed down through the generations, that "home remedies were the most common way of handling illness".<sup>5</sup> What is needed is a study which provides a way of determining the likelihood of actual use of medicinal receipts alongside household purchases and other sources of medicinal receipt ingredients. Finding out whether medicinal receipts were used, and the nature of lay healthcare concerns and purchases, will advance our understanding of the nature of self-help in household healthcare and throw light on its changing relationship to commercial and professional medicine. Periodisation of these changes will be understood more completely, possibly "alternative chronologies" can be developed through gender analysis, even though they may vary in other regions and social contexts.<sup>6</sup> This study, by clarifying the nature of domestic medicine in the later early modern period, can inform such work and provide improved links with studies of Victorian health and domesticity.<sup>7</sup>

*(ii) Resources Available for Self-help.*

Various writers have commented on a lack of understanding of the nature of self-help in the household context. Peregrine Horden says that "self-help and domestic care constitute the great submerged ice sheets of the history of health...We perforce devote most of our attention to the visible peaks and ridges of documented medical practice and institutional support".<sup>8</sup> However, the extent of self-help is described in contradictory ways. For example, Lucinda McCray Beier notes, from her study of sources based on a number of seventeenth century medical practitioners, that "lay-people were often required by

<sup>4</sup> Elaine Leong suggests that the medicinal receipts provided a source of remedies just in case of need. Elaine Leong, "Making Medicines in the Early Modern Household," *Bulletin of the History of Medicine* 82, no. 1 (2008): pp. 145-68.

<sup>5</sup> Merry E. Wiesner-Hanks, *Cambridge History of Europe: Early Modern Europe, 1450-1789* (Cambridge: Cambridge University Press, 2006), p. 273.

<sup>6</sup> Alexandra Shepard and Garthine Walker, "Gender, Change and Periodisation," *Gender and History* 20, no. 3 (2008): p. 457.

<sup>7</sup> Patricia Branca notes a boom in patent medicines alongside increased use of doctors. Patricia Branca, *Silent Sisterhood: Middle Class Women in the Victorian Home* (London: Croom Helm, 1975), p.67. Studies of nursing and family care in the eighteenth and nineteenth centuries have been prominent in the United States, for example Emily Abel, *Hearts of Wisdom: American Women Caring for Kin, 1850-1940* (Cambridge, Mass.: Harvard University Press, 2000), Martha M. Libster, *Herbal Diplomats: The Contribution of Early American Nurses (1830-1860) to Nineteenth-Century Health Care Reform and the Botanical Medical Movement* (West Lafayette: Golden Apple Publications, 2004), Janet L. Allured, "Women's Healing Art: Domestic Medicine in the Turn-of-the-Century Ozarks," *Gateway Heritage: Missouri Historical Society* 12, no. 4 (1992), <http://beckerehibits.wustl.edu/mowihsp/articles/Ozarks.htm>.

<sup>8</sup> Peregrine Horden, "Household Care and Informal Networks: Comparisons and Continuities from Antiquity to the Present," in *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare since Antiquity*, ed. Peregrine Horden and Richard Smith (London: Routledge, 1998), p. 23. Margaret Connor Versluysen claims that historians of medicine have ignored "an extensive system of home-based healthcare". Margaret Connor Versluysen, "Old Wives Tales? Women Healers in English History," in *Rewriting Nursing History*, ed. Celia Davies (London: Croom Helm, 1980), pp. 177-79.

healers to make or apply their own remedies".<sup>9</sup> Conversely, Patrick Wallis suggests "a picture of the sick often buying pre-made medicines for commonplace purposes" rather than ingredients for making remedies.<sup>10</sup> Another study of an early seventeenth-century household suggests that purchase of prepared remedies may have been more likely than previously assumed.<sup>11</sup> The relationship between home-prepared and purchased medicines has not yet been explored.

*(iii) The Practices Involved in Household Healthcare.*

Finding a way to characterize household healthcare practice is quite a challenge, let alone to demonstrate continuity and change. Indeed some, such as Doreen Evenden Nagy, argue that there was no significant change in both healthcare beliefs and practices in the early modern period, in either professional or lay hands, despite the developments in science and medicine.<sup>12</sup> However Andrew Wear does emphasize substantial shifts in knowledge and understandings even though there were similarities in practice.<sup>13</sup> Wear's survey ends at 1680, or around the beginning of the period in which the families considered here were assembling their receipts and accounts. He notes that the households of the better-off "in principle enabled housewives to act as distillers, brewers, cloth-makers, physicians and apothecaries".<sup>14</sup> So what happened to all of this activity? Did these households relinquish the preparation of remedies at some point in the rise of commercial medicine? I will be looking for contributory factors which explain whether this might have happened.

Looking at medicine in the eighteenth century it appears that the possibility of determining the therapeutic approach for the lay practitioner, adviser or patient became more of a strategic exercise in assembling supporters. "Domestic medicine" of the eighteenth-century, as characterized by authors such as William Buchan, had a much more limited scope of activity compared to the earlier seventeenth century. Thus, the nature of

<sup>9</sup> Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth Century England* (London and New York: Routledge and Kegan Paul, 1987), p. 129.

<sup>10</sup> Patrick Wallis, "Apothecaries and the Consumption and Retailing of Medicines in Early Modern London," in *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, ed. Louise Hill Curth (Ashgate: Aldershot, 2006), p. 5.

<sup>11</sup> My thanks to Jane Whittle for sight of a draft chapter. Jane Whittle and Elizabeth Griffiths, *Consumption and Gender in the Early Seventeenth-Century Household: The World of Alice Le Strange* (OUP (forthcoming)).

<sup>12</sup> Doreen Evenden Nagy, *Popular Medicine in Seventeenth-Century England* (Ohio: Bowling Green State University Popular Press, 1988), p. 81.

<sup>13</sup> Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), especially chap. 8.

<sup>14</sup> *Ibid.*, p. 50.



household healthcare underwent significant changes between the seventeenth and eighteenth centuries. Through this study I aim to understand how these changes arose.

## 1.2 Rationale and Historiographical Issues

Study of patient and practitioner relationships received a great boost since Dorothy Porter and Roy Porter promoted the pursuit of medical history "from below". Their view was that "necessity, traditions of sturdy independence and the dictates of Protestant, and then Enlightenment, individualism all conspired to create, and to continue to breathe life into, a self-help medical culture".<sup>15</sup> More recently, the term "medical plurality" has been used, enabling recognition of the patient's choices of practitioner from below, but as Waltraud Ernst points out:

An exclusive focus on medical pluralism in the domains of medical ideas and professional institutions, and in regard to patients' freedom of choice colludes with the image of the medical market place and the sphere of healing as a "liberal heaven", in which patients of all social and cultural backgrounds are supposed to have free choice and easy access to their favoured medical treatment.<sup>16</sup>

Whether or not patient choice was restricted in all but the highest status households, the notion of "plurality" does provide some recognition of the range of medical knowledge and the healthcare which could have been available, to a greater or lesser extent, to every household. However, the notion of "medical plurality" begs a further question as to how the nature of treatment was actually determined, and so I introduce another aspect of medical care which I shall call "therapeutic determination". This refers to the ability of individuals to influence the nature of medical treatment. Medical plurality gives us a focus on the providers of medicinal treatment, and presumes choices made on the part of the patient and their closest kin and friends where wealthy, and charitable donors for others lacking means. It is akin to the "field" in the terminology of Bourdieu.<sup>17</sup> Medical pluralism does not provide a mechanism for deciding the outcome of negotiations about the choices available. The concept of therapeutic determination allows us to consider power relationships amongst all involved in medical care, as providers, recipients, or concerned bystanders. It also attends to a wider range of healthcare matters beyond the bedside of a sick patient, such as the processes involved in deciding to send for help, attempting

<sup>15</sup> Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity in association with Blackwell, 1989), p. 209.

<sup>16</sup> Waltraud Ernst, *Plural Medicine: Tradition and Modernity, 1800-2000* (London and New York: Routledge, 2002), p. 4.

<sup>17</sup> David Schwartz, *Culture and Power: The Sociology of Pierre Bourdieu* (Chicago and London: University of Chicago Press, 1997), p. 119.

diagnosis, maintaining relationships with medical practitioners and others, ongoing prophylactic measures, and influences and information sources.<sup>18</sup>

Having established that various interests might be seen in the process of achieving healthcare, I want to consider self-help in more detail. It has been stated that the first recourse for treatment for illness in early modern times was usually self-help, as "medicine began at home".<sup>19</sup> A wide range of remedies might have been encountered in the household and used without calling on external medical help, though much treatment would have been self-administered on advice. But what was the nature of this self-help? There has been little research into the nature of this self-help healthcare in individual households, even though indicative sources, such as letters, accounts and manuscript collections of medicinal receipts, are available. Here I address four issues in relation to self-help and healthcare (i) the terminology of self-help, (ii) the medical marketplace (iii) the question of medical authority (iv) gender aspects of self-help.

*(i) What Do We Really Mean by Self-help?*

I consider that a muddle of terminology reveals a lack of definition and detailed knowledge on the part of medical and social historians in relation to household healthcare. For example, the term "self-help" appears to be used in a number of different ways, sometimes referring to independence from practitioners, at other times to home-made medicines, and yet in other contexts as contributory to the identity formation of networks or even whole classes of people. The notion of independence from medical practitioners through the use of "self-help manuals" is noted by Anne Digby with the associated view of eighteenth-century medical practitioners of these publications as "quackery".<sup>20</sup> Independence from others might have had a different motivation, as Elizabeth Foyster points out "that women who were harmed by their husband's violence would have frequently resorted to self-help medicine and followed recipes for home-made cures, rather than seeking aid from others", or if they did seek help it was from "amateur" practitioners.<sup>21</sup> Some, like Mary Fissell, equate self-help to "self-medication"

<sup>18</sup> One study of nineteenth-century gynaecological matters by Regina Morantz-Sanchez notes "the continued exercise of self-assertion" by the patient and her friends in relation to childbirth, rather than isolation and oppression by medical practitioners. A woman surgeon was sought out by patients with the "determination" to have surgery. Regina Morantz-Sanchez, "Negotiating Power at the Bedside: Historical Perspectives on Nineteenth-Century Patients and Their Gynaecologists," *Feminist Studies* 26, no. 2 (2000): pp. 293, 298.

<sup>19</sup> Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (London: Weidenfield and Nicholson, 1971), p. 14.

<sup>20</sup> Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), p. 63.

<sup>21</sup> Elizabeth Foyster, *Marital Violence: An English Family History, 1660-1857* (Cambridge: Cambridge University Press, 2005), p. 227.

involving use of medicines alone. She says that, "rather than seeking help outside the home, however, many early modern Englishmen and women turned to self-medication, to remedies concocted at home or perhaps purchased in a shop".<sup>22</sup>

Some writers have associated self-help with a specific gender, or class of society. Horden writes of the likelihood that most day-to-day self-help involved women's networks in which "children became a common responsibility".<sup>23</sup> Anita Guerrini incorporates the idea of self-help into the transition between early modern to modern culture which she claims is epitomised by George Cheyne and his advice books. She argues for a new concept in the eighteenth-century of "self-maintenance" which appears to be associated with the rising middling sort. In this case, the approach taken by Cheyne referred to a re-interpretation of classical approaches to regimen, - diet and lifestyle - and not just medicaments.<sup>24</sup> Hilary Marland extended the concept of self-help in her study of nineteenth-century medicine, arguing that the middle class created an increased demand for medical care, mostly met by the general practitioner, but they also used chemists and druggists for self-medication, this being by choice rather than necessity. In her view medical self-help reflected a "general striving for independence".<sup>25</sup> Other writers, such as Mary Dobson, refer to "self-treatment" for all, describing this as "universal" being "tried and tested on all sections of the population".<sup>26</sup>

Vagueness about the meaning of terms such as "self-help" may be helpful where lack of sources makes definition imprecise but may also be a reflection of a lack of differentiation of aspects of household healthcare. For example, Guenter Risse used the term "medical self-help" to describe "the diagnosis, care, and even prevention of disability and illness without direct professional medical assistance" which, as a result of its taking place in the privacy of the home, may be called "domestic medicine" involving treatment of trivial ailments, invalid cookery and "non-professional" nursing.<sup>27</sup> In a recent study Sheila Cooper suggests that, for the needy, the term "self-help" needs no explanation, although she regards the assistance of kin or "friends" as a separate form of help, one apart

<sup>22</sup> Mary E. Fissell, *Patients, Power and the Poor in Eighteenth Century Bristol* (Cambridge: Cambridge University Press, 1991), p. 37.

<sup>23</sup> Horden, "Household Care," p. 39.

<sup>24</sup> Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne* (Norman, OK: University of Oklahoma Press, 2000), pp. 101, 118-20.

<sup>25</sup> Hilary Marland, *Medicine and Society in Wakefield and Huddersfield, 1780-1870* (Cambridge: Cambridge University Press, 1987), chap. 9.

<sup>26</sup> Mary Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge: Cambridge University Press, 1997), p. 266.

<sup>27</sup> Guenter B. Risse, "Introduction," in *Medicine without Doctors. Home Health Care in American History*, ed. Guenter B. Risse, Ronald L. Numbers, and Judith Walzer Leavitt (New York: Science History Publications/ USA, 1977), p. 2.

from public welfare.<sup>28</sup> The term "self-help" has been used in a wider sense, especially in studies of poor relief. Martin Dinges shows it can be regarded in several different ways in the context of poor relief, not only as a form of independence for the poor and as a strategy in a difficult situation, but also as a means of reducing the burden of payment for the providers of poor relief.<sup>29</sup>

What are we to make of varying uses of the term "self-help" in a medical context? If deemed an activity independent of the medical practitioner then should purchased remedies from the apothecary be regarded as self-help? Although some might suggest that self-help should be interpreted in the narrowest sense of independence from all medical practitioners and, thus, based solely on home-made remedies for personal use, this appears to be characteristic of self-sufficient households in the medieval period or earliest part of the early modern period. We could call this "essential self-help", in which practically no external resources or advice would be required. Other uses of the term "self-help" imply that an element of learned medicine can be included in self-treatment, whether through consulting the apothecary or learned friends, using printed advice books, or purchasing remedies validated by physicians. This could be more accurately described as "extended self-help" since some external resources and learned advice are incorporated. Thus, although there are various ways in which the term "self-help" is used, it may be inaccurate to imply the absence of learned medical advice, rather it is the active role of the individual (or household) in the determination of the nature of treatment or lifestyle which is distinctive about self-help. Of course there could be a continuum between "essential" and "extended" self-help. Perhaps self-help is better defined as an aspiration rather than an actual entity, as the intent to attain independence from the need for others, whether medical practitioners or medicinal suppliers. Medical self-help, then, is used here to mean the "intent to procure medical advice and medicinal remedies, whether purchased, gifted or otherwise obtained, in the active pursuit of the maintenance and restoration of health of individuals and households, with limited recourse to the learned medical practitioner". Thus, active intent on the part of the lay person does not necessarily imply repudiation of the learned practitioner, but does suggest interest in therapeutic determination.

<sup>28</sup> Sheila Cooper, "Kinship and Welfare in Early Modern England: Sometimes Charity Begins at Home," in *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain c.1550-1950*, ed. Anne Borsay and Peter Shapely (Aldershot: Ashgate, 2007), p. 55.

<sup>29</sup> Dinges provides an illuminating definition of self-help in his study of poor relief which involves ability to "endure a period of poverty or distress". See Martin Dinges, "Self Help and Reciprocity in Parish Assistance: Bordeaux in the Sixteenth and Seventeenth Centuries," in *The Locus of Care: Families, Communities, Institutions and the Provision of Welfare since Antiquity*, ed. Peregrine Horden and Richard Smith (London and New York: Routledge, 1998), p. 113.

Another term which causes me much confusion is "kitchen physick". This appears to be a gendered term, unlike "self-help". But does it mean "household healthcare by women", or "female medical practice", or "home remedies", or "medicine made from food items", or "maintaining health through diet", or all or none of these?<sup>30</sup> We lack a clear picture of how household members were involved in efforts to maintain health, to obtain advice and treatment, to provide care for children and chronically ill, and to promote recovery. Assumptions about the relative roles of lay women and men in healthcare need to be considered in the light of actual evidence of the ways in which they contributed to the treatment of the sick and management of health-related aspects of the household, such as determining who provided medical services.

Terminology in relation to household healthcare, as seen above, is fraught with difficulty, although these very issues help to reveal the lack of clarity in our understanding.<sup>31</sup> I argue that both household and domestic medicine are useful terms because of their differing and complex associations with gender and status. Household healthcare can mean many aspects of health, whereas domestic medicine has a more constrained meaning. The use of the term domestic in a medicinal context in book titles does not appear until towards the end of the eighteenth century, with the publication of *Domestic Medicine*, 1776, by William Buchan.<sup>32</sup> I will further examine how "domestic medicine" emerged, indicating the way perceptions of roles and status changed. I suggest that the more frequent use of this term came to reflect the increasingly defined and understood distinction between professional medicine and self-help. Fissell explains her use of the term "vernacular" medicine because the term "domestic" medicine "alludes to

<sup>30</sup> For example kitchen physick was associated with housewives using natural medicines according to one author who praised the "prescribing [of] natural, useful and proper medicines" from the "rich Garden of nature" without need of translation by the learned or "mean-spirited Physicians" or those with "pretended Universal Medicines". T. K., *The Kitchin-Physician: Or, a Guide for Good-Housewives in Maintaining Their Families in Health. Wherein Are Described the Natures, Causes, and Symptoms of All Diseases Inward and Outward, Incident to the Bodies of Men, Women, and Children. Prescribing Natural, Useful and Proper Medicines Both in Physick and Chirurgery, as Well for the Prevention and Speedy Cure of the Said Distempers.* (London: Samuel Lee, 1680), sig. A2r.

<sup>31</sup> I refrain here from attempting to clarify the use of other commonly used terms of "popular", "folk", and "lay" in connection with early modern medicine.

<sup>32</sup> Titles from the Wellcome Library holdings include William Buchan, *Domestic Medicine: Or, A Treatise on the Prevention and Cure of Diseases, by Regimen and Simple Medicines*, 2nd ed. (London: Printed for W. Strahan; T. Cadell, 1772), Thomas Hayes, *A Serious and Friendly Address to the Public, on the Dangerous Consequences of Neglecting Common Coughs and Colds So Frequent in This Climate: Containing a Simple and Efficacious, and Domestic Method of Cure. By a Gentleman of the Faculty* (London: J. Murray etc., 1783), William Meyrick, *The New Family Herbal, or Domestic Physician: Enumerating, with Accurate Descriptions, All the Known Vegetables Which Are Any Way Remarkable for Medical Efficacy. With an Account of Their Virtues in the Several Diseases Incident to the Human Frame* (Birmingham: Printed by T. Pearson; and sold by R. Baldwin, London, 1790), Michael Underwood, *A Treatise on the Disorders of Childhood. And Management of Infants from the Birth: Adapted for Domestic Use*, 3 vols. (London J. Mathews, 1797), James Parkinson, *Medical Admonitions Addressed to Families, Respecting the Practice of Domestic Medicine, and the Preservation of Health, with Directions for the Treatment of the Sick, on the First Appearance of Disease: By Which Its Progress May Be Stopped, and a Fatal Termination Prevented from Taking Place, through Neglect or Improper Interference*, 3rd ed. (London: Printed for C. Dilly et al., 1799).

William Buchan's work of a later period when lay healing was beginning to lose its status. In her view the rise of commercial medicine and treatment in hospitals indicated a shift in authority away from the patient, such that by the end of the eighteenth century much vernacular healing was condemned for its association with deviant forms of popular religion.<sup>33</sup> This picture differs substantially from that of earlier elite women whose medical practice was frequently more extensive than their immediate household and was sometimes considered comparable to that of physicians.<sup>34</sup> Lena Cowen Orlin suggests that, in contemporary tracts, domestic relationships were primarily defined and negotiated in terms of household responsibilities. However she notes that, in practice, these roles were frequently contested.<sup>35</sup> Although Orlin does not refer to medical activities, it seems appropriate to take a similar view of medical matters which were repeatedly a focus of much concern, and sometimes conflict, between patients, carers, relatives, friends and medical practitioners. Thus, I suggest that the use of the term "domestic" allows us to consider the relationships inherent in these activities rather than limiting consideration to the physical space of the household. I will use the term "household healthcare" to refer to all concerns and activities relating to the health of household members including the provision and seeking of advice, preventative care, nursing and medical treatment, obtaining and making medicines and recovery.<sup>36</sup> In this study I further explore elements of self-help in the context of household healthcare.

*(ii) The Medical Marketplace.*

A focus on practitioners in the medical marketplace has tended to result in a lack of study of consumption and commercial aspects of medicine.<sup>37</sup> We lack explanations for how and why the sale of medicines substantially increased in the eighteenth century. It is unclear whether medicines were a necessity or a luxury. The underlying nature of demand

<sup>33</sup> The examples of "deviant religion" included millenarian prophets, evangelicals, astrological healers in Chapter 9, "The Reform of Popular Medicine" also in Fissell, *Patients, Power and the Poor*, pp. 13, 16, 182. Also see G. Dock, "The 'Primitive Physic' of Rev. John Wesley," *Journal of American Medical Association* 64 (1915): 629-38.

<sup>34</sup> Joanna Moody, *The Private Life of an Elizabethan Lady: The Diary of Lady Margaret Hoby 1599-1605* (Stroud: Sutton, 1998), p. xxxv, Linda A. Pollock, *With Faith and Physic: The Life of a Tudor Gentlewoman, Lady Grace Mildmay, 1552-1620* (London: Collins & Brown, 1993), p. 107.

<sup>35</sup> Lena Cowen Orlin, *Private Matters and Public Culture in Post-Reformation England* (Ithaca and London: Cornell University Press, 1994), pp. 3-4.

<sup>36</sup> Definitions of family and household have been extensively discussed in the literature, and I use the term "household" to cover a broad range of resident kin, servants, and visitors. See Miranda Chaytor, "Household and Kinship: Ryton in the Late Sixteenth and Early Seventeenth Centuries," *History Workshop* 10 (1980), Naomi Tadmor, *Family and Friends in Eighteenth-Century England: Household, Kinship and Patronage* (Cambridge: Cambridge University Press, 2001), Ingrid Tague, "Aristocratic Women and Ideas of Family in the Early Eighteenth Century," in *The Family in Early Modern England*, ed. Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007).

<sup>37</sup> These issues are beginning to be addressed, see Mark S. R. Jenner and Patrick Wallis, "The Medical Marketplace," in *Medicine and the Market in England and Its Colonies, c. 1450-c. 1850*, ed. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), pp. 1-23.

and increased consumption of medicines needs to be explored. Some explanations contain fanciful but unsubstantiated ideas about why there may have been past reliance on home-prepared remedies. For example, Lavinia Dock and Isabel Stewart suggest that poor nursing care resulted in increased self-help activity. They describe a "dark period" of nursing in which the secular nurse was "illiterate, heavy-handed, venal, and over-worked". So the "average family of those days dreaded and avoided the hired nurse and dosed themselves with home-made medicines".<sup>38</sup> Economic and social influences on household healthcare need to be examined, including aspects of gift practices, which may have paved the way for the emerging medical patient consumer.

Harold Cook refers to the "growing medical marketplace" in the early modern period in which increasing numbers of physicians tried to respond to patient demand for "quick and certain cures".<sup>39</sup> Lisa Smith notes criticisms of the use of the medical marketplace model as focusing on elite patients and their relationships with practitioners, excluding wider social and economic aspects and the influence of family members on treatment.<sup>40</sup> And Wear comments that this model is inappropriate for lay medicine as it discounts religious influences, ethical and charitable impulses, and draws attention away from cognitive and practical aspects of medical practice.<sup>41</sup> Women were participants as purchasers or providers in the medical marketplace, but this does not take into account much of their activities as lay household healthcare practitioners. Thus, the medical marketplace has been a useful model for historians in portraying the multiplicity of practitioners in the early modern period, but has come under criticism for under-representing the unpaid lay practitioner and charitable care. Curiously, this concept of the medical marketplace has been valuable in allowing historians to recognise a range of medical activity, from licensed physicians to surgeons, apothecaries and travelling specialists - but has not been widely used in relation to the consumption of medicines. The relationship between household healthcare and commercial medicine has largely been excluded from this perspective. In this study, I aim to explore the nature of household healthcare more fully in relation to purchases of medicinal supplies and medical services.

### *(iii) The Question of Medical Authority.*

<sup>38</sup> Lavinia L. Dock and Isabel M. Stewart, *A Short History of Nursing: From the Earliest Times to the Present Day*, 4th ed. (New York: G. P. Putnam, 1938), p. 98.

<sup>39</sup> Harold Cook, "The New Philosophy and Medicine in Seventeenth-Century England," in *Reappraisals of the Scientific Revolution*, ed. David C. Lindberg and Robert S. Westman (Cambridge: Cambridge University Press, 1990), p. 411.

<sup>40</sup> Lisa W. 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.

<sup>41</sup> Wear, *Knowledge and Practice*, p. 28.

The way in which medical authority is formed has been an ongoing subject of interest, particularly in relation to the professionalisation and control of medicine.<sup>42</sup> The nature of gentlemanly authority is explored by Anthony Fletcher and Steven Shapin, resulting in a form of epistemological ranking based on both status and gender.<sup>43</sup> The "disappearance of the sick man" from the discourses of medicine in the eighteenth century provides an emphasis on the shaping of boundaries between the sick and emerging "medical investigators".<sup>44</sup> The exclusion of lay people, especially women, from professional medicine has been largely depicted as a passive outcome resulting from changes in society, from lack of suitable education to opposition from professional practitioners and the development of institutional care.<sup>45</sup> Beier suggests that the scope of activities of female healers was in decline in the seventeenth century, and that the persecution of witches did much to discourage the open practice of traditional medicine. Rather confusingly she adds that amateur healing remained respectable, learned physicians using the recipes of gentlewomen long after the end of the seventeenth century.<sup>46</sup> The evidence for these claims is variable and difficult to periodise. Diaries and other biographical material provide evidence that some women of the gentry were active in medical care in the earlier part of the seventeenth century.<sup>47</sup> But how did lay practitioners of household healthcare fare alongside the rise of professional and commercial medicine in the seventeenth and eighteenth centuries? Somehow, the explanations above do not entirely add up – both criticism and lack of education were present throughout the early modern period together with encouragement and recognition for women's medical activity. Lay men, too, should not be discounted for their role in providing healthcare; they were also affected by the professionalisation of medicine. Widespread institutional provision of hospitals and dispensaries largely developed from the eighteenth-century onwards. Thus, a gap between the seventeenth and eighteenth centuries remains in which this shift in medical authority was taking place, and is poorly understood.

<sup>42</sup> P. Wright and A. Treacher, *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh: Edinburgh University Press, 1982).

<sup>43</sup> Anthony Fletcher, *Gender, Sex and Subordination in England 1500-1800* (New Haven: Yale University Press, 1995), Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth Century England* (Chicago: Chicago University Press, 1994).

<sup>44</sup> N. D. Jewson, "The Disappearance of the Sick Man from Medical Cosmology, 1770-1870," *Sociology* 10 (1976): p. 238.

<sup>45</sup> Barbara Ehrenreich and Deidre English, *For Her Own Good: 150 Years of the Experts Advice to Women* (New York: Anchor Press, 1979).

<sup>46</sup> Beier, *Sufferers and Healers*, pp. 199, 215-16. Her examples included Lady Margaret Hoby (b. 1571) and Alice Thornton (b. 1627).

<sup>47</sup> Elaine Leong, "'Mrs Elizabeth Freke: Her Book': The Remembrances and Remedy Collection of a Seventeenth-Century English Gentlewoman" (MA thesis, University of Oxford, 2001), Moody, *The Private Life of an Elizabethan Lady*, Pollock, *With Faith and Physic*.



Wear refers to the contested relationship between learned medicine and folk or domestic knowledge, explaining that the making of remedies was an issue between physicians and apothecaries, but was also a skill expected of women, particularly well-to-do women. Recipes were collected and exchanged amongst family, friends and neighbours. Wear notes a paradox here, in that learned practitioners both criticised lay and folk knowledge, and also incorporated this knowledge and expertise.<sup>48</sup> Similar paradoxes in relation to other aspects of medicinal knowledge are noted by Roger Cooter.<sup>49</sup>

One argument about the exclusion of women from medicine has been that they lacked access to appropriate education. Hence women lacked appropriate knowledge and lost medical authority. Medical knowledge and medical authority are equated. Londa Schiebinger describes how the breakdown of an older order of artisanal production and aristocratic privilege led to the closure of opportunities in science for women. As science became increasingly professionalised, as "the household was undergoing privatisation", so women were largely excluded from educational institutions, and participation in scientific discovery, unless they could assist in the family context.<sup>50</sup> Another approach focuses on exclusion of women by professional interests through regulation. Anne Witz writes of the professionalisation of medicine in the eighteenth and nineteenth centuries, discussing strategies used to achieve "occupational closure". She notes the significance of "market provision as distinct from domestic and community provision in a rapidly expanding market for medical services in the eighteenth and early nineteenth centuries". Thus, it was "both the relocation of medical services from a predominantly domestic and community arena to a predominantly market arena, together with the ability of men to collectively organise and construct organisational forms in the new sphere of civil society that signalled the demise of the female practitioner".<sup>51</sup> This analysis points up the need to understand the domestic context of healthcare in order to appreciate more fully how the demand for professional medical services developed. In this study, I aim to clarify the nature of household healthcare and its practitioners in order to re-evaluate their relationship to other aspects of medical practice and authority.

#### *(iv) Gender Aspects.*

Gender matters constantly recur when examining household healthcare, usually because of the past involvement of women, and the later interest of historians of women.

<sup>48</sup> Wear, *Knowledge and Practice*, pp. 46-52.

<sup>49</sup> Roger Cooter, "After Death/ After-'Life': The Social History of Medicine in Post-Postmodernity," *Social History of Medicine* 20, no. 3 (2007): pp. 441-64.

<sup>50</sup> Londa Schiebinger, *Has Feminism Changed Science?* (Cambridge, Mass: Harvard University Press, 1999), p. 29.

<sup>51</sup> Anne Witz, *Professions and Patriarchy* (London: Routledge, 2002), p. 193.

Monica Green rightly questions whether a focus on women has meant that some elements of the history of women's healthcare have been overlooked.<sup>52</sup> In this study I try to draw in material relating to the roles of both women and men in household healthcare. As will become clear though, the main household practitioners considered here are women. My view is that it is "household healthcare" which has also been overlooked, leading to a lack of understanding of women's beliefs and practice.

Varied characterisations of women's therapeutics can be found, from those which suggest women embodied many folk practices to those which largely presume women's views reflected those of learned practitioners. Fissell writes that "in the early modern period, much of English healthcare was provided by nonprofessionals, by mothers and housewives, by cunning women of local repute, by clergymen carrying out charitable works." and "vernacular medicine was organized around a few basic principles that extended fairly widely throughout late seventeenth- and eighteenth-century English society".<sup>53</sup> Nagy argues that there were many similarities in daily practice between "popular" and professional practice in Stuart England.<sup>54</sup> However, there may have been differences between women. Linda Pollock particularly notes that the extensive practice of Lady Mildmay was not typical of many others, including theory, causes and symptoms of disease, numerous mineral and chemical remedies.<sup>55</sup> Beier's view is that there was "no clear demarcation" between learned and popular medicine, and no clear consensus on who were the "sole authorities" in medical matters as people shared and adapted many beliefs according to their situation.<sup>56</sup>

By the middle of the eighteenth century, medical advice books pointed out the dangers of lay people attempting to treat themselves in all but the simplest conditions, or most desperate situations, where no practitioner was nearby. Women were no longer seen as authoritative practitioners in relation to health, indeed some women were extremely

<sup>52</sup> Monica H. Green, "Gendering the History of Women's Healthcare," *Gender and History* 20, no. 3 (2008): p. 508.

<sup>53</sup> Fissell, *Patients, Power and the Poor*, p. 16.

<sup>54</sup> See Nagy, *Popular Medicine*, p. 53.

<sup>55</sup> Pollock, *With Faith and Physic*, pp. 98, 108, David E. Schoonover, *Lady Borlase's Receiptes Booke* (Iowa City: University of Iowa Press, 1998), Lynette Hunter, "Women and Domestic Medicine: Lady Experimenters, 1570-1620," in *Women, Science and Medicine, 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), pp. 89-107. A recent study argues that women of status in Germany sought and obtained recognition for their charitable medical activities, see Alisha M. Rankin, "Medicine for the Uncommon Woman: Experience, Experiment, and Exchange in Early Modern Germany" (PhD thesis, Harvard University, 2005).

<sup>56</sup> Beier, *Sufferers and Healers*, pp. 30-31. In his survey of Napier's seventeenth-century medical practice, Ronald Sawyer describes the common medical history shared by educated people and suggests that these medical concepts were "filtered down" to lower levels of society. Ronald C. Sawyer, "Patients, Healers and Disease in the Southeast Midlands, 1597-1634" (PhD thesis, University of Wisconsin, 1986), pp. 211-12.

critical of the involvement of other women.<sup>57</sup> Commentators have remarked on how little change there was in medical therapeutics in this period. Despite the remarkable discoveries made in anatomy and physiology, as well as the introduction of new ideas about disease and remedies, most treatment by paid practitioners continued in much the same heroic vein as before. Yet somehow, although treatments were apparently markedly consistent, between the middle of the seventeenth century and the middle of the eighteenth century there were structural and economic changes in the way in which healthcare provision was delivered. Healthcare provision shifted from a household focus, in which women could exercise considerable influence, to an external provision, either directed entirely by professional practitioners or managed in an institutional context. In addition, the role of women as direct providers of charitable healthcare to the poor appeared to diminish considerably. Meanwhile the demand for prepared medicines apparently escalated so that expenditure on health increased.<sup>58</sup> Exactly how did household healthcare feature in these changes? The practice of household healthcare and subsequent change has not been documented and explored in detail. Was the increasing professionalisation of medicine actually supported by women? Were any women opposed and, if so, how did they express this? What was the role of men? Discussion of these matters, so far, has rested on the nature of "medical authority". I consider this to be a rather polarised perspective, as the idea of medical authority does not readily enable consideration of a spectrum of power in healthcare matters. What is needed is a concept focused on actual power to determine the nature of healthcare. In this study, I introduce the concept of "therapeutic determination" in order to recognise the contributions of different players in the household healthcare context where there was ongoing negotiation between the sick person, carers, lay practitioners, family, professional medical practitioners and other medical advisers. Each person sought to contribute to the form of healthcare, each with their own motivation, experience, knowledge and belief. The extent to which each person could promote "therapeutic determination" would depend on a number of factors, in addition to

<sup>57</sup> Contemporary plays and poems provide rich sources for the ridicule of many aspects of medicine. Tanya Pollard, *Drugs and Theater in Early Modern England* (Oxford: Oxford University Press, 2005), Stephanie Moss and Kaara L. Peterson, eds., *Disease, Diagnosis and Cure on the Early Modern Stage* (Aldershot: Ashgate, 2004), Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca, New York: Cornell University Press, 1992).

<sup>58</sup> Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (London: Routledge, 1991), p. 2, Silvia De Renzi, "Old and New Models of the Body," in *The Healing Arts, Health, Disease and Society in Europe 1500-1800*, ed. Peter Elmer (Manchester: Open University, 2004), pp. 166-95, Roy Porter, "The Eighteenth Century," in *The Western Medical Tradition 800 BC to AD 1800*, ed. Lawrence I. Conrad, et al. (Cambridge: Cambridge University Press, 1995), pp. 371-475, Ulrich Tröhler and Cay-Rüdiger Prüll, "The Rise of the Modern Hospital," in *Western Medicine: An Illustrated History*, ed. Irvine Loudon (Oxford and New York: Oxford University Press, 1997), pp. 160-75.

recognition of their medical knowledge, including patron status, wealth, gender, experience, confidence and skill.

In practical terms in the home, healthcare is largely described as women's work. General descriptions of housewifery and home life frequently portray women as involved in healthcare irrespective of wealth and status. The extent of provision for the neighbourhood is also widely presumed, though not always supported by actual evidence.<sup>59</sup> Analyses of women's roles in the context of the rise of capitalism provide extensive discussion of whether the position of women was undermined from a previous "golden age" of household self-sufficiency. Hannah Barker and Elaine Chalus describe how women became increasingly marginalized from the seventeenth to the nineteenth centuries, alongside an emerging "social ideology of female domesticity". They argue for a more complex and pluralistic view that reflects the blurring and permeability of boundaries rather than separate spheres.<sup>60</sup> Healthcare has featured in a limited way in these debates, partly because it is a complex activity which, until the widespread establishment of institutional care, largely remained within the household whilst increasingly being directed from without.

Generally, the study of domesticity has focused on social aspects such as the arrangements pertaining to marriage and inheritance, or flagged up the sexuality inherent in daily tasks.<sup>61</sup> Some studies portray housework as a mindless trap for women, others describe the potential of housework as a science.<sup>62</sup> Sara Mendelson and Patricia Crawford emphasise that women of all levels were likely to be involved in some sort of medical care, whether directly or in a supervisory capacity, as part of their household responsibilities.

<sup>59</sup> "The housewife was responsible for the comfort and well-being of her family, which naturally included an understanding of how to look after them when they were ill." Alison Sim, *The Tudor Housewife* (Stroud: Sutton, 1996), p. 86. "The woman of the house was supposed to be both physician and pharmacist. At all levels medical lore was handed down from older women to the younger ones." Norah Lofts, *Domestic Life in England* (London: Weidenfield and Nicolson, 1976), p. 52. Women had once "been centrally involved in the healing process" Marilyn J. Boxer and Jean H. Quataert, eds., *Connecting Spheres: Women in the Western World 1500, to the Present* (Oxford: Oxford University Press, 1987), p. 12. "Any woman could, and usually did, gain access to at least an elementary knowledge of homespun cures", Lucinda M. Becker, *Death and the Early Modern Englishwoman* (Aldershot: Ashgate, 2003), p. 41. "The country gentlewoman of the sixteenth and seventeenth centuries made medicines, ointments and pills in her still-room for her family and servants, and also for the poor people of the neighbourhood." Joanna Martin, *Wives and Daughters: Women and Children in the Georgian Country House* (London and New York: Hambledon and London, 2004), p. 167.

<sup>60</sup> Hannah Barker and Elaine Chalus, eds., *Gender in Eighteenth-Century England: Roles, Representations and Responsibilities* (Harlow: Longman, 1997), Amanda Vickery, "Golden Age to Separate Spheres? A Review of the Categories and Chronology of Englishwomen's History," *Historical Journal* 36, no. 2 (1993): pp. 383-414.

<sup>61</sup> Glenna Mathews, *Just a Housewife: The Rise and Fall of Domesticity in America* (New York: Oxford University Press, 1987), Wendy Wall, *Staging Domesticity: Household Work and English Identity in Early Modern Drama* (Cambridge: Cambridge University Press, 2002), pp. 3, 6, 14, 172-75. See also Naomi J. Miller and Naomi Yavneh, *Maternal Measures: Figuring Caregiving in the Early Modern Period* (Abingdon: Ashgate, 2001).

<sup>62</sup> Alix Cooper, "Home and Household as Sites for Early Modern Science," in *The Cambridge History of Early Modern Science*, ed. Katherine Park and Lorraine Daston (New York: Cambridge University Press, 2006), 226-37.

However, if women did take considerable responsibility for healthcare, it cannot be assumed that they always thought this desirable. Indeed Mendelson and Crawford also note that some women indicated concerns that their household responsibilities reduced time available for spiritual commitments. For example, Sarah Savage wrote, towards the end of the seventeenth century, that "through the necessity of my outward affairs, my secret duties are commonly limited".<sup>63</sup> Lady Masham expressed the view that household affairs dulled her, writing to John Locke of her frustration and desire for more intellectual stimulation.<sup>64</sup> Other individual case studies refer to household activities, notably the work of Frances Harris on Mary Evelyn and Margaret Cavendish.<sup>65</sup> Domesticity has been regarded as central in the formation of the middling class identity as Leonore Davidoff and Catherine Hall argue, and Amanda Vickery has countered.<sup>66</sup> Yet the healthcare aspects of domestic life have been so poorly characterised that it is unclear how they changed. Some changes must have taken place; indeed Ingrid Tague in her study focused on eighteenth-century aristocratic women acknowledged that "women in more old-fashioned families" might include amongst their tasks "potting eels and making medicines".<sup>67</sup>

So what were housewives supposed to do? A popular household advice book of the early seventeenth century, *The English huswife*, by Gervase Markham, is often cited for its model of the desirable qualities of a housewife. This book provided advice for housewives and celebrated their "skill in Physicke, Surgery, Cookery".<sup>68</sup> This widely-quoted source suggests that women's practice of household healthcare in the early seventeenth century was extensive in scope because of the lack of medical practitioners in rural areas. However, by the end of the eighteenth century, such lay household practitioners were viewed with considerable suspicion. Their activities were very risky, as suggested by one

<sup>63</sup> Sara Mendelson and Patricia Crawford, *Women in Early Modern England* (Oxford: Clarendon Press, 1998), pp. 307-09, 311.

<sup>64</sup> Mark Goldie, *John Locke and the Mashams at Oates* (Essex: Parish of High Laver, 2004), pp. 21, 25.

<sup>65</sup> Frances Harris, "Living in the Neighbourhood of Science: Mary Evelyn, Margaret Cavendish and the Greshamites," in *Women, Science and Medicine 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), pp. 198-217, Frances Harris, *Transformations of Love: The Friendship of John Evelyn and Margaret Godolphin* (Oxford: Oxford University Press, 2003).

<sup>66</sup> Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London: Routledge, 1987), p. 450, Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (New Haven and London: Yale University Press, 1998).

<sup>67</sup> Ingrid Tague, *Women of Quality: Accepting and Contesting Ideals of Femininity in England, 1690-1760* (Woodbridge, Suffolk: Boydell Press, 2002), p. 128.

<sup>68</sup> This was first published in 1615. Gervase Markham, *The English House-Wife. Containing the Inward and Outward Vertues Which Ought to Be in a Compleate Woman. As Her Skill in Physicke, Surgery, Cookery, Extraction of Oyles, Banqueting Stuffle, Ordering of Great Feasts, Preserving of All Sorts of Wines, Conceited Secrets, Distillations, Perfumes, Ordering of Wooll, Hempe, Flax, Making Cloth and Dying, the Knowledge of Dayries, Office of Malting, of Oates, Their Excellent Uses in a Family, of Brewing, Baking and All Other Things Belonging to an Houshold* (London: Printed by Nicholas Okes for John Harison, 1631), title page.

publication in which, "directions for the cure of diseases shall, in this work, be confined to those in which no risque can be incurred, by trusting them to the management of a domestic practitioner".<sup>69</sup> This was how James Parkinson set out the limits of domestic medicine nearly 170 years later, in 1799, in his *Medical Admonitions* in which symptoms of diseases were "carefully marked" to indicate the "degree of danger" and whether, as in many cases, the "attendance of a physician or other medical character, is required".<sup>70</sup> The practice of domestic medicine according to Parkinson should be "confined" to a few risk-free conditions, subject to speedy identification of the symptoms indicating a need for more "powerful means"; and the role of family and friends of the sick was limited to faithfully carrying out the instructions of the physician or surgeon. In this study, I examine selected sources to help explain shifts in healthcare roles of women and men as household healthcare became reformed as domestic medicine.

### 1.3 Relevant Literature

What work has been done on receipts and household healthcare practice? Here I consider a range of studies based on various types of sources used including receipt collections, diaries and letters, accounts and inventories, printed advice books and contemporary literature, and organisational records.

Some aspects of early modern household healthcare are more difficult to investigate. Nursing and housework have particularly suffered in historical research due to a lack of written sources. Nursing care has been little considered prior to studies concerned with waged work in institutions or poor law contexts. Anne Summers comments on the focus on nursing in institutions rather than the household because of the lack of archival records available, though there are more recent studies of the later nineteenth century period.<sup>71</sup> Celia Davies reminds us of the challenge facing historians because of "nursing's invisibility".<sup>72</sup> An excellent overview of nursing in the early modern period is provided by Margaret Pelling's work on the terminology of nursing.<sup>73</sup> Through careful examination of the extant records, there are possibilities for exploring the nature of household healthcare.

<sup>69</sup> Parkinson, *Medical Admonitions*, p. 1.

<sup>70</sup> *Ibid.*, pp. iii, a2.

<sup>71</sup> Anne Summers, "Hidden from History? The Home Care of the Sick in the Nineteenth Century," *History of Nursing Journal* 4 (1992): pp. 227-43. For nineteenth-century home nursing see Emily Abel, "Family Care Giving in the Nineteenth Century: Emily Hawley Gillespie and Sarah Gillespie, 1858-1888," *Bulletin of the History of Medicine* 68 (1994): pp. 579-84. See also, on the nineteenth-century "cult of domesticity" in America, Mathews, *Just a Housewife*. For other aspects of nineteenth-century nursing see Barbara E. Mortimer and Susan McGann, eds., *New Directions in the History of Nursing: International Perspectives* (London: Routledge, 2003).

<sup>72</sup> Celia Davies, "Rewriting Nursing History-Again?," *Nursing History Review* 15 (2007): pp. 11-27.

<sup>73</sup> Margaret Pelling, "Nurses and Nursekeepers: Problems of Identification in the Early Modern Period," in *The Common Lot: Sickness, Medical Occupation and the Urban Poor in Early Modern England*, ed. Margaret Pelling (London: Longman, 1998), pp. 179-202.

The invisibility of these important aspects of household activity serves as a reminder of their gendered nature. Aritha van Herk, suggests that laundry, marginalised despite its regular presence, both practical and ritual in operation and also a metaphor for secrets and sexual experimentation, "acts as an index of women's changing position" and challenges scholars to find ways to "focus on this telling detail of women's work".<sup>74</sup>

(i) *Studies of Receipt Collections.*

These studies have tended to fall into two main camps, focusing on either culinary history or medical history. The former has been more widely researched, particularly based on printed receipt books.<sup>75</sup> Janet Theophano argues that both manuscript and print cookbooks can be used to provide a form of autobiographical timeline, an indication of women's lives and social networks through which a body of knowledge accumulates both collectively and individually.<sup>76</sup> There has been limited study of the relationship between food and medicine in printed advice and receipt books, though some work is focused on the importance of regimen in medical advice and popular understanding.<sup>77</sup> Printed medicinal receipt collections reveal variations in women's involvement, from aristocratic patrons to practitioner and compiler, as well as some ambiguities in the way men engaged with circulation of receipts.<sup>78</sup> Gender has played an important part in analysis of patronage

<sup>74</sup> Aritha Van Herk, "Invisibled Laundry," *Signs* 27, no. 3 (Spring 2002): pp. 893-900.

<sup>75</sup> Gilly Lehmann, *The British Housewife: Cookery-Books, Cooking and Society in Eighteenth-Century Britain* (Totnes: Prospect Books, 2002), Stephen Mennell, *All Manners of Food Eating and Taste in England and France from the Middle Ages to the Present* (Oxford: Blackwell, 1985), Raffaella Sarti, *Europe at Home: Family and Material Culture, 1500-1800* (New Haven: Yale University Press, 2002), Sandra Sherman, "'The Whole Art and Mystery of Cooking': What Cookbooks Taught Readers in the Eighteenth Century," *Eighteenth-Century Life* 28.1 (2004): pp. 115-35. Numerous publications include illustrative selections from receipt books, such as Russell George Alexander, *A Plain Plantain: Country Wines, Dishes and Herbal Cures from a Seventeenth Century Household Ms Receipt Book*, Susannah Avery (*Fl. 1688*) (Ditchling, Sussex: St Dominic's press, 1922), Ann-Marie Lafont, *Devon's Heritage: A Herbal Folklore* (Bideford: Badger Books, 1984), Christina Hardyment, *The Housekeeping Book of Susanna Whatman 1776-1800* (London: Century in Association with the National Trust, 1987).

<sup>76</sup> Theophano, *Eat My Words*, pp. 13, 50-51. Other edited manuscript texts in part or full include Hilary Spurling, *Elinor Fettilplace's Receipt Book: Elizabethan Country House Cooking* (Harmondsworth: Penguin, 1986), Karen Hesse, *Martha Washington's Book of Cookery and Books of Sweetmeats* (New York: Columbia University Press, 1981), Schoonover, *Lady Borlase's Receipts Booke*.

<sup>77</sup> Ken Albala, *Eating Right in the Renaissance*, California Series in Food and Culture: 2 (Berkeley; London: University of California Press, 2002), Jane Huggett, *The Mirror of Health: Food, Diet and Medical Theory 1450-1660* (Bristol: Stuart Press, 1995), 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, no. 1 (1970): pp. 61-97. See also Ann Carden-Coyne and Christopher E. Forth, eds., *Cultures of the Abdomen: Diet, Digestion and Fat in the Modern World* (New York: Palgrave Macmillan, 2005).

<sup>78</sup> Elaine Hobby, "A Woman's Best Setting Out Is Silence: The Writings of Hannah Woolley," in *Culture and Society in the Stuart Restoration: Literature, Drama, History*, ed. F. MacLean (Cambridge: Cambridge University Press, 1995), pp. 179-200, Lynette Hunter, "Sisters of the Royal Society. The Circle of Katherine Jones, Lady Ranelagh," in *Women, Science and Medicine, 1500-1700*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton Publishing, 1997), pp. 178-97, Michael Hunter, "The Reluctant Philanthropist: Robert Boyle and the 'Communication of Secrets and Receipts in Physick'," in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, ed. Peter Ole Grell and Andrew Cunningham (Aldershot: Scolar Press, 1996), pp. 247-72, Anne MacDonell, *The Closet of Sir Kenelm Digby Knight Opened* (London: Philip Lee Warner, 1910).

networks and some books of receipts were written and published by women, or at least attributed to women.<sup>79</sup> In this way women have been linked to developments in medicine and science though they faced many obstacles in engaging with the emerging institutions of scientific thought.<sup>80</sup>

Studies of manuscript medicinal receipts have tended to consider individual collections, with few attempts to consider regional sources.<sup>81</sup> It is not always obvious who were the original collectors of manuscript receipts and some careful analysis of archives is needed to discover this.<sup>82</sup> The relationship to print has been explored, and some have viewed manuscript medicinal receipts as copied from printed sources, whilst others regard the household receipt collections as ready sources for publishers. Lynette Hunter highlights the publication of receipt collections attributed to women, and argues that women of status found it fashionable to pursue activities such as distillation of waters essentially as a leisure pursuit. Jennifer Stine suggests that aristocratic women gained much status from their involvement in the preparation of remedies and that the medicinal practice of elite women was "discovered" in the seventeenth century and exploited as a source for printed recipe books; a consequence of the publication of these receipts was a devaluing of status of women practising medicine.<sup>83</sup> The use of gifts of advice, receipts and remedies in relation

<sup>79</sup> An example of a woman using the patronage system is given by Paula Findlen, "Science as a Career in Enlightenment Italy: The Strategies of Laura Bassi," *Isis* 84 (1993): pp. 441-69.

<sup>80</sup> Hunter, "Women, Science and Medicine," pp. 89-107, Margaret P. Hannay, "'How I These Studies Prize': The Countess of Pembroke and Elizabethan Science," in *Women, Science and Medicine 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton Publishing, 1997), pp. 108-21, Hunter, "Sisters of the Royal Society," pp. 179, 182, 188. Paula Findlen and Sarah Hutton have also written about philosophy and learned women in the seventeenth century, see Paula Findlen, "Review Essay: Ideas in the Mind: Gender and Knowledge in the Seventeenth Century," *Hypatia* 17, no. 1 (2002): pp. 183-96, Sarah Hutton, "Anne Conway, Margaret Cavendish and Seventeenth-Century Scientific Thought," in *Women, Science and Medicine, 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), pp. 219, 228, 232.

<sup>81</sup> See Ellen G. Gartrell, "Women Healers and Domestic Remedies in Eighteenth Century America: The Recipe Book of Elizabeth Coates Paschall," *New York State Journal of Medicine* 87 (1987): pp. 23-29, Leonard Guthrie, "The Lady Sedley's Receipt Book, 1686, and Other Seventeenth-Century Receipt Books," *Proceedings of the Royal Society of Medicine* VI (1913): pp. 150-69, Leong, "Mrs Elizabeth Freke", George Saintsbury, *Receipt Book of Mrs Ann Blencowe, A. D. 1694* (London: Adelphi, 1922), Anne Stobart, "Women Healers in Seventeenth-Century England: A Study of the Acquisition and Perception of Their Medical Knowledge" (MA thesis, University of Exeter, 1997), Gabrielle Hatfield, "Domestic Medicine in Eighteenth-Century Scotland" (PhD thesis, University of Edinburgh, 1980), Alison Revell, *A Kentish Herbal: A Collection of Medical Remedies Taken from Original Manuscript Sources in the Kent Archives Office* (Maidstone: Kent County Council/Alan Sutton, 1984), R. R. Sellman, "A 1690 Pharmacopoeia," *Devon Notes and Queries* XXXV (1986): pp. 335-37, J. Smith and Thea Randall, *Kill or Cure: Medical Remedies of the Sixteenth and Seventeenth Centuries from the Staffordshire Record Office* (Stafford: Staffordshire Record Office, 1987), Christina Stapley, *The Receipt Book of Lady Anne Blencowe* (Basingstoke: Heartsease, 2004), B. Stitt, "Diana Astry's Recipe Book c. 1700," *Bedfordshire Historical Record Society* 37 (1957): pp. 83-168.

<sup>82</sup> Aspin, "Elizabeth Okeover," pp. 531-40. Many studies of cookery receipts mention medicinal receipts, or lack of them, in passing, for example David Potter, "Elizabeth Fuller's Cookery Manuscript, 1712," *Petits Propos Culinaires* 67 (2001): p. 28.

<sup>83</sup> Paul Slack, "Mirrors of Health and Treasures of Poor Men: The Uses of Vernacular Literature of Tudor England," in *Health, Medicine and Mortality*, ed. C. Webster (Cambridge: Cambridge University Press, 1979), pp. 239, 246, 257, 260, Jennifer Stine, "Opening Closets: The Discovery of Household Medicine in Early Modern England" (PhD thesis, University of Stanford, 1996), pp. 210-14.



to medical treatment in sixteenth-century Germany has recently been documented by Alisha Rankin from the papers of high status women such as the Countess Dorothea of Mansfield and Electress Anna of Saxony. In the case of the former, Rankin shows that extensive treatment of the poor helped to create a medical fame which underpinned patronage and linked with wider court experimentation in natural knowledge.<sup>84</sup>

However, Elaine Leong shows that a substantial proportion of medical receipts were gathered by men and families, thus questioning assumptions that women were responsible for gathering receipts in the household. Leong suggests that women's role in compiling these collections has been over-emphasized and the focus on household medicine has tended to separate the receipt collections from the "goings-on of the scientific revolution".<sup>85</sup> All agree that receipts were enthusiastically collected, although Alexander Goldbloom has looked closely at early modern commonplace books as examples of knowledge, and noted the way in which they came to be seen by the learned as the antithesis of elite enlightenment society, examples of false wit, pedantry and attachment to the ancients.<sup>86</sup> Perhaps the eagerness with which medicinal receipts were collected also became, for some, an indicator of becoming outdated, or at least of ridiculous attempts to provide medical care beyond one's perceived capability? This process needs to be further investigated.

Medicinal receipt collections and books have been taken by some as evidence of the nature of household healthcare. Patricia Crawford and Laura Gowing argue that annotations on receipts show how women "consulted a wide range of people about their health", and that women's experiences in seventeenth-century England transcended class differences, so that "a wealthier woman might find assistance from a poorer woman".<sup>87</sup> And Fissell argues that annotation of receipts can provide evidence of how people thought and practised.<sup>88</sup> Leong suggests that "recipe collections are the most detailed and complete accounts of the therapeutic side of medical care within the household and provide us with insight into what sorts of illnesses these medical practitioners dealt with, what ingredients and types of medicines they used, and through that perhaps a hint of the medical theory

<sup>84</sup> Rankin, "Medicine for the Uncommon Woman", pp. 2, 8, 10-11, 123-138.

<sup>85</sup> Leong, "Medical Remedy Collections", pp. 10, 25, 30.

<sup>86</sup> Alexander Goldbloom, "Lay Medical Culture and Its English Critics, c.1620-c.1720" (PhD thesis, University of London, 2000), pp. 218, 236-37.

<sup>87</sup> Patricia Crawford and Laura Gowing, eds., *Women's Worlds in Seventeenth-Century England* (London: Routledge, 2000), p. 14.

<sup>88</sup> Mary E. Fissell, "Making Meaning from the Margins: The New Cultural History of Medicine," in *Locating Medical History: The Stories and Their Meaning*, ed. F.Huisman and J.Warner (Baltimore and London: Johns Hopkins University Press, 2004), pp. 364-89.

which exists behind this practice".<sup>89</sup> However, it is unclear whether such receipt collections reflect an accurate kind of "snapshot" of such medical care, and the way things changed over time. Further study is needed to compare these receipt collections with other records of household healthcare activities, and to unpack the many and varied components of both receipt collections and household healthcare.

(ii) *Studies of Diaries and Letters.*

Health, as Roy Porter pointed out, was a "constant theme" in both diaries and letters of the time.<sup>90</sup> History of medicine studies in recent years have brought the patient into prominence, drawing on a wide range of letters, diaries, commonplace books, and emphasising the patient's relationship with practitioners.<sup>91</sup> Other studies focus on the recollections of the medical practitioner.<sup>92</sup> Evidence of concerns with health in early modern diaries and letters is widespread, and practically every item contains repeated references to health, illness and providence.<sup>93</sup> Beier considers diaries and letters alongside medical casebooks, and points out that the individual experience of healers and sufferers could vary considerably with character, religion, location, social class, economic status, pain threshold and personal medical history but she adds that "women acted as amateur healers, regardless of their social status" and that "all women were expected to prescribe for and nurse relatives", although visiting the sick was a duty undertaken by both men and

<sup>89</sup> Leong, "Medical Remedy Collections", p. 218.

<sup>90</sup> Roy Porter, *Disease, Medicine and Society in England, 1550-1860* (Basingstoke: Macmillan, 1987), p. 23. This can be seen at all levels of society as the writings of Nehemiah Wallington bear out. Paul Seaver, *Wallington's World: A Puritan Artisan in Seventeenth-Century London* (Stanford: Stanford University Press, 1985). Sickness could be reflected in a wide range of written sources and more recently Tim Cooper has shown that one writer, Richard Baxter, drew on his ill health in almost everything he wrote, publishing over 140 books, and using much imagery based on physicians. He earned himself a reputation as a "melancholy Humourist". See Tim Cooper, "Richard Baxter and His Physicians," *Social History of Medicine* 20, no. 1 (2007): pp. 1-19. Also see Joan Lane, "The Doctor Scolds Me': The Diaries and Correspondance of Patients in Eighteenth-Century England," in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (Cambridge; New York: Cambridge University Press, 1985), pp. 205-48.

<sup>91</sup> Lane, "The Doctor Scolds Me'." Roy Porter, *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge and New York: Cambridge University Press, 1985), Porter and Porter, *Patient's Progress*, Sara Heller Mendelson, "Stuart Women's Diaries and Occasional Memoirs," in *Women in English Society, 1500-1800*, ed. Mary Prior (London: Routledge, 1996), pp. 136-57. James Riley notes that although Ralph Josselin's often mentions the health of his children in his diary, the detail of entries was far greater for his own complaints, James C. Riley, "The Sickness Experience of the Josselins' Children," *Journal of Family History* 14, no. 4 (1989): p. 351, Anne Kugler, "I Feel Myself Decay Apace': Old Age in the Diary of Lady Sarah Cowper (1644-1720)," in *Women and Ageing in British Society since 1500*, ed. Lynn Botelho and Pat Thane (Harlow: Longman, 2001), pp. 66-88.

<sup>92</sup> Edmund Hobhouse, ed. *The Diary of a West Country Physician A. D. 1684-1726* (Rochester: Stanhope Press, 1934), F. N. L. Poynter, ed. *The Journal of James Yonge [1647-1721]: Plymouth Surgeon* (London: Longmans, 1963).

<sup>93</sup> It is not the intention here to explore aspects of providence and health, but relevant sources in this area include David Harley, "Spiritual Physic, Providence and English Medicine, 1560-1640," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London and New York: Routledge, 1993), pp. 101-17, Alexandra Walsham, *Providence in Early Modern England* (Oxford: Oxford University Press, 1999), Andrew Wear, "Puritan Perceptions of Illness in Seventeenth Century England," in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 55-99.

women.<sup>94</sup> Fletcher provides an exhaustive overview of gender roles using husband and wife case studies. He suggests that the social elite lost their respect for magical healing in the seventeenth century, that women's efforts in curing were attracting derision from physicians, and although gentlewomen healers had previously been approved by their husbands and physicians, they "were beginning to forget their obligation to be healers to the neighbourhood".<sup>95</sup>

Some women did have a say as patients despite their apparent exclusion as practitioners. In her study of Anne Conway, Sarah Hutton describes how advice was sought from eminent physicians as well as from "any trusted learned figure".<sup>96</sup> Lisa Smith shows that higher-status women had significant power in the doctor-patient relationship and were able to claim a high level of medical authority due to their knowledge, experience as sufferers, and background as care-givers, and potential role as patronesses. The family played a significant role in mediating the relationship between patient and practitioner.<sup>97</sup> Likewise, the family group, in a study by Susan Whyman of the Verney family, were active in seeking treatments from London physicians.<sup>98</sup>

### (iii) *Studies of Material Culture.*

Studies of material culture include receipts and other evidence such as inventories, although not all studies consider aspects of health.<sup>99</sup> In relation to food, the studies of Sara Pennell and, more recently, of Joan Thirsk have been significant.<sup>100</sup> Pennell argues for a broader view of consumption, not simply of luxury items, and has asked how consumption and power intersect, reminding us of the paradox of women's centrality in consumption

<sup>94</sup> Beier, *Sufferers and Healers*, pp. 4-5.

<sup>95</sup> Fletcher, *Gender, Sex and Subordination*, pp. 232-33, 235-39, 269. See also Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004).

<sup>96</sup> Sarah Hutton, "Of Physic and Philosophy: Anne Conway, F. M. Van Helmont and Seventeenth-Century Medicine," in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, ed. Peter Ole Grell and Andrew Cunningham (Aldershot, England and Brookfield, Vt., USA: Scolar Press, Ashgate Pub. Co., 1996), pp. 231-32.

<sup>97</sup> Lisa W. Smith, "Women's Healthcare in England and France 1650-1770" (PhD thesis, Essex University, 2001), pp. 341-42, Lisa W. Smith, "The Relative Duties of a Man: Domestic Medicine in England and France, ca. 1685-1740," *Journal of Family History* 31, no. 3 (2006): pp. 237-56.

<sup>98</sup> Susan Whyman, *Sociability and Power in Late Stuart England: The Cultural World of the Verneys; 1660-1720* (Oxford: Oxford University Press, 1999). On gifts see also Ilana Krausman Ben-Amos, "Gifts and Favors: Informal Support in Early Modern England," *Journal of Modern History* 72, no. 2 (2000): pp. 295-338, James G. Carrier, *Gifts and Commodities: Exchange and Western Capitalism since 1700* (London: Routledge, 1994), David Cheal, "'Showing You Love Them': Gift Giving and the Dialectic of Intimacy," in *The Gift: An Interdisciplinary Perspective*, ed. Aafke E. Komter (Amsterdam: Amsterdam University Press, 1996), pp. 95-106.

<sup>99</sup> For example Jennie Batchelor and Cora Kaplan, eds., *Women and Material Culture, 1660-1830* (Basingstoke: Palgrave Macmillan, 2007).

<sup>100</sup> Sara Pennell, "The Material Culture of Food in Early Modern England, circa 1650-1750" (PhD thesis, University of Oxford, 1997), Joan Thirsk, *Food in Early Modern England: Phases, Fads, Fashions, 1500-1760* (London: Hambledon Continuum, 2007). An original survey which remains informative is J. C. Drummond and Anne Wilbraham, *The Englishman's Food: A History of Five Centuries of English Diet*, Revised ed. (Oxford: Alden Press, 1957).

and yet marginal economic status.<sup>101</sup> Foods are thought to have remained an important consideration in healthcare, reflecting widely understood notions of humorally-based illness. Thirsk says that "at no time before the late nineteenth century should we separate food from medicine, for throughout all ranks of society they were regarded as one and the same".<sup>102</sup>

Observations by historians of medicine regarding the consumption of medicinal items note substantially increased purchase of medicines in the eighteenth century, although Roy Porter and Dorothy Porter have argued that "medical self-help and consumerism did not compete against each other; rather they proved mutually reinforcing".<sup>103</sup> There have been few studies of probate inventories which mention medicinal purchases as illustrative items, possibly because medicines did not keep. Jan De Vries notes the absence of less durable items in sources such as inventories.<sup>104</sup> Stephen King notes a shortage of "systematic regional studies of the medical marketplace or patient strategies". His overview of eighteenth-century drugs and suppliers in Lancashire and Northamptonshire identifies a complex mixture of suppliers linked to transport routes, and personal supplies provided by medical personnel over considerable distances.<sup>105</sup> A study of Daffy's "Elixir Salutis" identifies a large scale increase in production of proprietary medicines in the late seventeenth century, based on the amount of surviving advertisements and pamphlets.<sup>106</sup> Household inventories made for probate purposes provide information of some specialised equipment of medicinal interest, such as limbecks for distillation, though rarely recording the presence of medicinal remedies.<sup>107</sup> Mark Overton and others provide a survey of domestic activity by analysis of inventories in Kent and Cornwall. This analysis

<sup>101</sup> Sara Pennell, "Consumption and Consumerism in Early Modern England," *The Historical Journal* 42 (1999): pp. 549-64. See also Victoria De Grazia and Ellen Furlough, eds., *The Sex of Things: Gender and Consumption in Historical Perspective* (Berkeley: University of California Press, 1996).

<sup>102</sup> Thirsk, *Food in Early Modern England*, p. 6 and chap. 8.

<sup>103</sup> Porter and Porter, *Patient's Progress*, p. 209.

<sup>104</sup> A. P. Phillips, "The Diet of the Savile Household in the Seventeenth Century," *Transactions of the Thoroton Society of Nottinghamshire* 63 (1959): pp. 57-71, Todd Gray, *Devon Household Accounts: Part 1. Sir Richard and Lady Lucy Reynell of Forde (1627-48), John Willoughby of Leyhill (1644-6) and Sir Edward Wise of Sydenham (1655-9)* (Exeter: Devon and Cornwall Record Society, 1995), Gladys Scott Thomson, *Life in a Noble Household, 1641-1700* (London: Jonathan Cape, 1937), Jan De Vries, "Between Purchasing Power and the World of Goods: Understanding the Household Economy in Early Modern Europe," in *Women's Work: The English Experience, 1650-1914*, ed. Pamela Sharpe (London: Arnold, 1998), pp. 209-38, Marjorie Plant, *The Domestic Life of Scotland in the Eighteenth Century* (Edinburgh: Oliver & Boyd, 1952).

<sup>105</sup> Steven King, "Accessing Drugs in the Eighteenth-Century Regions," in *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, ed. Louise Hill Curth (Ashgate: Aldershot, 2006), pp. 33, 52, 61-64.

<sup>106</sup> 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 at UCL, 2005), pp. 1, 12.

<sup>107</sup> Mark Overton et al., *Production and Consumption in English Households, 1600-1750* (Abingdon: Routledge, 2004). Data drawn from this study relating to distillation equipment is considered in Chapter 4.

emphasises substantial differences found between seventeenth and eighteenth century regions, and contradicts the view that increasing affluence amongst the middling sort might lead to increased purchase of goods previously made in the home as part of the development of a capitalist economy.<sup>108</sup> Impoverishment of people and households was evident over the period 1600 to 1750 in Cornwall. The obverse was found in Kent where increasing wealth was associated with increased capacity for household tasks such as home brewing, dairying and food preservation.<sup>109</sup> The study also suggests that whilst new luxury goods might have been adopted initially by wealthy gentry, the acquisition of objects associated with new ways of living such as forks, saucepans and hot drinks was more likely to originate with professional service groups in urban areas.<sup>110</sup> These findings are of great interest and inform my discussion in chapter 4 on equipment for preparation of medicines.

Accounts can also provide some detail of medical services. Ian Mortimer draws on probate accounts for the dioceses of Canterbury and Salisbury between 1550 and 1750 to show that paid nursing care was the major cost in a final illness.<sup>111</sup> His analysis of these probate records differentiates between nursing care for different sex and wealth groups. He shows that more than 50% of all wealth groups by 1700 had some form of paid medical or nursing assistance in their final illness. The pattern for women was similar, except that lower status women paid more for palliative care at every stage and Mortimer suggests that this may be the outcome of having fewer domestic servants or resident kin to call upon. Paid nursing care alone was reduced throughout the seventeenth century whilst the demand for medical care involving both practitioner and nursing increased.<sup>112</sup> Most interesting was the finding that paid nursing care tended to be used more by women, particularly single women. Mortimer argues that men relied more on wives, servants and kin whereas women were more likely to need additional, purchased nursing assistance.<sup>113</sup>

Studies of consumption have burgeoned in recent years with much debate over the relative merits of explanations based on supply and demand, individual or society, choice

<sup>108</sup> *Ibid.*, especially chap. 3.

<sup>109</sup> Note that the authors of this study point out that it focuses on the "middling sort" as the inventories studied exclude the poorest 40% and the richest 10%, and the richest inhabitants would always have had access to luxury items. *Ibid.*, pp. 26, 78-80, 117.

<sup>110</sup> *Ibid.*, p. 166.

<sup>111</sup> Ian Mortimer, "Medical Assistance to the Dying in Provincial Southern England c.1570-1720" (PhD thesis, University of Exeter, 2004a), pp. 49, 52.

<sup>112</sup> *Ibid.*, pp. 61-63, 104-05.

<sup>113</sup> *Ibid.*, p. 107, 268-69.

and preference.<sup>114</sup> Household consumption and production have also been highlighted. De Vries discusses the strategies used in pre-industrial households to respond to changes in the economic environment.<sup>115</sup> Few studies refer to the specific role of healthcare and it is unclear whether purchases of medicines were regarded as essential items or luxuries. An exception is the work of Kim Hall who considers the gendered impact of an item of food such as sugar which had significant medicinal properties and shifted from a luxury to a commonplace purchase.<sup>116</sup> According to Dobson, the accounts of the wealthy highlighted the enormous expenditure made during illness. "Extra food was purchased, additional supplies of fuel were brought in, fresh linen was needed, the quantities of soap increased and the list of household bills lengthened".<sup>117</sup> The existence of medicine chests has been shown from the eighteenth century onwards.<sup>118</sup> Further study of household accounts could reveal more details of healthcare purchases.

Roy Porter highlighted the rise of medical consumption and links it to the "self-dosing habit" which was crucial to the viability of quackery "stemming from choice no less than economy". People from "all walks of life" sourced items from the "kitchen garden and the hedgerow" as well as "grocer's shops and general stores", making their own preparations and carrying out medical procedures. Increased purchase of medicines and cosmetics in the eighteenth century was part of an overall surge in demand for material goods.<sup>119</sup> Some further studies of quackery have helped to clarify the particular nature of pedlars, itinerant and theatrical mountebanks.<sup>120</sup> But this was not the only source of medical information and medicinal supplies. It is essential to understand the nature of self-help in order to appreciate how this demand grew and developed. Did changing patterns of consumption affect the role of women in household healthcare? Self-help provided a

<sup>114</sup> Joseph Melling and Jonathan Barry, "The Problem of Culture: An Introduction," in *Culture in History: Production, Consumption and Values in Historical Perspective*, ed. Joseph Melling and Jonathan Barry (Exeter: University of Exeter, 1992), pp. 3-27, Maxine Berg, *Luxury and Pleasure in Eighteenth-Century Britain* (Oxford: Oxford University Press, 2005), John Brewer, *The Pleasures of the Imagination: English Culture in the Eighteenth Century* (London: Harper Collins, 1997), Carole Shammas, *The Pre-Industrial Consumer in England and America* (Oxford: Clarendon Press, 1990).

<sup>115</sup> De Vries, "Between Purchasing Power", pp. 209-38.

<sup>116</sup> The most comprehensive history of sugar is by Sidney M. Mintz, *Sweetness and Power: The Place of Sugar in Modern History* (New York: Viking, 1985). Kim F. Hall, "Culinary Spaces, Colonial Spaces: The Gendering of Sugar in the Seventeenth Century," in *Feminist Readings of Early Modern Culture*, ed. Valerie Traub, M. Lindsay Kaplan, and Dymna Callaghan (Cambridge: Cambridge University Press, 1996), pp. 168-90.

<sup>117</sup> Dobson, *Contours of Death and Disease*, pp. 263-267.

<sup>118</sup> J. K. Crellin, "Domestic Medicine Chests: Microcosm of Eighteenth and Nineteenth-Century Medical Practice," *Pharmacy in History* 21 (1979): pp. 122-31. Chests were also sold containing cordial waters, see D. A. Hutton, "Cordial Waters and Cordial Chests," *Pharmaceutical Historian* 3, no. 2 (1973): pp. 6-8.

<sup>119</sup> Roy Porter, *Quacks, Fakers & Charlatans in Medicine* (Stroud, Glos.: Tempus, 2003), pp. 63, 70.

<sup>120</sup> M. A. Katritzky, "Marketing Medicine: The Image of the Early Modern Mountebank," *Renaissance Studies* 15, no. 2 (2001): pp. 121-53. For pedlars see Laurence Fontaine, *History of Pedlars in Europe*, trans. Vicki Whittaker (Durham, US: Duke University Press, 1996).

further form of consumption. In addition to the increased demand for proprietary remedies, King suggests that there was more likelihood of self-dosing according to remedies in commonplace books if this led to savings in expenditure.<sup>121</sup>

*(iv) Studies of Advice Books and Contemporary Literature.*

These sources can provide insight into perceptions of both healers and healing.<sup>122</sup> Susan Cahn uses printed advice literature to chart the complex process of evolution of the "helpmeet housewife" to "dependent mother". Cahn portrays a collective loss of power for women who became consumers focused on home life, especially those in upper and middle strata, and in urban areas. These women became increasingly "conservative" because of their social isolation, dependency and lack of activity.<sup>123</sup> Women of lower status have also been regarded as providers of healthcare and Mildred Campbell, in her classic study of the English yeoman, writes of the duty expressed in advice books which was placed upon a housewife to be "full of good neighbourhood" including readiness to "act in the capacity of nurse and physician if a neighbour were in need".<sup>124</sup> The parallel between the activities of aristocrats and gentlewomen and those of apothecaries and surgeons must have been something that people were increasingly aware of – could there have been a retreat by women of higher status from possible associations with trade? The need to provide medicinal products direct to the local neighbourhood, tenants and poor may also have been reduced alongside the rise of hospital and dispensary services which enabled charity to be distributed at a greater "distance".<sup>125</sup> Funeral sermons provide another source of material, though Lucinda Becker notes that posthumous representations rarely present the individuality of a dying woman, rather they "fit her image into an overall pattern of female goodness and piety".<sup>126</sup> Sermons may have been more akin to advice books than actual records of behaviour.

<sup>121</sup> King, "Accessing Drugs," pp. 70-71.

<sup>122</sup> Raymond Anselment, *The Realms of Apollo: Literature and Healing in Seventeenth-Century England* (Newark: University of Delaware Press, 1995).

<sup>123</sup> Susan Cahn, *Industry of Devotion: The Transformation of Women's Work in England, 1500-1660* (New York: Columbia University Press, 1987), pp. 33, 40, 44, 156-58, 164-70.

<sup>124</sup> Mildred Campbell, *The English Yeoman under Elizabeth and the Early Stuarts* (New York: Augustus M. Kelley, 1942), p. 258.

<sup>125</sup> See Barry and Jones, eds., *Medicine and Charity*, Peter Ole Grell and Andrew Cunningham, eds., *Health Care and Poor Relief in Protestant Europe, 1500-1700* (London: Routledge, 1997), Steven King, *Poverty and Welfare in England, 1700-1850: A Regional Perspective* (Manchester: Manchester University Press, 2000). Fissell charts change from the point where "medical knowledge was a part of everyday discourse" to a time when "truth lay deep inside the body accessible only to the trained observer", referring to the rise of medical professionals in the context of hospital care. Although she emphasises the interchangeability between professional and lay practitioners, and suggests that the "increased commercialism of the medical marketplace" really began to take place only in the second half of the eighteenth century. Fissell, *Patients, Power and the Poor*, pp. 10-11, 58, 70-71.

<sup>126</sup> Becker, *Death and the Early Modern Englishwoman*, p. 103.

Studies of literature using theatrical sources have proved fruitful in exploring household representations and medical ideas. One imaginative study draws on early modern plays. Wendy Wall considers housework in the context of early modern drama, and strongly argues that household activities and domesticity may be seen as potentially disorderly. In her reconstruction of early seventeenth-century activities of the housewife, Wall notes that "medical and culinary practices were thoroughly fused within a daily regimen geared towards orchestrating the intake and output of the precarious humoral bodily economy".<sup>127</sup> Drawing on images in poetry, Jayne Archer proposes that much of women's activities in preparing medicinal items amounted to "chymical housewifery". She argues that there has been a neglect of the housewife as a producer of chemical knowledge, specifically of the stillroom as a site of production of that knowledge.<sup>128</sup> Although these literary studies are suggestive, a lack of evidence of day-to-day activities makes it difficult to confirm these aspects of household healthcare.

(v) *Studies of Parish, Professional and Institutional Records.*

Drawing on poor law accounts and other records, Alice Clark viewed the rise of capitalism as seriously eroding women's status, and noted the low regard and pay for nursing in hospital contexts as well as other activities such as tending smallpox victims and searching corpses. She described the practice of women as being curtailed by their lack of education which was "confined to personal experience, tradition and casual study" and by the restrictions introduced by apothecaries, surgeons and physicians.<sup>129</sup> There is evidence that some women were commercially involved in medicine, such as the women who sold the products of distillation. Mendelson and Crawford refer to a "poor Norwich widow" of the Elizabethan period who "stylleth aqua vitae" and also note that Dorothy Dury, the wife of the educational reformer, John Dury, associated with the Hartlib Circle, distilled medicinal drinks for profit.<sup>130</sup> Predominantly the use of Poor Law records and other

<sup>127</sup> Wall, *Staging Domesticity*, p. 3. Other writers have noted the occurrence of dangerous remedies and problems of orderliness in early modern plays, see Pollard, *Drugs and Theater*, Viviana Commensoli, "Household Business": *Domestic Plays of Early Modern England* (Toronto: University of Toronto, 1996). A particularly detailed examination of humoral understandings can be found in Paster, *The Body Embarrassed*, especially chap. 1.

<sup>128</sup> As Jayne Archer has effectively argued, an understanding of the alchemical nature of distillation was widespread and the concept was used in a variety of contexts to signify not just purification of liquids but also to provide "early modern poets with a potent cluster of images with which to articulate the desire for immortality". Jayne E. E. Archer, "Women and Alchemy in Early Modern England" (PhD thesis, Cambridge University, 2000), pp. 4, 5.iv. See also Penny Bayer, "From Kitchen Hearth to Learned Paracelsianism: Women's Alchemical Activities in the Renaissance," in *Mystical Metal of Gold: Essays on Alchemy and Renaissance Culture*, ed. Stanton Linden (Brooklyn, NY: AMS Press, 2005), Maurice Crosland, "Early Laboratories c.1600-c.1800 and the Location of Experimental Science," *Annals of Science* 62.2 (2005): pp. 233-53.

<sup>129</sup> Alice Clark, *Working Life of Women in the Seventeenth Century*, 1919 ed. (London: Routledge and Kegan Paul, 1992), pp. 243-253, 259-260.

<sup>130</sup> The widow was mentioned in the *Norwich Census of the Poor* (1570), cited in Mendelson and Crawford, *Women in Early Modern England* p. 320. Also Archer notes that Anthony Walker, in *Eureka* (1678), testified to the healing



professional and institutional archives have shown the declining role of women as professional practice increasingly became controlled by men. Cahn points to the efforts of organisations like the Royal College of Physicians to establish criteria for inclusion in the profession including the need for expert knowledge, which resulted in a marked decline in the prestige of women in relation to medical matters. As with brewing and midwifery, she argues that there was a general trend from the sixteenth to the nineteenth century of a more specialised division of labour in an economy characterised by commodity production and a gradual slippage in prestige of domestic work.<sup>131</sup> Pelling provides a refreshing counter to assumptions in her analysis of the records of the College of Physicians which include some 110 irregular female practitioners in London from 1550 to 1640. She notes that none of these individuals were of recognizable gentle status and that there was extensive use of powerful or imported remedies in contrast to more gentle Galenic approaches.<sup>132</sup> Later in the eighteenth century Digby describes parish contracts as providing healthcare for the poor comparable to that available to the general population. This provision included surgery, physic and midwifery. She refers also to instances of individual lay philanthropy scattered in household accounts and diaries, suggesting that such activity was routine and "women played a particularly significant role here".<sup>133</sup>

Generally, household healthcare has been assumed to extend to the local neighbourhood and to the local poor. Charitable provision for the poor has been portrayed initially as a source of confirmation of piety for wealthy women but later as a vehicle for the increased professional control of medicine through organised means, whether through the parish or the hospital.<sup>134</sup> However the actual provision of care and involvement of women may have been more complex. Richard Connors describes evidence of charitable relief, and also the payment of parish women to care for the poor.<sup>135</sup> Marjorie McIntosh bases her description of integrated "networks of care" for the poor in Hadleigh, Suffolk on late sixteenth-century Poor Rate accounts and parish registers. She finds that around one

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activities of Mary Rich, Countess of Warwick saying "[T]he inferiour sort, if they were sick, or tempted, or in any distress, of Body or Mind, whither should they go but to the good Countess whose Closet and Still-house was their shop for Chirurgery and Physick, and her self, (for she would visit the meanest of them personally) and Ministers whom she would send to them, their spiritual Physicians". In this example it is probable that Mary Rich provided medicinal supplies at no cost to the poor, as she was no shopkeeper. Archer, "Women and Alchemy", p. 3.xxx.

<sup>131</sup> Cahn, *Industry of Devotion*, pp. 23, 59, 122.

<sup>132</sup> Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550-1640* (Oxford: Oxford University Press, 2003), pp. 190-195, 213.

<sup>133</sup> Digby, *Making a Medical Living*, p. 243.

<sup>134</sup> David Owen, *English Philanthropy, 1660-1960* (Massachusetts: Bellknapp Press, 1965), pp. 1-3, 13-15.

<sup>135</sup> Richard Connors, "Poor Women, the Parish and the Politics of Poverty," in *Gender in Eighteenth-Century England: Roles, Representations and Responsibilities*, ed. Hannah Barker and Elaine Chalus (Harlow: Longman, 1997), pp. 126-47.

third of recipients had the same names as contributors, suggesting that extended families might not be expected to take responsibility for poorer members without payment. She also refers to "informal and reciprocal networks of relatives or neighbours that must commonly have provided care to their own members" and this was "presumably delivered by women".<sup>136</sup> Hospital care, both infirmaries and dispensaries, grew rapidly in the eighteenth century. Fissell looked at reasons why the poor in eighteenth-century Bristol might enter hospital, and concluded that the reasons might include life-cycle crises and a lack of local family support, so that these institutions were "part of a larger propping-up of domestic economies".<sup>137</sup> The changing relationship between household and charitable or institutional healthcare remains to be thoroughly investigated.

The availability of medical practitioners is interesting, since it underlies much of the rationale in advice books for the involvement of lay people in healthcare. There have been few regional studies which consider both irregular and regular practitioners.<sup>138</sup> Mortimer's study of probate accounts in provincial England concludes that medical services were more accessible than previously thought. Considering all locations in East Kent and the position of towns as "medical centres" he judges that there was nowhere more than six miles from a medical practitioner in 1690. One of the reasons for this, he suggests, is that medical practitioners increasingly settled in rural areas, perhaps better to establish their customer base away from competition in the towns.<sup>139</sup>

Fissell argues that the "making of modern healthcare was a part of a more general process of cultural and social change" and that a new style of medical practice was established in the latter half of the eighteenth century, in which "popular medicine" was denigrated whilst welfare institutions were medicalised with an emphasis on distance from lay beliefs.<sup>140</sup> Marland considers providers of medical treatment in Wakefield and Huddersfield 1780-1870, and notes the failure of institutional medicine "to create viable systems of medical care" and suggests that self-help "catered in a more realistic way for

<sup>136</sup> Marjorie K. McIntosh, "Networks of Care in Elizabethan Towns: The Example of Hadleigh, Suffolk," in *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare since Antiquity*, ed. Peregrine Horden and Richard Smith (London: Routledge, 1998), pp. 76-77, 80, 83.

<sup>137</sup> Mary E. Fissell, "The Sick and Drooping Poor in Eighteenth-Century Bristol and Its Regions," *Journal of Social History of Medicine* 2 (1989): pp. 36, 38, 45, 57.

<sup>138</sup> Ian Mortimer, "Diocesan Licensing and Medical Practitioners in South-West England, 1660-1780," *Medical History* 48 (2004b): pp. 49-68. Mortimer discusses the applications made by medical practitioners for licenses and stresses the importance of support from established practitioners and the local community. See also David Harley, "'Bred up in the Study of That Faculty': Licensed Physicians in North-West England, 1660-1760," *Medical History* 38 (1994): pp. 398-420.

<sup>139</sup> Mortimer, "Medical Assistance to the Dying", pp. 115, 162-65.

<sup>140</sup> A key aspect of this shift was the replacement of the reliance by lay people on surface body signs with anatomical understandings such that "truth lay deep inside the body, accessible only to the trained observer". Fissell, *Patients, Power and the Poor*, pp. 2, 10-11.

health problems". She suggests too that the middle class created an increased demand for medical care which was met mostly by the general practitioner, although they also used chemists and druggists for self-medication, thus the demand for "alternative medicine" was not wholly confined to the poor and working classes.<sup>141</sup>

#### 1.4 Methodology

My focus in this study is on family papers from households in the South West of England in the later seventeenth, and early eighteenth, century. I chose a selection of sources which included late seventeenth-century household accounts alongside other family papers such as receipts and letters. My selection was prioritised on the basis of location (in the South West of England), availability and accessibility (public or private collection), comprehensiveness (detailed accounting source material), and associated materials (receipts and/or letters). Through examination of these selected sources I aimed to discover the scope of household healthcare. I focused on four key aspects: the healthcare concerns expressed in receipts and other sources such as letters, the healthcare expenditure recorded on medicinal supplies and medical services, other resources available for self-help healthcare, and the beneficiaries of healthcare expenditure and activity.

The household accounts considered here span the late seventeenth to early eighteenth century and include those of the Clarke family in Somerset, the Clifford and the Fortescue families in South and North Devon respectively. Additionally a set of expenditure accounts made by Anne Strode from Dorset were considered which extend into the early part of the eighteenth century. For the purpose of comparisons, some published accounts were also considered, including early seventeenth century accounts based on the Countess of Bath and Hayne households, and the eighteenth century account of the Latham household. Purchases of potentially medical items or ingredients were identified in order to compare with the range of ingredients inherent in medicinal receipts. I also examined household accounts for evidence of medical services and to identify named beneficiaries of healthcare.

Many manuscript collections of household receipts can be found at the Wellcome Institute for the History of Medicine and at the British Library as well as in local Record Office collections, and some are still held in private hands.<sup>142</sup> Unfortunately few medicinal or culinary manuscript collections survive with accompanying material to tell us more about their use. Since the purpose of this study is to evaluate medicinal receipts alongside

<sup>141</sup> Marland, *Medicine and Society*, especially chap. 9.

<sup>142</sup> Richard Aspin, *Manuscripts for the History of Women in Medicine in the Collection of Western Manuscripts in the Wellcome Institute Library*, Western Manuscripts Guide No. 1 (London: Wellcome Institute, 1995).

other evidence, I searched record office archives for receipt collections associated with household accounts.<sup>143</sup> Household accounts and medicinal manuscript collections were initially located through catalogue hand searches using keywords such as "recipe", "household", "medicine". Further searches were made using the AtoA online catalogue in order to locate related materials including family letters. Two particularly extensive collections were identified: Fortescue of Filleigh in Devon and Clarke of Chipley in Somerset. A further collection in private hands is that of Lord and Lady Clifford of Chudleigh in Devon. Papers relating to the Strode family in Dorset were also selected as, whilst they do not include medicinal receipts or letters, they provide relevant detailed accounting records. Several earlier seventeenth century manuscript receipt collections have been considered for comparative purposes and these include the large receipt collection of Lady Fetiplace of Oxfordshire, dated 1604, available in transcript from the Stuart Press and a small number of receipts identified with Rachel Fane, Countess of Bath, based in Devon in the 1630s. Finally, a receipt collection of unknown provenance, entitled "Pharmacopilium" has been included which contains a number of Devon and Somerset names from 1636 onwards.

Analysis of the accounts and receipts involved creation of an Access database. This database provided a basis for analysis and comparison of the accounts and receipts in terms of supplies and services, ingredients, ailments, preparations and named individuals. Extracted entries from the accounts were entered and flagged according to a number of categories: apothecary, named medicinal ingredients or remedies, physicians and surgeons, and other medical services. Transcriptions of the household receipt collections provided records which were entered in a separate table with linked sub-datasheets for details of ailments and ingredients. Some early seventeenth-century manuscript receipt collections were also entered into this database for comparative purposes, alongside a number of printed receipt collections issued at various points from the later sixteenth century to early eighteenth century. Initially all receipt titles and ingredients were entered in their original spelling. This data had to be incorporated in categories in order to analyse it further and each ingredient was linked with a "source species".<sup>144</sup> Ailments in the receipt title and the

<sup>143</sup> The Record Offices visited were Cornwall Record Office (Truro), Devon Record Offices (Barnstaple, Exeter, Plymouth), Dorset Record Office (Dorchester), Somerset Record Office (Taunton). Additional use was made of Access to Archives for related holdings at <http://www.a2a.org.uk/search/index.asp>.

<sup>144</sup> Identification of some ingredient names was not always conclusive. The following texts assisted greatly: Hilderic Friend, "A Glossary of Devonshire Plant Names," *Transactions of the Devonshire Association for the Advancement of Science, Literature and Art* 14 (1882): pp. 529-59, M. Grieve, *A Modern Herbal: The Medicinal, Culinary, Cosmetic and Economic Properties, Cultivation and Folklore of Herbs, Grasses, Fungi, Shrubs and Trees with All Their Modern Scientific Uses*, First 1931 ed. (London: Penguin, 1980), Geoffrey Grigson, *The Englishman's Flora* (Oxford: Helicon, 1996).

main text were also entered into the database, and each ailment was linked to similar ailments in an "ailment group". Other aspects of receipts were noted such as the nature of preparation, date and contributor name when given.

Manuscript receipt collections do present a number of problems in analysis of their content. Key problems are authorship, dating and relationship to actual practice. As Marcy North has pointed out, although anonymity has "functioned to convince readers of the female authorship" of both print and manuscript items, authentication is impossible.<sup>145</sup> Some printed collections may have been based on household collections, though selection for publication may have influenced their contents.<sup>146</sup> Manuscript receipt collections frequently span many years and may be added to by a number of different individuals. Despite the efforts of the original compilers, exact dating of some of the sources is extremely problematic. Omission of dates and errors in recording dates in the original material, transcription errors and filing and cataloguing rearrangements in the modern archive all conspire to produce potentially misleading dating. For comparative purposes I have considered some other printed and manuscript collections in the "long" seventeenth century. Some earlier printed material relates to the end of the sixteenth century, and some of the manuscript archives spill over into the first part of the eighteenth century. I identified an "end date" for each collection of receipts. The publication date of each of the printed advice books with receipts is effectively the end date for that group of receipts. For manuscript receipt collections, the last recorded date is used as an end date to provide a basis for chronological ranking. This can only provide a rough guide, as the end date may reflect only one or two items and may be unrepresentative of the majority of entries.<sup>147</sup> Relationship of medicinal receipts to actual practice is of considerable interest given commonly held assumptions that women were largely responsible for healthcare. Medicinal receipts are sometimes annotated "probatum est" suggesting that the medicinal preparation was approved, or proved in use. However, this addition does not prove that the receipt was actually used by the individual writer. Corroborative evidence in letters or accounts is needed for this conclusion to be made.

In my initial investigation of sources I collated details of seventeenth-century diaries and examined a sample of these diaries for aspects of healthcare to inform this

<sup>145</sup> Marcy L. North, *The Anonymous Renaissance: Cultures of Discretion in Tudor-Stuart England* (Chicago: University of Chicago Press, 2003).

<sup>146</sup> Leong, "Medical Remedy Collections". In her thesis Leong extensively discusses the inter-relationship between published and manuscript collections, see especially Chap. 3.

<sup>147</sup> A particular example of this is the volume in the collection of the Clifford family which is externally dated "1691-1752" on the cover and includes several receipts almost at the end, dated 1752 (for orange ale and bottled punch). *Receipts of All Kinds, 1691- 1752, CFA. Ugbrooke House, Chudleigh*, pp. 66, 69.

study.<sup>148</sup> These examples provided some information about individuals and their experiences of illness. However, I found that diaries were unlikely to reveal much detail of ongoing household healthcare, and were more likely to highlight episodes of illness requiring the attentions of a medical practitioner. For this reason I prioritised family sources which included letters rather than diaries. I searched both for diaries and letters alongside the household accounts and manuscript receipt collections. No diaries were found that were associated with the selected household sources. Several of the selected households did have extensive collections of letters, those of the Clarke and Fortescue families. In the case of family correspondence where an individual was frequently away for political or business purposes, it is possible to discern some detail about everyday life and incremental changes in practice and attitudes. Unlike diary-writers, I found that letter-writers did comment on overall health, involvement in establishing the need for medical practitioners or other services, the nature of treatment provided or self-help, nursing care and other healthcare concerns. However some detail may have been glossed over due to the writer's concern to reassure the recipient. Otherwise the limitations of letters are predominantly that the contributions of a recipient may be largely missing, and that the exchange of information abruptly ends when partners, relatives or friends return home. These family letters were transcribed and selection of material from the letters has been based on a broad textual reading for items relating to state of health, use of medicines and other treatments, advice on health matters, activities relating to health and illness, and links to medical practitioners.

A number of related areas, although of considerable interest, have been excluded from this study. Further consideration of the relationship between food and medicine is a major task and not attempted here. Aspects of childbirth, midwifery and wet nursing have been expertly dealt with elsewhere and will not be specifically considered.<sup>149</sup>

<sup>148</sup> Diaries of 15 individuals were examined for the following periods: John Hayne, citizen of Exeter, 1631-1643, Isabella Twysden of East Peckham, 1645-1651, James Yonge, surgeon of Plymouth, 1647-1721, Rev. John Ward, vicar of Stratford-upon-Avon, 1648-1679, Samuel Jeake of Rye, 1652-1699, Samuel Pepys, 1660-1669, Elizabeth Thompson, midwife of Kendal, 1669-1675, Mrs Elizabeth Freke, wife of Percy Freke, Cork, 1671-1714, Lewis Tremayne, 1678-1679, Mary Woodforde of Winchester, 1684-1690, Dr Claver Morris, physician of Wells, 1684-1726, Nicholas Blundell of Crosby, 1702-1728, Gertrude Savile of Rufford, Notts, 1721-1757, Rev. James Dominic Darbyshire, worker-priest of Chudleigh, 1726-1756, William Dyer of Bristol, Officer of Excise, 1762 –1787. The sources consulted for compilation of a list of diaries were primarily Arthur Ponsonby, *English Diaries: A Review of English Diaries from the Sixteenth to the Twentieth Century with an Introduction on Diary Writing* (London: Methuen and Co, 1923), Elizabeth Bourcier, "Les Journaux Prives à Angleterre de 1600 à 1640" (PhD thesis, University of Sorbonne, 1976). I am grateful to Elizabeth Clarke of the Perdita Project for drawing attention to the latter source.

<sup>149</sup> In the household accounts the items relating to midwifery and wetnursing have been incorporated into analysis of expenditure under the heading of "other medical services". For studies of early modern midwifery and wetnursing see J. L. Burton, ed. *"Six Hundred Miseries": The Seventeenth Century Womb: Book 15 of The "Practice of Physick", by Lazare Riviére, Translated by Nicholas Culpeper, and Published in London in 1678* (London: Royal College of Obstetricians and Gynaecologists (Great Britain), 2005), Elaine Hobby, ed. *The Birth of Mankind, Otherwise Named, The Woman's Book / by Eucharis Rösslin* (Aldershot: Ashgate, 2007), Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000), Hilary Marland, ed. *The Art of*

Consideration of religious aspects of medicine and families is another aspect of this study which is excluded. Although one of the families in this study held a strong Catholic identity, the others were of varying shades of protestant belief.<sup>150</sup> Disentanglement of the relationships between religion and medical knowledge and practice requires a much more extended survey than can be given here.<sup>151</sup>

Transcription conventions used here follow a semi-diplomatic transcription.<sup>152</sup> Raised letters are lowered and scribal contractions are silently expanded such as "w<sup>ch</sup>" to "which". Brevigraphs are silently expanded such as "&" to "and" and fossil "thorn" to "th". Illegible letters are shown as [xxx]. Inserted or deleted text is noted as such in square brackets. Letters *i/j* and *u/v* are regularised. Capital letters and spelling are otherwise preserved. Underlined text has been preserved. Line layout has not been preserved. Punctuation and explanatory terms are only added where deemed absolutely necessary for understanding of text. In addition, dates are put into day, month, year format though the old year from March to March has been preserved. Accounting records are regularised as pounds, shillings and pence, £ s. d. and converted to pence (d.) for analysis. I have used a number of sources for clarification and production of a working glossary where text relating to ingredients and plants has been unclear.<sup>153</sup>

## 1.5 Sources

The manuscript sources used in this study originated in the South West of England, specifically the counties of Cornwall, Devon, Dorset and Somerset. The region has a

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*Midwifery: Early Modern Midwives in Europe*, Wellcome Institute Series in the History of Medicine (London: Routledge, 1994), Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter: University of Exeter, 1996), Samuel S. Thomas, "Midwifery and Society in Restoration York," *Journal of the Society for the Social History of Medicine* 16, no. 1 (2003): pp. 1-16, Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (London: University College of London Press, 1995), Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology: The Uses of a Sixteenth-Century Compendium* (Aldershot: Ashgate, 2007). On other aspects of women's diseases see also Helen King, *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty* (London: Routledge, 2004).

<sup>150</sup> Lord and Lady Clifford later employed a worker-priest with medical interests, see Alick Cameron, "The Journal of the Reverend James Dominic Darbyshire, O. P., a Worker Priest of the Eighteenth Century," *South Western Catholic History* 16 (1998): pp. 1-52.

<sup>151</sup> For aspects of religion and medicine see especially Andrew Wear, "Religious Beliefs and Medicine in Early Modern England," in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, ed. Hilary Marland and Margaret Pelling (Rotterdam: Erasmus, 1996), pp. 145-70, Grell and Cunningham, eds., *Health Care and Poor Relief*, Charles Webster, *The Great Instauration: Science, Medicine and Reform, 1626-1600* (London: Duckworth, 1975).

<sup>152</sup> Andrew Zurcher, "English Handwriting, 1500-1700: An Online Course: Basic Conventions for Transcription," (1985), <http://www.english.cam.ac.uk/ceres/ehoc/conventions.html>. Accessed 10 Feb 2008.

<sup>153</sup> Grigson, *The Englishman's Flora*, Grieve, *A Modern Herbal*, John Quincy, *Pharmacopoeia Officinalis & Extemporanea: Or, a Complete English Dispensatory, in Four Parts. Containing I. The Theory of Pharmacy. And the Several Proceffes Therein. II. A Description of the Officinal Simples, with Their Virtues and Preparations, Galenical and Chymical. III. The Officinal Compositions; Being Such of the London and Bates's [Sic] Dispensatory as Are Now in Use; Together with Fome Others of Uncommon Efficacy, Taken from the Mofit Celebrated Authors. IV. Extemporaneous Prescriptions. Distributed into Claffes Fuitable to Their Intentions in Cure*, 8th ed. (London: J. Osborn and T. Longman, 1730).

variety of archives, and the original impetus for this study came from discovery of a manuscript receipt collection with numerous south west names and places.<sup>154</sup> Part of my rationale for this selection from South West archives was the need for more regional studies in the history of medicine. Steven King and Alan Weaver have called for more regional analyses of medical developments, noting increasingly sophisticated choices in medical care including self-medication.<sup>155</sup> Regional studies which might provide evidence of local networks are rare as yet for the seventeenth century, though more readily found for the eighteenth century.<sup>156</sup> However, the sources examined here are highly selective and from unrelated households so that any findings relating to regional networks and resources are limited. Table 1.1 provides a summary of the main sources used in this study. Due to the selective nature of these sources, it is also clear that they cannot be deemed as representative of all aspects of household healthcare in late seventeenth-century families. In particular the households considered were largely those of high status with connections to government and business. The findings of this study may have little impact on our understanding of the interests and practices of the middling sort, or the needs and strategies of the poor. However the methodology and concepts used may be of relevance to further studies. I do not claim to describe healthcare in the households of the middling or poorer sort, though these groups deserve further study in regard to their healthcare practices.<sup>157</sup>

<sup>154</sup> Pharmacopilium: (Handwritten Book of Recipes, Medical, Herbal and for Wine-Making). South West Cupboard. Devon and Exeter Institution Library, Exeter. This collection of 255 culinary and medicinal receipts dates from the first half of the seventeenth century and internal evidence suggests it was compiled in a Devon or Somerset household.

<sup>155</sup> Steven King and Alan Weaver, "Lives in Many Hands: The Medical Landscape in Lancashire 1700-1820," *Medical History* 45 (2000): pp. 173, 197. Other studies with a regional focus include Sawyer, "Patients, Healers and Disease", Harley, "Bred up in the Study of That Faculty'."

<sup>156</sup> For the eighteenth-century see also Marland, *Medicine and Society*. Fissell, *Patients, Power and the Poor*, Steven King, *A Fylde Country Practice: Medicine and Society in Lancashire, c. 1760-1840* (Bristol: Centre for North-West Regional Studies, University of Lancaster, 2001), Samantha Williams, "Practitioners' Income and Provision for the Poor: Parish Doctors in the Late Eighteenth and Early Nineteenth Centuries," *Social History of Medicine* 18, no. 2 (2005): pp. 159-86.

<sup>157</sup> See Jonathan Barry and Christopher Brooks, eds., *The Middling Sort of People: Culture, Society and Politics in England, 1550-1800* (Basingstoke: Centre for South-Western Historical Studies/ Macmillan, 1994). Various writers have further developed detailed examinations of the making of the middle class, highlighting social and economic aspects, and the importance of culture and domesticity, but have not explored health practices. H. R. French, *The Middle Sort of People in Provincial England, 1600-1750* (Oxford: Oxford University Press, 2007), p. 267, Margaret R Hunt, *The Middling Sort: Commerce, Gender and the Family in England, 1680-1780* (Berkeley: University of California Press, 1996), pp. 212, 217, J. Kent, "The Rural 'Middling Sort' in Early Modern England, circa 1640-1740: Some Economic, Political and Socio-Cultural Characteristics," *Rural History* 10 (1999): pp. 19-54, John Smail, *The Origins of Middle Class Culture: Halifax, Yorkshire, 1660-1780* (Ithaca and London: Cornell University Press, 1994), p. 225.



Table 1.1 Receipts, Accounts and Letters in Family Papers

Family	Receipt collections	Accounts	Letters
Edward and Mary Clarke of Chipley, Somerset	(1) 1659 - 1674 (2) 17c	1685 - 1697	1673 - 1709
Lord and Lady Clifford of Chudleigh, Devon	(1) 1689 (2) 1690 (3) 1691 - 1752	1692 - 1702	n. a.
Hugh and Bridget Fortescue of Filleigh, Devon	(1) 1671 - 1687 (2) 1654 - 1701 (3) 1677 - 1707	1696 - 1704	1664 - 1708
Anne Strode of Parnham, Dorset	n. a.	1679 - 1718	n. a.

These individuals and their families were all linked in various ways to local economic and social networks. The nature of the South West nowadays belies its active economy, growing population and transport links in the seventeenth century. Transport links in and around the region were effective, reaching centres such as Bristol and London, both by packhorse and coastal means.<sup>158</sup> There was variation within the region with denser populations along coastal areas and river valleys: the north coast and moor land areas being least populous. Populations in urban areas such as Plymouth, Brixham, Teignmouth and Newton Abbott, grew more rapidly than in other areas. In the eighteenth century, the population in Cornwall rose proportionately faster than Devon, largely due to growth in tin mining.<sup>159</sup> Cornwall in the seventeenth century had a relatively stable economy according to James Whetter, largely dominated by agriculture though mining and fishing advanced, and the proximity of Devon stimulated trade in cloth and agricultural products. Cornwall also had considerable coastal trade with other parts of Britain, and overseas trade in tin and pilchards was important.<sup>160</sup> Visitors noted the activity in the region. Daniel Defoe noted

<sup>158</sup> David Hussey, *Coastal and River Trade in Pre-Industrial England: Bristol and Its Region* (Exeter: University of Exeter, 2000), p. 6.

<sup>159</sup> Jonathan Barry, "Population Distribution and Growth in the Early Modern Period," in *Historical Atlas of South-West England*, ed. H. Jones, R. Kain, and W. L. D. Ravenhills (Exeter: University of Exeter Press, 1999), pp. 115-16.

<sup>160</sup> James Whetter, *Cornwall in the 17th Century: An Economic History of Kernow* (Padstow: Lodenek Press, 1974), pp. 72-76.

textile manufacture in Devon.<sup>161</sup> Celia Fiennes commented on the extensive textile industry in Exeter and local area, observing the city to be "much like London" in her visit of 1698.<sup>162</sup>

Brief biographical details of each of the main individuals and families considered in this study are given here, and family pedigrees can be found in Appendix 1.1.

*(i) Clarke Family of Chipley, Somerset.*

The Clarke family are described by Ruth Flower-Smith as one of a number of a "new class of Whig entrepreneur", culturally innovative and promoters of local economic schemes such as the Tone Navigation Act for Taunton.<sup>163</sup> Edward Clarke (1650-1710) was a lawyer, and later member of parliament for Taunton, briefly Comptroller of Queen Mary's household, then serving on the Board of Excise. He married Mary Jepp in 1675, an heiress of Samuel Jepp (d.1660) with an estate at Sidcott, near Axbridge worth £900. They had 11 children. Both Edward and Mary carefully maintained good relationships in the Taunton area, their letters showing willingness to help friends and voters to "desirable posts".<sup>164</sup> Some of Edward's closer associates were Sir Walter Yonge, John Trenchard, and John Locke. The family spent some time in London, relying on stewards to manage their Chipley estate, and in 1686 they took on John Spreat as steward, a young attorney from Milverton. Edward Clarke was a rich man at his death, with an estimated income per annum of £1874, he was able to provide portions of £4000 for each of his 4 daughters.<sup>165</sup> For the Clarke family we have extant the receipt collection of 338 receipts attributed to Elizabeth Clarke neé Lottisham (d. 1668), who was Edward Clark's step-mother. Within the archive is another receipt collection of 79 receipts attributed to Alice Cole which is undated.<sup>166</sup> Household accounts also exist for the family. Extensive correspondence survives between Mary and her husband Edward Clarke, and other family members, servants and friends.<sup>167</sup> The collection includes letters from Ursula Venner, Edward's

<sup>161</sup> Cited in J. A. Sharpe, *Early Modern England: A Social History, 1550-1760*, 2nd ed. (London: Edward Arnold, 1997), pp. 146-47.

<sup>162</sup> Cited in W. G. Hoskins, *Two Thousand Years in Exeter*, 2nd ed. (Chichester: Phillimore, 1963), p. 78.

<sup>163</sup> R. P. Flower-Smith, "Landowners on the Devon and Somerset Border, 1660-1715" (PhD thesis, University of Exeter, 1996), pp. 8-9, 28-30.

<sup>164</sup> *Ibid.*, p. 30.

<sup>165</sup> *Ibid.*, pp. 82, 113, 124. See also Bridget Clarke, "The Life and Correspondence of Edward Clarke of Chipley, 1650-1710," (Taunton: SARS, 1997). and Goldie, *John Locke and the Mashams*.

<sup>166</sup> I have so far been unable to establish the identity of Alice Cole, though family correspondence includes, "Doctor Cole's further advise in relation to our deare little Sammy," Edward Clarke to Mary Clarke, 10 Dec. 1695, Sanford Family of Nynhead. DD\SF/3069 SARS, Taunton.

<sup>167</sup> Clarke Family Correspondence. Over 400 letters from Mary Clarke are available in manuscript transcription on-line from Alexander Street Press at [www.alexanderstreet4.com](http://www.alexanderstreet4.com). The majority of letters were consulted at Somerset Record Office in manuscript, some were also located in transcribed form in Clarke, "Life and Correspondence."

sister. Her marriage to Gustavus Venner, gentleman of Somerset, ended with his death some time before July 1672, leaving her with a son named Gustavus.<sup>168</sup>

*(ii) Lord and Lady Clifford of Chudleigh, Devon.*

In the seventeenth century, members of the Clifford family achieved high position in government, though this was cut short as a consequence of Catholic affiliation. Thomas, 1st Lord Clifford of Chudleigh (1630-73) was appointed Comptroller of the King's Household in 1666, and was a member of the five strong "Cabal" of ministers to Charles II. He married Elizabeth Martyn (d. 1709), daughter and eventual heiress of William Martyn of Lindridge, an estate adjoining Ugbrooke in Devon. Thomas and Elizabeth had 15 children. Thomas became Lord High Treasurer in 1672, but resigned from his post after the Test Act. He returned to Devon and died in October 1673, apparently due to a "fite of the stone". His son, Hugh (1663-1730), succeeded as 2nd Lord Clifford shortly before reaching ten years of age. Hugh's mother Elizabeth took responsibility for children and estate, managing to acquire further lands in Kingsteignton and Shaldon, afterwards living on the family estate as the Lady Dowager Clifford to the age of 79 years.<sup>169</sup> By 1685, Hugh Clifford had married Anne Preston (d. 1734), heiress of Sir Thomas Preston, 3rd Baronet of Furness in Lancashire. Hugh and Anne had 15 children.<sup>170</sup> In the Clifford archives there is a set of three bound manuscript receipt collections. The first volume is entitled "The Right Honorable the Lady Cliffords Booke of Receipts 1689" with 420 receipts. The second volume is inscribed with "Lord and Lady Cliffords Receipt Book 1690" on the outside but says inside "The Right Honorable the Lady Cliffords Receipt Booke: Anno Domini 1690". It is about half full and includes some 322 receipts. The last volume is inscribed "Receipts of all kinds 1691 to 1752" on the outside, with "The Right Honorable the Lady Cliffords Booke of Receipts 1691" inside, and has 113 receipts. Steward's accounts are available in the family archive. Unfortunately no family correspondence could be traced in relation to the late seventeenth century for the Clifford household.

*(iii) Fortescue Family, Filleigh, Devon.*

Hugh Fortescue (1665-1714) of Castle Hill, Filleigh in North Devon was heir to Arthur Fortescue of Penwarne. He married Bridget Boscawen (1666-1704) in 1692 and

<sup>168</sup> Frederick Arthur Crisp, ed. *Abstracts of Somersetshire Wills: Copied from the Manuscript Collections of the Late Rev. Frederick Brown*, 2004 digital edition by B. D. Welchman ed. (Privately printed for Frederick Arthur Crisp, 1887-1890), vol. 3, p. 122.

<sup>169</sup> Cyril Hughes Hartmann, *Clifford of the Cabal: A Life of Thomas, First Lord Clifford of Chudleigh, Lord High Treasurer of England (1630-1675)* (London: William Heinemann, 1937), pp. 139, 144, 148, 150, Hugh Clifford, *The House of Clifford from before the Conquest* (Chichester: Phillimore, 1987), p. 158.

<sup>170</sup> Clifford, *The House of Clifford*, pp. 152, 158.

they had 9 children.<sup>171</sup> Bridget was the daughter and heir of Hugh Boscawen (d. 1701) and Margaret (d. 1688) of Tregothnan in Cornwall. Her father, Hugh Boscawen, was "one of the leading magnates in Cornwall", seated at Tregothnan, and also a member of parliament, vociferous in 1680 in support of the Exclusion Bill.<sup>172</sup> Bridget's mother Margaret, daughter and co-heir of Theophilus Clinton, Baron Lincoln, had at least 9 other children between 1651 and 1664, none of whom survived to adulthood.<sup>173</sup> Within the Fortescue family papers there are three files of medicinal receipts and letters, some loose and some bound. In all there are seven collated items or "books" and 297 loose items totaling 932 receipts. The collated items range from a substantial "large book" of 451 receipts to smaller notebooks and papers, some in poor condition, containing from 7 to 55 receipts. All of the loose items are in manuscript form except for one printed handbill for "Spirits of Scurvygrass", the reverse of which is annotated with a receipt for the eyes from a Lady Jeyes.<sup>174</sup> Household accounts are available for Filleigh. A series of letters between Hugh Boscawen, Hugh Fortescue, and Bridget Fortescue also exist for the family.

*(iv) Strode Family of Parnham, Dorset.*

Anne Strode (1652-1727) was a wealthy spinster in Dorset. She was the daughter of Sir John Strode of Parnham by his first wife Ann Hewett. Sir John married again in 1665 and wrote a will in 1679 which named six sons and daughters from his first marriage and three more from the second marriage. The will was proved on 4th July 1682 and included a bequest of £1500 to Anne.<sup>175</sup> She outlived several of her brothers and was their executrix. Her sister Joan married John Turberville of Bere Regis.<sup>176</sup> Anne Strode kept detailed accounts of her own spending although no receipt collections or letters were found from this period for the Strode family.

<sup>171</sup> J. L. Vivian, *The Visitations of Cornwall, Comprising the Heralds' Visitations of 1530, 1573, & 1620 with Additions* (Exeter: Pollard, 1887), p. 46.

<sup>172</sup> Hugh Boscawen in the Commons 2 Nov 1680 argued the Exclusion Bill was needed to avoid being "hauled to Smithfield", a reference to the burning of Protestants there in Mary Tudor's reign, he also said it was impossible to think of Catholics as "disciples of Christ" when they had "murdered so many good Christians, and committed that Massacre in Ireland, where the Government was Protestant". J. T. Cliffe, *The Puritan Gentry: The Great Puritan Families of Early Stuart England* (London: Routledge, 1984), pp. 45-46, 75, 78, Tim Harris, *Restoration: Charles II and His Kingdoms, 1660-1685* (London: Penguin, 2005), pp. 150-52.

<sup>173</sup> J. L. Vivian, *The Visitations of the County of Devon Comprising the Heralds' Visitations of 1531, 1564 and 1620* (Exeter: Henry S. Eland, 1895), p. 355. Margaret Boscawen was active in estate management, especially involved in marketing of tin, J. T. Cliffe, *The World of the Country House in Seventeenth Century England* (New Haven and London: Yale University Press, 1999), p. 72.

<sup>174</sup> Charles Blagrove, *Those Excellent and Highly Approved Spirits of Scurvey-Grass, Both Plain and the Golden Purging, Are Faithfully Prepared by the First Author Charles Blagrove of Clerkenwell Chym. Physician, Fortescue of Castle Hill. 1262M/FC/8. DRO, Exeter, 1690.*

<sup>175</sup> Frederick Arthur Crisp, "Strode Family," *Fragmenta Genealogica* 8 (1902): pp. 97-118.

<sup>176</sup> John Hutchins, *The History and Antiquities of the County of Dorset*, Reprinted from 1774 ed., vol. 1 (Trowbridge: Redwood Press, 1861), pp. 130-32.

Table 1.2 provides the total number of medicinal receipts seen in the medicinal receipt collections considered in this study, both manuscript and print, with an indication of earliest and latest recorded dates, and a collection short title used in further tables. A detailed list of the sources examined for the printed receipt collections can be found in Appendix 1.2.

Table 1.2 Medicinal Receipts in Manuscript and Printed Collections

Collection	Collection short title	First date	Latest date	Number of medicinal receipts
<b>Manuscript</b>				
Fetiplace	fetiplace1604	1604	1604	597
Bath	fane1630	1630	1630	57
Pharmaco	pharmaco1648	1636	1648	234
Clarke	clarke1650	1650	1650	69
Fortescue	fortescue1701	1654	1701	332
Clarke	clarke1674	1659	1674	318
Fortescue	fortescue1687	1671	1687	492
Fortescue	fortescue1707	1677	1707	95
Clifford	clifford1689	1689	1689	323
Clifford	clifford1690	1690	1690	317
Clifford	clifford1752	1691	1752	75
<b>Print</b>				
Dawson	dawson1587	1587	1587	40
Widows	widows1588	1588	1588	163
Partridge	partridge1591	1591	1591	80
Natura	natura1655	1629	1655	1469
Markham	markham1631	1631	1631	283
Choice	choice1653	1653	1653	355
Coelson	coelson1656	1656	1656	291
Queens	queens1659	1659	1659	342
Ladies	ladies1685	1684	1685	229
Boyle	boyle1692	1692	1692	101
Lower	lower1700	1700	1700	251

## 1.6 Conclusion

In this chapter I have argued the need for more detailed study of household healthcare, and identified a number of key historiographical issues. These include problems in terminology relating to lack of knowledge about household healthcare,

concerns about the relevance of the medical marketplace and medical authority, and conflicting perceptions of gender roles in the development of professional and commercial medicine. I have discussed relevant literature, considered studies involving medicinal and other receipts, diaries and letters, accounts and other records, published literature and organisational records. I argue that this study of the nature and use of medicinal receipts in the context of family accounts and letters can help to address some of these issues. I have also outlined the methodology and sources to be used. In the next chapter I consider what medicinal receipts and family letters can tell us about the concerns of household healthcare.

## **Chapter 2: Medical Ailments and Healthcare Concerns**

### **2.1 Introduction**

In this chapter I consider the nature of household health concerns and activities, drawing on medicinal receipts and family letters. I aim to describe the manuscript medicinal receipts for selected South West households and to explore perceptions of health matters in letters associated with those households. I draw out the main concerns expressed in relation to health: the range of medical ailments addressed in the receipts: evidence of particularly favoured receipts and factors influencing choices of receipts: the range of healthcare concerns expressed in the family correspondence: aspects of health deemed important and the involvement of household members. I consider the manuscript receipt collections of several households, particularly those of the Clifford family and those of Bridget Fortescue's mother, Margaret Boscawen, for influences on their choice of receipts. I examine the correspondence of several families, Edward and Mary Clarke based in Somerset, and Hugh and Bridget Fortescue based in North Devon for expressions of concern about health and descriptions of activity related to health.

Drawing on these sources, I argue that selection of medicinal receipts was determined not only by therapeutic purpose of treating particular complaints, but also based on other factors such as ease of preparation, safety of use, value as gifts, and potential as cure-alls. These factors appear to vary between households. Family letters show that the range of concerns and activities of household healthcare was broader in scope than treating specific complaints, including providing, responding to and controlling news about health, advising and obtaining self-help remedies for others, and extending to the business of obtaining practitioner services, and ongoing involvement in nursing care and recovery. I identify various categories for these concerns and activities and emphasise the importance and relevance of health maintenance and restorative care aspects alongside actual treatment.

### **2.2 Medicinal Receipt Collections and Health Concerns**

A starting point for looking at early modern health concerns is the range of types of manuscript receipts collected by households. I use the term "collection" to refer to all of the receipts relating to one household, whether collated in a book, loose papers, or included in letters. All of the receipt collections considered here were primarily medicinal

in purpose although several contained culinary, household, cosmetic and veterinary recipes. In these cases the receipts were mixed although frequently those of a related nature e.g. preserving might be found together, possibly reflecting the way in which a selection of receipts might be gathered from a particular source, printed or otherwise. This is not to suggest that culinary recipes were any less numerous or important in this period – indeed it is possible that the more heavily used recipes and recipe collections may have become worn and damaged and less desirable or collectable, or discarded or given away. In addition it is likely that culinary recipes in larger households were managed by cooks and housekeepers, and this may have further reduced their chances of survival, especially if not kept with the main body of family records. A further complication is that archival practices may have been selective, for example later generations may have viewed medicinal receipts as more interesting or valuable than culinary ones and selected them out for safekeeping.

For the three households in Devon and Somerset which have manuscript receipt collections, there are a total of 2204 manuscript receipt entries in 8 groups, and these are predominantly medicinal in nature, averaging over 91% medical items, as indicated in Table 2.1. Apart from medicinal items the other most frequent type of receipts relates to food preparation and preservation and average 6.9% of the total, ranging from none to almost a third of receipts. Smaller proportions of general, cosmetic, gardening, household and veterinary advice can be seen. Several of the collated and bound receipt collections contain indexes.

Table 2.1 Types of Receipt in Manuscript Collections

Collection Title	Advice %	Cosmetic %	Food %	Garden %	Household %	Index %	Medicinal %	Other %	Veterinary %	All Items
clarke1650	0.0	5.1	7.6	0.0	0.0	0.0	87.3	0.0	0.0	79
clarke1674	0.6	0.3	3.3	0.0	0.0	0.3	94.1	0.0	1.5	338
fortescue1687	0.0	0.0	0.0	0.4	0.0	0.2	99.4	0.0	0.0	495
clifford1689	0.2	0.2	22.4	0.0	0.2	0.0	76.9	0.0	0.0	420
clifford1690	0.0	0.0	1.2	0.0	0.3	0.0	98.4	0.0	0.0	322
fortescue1701	0.9	0.0	0.0	0.0	0.0	0.0	99.1	0.0	0.0	335
fortescue1707	1.0	0.0	0.0	5.9	0.0	0.0	93.1	0.0	0.0	102
clifford1752	0.9	0.0	32.7	0.0	0.0	0.0	66.4	0.0	0.0	113
All collections	0.4	0.3	6.9	0.4	0.1	0.1	91.7	0.0	0.2	2204

Note: see Appendix 2.1 for detail of categories used.

When each collection group is considered, the proportions of various ailments can be attributed to ailment categories as shown in Table 2.2. Details of how the ailment



categories were developed can be found in Appendix 2.2. The main focus of these medicinal receipt collections is on digestive, musculo-skeletal and surgical complaints accounting for over a third of all receipts. A further third of receipts relate to circulatory, dermatological, infectious and neurological complaints. The remaining receipts relate to psychological, reproductive, respiratory, sensory, urinary and miscellaneous complaints.

Table 2.2 Ailment Categories in Medicinal Receipts in Household Receipt Collections

Collection title	Circulatory %	Dermatological %	Digestive %	Infectious %	Miscellaneous %	Musculo-skeletal %	Neurological %	Psychological %	Reproductive %	Respiratory %	Sensory %	Surgical %	Urinary %
Clarke	6.0	8.9	13.5	6.7	7.2	14.2	8.4	2.8	6.0	3.5	7.0	12.5	3.3
Clifford	9.2	6.7	15.0	8.7	8.3	12.4	6.0	1.5	6.5	6.1	2.4	12.4	4.7
Fortescue	7.8	10.4	17.1	5.9	11.0	6.7	10.9	2.2	7.3	5.0	3.6	6.2	5.8
All	8.1	8.6	15.6	7.3	9.1	10.5	8.3	2.0	6.7	5.2	3.7	10.0	4.9

Further inspection of the manuscript receipts shows much in common although some differences in emphasis. Each ailment mentioned in a receipt title or text was recorded and linked to an ailment group within an ailment category. For example the ailment group "bad breath" included receipts mentioning "corruption of breath", "stinking breath", "stinking mouth" and "sweeten breath". This ailment group was placed in the "digestive" category. A detailed breakdown of these 181 ailment groups into ailment categories is given in Appendix 2.3. The Clarke collection contains a larger proportion of receipts for gout, burns, wounds and eye conditions. The Clifford collection contains greater numbers of receipts for treating aches, bruises, consumption and ague. The Fortescue collection contains a significant number of King's Evil and humoral receipts which boost the dermatological and miscellaneous categories. This collection also contains a larger proportion of receipts for "fits" though less of receipts for wounds, bruises and burns. These differences suggest that an effort was made to collect receipts for particular complaints relating to household members.<sup>177</sup> However, this may not have been the only factor considered and in the next sections I look at receipt selection and repeated receipts to identify other factors.

<sup>177</sup> Interest in collecting medicinal receipts for a particular person's ailment has been noted by Lesley Coates in her study of early modern breast cancer cures. Lesley Coates, "Female Disorders: Eighteenth-Century Medical Therapeutics in Britain and North America" (PhD thesis, Birkbeck College, 2005), p. 81.

### 2.3 Selecting Receipts

Some groups of receipts appear to have been especially selected for copying into manuscript form, and I explore the rationale for their selection here. There are two groups of receipts which appear to have been selected deliberately. Firstly, a set of receipt titles was listed by Margaret Boscawen in the 1670s which she had apparently selected directly from printed sources.<sup>178</sup> Secondly, there was overlap between receipts contained in bound volumes of the Clifford family in the 1690s, suggesting that some receipts were chosen for copying and others discarded.

Margaret Boscawen's "large book" includes a number of receipts which are listed by title only and are accompanied by a note of printed sources. Altogether she lists 111 receipt titles from printed books without copying the remaining details. The four books she names as sources are the *Choice Manual*, the *Queen's Closet*, Alexander Read's *Most Excellent and Approved Remedies*, and the *London Dispensatory*, in the 1654 edition by Nicholas Culpeper, with 61, 24, 17 and 9 titles respectively selected from each publication.<sup>179</sup> Many of the titles are identifiable although Margaret alters some of them with notes such as "very good", "very pretty", "easy to be made", suggesting that she makes a choice to record these receipt titles as of special interest.

Altogether 37 items of the 111 selected receipts are waters. Although the range of preparations selected does vary from internal drinks to external plasters and ointments, one of Margaret's lists focuses exclusively on distilled waters. This list of 30 waters draws from all four printed sources and, although occurring earlier in the book than the other lists, is entered on a lefthand page, so may have been added at a later date. Each receipt title is accompanied by the source and page number and it appears that she worked through copies of each text and selectively wrote down distilled waters in succession. As she lists these waters she records additional thoughts, suggesting likely preparations to be tried. For example next to the entry for Aqua composita "for the collick and stone" she writes "for which I must remember to have some strong Ale", and of "synamon water" she notes that

<sup>178</sup> 3 Recipe Books of Cures for Various Illnesses. [Large Boke], Fortescue of Castle Hill. 1262M/FC/6. DRO, Exeter, fols. 25v, 31r, 33r. fols. 25v, 31r. 33r.

<sup>179</sup> I am grateful to Elaine Leong for help in identifying sources. *A Choice Manuall of Rare and Select Secrets in Physick and Chirurgery: Collected and Practised by the Right Honourable, the Countesse of Kent, Late Deceased, as Also the Most Exquisite Ways of Preserving, Conserving, Candyng Etc.* (London: R. Norton, 1653), *The Queens Closet Opened. Incomparable Secrets in Physick, Chyrurgery, Preserving and Candyng, Etc. Which Were Presented Unto the Queen By the Most Experienced Persons of the Times, Many Whereof Were Had in Esteem, When She Pleased to Descend to Private Recreations. Corrected and Reviewed with Many Additions: Together with Three Exact Tables* (London: 1659), Alexander Read, *Most Excellent and Approved Medicines & Remedies for Most Diseases and Maladies Incident to Man's Body, Lately Compiled and Extracted out of the Originals of the Most Famous and Best Experienced Physicians Both in England and Other Countries* (London: Printed by J. C. for George Latham, 1652), Nicholas Culpeper, *Pharmacopoeia Londinensis: Or the London Dispensatory. Further Adorned by the Studies and Collections of the Fellowes, Now Living of the Said Colledg* (London: Printed by a Well-wisher to the Common-wealth of England, 1654).

there were "3 or 4 severall ways".<sup>180</sup> Her concern in relation to these waters is focused on the mechanisms of making these preparations, as she notes of "an approved water for to breake the stonne in the kidneys" that "in May it must be done", and of another water for the stone she notes that it is to be made "in a limbacke".<sup>181</sup> She does not appear to be looking for complicated items as she adds a note following a receipt from the *London Dispensatory* for making gentian water, "Severall other things very easy to be maide".<sup>182</sup> Ease of preparation is a prime concern.

The largest proportions of the list are items for use in digestive and circulatory conditions. In addition to practical aspects of making these preparations Margaret's attention also focuses on the safety and effectiveness of the medicines, observing that a receipt "For the stonne in the kidneys" is "a very safe madison". In the original text this receipt was attributed to Sir John [sic] Digby, though Margaret does not list the source name in her note, and perhaps the name of the source is of less interest to her than the mechanism of action. This medicine consisted of honey, water and cloves, thus very much akin to a food item.<sup>183</sup> The statement made by Margaret about "safe madison" may be related to the constituents being primarily culinary items.

Apart from the distilled waters, another of the lists of receipt titles also appears to have a particular focus. Margaret identifies a number of receipts of particular relevance to children from the *Queen's Closet*. These include items for teething, purging, worms and rickets. The remaining list of receipts is largely a long list of titles drawn from "Lady Kent's" book, the *Choice Manual*. Overall the largest group, some 23, of her chosen receipts relate to digestion including wind, surfeit and stomach troubles, and a further 9 receipts concern purging and clearing humours such as phlegm and rheum. Apart from 7 receipts for the stone, she also lists 12 for sores and wounds, 10 for the eyes, 8 for coughs and respiratory complaints, 5 for melancholy conditions and 4 to assist in conception and childbirth. These receipts are all very specific and few could be regarded as polychrests or cure-alls. Altogether the 111 receipts referred to 123 ailments.

Although she lists few cure-alls, Margaret's interest appears to be sparked by the "Drink for all kind of Surfets" which she describes as "A very pretty drinke", this being a water made from aqua vitae with cowslips, sage, rosemary, sweet marjoram, pellitory of the wall, betony, balm, cinnamon, nutmeg, fennel, aniseed, coriander seed, caraway seed,

<sup>180</sup> 3 Recipe Books [Large Boke], fol. 25v. These receipts are in *A Choice Manuall*, p. 137, Culpeper, *Pharmacopoeia Londinensis*, p. 140.

<sup>181</sup> 3 Recipe Books [Large Boke], fol. 25v. These receipts are in *The Queens Closet Opened*, pp. 7, 21.

<sup>182</sup> 3 Recipe Books [Large Boke], fol. 25v.

<sup>183</sup> *Ibid.*, fol. 31r, *A Choice Manuall*, p. 2.

gromel seed, juniper berries, all mixed with sugar in May and allowed to stand for 9 days in the sun, somewhat unusual in not requiring distillation. She also describes a receipt for "Aqua mirabilis" as "a very good water to be maide", and this does require distillation, of salendine, melilot, cubebs, galingale, nutmeg, mace, ginger and cloves.<sup>184</sup> Her interest in such waters involving numerous herbal and spice ingredients with distillation may be judged by the inclusion of at least 4 versions of Doctor Stephen's Water.<sup>185</sup> Simpler receipts that she appreciates were the "Comfortable Cordial to chear the heart" and the "Cordial for wind in the stomack" which she described as "A pretty receite for the winde" and "A pretty cordiall for the stomacke and head" respectively.<sup>186</sup> Another receipt containing honey boiled with linseed and milk for use with bruises is listed as "A very good receite for a bruis and for the eyes". The term "very good" is also added to the title for an "Approved medicine for the yellow Jaundies" which included muscadine, barberry bark and goose dung.<sup>187</sup> From the *Queen's Closet* she notes the "receipt to help digestion" involving ale, mint, sage and cinnamon as "A very pretty receite for disgestion".<sup>188</sup>

It appears that these notes were being made as the receipt was identified in a book, not at a later date when the preparation might have been tried out. Thus Margaret reveals her views about what might make a "good" medicine. She does appear to be influenced by efficacy statements, usually repeating words like "good" or "special" where they are included in the printed title. She adds some of these epithets herself but seems relatively uninterested in recording source names, leaving off Sir Kenelm Digby as noted above, also a Dr Mays.<sup>189</sup> Although clearly interested in the distilled waters, she does not note any of the spiritous medicines or extracts listed in the *Choice Manual* or the *London Dispensatory*. Most of the ingredients in the receipts she chooses to record are herbs and culinary ingredients, with few exceptions available in the household or from the local apothecary. Two receipts in the *Queen's Closet* are included which require apothecary purchases of china root and spirit of tartar.<sup>190</sup> It is possible that Margaret Boscawen is more interested in the benefits to digestion of some of these purchasable items, as she particularly notes the "pills for quitting the stomach and helping concoction" in *Doctor Read's Most Excellent And Approved Medicines & Remedies* as being "very pretty", these

<sup>184</sup> 3 Recipe Books [Large Boke], fol. 26r, *A Choice Manuall*, pp. 4, 60.

<sup>185</sup> These include 2 receipts from *A Choice Manuall*, pp. 65, 144, *The Queens Closet Opened*, pp. 21, 87.

<sup>186</sup> 3 Recipe Books [Large Boke], fol. 31r, *A Choice Manuall*, p. 16.

<sup>187</sup> 3 Recipe Books [Large Boke], fol. 31r, *A Choice Manuall*, pp. 30, 37.

<sup>188</sup> 3 Recipe Books [Large Boke], fol. 33r, *The Queens Closet Opened*, p. 6.

<sup>189</sup> *The Queens Closet Opened*, p. 47.

<sup>190</sup> These were "To help ulceration in the kidneys" and "A purge for children or old men". *Ibid.*, pp. 50, 52.

requiring powdered aloes and rose water to make.<sup>191</sup> Another receipt from Dr Read's book requires "Smith's water" to be boiled with the patient's own urine and melilot herb to make an external application for the spleen. In the printed version this is listed as "A speciall Receipt for the Spleen" and she records "In Doctor Reeds booke there is a very good receite for the spleane".<sup>192</sup>

Overall, Margaret is highly selective in her choices, for example she picks out less than 20% of the receipts in the *Choice Manual*, selecting 61 out of 357. Even fewer are selected from the other texts, for example 24 from 457, just over 5%, in the *Queen's Closet*. As she does not record the content of these receipts it seems likely that she did have access to all four texts for extended periods. Although Margaret does appear to be influenced by efficacy claims, the criteria that she uses demonstrate interest in ease of preparation, availability of ingredients, specificity and safety of action. Her notes include few cure-alls and few names of high status.

#### 2.4 Repeating Receipts

In this section I look at duplicate copies of receipts found in the three Clifford family volumes of receipts, dated in their titles as 1689, 1690 and 1691 to 1752 respectively. A number of receipts are copied repeatedly and these "favourites" are also considered. Repetition may simply reflect errors of compilation from scraps of paper, but may indicate interest in a particular receipt and an increased likelihood of use. Thus, repeated receipts are of particular importance since they may identify therapeutic approaches in the household context.

Within the private archives of Lord and Lady Clifford of Chudleigh in Devon there are three volumes, each leather bound and measuring 20 cm wide and 32 cm high. The first volume is entitled "The Right Honorable the Lady Cliffords Booke of Receipts 1689" and is the largest collection of receipts with 127 written pages. The second volume labeled "Lord and Lady Cliffords Receipt Book 1690" is about half full and includes 60 written pages. The last, and shortest, volume inscribed inside with "The Right Honorable the Lady Cliffords Booke of Receipts 1691" has 40 written pages, the remaining pages are blank. The writing hand within each of these books is consistent but there is a noticeable difference between the 1690 volume and the other two volumes. In the 1690 volume the hand appears older: a mixed hand including characteristics of an earlier age (secretary hand forms of "c", "e" and "r" for example, old form of capital C): the use of the fossil thorn "ye" and abbreviations not often seen towards the end of the seventeenth century.

<sup>191</sup> 3 Recipe Books [Large Boke], fol. 31r, Read, *Most Excellent and Approved Medicines*, p. 21.

<sup>192</sup> 3 Recipe Books [Large Boke], fol. 31r, Read, *Most Excellent and Approved Medicines*, p. 82.

Altogether there are 855 Clifford receipts, predominantly medicinal and culinary in nature. Within the Clifford receipt collection there are 110 medical receipts which are repeated one or more times, giving a total of 239 duplicates, and 2 culinary receipts repeated once each.<sup>193</sup> For medicinal receipts the majority of cases are the 108 duplicates of a receipt in both 1689 and 1690 volumes but in 9 cases this receipt is additionally repeated one or more times within the 1689 volume, and in 8 cases within the 1690 volume. Thus there appears to have been large scale copying of medicinal receipts between the 1689 and 1690 volumes with transference of a very small number of receipts from either of these to the 1691 volume.

A check was also made of culinary receipts to see whether there were any duplicate versions. A total of 135 culinary receipts appear in the 3 volumes, the majority, 94 altogether in the 1689 volume, and 37 appearing in the 1691 volume. There were 4 culinary receipts in the 1690 volume but all are additions, either inserts or added at the very end and in a different hand. The culinary receipts focus largely on preserves, cakes and sweets with some meat, fish and wine recipes. A check was made for duplicates, and although there were often repeats of similar titles, inspection showed that the actual details of amounts of ingredients and processes are described differently for all but 2 receipts.<sup>194</sup> Thus the culinary receipts differ markedly from medicinal receipts in the Clifford collections in that they did not appear to be copied at all.

Overall, the almost exact detail of duplicate medicinal receipts is remarkable. Very rarely is any attempt apparent to alter or replace ingredients and dosages. The number of duplicates of a receipt may be an indicator that it was more likely to have been considered for use. This is most evident if an extra copy is amended. "A good syrup for a consumption" appears in both 1689 and 1690 volumes at least once, and in the 1691 volume version appears again as "A syrupe for a consumption" with the omission of a number of herb ingredients and the additional note that it can be given to "sucking children".<sup>195</sup> Examination of the hand, content and placing of the receipts suggest that the receipts were not accumulated in a steady linear fashion from the 1689 to the 1690 volumes as might have been expected. It is also apparent on examination that at least 46 of the duplicate receipts in the 1689 volume are placed at the top of consecutive pages from page 34 onwards. However the placing of these same receipts in the 1690 volume is

<sup>193</sup> The culinary items are "quince cakes" and "Westphalia hams". The Right Honorable the Lady Cliffords Booke of Receipts, 1689, CFA. Ugbrooke House, Chudleigh, pp. 108, 116, 249, Receipts of All Kinds, p. 58.

<sup>194</sup> The common receipt is for Westphalia ham. Duplicate receipt titles for preserving quinces, drying apricots orange paste and currant wine can be found but they differ in detail.

<sup>195</sup> The Right Honorable the Lady Cliffords Booke of Receipts, p. 50, Lord and Lady Cliffords Receipts Book, 1690, CFA. Ugbrooke House, Devon, Chudleigh, p. 17, Receipts of All Kinds, p. 8.

extremely varied, sometimes starting a page but more often than not within a series of other receipts. Duplicate receipts appearing on sequential pages in the 1689 volume are not sequential in the 1690 volume.<sup>196</sup> It seems unlikely that the compiler of the 1690 volume took only the first receipt on each page of the 1689 volume and copied in haphazard fashion onto various pages. This suggests either that the 1690 volume receipts were the originals for these duplicates, or that both volumes were compiled from another third source such as a collection of loose receipts. Since the pattern of duplicates in the 1690 volume appears random, as some receipts appear consecutively but many do not, it seems most likely that the 1690 volume is the source for many duplicates in the 1689 volume.

Several breaks in this pattern in the 1689 volume suggest that the copying was done on more than one occasion. Towards the latter part of the 1689 volume there are receipts identical to some of those of the first few pages of the 1690 volume. It is as if the compiler of the 1689 volume had access to the 1690 volume and worked through the pages selecting useful or interesting receipts. For example, page 54 in the 1689 volume has identical receipts to selected receipts in the 1690 volume on each of page 20, 21 and 25. There may have been some attempt to copy these receipts and also to organise them at the same time. For example, two receipts on the same page in the 1690 volume, one for worms and one for wounds, are placed on consecutive pages in the 1689 volume. The latter receipt is added to a page which already starts with a wound receipt.<sup>197</sup> However this system appears to have later broken down and the use of separate pages for entries of a particular type does not appear to have been maintained in the Clifford 1689 volume. The possibility of returning to further examine the same source of receipts is also suggested by the receipt "For a dropsy approved" which occurs twice in the 1689 volume, and once in the 1690 volume. The first form of the receipt gives instructions and dosage only, whereas the second form includes additional detail about when to take the remedy and how long to take it for, these details are all found in the 1690 volume copy of this receipt. It is possible that the 1689 volume compiler returned to the same receipt in the 1690 volume and took all the details on the second opportunity.<sup>198</sup> Further support for the suggestion that the 1690 volume may have predated most of the 1689 volume comes from examination of some of

<sup>196</sup> For example consecutive pp. 34, 36, 38, and 40 of the 1689 dated volume have the receipts "The Lady Allen's Water for the Smallpox", "An Oyntment for a Burne or Scald", "Dr Mumford's Cordial Water", "The Great Plague Water" respectively, always placed at the start of the page. These receipts come from pp. 7, 6, 8, 9 in the 1690 dated volume where only the last is also at the start of a page. Another single page in the 1689 dated volume, p. 103, has duplicate receipts drawn from 4 different pages in the 1690 dated volume, pp. 46, 47, 52, 63.

<sup>197</sup> The receipts are "For Wormes in the Belly" and "A Salve for Cleaning and Healing" in *The Right Honorable the Lady Cliffords Booke of Receipts*, pp. 103, 107, *Lord and Lady Cliffords Receipts Book*, p. 63.

<sup>198</sup> *The Right Honorable the Lady Cliffords Booke of Receipts*, pp. 88, 159, *Lord and Lady Cliffords Receipts Book*, p. 115.

the receipt text. Slight omissions can be seen in the 1689 volume where otherwise duplicates are identical in wording. For example the 1689 receipt "For the Head Ache" lists constituents as "take womans milk, white wine, vinegar" whereas the 1690 receipt lists "take of womans milk, of white wine, of vinegar" (omissions of the word "of"). Similarly the receipt "An Oyntment for a Burne or Scalde" in the 1689 volume says "take one head or therabouts of houseleeke" rather than the 1690 version specifying the "leaves of one head or thereabout of house green" (omission of the word "leaves").<sup>199</sup> In addition to omissions there are some minor changes in copying.<sup>200</sup> A number of repeated receipts include the term "probatum est" although this does not confirm use as the phrase was included in the original receipt.<sup>201</sup> Some changes involve the loss of the named source of the receipt, for example "The Lady Cullens water against the stone and gravell" in the 1689 volume appears later in the same volume as "A most excellent water for the stone" with identical description. Similarly "Dr Witheringtons poppy brandy approved" in 1689 volume reappears in the 1691 volume just as "Poppy brandy".<sup>202</sup>

One of the duplicate receipts has more significant differences, although largely the same ingredients. This is a receipt for the plague and the 1689 version appears to have been "modernised". The differences are significant enough to suggest that this receipt was not copied in the same way as others above, but may have originally been the same receipt, then received from different sources.<sup>203</sup> The 1690 version refers to "fower penyworth of methredate" whilst the 1689 version refers to "2 dragmes" of the same ingredient, and other similar changes are made for other ingredients. The 1689 version also omits the note that "it never failed man woman or child all the plague time". However since much of the receipt does match in both volumes it has been included as a duplicate. It is possible that this receipt was obtained from differing sources, and this possibility must be considered for other receipts with changes in wording. On the whole it seems that omissions of single words and occasionally sections, slight changes in title, spelling changes do not indicate

<sup>199</sup> The Right Honorable the Lady Cliffords Booke of Receipts, pp. 34, 36, Lord and Lady Cliffords Receipts Book, pp. 6, 16.

<sup>200</sup> For example there are slight changes in "An Excellent Salve for Spraines Old Soare or New" in The Right Honorable the Lady Cliffords Booke of Receipts, p. 67. Compare with "An Exelent Salve for a Spraine Old Sore or New" in Lord and Lady Cliffords Receipts Book, p. 33.

<sup>201</sup> Receipts which are repeated and have "probatum est" included are "A Purging Ale", "For the Dropsey Approved", "The Wound Drinke", "This Ointment is Good for All Ache, Bruise, Swellings", and "The Broath to Take After the Powder", The Right Honorable the Lady Cliffords Booke of Receipts, pp. 131, 137, 157, 158, 188.

<sup>202</sup> Ibid., pp. 83, 212, 249, Receipts of All Kinds, p. 57. Altogether 25 of the 239 duplicate entries gave a named source, some names being local such as Mrs Holder's receipt "For a Bruise in the Body" which was repeated 4 times, but the rest being doctors (12), ladies (7), or other nobility (2).

<sup>203</sup> "A Medicine for the Plague" in The Right Honorable the Lady Cliffords Booke of Receipts, p. 126. and "A Medicine Against the Plague Smallpox Measels or Any Other Surfitts" in Lord and Lady Cliffords Receipts Book, p. 37.



separate sources whereas alterations in quantities, dosage arrangements, suggest that the same receipt has been in use elsewhere and separately collected.

Given the dating of the volumes considered here, which appears to conflict with the way in which the volumes were compiled, we have to consider the likelihood that there were two different Lady Cliffords involved. Thus, the volume dated 1690 may have been compiled initially by Elizabeth Martyn, wife of the 1st Lord Clifford, Thomas. The volume dated 1689 was possibly compiled by Anne Preston, wife of the the 2nd Lord Clifford, Hugh. This volume bears many resemblances in format and hand to the third volume dated 1691-52, and this latter volume may have been a continuation of the 1689 volume. Both Elizabeth and Anne would have been alive and living at Chudleigh in the 1690s. Thus, they are quite likely to have shared information and receipts. Having established a possible connection between receipt volumes, I turn to examine the characteristics of these duplicated receipts.

Duplicate receipts in the Clifford collection are more likely to be internal remedies (62% of duplicate receipts) than external remedies (38% of duplicate receipts), this is a similar proportion to the overall Clifford collection which contains 65% internal and 35% external remedies. The most frequent preparations selected for duplication are drinks, waters, and ointments. It is noticeable that certain types of preparation are not chosen for duplication and these include julep, pomatum, posset, temple, throat and wrist plasters, purge or vomit. Of the ailments listed in the duplicate receipts, the largest groups relate to digestive, surgical, musculo-skeletal, circulatory and reproductive ailment categories. In terms of ingredients there are some indications of trends in the ingredients of duplicates. The proportion of the duplicate receipts which are simples, that is based on a single key constituent excluding carriers, is slightly smaller at 17% compared to the overall collection figure of 19%. The number of duplicate receipts which can be described as polypharmaceutical, that is containing more than the average number of ingredients (9 or more ingredients) is higher at 30% compared to the incidence of 26% in the overall collection. The most significant aspect of these duplicates is that many of them are polychrests or cure-alls. A total of 22 (or 71%) of the 31 polychrests in the 1690 version are copied. The selection of the receipts for duplication is not necessarily based on specific interests or ease of preparation but may reflect an interest in preparing for all eventualities. These duplicated receipts appear to differ in nature from the ones selected by Margaret Boscawen from printed texts. Rather than ease of preparation and efficacy, the Clifford duplicate receipts appear more likely to be complex preparations with cure-all properties.

Some 13 receipts duplicated in the Clifford receipt collection appear from three to five times and appear to be particular "favourites". These favourites vary, some requiring just a few ingredients and others being made up of many ingredients. All are for internal use apart from two ointments, and four are related to women's conditions such as miscarriage, childbirth and green sickness. They are listed in Table 2.3.

Table 2.3 "Favourite" Receipts in Clifford Household Receipt Collections

Receipt title	Preparation type	Clifford 1689	Clifford 1690	Clifford 1752	Min. no. of ingredients	Max. no. of ingredients
A good surrop for a consumption	syrup	1	1	1	14	21
A medicine for an ulcer in the womb	drink	1	2		11	11
A medicine for people subject to miscarry	powder	2	1		4	4
A purgeing ale	ale	1	1	1	9	9
A receipt for the green sickness	pottage	1	2		5	5
A water for afterthrowes	water	1	3		5	7
An excellent good water for faint women especially women in travell	water	2	2		4	4
An excellent green ointment for ache, bruise, lameness, stiches, gouts, spleen, ague, canker etc	ointment	1	2		6	7
For a bruise in the body by Mrs Holder	drink	2	2		4	4
For a dropsey aproved	drink	2	1		15	17
For a running nose	snuff	1	2		2	2
For a stoping in the stomach	pills	3	2		4	4
The green ointment	ointment	2	1		38	42

The frequency of these "favourite" receipts may indicate that they were actually used. These receipts required some purchased ingredients, at least 21%, including apothecary supplies such as china root, coral, mumia, sarsaparilla, sassafras and senna. Appendix 2.4 gives a complete list of ingredients mentioned in the "favourite" receipts

with a breakdown of the most likely source from which they could be obtained. These receipts differ somewhat from other duplicates, being specified for particular purposes and containing relatively few ingredients, less than six ingredients needed for 8 out of the 13 favourites.

Overall this brief analysis of selections within the receipt collection groups suggests that medicinal receipt titles were sought out for particular reasons which included the nature of complaint, ease of preparation, safety of use, and potential use as cure-alls. These reasons were not necessarily common to both households, since one household appeared to select for ease of preparation and specific efficacy, whilst another selected for complexity and general purposes. Receipts which were most frequently repeated seem to be different again, involving fewer ingredients, and relating to specific complaints. By inspection of the household accounts we might ascertain whether any ingredients or remedies were regularly purchased, and the next chapter takes up this question of healthcare expenditure. However, it is first necessary to consider the family letters to see what other concerns about health are expressed.

## **2.5 Letters about Health and Health Concerns**

Here I present an overview of health issues raised in family letters. Descriptions of ailments, births and deaths, are frequently noted in letters. Activities such as consulting a health practitioner or obtaining medicines for self-help are also mentioned. Many health-related concerns do appear, and this can reveal a lay household practitioner perspective. Ursula Venner writes on a regular basis to her brother Edward Clarke while he is in London on political and other business. She writes of their father as he becomes increasingly unwell. Whilst Ursula's letters frequently mention the physicians attending her father, and occasionally using "possets" as self-help for herself, she often offers her own suggestions regarding Mary and Edward's children. She adds as a postscript to one letter, "Good bro[ther]: let not the child have too many medicines given it but use ordinary meanes to prevent a fever".<sup>204</sup> The use of the term "ordinary" by Ursula here is subject to several interpretations. It may mean ordinary in relation to the source of remedy, from a kitchen or hedgerow rather than purchase from an apothecary. Or, it could mean ordinary in the sense of lay treatment rather than practitioner treatment. "Ordinary" was associated by some contemporaries with lay medicine, particularly country women, as suggested by the translator of Henry Cornelius Agrippa, who wrote "How frequently is the Art of the

<sup>204</sup> In her letter of New Years Day 1678, Ursula says "I have not been well these two or three days but I hope it was only a cold, and by taking of possetts and keeping my selfe warm, I praise God it is pretty well worne off againe". Ursula Venner to Edward Clarke, 14 June 1676, Sanford Family of Nynehead. DD\SF/3084. SARS, Taunton. Also see letters of 12 December 1678, 1 January 1678/9, Clarke, "Life and Correspondence," pp. 65, 88, 90.

most eminent Physitians forc'd to veil to the skill of a Countrey-Matron; who with an ordinary Receipt chases away those sullen Distempers".<sup>205</sup>

Other suggestions from Ursula affirm her humoral perspective. She writes to her brother, Edward, in November 1695 after visiting Mary, "I have bin at Chipley this afternoon and left my sister indifferent well, much as she was when you were here, she complains of ye continuance of those swellings and pains in her legs, but gets a little strength as she did hereto for".<sup>206</sup> Ursula makes some recommendations, "I wish she may be carefull of her self and not take any colds, methinkes dwarf elder roots, ground ivy and some such things made into a dyett drink might be good to sweeten her blood and to help carry away this waterish humour, I pray God to direct the best things for her".<sup>207</sup> By suggesting these items to her brother it seems that Ursula is hoping to attach her suggestions to his authority so that Mary will take the advice. She further qualifies her suggestions with a hint of God's approval, adding a prayer to God "to direct the best things".<sup>208</sup>

Ursula may not want anything but ordinary remedies rather than medicines used by Edward for his very young child. However, not everyone was in favour of self-help remedies. Mary expresses the opposite view. She writes to Edward in 1697, "I am told severall little meddicens by my frends that say they have cured many people when the famous Doctors prescriptions have done no good but I have no faith in them nor shall never trye".<sup>209</sup> Thus she claims she has "no faith" in the "little meddicens" told to her by friends. For Mary, the "gift" of medical advice from a lay person appears to be unwelcome, and she suggests that she does not really believe the claims made. Furthermore she might be expected to reciprocate in some way if she accepts and ever does "trye" one of these remedies. Mary is keen here to make it clear that she will not take up lay suggestions for "little" medicines. This is possibly because she has a view of the need to forcefully eliminate offending matter from the body. We shall see later that her purchases in the household accounts, and other letters do support her view as an interventionist seeking purging medicines both for her children and her own complaints. Mary does use certain prepared remedies, and she writes in 1698 of her children that, "if they fall down and break

<sup>205</sup> Henry Cornelius Agrippa, *Female Pre-Eminence: Or, the Dignity and Excellency of That Sex, above the Male* (London: Printed by T. R. and M. D., 1670), p. 92.

<sup>206</sup> Ursula Venner to Edward Clarke, 1 Jan. 1676/7, Sanford Family of Nynhehead. DDASF/3084. SARS, Taunton.

<sup>207</sup> Ibid.

<sup>208</sup> Ibid.

<sup>209</sup> Mary Clarke to Edward Clarke, 26 Oct. 1696, Clarke, "Life and Correspondence," p. 328.

their foreheads a little Hungary water and bitt of brown paper will cure it agen".<sup>210</sup> Mary also describes using Hungary water herself, alongside other items, and wonders if the problem in her legs is due to not taking her diet drink. She writes to Edward, "this morning by the use of Hungrey water and the rest I find the redness is now quite gone and the swelling much abated; what the occation of this should be unless it was walking to much or omitting the use of the dyett drink when I was at Holcombe or either I know not".<sup>211</sup>

Bridget Fortescue also indicates that she has tried many remedies herself, and used some with other people. As she explains, in a letter to her husband , "you know I have been trying all my Life long and have gone to 10 or 12 seferel sortes of methodes by so many seferel pepels ... besides treying many medsons my selfe and so did my mother by me to have thost my selfe cuard".<sup>212</sup> She claims that she has "cured many Agues by snakerote".<sup>213</sup> I discuss her differences with medical practitioners in the treatment of her own condition later in Chapter 5.

So far it seems that all of the individuals proclaiming their recommendations or use of home remedies are women. However, men also wrote of their use of remedies, for example John Buckland writes to Edward:

The happy tydings of my cosens being safely delivered of a sonne...I pray God graunt him his blessinge and that hee may live to yours and his mothers comforte; my infirmityes minde me of my change, having been lately under the sore visitation of the winde cholick, which hath not a little shaken my decayed cottage; I have given a hinte thereof to my wife least it should be represented worse unto her by some other hand; I bless God the sharpest paynes have left me for some dayes, and I have used remedyes with success.<sup>214</sup>

This letter, in 1676, demonstrates a number of his concerns and activities. In it he acknowledges the good news of a safe birth, and qualifies this by an appeal to providence for ongoing health. He describes his own condition and its effects, and also notes that he has tried to avoid alarming his wife. Finally he explains his own self-help through the use of "remedyes" and notes that this has proved successful. We are faced here with an example counter to assumptions, a husband taking responsibility for aspects of healthcare and furthermore concealing some details from his wife. To what extent was this typical of the range of concerns and activities encompassed by household healthcare? Although

<sup>210</sup> Mary Jepp Clarke to John Spreat, 22 Oct. 1698, BIWLD. 324R. Alexander Street Press, Alexandria, VA.

<sup>211</sup> Mary Clarke to Edward Clarke, 10 April 1697, Sanford Family of Nynehead. DD\SF/3833. SARS, Taunton.

<sup>212</sup> Bridget Fortescue to Hugh Fortescue, 6 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter. Although not a fatal condition, it seems the problem did trouble her again towards the end of her life and Bridget finally died in 1708, at the age of 42 years.

<sup>213</sup> Bridget Fortescue to Hugh Fortescue, 29 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>214</sup> John Buckland to Edward Clarke, 13 May 1676, ———, "Life and Correspondence," p. 63.

numerous sources suggested that women should take responsibility for health matters in the family, this letter suggests a household where the wife did not have full knowledge of illness and treatments used.

### *Writing to Confirm Health or Illness*

Family members are a prime focus of health concerns in letters. Writing to his wife Margaret, Hugh Boscawen's letters suggest a great concern for her health and provide suggestions as to how she might preserve her health. For example, he writes in November 1664 with evident concern and suggestions:

My Deare, I am very sorry to heare you are troubled so much with rughme, which I feare may be occasiund by siting up late at night, which I am confident is not good for you and may hinder sleepe if not taken in due time. I desire you wold not rise over early in the morning...<sup>215</sup>

A further letter demonstrates that he seeks confirmation of her amended habits of rising and retiring, whilst forwarding a plaster remedy:

I have yours by which I find that you are up in the morning earlier than I can thinke for your health, and therefore desire (as you expect I should have a care of my health while in this place) that you would make 8 of the clock in the morning the time of your rising which I hope will not so much hinder the businesse ... you would goe to bad before 10 at night, I shall sende the plaister with the other mentioned by the first friend I can meet with.<sup>216</sup>

Thus, Margaret's husband provides instructions for Margaret's health and forwards a plaster for her.

Confirmation of health is actively sought from family members and acquaintances through correspondence. Concerns are especially keen where there is an absence of communication. Margaret's father, Theophilus Clinton of Lincoln, writes to her as he wishes to meet with his estranged daughter and family, claiming that this would be a favour "like a resurrection from the dead". He says, "Deare daughter, though I am buried alive in your thoughts, and can not be so much beholding to you, as to commande any of your servants to wright me one worde to certify me of your health, and your children which are so deare to me".<sup>217</sup> In turn Hugh frequently asks after the health of his

<sup>215</sup> Hugh Boscawen to Margaret Boscawen, 18 Nov. 1664, Fortescue of Castle Hill. 1262M/ FC1. DRO, Exeter.

<sup>216</sup> Hugh Boscawen to Margaret Boscawen, 29 Nov. 1664, Fortescue of Castle Hill. 1262M/ FC1. DRO, Exeter.

<sup>217</sup> In his letter Theophilus said "you who are my onely child living of twelve which God had blest me". This letter, and several others, may have been prompted by failing health as Theophilus, twelfth Baron Clinton and fourth Earl of Lincoln died suddenly 21 May 1667. However there were also family disputes (including "a great breach" between Lord and Lady Clinton in 1664) and financial matters (unpaid debts) such that Theophilus may have sought the support of Margaret and her husband at this time. Theophilus Clinton to Margaret Boscawen, 3 Aug. 1665, Fortescue of Castle Hill. 1262M/ FC1. DRO, Exeter, Hugh Boscawen to Margaret Boscawen, 29 Nov. 1664, Anne Austin, *The History of the Clinton Barony, 1299-1999* (Exeter: Short Run Press/ Lord Clinton, 1999), p. 70, J. T. Cliffe, *The Puritan Gentry Besieged, 1650-1700* (London and New York: Routledge, 1993), p. 166.

grandchildren, and his replies show that he responds with appreciative comments on information regarding their health. In August 1696 he writes "I am very glad miss doth begin to weare out the Rickets and hope her brother will not fall into the distemper".<sup>218</sup>

Hugh Fortescue, son-in-law to Hugh Boscawen, writes often and includes updates on the children, and progress of a pregnancy. Bridget had a girl, Margaret, in March 1693. After a few weeks her husband reports on the birth and he adds, "my wife (I bless God) brave and well shee sate up some parte of yesterday and great parte of this day the child is very hearty to his Bubby and thrives on it the girle is very brisk and extreame fond of her little brother".<sup>219</sup> Bridget was well advanced in a further pregnancy in 1695, Hugh writes of this, "my wife tho verry bigg is well soe is the childe only now and then troubled with breeding teeth".<sup>220</sup> Bridget must have become pregnant quickly again in the next year, as in 1696 her husband writes after another birth, "I bless God wee are all prety well my wife gathers strength in her sitting up and the children fine and brisk which is a greate mersey I thank God for it".<sup>221</sup> Unfortunately this child, and at least 3 others, all died in childhood.

Bridget herself writes regularly to her father providing details of the health of the children. In a letter thanking him for his help in resolving inheritance issues, she says, "I returen you many thanks for your great care and troble ...my Littel ones are all briske and Lively tho the boye is rickety but the wether is so that we cant do anything to him yet".<sup>222</sup> She also writes regularly to her husband when he is away on business in London. Her letters always include a note about the health of the children, or servants, and news of neighbours health and her own health with ongoing reassurance and phrases like "we are all I bles god in good health", "my dear hart all our littel ones are well" and "all the children are well and brisk". Further items of information about the children provide confirmation of ongoing growth, or resolution of previous problems. For example "only littel boy they [Theophilus] is froward with his eye teeth" and "mis margaret much better and littel boy they is the verest pirate a pos littel ape that ever you see he will divert you much".<sup>223</sup>

### *News To, About, and From the Sick*

<sup>218</sup> Hugh Fortescue to Hugh Boscawen, 8 Aug. 1696, Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter.

<sup>219</sup> Hugh Fortescue to Hugh Boscawen, 15 June 1693, Fortescue of Castle Hill. 1262M/FC/5. DRO, Exeter.

<sup>220</sup> Hugh Fortescue to Hugh Boscawen, 30 May 1695, Fortescue of Castle Hill. 1262M/FC/5. DRO, Exeter.

<sup>221</sup> Hugh Fortescue to Hugh Boscawen, 2 Aug 1696, Fortescue of Castle Hill. 1262M/FC/5. DRO, Exeter.

<sup>222</sup> [Jael Boscawen] to Bridget Fortescue, 26 July [1702], Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter.

<sup>223</sup> The child "little boy they" was probably Theophilus Fortescue born in 1707, who later became M.P. for Barnstaple. Bridget Fortescue to Hugh Fortescue, 5 Dec. [1707], Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter, Bridget Fortescue to Hugh Fortescue, 27 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter, Bridget Fortescue to Hugh Fortescue, 2 Mar. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

However, news about health is not always so good and attempts are made to minimise the spread of such information. Bridget Fortescue is particularly concerned in her later illness that few people should know of her condition. She writes to her husband, Hugh, in February 1707/8, "I hope sir Tho Franklen did not open my Letter for I think it was that wich my caes was in", and several days later:

I bles god I kepe up a good hart and loke well and fewe here know I eal[ail?] anything therfore dont let any but Doctor morton and his sister know any thing about it I am exstremly obliged for your concuren[concern] for me but I hope I shall do well enofe againe but if not its the best way to resine[resign] our willes to godes.<sup>224</sup>

She is concerned to ensure that her proposed journey to London to seek advice about her illness should not be common knowledge, "I desiar you want[won't] let anybody know if before I come and I donte intend to let it be knowen hear ... I desire to give net hear to cover my preparrasions that will take annebel to visit my frends for 3 wekes or a months time and not say wh[y] way till I am just going away".<sup>225</sup>

Bridget's letters to her husband in London on business are sometimes alarming to him when she mentions her illness. Whilst she assures him that she is keeping him informed, it is also evident that she does not always wish to tell the full extent of her condition. For example, in her letter of 29th February 1707/8, she explains what changes there have been in her condition. She expresses concern about his likely reaction to her news, and does not want to trouble him:

I bles god I am come to slepe pretty well and be indefrant easey being free of my colick peanes more then a weke but my bely on the right side is so sore that I can move very litell my Apitit very littel to bread or any thing of substanscs and has much a do to disgest what I do eat...I have all along been fathfull in writing you the sefrel changes and all my complentes becas I new you consulted the Doctors but becas of your temper and your busnes I wold never tell the greatnes of the degree of my weknes and I hope strenth will com.<sup>226</sup>

She realises the effect of her letters writing that she is "much concaemd that you are so disturbed at my letter this day seven night for there is nothing hapened new but I gro better rather than woress". She suggests that her local medical practitioners, an apothecary and a surgeon, should communicate directly to Hugh and provide reassurance. She will "depend on the sattesfakshon that I thost[thought] you might have from Mr Baller and Mr Jenkinson".<sup>227</sup>

<sup>224</sup> Bridget Fortescue to Hugh Fortescue, 6 Feb.1707/8, Bridget Fortescue to Hugh Fortescue, 8 Feb. [1707/8], Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>225</sup> Bridget Fortescue to Hugh Fortescue, 6 Feb.1707/8.

<sup>226</sup> Bridget Fortescue to Hugh Fortescue, 29 Feb. 1707/8.

<sup>227</sup> Bridget Fortescue to Hugh Fortescue, 5 Mar. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.



The sick person does not always wish to have information passed on to others by the medical practitioner. Edward Clarke senior is "unwilling" to have Dr Gardiner visit to "state his case" by post to his son Edward.<sup>228</sup> However, he does want his son to return to his side, as Ursula writes a few days later, "My father desires you with as much speed as you can to be here in the countrey to help him in this weake condicon".<sup>229</sup> In a later bout of illness she provides "an Accompt of the doctors being here (as I remember) and of his directions to my father in order to the recovery of his health" and in the following letter "he hath these two days taken the waters, and this day they have wrought with him very well, and he is in a pretty comfortable condition as to his health".<sup>230</sup> Despite Ursula's regular reports as to the state of their father's health, other friends are drawn in to give their opinions. Ursula writes to Edward, "Mr Seaman was here yesterday ... and promised by this post to give you an accompt in what condicion he found my father; which is a very weake one, I pray God comfort him".<sup>231</sup>

Awareness of the powerful effect of news about health was widespread. Mary Clarke also recognises that her letters might provoke concern. She writes to Edward that she has "nothing further to add att present but that the swelling in my legs and Belly have bin more troblesome to me for some time past then usuall, but I troble noe body with my Complaints being in hopes it will weare off a Genn and am your truly affecttionate and faithfull wife".<sup>232</sup> In this case it is possible that Mary is seeking to invite concern.

### *Writing to Advantage about Illness*

Enquiries about health could reap benefits, and writing to enquire about a state of health provided a very acceptable pretext for raising other matters. Jael Godolphin was a sister-in-law of Hugh Boscawen, having married his brother Edward Boscawen in 1665. However, Edward died some time before May 1686, leaving Jael a widow with at least one son, Hugh, and two married daughters. The will may have been made in some haste because a number of letters regarding the actual intent of the deceased can be found in the between the executors and trustees of Edward's estate. At some point Jael herself stays at Tregothnan in Cornwall, possibly helping the family and dependent on the hospitality of

<sup>228</sup> Ursula Venner to Edward Clarke, 19 June 1676, Sanford Family of Nynhead. DD\SF/3084. SARS, Taunton.

<sup>229</sup> Ursula Venner to Edward Clarke, 14 June 1676.

<sup>230</sup> Ursula Venner to Edward Clarke, 7 Jun. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton. The popularity of mineral waters is described in N. G. Coley, "Cures without Care: Chemical Physicians and Mineral Waters in Seventeenth-Century English Medicine," *Medical History* 23 (1979): pp. 191-214. See also Roy Porter, *The Medical History of Waters and Spas*, Medical History Supplement No. 10 (London: Wellcome Institute for the History of Medicine, 1990).

<sup>231</sup> Ursula Venner to Edward Clarke, 6 Dec. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>232</sup> Mary Clarke to Edward Clarke, 6 May 1704, Sanford Family of Nynhead. DD\SF/3833. SARS, Taunton.

Hugh Boscawen. Hugh Boscawen died in June 1701 and there is delay in settling the intent of his will in relation to Jael's son's desire to live at Tregothnan. Jael writes to Bridget the following year, when the settling of Hugh's affairs was still going on, saying "I did not intend dear Madam to have troubled you soe soon with my insignificant letters but hearing from my sister Northcote you have been soe very ill since I heard from yourself I cant forbear enquiring after your health in hopes to a better account of it then she gives me".<sup>233</sup> A few months later, she explains that her illness prevents travel and she seeks to ensure that family business is being settled:

you are to good and to civill dear Madam to bear soe kindly with my pitiful letters .... I hope ere it be long of kissing your hands at Filly, but indeed I am sensible of so many infirmities and dayly find so many decays in myself that I am apt to think I shall never more make such a journey... Ime very glad to hear you are better in your health and I hope my cosen Fortescue is before this time returned to you and that he found the trustees in a good disposition, to proceed regularly in the dispatch of the business before them, Ime sure the delay of it, can be of noe advantage to either side and may be a damage to both.<sup>234</sup>

Jael uses her concern for Bridget's health as a reason for writing so that she can put her point of view about the likely outcome of the Trustee's deliberations on the will. Bridget drafts a response in which she makes clear her sympathy with her aunt, "sorry to find that you want the waters this time of year besides your complaint of something heavie upon you" adding that "all I can say at present I will advise and if I can be satisfied that it will be no hindrance to the performance of the will and for the true intrests of the family which I shall ever respect you shall not find me wanting on my part..."<sup>235</sup>

Both lay people and medical practitioners could profit from their engagement with illness. Various doctors give their opinions on Bridget's complaints as she suffers repeatedly from chronic neck sores.<sup>236</sup> Sometimes the medical practitioner arrives without being sent for. She writes to her husband Hugh in London, in 1707/8, "mr Jenkonson was so kind as to send when heard of my illnes and yesterday came to thank you and me for what you have don and being you wared is satisfied about the sore in my neck".<sup>237</sup> She adds, "I got him this moring to sarch it and he asuars me its in very good order and ye bone

<sup>233</sup> [Jael Boscawen] to Bridget Fortescue, 26 July [1702]. In another letter Jael writes that she is limited in seeing others because "I am a great way of in another bodies house and noe coach, which are circumstances which must be born and I hope may excuse me", [Jael Boscawen] to Bridget Fortescue, 15 Jan. [1702/3?], Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter.

<sup>234</sup> [Jael Boscawen] to Bridget Fortescue, 2 Sept. [1702], Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter.

<sup>235</sup> Bridget Fortescue to Aunt B. [Jael Boscawen], Undated Draft Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter.

<sup>236</sup> Bridget suffered since childhood and her mother accumulated much advice for the treatment of the King's Evil or scrofula. 40 Recipes for Healing King's Evil and Bundle of Bills Including Small Booklet. [Loose Letters and Receipts], Fortescue of Castle Hill. 1262M/FC/7. DRO, Exeter.

<sup>237</sup> Bridget Fortescue to Hugh Fortescue, 24 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

very safe but he thinkes it will hardly heall without being opened ye holl being small and ye holones[hollowness] being don ward from ye bone and from ye holl but he promised me this night to writ and sattesfey you about it...".<sup>238</sup> And the medical practitioner, Mr Jenkinson, does himself write to Hugh Fortescue to say "I have the honour to be here attending your good Lady, and to my great satisfaction upon opening the sore of her neck do find it exactly as I writt you in my last, free from all suspicion of danger or hazard...".<sup>239</sup> The opportunity for Mr Jenkinson to write makes it apparent that he seeks improvement through the assistance of Hugh Fortescue:

As to my own affaires I must humbly submit them still to you, as into the hands of a kind freind and my best Benefactor, to be determined by you as shall be thought fit, either as to going to sea with Capt Cleveland If it may be anywise adviseable; or staying at home to have the admiraltys promises confirm'd to me ashoar.<sup>240</sup>

Medical practitioners could take the opportunity of illness in order to develop their relationship with a possible patron. Jenkinson hopes to profit by his association with the Fortescue family, and he writes in his letter of "admiralty promises", presumably of a position, which could be "effectually secured" by Hugh Fortescue. In a further letter, several days later, he affirms his success in that "the sore of her Ladyships neck continues as I writt you to heal every day".<sup>241</sup>

Other individuals might also take the opportunity to promote their services on hearing of poor health. George Short, whose wife provided wet nursing in Ditton, writes to Mary Clark in December 1686, on hearing of 10 year old Edward's improvement, and offers lodging which can accommodate nursing care:

Madam, I am most hartily glad to heare that master Edward is able to go downe stairs I pray god increase his strength more and more to him madam if you please to send him to Ditton for the air hee shall bee very wellcome and all the care taken of him that possible can bee as for his lodgeing ...<sup>242</sup>

### *Seeking Medical Advice*

Within the correspondence of the Clarke family there are a number of examples of seeking of advice from learned practitioners, mostly initiated by Edward Clarke in relation to his father and his wife. Edward writes to his father in 1676 with the aim of persuading

<sup>238</sup> Ibid. A Jenkinson of Bideford is listed in Mortimer, "Diocesan Licensing," p. 118.

<sup>239</sup> T. Jenkinson to Hugh Fortescue, 7 Mar. 1707/8, Fortescue of Castle Hill. 1262M/FC/10. DRO, Exeter.

<sup>240</sup> Ibid.

<sup>241</sup> T. Jenkinson to Hugh Fortescue, 9 Mar. 1707/8, Fortescue of Castle Hill. 1262M/FC/10. DRO, Exeter.

<sup>242</sup> George Short to Mary Clarke, 13 Dec. 1686, Sanford Family of Nynehead. DDASF/2742 Part 1. SARS, Taunton.

him to allow a local doctor to send details of his condition, so that the "best Physitions" might advise:

... I doe most earnestly desire you to permitt Doctor Jarvis to write the state of your condition fully, and to order the sending of it to mee (especially of there bee noe amendment) by the next post Both that I may thereupon take the advice of the best Physitions of this place and imediately wait on you with their prescriptions in the speedy and carefull performance whereof I presume I shall bee much more serviceable to you than if I were now actually present with you...<sup>243</sup>

Mary herself benefits from her connections with John Locke for medical advice although this advice is frequently mediated through her husband Edward whilst in London. In one letter Edward explains how he visited Locke and provided an account of Mary's condition, "I went to Mr Lock and luckily enough found Him at home, where all the time then togather was spent in his inquiring into All the circumstances of your Case and your present state of Health and Desiring (by Mrs Burgess) to haue a constant Account from you".<sup>244</sup> Edward encourages Mary to get "advice and assistance from the best physitians that are to bee had in England", writing to her from London.<sup>245</sup> Advice might also be sought from learned friends. Some years later, Mary writes to Edward to ask him to obtain advice when she has loose teeth, suggesting a close friend, Mr Freke, with whom Edward shares accommodation:

I have had such a violent paine in my teeth of late as I never had since I breed my children... the pains has bin so severe that it has made all my teeth loose and I am in doupt those few I have left will come out therefor if among your acquaintance you could lerne what was good to fassen ones teeth it might do me a kindness.<sup>246</sup>

Locke's involvement in the family health was extensive, having had a "close friendship" with Edward from 1682 onwards.<sup>247</sup> There are numerous requests from Edward to Locke for suggestions of treatment for his wife, for the children and for servants of the household.<sup>248</sup> Locke often obliges, for example at various times he advises Edward

<sup>243</sup> Edward Clarke to Edward Clarke Senior, 15 June 1676, Sanford Family of Nynehead. DD\SF/3833 SARS, Taunton.

<sup>244</sup> Edward Clarke to Mary Clarke, 13 June 1696, Sanford Family of Nynehead. DD\SF/3069 SARS, Taunton.

<sup>245</sup> Edward Clarke to Mary Clarke, 5 June 1697, Sanford Family of Nynehead. DD\SF/3069 SARS, Taunton.

<sup>246</sup> Mary Clarke to Edward Clarke, 6 May 1704.

<sup>247</sup> According to E. S. De Beer, Mary's mother, Elizabeth Jepp (nee Buckland), was described as a cousin in correspondence, although no substantiating evidence for this relationship has been found by him. E. S. De Beer, ed. *The Correspondence of John Locke*, 8 vols. (Oxford: Clarendon Press, 1976-89), Vol. 1, flyleaf and p. xxiii.

<sup>248</sup> Kenneth Dewhurst describes Mary Clarke as a hypochondriac. Kenneth Dewhurst, *John Locke, 1632-1704, Physician and Philosopher: A Medical Biography with an Edition of the Medical Notes in His Journals* (London: Wellcome Historical Medical Library, 1963), p. 296.

to drink spa water,<sup>249</sup> advises Mary to take Cortex Peru,<sup>250</sup> and sends instructions for a diet drink for a servant.<sup>251</sup>

Spouses, especially men, seem to be particularly instrumental in seeking advice from London physicians. Jane Strachey, in a letter to Mary Clarke, writes of her son's wife, and his insistence that she take advice, "my son and his wife is in London She hath taken advice there for her brest It hath A Knob which pains her at times ever since it hath bin whole and he being in London would not be satisfied but she must come and bring the youngest child which hath a Rupture to be advised".<sup>252</sup>

### *Sending for the Medical Practitioner*

Letters provide frequent mention of problems encountered in sending for a medical practitioner. Ursula Venner's efforts to obtain the personal presence of the doctor could be immense and sometimes unsuccessful. In June 1676 she writes to Edward that their father "continues still weake, we have sent to Doctor Dyke but he was ill in the gout & could not come, wee are now sending to borrow Mr Blewett & coach to bring him here tomorrow".<sup>253</sup> Later that year their father is sick again "in the same distemper he was last yeare taken" having sent "yesterday to Dr Dyke and he hath directed a vomit for my father which he sayth is the only way to help him". However, sending for the practitioner did not always result in patient compliance and Ursula writes that "my father is altogether averse to the takeing of it all which mightily troubles me doubting the effects of it and not knowing what is best to perswade him to do". She writes "he complains of his sickness and paine at his stomach, which he imputes to eating of a little plum-broth at Xmas eve having never had any appetite to eat anything since". Ursula sends again for Dr Dyke two days later.<sup>254</sup> On this occasion Edward Clarke senior recovers but he sickens again just over a year later in April 1678. Ursula writes of her concern, saying "My father hath been very ill and weake since Saturday last when he was taken with such a feeblenesse in his limbs that he hath not been able to goe over the roome nor raise himselfe in his bedd more

<sup>249</sup> Edward Clarke to John Locke, 14 February 1681/2, Clarke, "Life and Correspondence," p. 111.

<sup>250</sup> John Locke to Edward Clarke, 22 March 1685, *Ibid.*, p. 123. Cortex Peru or Jesuit's Bark *Cinchona officinalis* or *C. succirubra* was an astringent and bitter remedy recommended for fevers, see Meyrick, *The New Family Herbal*, p. 250. The Jesuit's Bark was thought to have been introduced to Europe by 1643, see T. W. Keeble, "A Cure for the Ague: The Contribution of Robert Talbor (1624-81)," *Journal of the Royal Society of Medicine* 90 (1997): p. 91.

<sup>251</sup> John Spreatt to John Locke, 23 Mar 1689/90, Clarke, "Life and Correspondence," p. 159.

<sup>252</sup> Jane Strachey to Mary Clarke, 7 Dec. 1695, Sanford Family of Nynhead. DD\SF/3069. SARS, Taunton.

<sup>253</sup> Ursula Venner to Edward Clarke, 14 June 1676.

<sup>254</sup> Ursula Venner to Edward Clarke, 1 Jan. 1676/7, Ursula Venner to Edward Clarke, 3 Jan. 1676/7, Sanford Family of Nynhead. DD\SF/3084. SARS, Taunton.

than he is helpen, he complains of a weaknesse and sicknesse at his stomach". She sends for the doctor and describes to Edward her further problems in obtaining medical advice:

I sent a munday to Dr Dykes and yesterday to Sir William Wyndhams where I found he and Mr Smith were gone, and desired the doctors advice and that he would come to my father if possibly he could, and likewise I writ to Mr Smith to desire him to come to him but neither of them came, nor directed any thing for him, which very much troubles mee but I will use the best meanes for him that I can my selfe and pray God blesse it and comfort him.<sup>255</sup>

Ursula is thrown on to her own devices since the doctors are not persuaded to attend her father. This experience suggests that a problem faced by lay persons in healthcare was not so much related to the scarcity of doctors but their unwillingness, or inability, to attend. The latter possibility seems to be the case for Dr Dyke who is "ill in the gout" and required coach transport.<sup>256</sup> This may have been the problem again when Dr Dyke is sought in May 1678 as Ursula writes "Doctor Dyke was by your assistance of our good friend Mr Blewetts coach home and saw my father yesterday".<sup>257</sup> She pursues the issue of attendance by both doctor and apothecary and writes, "though Mr Smith came not hither this day according to his promise mentioned in your letter to my father, and I will send unto him tomorrow againe to know the cause of his absence".<sup>258</sup> Her efforts are partially successful as "Mr smith came hither Saturday morninge last, after I sent away my letter to the Post house and he hath appoynted to be here and give my father his physick on this day sennight and to bleed him with Leaches the next day by the Doctors direction". However, the actual event did not turn out quite as planned, as Ursula explains:

This morning received a Letter from Mr Smith who hath putt off the giving my father his physick and bleeding him till tomorrow sennight by reason that the Doctor is ill in the Gout and hath enjoyed him to travell about some earnest occasions to morrow soe farr as Bruton which I am troubled at, doubting the season of the yeare will grow for colds that my father will be the worse for it.<sup>259</sup>

Her complaints continue, relating to lack of attendance and not knowing when to expect the medical practitioner:

...My father is much as he was wont to be. but Mr Smith hath not yet done any thing for him, and I am now sending to him to mind him of his promise of being here to morrow in the evening in order to the doeing of what the Dr hath

<sup>255</sup> Ursula Venner to Edward Clarke, 17 April 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>256</sup> Ursula Venner to Edward Clarke, 14 June 1676.

<sup>257</sup> Ursula Venner to Edward Clarke, 22 May 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>258</sup> Ursula Venner to Edward Clarke, 4 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>259</sup> Ursula Venner to Edward Clarke, 8 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton, Ursula Venner to Edward Clarke, 13 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

directed for my father upon munday and tuesday next wch I hope will not be disappointed againe by any pretence of other occasions and that the weather will be seasonable enough for the doeing thereof...<sup>260</sup>

She writes that "I sent yesterday unto Mr Smith who hath promised to be here without fayle this evening in order to give my father his physicke and I pray God to give a blessing thereunto".<sup>261</sup> But Ursula reports still further difficulties in getting medical attention for her father a week later when she says "I have not heard from Mr Smith since and I doubt it will be too late in the yeare for my father to be blooded as it was appoynted". She adds "I am now sending unto Taunton againe to learne what they doe intend to doe in it for I doe assure you it hath ben noe small trouble unto me to see them soe much slight my father I prey go comfort him".<sup>262</sup> Evidently much time and anxiety was expended on obtaining medical practitioner services. Perhaps because of this, some treatments were more easily obtained from the apothecary. Ursula seeks something from the apothecary for her father's toothache, without necessitating a visit, "he hath been somewhat troubled with the toothake these two or three days; and I am now sending to Mr Smith for something to give him ease therein".<sup>263</sup>

#### *Worry and Ill Humours in the Family*

So much emphasis is given to wishes and prayers for the maintenance of health that the slightest possibility of the threat of illness is an item to include in letters. Bridget Fortescue writes to her father that she is "very glad to find you and my Lady are well I pray God continuw it I hear the towen is very sickly still all hellthy hear I thank god but I hear ther is a very malignant fevor about Filith [Filleigh in Devon]".<sup>264</sup> Strong emotions, such as grief, were feared for their possible effects in causing illness.<sup>265</sup> Ursula Venner writes to Mary Clarke in London in 1692 with concern over her grief for the death of a close aunt Mrs Bluett, "Good sister lett us beg you not to grieve your selfe for this misfortune which must (& ought to be), submited to by all, I hope you will never want faithfull frends to be a

<sup>260</sup> Ursula Venner to Edward Clarke, 16 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton, Ursula Venner to Edward Clarke, 19 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>261</sup> Ursula Venner to Edward Clarke, 20 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>262</sup> Ursula Venner to Edward Clarke, 26 Oct. 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>263</sup> Ursula Venner to Edward Clarke, 1 June 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>264</sup> Bridget Fortescue to Hugh Boscawen, 26 Mar. [1697?], Fortescue of Castle Hill. 1262M/FC/5. DRO, Exeter.

<sup>265</sup> Fear and sorrow were especially to be avoided. Sorrow would "refrigerate" the body and "extinguish" natural appetite. Other emotions could have physical effects, fear dissolving the spirits and infecting the heart, anger stirring up choler and heating the blood and vital spirits. Richard Burton, *The Anatomy of Melancholy* ed. Holbrook Jackson, 3 vols., vol. 2 (London: Dent, 1621), pp. 102-3.

comfort to you". Several days later she writes of the funeral, a "handsome interment" and saying that those present:

... were all much concerned to here you were so much afflicted, for her death, fearing you may much hurt your selfe, and all that Love you by soe doing, but I hope you will better consider of it , being to noe purpose, and that which we must submit to, I hartilly pray God to give us grace to prepare ourselves.<sup>266</sup>

Some years later Mary herself writes to try to cheer up her husband, Edward, when taking the waters in Tunbridge Wells. She wants him to be less melancholy about problems relating to their daughter's marriage and says:

...for my part I think providence has and will order all things for the best, and I hope you will drinke tunbridge waters till you are of the same opinion, and resolve not to come into this part of the Countrey till your mind is at rest and your thoughts perfectly free, soe that you may be able to injoy your selfe and your frends.<sup>267</sup>

The Clarke family suffer a great misfortune when their son Edward ("Ward"), born 6th May 1676, is struck down with a major illness. He recovers slowly but never completely. Mary writes from London to John Spreat in 1704, that "[Ed]ward is better then he was but I feare will never be in his Right resen, I doe assure you he is not laide a side as one dead but considered off by me and every one else of his friends to bee in much worse circamsstances". She adds, "I pray God to derectt and support me under that and all other difficultyes and disapoyntments I meett with in this world and innable me to live in it, as I ought that I may waite with Cheerefullness and patience untill my Change Come, which I hope will be to Gods Glory and my Eternal Comfort".<sup>268</sup>

These letters from women attempt to ameliorate bad feeling, particularly by drawing on providence, suggesting that God's will would ensure the best outcome. Jael Boscawen, widower and aunt to Bridget Fortescue, writes of various illnesses affecting her sisters and her son:

I hope you will all be preserved from the danger of that diseas which is soe much about you, if it should come nearer one cant but be sorry when it comes tis soe uncomfortable a distemper, tho when it is soe very gentle as this year it has been there is much less danger in it, and Gods time is the best for all things.<sup>269</sup>

<sup>266</sup> Ursula Venner to Mary Clarke, 23 July 1692, Sanford Family of Nynhead. DD\SF/3084. SARS, Taunton, Ursula Venner to Mary Clarke, 25 July 1692, Sanford Family of Nynhead. DD\SF/3084. SARS, Taunton.

<sup>267</sup> He was at Tunbridge Wells with Mr Freke. Mary Clarke to Edward Clarke, 18 [July] 1700, Sanford Family of Nynhead. DD\SF/3833 SARS, Taunton, Mary Clarke to Edward Clarke, 20 July 1700, Sanford Family of Nynhead. DD\SF/3833 SARS, Taunton.

<sup>268</sup> Mary Clarke to John Spreat, 23 Nov. 1704, Sanford Family of Nynhead. DD\SF/2813-2821. SARS, Taunton.

<sup>269</sup> [Jael Boscawen] to Bridget Fortescue, 15 Jan. [1702/3?].



Illness could leave after-effects impacting on the mind as well as the body. Mr Dyke writes to Edward Clarke that "the violence of my distemper requiring the losse of a greate deale of bloud leaves a languor and heavinesse upon me, I hope I shall recouer it and the other remembrances of my disease".<sup>270</sup> Many "illnesses" were associated with feeling bad, and "bad humours" could produce such feelings.<sup>271</sup> One letter from Mrs Stringer to Mary Clarke expresses passionate concern for Mary's health and invites her to stay adding that her own son is "very regular and easily managed" but cannot "apply himself to study"... although is reading "plutark" and was often troubled with "ill humoured disease of the spleen".<sup>272</sup>

Carers constantly consider the mental state of their patient in relation to health. Edward Clarke senior is "extream melancholy and troubled at every little thing, and hath little or no stomach to his meate" according to Ursula in 1676. Several years later, she writes to Edward that "My father was for a day or two after his bleeding very subject to the passion of weeping, but we giveing hime the best ordinary cordiall and that I could think of to make for him".<sup>273</sup> Obtaining compliance is also an issue. Ursula writes to Edward that her father "doth still take the waters, and (thanks be to God) pretty cheerfully, soe that his strength doth somewhat increase", perhaps because "they doe worke with him very much to his expectacon".<sup>274</sup> In 1679 she writes, "My father continues very weak and ill yet and keeps his bed for the most part... I cannot prevaile with my father to the cordiall electary which the Drs prescribed nor more of his pills then the one which he tooke at first whereof I writt to you".<sup>275</sup>

Family members not only worry about the sick person but also attempt to avoid giving them something to worry about. Ursula acts as a gate-keeper for sensitive news reaching her father. In 1675, she writes to her brother Edward, "My father hath been very ill in a cold but I hope the danger is over and he is soe extreamly weping at all kind of buisnesse that I would desire you to send him as little of illnews as possible".<sup>276</sup> Shortly after she replies to Edward, who has written of his wife Mary being unwell, "I did not

<sup>270</sup> Mr Dyke to Edward Clarke, 28 Sep. 1700, Sanford Family of Nynehead. DD\SF/3069. SARS, Taunton.

<sup>271</sup> Ulinka Rublack provides a good overview of the relationship between humors and emotions. Ulinka Rublack, "Fluxes: The Early Modern Body and the Emotions," *History Workshop Journal*, no. 53 (2002): pp. 1-16.

<sup>272</sup> Mrs Stringer to Mary Clarke, 26 May [1695?], Sanford Family of Nynehead. DD\SF/3069. SARS, Taunton.

<sup>273</sup> Ursula Venner to Edward Clarke, 19 June 1676, Ursula Venner to Edward Clarke, 2 Nov. 1678, Sanford Family of Nynehead. DD\SF/3084. SARS, Taunton.

<sup>274</sup> Ursula Venner to Edward Clarke, 14 June 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton, Ursula Venner to Edward Clarke, 16 June 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>275</sup> Ursula Venner to Edward Clarke, 4 July 1679, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>276</sup> Ursula Venner to Edward Clarke, 3 Jan. 1675, Sanford Family of Nynehead. DD\SF/3833. SARS, Taunton.

acquaint him with my sisters sicknesse because I knew it would be a great trouble to him as it is to me". And she does not tell their father about his grand-daughter's teething problems, "I dare not acquaint my father of your childs illnesse but I thanke God he is in much the same condition he used to be and is helped down from his chamber into the parlor every day".<sup>277</sup> The following year she writes "I dare not acquaint my father with it", regarding a legal matter.<sup>278</sup> In another letter, a few days later, she explains to Edward that she has received his letters but "for some reasone did not show it to him according to your desires, he being in such a condition that we dare not let him know anything that shall give him the least trouble". In the same letter she also reveals that she has not told their father of "my cozen Robert Cuffe being dead or in very great danger which I dare not acquaint my father with". In November of that same year 1676, she writes again of a bill and hoping to sort it out without troubling their father.<sup>279</sup>

In his last illness Edward Clarke senior remains melancholy and unwilling to comply with his medical advisers, according to Ursula:

Doctor Dyke was here with my father in Wednesday last and then my father did, with a greate deale of help come downe into the Hall unto him, which he hath not done faire now in about a fortnight before and hath been but little out of his bedd more then while it hath been makeing. He behaved himselfe with the Dr much as he doth with all other people and I thinke scarce spake above 4 or 5 words to him all the while he was here, but by then the Dr apprehends him to be sensible as to himselfe but cannot shew or expresse it soe to others being so oppressed with the fules melancholy as the Dr called it.<sup>280</sup>

Another family, the Fortescues, also provide evidence of limitations on news given to a sick person, even when the news is of the gravest importance. Jael Boscawen, Bridget's aunt writes to Bridget, revealing that she has not been told of an illness:

I may have a little to long deferred my congratulations that prettie Miss Fortescue is soe well passed the small pox ... but I heard my cosen Fortescue had taken a great deal of care you should know nothing of it, and I knew not when that prohibition was take of which was the caus of my not writing to you.<sup>281</sup>

Thus Bridget is considered unwell enough to be deliberately denied news about the sickness in her family.

<sup>277</sup> Ursula Venner to Edward Clarke, 26 Feb. 1675, Sanford Family of Nynhead. DD\SF/3833. SARS, Taunton, Ursula Venner to Edward Clarke, 12 Dec. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>278</sup> Ursula Venner to Edward Clarke, 16 June 1676, Sanford Family of Nynhead. DD\SF/3084. SARS, Taunton.

<sup>279</sup> Ursula Venner to Edward Clarke, 19 June 1676, Ursula Venner to Edward Clarke, 20 Nov. 1676, Sanford Family of Nynhead. DD\SF/3833. SARS, Taunton.

<sup>280</sup> Ursula Venner to Edward Clarke, 21 June 1679, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>281</sup> [Jael Boscawen] to Bridget Fortescue, 15 Jan. [1702/3?].

## 2.6 Nursing Care

Apart from wet nursing of young children some nursing care of the patient can be discerned in some letters. Anne Summers defines nursing as attending to all the needs of a permanently or temporarily disabled patient. This includes administering food, drink, medicines, maintaining temperature with suitable clothing, bedding and ventilation, keeping the patient and surroundings clean, dealing with bodily evacuations, washing clothes, keeping the patient quiet and cheerful, observing the patient and their reactions to food and therapy.<sup>282</sup> Of particular interest in the Clarke correspondence is the range of nursing activity which Ursula Venner mentions in caring for her father during his long illness - staying up all night with him, giving reports, administering medications including enemas, supporting him to walk across the room, letter writing on his behalf, making cordials and other activities.<sup>283</sup> Although she would have had the aid of servants in these activities, her letters suggest much direct involvement in this care, as well as frequent contact with his physicians. Ursula's position may be thought similar, as a dependent relative and carer, to that of Peg Adams, daughter of Sir Ralph Verney (1613-1696) of Buckinghamshire. Whyman's study of the Verney family reveals the daily correspondence written by Peg to her cousin in London detailing the illness of her father who suffered from problems with his legs and digestion. Whyman emphasises the need for dependent kin to "beg for necessities and practice self-deprecation and undignified toadying", and notes the humble statement of Peg, who cared for Sir Ralph right up to his death, in writing to her father, "I had rather follow your directions in all things than trust my own discretion which is at best very small".<sup>284</sup> In Ursula's case however, although a widowed daughter, she was effectively managing the estate while her father was incapacitated. Thus illness could provide an opportunity for women to take on increased responsibility, and step beyond a dependent role. Here the gift of healthcare, even within family and household, could provide opportunities for greater recognition and control of resources.

Ursula takes on many aspects of running the estate at Chipley in her father's absence due to ill-health. Letters from Ursula to her brother Edward in London often seek confirmation on business matters, suggesting a confident woman taking decisions regarding estate matters and much other business while her father is unwell, to the extent

<sup>282</sup> Anne Summers, "Nurses and Ancillaries in the Christian Era," in *Western Medicine: An Illustrated History*, ed. Irvine Loudon (Oxford: Oxford University Press, 1997), p. 192.

<sup>283</sup> However the physicians who attended Edward Clarke senior were unable to restore his health and he eventually died in September 1679. Ursula Venner to Edward Clarke, 19 and 24 June 1676, 15 April 1678, 11 May 1678, 2 Nov. 1678, Clarke, "Life and Correspondence," pp. 65, 76, 78, 86, 94.

<sup>284</sup> Whyman, *Sociability and Power*, pp. 1, 127. Bridget Hill discusses the situation of single women and notes the possibility of recognition for various caring roles. Bridget Hill, *Women Alone: Spinsters in England, 1660-1850* (New Haven and London: Yale University Press, 2001), chap. 7.

of repeatedly withholding potentially unsettling information from her father when she deems such action necessary.<sup>285</sup> She collects rents and other dues, she responds to legal matters affecting the family, and acts as a go between for matters which she referred to her brother Edward while he was in London. It is evident from her letters that she can manage money aspects of the estate herself, "William Treble will observe your directions about the Tenants: I will doe my best to get in Whites money and that which is ours shall become due from the rest". She takes care to seek directions from her brother Edward on some matters, for example on a tax assessment she writes "I desire your thoughts by the next post whether they ought to pay it and if not what meanes wee must use to avoid it".<sup>286</sup> Thus the position of a carer for a sick relative might entail humble servility but could also involve the wielding of power in relation to household and estate business, albeit also attempting to maintain relationships with the future heir to the estate.

Reports on chronic illness need to be frequently updated. Ursula Venner writes numerous letters to her brother providing information about their ailing father. She often says that he is "indifferent well". Long periods of care might be marked with minor variations in chronic complaints, and daily observations of changes had to be conveyed. Ursula writes to Edward in December 1678 "My father was somewhat ill yesterday but hee is better to day and I hope it will passe off againe; being (he supposes) only a cold".<sup>287</sup> Acute episodes of illness were particularly worrying, Ursula writes that "my father hath beene extreme ill this week but I hope now the danger is over for the last night he took indifferent good rest and hath been this day better than formerly and hath taken severall good naps of sleep".<sup>288</sup>

Nursing care takes a toll of the persons involved. Ursula writes to Edward that "I have not been in my bedd this sennight".<sup>289</sup> Indeed her "care and kindness" were recognised by her father when he made his will in 1677, though it was not proved until 1679.<sup>290</sup> The involvement of carers and medical personnel could result in exposure to disease. Mary Clarke writes to Edward of fears about time spent with the sick and its dangers:

<sup>285</sup> Ursula Venner to Edward Clarke, 16 June 1676, Ursula Venner to Edward Clarke, 19 June 1676, Ursula Venner to Edward Clarke, 26 June 1676, Sanford Family of Nynhehead. DD\SF/3084. SARS, Taunton.

<sup>286</sup> Ursula Venner to Edward Clarke, 11 May 1678, Sanford Family of Nynhehead. DD\SF/3086. SARS, Taunton, Ursula Venner to Edward Clarke, 22 May 1678.

<sup>287</sup> Ursula Venner to Edward Clarke, 5 Dec. 1678, Sanford Family of Nynhehead. DD\SF/3086. SARS, Taunton.

<sup>288</sup> Ursula Venner to Edward Clarke, 19 April 1678, Sanford Family of Nynhehead. DD\SF/3086. SARS, Taunton.

<sup>289</sup> Ursula Venner to Edward Clarke, 18 July 1700, Sanford Family of Nynhehead. DD\SF/3084. SARS, Taunton.

<sup>290</sup> Edward Clarke of Chipley's will included Edward Clarke as son and heir, and £20 for a ring to Mary Clarke "as a token of my affection" and also "To my daughter Ursula Venner, of whose care & kindness in my present weakness, I am very sensible, £100 & to her son Gustavus Venner, £100". Crisp, ed. *Abstracts of Somersetshire Wills*, vol. 3, p. 33.

I was att Mrs Anns funerall last wensday, att which time her second sone and one of her servants was sick of the same fevor, and one of the kneighbours that satt up with her has had itt , and I am told that the last sister that died had somethinge did breake under her Arme and If soe under the rose it may be little less than the plague for ought I know from which Good Lord Delever us.<sup>291</sup>

And Ursula herself notes that "our mayde Eluar hath been very ill neer this week space in a feaver which much troubles mee who have not been in the best condicion this moneth my selfe".<sup>292</sup>

Letters tend to ignore, or refer minimally, to the amount of servant activity involved in nursing the ill, except when servants are unavailable or providing the "wrong" sort of care. Family nursing care may be variable, depending on the status of the recipient and the personnel available. Sometimes the care available may be of a poor standard and nursing care provided elsewhere might provide a great relief for the suffering person and for carers. Jael Boscawen writes to Bridget Fortescue of another sister, "I hardly ever see but I take her to be more at her ease, then ever I knew her in Boarding with Dr Mourton, and much better used upon all accounts".<sup>293</sup> Servants were not always regarded as capable in preventing or treating illness. Mary expresses the view that one servant, Babette, was responsible for many of the "falls and accidents" experienced by the children:

Sammy goes very weekly still for one of his age, though he is visiabley stronger and better since babett went away; I am cheefe nurss now my selfe and with the helpe of every one in the house in theyr turnes, I phancey the children doe better then when she was heare and had nothing to doe but look after them, for then they had a great many falls and accidents and now they have few or none;<sup>294</sup>

Somewhat unsurprisingly, servants could be difficult to hang on to. Mary often complains about the changes in servants which she has to suffer:

Thanke you for your Concern for my swelled leggs but I know not how I shall gett ridd of them, nor what Corse to take in order to it, my Family is soe uncettled att present by reson of Dorcuses and nans goeing away and new ones to Come that I cannott leave it; the last springe it was the same Case Just att this time when I had thoughts to goe to Exeter mounsieur and babett and Jone was to take theyr flite; soe that they cutt me out worke of this kind every march; and will doe I beleve tell all the uneasy ones are marched.<sup>295</sup>

<sup>291</sup> Mary Clarke to Edward Clarke, 18 [July] 1700.

<sup>292</sup> Ursula Venner to Edward Clarke, 9 Feb. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>293</sup> [Jael Boscawen] to Bridget Fortescue, 15 Jan. [1702/3?].

<sup>294</sup> Mary Clarke to Edward Clarke, 17 June 1696, Sanford Family of Nynhead. DD\SF/3069. SARS, Taunton. The youngest child, Jane, was at least 3 years old and Mary may be referring to both childcare and nursing in calling herself "chief nurss".

<sup>295</sup> Mary Clarke to Edward Clarke, 6 Mar. 1696/7, Sanford Family of Nynhead. DD\SF/3833. SARS, Taunton.

In fact Mary herself creates a need for new staff by sending servants away, and in 1696 she writes to Edward:

the true reason why I writt no more to you by the last post was because the cold had disturbed my body and the ungratefullness of servants my mind, indeed I thought I had so regulated my family, by discharging all those that was discontented except Margrett who I did resolve to beare with if possible till her year was up.<sup>296</sup>

Mary later writes to the family steward, John Spreat, exclaiming about a servant who asked for more money, "I find mary is a libbertine and I see will loose nothinge for want of asking for I did agree with her but for 3 pounds but when I paid her both the halfe yeares wages I gave her five shillings over at each time and soe it was entred in the Booke as given". She adds that "I should have done it now, If she had asked me, but since my Guilt has become a due dept and much good may doe her, but I shall take it Ill if any of my family should incorage her leaveing me at this rate on such short warning by takeing her into they service".<sup>297</sup> This last comment refers to the difficulties of finding good servants at short notice.

Bridget Fortescue rarely mentions servants and healthcare in her letters. In one letter to her husband, which discusses preparations for her trip to London in order to obtain further medical advice for her condition, she does identify some of her care requirements. She writes that:

all the servants we shall have will be I dout Bety will not be abell to loke to my ealments as she shuld and lily cant dreas us so that I fear in the condison I am I shall need Both but if I do I will send Bety by the stage coch but which way ever it be I will be suar to contrive it so as it shall give you they least trobel.<sup>298</sup>

Assistance with nursing care is also the subject of requests for charitable help. Mary Burgess writes to Edward Clarke in 1694 seeking such "favour for my Brother who although he is weak outwardly and helpless as to his limbs yet is not so disabled but constantly can come to church or chappell being Inwardly suposed to the sound and helthy more now then ever since he was so taken". She adds that "my Bros freinds are willing to find him a nurse or to allow extraordinary for any theire that shall take the trouble of tending him at night and mornings to help on his cloths".<sup>299</sup>

As Edward Clarke senior becomes more unwell, Ursula despairs of being able to make any difference and, in 1679, a note of resignation creeps in:

<sup>296</sup> Mary Jepp Clarke to Edward Clarke, [1696?], BIWLD. 278R. Alexander Street Press, Alexandria, VA.

<sup>297</sup> Mary Clarke to John Spreat, 23 Nov. 1704.

<sup>298</sup> Bridget Fortescue to Hugh Fortescue, 6 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>299</sup> Mary Burgess to Edward Clarke, 22 Oct. 1694, Sanford Family of Nynehead. DD\SF/3833 SARS, Taunton.

I have reade the Scotts Declaration to my father but I forbear to acquaint him with the Popish plott doubting it may give him trouble and pray God to blesse preserve and direct the King and all his brues subjects that are about him. My father continues still very weake and Mr smith sent me word that the Drs doth direct my father to take the waters againe and be bled, but I doubt he will not be able to take it, however I will send for one course of the waters and try what good may be done therein and I pray God give a blessing thereunto. My father hath kept his bed these two or three dayes: he remembers his true love to you...<sup>300</sup>

Despite her efforts he does not recover, and Ursula writes to Edward "my father continues still weake but I thanke God he is very patient and says but little to any one all the day long...". Her last letter about his illness is written 30 July 1679, "My father is still weake by he beganne yesterday to take the waters againe and he tooke two glasses yesterday three more this morning".<sup>301</sup>

Carers might experience many years of suffering, and have to stand aside whilst medical practitioners attempt cures. Mrs Levens writes to Mary Clarke of the "fatal alteration" in her mother's health and the "extreamity of my Grief, to see the best the tenderest, the most belov'd, and loving Mother, in the most dangerous, and Painful condition". She describes the two doctors' unsuccessful endeavours, "they Purge her violently, that she is faint to the last degree, and she eats nothing but water Grewel but drinkes a vast deal, for she has a great drought: I verily beleive the Doctors do not know what her distemper is: whatever it is, there is very little reason to think, she can ever recover". She adds, "I have the terrible Grief to see her grow every day worse you would wonder to see how she is wasted, she is nothing but skin and Bone, only her Belly infinitely sweld".<sup>302</sup> The effects of attending individuals with little opportunity to alleviate such suffering must have been considerable.

### *Recovery and Moving On*

Writers of letters are willing to express their opinions on improvement of health, as well as their fears. Ursula Venner writes to Edward about their father, after doctors visit and adds a postscript, "My father hath good signes about him & I hope the danger is over".<sup>303</sup> Ursula sometimes comments to her brother on the nature of treatments prescribed by the doctors for her ailing father. Most frequently, she asks for blessings on the "means"

<sup>300</sup> Ursula Venner to Edward Clarke, 1 July 1679, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>301</sup> Ursula Venner to Edward Clarke, 23 July 1679, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton, Ursula Venner to Edward Clarke, 30 July 1679, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>302</sup> Undated letter, Mrs Levens to Mary Clarke, Sanford Family of Nynhead. DD\SF/3069. SARS, Taunton.

<sup>303</sup> Ursula Venner to Edward Clarke, 19 June 1676.

to be used.<sup>304</sup> Various other factors are regarded by her as important, including weather and diet:

he is now indifferent well and Mr Smith is now here but he thinks it not fit for my father to take his purge yet by reason the weather is a little too cold for him to take the waters after it, and if the weather doth grow somewhat warmer he intends to wayt on my father with the purge about this day fournight.<sup>305</sup>

Ursula takes on board the impact of the weather on her father's condition. "My father doth continue much as he useth to be but comes downe every day into the lower roomes, and if he growes noe worse in end of this winter, I hope in God the spring and summer seasons will revive him againe".<sup>306</sup> Medicine and food might not work well together. Ursula writes to her brother in 1678, "since my father tooke his physick he hath lost his stomach to his dyett and is much weaker then he was before, I pray God to comfort him".<sup>307</sup>

Being ill, even with lesser ailments, may mean that a person is not physically available for visits or public involvement. When Edward Clarke visits the Stringer family in Salisbury, where their daughter Betty is staying, he notes that "Mrs Stringer was indisposed by a cold soe that I could not see her, But Mr Stringer is as well as ever".<sup>308</sup> Thus illness could be given as a reason for not engaging with visitors, even important visitors of some status. Other illnesses might mean physical incapacity, though in some cases this might be gradually overcome. When Edward Clarke senior is ill in 1678, Ursula writes a description to her brother of the difficulty he experiences in moving from his bed:

I found my father upon his riseing to have such a weaknesse in his leggs and knees that he hath not been able to goe over the roome without being ledd over since yesterday he kept his bedd and sweated soomewhat, but continues very weak and this last night tooke noe rest;<sup>309</sup>

As her father begins to improve, Ursula writes that he "doth come downe of his chamber in the afternoones when it is faire weather and I hope his strength will still increase" and a few weeks later "though he doth come downe the chamber yet ye continues very weake and is forced to be ledd about by a strong man".<sup>310</sup> She reports to her brother, a week later,

<sup>304</sup> "I prey God blesse the meanes for his recovery". Ursula Venner to Edward Clarke, 15 Apr. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>305</sup> Ursula Venner to Edward Clarke, 29 May 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>306</sup> Ursula Venner to Edward Clarke, 14 Jan. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>307</sup> Ursula Venner to Edward Clarke, 28 Aug. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton.

<sup>308</sup> Edward Clarke to Mary Clarke, 9 Nov. 1695, Sanford Family of Nynhead. DD\SF/3069 SARS, Taunton.

<sup>309</sup> Ursula Venner to Edward Clarke, 15 Apr. 1678.

<sup>310</sup> Ursula Venner to Edward Clarke, 27 Apr. 1678, Sanford Family of Nynhead. DD\SF/3086. SARS, Taunton, Ursula Venner to Edward Clarke, 11 May 1678.



that "My father continues still weake, but hee comes downe of his chamber a little every day and yesterday ridd about Broad feild with my Cozen yea who was here to see him".<sup>311</sup>

Coming down stairs is significant in recovery. Illness means being out of circulation for children too, usually in a bed upstairs. Mary Clarke writes to Edward that "Sammy is pretty well agen but has not bin downe stayrs yett, he lookes thin and hollow but I hope will gett up agen as the weather grow warme". A few days later she adds that, although recovering, he has not yet come down stairs, saying "I thanke God Sammy is pretty well a Gen but is not come down stayrs yett all the rest are well".<sup>312</sup>

For servants, illness affects their designated household activity, especially if other servants are unable to cover. Ursula writes of the coachman, "Isack is but just able to hopp from his bead chamber which is within the little hall to the kichen the Dr sess it is a fitt of the gout that he has but what it is I know not, but this I know that either that or Dorcuses absence makes him looke very simply".<sup>313</sup> And Mary notes that:

It is impossoble for me to come up in our own cotch for Isake is so weak in his lower parts that he is not able to turn in his bead but was forst to be lifted out yesterday between to while his bead was made and could stand no more than Mr Stringer, but today was let blood and is something better, but God knows wheare ever he may be strong agen as he have bin.<sup>314</sup>

All appear mightily relieved on hearing that a person is well enough to move about and come down stairs. This news signals the beginnings of improvement in health, and the road to recovery. Once the sick person is able to take part in other activities, there might be visible signs of their period of illness. Ursula writes of her father becoming much thinner, and thus if he is to attend the funeral of another deceased member of the family, his mourning clothes will need adjusting:

My Cozen Cuff is very importunate with my father to weare a suite of mourninge for her brother to which purpose shee hath gotten this measure to be taken of him, she & soe doth my father desire you to get it made very fashionable for a man of his age, he is now by reason of his sickness & takeing of the water much thinner in body than heretofore, & therefore desires you to take care that the taylor do turn it well in at every seame soe as it may be much enlarged if there be occasion.<sup>315</sup>

In some cases an individual might be on the road to recovery but visitors are still warned away for fear of infection or unpleasantness. Elizabeth Buckland writes to Edward Clarke,

<sup>311</sup> Ursula Venner to Edward Clarke, 18 May 1678, Sanford Family of Nynehead. DD\SF/3086. SARS, Taunton.

<sup>312</sup> Mary Clarke to Edward Clarke, 2 Feb. 1694/5, Sanford Family of Nynehead. DD\SF/3069. SARS, Taunton, Mary Clarke to Edward Clarke, 6 Feb. 1694/5, Sanford Family of Nynehead. DD\SF/3069. SARS, Taunton.

<sup>313</sup> Mary Clarke to Edward Clarke, 12 May 1697, Sanford Family of Nynehead. DD\SF/3833. SARS, Taunton.

<sup>314</sup> Mary Jepp Clarke to Edward Clarke, 18 May 1697, BIWLD. 297R. Alexander Street Press, Alexandria, VA.

<sup>315</sup> Ursula Venner to Edward Clarke, 8 Jul. 1676, Sanford Family of Nynehead. DD/SF 3084. SARS, Taunton.

her nephew, to advise him not to visit, explaining "I am glad poore will phellips has scaped danger of that (to mee) most unhappy desease but you Leave me in some feare because you tell me you intend to visitt him in a few dayes, which truly I would not you should doe for I know the sight can be noe pleasant one, and it may be hazerdous".<sup>316</sup>

Illness might also prevent other activities, such as travel. In 1676, Bridget Fortescue writes to her husband Hugh of her proposed journey to London saying that she "hoped of beeing abel to have begon my Journy next weke but god did not see it fite and we must be content I hope I may do as well hear as thare for I think it imposabel I should be strong enofe in a months time to undertake it...".<sup>317</sup> Bridget again writes to her husband in 1707/8 of her journey to London that "you may be saur[sure] to hear of my coming as sone as wether and ways will be sutabel to my strength and I dont find any difecultys in the management of this afare", and several weeks later says:

... to one[own] the plen truth I hant been capel of undertakeing such a Journy this many wekes but I was loth to tell you so ...indeed unleas god bles the spaw watters to pick me up I cant prepos such a journy being unable to go up or downe stares and inded set[sit] up but part of the day to speke the truth.<sup>318</sup>

## 2.7 Conclusion

Manuscript receipt collections provide an indication of the range of health concerns in the later seventeenth century. The extant manuscript receipts of three South West households comprise largely medicinal remedies, and these cover a wide range of ailments with particular focus on digestive, musculo-skeletal and surgical categories of conditions. There is some variation in the range of receipts and this may reflect particular interests. Examination of the selection of receipts collated in the 1670s in one household suggests that purpose of use was considered alongside ease of preparation and safety of use, distilled waters being especially favoured. Another household provides a view of receipts collated in the 1690s which were actively duplicated and although these were consistent with the ailment categories already identified, they included a high proportion of polychrest or cure-all remedies. A small number of receipts featured more frequently and their focus was mainly on reproductive, digestive and surgical complaints, with more limited numbers of ingredients.

Looking at letters between members of a number of families, we can see that there was reference to self-help using a few remedies, as well as lay advice on specific remedies to be obtained. The correspondence of two South West families provides additional and

<sup>316</sup> Elizabeth Buckland to Edward Clarke, 19 June 1675, Sanford Family of Nynhead. DDSF/3833 SARS, Taunton.

<sup>317</sup> Bridget Fortescue to Hugh Fortescue, 29 Feb. 1707/8.

<sup>318</sup> Bridget Fortescue to Hugh Fortescue, 15 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter, Bridget Fortescue to Hugh Fortescue, 5 Mar. 1707/8.

different emphases in health concerns. This is well-illustrated by a letter from John Buckland to Edward Clarke in 1676 in which he wrote gladly of hearing of a safe birth and prayed for God's blessing on the child. He also recorded his own "infirmities" and wrote that he had avoided alarming his wife with this information. Finally, he wrote that he had "used remedies with success" for his complaints. In many ways this letter did reflect the health concerns mentioned in other letters, particularly because of the interest in information about health, and in controlling such information, but also because of the mention of self-help activity. The role of husbands in encouraging access to further learned advice becomes apparent in the letters. However the communication of information was tempered by the need to reassure recipients and not to exacerbate concern about illness. The health of families and individuals was closely linked to the ability to control bad news, and this was a concern of both women and men as seen in the correspondence examined here.

The older widowed carer for the elderly sick relative, the mother concerned with her young children, the servants providing care, and the procurers of suitable medical advice and supplies all became more visible in these letters. Views and advice of medical practitioners were clearly sought in a number of conditions, although obtaining their presence did not always follow a smooth path. Also revealed more clearly in the letters was the ongoing variation in care and concern for long term illnesses in the household, sometimes requiring individuals to take on considerable responsibility in the place of the sick person. The physical place of the sick person was significant, and recovery commenced with their return "down stairs".

Overall, the letters provide a broad picture compared with medicinal receipts. Household healthcare involved much more than the preparation of remedies and the visits of a medical practitioner. On the basis of the sources examined here, there were three main areas of therapeutic concern and activity involved in the management of household health: prevention, treatment, and restoration. Firstly, prevention of illness and health maintenance incorporated prayer, hopes and fears, preventative advice and warnings, control of news, collection of advice and recipes, use of prophylactics and diet intended to avoid illness. Secondly, medical treatment involved efforts to diagnose and identify illness, arranging of visits of practitioners, preparation and administration of medicines and remedies, purchase of services and medical supplies, evaluation and reporting of the effects of treatment and attempting prognosis. Thirdly, restoration and recovery involved continuing nursing care, feeding and washing, and close observation, restorative diet, physical encouragement and coming down stairs, providing further reports, and providing emotional support.

Management, information, communications and resources were all combined in an effort to promote, maintain and restore health, providing numerous opportunities for demonstrating involvement in therapeutic determination.

Whilst the above suggests that the maintenance of household health incorporated an extensive range of activity, we still lack information on the actual expenditure entailed in maintaining household health. For example, how much was spent on medicines and medical services? In the following chapter I draw on household accounts to ascertain what expenditure was recorded in connection with household healthcare.

## Chapter 3: Purchasing Healthcare

### 3.1 Introduction

[1697] for butter for to make the ointment                      0s 5d  
Household Account Book, 1696-1704<sup>319</sup>

Household accounts in the seventeenth century included many items of expenditure relating specifically to health, and many more of a culinary or household nature which might potentially have been used for medicinal purposes. Few items were recorded with intended use as medicinal supplies. Unusually the item above lists an actual purpose, specifically that of making ointment. This, and several other similar entries in Bridget Fortescue's household accounts, suggests that within the Fortescue household at Castle Filleigh in North Devon there was someone using butter to make ointment on a number of occasions over a period of at least five years.<sup>320</sup>

In this chapter I consider four sets of household accounts from the later seventeenth century to early eighteenth century for entries relating to healthcare purchases of medicinal supplies and medical services. Many questions arise in relation to the purchase of medicinal supplies and medical services. Can items purchased for use as medicinal supplies be identified? Were any particular types of items purchased, and were there "favourites" purchased on repeated occasions? What expenditure on medical services can be identified, and what different types of services can be seen? Were there any patterns of purchase and links between medicinal supplies and medical services? Is it possible to identify the proportion of healthcare costs related to overall household expenditure and how do different households compare? Overall, I aim to establish the range of medicinal supplies purchased by households alongside the types of medical services recorded. Matters of interest here include details of the components of healthcare expenditure and an indication of the proportions of expenditure on medicinal supplies and medical services by each household. Using a number of categories for recorded payments, the most frequently purchased medicinal ingredients are identified, and typical quantities and prices established. I consider links between supplies and services as well as concerns about costs in relation to healthcare. I demonstrate that there

<sup>319</sup> Household Account Book, 1699-1704, Fortescue of Castle Hill. 1262M/ FC/18. DRO, Exeter, fol. 4r.f15v, f26r.

<sup>320</sup> Butter was also used as a vehicle for taking medications, though Mary Clarke noted a preference for using sack. Mary Jepp Clarke to Edward Clarke, 12 June 1697, BIWLD. 299R. Alexander Street Press, Alexandria, VA.

were some similarities between households, but also variations, in healthcare purchases and use of services.

Some questions of interpretation initially arise in considering these accounts. Household accounts in the early modern period did not always include the same range of items, varying to the extent which foods, wages, taxes, repairs and other incidental costs were included. Todd Gray has noted the varied format of early modern household accounts as "each household devised its own system", and that the producers of these records could range from trusted servants to a head of household.<sup>321</sup> The household accounts considered here also vary in the range of expenditure included, some being primarily kitchen accounts listing mainly domestic purchases, others being more comprehensive and including the wages of household servants. Another problem, in interpretation of the household accounts, is to determine which items might have been purchased for medicinal purposes. Many items bought for culinary purposes on a regular basis were probably understood to influence the working of the body in health and illness. In this study, I have focused on items which appear to have been purchased primarily with a medicinal purpose, and included only those culinary and household items which were irregularly purchased and might have had medicinal use. In order to facilitate analysis and comparison I devised various categories of expenditure. Primarily a division can be made into two main categories of medicinal supplies and medical services. Medicinal supplies include ingredients for making up remedies as well as ready-made medicines. The category of medicinal supplies can be further distinguished in two subcategories of purchases from an apothecary (a) and purchases of named ingredients (i) which could have been from other suppliers such as grocers, shopkeepers, market traders or other individuals. Ingredients categorised as medicinal for the purpose of this analysis include named compound and simple remedies, distilled waters and spirits, mineral waters, herbs and spices, white wine vinegar, oils, fresh or unusual fruits but not sugar, other dried fruits, vinegar (except white wine vinegar), beer or wine. The category of medical services is split between two subcategories of medical practitioners, that is medically-trained physicians and surgeons (p), and other medical services and lay practitioners (s), such as midwives, wet nurses, tenders and keepers, healers, bone-setters, and other helpers. Other medical services could include a range of advice, visits, care, diagnosis, procedures such as bloodletting, and other activities. Midwives and other

<sup>321</sup> Todd Gray notes that Lady Arabella Wise assumed the duties of housekeeper herself. Male heads of household held at least nominal responsibility until death, then their widow would head the household as in the cases of Lady Lucy Reynell and Agnes Willoughby, Gray, *Devon Household Accounts: Part 1*, pp. xv-xvi, xx. On the economy of households more generally, and the persistence of traditional ways, see Jane Humphries, "Household Economy," in *The Cambridge Economic History of Modern Britain*, ed. R. Floud and P. Johnson (2004), pp. 238-67.

healers, although highly skilled, have been placed with lay practitioners in order to create a distinct subcategory for physicians and surgeons. There might be some overlaps between these categories, for example an apothecary might be paid to provide a service of blood-letting rather than medicinal ingredients. In this analysis every record has been placed in a single subcategory. Figure 3.1 shows the relationship between categories. Further detail of the decisions made on extracting these records is in Appendix 3.1.

	Type of purchase	
Type of source	Medicinal supplies	Medical services
Lay provider	i: Ingredients	s: Other medical services
Professional practitioner	a: Apothecaries	p: Physicians and surgeons

Figure 3.1 Healthcare Expenditure Categories in Household Accounts

In this context of these household account categories, the definition of self-help may be considered. One way to consider this is to distinguish "essential self-help" and "extended self-help". Purchase of named ingredients (i) alone might be indicative of "essential self-help" with confidence and self-direction in medical matters extending to self-treatment with home-made remedies and no other assistance. However, healthcare might be more extensive and be better described as "extended self-help". This would also include, in addition to ingredient purchases (i), the purchase of a variety of other medical services (s) and visits to the apothecary (a) for additional advice and supplies, thus all expenditure which excludes the professional medical practitioner (p). Towards the end of this chapter I will explore the relationships between expenditure in each category by looking at correlations between yearly totals in each subcategory for the households.

Clearly the amounts of expenditure shown here may well be an underestimate of overall health costs since some purchased items and some payments to individuals may not have been explicitly related to healthcare, even though intended for that purpose. These omissions are likely to be greater in relation to purchase of items which were not itemised in detail whereas payments for services to individuals were frequently associated with a name, and often status was then also indicated. It is arguable that a

greater proportion of payments for medical services is likely to be explicitly recorded than for medicinal supplies. Particular caution has to be exercised in interpretation of the figures for payments to women for medicinal items and health services as, even when named, the expenditure account may be less likely to indicate their status and any medicinal role, with the marked exception of midwives and wet nurses.

Since household and kitchen contributions to healthcare expenditure cannot be identified with certainty, the expenditure totals given here are minimums. Inclusion of items such as herbs and spices might help to redress the balance as some may have been intended for culinary or cosmetic use. Further to the question of completeness of the accounting records, the household accounts do not generally record expenditure whilst away in London, or whilst travelling, and this means that the amounts shown are almost certainly under-estimates of total expenditure. In addition, the personal expenditure of the head of household and family members may not be fully represented. For example, the Fortescue accounts portray very little expenditure on physicians and surgeons, although these were consulted in the later illness of Bridget Fortescue. It seems likely that, if these practitioners were paid, then payments for medical services may have been made from a separate account.

The household accounts may not provide the whole picture of healthcare. It is possible that there were activities relating to healthcare which are not identifiable in the accounting records. These might have included advice given by relatives or friends of the family, medical remedies sent as gifts, ingredients gathered in the garden or countryside, feeding and general care of sick individuals by family and household servants. In another example, there is little expenditure on physicians and surgeons in the Clarke household account. Again much advice may have been made available by friends of the family, such as John Locke, effectively gifted without direct recompense although services may have been rendered in exchange, since Edward Clarke helped Locke with some of his business concerns.<sup>322</sup> It is possible that such advice and treatment was a substantial part of the healthcare in some households. Some other non-expenditure supplies and services, such as garden herbs and lay advice will be considered in the following chapter.

### **3.2 Purchases of Medicinal Supplies**

Readers of some seventeenth-century medical advice books were advised that purchase of medicine for self-help was desirable. The writer of the epistle to *Most Excellent and Approved Medicines & Remedies* attributed to Alexander Read and

<sup>322</sup> Clarke, "Life and Correspondence," p. 110.



published in 1651, writes that it is "against the Course of Nature" to "impead or hinder our Health, or not to seek Meanes to continue it when we have it, or not to recover it when it's lost and gone". Although disease and sickness were sent by God, he "hath appointed severall Medicines or Remedies to encounter them". Furthermore, the "means" is detailed in the text as "physick" for every individual "patient" and "medicine" for every "disease" which can be had "at a cheap and easie rate" for both the "meaner and poorer sort of People" and "those that are of greater abilities". This might have proved particularly attractive to people concerned about costs who are told "Thou needest not Waste thy Estate, or spend all thou has upon Physicians".<sup>323</sup>

The accounts of three South West households in the later seventeenth century, Clarke family, Clifford family, and Fortescue family, provide considerable details of household health expenditure relating to medicinal "means". In addition, a fourth set of accounts of Anne Strode of Parnham, Dorset is included, although a "partial" household account as she resided within her brother's household. Medicinal supplies identified in these household accounts include both medicinal ingredients and apothecary purchases. In the following sections I provide some illustrative detail of the nature of expenditure on named medicinal ingredients and apothecary purchases. Detailed listings of medicinal purchases associated with each household are provided in Appendix 3.2, followed by apothecary spending in Appendix 3.4. The household expenditure recorded on medical services will be considered in a later section in this chapter. Tables 3.1 and 3.2 provide an overview of the years covered and total expenditure recorded in the various household accounts on named medicinal ingredients and apothecaries respectively.

Table 3.1 Medicinal Ingredients Expenditure in Household Accounts

Household account	Start year	End year	Total ingredient expenditure (d.)	Number of records	Average	
					spend per record (d.)	Average spend per year (d.)
Clarke	1685	1702	4345.0	249	17.4	255.6
Clifford	1692	1702	9213.5	100	92.1	921.4
Fortescue	1695	1704	8325.0	179	46.5	925.0
Strode	1679	1718	6221.0	138	45.1	159.5
All households			28104.5	666	42.2	374.7

Note 1. Start and end years for these calculations are based on first and last occurrence of such entries.

<sup>323</sup> Read, *Most Excellent and Approved Medicines*, sig. A2-3.

Table 3.2 Apothecary Expenditure in Household Accounts

Household account	Start year	End year	Total apothecary expenditure (d.)	Number of records	Average		
					spend per record (d.)	Number of years Average spend per year (d.)	
Clarke	1685	1702	1120	10	112.0	17	65.9
Clifford	1693	1701	13896	9	1544.0	8	1737.0
Fortescue	1691	1704	3594	9	399.3	13	276.5
Strode	1684	1718	2286	76	30.1	34	67.2
All households			20896	104	200.9	72	290.2

Note 1. Start and end years for these calculations are based on first and last occurrence of such entries.

### *Clarke Household Accounts*

Mary Clarke started a book of household accounts in 1685 with an inscription "Here follows an Accompt of ye House-hold Expenses since my comeing to Chipley on ye 9th of May 1685". These accounts were maintained in detail for nearly 18 years.<sup>324</sup> The accounts recorded wages of household servants including the cook and maids, and some payments to apothecaries. Culinary and household items were listed in detail. Frequent purchases were made of several ounces, or  $\frac{1}{4}$  or  $\frac{1}{2}$  lb, of spices of allspice, cloves, ginger, mace, nutmeg, black and white pepper. Cinnamon, aniseeds and mustard seeds were also bought occasionally, as was garlic. Oranges and lemons were bought frequently, sometimes a dozen at a time, and appeared to be available most of the year.<sup>325</sup> The Clarke household book recorded substantial and regular purchases of dried fruit and sugar. Additional dried fruit was sometimes purchased for a particular individual, possibly with medicinal use in mind, such as:

1701 May 22 Pd 1 lb of figs for my little Master at Holcombe 00 00 04<sup>326</sup>

There were also frequent purchases of one or more bottles of white wine vinegar at 8d or 9d per quart. Apart from the possible medicinal uses of household supplies of sugar,

<sup>324</sup> Account Book of Household Expenses at Chipley, 1685-1702, Sanford family of Nynhead. DD\SF/3304 Part 1. SARS, Taunton, fol. 3v. Mary Jepp married Edward Clarke 13th April 1675, Clarke, "Life and Correspondence," p. 53.

<sup>325</sup> Natasha Glaisyer notes that advice was given as to the best times to purchase items such as oranges and lemons in John Houghton's monthly periodical available in the late seventeenth century. Natasha Glaisyer, *The Culture of Commerce in England, 1660-1720* (Woodbridge: Royal Historical Society and Boydell Press, 2006), p. 150.

<sup>326</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 93v. Figs were listed by Quincy as used in "many Prescriptions for Distempers of the Lungs and Breast" and regarded as cleansing for urinary passages, as well as used externally for suppurating boils. Quincy, *Pharmacopoeia Officinalis*, p. 147.

fruit, spices etc there were some specifically medicinal purchases. Purchases made in the Clarke household accounts on repeated occasions included rose preparations especially syrup of roses, brimstone, caraway seeds and caraway comfits<sup>327</sup>, aniseed water, rhubarb and liquorice. Caraway seeds and caraway comfits, aniseed and/or aniseed water were purchased in most years. Syrup of roses was purchased at least twice a year up until 1696. Brimstone was frequently purchased, as much as three times in 1686 and 1687, thereafter much less often although still mentioned once in the last year of the accounts 1702. Rhubarb was first recorded in 1690 and was then bought every year till 1696 and then again in 1701. Liquorice was purchased at least once every 2 years. Corolina was also recorded and might be a reference to corallina, recommended as a vermifuge for worms.<sup>328</sup>

Most ingredients were recorded individually, but sometimes a group of ingredients were listed together. Purchases listed together may have been bought independently or possibly as a compound purchase, as in an August 1695 purchase totalling 2s 10d:

1695 Pd ½ lb of rosin 3d, & ½ lb Lapis Calaminaris 7d, & ½ lb Bole armanack 2s<sup>329</sup>

Lapis calaminaris was used as an absorbent item, often in preparations for inflammations of the eyes, and was an ingredient in some versions of the Paracelsian plaster.<sup>330</sup> Bole armeniack was used as an astringent, especially for bleeding, and also widely in plasters.<sup>331</sup>

There is one wound receipt in the Clarke receipt collection containing several of these items, added in a different hand from that of the original compiler:

A salve for an old ulcer

Take of olibanum. Lapis calaminaris, bole armonick letharge of lead, of each 2 ounces yellow waxe 4 ounces oyle of York 3 ounces. dissolve the oyle, the wax on a gentle fyer of small coales, or imbers receanting a spoonefull of the oyle, wherein dissolve campe in powdred 2 drams. Put it into the oyle and wax thus boyling the former powders, and soe let it boyle with continued stirring untill be of a good forme. It is no matter with oveth camphor being disolvd, be put in after or cotten to forme be done, but only for a walme that powringe it into water, make it up as the former This is not to be spreade, But fitt itt, to the

<sup>327</sup> Banquets for christenings featured sweetmeats including "sugar, biscuits, comfits and caraways, marmalade and marchpain". David Cressy, *Birth, Marriage and Death: Ritual Religion and the Life Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), p. 167.

<sup>328</sup> Quincy, *Pharmacopoeia Officinalis*, pp. 115, 183.

<sup>329</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 61r.

<sup>330</sup> The Paracelsian plaster appeared in a number of manuscript and printed receipt collections and consisted of various gums, lead, olive oil, turpentine, myrrh and frankincense heated, stirred and kneaded in a lengthy process. "To Make Paracelsus playster Good for many Diseases" The Right Honorable the Lady Cliffords Booke of Receipts, p. 160, *Pharmacopilium*, p. 23, *Natura Exenterata, or Nature Unbowelled by the Most Exquisite Anatomizers of Her. Wherein Are Contained Her Choicest Secrets Digested into Receipts, Fitted for the Cure of All Sorts of Infirmities, Whether Internal or External, Acute or Chronical, That Are Incident to the Body of Man*, (London: Printed for H. Twiford, G. Bedell and N. Ekins, 1655), p. 296. J. W., *Dr Lowers and Several Other Eminent Physicians Receipts Containing the Best and Safest Method for Curing Most Dieases in Humane Bodies. Very Useful for All Sorts of People, Especially Those Who Live Remote from Physicians* (London: John Nutt, 1700), p. 42.

<sup>331</sup> Quincy, *Pharmacopoeia Officinalis*, pp. 112, 230, 522.

bignesse of the wound, the thicknesse of an halfe crowne or better, So lay it on a bolester and every day mixe it and furme the contrary side. When it is dry work it with oyle of Roses, or put on a new Feather.<sup>332</sup>

The purchase of resin, lapis calaminaris and bole armeniack above would have been sufficient to make up the receipt at least four times. These three items purchased together could have been used for treatment of wounds, as in the above receipt, or for stemming blood flow such as in a miscarriage. Mary Clarke had 11 children according to records, the last surviving child being Jane (usually called Jenny in letters) born 9 February 1693/94, though it is likely she did have at least one further pregnancy. She writes to Edward on 3 June 1695 to "return you my hearty thankes for your concerne for my health, and do hope I shall be able to give you sufficient resens for my not comeing to the bath att this time" adding in 24 August 1695 "when you have made me with child I am more fretful and impatient at then than at another time". A letter back from Edward one week later was endorsed "Mr Clarkes letter I receved a little before I miscarried".<sup>333</sup> The purchase of these items at about the same time may have been connected.

In 1696, a further compound purchase was made of mostly purging items:

1696 June 15 Pd powder of wormwood, powder of Rhubarb, powder of  
Corolina, Burnt Hartshorne of each one drachm. 00 00 08<sup>334</sup>

Within the Clarke receipt collection there is no single receipt containing these three items. Burnt hartshorn was an ingredient in a number of Dr Lower's receipts including items for purges, fevers, looseness and one for worms which also included rhubarb and herb corallina.<sup>335</sup> There is one entry for corallina in the Clarke receipts which is on an inserted sheet headed "For a woman that cannot be delivered":

Take as much corraline in small powder as will lie on a shilling  
put it in 3 or 4 sponefulls of milke warme from the cowe put upon  
to a little hony and give fasting for 3 or 4 morneings togeather  
Let her use to safe some reason of the sunn stoned fasting  
morneinge give her onse in a mouth son ounce of syrupe of roses  
made into a farine this will gently purge phlegme which is the  
cause of wekness.<sup>336</sup>

<sup>332</sup> Elizabeth Clarke Her Booke, 1666, Sanford Family of Nynehead. DD\SF/3306. SARS, Taunton, fol. 79r.

<sup>333</sup> Clarke, "Life and Correspondence," p. 213, Mary Jepp Clarke to Edward Clarke, 3 June 1695, BIWLD. 213R. Alexander Street Press, Alexandria, VA, Mary Jepp Clarke to Edward Clarke, 24 Aug. 1695, BIWLD. 214R. Alexander Street Press, Alexandria, VA, Edward Clarke to Mary Clarke, 31 Aug. 1695, Sanford Family of Nynehead. DD\SF/3069. SARS, Taunton..

<sup>334</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 67r.

<sup>335</sup> Hartshorn was a common grated ("rasped") or powdered ingredient in many items including mixtures for rickets and worms and distilled waters, and could be found in Gascoin's powder. Burnt hartshorn appeared in at least 7 receipts particularly for diarrhoea and worms in children in W., *Dr Lowers and Several Other Eminent Physicians Receipts*, pp. 5, 50, 66, 74, 91, 94, 98.

<sup>336</sup> Inserted sheet. Elizabeth Clarke Her Booke, 1666, fols. 86-87.

Thus the four items purchased together, may have been used as purging remedies for worms, but may also have been intended for use in connection with a further miscarriage or difficult pregnancy.

In addition to these specific items, the accounts record ten payments to apothecaries. Appendix 3.4 shows these payments, and lists a payment in 1689 for pills "derected by Dr Thomass". Another payment in 1702 notes an apothecary payment for "things had of him in the childrens sicknesse". One of the items included here involves payment to Mr Cockrom for letting blood, suggesting that the apothecary did provide services in addition to medicinal preparations of pills and other "things".<sup>337</sup>

In total the Clarke household account lists purchases involving 71 sources of ingredients, of which 20 were prepared in some way. Favourite items purchased in the Clarke household were lemons, oranges, ginger, caraway, aniseed and spices such as allspice and mace. They also bought mainly simples of a purging nature such as rhubarb, syrup of roses and wormseed. Brimstone and hartshorn were regularly purchased. Amounts purchased were usually small, a few ounces, likely for immediate use. Several entries record compound purchases of a range of ingredients which might have corresponded with recipes for prepared remedies, either for wounds or for miscarriage or both.

#### *Clifford Household Accounts*

The Clifford family have a bound volume of accounts for Ugbrooke House in Devon with entries extending from 6th January 1692/3 until May 1702. This steward's account book appears to be the only accounting record extant from this late seventeenth century period for the family. The accounts include household expenditure and income in Devon for fines, rents, charcoal, wood, lime, wheat, corn, rye, barley, cabbage plants, peas, pigs, sheep, skins, wool, and tithes. Expenditure in this account did cover many specific items to do with the household including payments for dairy produce, brewing supplies, poultry and fish, beans and oats, other kitchen items including salt, sugar, vinegar, lemons and oranges, cabbages and roots etc, and some drink such as sherry. Occasional payments were made for cloth, ribbon, thread, gloves, stockings and other items related to clothing. There were also frequent payments for costs associated with travel to Exeter and other local towns, letters, poor rates and poor individuals, for additional services and supplies such as the coach maker, chandler, mole catcher, painters and masons, and weekly wage

<sup>337</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 87. f 13,37, 99

bills.<sup>338</sup> Varying amounts of gold and silver were also recorded from time to time for "my Lord" or "my Lady".<sup>339</sup> The actual compiler of these accounts is not named.

Regular purchases of oranges, lemons, currants, raisins were recorded as well as spices. A range of ingredients such as wormseed, brimstone (sulphur) and complex preparations such as Hungary water, mithidrate, London treacle were purchased at various times.<sup>340</sup> In addition to sugar, salt, eggs, oranges, lemons, raisins, currants, vinegar, hops, oil and brandy there were frequent purchases of spices including nutmeg, cinnamon, cloves, mace, and mustard seed. Less frequently, purchases were noted for other culinary spices such as fenugreek and saffron. Sugar candy and chocolate were also bought. Some items such as seeds of caraway, mustard, and spices of cinnamon, cloves, mace, ginger, nutmeg etc were repeatedly purchased, sometimes in substantial quantity e.g. "April 15 1695 For a pound of Carawayes 01 00", perhaps an indicator of regular culinary use in addition to special events such as feast days, christenings and funerals.<sup>341</sup> Most seeds and spices had medicinal uses as ingredients in various preparations and, for example, "caraway comfits" were popular at this time, although Quincy notes "This hath very few Distinctions of note".<sup>342</sup> Items such as allum and saltpetre were also regularly bought. In the Clifford Household Accounts there are some items which might be regarded as cosmetic in addition to medicinal use, for example, Hungary water was purchased with wash balls 29 July 1694.<sup>343</sup> A few items were recorded more than once, and they were sal prunella purchased in April and October 1693, senna and gentian purchased in Nov and Dec 1700, mithidrate purchased in March 1694 and August 1701 as well as unspecified "powder" which may not have been the same item on each occasion, or might have referred to hair powder. Some items purchased were called "pouders", or "druggs" and not identified.

Medicinal purchases in the Clifford accounts were rarely detailed in terms of quantities. This may reflect the small amounts purchased, as the detail of amount purchased appears to be given for items bought in larger quantities, most of which had uses other than purely medicinal, such as a pound of fenugreek bought 13 October 1693, half a

<sup>338</sup> For example one entry for 1st September 1693 reads the "weekly bill for labour £3 09 00". Stewards Accounts, 1692-1702, CFA. Ugbrooke House, Chudleigh, fol. 15.

<sup>339</sup> For example a payment of £2 recorded 7 October 1699 "My Ladye in London", Ibid., fol. 114r.

<sup>340</sup> 16 January 1692/3, 29 July 1694, 15 March 1694/5 Ibid.. The uses of "treacle" or theriac and mithridate are discussed in Albert Watson, *Theriac and Mithridatium: A Study in Therapeutics* (London: Wellcome Historical Medical Library, 1966).

<sup>341</sup> Stewards Accounts, 1692-1702, fol. 33r.

<sup>342</sup> Quincy, *Pharmacopoeia Officinalis*, p. 86. For discussion of medieval use of spices see Bruno Laurioux, "Spices in the Medieval Diet: A New Approach," *Food and Foodways* 1 (1985): p. 43.

<sup>343</sup> Stewards Accounts, 1692-1702, fols. 8v, 31r, 17r, 134r, 137r, 142r, 145r, 151r.

pound of allum and a barrel of vinegar bought July 18 1699, a pound of saltpetre bought 4 December 1699.<sup>344</sup> The lack of large quantities of specifically medicinal items suggests that they were bought for immediate, or short-term, use.

Apothecary purchases were infrequently recorded in the household account, nine records in total, apart from the year 1701 when an unusual number of payments were made, some relating to an illness suffered by Collins.<sup>345</sup> Evidence for the illnesses suffered by the Clifford family in this period is not available, although at least 14 children were recorded born between 1686 and 1709 usually at 1 or 2 year intervals, with the exception of a substantial gap between 1695 and 1702 when only one new birth was recorded.

In total, the Clifford household account lists purchases involving 66 sources of ingredients, of which 20 were prepared in some form. Overall the household recorded purchases of a variety of remedies including simples, a few minerals like antimony, Bath waters and some expensive prepared or compound preparations such as mithridate. No particular items were bought on a regular basis, though some years saw much more activity than others. The Clifford accounts provide no evidence of regular purchases corresponding to key ingredients in the "favourite" receipts identified in Chapter 2 (china root, coral, mumia, sarsaparilla, sassafras and senna). However, it is possible that these ingredients were included in apothecary purchases rather than being individually named, though other medicinal items were specified.

### *Fortescue Household Accounts*

A variety of household bills and accounts survive for the Fortescue family in the later seventeenth century including a household expenditure account from some time in 1695 to December 1704 which was kept by Eleanor Denstoe and approved at various intervals by Bridget Fortescue. This account is a detailed household account including payments for grain (wheat, oatmeal, rice etc), bread and brewing supplies, wine and spirits, meat and poultry (rabbit, chicken, turkey, pullets etc) fish (salmon, oysters etc), dairy (butter, cream, eggs), clothes and supplies of cloth, thread and other household items such as brooms, soap, utensils and pots and deliveries, travel costs, letters, gifts to poor individuals. Items are very rarely dated and the dates of settlement of the accounts between Bridget and Eleanor often appear to fall well beyond the actual expenditure. Thus it is not possible to identify a yearly amount of expenditure with accuracy which coincides with an end of March start. However there were regular yearly purchases of large quantities of

<sup>344</sup> Ibid., fols. 17r, 107r, 118r.

<sup>345</sup> The identity of this individual remains unclear. Examination of wages and other payments in the Clifford accounts provides names of 13 servants and 28 others receiving reimbursements but none are named Collins.

fresh cherries from the summer of 1697 through to summer 1704. Using the first purchase of cherries each year, an indication of the sum of yearly expenditure can be totalled, albeit running from July to July.<sup>346</sup>

Regular and substantial purchases were made of fresh and dried fruits (including cherries, lemons, oranges, currants and raisins), sugar (brown and white sugar candy), wines (including sack, sherry). Spices purchased regularly included mustard seed, cloves, mace, nutmeg, caraway, and ginger. Cherries, mostly black cherries, were obtained every year in large quantities. For example in 1700:

1700	for black cherries	00 01 06
	for black cherries	00 01 06
	for 28 pound of black cherries	00 05 10
	for 35 pounds of black cherries	00 06 08
	for 2 pound of Red maxards for my mr <sup>347</sup>	00 00 03

The cherries may have been used for cherry beer, as Bridget mentions cherry beer in one of her later letters, "I forgot to writ you that I sent a hallfe Hogsed off chery bear by same direcked for Mr Morton".<sup>348</sup>

Dried fruit was purchased in quantities of 6 or 12 pounds or greater and included currants, raisins, prunes, figs. Again in 1700:

1700	for 6 pounds of Rice and 3 pd of figgs	00 03 03
	for white and brown sugar candy	00 01 02
	figgs and pruius 6 pound	00 02 00 <sup>349</sup>

Sugar was also bought in large quantities, both white and brown, up to a hundredweight at a time, although sugar candy was usually listed in smaller amounts. Vinegar and honey were regularly purchased in varying quantities. Vinegar was recorded in purchases from 8 quarts to 10 gallons. Treacle was purchased on a number of occasions in some years but it was not usually stated whether the treacle was of a medicinal kind, such as Venice treacle or London treacle<sup>350</sup> or purely for culinary use. One receipt in the Fortescue collection specified London Treacle (the cheaper kind) and was for "feaver water" sent by Jane

<sup>346</sup> The Bath Household Accounts do also suggest July as the earliest opportunity to obtain cherries and include some dates for purchase of cherries such as 3 lbs of cherries bought on 4th July 1639, Todd Gray, *Devon Household Accounts: 1627-59. Part II. Henry, Fifth Earl of Bath and Rachel, Countess of Bath, 1637-1655* (Exeter: Devon and Cornwall Record Society, 1996), p. 171.

<sup>347</sup> Mazzards were a particular variety of red cherry grown in North Devon, see Michael Gee, *Mazzards: The Revival of the Curious North Devon Cherry* (Exeter: The Mint Press, 2004).

<sup>348</sup> Bridget Fortescue to Hugh Fortescue, 15 Feb. 1707/8.

<sup>349</sup> Household Account Book, 1699-1704, fol. 10.

<sup>350</sup> There was also a plant known as "Treacle Mustard" or *Erysimum cheiranthoides*, though mustards would have been "the spice of the common people". See William E. Court, "A History of Mustard in Pharmacy and Medicine," *Pharmaceutical Historian* 16, no. 2 (June 1986): pp. 4-6.



Hanmer in 1700.<sup>351</sup> However one of the purchases was listed as a quantity of two pounds at a total of 1s 2d and the price for this would suggest that the treacle listed here was molasses rather than the more exotic compound available from an apothecary.<sup>352</sup>

Lemons, oranges and other fruit were purchased in most year, sometimes in large quantities such as two hundred oranges purchased for 14s 6d in 1703.<sup>353</sup> Other fruit was occasionally listed as being brought to the house such as strawberries and quinces.<sup>354</sup> Spices bought regularly included nutmeg, ginger, pepper, cloves, mace and mustard seeds. Quantities could be variable but when specified ranged from one to four ounces, for example, in 1697, the following purchases of spices were recorded:

1697	for 2 ounces of cloves	00 01 08
	an ounce of nutmegges	00 00 06
	a quarter of a pound of ginger	00 00 03
	for mustard seed	00 01 00
	for 2 ounces of nutmeg	00 01 02
	2 ounces of cloves and one ounce of mace	00 03 02
	for peper and ginger	00 00 10
	for butter and an ounce of cloves	00 06 09
	for nutmegs	00 00 09
	for starch cloves and mace	00 03 04
	mustard seed	00 01 00
	for pepper and nutmegs	00 00 11 <sup>355</sup>

Caraway seeds and caraway comfits were also frequent purchases, although it was not stated whether any of the purchased caraway seed would have been used to make comfits rather than for baking. In 1702, caraway seeds were purchased 3 times and caraway comfits 4 times.<sup>356</sup>

Brandy was bought every year in quarts or gallons, sometimes alongside purchases of "pipes" of wine, sack and other imports at Bideford. Purchases in 1702 and 1703 provide an example:

1702	for brandy and oyle	00 12 06
	paid mr Corders bill for 2 gallons and 3 pints of brandy	01 04 08
1703	to Mr Corder the same day for 10 quarts brandy	01 03 00

<sup>351</sup> The letter also describes a pot of an electuary sent "by Antony", how to make "tincture of Tormentil" and making a syrup from the "feaver water" ingredients. Jane Hanmer to Bridget Fortescue, 21 Feb. 1700, Fortescue of Castle Hill. 1262M/FC/7. DRO, Exeter.

<sup>352</sup> Household Account Book, 1699-1704, fol. 9.

<sup>353</sup> Ibid., fols. 23, 30.

<sup>354</sup> Ibid., fols. 9, 28.

<sup>355</sup> Ibid., fols. 3-4.

<sup>356</sup> Ibid., fols. 21-25.

paid mrs Cerder the 26th Jan 1703 for brandy	00 12 06
a bottle of brandy	00 02 06 <sup>357</sup>

Oil of almonds was a very frequent purchase, seen in the accounts every year, and on as many as 5 occasions in 1702, sometimes specified as "oil of sweet almonds" which was of possible medicinal use.<sup>358</sup> In 1704 the purchase of almond oil is listed from an apothecary:

1704	for oyle of Allmonds	00 01 06
	to the apothecary for diapalmer and oyle of almones	00 02 06 <sup>359</sup>

Distinctions were certainly made about the nature of oil, and occasionally recorded.<sup>360</sup> A reference is made in the Fortescue accounts to a purchase of two lamps and "2 quarts of oyle for the lamps" was made in 1700, the amount spent being 2s 8d.<sup>361</sup> The medicinal receipts compiled by Bridget's mother, Margaret Boscawen, include oil of bitter almonds as an ingredient in remedies for dealing with scab, worms and childbirth. For the former complaint she notes, "To get [rid] of the scab use spermacati and the oyle of bitter almonds warmed and mixed together in a saucer. Let the patient scratch and spare not. This is alsoe of soveraine use in the plague and will cause the botch to arise within a houre after sweating".<sup>362</sup> In another part of the collection she notes, "Mrs Mullenax saith that it is good for a woman to take some oyle of bitter almonds drawne without firre, and frash every day a weeke or fortnight before shee be delivered, and safforne tied in tiffany and squeesed in milke or any warme breakfast, is good to make an essaye labour".<sup>363</sup> Oil of sweet almonds also appears in loose receipts, such as "A receite of Mis Hughs for a cough of the Lungs" which instructs "take an ounce of oyle of sweet almons and one ounce of syrupe violets thickned with sugar candy".<sup>364</sup>

In the Fortescue household accounts pitch and oil of turpentine were purchased fairly often. Turpentine appeared in a number of receipts for salves and ointments, pitch

<sup>357</sup> Ibid., fols. 23, 26, 29.

<sup>358</sup> Nicholas Culpeper, *A Physicall Directory, or, a Translation of the London Dispensatory Made by the Colledge of Physicians in London* (London: Peter Cole, 1649). p. 256. Quincy, *Pharmacopoeia Officinalis*, p. 121. The study by Jacques Gélis of childbirth in early modern Europe provides detail of care of the breasts and belly involving generous use of "oils and liniments". Jacques Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*, trans. Rosemary Morris (Cambridge: Polity Press, 1991), p. 79.

<sup>359</sup> Household Account Book, 1699-1704, fol. 32.

<sup>360</sup> For example, in the Clarke accounts there is an entry specifying "ordinary oyle" in 1690 on Nov 1 for ordinary oyle costing ½d. Account Book of Household Expenses at Chipley, 1685-1702, fol. 42.

<sup>361</sup> Household Account Book, 1699-1704, fol 14.

<sup>362</sup> 3 Recipe Books of Cures for Various Illnesses. [Severall Receites], Fortescue of Castle Hill. 1262M/FC/6. DRO, Exeter, fol. 5v.

<sup>363</sup> 3 Recipe Books [Large Boke], fol. 17v.

<sup>364</sup> 200 Recipes. Boscawen 1668-1687. [Loose Receipts], Fortescue of Castle Hill. 1262M/FC/8. DRO, Exeter, Item 19r.

was used to make a plaster for a rupture in a child.<sup>365</sup> Both pitch and turpentine of various kinds were described by Quincy as having medicinal properties, pitch like resin "too well in the acquaintance of common People", and turpentine or *terebinthina* being a great vulnerary, expectorant and diuretic so used for ulcers, abscesses, asthma, pleurisy, obstruction of the reins and gonorrhoea.<sup>366</sup>

1699	2 pound of tallow for to boyle with pitch	0 0 9
1702	paid mr daw for pitch and tar raisins currans allum and bobin	0 3 4
	for oyle of turpentine and oyle of spike and cream of tartar	0 1 2
	to Mr Coaniers for oyle of turpentine	0 1 0 <sup>367</sup>

Allum and saltpetre were also purchased. Allum was used in dyeing of textiles, but appears in receipts for certain conditions. For example an "allom posset" appears in the receipts in Anne Glydd's book for use with children having "stomack wormes".<sup>368</sup> Allum did appear in some of the Fortescue receipt collection items including a wash for a sore and a fistula, and in a glister for a woman that is "hard bound".<sup>369</sup> Quincy (1730) described rock allum as "extreme rough and astringent" and not used much inwardly because it is "apt to provoke vomiting", but used outwardly in astringent lotions and tooth preparations as a "Preserver of the Gums".<sup>370</sup> Saltpetre, a nitrous salt, used to prepare sal prunella with some sulphur, was regarded as diuretic and cooling so given in fevers and also in inflammation of the throat. Quincy noted that it was used in gonorrhoea, "especially when the Water scalds by its Heat; for it both cleanses and cools those Parts".<sup>371</sup>

1703	for sand, treacle, thums, Allom	0 3 4
	to mr Cauniers for salt peeters	0 2 6 <sup>372</sup>

Occasional references were given to actual use of ingredients for making a specific item. As previously noted butter was recorded several times as being purchased for ointment making:

<sup>365</sup> Ibid., Items 27, 11, 61, 130, 131.

<sup>366</sup> Quincy, *Pharmacopoeia Officinalis*, pp. 136, 235. Gladys Scott Thomson (1937) lists pitch and frankincense purchased for 5s 0d in August 1641 by the Earl of Bedford's household "to smoke the house and yard" after a smallpox episode survived by his wife Anne. Thomson, *Life in a Noble Household*, p. 41.

<sup>367</sup> Household Account Book, 1699-1704, fols. 10r, 20r, 26r.

<sup>368</sup> I am grateful to Giles Brockman for bringing this to my attention. Anne Glydd, *Anne Glyd: Her Book*, MS ADD 45196. British Library, 1656.

<sup>369</sup> 3 Recipe Books [Large Boke], fol. 17v. 200 Recipes. Boscawen 1668-1687. [Loose Booklet], Fortescue of Castle Hill. 1262M/FC/8. DRO, Exeter, fol. 9v.

<sup>370</sup> Quincy, *Pharmacopoeia Officinalis*, p. 111.

<sup>371</sup> Ibid., pp. 174-5, 297.

<sup>372</sup> Household Account Book, 1699-1704, fol. 29r.

1697	for butter for to make the ointment	0 0 5
1700	for 3 pound of buter to make ointment	0 1 0
1702	to Mary Collins for cream eggs and butter for ointment	0 3 2 <sup>373</sup>

These specific references to butter for ointment might have referred to "May butter", which was made by repeatedly melting fresh butter without salt till whitish in colour, somewhat like lard and suitable as "any simple Unguent".<sup>374</sup> The quantities of ointment are fairly substantial implying either use over an extended period, or use with a number of different people.

The frequent purchases in the Fortescue accounts of some other culinary ingredients could also have been related to use of these items in medicinal preparations. Caraway was mentioned numerous times throughout the Fortescue collections in preparations for pains in the stomach, wind in the belly, colic and children's stomach complaints.<sup>375</sup> Honey occurs 25 times in the Fortescue receipts as an ingredient in a variety of internal and external preparations including those for giddiness and evils in the head, eye complaints, sore throat and cough, canker, sore breast, plague sore, worms and teething. Vinegar also often appeared in these receipts, including in preparations to remove phlegm or unwanted humours, especially white wine vinegar for problematic humours in the head.

Altogether nine payments were recorded to the apothecary in this household account, occasionally specifying the compound items purchased, as indicated in Appendix 3.4. In total, the Fortescue household account lists purchases involving 74 ingredients, of which 24 were prepared in some form. Overall, the Fortescue accounts show frequent payments for spirits, such as brandy, and for spices and fruit such as caraway, mustard, oranges, lemons, cloves and nutmeg. There were numerous purchases of items such as oil of almonds, and cherries, and fairly frequent purchases of brimstone, treacle and figs. There were few purchases of purging items such as syrup of roses or rhubarb. Some items were listed as prepared in the household, particularly a butter-based ointment and a cherry water or beer.

### *Strode Household Accounts*

<sup>373</sup> Ibid., fols. 4r, 15r, 26r.

<sup>374</sup> ———, *Pharmacopoeia Officinalis*, pp. 528-9. See also Chapter 5, "Butter and Cheese Making" in G. E. Fussell, *The English Dairy Farmer, 1500-1900* (London: Frank Cass & Co, 1966).

<sup>375</sup> 3 Recipe Books [Large Boke], fols. 2v and 27r, 40 Recipes for Healing King's Evil.[Loose Letters and Receipts], item 28, 200 Recipes. [Notebook], Fortescue of Castle Hill. 1262M/FC/8. DRO, Exeter, fols. 1r and 19r.

Anne Strode of Parnham in Dorset, recorded some 83 pages of personal accounts including payments to her brother Hugh Strode, and later her cousin George Strode.<sup>376</sup> These accounts were entered with only occasional dates, written up in rough chronological order every few months. Although dates are not given for expenditure entries, years were usually marked by an entry for Lady Day. In some years Anne travelled away, to London, Bristol, Sherbourne and possibly elsewhere for some months, and total expenditure reflects these absences. These accounts are of particular interest because of the regular purchases of medicinal items and indications of Anne's charitable interests in the poor. In particular, she mentions the purchase of cloth and making up into clothes for the poor. Anne did not marry and had no children. She paid a regular quarterly sum to her brother for her keep, along with her maid. The accounts include payments for washer women, mending clothes and shoes, cutting hair etc. There are many entries made of amounts lost at cards and of purchases of shoes, gloves, clothes and other items. Few food purchases are listed, apart from occasional purchases of bacon and cheese, and presumably most meals were covered by payments to her brother. There are regular payments every three months to her brother of £7 10s "for my dyet for 3 months" which include her maid's diet.<sup>377</sup> In addition to payments to her brother, Anne paid an annuity to her brother Robin. Payments of wages to her maid servant are recorded.<sup>378</sup>

Frequent purchases of brandy, sugar, honey and butter were recorded almost every year. Over a 35 year period brandy was bought in amounts of one to four gallons, totalling £9 16s 8d overall, purchases being in most years between 1679 and 1690, and again from 1697 to 1703, an average of nearly 11s expenditure in those years. This figure was comparable to the amount purchased by the entire Fortescue household and did not include additional occasional purchases of wine, claret or aqua vitae which were also listed. It is possible that, in addition to a high level of consumption, there were some specific reasons for purchase, either festive occasions or for medicinal purposes, as indicated in one entry:

<sup>376</sup> A. Strodes Expences, 1679 to 1718, Strode Family of Parnham. D/BUL/F3. DHC, Dorchester. Although labelled "Joanne Turberville her booke", on the inside flyleaf this bound book commences with a note "Anne Strode was born ye 30 of June 1652" and "A Strodes Expences 1679 to 1718". Joan Strode was a sister of Sir John Strode and married John Turberville of Bere Regis in 1640 according to John Hutchins, *The History and Antiquities of the County of Dorset*, ed. W. Shipp and J. W. Hodson, 3rd ed., vol. II (Wakefield: EP Publishing with Dorset County Library, 1973), p. 130. The first five pages include some preserving receipts for drying various fruits and making fruit pastes. The handwriting for these receipts is different and may have been that of Joan or another member of the Strode family. After the preserving receipts the next six pages have been removed. The latter part of the book records a later account of amounts received and sent to Hugh Strode from 1719 to 1730.

<sup>377</sup> A. Strodes Expences, 1679 to 1718, fol. 12r.

<sup>378</sup> Such as payments to an Ann Gollop of 15s in April, July, October and January of 1697, in other years she paid Jane Gapper (from 1695), Anne Hinchman (from 1699), Rachel Blucknet (from 1701), Mary Stainer (from 1703), Mary Strode (from 1704 receiving only 12s 6d per quarter in her first year), Mary Baldwin (from 1710), Betty Davis (from 1711), Sary Gapin (from 1715).

Thomas Tryon noted that brandy drinking was particularly increasing amongst women for medicinal reasons, complaining that:

... many English Women have betaken themselves to the drinking of Brandy and other Spirits, and have invented the Black-Cherry Brandy which is in great esteem, so that she is no body that hath not a Bottle of it stand at her elbow, or if ever so little Qualm or disorder be on the Stomack, or perhaps meerly fancied, then away to the Brandy Bottle;<sup>380</sup>

Sugar was another major expenditure item, purchased in almost every year, in amounts from two to six pounds, with an average spend of almost 11s per year. Honey was purchased almost every other year in quantities from a pot to 18 pounds. The accounts show that these large amounts were not for her own use but for potting up to be sent to family in London, and similarly cakes were made from time to time to be carried to London.

Anne Strode mostly bought medical ingredients in small quantities. Her larger purchases related to items such as gillyflowers and elderberries, and these were items likely to be made into preserves, waters or syrups suitable for keeping for a period.<sup>381</sup> Apart from preserves and ingredients for waters, many of her purchases seem to have been of exotic or compound ingredients. The list of items purchased by Anne includes some costly medicinal items such as confection of alkermes, balm of Gilead, elixir proprietatis, leaf silver and gold litharge, mithridate, frankincense, Venice turpentine.<sup>382</sup> Some purchases of brimstone, unguentum basilicon, diapalma and other ingredients for ointments were also made, all likely for external use. Anne was evidently aware of newer and fashionable items and she also bought some Jesuits powder in 1708. Coffee was purchased, a half a pound for 8s 6d in 1680 for example, by 1683 the half pound cost 2s 6d and, in

<sup>379</sup> A. Strodes Expences, 1679 to 1718, fol. 13r. J.A. Chartres notes some links between sellers of spirits and medicinal items in descriptions such as "brandy merchant and druggist". J. A. Chartres, "Spirits in the North-East? Gin and Other Vices in the Long Eighteenth Century," in *Creating and Consuming Culture in North-East England, 1660-1830*, ed. Helen Berry and Jeremy Gregory (Aldershot: Ashgate, 2003), p. 151.

<sup>380</sup> Thomas Tryon, *Healths Grand Preservative: Or the Womens Best Doctor: A Treatise, Shewing the Nature and Operation of Brandy, Rumm, Rack, and Other Distilled Spirits, and the Ill Consequences of Mens, but Especially of Womens Drinking Such Pernicious Liquors and Smoaking Tobacco. As Likewise, of the Immoderate Eating of Flesh without a Due Observation of Time, or Nature of the Creature Which Hath Proved Very Destructive to the Health of Many. Together, with a Rational Discourse of the Excellency of Herbs, Highly Approved of by Our Ancestors in Former Times* (London: Printed for the Author, 1682), p. 5. Alcoholic drinks were widely regarded as medicinal in earlier times, see Ken Albala, "To Your Health: Wine as Food and Medicine in Mid-Sixteenth-Century Italy," in *Alcohol: A Social and Cultural History*, ed. Mack P. Holt (Oxford and New York: Berg, 2006).

<sup>381</sup> In 1680 she bought 1000 clove gillyflowers at a cost of 2s, and in 1691 a bushel and half peck of elderberries at a cost of 1s 1d, A. Strodes Expences, 1679 to 1718, fols. 13v, 30r.

<sup>382</sup> Elixir proprietatis was a Paracelsian remedy thought good to destroy worms. Quincy, *Pharmacopoeia Officinalis*, pp. 414-5.

1713, 2 lb was bought for 9s. One pound of chocolate was bought for 2s 10d in 1710, and more bought in 1712 including "West Indy chocolate".

The accounts record that the purchases made of poppies were for the making of her own version of poppy water:

[July 1686]

for things to put in to the poppy watter 00 01 01

for poppys 00 00 08

May 10 1687

for seeds licorish & figs for my Poppy water 00 00 06<sup>383</sup>

Anne also spent consistently at the apothecaries. From the later 1680s she recorded little detail of purchases, preferring to note down a catch-all phrase of "for things from the apothecary". During a 39 year period the records for all but 11 years show such purchases (except the first 5 years and 1685, 1691, 1693, 1697, 1699, 1702). The total recorded expenditure for these "things" between 1679 and 1718 came to £9 10s 6d, which was almost as much as the total recorded expenditure £10 4s 3d on physicians and surgeons over the same period. On these 76 occasions of apothecary purchases her average expenditure was thus about 2s 6d per occasion.

In total, the Strode household account lists purchases involving 69 sources of ingredients, of which 25 were prepared in some form. Overall it is apparent that Anne purchased costly named items in the earlier years, and a number of items for making several specific preparations. Many purchases were made with the apothecary in later years and were not specified in detail.

### 3.3 Comparing Ingredients Purchased by the Households

Comparison of the four households in terms of the most frequently bought named ingredients with potential for medicinal use shows that there were a small number of items which three or more households recorded, these were chocolate, oranges and brimstone (sulphur). Table 3.3 provides a list of the most frequently recorded items. Items which featured in the top 30 frequency of recorded purchases of at least 2 households were aniseeds, caraway seeds, clove, fig, hartshorn, lemons, liquorice, nutmeg, oil, poppy, rhubarb, and wormseed. It can be seen that there were other items which were frequently recorded in one or other household only, such as allspice, centrey (centaury), ginger, mace, syrup of roses, rhubarb, wormseed, resin and lapis calaminaris in the Clarke household.

<sup>383</sup> A. Strodes Expences, 1679 to 1718, fols. 22r, 24r. f22r, f24r. Culpeper in his translation of the *London Pharmacopoeia* (1649) gave a number of recipes using poppy flowers, juice or heads for a simple syrup which "cools the blood, helps surfets, and may safely be given in Frenzies, Feavers and hot agues". Culpeper, *A Physicall Directory*, p. 113.

The Fortescue household recorded many purchases of oil of almonds, brandy, caraway seeds and comfits, cherries, mustard seeds and treacle. Poppies, figs and coffee were popular in the Strode account records. Whilst some lack of recorded itemised purchases may be related to relative variation in detail in record-keeping, it seems that the households differed in the nature of purchases. Overall, the Clarke records suggested a range of active involvement in self-dosing especially with purging items. In comparison, the Fortescue household listed a narrower range of spices and fruit as well as large quantities of items like oils and butter for making remedies. There were few itemised medicinal purchases listed in the Clifford records which may be a consequence of reliance on medical practitioners and apothecaries. The Strode account showed the making of one particular remedy and numerous purchases of small amounts of exotic and expensive prepared items.



Table 3.3 Popular Ingredient Purchases in Household Accounts

Ingredient	Number of purchases recorded				
	Clarke	Clifford	Fortescue	Strode	All households
lemon	65	15	6	1	87
orange	35	15	7	3	60
caraway	19	1	22		42
brandy	2	4	11	22	39
cherry		1	26	2	29
ginger	25		2	1	28
oil	3	4	10	9	26
nutmeg	9	6	6	4	25
sulphur	8	1	6	4	19
mustard	3	2	13		18
aniseed	13		4	1	18
almond			18		18
mace	8	3	2	3	16
rose	15				15
clove	3	2	6	4	15
liquorice	8	1	2	3	14
treacle		4	8	1	13
turpentine	5	1	3	3	12
poppy	3		1	8	12
fig	1		6	5	12
allspice	12				12
rhubarb	9	1		1	11
chocolate		5	2	4	11
spice	3	1		6	10
coffee	1	2		6	9
cinnamon	6	3			9
aqua vita	1		1	7	9
elder	3			5	8
deer	3	2	1	2	8
saltpetre		4	1	2	7
resin	6			1	7
bay	2		3	2	7
wormseed	4	1	1		6
powder	1	4	1		6
herb		1		5	6
All ingredients	276	84	169	115	644

Note 1. These items were all recorded as purchased on more than five occasions altogether.

Spices which had both culinary and medicinal potential were recorded frequently in the accounts. Culinary ingredients like nutmeg, cloves, cinnamon, allspice, ginger, liquorice, mace and mustard could have been used for medicinal purposes.<sup>384</sup> Likewise items such as treacle and resin may have had medicinal use and were popular in several households. Purchases of some herbs frequent in the medicinal receipts like sage, fennel, rosemary and rue were not evident, though payments for gathering some herbs were recorded. There were a number of items which did not appear in the medicinal receipt favourites but which were popular purchases in certain households. Most obvious were purchases of purging ingredients such as rhubarb, centaury and figs, as well as worm treatments such as wormseed, favoured especially by the Clarke household. In addition, items like chocolate and coffee, which were considered by some to have medicinal effects in the seventeenth century, are not reflected in medicinal receipt collections.

So was there any relationship between the household accounts and the receipt collections? These later seventeenth-century accounts based on four high status households in the South West suggest that a few preparations were still favourites in some households and made in quantity on a repeated basis, but that otherwise the purchase of named component ingredients for medicinal receipts was limited to relatively few occasions. It is possible that unspecified apothecary purchases provided the ingredients for making up medicinal remedies. However, apothecary expenditure was fairly low in all but the Clifford accounts.

### *Comparing The Costs Of Medicinal Supplies*

Prices of medicinal supplies did not change a lot, although they fell in real terms in the seventeenth century, according to Patrick Wallis.<sup>385</sup> Inventories give some valuations of items, such as a mercer's inventory in Lincoln City in 1665 which included strong waters, amongst many other commodities of tobacco, soap, starch, spices and dried fruits:

12 gallons 2 qts 1 pt of Strong waters called Aniseeds water £2 10s.  
 five gallons of Angelico water 16s 8d.  
 wormwood water fower gallons 13s 4d.  
 Stomach water Eyght gallons £1 6s 8d.  
 of Aqua Vita Twenty Eyght gallons £2 14s.<sup>386</sup>

<sup>384</sup> As previously noted, the purchases of sugar, honey, vinegar and dried fruits have not been recorded though they were ubiquitous in the accounts.

<sup>385</sup> Patrick Wallis, "Medicines for London: The Trade, Regulation and Lifecycle of London Apothecaries, c. 1610-1670" (PhD thesis, University of Oxford, 2002), p. 287.

<sup>386</sup> J. A. Johnston, ed. *Probate Inventories of Lincoln Citizens, 1661-1714*, vol. 80 (Lincoln: Lincoln Record Society/ Boydell Press, 1991), pp. 16-17. This inventory dated 18th January 1665 with a total value of £1203 15s 5d.

These figures suggest that distilled waters were valued from about 3 to 4 shillings per gallon. It is unclear whether valuations listed in shop inventories were based on wholesale prices or retail prices, and if there was any variation with expertise of the appraisers. Overton considered these problems for a variety of probate inventory items, such as pewter and sheets, finding that valuations did match trends in sale prices with some accuracy but that they were consistently lower. There were also differences in valuations which related to the status of the deceased so that higher status linked with higher values.<sup>387</sup> The likelihood of inventory prices being lower than "new" or sale prices needs to be considered in relation to medicinal items. Christine North looked at the inventory stock of Cornish merchants between 1620 and 1626 and found a "remarkable range" of items including cloves, ginger, mace, nutmeg, cinnamon and many other goods. Of valuations for various inventories she reported a pound of "middle mace" valued at 6s, cloves at 6s per pound, cinnamon at 2s 8d per pound, aniseed at 9d per pound.<sup>388</sup>

Retail prices can be considered more directly by looking at the household accounts for entries which record price and quantity. Appendix 3.7 shows average prices in pence for ingredients based on units of quantity derived from the accounts - this information was available for 305 records in the four household accounts considered. Some items were bought in greater and smaller quantities and these have been calculated separately in pounds, ounces, grains, gallons and pints. Some quantities could not be readily ascertained and were excluded, including barrel, book, box, bundle, handful, pitcher, pot though the use of "bottle" was frequent and this has been included. A few other quantities were uncommon and so were excluded and these were bushel, gill, and yard. The price shown is the average rate found in pence found for that type of unit.

Each item is also listed with an indication of average size of purchase. Some items have been included without average prices where only a purchase quantity was given. Quantities of sugar and dried raisins and currants averaged about 8 pounds per purchase, other fruits around 1 or 2 pounds, most spices ranged from a few ounces to a pound. Some expensive items were purchased in quantities measured in grains or drachms. Occasionally the average costs per pound or pint may be distorted by included costs for vessels such as a bottle, or additional transport costs, or the different prices charged in London or elsewhere.

I carried out a similar calculation for several earlier seventeenth-century households and for a later eighteenth-century household based on published accounts, the Bath and

<sup>387</sup> Mark Overton, "Prices from Probate Inventories," in *When Death Do Us Part: Understanding the Probate Records of Early Modern England*, ed. T. Arkell, N. Evans, and N. Goose (Oxford: Leopard's Head Press, 2000), pp. 120-43.

<sup>388</sup> Christine North, "Fustian, Figs and Frankincense: Jacobean Shop Inventories for Cornwall," *Journal of the Royal Institution of Cornwall* II, 2.2 (1995): pp. 46-7. These rates were noticeably lower than those arising from this study.

Hayne households and Latham household respectively.<sup>389</sup> It appears that price changes were likely to differ according to the nature of the item. Some prepared sweet items did reduce in price, and this may reflect the increased availability of sugar which helped reduce the price of conserves and comfits.<sup>390</sup> In 1648 and 1651 respectively, both fennel and caraway comfits cost the Bath household 24d per pound, but by the 1690s the Clarke family paid less at between 14d and 16d per pound. In 1639 the Hayne household paid just over 22d per pound for "comfits" whilst in 1703 the Fortescue household also paid less at 15d per pound for "comfits". Candied eringoes in the 1640s and 1650s cost between 33d and 60d per pound, but were not recorded by amount and price in later accounts.

Some culinary ingredients varied both up and down in price in the seventeenth century. Records show currants at 7d per pound in purchases made by the Bath family in 1649, and also 7d when purchased by the Fortescue family in 1704. The cost of currants had dropped to 4d per pound in the 1680s but rose again presumably affected both by availability and transport difficulties. Figs bought by the Clarke family in 1701 cost 4d per pound. Some items did not appear to vary so much, even when purchased from widely different sources, Spanish honey purchased by the Bath family averaged just over 11d per pound, and the cost of honey to the Fortescue family varied from 4d to 12d per pound, although some may have been produced locally. Vinegar cost from just over 2d up to 6d a quart, and white wine vinegar in the 1680s cost from 6d to 8d per quart. The butter purchased for ointment by the Fortescue household in 1700 cost 4d per pound, and the black cherries, probably used for cherry beer, were mostly purchased at 2d to 3d per pound, local red mazzards being cheaper at 1 ½d per pound. Imported fruits and other items were also affected by transport and availability. Raisins varied from about 3d to 6d per pound. Oranges and lemons cost from ½d each and reduced availability meant citrus fruit could be as much as 7d each though usually less, as on 6th October 1702 "P[ai]d a lemmon at Taunton 4d".<sup>391</sup> Two records show that almonds cost 12d per pound in the 1680s. Oils were rarely specified in nature and "oil" may have referred to several different products as prices appeared very variable. The prices for "oil" ranged from 6d to 13d a bottle, and sallet oil appeared to increase from the Bath purchase of 5 ½d per quart in 1649 to the Clarke family purchase at 12d for a pint later in the century.

<sup>389</sup> Gray, *Devon Household Accounts: 1627-59: Part II*, Lorna Weatherill, *The Account Book of Richard Latham, 1724-1767* (Oxford: Published for the British Academy by Oxford University Press, 1990), T. N. Brushfield, "The Financial Diary of a Citizen of Exeter, 1631-1643," *Devonshire Transactions* XXXIII (1901): pp. 187-269.

<sup>390</sup> In the 1650s the Bath family paid at least 12d per pound for sugar, but by the 1680s the price had dropped to 5d or 6d per pound. Sugar prices depended on type of processing as well as availability, in these accounts brown sugar candy in the 1690s cost from 8d to 10d per pound, and white sugar candy could cost up to 32d per pound.

<sup>391</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 103r.

Spices were costly. Some spices appeared to decrease during the seventeenth century but then increase in cost towards the end of the seventeenth century. The Bath family in the 1640s and 1650s paid from 36d to 43d per pound for green ginger, while the cost of ginger in the last 20 years of the century ranged from mostly 8d to 12d to a high in 1700 of 20d per pound. In the 1690s allspice cost between 22d and 32d per pound, cinnamon cost from 96 to 108d per pound, cloves cost from 8d to 14d per pound, pepper from 22 to 32d per pound. Mace increased in cost from 12d to 20d per ounce from 1685 to 1695, and nutmegs rose from 6d to 18d per ounce by 1701.

Wine and spirits were sometimes bought in smaller quantities than barrels and pipes. The Bath family recorded a purchase of usquebaugh (Irish whisky) in 1645 at just over 11d per pint. The purchase of a pint of sack for the Clifford family in 1695 cost 12d, and brandy cost between 105 and 129d per gallon. A bottle of aqua vita for the Clarke family in 1691 cost 16d. Spirit of hartshorn in 1689 cost 18d per bottle. These prices work out at a much higher figure per gallon than the valuation rates in the mercer inventory noted above. Brewed items such as scurvy grass beer were not recorded in detail though the Hayne household paid 4d a gallon for this in 1632. Tobacco reduced in price from between 36d and 60d per pound in the 1640s to 12d per pound in 1685. New introductions could be very costly. One record of coffee shows a cost of 96d per pound in 1693 and another of chocolate costing 48d per pound in 1700.

Medicinals in the 1630s and 1640s were also costly, 16d per pound for china root for the Hayne household, 18d per pound paid for cassia by the Bath family. Oil of cinnamon was hugely expensive at 180d per drachm, even syrup of mulberries cost 4d per ounce in 1643 and syrup of gillyflowers cost 5.5d per ounce in 1655. Rose powder cost 6d per pound in the 1630s and 1640s, whilst conserve of red roses cost 36d per pound, conserve of rosemary 60d per pound, possibly reflecting the high costs of sugar in the earlier 17th century. Medicinals in the 1680s to 1690s such as syrup of roses cost from 1 ½d to 3d per ounce with a bottle costing at least 20d. One record in 1689 listed rose water at 10d per pint, another in 1695 listed oil of roses at just over 21d per pint. Rhubarb was expensive, usually purchased in quantities less than an ounce, costing between 32d and 60d per pound even in the 1690s. In relation to rhubarb, Clifford Foust provides an excellent overview of the efforts made by suppliers and states to maintain high prices.<sup>392</sup>

Other ingredients for making medicinal preparations could be costly. For hartshorn, the Clarke family paid the equivalent of 48d per pound in 1691 and the Clifford family paid 36d per pound in 1694. Turpentine cost 18d per pound in 1693. Other ingredients

<sup>392</sup> Clifford M. Foust, *Rhubarb: The Wondrous Drug* (Princeton, New Jersey: Princeton University Press, 1992).

varied, between 4 and 5d per pound for verdigris in 1693, 4 to 6d per pound for red or white lead, 14d per pound for lapis calaminaris, and 48d per pound for bole armeniac in 1695. Few herbs were listed in sufficient detail to identify costs, though the Clarke family purchased elderflowers by the handful for 1 or 1½d, and liquorice by the ounce for 1½ to 2d. Household items were generally lower in cost, likely ingredients such as resin costing from 2 to 7d per pound, black soap 8d per pound, brimstone from 6 to 15d per pound, allum 4d a pound, saltpetre 12d a pound, tar at 14d per pitcher.

Overall the prices of items can be seen to be rather varied. Comparison with prices per pound shown in Gideon Harvey's *Family Physician* suggests that slightly higher prices were paid in these accounts. However comparison is not straightforward as many of the purchases in the accounts are for smaller quantities.<sup>393</sup> Although exotic and culinary items did tend to reduce in cost over the century, it is apparent that many medicinal items and spices maintained a high price or actually increased again at the end of the century. The exceptions were the costs of locally-gathered herbs and household items which generally remained low throughout. Medicinal preparations tended to be expensive and presumably often had single or limited application. The Strode accounts record a blister plaster for 12d in 1685. Costs of prepared medicines were still relatively high in the eighteenth century, though possibly comparable to some of the pricier medicinal ingredients. The Latham household paid 12 to 15d per bottle of cordial in the 1730s and 1740s. Purchase in larger or smaller quantities did not reliably alter costs, and perhaps there was little incentive to purchase larger quantities or stocks if keeping qualities were not good. Variations in price may have been related to supply difficulties. Further study of household accounts for regional and seasonal comparisons between purchases would be of considerable interest.

### 3.4 Suppliers of Ingredients

Medicinal supplies came from five main sources. Three of these sources involved a direct purchase, firstly from household suppliers such as grocers and spicers, secondly from apothecaries or medical practitioners, and thirdly from individual sellers of various kinds including gatherers, herb women and market traders. There was a fourth group of items which were primarily gifts but might involve expenditure, for example in rewards to individual servants for delivery. A fifth source of items was the household, garden and countryside providing domesticated or wild ingredients without additional expenditure, although there might be hidden costs of gathering or other labour.<sup>394</sup> Here I consider more

<sup>393</sup> Prices from London druggists are listed in Gideon Harvey, *The Family-Physician, and the House-Apothecary* (London: Printed for M.R., 1678), pp. 115-39.

<sup>394</sup> Definition of domesticated or wild plant sources is discussed in Lisa Leimar Price, "Wild Food Plants in Farming Environments with Special Reference to Northeast Thailand, Food as Functional and Medicinal and the Social Roles

detail of the kinds of suppliers indicated in the household accounts. Household, garden and countryside sources are considered in the next chapter.

### *Grocers and Spicers*

Inventories of some grocers in this period indicated that they carried a significant range of medicinal items.<sup>395</sup> In Uffculme in Devon, inventories for shops showed various exotic and foreign goods such as cloves, tobacco, raisins, saffron, sugar, and other items with little recorded in the way of basic foodstuffs.<sup>396</sup> Cornish shop inventories also provide evidence of a wide range of imported commodities.<sup>397</sup>

It is possible that the Clifford family obtained many healthcare items from grocers and other household suppliers. However, this is not always clear as reimbursement was often made as one payment to an individual for a series of purchases. Thus purchases were listed of medicinal items with other items, for example wormseed was listed with hops, oil of spike was listed with oranges and lemons, eringo was listed with fish and samphire.<sup>398</sup> Most payments for medicinal items in the Clifford accounts were recorded to various individuals who were members of the household. Mrs Chantrell received payment for "starch and rootes" and was most likely a member of the household, possibly in the role of housekeeper as, in addition to procuring the services of midwives, she was also reimbursed for many other items including chickens, ducks, cockles, vinegar, raisins, eggs, bread and for paying the doctor as well as the servant of neighbour Lady Chudleigh who brought presents of carnations, peas, roses.<sup>399</sup> Another individual connected with the household, Mrs Ann, received frequent payments for dairy produce such as butter, cream, and eggs. She appeared to be responsible for the preserving room where she supervised a maid:

1693/4	Feb 19	To Ellen Burgess that she lent Mrs Ann for	
		preserving potts	00 06 06
1694	July 12	Att Ex[eter]: for sugar and paper for Mrs Ann	00 10 02 ½
1696	May 15	Pd for physick drugs.....to Mrs Ann came ofen	00 08 00

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of Women," in *Eating and Healing: Traditional Food as Medicine*, ed. Andrea Pieroni and Lisa Leimar Price (New York and London: Haworth Press, 2006), p. 68. This study discusses the issue of defining the wild - referring to the terms domesticated, semi-domesticated, cultivated and wild - the last referring to plants neither managed or cultivated.

<sup>395</sup> Eileen White and Layinka Swinburne, "Two Seventeenth Century Grocers in York: The Inventories of Richard Jaques (1655) and Suckling Spendlove (1690)," *York Historian* 19 (2002): pp. 23-47.

<sup>396</sup> Peter Wyatt, *The Uffculme Wills and Inventories Sixteenth to Eighteenth Centuries* (Exeter: Devon and Cornwall Record Society, 1997), p. xxi.

<sup>397</sup> Christine North, "Merchants and Retailers in Seventeenth-Century Cornwall," in *When Death Do Us Part: Understanding the Probate Records of Early Modern England*, ed. T. Arkell, N. Evans, and N. Goose (Oxford: Leopard's Head Press, 2000), pp. 285-305. For general background on the rise of retailing see Nancy Cox, *The Complete Tradesman: A Study of Retailing, 1550-1820* (Aldershot: Ashgate, 2000).

<sup>398</sup> Stewards Accounts, 1692-1702, fols. 6r, 29r, 61r.

<sup>399</sup> *Ibid.*, fols. 14v, 37r and passim.

1697	Sept 13	For bottle of white wine vinegir for Mrs Ann	00 01 04
1697	Sept 22	To Mrs Anns maid in the preserving room discharge	00 06 00 <sup>400</sup>
Mrs Ann might have been the same person as Ann Staddon, possibly a cousin of the steward, supplying the household with various items in addition to herbs for distillation:			
1695	24 May	To my cousin Ann to pay for something	
		to Distill	00 03 02
1696/7	5 March	To Ann Staddon for herbs	00 01 00 <sup>401</sup>

The Fortescue family also bought many household items in their local area, often from named suppliers. Wine was purchased through Barnstaple.<sup>402</sup> Regular purchases of household items were made and payments of bills from a Mrs Honeycomb, Mrs Carder, Mr Glass (candles), Mr Smith (brandy), Mr Daw (pitch, tar, currants, raisins), Mr Harding (tar, calico, sugar), Mr Corder (brandy), Emmanuel Tucker (shopkeeper). A number of individual women supplied eggs, chickens and dairy produce including Mary Collins, Mrs Hack and Mrs Hanmer. Several letters were sent to Bridget Fortescue by Mrs Hanmer dated 1700 and 1701 which refer to medicinal items either sent or to be made. She was also a frequent supplier of dairy items such as butter and chickens.<sup>403</sup>

For the Clarke family in Somerset, the location of purchases varied, and appeared to coincide with visits to markets as well as other suppliers. Sugar, wine, vinegar and spice were all sourced in large quantities further afield through Bristol merchants, and entries in 1687 for these items totalled over £20.<sup>404</sup> Purchases of medicinal items for the Clarke family were made at various locations mostly in nearby Taunton and Wellington, but also further afield including Exeter, Holcombe, Wells, Wiveliscombe.<sup>405</sup>

### *Apothecary Supplies*

<sup>400</sup> Ibid., fols. 21r, 22r, 37, 45r, 68r

<sup>401</sup> Ibid., fols. 35r, 59r.

<sup>402</sup> Household Account Book, 1699-1704, fol. 1r. An "extensive range of victuals" was supplied from Bristol to the ports of Barnstaple and Bideford. Hussey, *Coastal and River Trade in Pre-Industrial England: Bristol and Its Region*, pp. 6, 67, 92.

<sup>403</sup> Household Account Book, 1699-1704, fols. 15v, 16r, 26r.

<sup>404</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 22.

<sup>405</sup> A study of West country markets in Dorset, Somerset and Wiltshire identified a wide variety of seventeenth-century markets and fairs including weekly markets in most towns, two or three day fairs on remote hilltops or downland, and larger markets in Bristol, Dorchester, Shaftesbury, Warminster and Yeovil. The study noted a decline in smaller markets and expansion of the larger markets. Joe Bettey, "West-Country Markets and Fairs: Some Documentary Evidence," *The Local Historian* 34.4 (2004): pp. 227-34. See also C. Gerrard, "Taunton Fair in the Seventeenth Century," *Somerset Archaeological and Natural History Society Proceedings* 128 (1984): pp. 65-74. Market traders have been little studied though Sheilagh Ogilvie looked at women in early modern German markets, noting their high involvement particularly as married women and widows, and the constraints imposed by community and guild regulations. Sheilagh Ogilvie, *A Bitter Living: Women, Markets and Social Capital in Early Modern Germany* (Oxford: Oxford University Press, 2003), pp. 326-27.



Apothecaries held substantial ranges of goods and specialist medicinal items in the seventeenth century. Burnby examined apothecary inventories from the late sixteenth century and found a variation in value mostly between around £100 and £350, much of which was accounted for by stock and equipment held in the shop.<sup>406</sup>

Purchases from apothecaries were referred to in the Clarke and Fortescue household accounts, generally for small amounts. In the Clifford accounts there were purchases from apothecaries, either paid in a lump sum or paid by bill at a later date. Payments to apothecaries were most likely to have been for medicinal items but could also have been for services. A few payments were recorded to apothecaries without detail of items supplied and one source of physick medication was described as "doctor", although may actually have been an apothecary supplying medicines:

1695 Oct 7 To Dr Caunter for physick for the Cook & a hindservt 02 00 00  
 1696 Apr 25 To Jo: Caunter Dr in full of all acct's 00 10 00<sup>407</sup>

The Clifford family did not seem to have a regular supplier of medicines and used several other sources including one listed as a druggist:

1696 May 8 To Mr Lydston druggist pr receipt for the diet drink 00 07 06<sup>408</sup>

By 1701 the family apparently had a greater need for medicines and expenditure rose with payments recorded of 17s, £1 7s, and £20 for apothecary bills in April and December. Location of these apothecary purchases was infrequently specified although sometimes referred to Exeter. For example, the oil of spike and "druggs" purchased in January and February 1694 came from Exeter, as did the alabaster, allum and saffron bought in March 1698 and the "waters" bought in July 1699. Payments in the Fortescue accounts referred to two apothecaries, Joshua Drayner in 1692 and 1695, and Mr Baller in 1700 and 1703.<sup>409</sup> Letters and receipts in the Fortescue correspondence suggest that Bridget liaised closely with the latter for children's illnesses and also her later chronic problems. Anne Strode was no stranger to the apothecary, and her accounts show that in 28 of the 35 years on record many of her purchases were "for things from the apothecary". In 1688 she recorded the

<sup>406</sup> J. Burnby, "English Apothecaries and Probate Inventories: Their Use in Pharmaceutical History," *Pharmaceutical Historian* 27, no. 1 (1997): pp. 52-3, 58. For example the shop of Thomas Needham of Chesterfield was recorded in 1665 as containing large amounts of aloes, senna, culinary seeds and nuts, turbith, lead, candy, syrups and oils, swines grease, also marmalade and pomatum and tobacco, linseed oil, biscuits and candies. With equipment including both a lead and a pewter still, the inventory value totalled £120 8s 9d.

<sup>407</sup> Stewards Accounts, 1692-1702, fols. 9r, 44r. A John Caunter was listed in the records of Exeter freemen as being an apprentice as an apothecary to one William Moore in December 1701. He may have been from a family of apothecaries of that name.

<sup>408</sup> *Ibid.*, fol. 45r. A Robert Lydstone appears as a druggist in 1699 apprenticed to John Burell, esq., mayor. M. M. Rowe and A. M. Jackson, *Exeter Freemen, 1266-1967*, Devon and Cornwall Record Society: Extra Series 1 (Exeter: James Townsend and Sons, 1973), pp. 203, 206.

<sup>409</sup> Household Account Book, 1699-1704, fols. 4v, 16r, 26v.

purchase of "drugs" at the apothecary but in all other years listed items as "things". These purchases were listed up to 5 times a year suggesting frequent visits, although it is not clear whether these were visits made in person by Anne or her maid. Overall, apart from the aristocratic Clifford family, the accounts suggest an ongoing relationship with a relatively small number of apothecaries.

### *Individual Suppliers and Gathered Items*

Sources of purchases made by the Clarke household also included individuals who brought items to the house. The Clarke household accounts for July 1685 show an entry for the purchase of "Centrey and Poppyes" at a cost of 2s 1d.<sup>410</sup> These are plants which would have been readily available in fields, especially tilled ground, and the payments suggest that the plants were gathered and sold to the family. Centrey [centaury] and poppies were bought in several years in June or July when supplies of fresh plants would have been available, for example an entry in 1700 records:

1700 July 15 To a poore woman for popyes 00 00 04<sup>411</sup>

A few other herbs were probably similarly collected and brought to the house, such as:

1700 May 27 pd Goody Carpenter for Egremony 00 00 04<sup>412</sup>

However, not all entries for gathered plants matched the period when they would have been available fresh. Although entry of accounts may have been out of step with actual purchases, there were some entries which indicated purchase of dried herbs. For example, in 1689 centaury was recorded as purchased with elder flowers in December and January, when these items would have been in dried form:

1689 Dec 18 Pd Centry and Eld flower 00 00 06  
 Jan 18 Pd for centrey 00 00 04  
 Jan 18 Pd for 4 handfulls of elder flowers 00 00 06  
 Pd for a pint of rose watter 00 00 10<sup>413</sup>

The Clifford family also purchased items collected by individuals. Several items record payments for herbs and flowers probably grown in a garden and collected for processing in the household, for example gillyflowers (2s) and angelica (1s).<sup>414</sup>

<sup>410</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 4v.

<sup>411</sup> Ibid., fol. 89v.

<sup>412</sup> Ibid., fol. 88v.

<sup>413</sup> Ibid., fol. 35.

<sup>414</sup> Stewards Accounts, 1692-1702, fols.14v, 34r.

Furthermore there were items which were listed as collected by named individuals, such as broom buds:

1696	31 March To the late Nurse Hollett for pickeing of	
	broome buds	00 01 00 <sup>415</sup>

In the earlier years of the Strode accounts there were clear indications of supplies of specific herbs and fruits in quantity, some gathered by individuals, some evidently purchased alongside items from the apothecary:

1680	[June or July]	
	for brimstone & for gathering of earbes	00 10 09
	for 1 thousand of clove gillyflowers	00 02 00
	for gathering of bitiony[betony]	00 01 08
1684	15 July for poppyes	00 00 01
	for gathering of earbes and one ounce of spice	00 01 10
1708	[March to July]	
	for gathering of herbs & things at	
	the Apothicary	00 05 00 <sup>416</sup>

As well as poppies, both cherries and elderberries were collected for Anne Strode:

1691	for a bushill and half a peck of elderberries	00 01 01
	Given M & J for gathering them	00 02 00 <sup>417</sup>

Black cherries and gillyflowers were also entered in 1701. Poppies and elderberries were bought again in 1706, elderberries in 1709. Some non-specific purchases of "hearbs" were listed in 1701, 1706 and 1713. Other waters may have been made, as some other entries suggest:

1688	[Aug 30]	
	for spices saffron and figs for the blossom water	00 02 09 <sup>418</sup>
1692	for a basket of senriall [pennyroyal?]	00 01 00
1714	[May to August]	
	for poppys	00 01 04
	for fennel and peneriall	00 01 00 <sup>419</sup>

<sup>415</sup> Ibid., fol. 43r. Though these might have been culinary rather than medicinal in use as Quincy says of broom, "Many gather the yellow Buds, and pickle them with Salt and Vinegar, in the same manner as Capers, from which they are not then to be distinguish'd". Quincy, *Pharmacopoeia Officinalis*, p. 142.

<sup>416</sup> A. Strodes Expences, 1679 to 1718, fol. 14r, 20r, 48v.

<sup>417</sup> Ibid., fol. 30r.

<sup>418</sup> Ibid., fol. 24r.

<sup>419</sup> Ibid., fol. 29v, 61v.

Some of these items were readily available in gardens, fields, woods and hedgerows. It seems that the gathering of herbs might well involve a cost, either in the sense of payment for labour, or as in the following section a gratuity or tip for the favour of bringing a gift. Some entries were payments to individuals associated with the households, and this may be recognition that the gathering of plants was additional to usual duties. Thus, we should not assume that garden and wild ingredients were necessarily considered more freely available to households than purchased items.

### *Gifts*

Some items mentioned above were probably gifts, only recorded because of a payment to a servant for bringing to the house. Roses were brought to the Clifford house from a neighbour, Lady Chudleigh:

1695 Aug 26 To Mrs Chantrell to give my Lady Chudleighs  
servant that brought Carnetians and formerly pease  
and Roses 00 02 00<sup>420</sup>

Some herb supplies were brought to the house, sometimes payments were made for this, such as a boy who acted as a porter:

1693 3 August For the boy that brought herbs to my lady 00 00 03<sup>421</sup>

In general, however, few gifts were recorded in the accounts, and were more likely to be mentioned in letters when the items given were of particular note, being unusual or valuable. The Clarke family received presents from Mr Freke in London. He provided several items as gifts, including brandy, as Edward Clarke describes:

London June 13th 1696

My Deere

...I have this day sent .... 4 bottles of admirable good and right French brandy with Mr Frekes seale upon it which Hee sending you as a Present from Himselfe, Hee is wonderfull kind and obleighing to mee upon all Accountts , and gives you his hearty service, as does Mr Lock who I presume will write to you some time the next weeke... I am your truly affectionate and fathfull husband Edw: Clarke.<sup>422</sup>

It is possible that Mr Freke provided a gift of chocolate in December 1695. Edward writes with instructions for making chocolate:

... Mr Freke's way of making Jocalett is this, Hee allowes two ounces of Jocalett to a Quart of the best and softest water and putts the Jocalette when scraped or cut thin into the water when cold and then setts it over the fire,

<sup>420</sup> Stewards Accounts, 1692-1702, fol. 37r.

<sup>421</sup> Ibid., fol. 13r.

<sup>422</sup> Edward Clarke to Mary Clarke, 13 June 1696.

where there must be great care taken, that it does not rise up, and runn- over (as it will be verie apt to doe) untill it comes perfectly to boyle, for if it runns over then the best of the Jocalett will be lost, then lett it boyle gently for halfe an houre or more, and sett in the Chocalett Pott upen and uncovered till the next morning, when being again heated, it will bee fitt for drinkeing and Hee sayes that all Jocalett is the better for being made over night.<sup>423</sup>

Edward Clarke and Mr Freke were close companions, a later letter to Edward from Mary in 1700 noted that they travelled to the baths together at Tunbridge Wells when, after disappointment regarding negotiations with Mr King as a marriage partner for their daughter Betty, she wrote encouraging him to "wash away all your troubles" at Tunbridge with Mr Freke.<sup>424</sup> This example suggests that the giving of items of a medicinal nature might necessitate the gift of information in the form of instructions for use. This seems likely where gifts were of a novel nature. In this sense medicinal gifts might be different from other gifts of food or valuables, in that they needed to be explained in some way.

### *Other Suppliers*

The groups of supplies listed above are based on the household accounts. However there was another type of supplier which did not readily correspond to any of the previous categories. This was the purveyor of patented medicines, such as Daffy's Elixir. David Haycock and Patrick Wallis have provided a comprehensive edition of the available accounts of Anthony Daffy from 1673 to 1684. Daffy's Elixir was widely sold into the eighteenth century with extensive distribution beyond London. A George May, bookseller of Exeter, received 6 dozen half pints up to 5 times a year between 1680 and 1682. In Taunton a merchant named David Jeffries received consignments from 1678 to 1684, and in Bodmin the Town Clerk, Edward Hoblin received at least 3 consignments between 1674 and 1675.<sup>425</sup> Thus it was likely that the Daffy's Elixir was widely available in Devon, Somerset and Cornwall from 1670s onwards. Given the ready availability of this "elixir" and probably the supply of other cure-alls, it is interesting to see that no such purchases are recorded in the household accounts. This cannot be taken to presume that such purchases were not made. Rather this may reflect the nature of household accounts since these purchases could have been recorded in other ways. Such a consideration serves to increase emphasis on the warning that the accounts reflect a minimum of expenditure. Further examination of household accounts could provide a clearer picture of the take-up of such items.

<sup>423</sup> Edward Clarke to Mary Clarke, 10 Dec. 1695.

<sup>424</sup> Mary Clarke to Edward Clarke, 18 [July] 1700.

<sup>425</sup> Haycock and Wallis, eds., *Quackery and Commerce*, pp. 30-31, 61, 91, 96.



1701	15 Dec	Pd Goody Bagber & ye time she attended John House	00 03 06 <sup>427</sup>
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Smallpox care and avoidance was specifically mentioned:

1701	23 Oct	Pd Thomazine wetlaid in Lhe[lieu?] of her wages at her goeing away to avoyd ye small pox	00 10 00 <sup>428</sup>
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Smallpox care and treatment was noted away from home when one of the Clarke children was infected in London:

1694	1 Oct	Pd Dr Pitt for care of my son bleeding	05 10 00 00 05 00
		Mr Shepherd attending him	02 00 00
	29 Oct	Mrs Henman while Ward had smallpox	03 10 00 <sup>429</sup>

The Clarke household accounts do not include expenditure on midwives and this may be because Mary Clarke went to London for the birth of her children.

Substantial payments were made in the Clifford accounts to a number of different medical practitioners. Costs of medical practitioners varied from 7s 6d for bleeding Lord Clifford, carried out by the surgeon, Mr Rufus, to the visits of various individual practitioners who charged at least £1 or £2.<sup>430</sup> In some years the cost could mount up, for example in 1696, over £7 was spent on such fees.<sup>431</sup> Medical practitioners were also paid on account, surgeons were paid regular, albeit lesser, amounts, including fees for letting blood of various household members:

1700	12 Aug	For bleeding Mr Sanders	00 02 00
	1 Dec	To the Chirurgeon	00 02 06
	15 Feb	Mr Benoit Chyrurgeon for my Lady	00 07 06
	26 Feb	To Mr Beer for the Surgeon	00 05 00 <sup>432</sup>

Payments were made for sending and fetching medical practitioners, or for collecting medications:

1699	10 Sep	Sent to Cannington for Docker	00 10 00
1700	16 Jul	To Sampson for the Doctor in the night	00 01 00
	3 Oct	Journey to mr Ballers and back	00 07 06 <sup>433</sup>

<sup>427</sup> Ibid., fols. 14r, 97r.

<sup>428</sup> Ibid., fol. 96r.

<sup>429</sup> Mary Clarke to Edward Clarke, 19 Sept. 1694, Clarke, "Life and Correspondence," p. 225.

<sup>430</sup> Stewards Accounts, 1692-1702, fols. 15r, 21r.

<sup>431</sup> Ibid., fols. 44-51. The payments were: Apr 23 At Exon to the Doctor by order in guineas, 02 04 00, Apr 25 To Jo: Caunter Dr in full of all accts, 00 10 00, May 21 Given to Mr Madin for the doctor, 01 02 00, June 11 Given to my Lord for the Doctor in gold, 01 02 00, Jul 6 Dr Steed for Betty Wright, 01 02 00, Oct 11 To Jo: Groome ... paid in Mr mad: sicknesse, 01 02 00.

<sup>432</sup> Ibid., fols. 133r, 141r, 144r, 145r.

<sup>433</sup> Ibid., fols. 131r, 134r, 135r.

Midwives accounted for large sums in the Clifford accounts. For the Clifford household the midwives named in the accounts were Mrs Craddock and Mrs Rudden, and they received payments which appeared to increase substantially over the years:

1693/4	31 Jan	To Mrs Craddock midwives	01 01 06
1695	5 May	To Mrs Ruddon midwife by Mrs Chantrell	06 00 00
1696	18 July	To Mrs Chantrell for the midwife	05 10 00
1697	5 Nov	To the midwife by my Lds Order 10 guineas, one at 1:1:6 value	10 19 06 <sup>434</sup>

There were other costs associated with midwives, ranging from payment to the person who fetched the midwife, to the supplies required by her:

1695	17 April	Spent upon the midwife for a pint of sack that she called for	00 01 00
	10 May	To Robbin when he brought the midwife,	00 01 00
1697	5 Nov	For the groome with the midwife, allowed for mace	00 01 00 <sup>435</sup>

Wet nurses were paid about 3 shillings per week for taking care of the Clifford infants.<sup>436</sup>

Occasional payments were made in the Clifford account for tending or keeping individuals:

1700	3 October	To Mr Symons keeper	00 02 06 <sup>437</sup>
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Overall the Clifford account was dominated by expenditure on physicians and surgeons, midwives and wet nurses with other medical services at certain times. Expenditure on medicinal supplies was low compared to medical services, although still substantial.

Few payments to medical practitioners were recorded in the Fortescue accounts. This may be due to lack of records but it is worth noting that Bridget's mother, Margaret Boscawen was reportedly averse to use of physicians. Lady Clinton wrote to Hugh Boscawen in 1686, asking for news of her sister Margaret's illness, noting that "shee is averse to Drs".<sup>438</sup> Occasional references in the Fortescue household account indicate that there were some medical practitioners used in 1699 and 1700, but actual payments to

<sup>434</sup> Ibid., fols. 19v, 34r, 47r, 72r.

<sup>435</sup> Ibid., fols. 33r, 34r, 72r.

<sup>436</sup> For example, in 1693 "July 3 To the wett nurse halfe years salary 03 10 00". Ibid., fol. 12r.

<sup>437</sup> Ibid., fol. 135r.

<sup>438</sup> Lady Clinton to Hugh Boscawen, 10 Jan. 1686, Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter. AC was possibly Anne Holles (d. 1707) who married Edward, Lord Clinton (d. 1667). Austin, *The History of the Clinton Barony*, p. 70.



physicians or surgeons were not recorded in the household accounts. Other payments relate to tending of individuals, and fetching doctors, and one entry refers to bloodletting.

[1699]	to doctor northcots man	00 02 06
[1700]	to Mr ballard s man when the child was sick	00 00 06
	paid John Collings when he went for a Docter	00 02 00
	for bleeding of margaret	00 03 06
[1701]	to Abigail Bauman for tending of Margaret	00 01 06
	to Tom mills mother for tending of him	00 02 00 <sup>439</sup>

Payments to midwives or nurses were also not recorded in the Fortescue accounts. The Clinton family of Bridget's mother was noted for the views of the Countess of Lincoln, authoress of an early seventeenth century pamphlet, *The Countesse of Lincolnes Nurserie*, which made a strong plea for mothers to nurse their own children.<sup>440</sup> Overall, the Fortescue household account is dominated by the purchase of medicinal supplies, either as named ingredients or from the apothecary. The amounts spent on medicinal supplies were comparable to those of the much more substantial Clifford household.

The household account of Anne Strode in Dorset records payments to physicians and other medical practitioners, usually at 5s per visit. In 1682 a Doctor Duning was paid on three occasions. A doctor was also paid two fees in 1685, and four fees in 1686. The fees paid suggest that the individual seen may have been a servant or other member of the household since a visit specified in connection with Anne Strode herself was charged at 10s, rather than the usual 5s.<sup>441</sup> Payments for other medical services such as tending the sick were occasionally recorded. In later 1701 a number of payments were made, suggesting that smallpox was rife, affecting the household and servants, and requiring additional services of tending and cleaning:

[1701]	[Sept]	to the Doctor for Nan	00 05 00
		for things at the Apothicaries	00 00 06
		for Huckford for being a day with Nan	00 00 05
		for things at the Apothicaries	00 02 10
		for a nurs 3 weekes for nan in the Smallpox	00 09 00
		for washing and cleaning the room	00 00 04
	Sept 8		
		to the Doctor for my Self	00 10 00
		to the Doctor for my mayd	00 02 06

<sup>439</sup> Household Account Book, 1699-1704, fols. 10r, 15r, 16r, 16v, 18r.

<sup>440</sup> Elizabeth Clinton, *The Countesse of Lincolnes Nurserie* (Oxford: J. Lichfield and J. Short, 1622). Austin notes that the Countess based this work on her experience of 17 children although she expresses regret that she did not breast feed them herself. Austin, *The History of the Clinton Barony*, p. 60.

<sup>441</sup> A. Strodes Expences, 1679 to 1718.fol. 39v

	given Nan	00 06 06
	payd the nurs for a fortnights tending Rachel	00 06 00
Oct 8		
	Payd the Doctor	00 02 00 <sup>442</sup>

Overall, the Strode accounts suggest that, even in this small household within a household, there was considerable effort required to deal with the problem of smallpox. Patterns of expenditure in this small household also suggest that there was concern for ongoing care of servants' health, with prophylactic bleeding.

### **3.6 Comparing Expenditure on Medicinal Supplies and Medical Services**

Yearly expenditure in the categories of medicinal supplies and medical services is detailed for the four households in Table 3.5.

<sup>442</sup> Ibid., fol. 39.

Table 3.5 Household Healthcare Expenditure by Category and Year

Household account	Year	Medicinal supplies (d.)		Medical services (d.)		All healthcare (d.)
		Apothecary	Ingredients	Physicians	Services	
Clarke	1685	240.0	639.0			879.0
Clarke	1686	36.0	620.0		48.0	704.0
Clarke	1687		595.0			595.0
Clarke	1688		95.5			95.5
Clarke	1689	64.0	202.0		42.5	308.5
Clarke	1690		303.0		12.0	315.0
Clarke	1691		238.0			238.0
Clarke	1692					0.0
Clarke	1693		95.0			95.0
Clarke	1694		18.0		0.0	18.0
Clarke	1695		249.0			249.0
Clarke	1696	72.0	78.0			150.0
Clarke	1697	54.0	41.0	480.0		575.0
Clarke	1698					0.0
Clarke	1699		109.5	240.0		349.5
Clarke	1700	540.0	130.5	480.0		1150.5
Clarke	1701		569.0		180.0	749.0
Clarke	1702	114.0	362.5		80.0	556.5
Clarke Total		1120.0	4345.0	1200.0	362.5	7027.5
Clifford	1692		132.0			132.0
Clifford	1693	24.0	1061.0	606.0	1125.0	2816.0
Clifford	1694		2464.5	60.0	300.0	2824.5
Clifford	1695	480.0	384.0		2234.0	3098.0
Clifford	1696	210.0	571.0	1320.0	2430.0	4531.0
Clifford	1697		916.0	60.0	2646.0	3622.0
Clifford	1698		138.0	540.0		678.0
Clifford	1699		1280.0	808.0		2088.0
Clifford	1700	258.0	523.0	3510.0	1194.0	5485.0
Clifford	1701	12924.0	1695.0	348.0	990.0	15957.0
Clifford	1702		49.0	13521.0		13570.0
Clifford Total		13896.0	9213.5	20773.0	10919.0	54801.5
Fortescue	1691	952.0				952.0
Fortescue	1692	72.0				72.0
Fortescue	1693					0.0
Fortescue	1694					0.0
Fortescue	1695	1780.0	12.0			1792.0

Fortescue	1696		196.0		242.0	438.0
Fortescue	1697		681.0			681.0
Fortescue	1698		582.0			582.0
Fortescue	1699		1248.0		30.0	1278.0
Fortescue	1700	310.0	615.0		72.0	997.0
Fortescue	1701		709.0		42.0	751.0
Fortescue	1702	42.0	1739.0			1781.0
Fortescue	1703	258.0	2211.0			2469.0
Fortescue	1704	180.0	332.0			512.0
Fortescue						
Total		3594.0	8325.0	0.0	386.0	12305.0
Strode	1679		132.0			132.0
Strode	1680		394.0		129.0	523.0
Strode	1681		111.0			111.0
Strode	1682		156.0	189.0		345.0
Strode	1683		300.0			300.0
Strode	1684	44.0	227.0		42.0	313.0
Strode	1685		30.0	120.0	12.0	162.0
Strode	1686	94.0	177.0	240.0		511.0
Strode	1687	33.0	107.0			140.0
Strode	1688	64.0	57.0			121.0
Strode	1689	12.0	355.0			367.0
Strode	1690	72.0	218.0			290.0
Strode	1691		13.0		24.0	37.0
Strode	1692	54.0				54.0
Strode	1693		8.0			8.0
Strode	1694	33.0	6.0			39.0
Strode	1695	89.0	336.0			425.0
Strode	1696	54.0				54.0
Strode	1697		29.0			29.0
Strode	1698	27.0	462.0			489.0
Strode	1699		3.0			3.0
Strode	1700	66.0	169.0			235.0
Strode	1701	73.0	356.0	474.0	76.0	979.0
Strode	1702		31.0	480.0	6.0	517.0
Strode	1703	207.0	192.0			399.0
Strode	1704	44.0		690.0		734.0
Strode	1705	42.0	6.0		24.0	72.0
Strode	1706	112.0	30.0			142.0
Strode	1707	48.0	29.0			77.0
Strode	1708	127.0	18.0			145.0
Strode	1709	53.0	18.0			71.0

Strode	1710	3.0	34.0		37.0	
Strode	1711	66.0	96.0		162.0	
Strode	1712	56.0	110.0		166.0	
Strode	1713	108.0	428.0		536.0	
Strode	1714	84.0	36.0		120.0	
Strode	1715	9.0	120.0	12.0	141.0	
Strode	1716	306.0	1382.0		1688.0	
Strode	1717	282.0	9.0	258.0	549.0	
Strode	1718	24.0	36.0		60.0	
Strode Total		2286.0	6221.0	2451.0	325.0	11283.0
Grand Total		20896.0	28104.5	24424.0	11992.5	85417.0

### *Spending Between 1695 and 1702*

The four households considered here had fairly regular accounts between the years of 1695 and 1702 and this provides an opportunity to look more closely at the balance of categories of healthcare expenditure for this eight-year period.<sup>443</sup> Examination of total expenditure with a breakdown expenditure into medicinal supplies and medical services between 1695 and 1702 shows a complex picture. Over the whole period of 8 years there were 376 payments in total made by the 4 households, an average of 128.2d per payment, though amounts varied from as little as 1d to as large as 13521d. In terms of overall expenditure, the Clifford household far exceeded the other 3 households, with an expenditure average per year of 4689d. The lowest spending household was that of Anne Strode with an average of 226.5d per year. In between were the Clarke and Fortescue households with an average spend per year of 460.3d and 1009d respectively.

In Table 3.6 the expenditure listed on medicinal supplies is divided into payments to apothecaries, and specified purchases of named ingredients, and given as a percentage of the overall total for each year. Summing the records available for all households between 1695 and 1702, an average of 2270.7d was spent each year per household on medicinal supplies, and about half of this, 1193.1d was paid to apothecaries and the other half, 1077.6d was paid for specified medicinal items (some of which may have been obtained at the apothecary but were not listed as such). Comparing individual households it is notable that the Fortescue household averaged a yearly spend on medicinal supplies of 991d, which exceeded the average spent by the large Clifford household at 913.9d. Much of the Fortescue expenditure was on named ingredients purchased almost every year, whereas

<sup>443</sup> Account entries for these four households show a longer period of years in common but part of this period involved absence in London and accounts are incomplete.

most of the Clifford household expenditure on medicinal supplies was paid to apothecaries, and much of this in a single year in 1701. The other 2 households, Clarke and Strode recorded varying amounts each year between the apothecary and named ingredients. The Clarke family spent on average about twice as much each year, 180.3d, on itemised medicinal supplies, rather than on apothecary payments, 88.5d. Anne Strode's accounts showed some detail of individual items but increasingly referred to "things from the apothecary" rather than detailed or itemised purchases.

It can be seen that the majority of expenditure in the Clifford accounts was on medical services rather than medicinal supplies. In contrast, the records of expenditure for the Fortescue and Strode households show most spending on medical supplies (though this does not mean that they did not spend on medical services, rather that such records have not been located). The Clarke accounts show a mixture of spending, some years dominated by medicinal supplies, others by medical services.

Table 3.6 Household Healthcare Expenditure by Category 1695-1702

Collection	Year					Total spent (d.)	No. of items	Av. spent (d.)
		Medicinal supplies		Medical services				
		Apothecary (%)	Ingredients (%)	Physician (%)	Other services (%)			
Clarke	1695	0.0	100.0	0.0	0.0	249.0	13	19.2
Clarke	1696	48.0	52.0	0.0	0.0	150.0	8	18.8
Clarke	1697	9.4	7.1	83.5	0.0	575.0	7	82.1
Clarke	1699	0.0	31.3	68.7	0.0	349.5	9	38.8
Clarke	1700	46.9	11.3	41.7	0.0	1150.5	16	71.9
Clarke	1701	0.0	76.0	0.0	24.0	749.0	29	25.8
Clarke	1702	20.5	65.1	0.0	14.4	556.5	15	37.1
Clarke Total		20.6	40.7	31.8	6.9	3779.5	97	39.0
Clifford	1695	15.5	12.4	0.0	72.1	3098.0	15	206.5
Clifford	1696	4.6	12.6	29.1	53.6	4531.0	31	146.2
Clifford	1697	0.0	25.3	1.7	73.1	3622.0	12	301.8
Clifford	1698	0.0	20.4	79.6	0.0	678.0	5	135.6
Clifford	1699	0.0	61.3	38.7	0.0	2088.0	16	130.5
Clifford	1700	4.7	9.5	64.0	21.8	5485.0	25	219.4
Clifford	1701	81.0	10.6	2.2	6.2	15957.0	25	638.3
Clifford	1702	0.0	0.4	99.6	0.0	13570.0	4	3392.5
Clifford Total		28.3	11.3	41.0	19.4	49029.0	133	368.6
Fortescue	1695	99.3	0.7	0.0	0.0	1792.0	2	896.0
Fortescue	1696	0.0	44.7	0.0	55.3	438.0	13	33.7
Fortescue	1697	0.0	100.0	0.0	0.0	681.0	25	27.2
Fortescue	1698	0.0	100.0	0.0	0.0	582.0	16	36.4
Fortescue	1699	0.0	97.7	0.0	2.3	1278.0	15	85.2
Fortescue	1700	31.1	61.7	0.0	7.2	997.0	25	39.9
Fortescue	1701	0.0	94.4	0.0	5.6	751.0	17	44.2
Fortescue	1702	2.4	97.6	0.0	0.0	1781.0	35	50.9
Fortescue Total		25.7	69.7	0.0	4.7	8300.0	148	56.1
Strode	1695	20.9	79.1	0.0	0.0	425.0	11	38.6
Strode	1696	100.0	0.0	0.0	0.0	54.0	3	18.0
Strode	1697	0.0	100.0	0.0	0.0	29.0	2	14.5
Strode	1698	5.5	94.5	0.0	0.0	489.0	5	97.8
Strode	1699	0.0	100.0	0.0	0.0	3.0	1	3.0
Strode	1700	28.1	71.9	0.0	0.0	235.0	7	33.6

Strode	1701	7.5	36.4	48.4	7.8	979.0	22	44.5
Strode	1702	0.0	6.0	92.8	1.2	517.0	4	129.3
Strode								
Total		11.3	50.8	34.9	3.0	2731.0	55	49.7
Grand								
Total		26.8	22.3	34.9	16.0	63839.5	433	147.4

Further division of the medical services is also shown above. For the records available for all households, an average of 4114.1d was spent each year per household on medical services, of which over two thirds, 2866.6d, was paid to physicians and surgeons. However this figure is dominated by the expenditure of the Clifford household, an average of 2588.4d per year for physicians and surgeons. No payments to physicians and surgeons were seen in this period for the Fortescue household, but an average of 159d and 119.3d was paid for these medical services by the Clarke and Strode households respectively. The remaining payments for other medical services included wet nursing costs especially in the years 1695-1697 for the Clifford household. Again these figures are dominated by the Clifford family at 1186.8d average per year for other medical services, the remaining households spending between 11.7d and 32.5d on average per year.

### 3.7 Correlations Between Categories of Expenditure

So was there any evidence of links between different types of spending? (i) Did more spending on physicians mean more spending on other medical items, and a greater reliance on "extended self-help"? (ii) Was there any evidence of variations in relationship between medicinal supplies and medical services in the different households? (iii) And was there any other type of link evident between the categories? Since the records are subdivided into yearly expenditure on apothecaries (a), named ingredients (i), physicians and surgeons (p) and other services (s), it is possible to consider correlations between the figures. Appendix 3.9 shows the calculations, comparing these categories in the accounts as a whole.

Firstly, was there a connection between the use of physicians and ingredient purchases, apothecaries and other medical services? We can look at the relationship between physician expenditure (p) and that of all other expenditure (a, i, s). Some early seventeenth-century records suggest that there was overlap between payments and activities of physicians, surgeons and apothecaries. For example, in the early seventeenth century Bath accounts from 1639 to 1655, there are at least 15 occasions in as many years when the payment of a physician's bill coincided within a month of the payment of an apothecary bill. On occasion an apothecary and physician were noted as connected, for



example in 1643 a payment was made of £3 10s 0d to "Mr Shelbury Sir Morris Wilyam's apothecary".<sup>444</sup> However there were also some 20 occasions when an apothecary payment did not coincide with payment of a physician, and it is possible that some of these times were opportunities for the apothecary to act in an extended capacity. For example, the 10s 0d given to "Roger Jeffreys the apothecary the 22 Oct when he came to my Lord in the night" or when Jeffreys came to give a glister to his lordship several months later in December 1648.<sup>445</sup> There were at least 5 payments in the Bath accounts to surgeons, mostly for letting blood, but none of these were linked in time to payments of apothecaries, though they did occur within a month of a physician's payment and so may have been consequent on physician's advice.

In the later seventeenth century accounts considered here there are few occasions when the apothecary and physician payments appear to coincide though payments to physicians and surgeons were less regular in these accounts, compared to the earlier Bath accounts. In the Strode account which stretches from the later seventeenth century to the early eighteenth century, a total of 39 years and 76 apothecary payments, there were only 4 years in which both apothecary and physician payments were made.<sup>446</sup> This could also be because apothecaries were offering medical services. For example, in the Clarke accounts it appears that Mr Cockrom, an apothecary who supplied items ranging from pills to elderflowers, was also paid for letting blood in 1700.<sup>447</sup> There may have been a blurring of boundaries between some practitioners in the later seventeenth century, and in these accounts it was apothecaries who appeared to readily take on additional duties such as "out of hours" calls and bleeding. Considering the correlations in Appendix 3.9 for physicians and surgeons (p) compared to other categories, there is no evidence for any links with other medical services or with medicinal supplies from either apothecary or other sources. The payment of physicians is not clearly associated with increased or decreased spending on medicinal supplies and other medical services. Of course this may be because some of the accounts considered do not include all physician payments, though even when broken down into separate households the correlations found are not significant. The finding that there is no clear relationship, positive or negative, between physician expenditure and other types of healthcare expenditure suggests that "extended self-help", or healthcare not

<sup>444</sup> Gray, *Devon Household Accounts: 1627-59: Part II*, p. 120.

<sup>445</sup> *Ibid.*, pp. 271, 274.

<sup>446</sup> These years were 1686, 1701, 1704, and 1717.

<sup>447</sup> This visit coincided with the visit of Dr Parsons in 1700: "Apr 20 ...Gave Mr Cockrome to lett nanny blood 05 00". Account Book of Household Expenses at Chipley, 1685-1702, fol. 87r.

involving the physician, was neither more or less likely to result in demand for physician services.

Secondly, we can look at any relationship between medicinal supplies and medical services. This can be done by comparing yearly totals for medicinal supplies and medical services (a + i, purchases from apothecary or as individual items, p + s, physicians and other medical services). There is almost a positive correlation evident between these combined categories ( $p=0.055$ ) suggesting that greater expenditure on medicinal supplies may be connected with greater expenditure on medical services. However, when broken down into separate households, it appears that two households, Clifford and Fortescue, have negative correlations between these combined categories. This would suggest that the tendency to increase spending on both supplies and services is very high in the Clarke and Strode household accounts, whereas the Clifford and Fortescue households tend to spend on services instead of supplies, and vice versa. The variations between the households in the relationship between expenditure on medicinal supplies and medical services are based on relatively few records and cannot be conclusive. The figures do suggest that there is much variation between the households in the way that healthcare is paid for, from aristocratic households with high spending on physicians and other medical services to gentry households with considerable expenditure on apothecaries and individual ingredients.

Thirdly, the correlations can be considered for any other significant findings. It can be seen that "other medical services"(s), positively related to apothecary spending ( $p=0.024$ ). The subcategory of other medical services is even more strongly positively related to ingredient purchases ( $p=0.001$ ). Overall increased spending on medicinal supplies is closely associated with increased spending on "other medical services", or non-physician services. One possible interpretation of this finding is that the concept of "extended self-help" which draws together spending on apothecary, individual ingredients and medical services other than physicians, does appear to be reflected in the household accounts.

Overall, the mixed picture from these household accounts does not give a clear-cut view as to whether there were close correlations between categories of expenditure. Based on the accounts considered here, it is not conclusively shown that self-help provided an alternative to the services and supplies provided by medical practitioners. Indeed, as discussed above, the definition of self-help is perhaps not so straightforward. The household accounts considered here provide a picture of differing proportions of expenditure in the various categories. Apparently greater levels of dependence on medical

practitioners did not necessarily mean less self-help and fewer independent purchases of medicinal ingredients. Further study of household accounts could provide a more detailed understanding of the complex relationships emerging in these accounts.

### 3.8 Overall Costs of Household Healthcare

Annual costs for healthcare could vary substantially from one household to another. Some indication of relative household size can be given by considering numbers of servants and here I consider healthcare expenditure in relation to estimates of annual household budget. The aristocratic Bath household in Devon was a large enterprise costing an estimated £1200 per year to support in the first half of the seventeenth century.<sup>448</sup> Based on the published records an average total expenditure on medicinal supplies and medical services was just over £31 per year, and this would have amounted to less than 0.3% of the estimated annual household budget. The Hayne merchant household in early seventeenth-century Devon was probably considerably smaller as figures of £3 per fortnight for "house expences" would indicate a yearly expenditure in the region of £80, and reported health-related expenditure of an average of just over 10s per year gives 0.6% of household budget spent on medicinal supplies.<sup>449</sup>

Indicative costs of the later seventeenth-century households in this study can be established by totalling the household accounts. The Clifford household expenditure was substantial and, as recorded in the Steward's accounts for complete years between 1693 and 1701, varied from a total of £919 to £2247, this being an average per year of £1638 9s 7d. The household accounts identify at least 13 individuals receiving wages or discharge payments between 1692 and 1702, and during this time at least 28 different people received reimbursements for household purchases.<sup>450</sup> During this period the household account shows at least £14 per year expenditure on healthcare, representing 0.85% of the average annual costs. However at least one third of all of this health expenditure, over £56, can be seen to occur at the end of the accounting period for 1702. The Clifford household also paid out large amounts to physicians over the period from January 1700/01 to May

<sup>448</sup> Gray, *Devon Household Accounts: 1627-59: Part II*, pp. xxxi, xxxv.

<sup>449</sup> Brushfield, "The Financial Diary," pp. 209-29. Peter Earle estimates a yearly household cost of £200 for a middle class London household between 1660 and 1730. He notes Gregory King said London shopkeepers and tradesmen spent an average of £42 15s per annum with an income of £45 per annum. The proportions of expenditure on food, drink and clothes were based on a family with four children and one maid. Peter Earle, *The Making of the English Middle Class: Business, Society and Family Life in London, 1660-1730* (London: Methuen, 1989), pp. 269-71. A discussion of the expenditure of households of different status levels and relative changes in the costs of necessities and luxuries can be found in Philip T. Hoffman et al., "Real Inequality in Europe since 1500," *Journal of Economic History* 62, no. 2 (2002): pp. 322-55.

<sup>450</sup> Clifford, *The House of Clifford*, p. xv. Jean Hecht notes the estimate of one writer in 1717 that a large country house gentry family might entail some 20 servants. J. Jean Hecht, *The Domestic Servant Class in Eighteenth-Century England* (London: Routledge and Kegan Paul, 1956), p. 6.

1702 including a further figure of £56 6s 9d to Doctor Walrond. This was noted in the account as "above the constant family expence" alongside some old debts and costs of painters.<sup>451</sup> This entry suggests that some large sums of money for healthcare were unplanned and regarded as over and above the usual costs of running a household.

In the Clarke household at Chipley Park in 1696 there were at least 12 servants in addition to the family, according to Flower-Smith.<sup>452</sup> The household accounts indicate a total expenditure over 10 years between 1686 and 1696 inclusive of £6720 9s 4 ¼d, an average of just over £672 per year (one of these years is excluded from the calculation as the family were away in London). However healthcare expenditure identified in these accounts amounted to £1 12s 6d on average per year, a proportion of less than 0.3% of the yearly average of recorded expenditure. There were variations from year to year, with above average expenditure in the first and last three year periods of the records, one year amounting to as much as £4 15s. Nevertheless, this still amounted to less than 1% of average household budget. The figures reflect the lack of recorded expenditure on medical practitioners. It may have been much cheaper to avoid paying for medical services, and to obtain "free" advice from family and acquaintances, purchasing remedies as indicated.

For the Fortescue household the amounts spent on a yearly basis appeared to be dispersed between kitchen and steward's accounts. Some household papers record expenses received by Honeycomb, the Fortescue estate steward, which included reimbursement for various costs, fines, arrears, and booksellers. For example, one entry reads, "An account of the money recd...of my master Hugh Fortescue Esq. from the 14<sup>th</sup> February 94 to the 8<sup>th</sup> of May 95... total of £348 11s 02d".<sup>453</sup> Bridget Fortescue's accounts were not dated but some reimbursements were recorded between 1699 and 1704 suggesting that household costs averaged around £20 or so per month. Thus this household may have been of a comparable size to the Clarke household with my estimate of annual household expenditure of between £500 and £600 per year.<sup>454</sup> Recorded costs in the Fortescue household for healthcare averaged £4 4s per year, close to four times more than the Clarke household, and mostly

<sup>451</sup> Stewards Accounts, 1692-1702, fol. 165v. A "Benjamin Pear, Druggist" appears as an apprenticeship master in 1713 in Rowe and Jackson, *Exeter Freeman*, p. 224.

<sup>452</sup> These included 1 cook (Margaret), 3 maids (Dorcas, Nan Trent, another Nan), 1 butler cum handyman (Isaac Heath), bailiff (Thomas), tutor, 2 parish apprentices (Dick Barber, Humphrey), 1 steward (John Spreate), 1 companion/housekeeper (Mrs Burgess) and 1 person who supervised servants, brewed beer and looked after the children (Elinor Pike). Various outdoor and casual staff were also employed including a head gardener, John Barber, and a washer woman (Goody Nelly). Flower-Smith, "Landowners on the Devon and Somerset Border, 1660-1715", pp. 282, 288.

<sup>453</sup> John Honeycomb's Payments and Receipts as Steward, 1696-1728, Fortescue of Castle Hill. 1262M/E/29/2. DRO, Exeter, fol. 3r.

<sup>454</sup> The estimate of £500 to £600 annual household expenditure for the Fortescue household is based on the example of steward expenditure in 1694/5 (£348 over 15 months) and household account expenditure from 1699 to 1704 (approx £20 per month).

spent on medicinal supplies. As noted previously there were few records of payment for medical practitioners, and it is not clear whether the records are missing. If the approximate figure of £600 per year for household costs is used then the proportion of household budget recorded as spent on healthcare averaged 0.7%.

In the accounts of Anne Strode I identified sample totals of household expenditure for the three years of 1687, 1697, 1707. These totals were £92 11s 3d, £51 0s 8d and £80 9s 5d, giving an estimate of average yearly expenditure of around £75 to meet the needs of Anne Strode and servants. Her "household" was really a unit within her brother's larger household and most costs were met by a fixed payment to her brother. Overall the Strode accounts show a total of almost £27 10s expenditure on medicinal supplies and medical services over 39 years, averaging around 14s per year. Recorded expenditure in each year ranged from as little as 1d to over £1. Over 70% of expenditure was on the apothecary and on medical practitioners, in about equal amounts, whilst named ingredients and other medical services made up the remaining 30%. In this small household there was substantial expenditure on medical practitioners in 12 of the 39 years covered, again suggesting the somewhat erratic nature of costs for medical services. On average Anne Strode spent 0.93% of her outgoings on healthcare, a greater proportion than the other households considered here, though in some years rising still higher to 1.3%.

Trends in expenditure may be somewhat unreliable, but the figures here suggest that all households were spending more on healthcare year on year. On the figures available (trend lines are given for total expenditure and categories in Appendix 3.8) we can see that the more aristocratic households recorded substantial increases in apothecary expenditure though this was not always associated with similar increases in physician costs. For the Clifford household there was a trend to large increases in expenditure both on apothecaries and physician with slight decreases in ingredients and other medical services. These changes may have been related to the "life cycle" as the family "aged" in the sense of increasing numbers of children and/or older people. (I further explore the beneficiaries of expenditure in chapter 5.) In a much smaller household unit, that of Anne Strode, expenditure changed little with slight increases in apothecary spending and slight reductions in other areas, suggesting less change in requirements over time for medicinal supplies and medical services. The remaining two households, the Clarke and Fortescue households, provide something of a contrast, the Clarke trend being towards slight increases in all medical services, but a decreased trend in purchase of named ingredients. On the other hand the Fortescue family recorded a trend to fewer apothecary purchases with increasing expenditure on specified ingredients. As there is no data for physicians and

little for services recorded in the Fortescue accounts it is not possible to make a complete comparison. However it is the case that all households spent increasing amounts overall, the greatest increases being in the larger aristocratic households, more modest increases in the gentry households, with the slightest increase in the smallest household unit.

### 3.9 Concerns about Cost and Quality

Estimates of the costs of health by contemporary commentators were quite varied. Some writers described illness as an unpredictable event with households certain to incur expenditure of some kind. Mary Evelyn suggested that the cost of healthcare was beset with uncertainty and added the following to her instructions to a married friend for household management:

Of the £500 per Ann. (which you tell me is what you would contract your Expences to) and that you are to provide your Husbands Cloaths, Stables, & all other House-Expences (except his Pocket-money) I leave you £20 over, and for your owne Pocket &c £40 (In all £60) and that little enough considering Sickness, Physicians, and innumerable Accidents that are not to be provided against with any certainty.<sup>455</sup>

This would set a figure of up to £60 per year or 12% of household budget for unexpected costs including medical supplies and services. This amount seems relatively high in comparison with the accounts considered here, although it is supposed to cover other emergencies. Evelyn's figure of £60 is also high in comparison with an estimate of £5 per year from Edward Ward for the costs of medical care for a family in the early eighteenth century, excluding costs related to childbirth. The figure, he says, is an item "I least wish for, but happens in most Families, which is the expenses of Doctor and Apothecary, and and (sic) tho' it is accidental, yet one Year with another it can't come short of 05 0 0".<sup>456</sup>

Apart from the unpredictable nature of healthcare expenditure there may also have been some concern about payments made to apothecaries. Costs of medicinal supplies were flagged up by medical practitioners as an issue in ongoing disagreements between physicians and apothecaries. Peter Earle reports that King thought the "average" seventeenth-century person had four serious illnesses, and that the nation spent nearly £¼ million per year, of which 61% was on apothecaries and 17% on doctors and quacks, 13 % on "kitchen physick" and 9% on surgeons.<sup>457</sup> Thus it was perceived by some that apothecaries were the main beneficiaries of illness. Earle also notes that apothecaries could

<sup>455</sup> Tom Jaine, "Mary Evelyn's 'Oeconomis to a Married Friend', 1677," *Petits Propos Culinaires* 73 (2003): pp. 59-73.

<sup>456</sup> Edward Ward, *The Batchelor's Estimate of the Expences of a Married Life, in a Letter to a Friend* (London: A. More, 1725), p. 4.

<sup>457</sup> Earle, *Making of the English Middle Class*, p. 303. King estimated the number of "sick persons" as 40,000 in 1688 or 0.7% of the population, George E. Barnett, ed. *Two Tracts by Gregory King* (Baltimore: The Johns Hopkins Press, 1936), p. 39. This would suggest a figure of £6 5s 0d per sick person per year.

make large profits with little capital in London, finding a sample of inventories of 14 apothecaries with average fortunes of over £2000.<sup>458</sup> Considerations of cost might also extend to the time and trouble employed in obtaining the latest medicines. The extent to which purchases may have been preferably purchased in the metropolis rather than more locally in the countryside or town was noted by one medical practitioner, John Pechey in his *London Dispensatory* (1694) claims that, "Apothecaries in the Countryside may by this Dispensatory provide Medicines that are agreeable to the present practice, and so save the patient the trouble (besides the loss of time) in sending to London for some Medicines, prescribed by London Physicians".<sup>459</sup> Pechey suggested that provision made by some rural practitioners might be "obsolete and unfashionable" and explained how he selected medicines in use by London apothecaries and the "most eminent Physicians" and the "best modern authors". This would help "raw Practitioners" to avoid the ridicule of apothecaries.<sup>460</sup> His emphasis on the superior nature of London practice suggests that older, provincial practitioners were considered to be using old-fashioned remedies.

Concerns about the cost of exotic items were occasionally raised in family papers. For example, a receipt for Gascoign's powder in one of the Clifford receipt collections has a note after it saying that expensive beazor stone powder could be left out without significantly affecting the remedy: "Wee use to make all the aforesaid powders excepting the East Beazor into past[e] with the said Gelly for those which will not goe to the price of the other and wee find it doth almost as well in the Operation as the Other especially with Children".<sup>461</sup> The writer notes that it would be sufficient just "to make a Gelly of vipers Skins and hartshorne which I find doth very well".<sup>462</sup> Concerns about costs might have extended to questions about the quality of supplies. Medicinal suppliers might substitute ingredients and the quality of the item might be questionable or inferior due to poor or lengthy storage. Imported goods carried high values and so adulteration was an attractive possibility, and many imports might have spent weeks or months in wet and unprotected conditions leading to considerable spoilage. John Houghton, in his weekly newsletter from

<sup>458</sup> Earle, *Making of the English Middle Class*, p. 72.

<sup>459</sup> John Pechey, *The London Dispensatory, Reduced to the Practice of the London Physicians Wherein Are Contain'd the Medicines, Both Galenical and Chymical That Are Now in Use. Those That Are out of Use Are Omitted: And Such as Are in Use, and Not in the Latin Copy, Are Added; with Vertues and Doses* (London: Printed by F. Collins for J. Lawrence, 1694), Preface.

<sup>460</sup> Ibid.

<sup>461</sup> The Right Honorable the Lady Cliffords Booke of Receipts, p. 11. "The Receipt of Gasgoynes powder as it is made by the Apothecarye of London". The receipt also involved viper jelly, crab's eyes and claws, red coral, white amber and hartshorn. Quincy noted that this expensive ingredient of Bezoar, was used in making Gascoign's Powder but "seems to be of no Virtue". Quincy, *Pharmacopoeia Officinalis*, pp. 185-6.

<sup>462</sup> The Right Honorable the Lady Cliffords Booke of Receipts, p. 11.

London, *A Collection For the Improvement of Husbandry and Trade*, noted of bezoar, the import of 1960 ounces from India in 1694, that "lately it has been sold for almost five pound the ounce; for this reason several have been counterfeited and made up with powders, rosin and mucilage".<sup>463</sup> In his study of rhubarb Clifford Foust details years of uncertain supplies in the late seventeenth century followed by substantial increases in imported quantities which resulted in chests of rhubarb remaining unsold and dropping prices as they deteriorated in quality.<sup>464</sup>

Apothecaries were not the only medicinal suppliers to attract criticism. Herb women appeared to be a particular target for suspicion as to the authenticity and quality of their items for sale and there were references to the need to avoid being duped by such women. Infrequently named, these women seemed to be particularly associated with markets, fairs and itinerant sales of their goods. Whether they could be any women selling produce is unclear, since Mildred Campbell notes that Norden in his *Description of Middlesex* (1592) says of farmers and wives at market "And theis commonlye are so furnished with kyne that the wife or twice or thrice a weeke conveyeth to London mylke, butter, cheese, apples, pears, frumentye, hens, chyckens, egges, baken, and a thousand other country drugges, which good huswives can frame and find to gette a penny".<sup>465</sup>

In her study of London market records, Burnby finds evidence of women renting market shops in the 1730s who sold "phisick herbs".<sup>466</sup> Burnby reports the comment of Thomas Johnson in *Journeys in Kent and Hampstead* (1632), "For the doctor relies on the druggists and the druggists on a greedy and dirty old woman with the audacity and capacity to impose anything on him".<sup>467</sup> Arguments for avoiding such duplicity and for true recognition of medicinal plants contributed to the establishment of apothecary and botanic gardens, and the development of more accurate illustrations in herbals. Christopher Merret claims that every student of medicine should spend time as "Scholar to the Gardener of the Physick Garden, to be acquainted with the foetures of Plants; but particularly with those, that are familiarly praescribed by Practitioners, to praevent being outwitted by the Herb-women in the Markets".<sup>468</sup>

<sup>463</sup> John Houghton, *A Collection for the Improvement of Husbandry and Trade*, ed. Richard Bradley, 4 vols. (London: 1727), p. 67.

<sup>464</sup> Foust, *Rhubarb*, pp. 81-3.

<sup>465</sup> Campbell, *The English Yeoman*, p. 207. Here "drugs" may be used in the sense of dried items.

<sup>466</sup> J. Burnby, "The Herb Women of the London Markets," *Pharmaceutical Historian* 13, no. 1 (1983): pp. 5-6.

<sup>467</sup> *Ibid.*: p. 5.

<sup>468</sup> Christopher Merret, *The Accomplisht Physician, the Honest Apothecary, and the Skilful Chyrurgeon, Detecting Their Necessary Connexion, and Dependance on Each Other. Withall a Discovery of the Frauds of the Quacking Empirick, the Praescribing Surgeon, and the Practicing Apothecary* (London: W. Thackeray, 1670), p. 18.



Although the quality of medicines is not often mentioned in family correspondence, the cost of healthcare is sometimes noted. A letter in the Fortescue papers mentions the expenditure of "many pounds" by a neighbour, saying, "My kind love to little misse and I am sorry to heare she hath beene soe weake I had occasion to speak with a Neighbour of mine who had a daughter which she had spent many pounds upon which had the Evill break out upon her in severall places".<sup>469</sup> Other costs to a family which arose from life cycle events of births, marriages and deaths were certainly the subject of discussion. A letter from Mrs Levens refers to costs involved in obtaining ingredients for preparations associated with childbirth. She writes, "your humble servant and Gossip Goulston is very well in the Country but she and I have taken the extraordinary dearness of sugar and spice into consideration, and so have no thoughts of lying inn this winter now caudle is chargeable".<sup>470</sup>

Medical services could be much more costly than supplies, as demonstrated in the accounts considered above. Awareness of the influence of cost considerations on choice of treatment can be seen in medical advice earlier in the seventeenth century, particularly where physicians and other medical practitioners competed for custom. For example Tobias Venner, in *The Bathes of Bathe*, printed in 1628, advises the need for visitors to ensure an "expert Physician" and notes that people would "magnifie Empericks...and passe over their grosse slips and absurdities" in order to "save their purse".<sup>471</sup> According to Merret, the cost and danger of consulting one of these practitioners is considerable given the dangers of excessive numbers of preparations and incorrect prescribing. Invariably these practitioners would be "groaping at the causes of diseases" due to their lack of training and education, and would usually diagnose "Obstruction, Consumption, and Scurvy", using simplistic categories of hot and cold causes of "Choler, Phlegm, Melancholy, or Abundance of Blood". He argues for the revision of the London Pharmacopoeia and greater control of apothecaries.<sup>472</sup>

<sup>469</sup> Letter from Mis[tress] Ball, 40 Recipes for Healing King's Evil.[Loose Letters and Receipts], Item 33.

<sup>470</sup> Mrs Levens to [Mary Clarke], 7 Dec. [No Year], Sanford Family of Nynehead. DD\SF/3069. SARS, Taunton.

<sup>471</sup> Tobias Venner, *Via Recta Ad Vitam Longam: Or, a Plaine Philosophicall Demonstration of the Nature, Faculties, and Effects of All Such Things as by Way of Nourishments Make for the Preservation of Health, with Divers Necessary Dieticall Observations; as Also of the True Use and Effects of Sleepe, Exercise, Excretions and Perturbations, with Just Applications to Every Age, Constitution of Body, and Time of Yeere ... Whereunto Is Annexed a Necessary and Compendious Treatise of the Famous Baths of Bathe* (London: Printed by Felix Kyngston for Richard Moore, 1628), pp. 4, 15.

<sup>472</sup> Merret, *The Accomplisht Physician*, pp. 7-8, 78, 85.

### 3.10 Conclusion

The household accounts considered here include records of payments involving a wide range of medicinal supplies and medical services. These recorded purchases may not reflect the full extent of activity and resources related to healthcare, and in the next chapter I will explore other possible resources and their availability. Expenditure records may also be incomplete where families stayed in London. This analysis has been based on categorising of recorded items into supplies and services, and further subdividing these categories. Overall, the accounts available suggest that where medical practitioners were sought, the costs of these medical practitioners were often high in comparison to the costs of medical supplies. The costs of other medical services were generally a small component in comparison to physicians and surgeons, although total expenditure relating to midwives and wet nurses was substantial in one household. Additional paid nursing care tended to be recorded only for serious outbreaks, such as smallpox, but there were other medical service costs such as payments to servants and messengers.

There was some variation evident between the four households considered in the nature of the medicinal supplies, and in the balance of expenditure on medicinal supplies and medical practitioners. Regarding medicinal supplies, there was evidence of use of merchant, spicer, druggist and apothecary as sources of potential medicinal ingredients, these often being purchased alongside other kitchen and household items. Some items were purchased on visits to market, others from individual sellers who came to the door. There were also payments to individuals for fetching medical practitioners or medicines and payments were recorded to individuals for gathering herbs. Most medicinal supply purchases were small in quantity, suggesting that remedies were made up or used as needed rather than kept for a stock of ingredients. A small range of ingredients were purchased in quantity and used for making up remedies and the recorded purchase of larger quantities of a limited range of items would suggest that only a few specific preparations were made on a regular basis in each household. Each household appeared to have different favourite items which were made in substantial quantity. In some households the accounts suggest increasing reliance on apothecary purchases. In part, this might be due to changes in recording practices, when less detail of medicinal supplies was given, as in "things" from the apothecary. One can speculate as to whether this way of recording "things" or "drugs" might have been simply convenient or might have indicated reduced knowledge or interest in the nature of the purchases. However there were some occasional "compound" purchases of two or more items, possibly obtained at the same time, perhaps indicating specific attempts to make up medicinal preparations. Purchases of several compound groups of ingredients did broadly correspond to family manuscript receipts in

some cases. Appendix 3.10 lists the purchased ingredients which were in the medicinal receipts.

The recorded costs of healthcare were considered here against estimates of overall household expenditure. The proportion of costs of medicinal items tended to increase as wealth, reflected in overall household expenditure, decreased. Overall expenditure on health as a proportion of other household costs ranged from around 0.3 to almost 1.0% though variations from year to year could involve smaller and larger sums. This expenditure was unpredictable, although it did appear to be anticipated by some commentators. There were concerns expressed about the costs of healthcare, and there was evidence of awareness of the costs of both supplies and services. Since medicinal supplies appeared to be less costly than medicinal services one method of reducing healthcare expenditure would have been to avoid calling the medical practitioner in, and to rely on self-help.

The aristocratic Clifford family accounts show considerable sums spent on medical services. The high relative costs of medical services meant that medicinal ingredients formed a relatively low proportion of expenditure. More complex patterns of expenditure can be seen in the gentry households. In many ways, Bridget Fortescue and Mary Clarke were very alike. Both married into gentry families in the later seventeenth century. They were both literate, practical and actively involved in household management including involvement in financial responsibilities and direction of household and estate activities. They both had responsibilities for children and servants. Both were married to men who were members of parliament and had significant status in their local area as land owners, consumers and business people. The links of both families with London were strong and, for the Clarke family, meant frequent stays there. Despite the relative availability of local and London-based medical practitioners the records available suggest less direct expenditure on medical services and a heavy reliance on self-help with friends, family members, and other contacts for advice. These households did have a similar pattern of reliance on medicinal supplies, mostly purchased as named items, although often from the apothecary, with a different pattern of use of physicians. The Clarke household made extensive use of "free" learned medical advice through their connections with Locke and London friends, whilst the Fortescue household appeared to rely much more on accumulated family knowledge and the apothecary. The two households consistently bought different medicinal items suggesting some differences in therapeutic practices. As will be discussed later in Chapter 5, the chronic illnesses of later life led to differences of

opinion in the Clarke and Fortescue household in regard to both lay and professional advice and treatment.

Overall it seems that concerns about costs and healthcare were based on a variety of factors ranging from the unpredictable nature of illness and accident, to the honesty of suppliers and effectiveness of supplies. Generally the costs of medical services, such as physicians and surgeons, far outweighed spending on medicinal supplies with apothecaries and elsewhere. Trends in healthcare expenditure indicate that yearly expenditure was rising, though at different rates in different households. In part this increased cost could have been due to the need for more healthcare for increased numbers of children, and increasingly aged household members. The overall expenditure on healthcare when averaged out seems low, although large sums might have been spent at certain times. As stated at the outset, the accounting records might under-represent the costs of healthcare, reflecting minimum levels of expenditure rather than comprehensive totals. However, the similarities in percentage proportion of overall expenditure suggest that even though some records might be missing in some cases, this is indicative of the nature of household healthcare expenditure for these wealthy later seventeenth-century South West England households. The immediate costs of healthcare in illness or accident may have been devastating for lower status groups such as labourers and the poor but they were relatively insignificant for the wealthy merchants, the prosperous farmer, the gentry and aristocracy of early modern England. Not explored here are the ensuing costs of illness or accident in terms of loss of labour, disrupted production, and impact on the rest of the household. It would seem that there was tremendous potential for increased spending on both medicinal supplies and the medical practitioner. Since all of the above is based on examination of the household accounts, it is relevant to explore what other resources were available which might not have been recorded as expenditure. In the following chapter I shall explore these other resources which were potentially available to households.

## **Chapter 4: The Making of Household Medicines**

### **4.1 Introduction**

In this chapter I further explore the range of resources, both in terms of knowledge and technology, which might have been available for making household medicines in the seventeenth century. Questions addressed in this chapter are related to the range of resources available to household healthcare in addition to purchased supplies and services. What sort of gifts of advice and receipts were made, and by whom? How did lay people assess the worth and efficacy of advice? Was there any connection between status and gender of receipt contributors and the types of medicinal ingredients in suggested receipts? In relation to medicinal supplies, what ingredients were available without additional purchase? Did lay household healthcare practitioners grow medicinal items in gardens, or collect them in the wild? What sorts of preparations appeared in receipts and was there equipment for making them at home? Was there evidence of use of specialist equipment for preparing medicines?

Here I consider advice, ingredients, and equipment in terms of their sources and likely availability. These resources were no less tangible than purchased items or services, but did not appear as direct expenditure in the household accounts. For example, advice and receipts could have been provided as gifts, plant ingredients could have been gathered by members of a household, and equipment might already have been available for other purposes such as cooking or brewing. Much advice was given, and I consider the status and gender of individuals named in medicinal receipts. I explore trends in the medicinal receipts relating to ingredients, particularly those likely to be readily available in the household, kitchen or garden, or in fields, hedges and woods. I consider the receipts further in terms of requirements for purchased or prepared items. With regard to preparations in the medicinal receipt collections, I consider processes and equipment used and the particular case of distillation which required specialist equipment. I show that some of these resources, such as plants and specialist equipment, may have been less readily available or have involved costs to use. Overall, I aim to show how material concerns about costs and labour may have affected choices made in relation to household healthcare.

### **4.2 Sources of Information and Advice**

Having looked at a range of sources for medicinal supplies in the previous chapter, I now turn to sources of medical information, to look at the range of individuals providing advice and receipts. There were five types of sources seen in these records; (i) medical practitioner, (ii) household supplier, (iii) family, (iv) social or other acquaintance, and (v)

printed advice. These sources are well illustrated in the case of Bridget Fortescue who inherited her mother's "large book" of medicinal receipts and other papers. Her mother collected a large number of medicinal receipts, and Bridget continued to liaise with a number of other advisers.

The accounts and letters tell us that payment for services was accompanied by extras, additional activities and advice which were not specifically accounted for. In some cases it was evident that the good will of a local medical practitioner was drawn upon to provide additional advice, reassurance and support. Bridget does request details of various remedies, including receipts for children's ailments, from the local apothecary, Joseph Baller. He obliges, as shown in this letter with instructions for a purging remedy:

Madam

I think the Recipe is much the same and may be made thus. Take sharp pointed dock rootes 4 ounces, Angellica Rootes one ounce Sarsaparilla one ounce, China half an ounce Ivory one ounce steel one ounce and a half harts tongue leaves and baume of each one handfull. boil all in 3 quarts of Water to 2 qts adding about the later end of the boiling or just as you take it from the fire half a pint of the white Lisbon wine and cover it close till tis cold then strain and bottle it ...<sup>473</sup>

Baller continues with suggestions of additions to the remedy, and also some explanation of the mechanism of action, "if you can get some fresh madder rootes, add half an ounce to the decoction, I have added to wine to make it more warm for her stomack and to extract the virtue of the steel and other ingredients. I wish health to all yours madam your obliged humble servant, Jos Baller".<sup>474</sup> This letter bore many similarities to another undated receipt endorsed "the Childrens drink by mr Baller" which included china roots, sarsaparilla, ivory and dock steeped in beer.<sup>475</sup> Sarsaparilla and china root were also ingredients of a further undated receipt endorsed "my one[own] drink from Mr Baller when with child".<sup>476</sup>

Bridget refers to the apothecary a number of times in her letters to her husband. On occasion she sends for both physician and apothecary, explaining "haveing a short tich of the colicke on wensday I sent for Dcr Barbar and mr Baller who opone[upon] considren how I had fond[found] releve was for me to trey Dcr mortons powders and after that to take the spaw watters as the year came up".<sup>477</sup> Following her report of this visit, she

<sup>473</sup> Jos Baller to Madam Fortescue, 20 June 1705, in 40 Recipes for Healing King's Evil.[Loose Letters and Receipts]. A Joseph Baller was listed as a Barnstaple apothecary in a lease Barnstaple Borough Lease, 1678, B1/262. North Devon Record Office, Barnstaple.

<sup>474</sup> Jos Baller to Madam Fortescue, 20 June 1705, in 40 Recipes for Healing King's Evil.[Loose Letters and Receipts].

<sup>475</sup> 200 Recipes. [Loose Receipts], item 132.

<sup>476</sup> Ibid., item 133.

<sup>477</sup> Bridget Fortescue to Hugh Fortescue, 13 Feb. [1707/8], Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

receives approval from her husband to take the suggested treatment and her letter a few days later confirms "now you have sent me farder[*farther*] orders I shal delay no time but send for Mr Baller agane and have ye things and begine".<sup>478</sup> The apothecary supplies items as required, and Bridget notes his ability to supply whatever is needed in a grateful and reassuring letter to her husband, saying "I give you a thosand thanks for your great care and kines[*kindness*] that in exprest asuar your selfe I take all care posebel and shant feall[*fail*] of beging[*beginning*] the watere as can have the thinges from Mr Baller".<sup>479</sup>

Close contact with the apothecary is evident over a number of years. During the later part of 1705, Bridget notes the reassurance of having him nearby, "...I bles God our littel boy is much better sines wened only yesterday we ware all afread but Mr Baller hepned[*happened*] to be hear...".<sup>480</sup> Several days later she evidently discusses her own condition, thinking herself with child, with Mr Baller, and writes, "my shortnes of breath abated for a day or 2 Mr Baller concluded that was a ffulls [*false*] thing that should come of and that I go on with child".<sup>481</sup> He might be visiting the house on several occasions in the day, as she writes, "Mr Baller has been heare but now is gone to Mrs Rolles but will be heare tonight agane on the account of the littel boye who contynys to mend".<sup>482</sup> The apothecary is also expected to act as an intermediary for Bridget, in describing her condition to another, she assures her husband that "mr Baller shall state the case to Dcr Morton", providing information for advice in London. In another letter she evidently asks the apothecary to provide confirmation of her improved condition "sines you are so concarnd about me I desiard mr Baller to let you know how I have been and how I am".<sup>483</sup> And Bridget is keen to ensure that her condition is accurately and sufficiently described, "I hope Mr Baller and mr Jenkenson did give you full satisfakcion how I was".<sup>484</sup>

The presence of the apothecary is something which Bridget claims as a reassurance for her husband, an assurance that she is taking appropriate advice. When she suffers a fit of colic, suspected to be an ague, she writes, "I have now both mr Baller and Mr Barber with me and they hope it will of a gane you see I take all care of myself".<sup>485</sup> However Mr Baller also appears to be something of an ally for Bridget Fortescue in her efforts to

<sup>478</sup> Bridget Fortescue to Hugh Fortescue, 17 Feb. [1707/8], Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>479</sup> Bridget Fortescue to Hugh Fortescue, 20 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>480</sup> Bridget Fortescue to Hugh Fortescue, 23 Nov. 1705, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>481</sup> Bridget Fortescue to Hugh Fortescue, 25 Nov. 1705, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>482</sup> Ibid.

<sup>483</sup> Ibid, Bridget Fortescue to Hugh Fortescue, 24 Feb. 1707/8.

<sup>484</sup> Bridget Fortescue to Hugh Fortescue, 27 Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>485</sup> Bridget Fortescue to Hugh Fortescue, 28? Feb. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

determine the means used in her treatment. At one point she disputes the nature of her condition with Doctor Barber who thought she was suffering from an ague. She finds support from the apothecary in disputing this diagnosis, "mr Baller when he came was of Doer Mortons mind that was no Ague what ever it was I bles god I am free of it and have had no returen sines[since] nether of Ague nor colicke."<sup>486</sup> On various occasions Bridget seeks the opinion of a number of different medical practitioners but the apothecary, Joseph Baller, remains an ongoing participant in these consultations. The apothecary provides a constant source of advice, opinion, medicinal knowledge, receipts and reassurance. Further studies of relationships between lay people and apothecaries would be of interest. Use of household accounts and other records could provide more detail of the nature of liaison. Apothecaries were lengthily persecuted by physicians with accusations of stealing and using their prescriptions, and perhaps this was partly because apothecaries were successful in maintaining links with wealthy lay families.

Bridget also takes advice from other individuals who appear to be household suppliers rather than medical practitioners. Some remedies are advised to Bridget by Jane Hanmer, possibly the same Mrs Hanmer who appears in the accounts as supplying dairy and poultry produce. In one letter Jane provides details of canary wine available at Bideford, describes an electuary she has sent with instructions, and includes several receipts for fever water and tincture of tormentil:

Madam I have been with Bro: cristmas about the canary and he tels me the pip he bought is all disposed of but their is more at bidyford...I have by Anthony sent a pot of the lectery I spok of, she most take of it the bignes of a notmege mornings fasting and at four a clock in the morning about one hour after she hasse taken it she must eat some warm meat; and she most take it for a fortnight and if it does not doe her good she most refrain from eating of milk whils taking of it; I have on the other side writen the receipt of the feaver watter and the sirrurp with its vertus and also of the tinctur of tormentil ... Your humble servant to command Jane Hanmer, Feb 21 1700<sup>487</sup>

It appears that there is an ongoing connection since Jane also refers to "the other busness concerning the midwife" and adds that "I think it will be better for me to leave till I se you and I shal give you're an account". Here we can see that the supply of advice and receipts might have involved direct payment, although no accounting entries referred to medicines from Mrs Hanmer. The offering of gifts of remedies and medical advice could also have enabled an individual like Jane Hanmer to benefit from maintaining and strengthening her

<sup>486</sup> Bridget Fortescue to Hugh Fortescue, 29 Feb. 1707/8.

<sup>487</sup> Jane Hanmer to Madam Fortescue, 21 February 1700 in 40 Recipes for Healing King's Evil.[Loose Letters and Receipts], item 11. DNB records a Jane Hanmer (d. 1736), daughter of Richard Parminster, Barnstaple merchant. She was possibly the wife of John Hanmer, a Presbyterian minister licensed in 1672, who became pastor of the Barnstaple congregation in 1696.



association with this wealthy household.

Bridget obtained a mass of medicinal receipts and information from her mother, Margaret Boscawen, and from family members particularly on her mother's side of the family. Her Aunt Clinton writes "I am sorry to here your boy has been troubled with convultions fitts: tho I beleave you have very good rescpts in your mothers Books yett I haue sent you these", and she includes several medicinal receipts for fitts:

**Convulsion fitts**

Mizeltow of the oake in powder as much as will Lye one a three pence taken in the pap of an Apple or conserve of Roses: take it three days before and three days after the Change of the moone ... Blake cherry watter 4 ounces surip of peiony two ounces spirit of Castor two drams Lilly of the Vally watter one ounce mix all give it a childs spoonfull once in an hour if it haue fitts once or twice a day if it haue none.<sup>488</sup>

Apart from letters from friends of the family, Bridget also notes preparations made by servants in the family household. She records on a note of a remedy for a pain in the side that it is "The Licker Mrs Harvey use to mak for my mother". The remedy is:

A Litel cammel flowars Litel pelatory of the wall the Leaves a Litel marsh mallow a Littel Angellecow a Litel bame a Litel tamaru a Litel winter savery and a sprick of rosmary a Litel vilat Leves and Lickrus and Anesead and sweat feanel sead boyel it in spring water till the rawnes of the earbes be gon about a cavarter of an hower the arbes must be as near as posebel not over mastur one another but the most of marshas malas and tamaras.<sup>489</sup>

Mrs Harvey, the housekeeper, may have been related to the family steward, Thomas Harvey, in the Boscawen household in Cornwall. In the large book of receipts of her mother, Bridget had other remedies which were acquired through Mrs Harvey such as the receipt, "For the colleck", which is annotated with a note that "cousen Barres commended it to Harvey".<sup>490</sup>

No direct evidence exists of Bridget having access to printed sources of medicinal receipts. However she had the receipts in her mother's books, and within those books, as seen in Chapter 2, Margaret Boscawen collected details of receipts from at least four printed receipt collections. Thus, Bridget sourced information from both medical and lay

<sup>488</sup> Lady Clinton to Mrs Fortescue, 21 March 1700, 200 Recipes. [Loose Receipts], item 104. The previous chapter detailed the family accounts which showed large quantities of cherries.

<sup>489</sup> "The Licker Mrs Harvey use to mak". Ibid., item 12. A more modern version of this receipt would be as follows. "A little chamomile flowers, little pellitory of the wall the leaves, little marshmallow, a little angelica, a little balm, a little tamarisk, a little winter savoury and a sprig of rosemary, a little violet leaves and liquorice and aniseed and sweet fennel seed, boil it in spring water till the rawness of the herbs be gone, about a quarter of an hour, the herbs must as near as possible not over master one another but the most of marsh mallows and tamarisk."

<sup>490</sup> 3 Recipe Books [Large Boke], fol. 24v.

individuals, both male and female, at various social levels, and could add this additional information to that compiled by her family, including printed advice.

*Named Sources of Medicinal Receipts and Gift Medicine*

Overall an average of some 19% of the manuscript medicinal receipts in household collections are individually associated with named sources.<sup>491</sup> I compared named sources in the manuscript medicinal receipt collections of three households in terms of gender and status. For the receipt collections considered here it is apparent that women are generally more likely to appear as named sources in the medicinal receipts. Table 4.1 provides a breakdown of the gender of attributed sources. On average there are more female sources mentioned, at 11.2% of the total compared to male sources at 7.2%. This predominance of female sources is evident in the majority of collections of receipts, but not all as there are more male sources named in two of the Clifford receipt books.

Table 4.1 Receipts with Named Sources and Gender

Collection	Number of medicinal receipts	Number with named sources	Unspecified sex %		
			Female source %	Male source %	
clarke1650	69	0	0.0	0.0	0.0
clarke1674	318	35	6.3	3.1	1.6
fortescue1687	492	95	13.0	5.3	1.0
clifford1689	323	41	5.3	7.4	0.0
clifford1690	317	21	2.5	3.8	0.3
fortescue1701	332	145	25.9	15.1	2.7
fortescue1707	95	45	25.3	22.1	0.0
clifford1752	75	10	9.3	2.7	1.3
All manuscript collections	2021	392	11.2	7.2	1.0

Further examination of the medicinal receipt collections of the households shows various status descriptions of the named sources. Appendix 4.1 provides details of the status and gender of medicinal receipts from named sources in manuscript medicinal receipt collections. Of the female named sources in manuscript receipts, most are recorded as lady or mistress, and thus largely women of higher status. A significant number of the Clifford household receipts, 72 altogether in 3 books, come from named individuals, albeit not necessarily all individuals known to the Cliffords of the day. The most frequently

<sup>491</sup> Only one of the household manuscript receipt collections has no named sources, and this was the receipt collection in the Clarke family papers, with 69 medicinal receipts entitled "Recipes". Maddam Alice Cole Her Receipt Booke, [17c], Sanford Family of Nynhead, DDSF/3310 SARS, Taunton.

named sources are a "lady" or a "doctor". Also fairly frequent are receipts from a "sir", although 6 of these receipts are for spirit-based cordials associated with Sir Walter Raleigh in the 1689 collection.<sup>492</sup> The next most likely source is "mrs" and other less frequent contributors include a "lord", "mr", "captain", "countess" or have unspecified status.

Other households show a slightly different pattern of sources. The Fortescue papers include a number of female sources for 27 receipts which are not given any further description of status. Letters in the Fortescue papers show that receipts came from a variety of individuals from family members to the local apothecary and wives of clergy and merchants. Most of the receipts that are attributed to kin, 8.1% altogether, are largely from an aunt, niece or sister, only cousins being unverifiable as to gender. Compared to the other receipt collections, Bridget, and her mother, Margaret Boscawen before her, appear to have collected medicinal receipts from every conceivable source, lay or professional, family or friend, merchant or servant, without excluding items originating from lesser status individuals.

When the groups of receipts are placed in rank order of end date it appears that the proportions of ladies and doctors as sources of receipts increases. It seems that status of both men and women was either more likely to be recorded or that higher status carried more significance. If medical authority was related to gentlemanly status, this would account for the inclusion of male titles such as "doctor", "sir" or "lord" in the manuscript collections. However, there are also higher proportions of female titles such as "lady" which cannot be explained in the same way. Part of our problem is that the naming of sources appears somewhat erratic, so likely reasons for including names need to be considered further. Generally, the inclusion of named sources has been related to efficacy claims, similar to "probatum est" or phrases like "an approved receipt". The higher status sources may well have provided additional reassurance about the provenance of remedies. The inclusion of a name may also have been a reminder to the collator of receipts about the source, but why? I suggest that the reason for name inclusion was primarily an outcome of the nature of gift medicine. Thus, names were inscribed partly to inform the sense of obligation to the giver of information, and partly to illustrate the value of the medicinal receipt in terms of potential for giving to others. Many names were not recorded in medicinal receipt collections because an obligation was not applicable, either the item was paid for, if derived from the services of a medical practitioner or a printed publication, or the status of the donor was such that they did not need to be recorded. Some receipts may

<sup>492</sup> Sir Walter Raleigh experimented with chemical medicines whilst in the Tower of London for 13 years from 1603, his cordial *Confectio Raleighana* appeared in *Pharmacopoeia Londinensis* in 1721. M. P. Earles, "Our Great Cordial," *Pharmaceutical Historian* 23, no. 3 (Sept 1993): pp. 10-12.

have been desired without obligation and, since mere acceptance of the gift of a receipt signified acknowledgement, names were deliberately not recorded.

These attributed receipts were compared with all of the household manuscript receipts to see if any major difference in ailments was evident. Table 4.2 shows the proportions of the receipts in the ailment categories drawn up in Chapter 2. Generally the proportions of ailment categories in receipts from named individuals are similar to the proportions in all manuscript receipts, with a few differences. Overall there are fewer surgery-related and musculo-skeletal ailments in attributed receipts and a greater proportion of nervous and miscellaneous ailments, many of the latter are humoral in nature. When the attributed receipts are separated into male and female sources, it can be seen that males are more likely to provide receipts dealing with digestive and miscellaneous ailments, whereas females provide more receipts connected with skin complaints, nervous conditions and reproductive disorders.

Table 4.2 Nature of Ailments in Attributed Manuscript Medicinal Receipts

	Category of ailment													Number of ailments
	Cirulatory	Dermatological	Digestive	Infectious	Miscellaneous	Musculo-skeletal	Neurological	Psychological	Reproductive	Respiratory	Sensory	Surgical	Urinary	
Ailments as % of all ailments	8.0	8.5	15.6	7.3	9.1	10.5	8.3	2.0	6.7	5.2	3.9	10.0	4.9	3137
% ailments in receipts from males	8.3	6.1	19.3	7.2	14.4	8.3	8.0	3.8	4.5	4.9	1.5	6.8	6.8	264
% ailments in receipts from females	6.8	11.6	11.9	7.1	8.6	7.4	15.7	2.1	9.5	4.2	3.0	7.1	5.0	337
% ailments in receipts from all named sources	7.5	9.2	15.1	7.2	11.1	7.8	12.3	2.8	7.3	4.5	2.3	7.0	5.8	601

Gift medicine could extend beyond medicinal receipts to advice, ingredients, preparations, treatment and care. The household accounts considered here provide some indication through occasional entries showing payments to messengers as bringers of gifts which do suggest that "gifting" of items did play a part of maintenance of neighbourly and

family networks. Some of the items gifted were potentially medicinal in nature, such as roses and chocolate, though the medicinal intent may not have been primary in the giver's purpose, rather a neighbourly or friendly act. The giving of advice, medicines or other healthcare was not a one way exercise, since gifts usually carried some form of obligation to return the favour. Theophano noted that "to give a gift is to exercise a form of power", arguing that as women were unable to bequeath property, only small personal domestic possessions such as receipt books were readily passed on. For Theophano, giving a recipe implied reciprocity, and receipt collections could signify collective memory as well as family legacy.<sup>493</sup> Medicinal receipt collections provided ideal repositories for gifted advice and some receipts and advice had considerable value.

The Fortescue papers contain three copies of one lengthy receipt of a diet drink for "scorbutick dropsy and gout", all of the copies are in the same hand. The diet drink involves an impressive list of ingredients. Were these extra copies made in anticipation of interest, and intended for giving to others?<sup>494</sup> Whilst women might not own or control property or determine their own treatment involving payment to outsiders, they could exert some control over the provision of advice and receipts. In particular women were in a good position to gift medical items which they prepared, as well as receipts.

For some women the information in a receipt was convertible into cash. Receipts were acknowledged to have monetary value, as suggested in the receipt recorded by Margaret Boscawen, "An Excelent and approved Medisen: for the collick: and Stone ... it is said that a women got above a 100 by this Medison: therefore it being a poor womens livelyhood it was to be kept secret".<sup>495</sup> This receipt for the colic and the stone advises powder from a fish called thornback and from eggshells drunk in white wine and followed by mutton or veal broth containing parsley. The receipt is dated March 1675 and the comment added at the end suggests an appreciation of the monetary value of the remedy.<sup>496</sup>

<sup>493</sup> Theophano, *Eat My Words*, pp. 42, 102-3.

<sup>494</sup> 200 Recipes. [Loose Receipts], items 113, 118, 119. The diet drink is entitled "An Excellent dyet drink for a Scorbutick Dropsy and Gout". Of these 3 near identical copies the first is endorsed "the Last Diet Drinke", the second endorsed "An excellent diet drink", and the last had no endorsement. The lengthy list of ingredients included Jalloppe, Fine Rhubarb, Sena of Alexandria, Indian Wood or Lignum Vita, Cortex, Sassaferolla, Bay Berryes, Sassafraswood, Epithemum, Saldonella, Polypodie Rootes, Ashen Keyes, Elicampane root, English Lyquoris. All 3 had an additional note entered sideways stating "For your drinke at Meales Obserue to putt in four Gallons of Ale when it hath don working; One handfull of Germander One handfull of Tamariss, One handfull of Horse- Rhadish rootes Sliced, halfe handfull of Topps of Wormwood; halfe handfull of Brooklimes; four or fiue Orange rindes; Let itt stand 4 or 5 dayes and drinke of itt".

<sup>495</sup> 3 Recipe Books [Large Boke], fol. 28r.

<sup>496</sup> Joanna Stephens famously sold her secret recipe for treating the stone. A. Viseltar, "Joanna Stephens and Eighteenth Century Lithontriptics: A Misplaced Chapter in the History of Therapeutics," *Bulletin of the History of Medicine* 42 (1968): pp. 199-220. For an extensive survey of secrets in the history of receipts, and relationship of secrets to the development of science see William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and*

Concerns about the value of medicinal information, sometimes described as secrets, can reveal an awareness of physical boundaries to the practice of lay practitioners. A letter to Margaret Boscawen from her sister draws attention to the possibility of giving a remedy for "madness". There is an indication in this correspondence that Margaret did provide local healthcare. She receives information from her sister about a particular remedy which suggests that there may have been some understanding amongst women about sharing medical secrets. Her sister writes of "my cheefe medicine which reaches unto madness ... and which I will not conceale from you, also considering your practise being at too greate a distance to preiudice mine".<sup>497</sup> The sisters are too far apart to overlap in their activities and therefore it is possible for them to share medical secrets without discomfort. Thus, secrets in medical matters could be important even between close family members: such items might be worth concealment in order that they did not have to be given. This letter suggests a strong awareness of geographical and social boundaries to the healthcare roles of these women. There appears to be a special understanding between these sisters, both actively involved in treating the sick and both expressing considerable confidence in their activities, that their status and identity would not be damaged by the sharing of this information.

A number of letters in the Fortescue family papers testify to the eagerness with which individuals follow up on opportunities to provide advice, remedies and sometimes preparations themselves. Elizabeth Penhallow writes to Mistress Harvey about a cure for Bridget's neck sores as a child. Elizabeth's letter offers more than information on herbs, adding that she can help provide the herbs themselves, and also help in applying the medicinal preparation:

Kind mistris Harvey

According to my promise I have indeverd to know the names of the hearbes and use of them which I tould my lady of and you... i spake to my husband to goe to her brothers house on porpose because there should be no misstake she gives a large Relation of the goodnes of the hearbes ....the younge woman goeing to foye[Fowey in Cornwall] upon some busness lay at our house the last night and says she will bring some of the hearbes with her, and like wise she will bring under her mistris hand being a wife to one Chapten Correy of the confermation of this to be truth, the name of the hearbe is white arkeangle which is to be boyled a littell quantity ...with stale beare and drink it the first in the morneing and the last at night....i will send upon her Returne the hearbes that my lady may see them and if my lady thinke fit to make use of it or will have the younge woman to come and fit the things as she did for the child, shee will be very willing to waite on my lady....

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*Early Modern Culture* (Princeton: Princeton University Press, 1994), William R. Newman and Anthony Grafton, *Secrets of Nature: Astrology and Alchemy in Early Modern Europe* (Cambridge, Mass.: MIT Press, 2001).

<sup>497</sup> Sister Clinton to Lady Margaret Boscawen, 16 April 1683, Fortescue of Castle Hill. 1262M/ FC/1. DRO, Exeter.

your loveing freind to serven you Elizabeth Penhallow  
october the 25th day 1679.<sup>498</sup>

In her letter Elizabeth records the extent of effort made to gather exact information, to confirm its "truth" and willingness to attend the sick child. The potential for association with the Boscawen family as a benefit of achieving a cure could have been substantial.

However, there were some situations in which gifts of medical advice and information were apparently considered as inappropriate or unwelcome. In the correspondence examined here there are a number of instances where, either a medical practitioner is unwilling to convey medical advice to a self-styled lay practitioner, or a patient does not appreciate free medical advice from a lay person. Some individuals sought gifts of advice from medical practitioners in order to raise their own status. Mrs Isabella Duke of Otterton in Devon was a correspondent of John Locke, being related to a friend of his. She writes to Locke in 1686 asking for advice on curing agues with Jesuit's Bark because "an abundance of my friends and Neighbours now suffer and I would be glad to be able to give them that relief...if you think this request ridiculous, let my Charitable intentions atone for my Ignorance and indiscretion".<sup>499</sup> Such medicinal information evidently has potential value in maintaining or raising her status in the community. Isabella is evidently already aware of potentially overstepping some sort of boundary, but suggests that her "charitable intentions" excuse her. It seems that Locke does not provide the required information as she writes at least four further letters in the subsequent six months, complaining of the lack of response from him. She does finally hear from Locke and describes receiving a critical response to her expression of medical interests as a lay person including "advice against my reading and tampering with physick".<sup>500</sup> Here Locke is consistent with many other earlier learned critics of women such as John Cotta who warn of "advising with women counsellours".<sup>501</sup> Denied access to information, Mrs Duke cannot presume to "give relief" to her friends and neighbours.

<sup>498</sup> Elizabeth Penhallow to Mistress Harvey, 25 Oct 1679 in 40 Recipes for Healing King's Evil.[Loose Letters and Receipts].

<sup>499</sup> Mrs Isabella Duke to John Locke, 21 October 1686, She was sister to Sir Walter Yonge, a friend of Edward Clarke and John Locke. De Beer, ed. *The Correspondence of John Locke*. Vol. 3, letter 873.

<sup>500</sup> Mrs Isabella Duke to John Locke, 14 March 1687 and 7 May 1687, *Ibid.* Vol. 3, letters 918, 1018.

<sup>501</sup> John Cotta, *A Short Discoverie of the Unobserved Dangers of Severall Sorts of Unconsiderate Practisers of Physicke in England Profitable Not Onely for the Deceived Multitude, and Easie for Their Meane Capacities, but Raising Reformed and More Advised Thoughts in the Best Understandings: With Direction for the Safest Election of a Physitian in Necessitie* (London: W. Jones and R. Boyle, 1612), p.24. Cotta was one of many learned medical men who attempted to criticise the medical activities of women. It was widely recognised however that the poor could not pay for treatment. For example Thomas Cocke gives the cost of "advice and Physick" as the reason why "poor people run headlong to Mountebanks, silly Women, Mechanicks, Pseudo-Chymists, and there Graves...", in Thomas Cock, *Kitchin-Physick: Or, Advice to the Poor, by Way of Dialogue Betwixt Philanthropos, Physician, Eugenius, Apothecary, Lazarus, Patient with Rules and Directions, How to Prevent Sickness, and Cure Diseases by Diet, and Such Things as*

Gifts of medical advice and remedies did not have to be accepted from lay people, even when offered by a family member. The Clarke family correspondence suggests that Mary holds the view that lay people cannot always provide effective advice or treatment. In November 1695, Mary is unwell with swollen legs and receives advice from both her sister-in-law, Ursula Venner, and from John Locke. Ursula suggests a "dyett drink" of dwarf elder roots, ground ivy and others to "sweeten her blood and help carry away this waterish humour"<sup>502</sup> while Locke suggests warmed wine and a restorative diet.<sup>503</sup> The advice given by Ursula is not offered directly to Mary, rather Ursula writes to Edward Clarke with the news that "she complains of ye continuance of thos swellings and pains in her legs",<sup>504</sup> as if she recognises that her suggestions would be better received from Edward than herself. Or perhaps she wants to ensure that Edward knows of her concern, and her offer of the gift of advice? We do not know whether Mary tries to take all the things suggested, though it is clear that, at other times, she does obey some instructions from Edward. In a letter to him the following September, she writes "Your directtions I have carefully followed and have now allmost finished the 4th bottle of infusion and am drinking my second quantity of dyett drink; and do find my leggs are not so constantly swelled as they was".<sup>505</sup>

Mary claims her own illness prevents her from being able to go to Ursula when she is unwell. Although Ursula visits Mary at Chipley, her efforts are not reciprocated by Mary when Ursula falls into a palsy. Mary writes, "my sister was much indisposed, and I have bin so much out of order my self that I have not bin able to go to her but I hear by Betty and Eling that Dr Passons was with her".<sup>506</sup> Illness could release one from obligations to others. In 1698, Mary writes from London, still having trouble with her legs, thanking Ursula for her letters and again apologising for being unable to visit, adding:

I am so unfortunate as to be very latly prescribed the use of outward appleycations to my leggs after having bin in a corse of phesick allmost ever since I came to town some times in hopes of being better and sometimes not; though I thanke God I find myselfe stronger than I did, yett my leggs swell still

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*Are Daily Sold in the Market; and Such as Attend Sick People, There Being Nothing as yet Extant (Though Much Desired) of This Nature* (London: D. Newman, 1676), p. 8.

<sup>502</sup> Ursula Venner to Edward Clarke, 8 Nov. 1695, Sanford Family of Nynhead. DD/SF 3084. SARS, Taunton.

<sup>503</sup> John Locke to Mary Clarke, 9 Nov 1695, Clarke, "Life and Correspondence," p. 259. Locke's therapeutics closely resembled those of Thomas Sydenham to whom he was apprenticed, and included being sparing in the use of drugs with the "Peruvian bark" being a great favourite, according to Kenneth Dewhurst, "Thomas Sydenham (1624-1689): Reformer of Clinical Medicine," *Medical History* (1961): pp. 108, 114.

<sup>504</sup> Ursula Venner to Edward Clarke, 8 Nov. 1695.

<sup>505</sup> Mary Jepp Clarke to Edward Clarke, 3 Sep. 1696?, BIWLD. 244R. Alexander Street Press, Alexandria, VA.

<sup>506</sup> Mary Jepp Clarke to Edward Clarke, 30 Dec. 1696, BIWLD. 283R. Alexander Street Press, Alexandria, VA.



and I know not when they will do otherways yett I must be content to waite  
theyr motion a little longer.<sup>507</sup>

The following month Mary writes to John Spreat at Chipley to say "this last fortnight they are much more swollen soe that I am now takeing some purging phesick agen and cannott sett the time of my coming home as yett".<sup>508</sup> In 1696 we have seen that Mary rejects "little meddicens" suggested by her friends, and it may be that she does not want to have to reciprocate such gifts. Mary appears to have little interest in the family medicinal receipt collection. Indeed the collections associated with the family archive appear to relate to an earlier generation, that of Edward's step-mother, Elizabeth Clarke, with few additions.

Mary appears to prefer to source her information from medical practitioners, and is often in receipt of advice and treatment from John Locke, also a family friend. She benefits from access to Locke through her husband in London and writes and thanks both Edward and Locke for their advice:

I thank you for yours and Mr Locks advice by ye last post in relation to my swollen leggs and I must truly own my sexly[sickly] infirmity that I know not what I would do nor what I would have for methinkes one day I could wish for some resens that you was heare and when I reflect what a troblesome time you had when you was heare last makes me fear it should be so agen, and for some resens I could wish myself at London and for many more I ought to be heare, so that how to divide myself I know not.<sup>509</sup>

Boundaries could become quite problematic for the patient in the early modern household when some sources of advice came from someone who could inhabit more than one role. For example John Locke provides medical advice to the Clarke family as a physician, as a friend and almost as a member of the family, as well as a business associate. Within the mountains of correspondence in the archives relating to the Clarke family there is a letter which appears to be a draft written by Mary in response to Locke's 1696 suggestion that "cheerfulness is the best remedy" for her complaints:

Your last very kind Letter I receved and am sorry if you understood mine to be full of reproach, and noe pittty, for your Confinement, and therefore doe take this first opportunity to assure you that if my pittty could have Given any reliefe to infirmityes you would have bin soune innabled to Come to London nay further to Chipley a place which is very unhappy as well as the owner in being so farr from otes [Oates where Locke resided], and my frends theare: wheare I am willing still to flatter my selfe I have soe many ["frends" crossed out] that if the above said remidy would have cured I should not have now neede to

<sup>507</sup> Mary Clarke to Ursula Venner, 14 July 1698, Sanford Family of Nynhead. DD/SF/3084. SARS, Taunton.

<sup>508</sup> Mary Jepp Clarke to John Spreat, 23 Aug. 1698, BIWLD. 322R. Alexander Street Press, Alexandria, VA.

<sup>509</sup> Mary Jepp Clarke to Edward Clarke, 4 Nov. 1696, BIWLD. 265R. Alexander Street Press, Alexandria, VA.

Complaine of swelled leegs or any other Greevance; which you are soe kind to tell me Cheerefullness is the best remedy;<sup>510</sup>

Mary continues, rather caustically:

I confess the advice is very agreeable to my naturall temper, and if I should tell you wayes and meanes I use to put it in practiss perhaps you would hardly creditt me and thearefore I will spare you and my selfe to att this time [added "that act agst"] and only wonder that you that have knowne me and my circomstances from my cradle perhaps better than any frend now in being should not be more surprised that my leggs have boren me up till this time; but I hope God that governs all things for the best will continue mee some time longer for the sake of my children.<sup>511</sup>

Mary does not appear to be totally delighted with the gift of medical advice and treatment she receives from Locke on this occasion. In her letter we can see that she struggles to place Locke in a suitable role, in relationship to her as a sick person, a member of the family, a distant practitioner, an errant acquaintance. She apologises for appearing not to care about Locke's "infirmityes" or "Confinement". She notes that Locke has known her "from my cradle better than any frend" and thus should "not be more surprised" by her circumstances. She comments on his "advice" saying that if the "said remedy would have cured I should not have now neede to Complaine". The letter is undated and may not have been sent, signifying that Mary herself is in some difficulty about the appropriateness of her response. She is supposed to be grateful for Locke's advice, but does not entirely agree with it, cannot dispense with his involvement in her affairs, and is expected to show reciprocal concern for his ill health even though she has little to offer apart from sympathy.

Overall, we see that both lay and professional advice and information in the form of receipts might be eagerly sought, but could also be declined. The value of medicinal receipts and advice appeared to be in doubt for some lay people in both their role as household healthcare practitioner and as patient although refusal of advice might present some problems in maintaining social connections. Having discussed named sources of medicinal receipts, I now turn to consider the types of ingredients in the receipts and how they might have been obtained.

### 4.3 Sources of Medicinal Ingredients

In the previous chapter we saw purchases of a range of medicinal ingredients. Here I want to consider what other ingredient sources could be involved in making up preparations based on medicinal receipt collections. The vast majority of ingredients, over

<sup>510</sup> Mary Clarke to John Locke, Draft Letter, [1696?], Sanford Family of Nynehead. DD\SF/3304 Part 2. SARS, Taunton.

<sup>511</sup> Ibid. The letter may not have been sent as it does not appear in De Beer, ed. *The Correspondence of John Locke*.

three quarters in the manuscript receipt collections, were of plant origin, both native and imported, but there were also substantial numbers of animal and mineral items.<sup>512</sup>

Some study has been carried out on the popularity of medicinal ingredients in manuscript receipt books. Leong records the source ingredients occurring in her study of manuscript receipt collections and identified the top twenty items included. Rose preparations, sugar and wine were found in about 3% of entries, whilst honey, egg, milk, vinegar, sage, rosemary, cinnamon, nutmeg, fennel, aniseed, liquorice, cloves, rue were found in 1 to 1½ % of entries. She suggests that many of these ingredients could be readily obtained in the household or from the garden, though 43% of all ingredients were prepared in some way such as oils, syrups, waters etc and thus would be more likely to be purchased.<sup>513</sup> Here I consider the likelihood that such garden or wild ingredients might be used, and compare the manuscript collections with a series of published print collections.

In order to carry out this analysis I identified the most probable source of an ingredient in five categories including (i) garden (includes cultivated items both medicinal and culinary, and grown fruit and nuts, from garden or field, hedgerow and woodland), (ii) household (includes items such as candles, cloth, water), (iii) kitchen (includes raw and cooked foods, spices, wines etc), (iv) other (includes a small number of items not readily fitting in other categories such as smith's water and tanner's ouse), (v) purchases (includes prepared, imported and exotic medicinal items most likely to be available from the apothecary).<sup>514</sup> Receipt ingredients were all categorised with source species names to enable effective searching of the database. Thus all common names of a plant have been linked to one source name, for example "herb of grace" and "rue" are categorised as "rue", and available from the garden.<sup>515</sup> Some varieties, or parts, of an ingredient have not been

<sup>512</sup> Limitation of space precludes further examination of the animal and mineral ingredients in the receipt collections here. There has been some study of animal ingredients in medicinal receipts, see for example W. A. Jackson, "The Role of Toads and Frogs in Medicine," *Pharmaceutical Historian* 36, no. 2 (2006): pp. 31-36. A comprehensive contemporary listing of the virtues of animal parts for medicinal use is Edward Topsell, *The Historie of Fouere-Footed Beastes. Describing the True and Lively Figure of Every Beast, with a Discourse of Their Severall Names, Conditions, Kindes, Vertues (Both Naturall and Medicinall) ... Amplified with Narrations out Of ... Phylosophers, Physitians, and Poets. Collected out of All the Volumes of Conradus Gesner, and Other Writers to This Present Day* (London: William Iaggard, 1607). I thank Sue Reece for drawing my attention to this source.

<sup>513</sup> Leong, "Medical Remedy Collections", pp. 98-103.

<sup>514</sup> For native plants I used F. Rose, *The Wild Flower Key. A Guide to Plant Identification in the Field, with and without Flowers* (London: Warne, 1981). Although distinctions have been made here of "garden" and "wild" categories of plant, it is more likely that these items exist on a continuum from "wild" to "cultivated" to "domesticated", the latter being a form of plant which is likely to have lost the ability to reproduce without human actions. These categories and the issue of how humans originally gained knowledge of medicinal plants and other items are discussed in Michael H. Logan and Anna R. Dixon, "Agriculture and the Acquisition of Medicinal Plant Knowledge," in *Eating on the Wild Side: The Pharmacologic, Ecologic, and Social Implications of Using Noncultigens*, ed. Nina L. Etkin (Tucson: University of Arizona Press, 1994), pp. 25-45.

<sup>515</sup> Various sources have been used to locate common or local names for plants including Grigson, *The Englishman's Flora*, Marcus Woodward, *Gerard's Herbal; the History of Plants* (London: Senate, 1994), Roy Vickery, *A Dictionary of Plant-Lore* (Oxford: Oxford University Press, 1995). Original sources used for identification of medical and Latin

differentiated here, for example "bacon", "rusty bacon", "hog's grease" and "barrow grease" have all been grouped under the heading "pig", available from the kitchen. Elderberries and elderflowers are both listed as "elder", available from the garden, even though the medicinal purpose of their use might differ. In some cases this categorisation might underestimate the level of ingredients requiring additional preparation or purpose, since not all households would necessarily have all of these items readily available. The alternative is also possible, that a herb might be purchased rather than gathered freely, for example a purchase of a simple such as elderflowers might be made from the apothecary even though elderflowers were available in season. Overall, this erring on the side of caution in determining that items were additionally purchased means that the figures given for the ingredients sourced through household means, growing or gathering are probably over-estimated, whilst the figures for the purchase of medicinal items are somewhat conservative and refer almost exclusively to medicinal suppliers such as apothecaries or druggists.<sup>516</sup>

Table 4.3 provides a breakdown of likely ingredient sources in a series of manuscript and printed receipt collections over the "longer" seventeenth century.<sup>517</sup> There is a potential for sourcing some 27% of ingredients for making up medicinal receipts from the garden, and some 17% from the wild, with the remaining ingredients split between kitchen (13%), household (4%) and purchased sources (28%). There is a slight trend for kitchen ingredients to decrease in both manuscript and printed medicinal receipts. Similarly the proportion of household ingredients shows a slight decrease overall. With regard to ingredients gathered in the wild, it appears that these are more likely to figure in the receipts in manuscript collections in the middle and later half of the seventeenth century. In contrast the garden or gathered ingredients are less likely to figure in the later printed receipt collections. Other ingredients, either obtained elsewhere such as the tanner or smith, constituted a negligible part of the total ingredients.<sup>518</sup> Initially the printed

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names included Culpeper, *A Physicall Directory*, Quincy, *Pharmacopoeia Officinalis*. Where possible the "source name" used has been the most widely used and accepted unique name. However, in some cases the source name has been extended to clarify and distinguish, for example "mercury herb" designates the plant "mercury" rather than the metal.

<sup>516</sup> A category of ingredients from unknown sources includes items which could not be confidently identified or indecipherable names. A large proportion of these might be expected to be unfamiliar ingredients which were not properly recorded and thus reflect items which required purchase. However some may be vernacular names which have not been readily converted to a source species. In printed collections the proportion of such items varied from 1.5 to 2.9%. In the manuscript collections the variation was greater, from 1.3 to 6.3% and this largely reflects the illegibility of the handwriting of individual compilers, and to some extent their use of unusual vernacular names and spellings.

<sup>517</sup> The collections are listed in chronological order of end date.

<sup>518</sup> Negligible but fascinating. Altogether 20 receipts contain ingredients with "other" sources, of these 14 require "smith water" and 4 require "smith cinders". The other 2 recipes include "tanners woose" and a charm respectively.

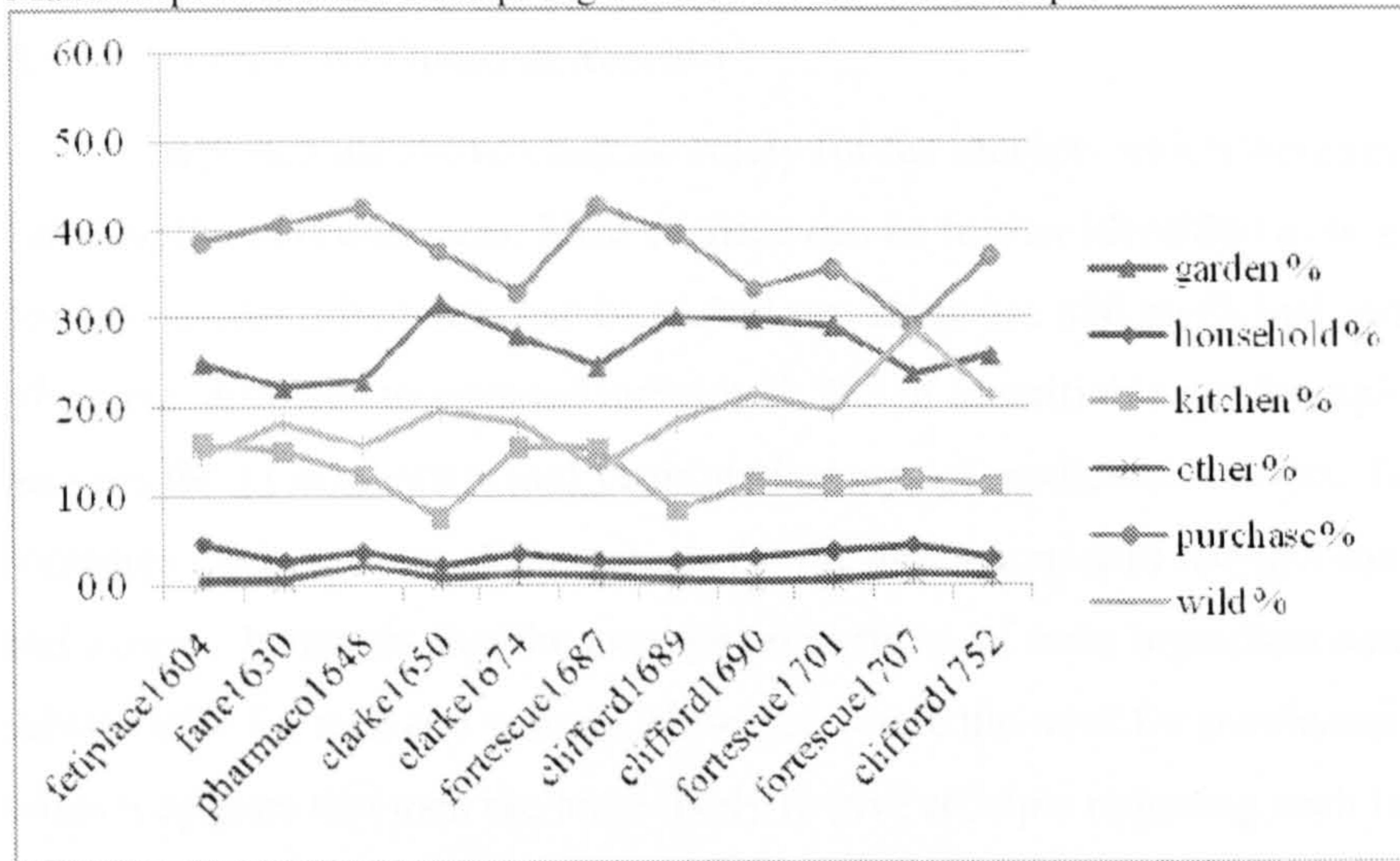
collections appear to have a lower proportion of purchased ingredients compared with the manuscript collections, but purchases show a consistently increasing trend over the course of the seventeenth century, from just over a quarter to over a half of all ingredients. The household manuscript collections however appear slightly reduced in the proportion of the receipt ingredients which might have to be purchased rather than obtained independently. So what does this set of figures tell us for the receipt collections examined here? There appear to be three main trends. (i) Both the manuscript and printed receipt collections tend towards inclusion of fewer kitchen and household ingredients. This could mean that foods were seen as increasingly less likely to have a medicinal role in the seventeenth century. Such a trend would be consistent with increasingly clear separation of culinary and medicinal recipes. (ii) The manuscript and printed receipts appear to differ in the proportions of garden and wild ingredients. When added together the garden and wild ingredients increase in the manuscript receipts but not in the printed receipts. Whether actually used or not, there seems to have been some divergence in the extent to which receipts included plants. (iii) The manuscript and printed receipts appear to differ in that purchased ingredients increase more in printed collections of receipts. Figure 4.1 illustrates the figures.

Table 4.3 Medicinal Receipt Ingredient Sources

Collection title	Source						Number of ingredients from all sources
	garden %	household %	kitchen %	other %	purchase %	wild %	
<b>Manuscript collections</b>							
fetiplace1604	25.1	4.7	16.0	0.6	38.8	14.8	3059
fane1630	22.3	2.8	15.1	0.6	40.8	18.4	179
pharmacol648	23.1	3.8	12.5	2.3	42.6	15.7	1375
clarke1650	31.9	2.3	7.6	0.8	37.8	19.6	643
clarke1674	28.3	3.6	15.6	1.3	33.0	18.3	1517
fortescue1687	24.7	2.9	15.3	1.0	42.8	13.3	1569
clifford1689	30.4	2.7	8.4	0.5	39.7	18.3	2623
clifford1690	30.0	3.2	11.5	0.4	33.4	21.5	1961
fortescue1701	29.2	3.8	11.1	0.5	35.7	19.6	1854
fortescue1707	23.9	4.5	12.0	1.2	29.4	28.9	418
clifford1752	26.0	3.2	11.2	1.1	37.2	21.3	624
All manuscript	27.4	3.5	12.6	0.9	37.8	17.9	15822
<b>Print collections</b>							
dawson1587	33.8	4.4	17.7	0.9	27.8	15.5	317
widows1588	27.9	3.0	19.2	0.9	36.5	12.4	759
partridge1591	34.1	1.7	9.6	1.1	42.8	10.7	355
markham1631	30.8	4.4	16.9	0.7	30.2	16.9	1247
choice1653	26.3	4.1	15.8	0.5	38.2	15.0	1921
natural1655	26.6	4.6	14.1	0.9	37.5	16.3	7773
coelson1656	26.7	4.7	12.2	0.3	36.1	20.0	1519
queens1659	28.0	2.2	12.9	0.5	38.8	17.7	2206
ladies1685	26.9	2.9	14.3	1.0	39.4	15.6	1086
boyle1692	13.1	8.6	14.0	0.9	55.9	7.7	222
lower1700	17.8	2.5	10.2	0.3	55.9	13.3	1637
All print	26.4	3.9	14.0	0.7	38.9	16.0	19042
All manuscript and print	26.9	3.7	13.3	0.8	38.4	16.9	34864

Note: Boyle (1692) has a high percentage of "household" ingredients, this is largely due to "water" being listed as an ingredient in most of the receipts.

Manuscript Medicinal Receipt Ingredient Sources- All Receipts



Print Medicinal Receipt Ingredient Sources-All Receipts

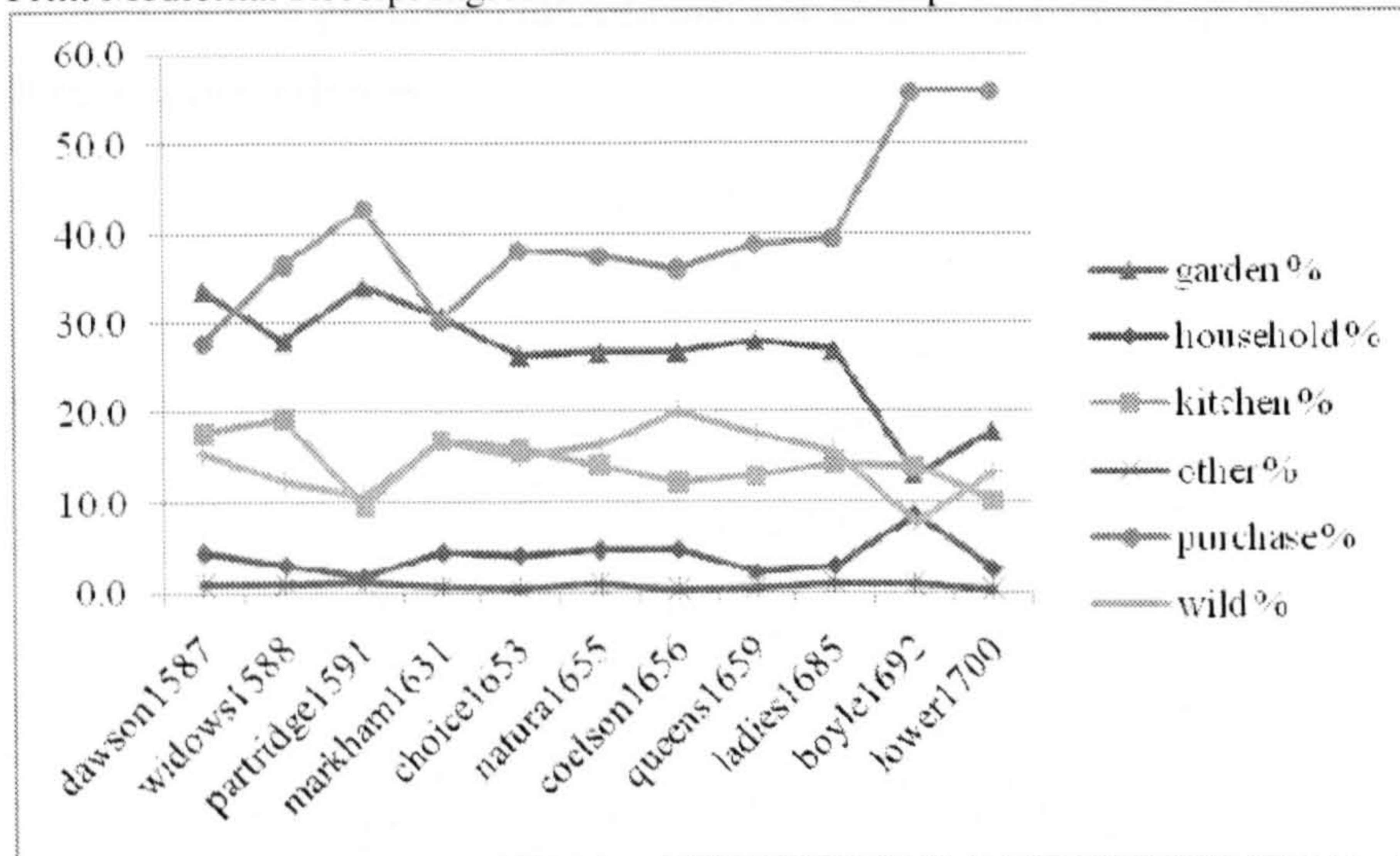


Figure 4.1 Medicinal Receipts and Likely Ingredient Sources

### *Named Sources and Trends in Receipts*

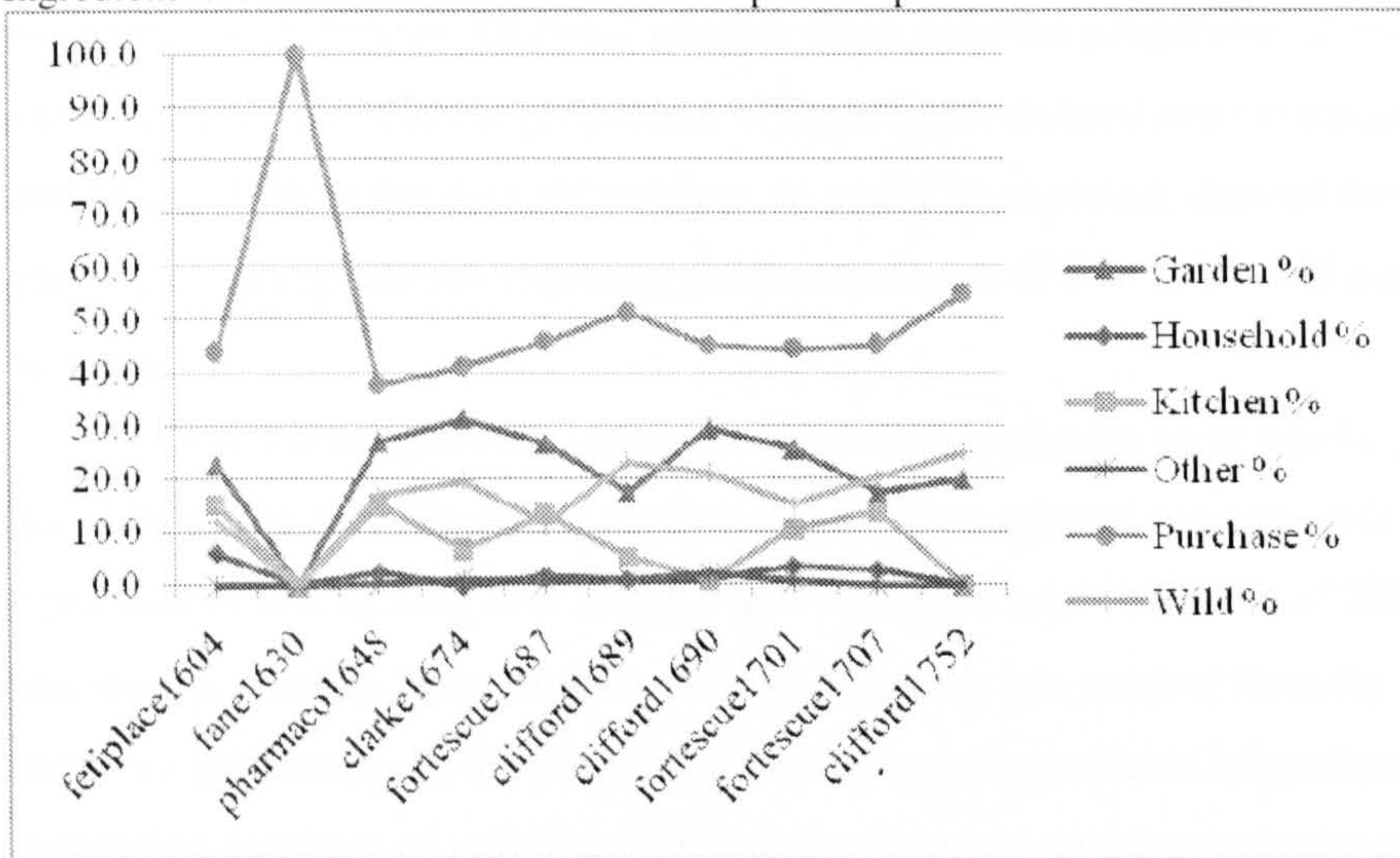
I repeated the above exercise solely for the receipts which were recorded with individually-named sources. Most of these can be further identified as to gender and thus possible gender differences can be picked up. There are 880 medicinal receipts altogether which are attributed to a named individual, 782 of identifiable gender, split almost equally between the 11 manuscript and 11 printed groups of medicinal receipts. Table 4.4 compares likely sources of ingredients for the 448 manuscript receipts sourced from men and women. It appears that the average proportions of most ingredient sources do not differ substantially for men and women. However where the need for purchased ingredients arises it appears that men are more likely to give receipts requiring such ingredients, almost 45% of ingredients overall, whereas women's receipts included an overall average of just over 38% purchased ingredients. For greater ease of comparison Figure 4.2 illustrates these figures.



Table 4.4 Ingredient Sources in Medicinal Receipts from Named Persons

Collection title	Source of ingredients						All sources
	Garden %	Household %	Kitchen %	Other %	Purchase %	Wild %	
Ingredients in manuscript receipts from named males							
fetiplace1604	22.7	6.1	15.2	0.0	43.9	12.1	66
fanel630	0.0	0.0	0.0	0.0	100.0	0.0	3
pharmacol648	27.0	2.6	15.0	0.4	37.8	17.2	233
clarke1674	31.4	0.0	6.9	1.0	41.2	19.6	102
fortescue1687	26.7	1.7	13.4	0.6	45.9	11.6	172
clifford1689	17.5	1.2	5.3	1.2	51.5	23.4	171
clifford1690	29.5	1.1	1.1	2.1	45.3	21.1	95
fortescue1701	25.6	3.5	10.4	0.6	44.6	15.2	316
fortescue1707	17.6	2.8	13.9	0.0	45.4	20.4	108
clifford1752	20.0	0.0	0.0	0.0	55.0	25.0	20
All males in manuscript collections	24.7	2.3	10.3	0.7	44.6	17.3	1286
Ingredients in manuscript receipts from named females							
fetiplace1604	18.2	4.5	9.1	1.5	57.6	9.1	66
fanel630	11.1	11.1	11.1	0.0	22.2	44.4	9
pharmacol648	22.5	2.2	9.0	4.5	42.7	19.1	89
clarke1674	26.0	4.0	10.7	0.7	33.3	25.3	150
fortescue1687	18.8	5.3	15.1	2.0	42.9	15.9	245
clifford1689	32.5	2.1	6.3	0.5	44.5	14.1	191
clifford1690	29.2	4.2	9.7	0.0	40.3	16.7	72
fortescue1701	27.5	3.7	11.6	0.2	34.7	22.3	458
fortescue1707	20.2	3.8	14.4	2.9	29.8	28.8	104
clifford1752	36.1	1.4	11.1	1.4	30.6	19.4	72
All females in manuscript collections	25.7	3.7	11.2	1.2	38.4	19.8	1456

Ingredients from Named Males in Manuscript Receipts



Ingredients from Named Females in Manuscript Receipts

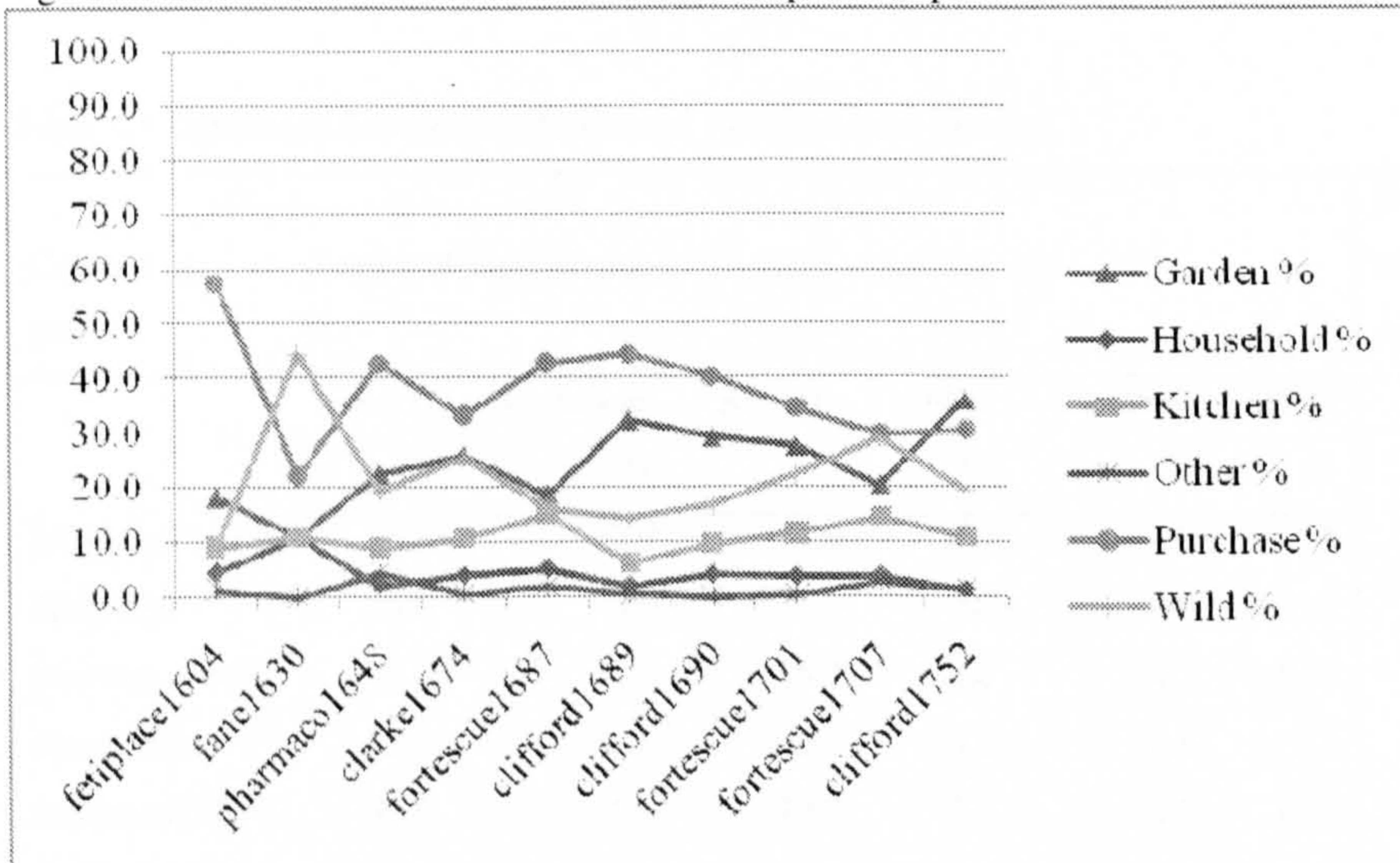


Figure 4.2 Medicinal Receipts from Named Individuals and Likely Ingredient Sources

The exercise is repeated in Table 4.5 for manuscript medicinal receipts particularly associated with doctors. Doctors' receipts show a similar proportion of garden-sourced items to males but a lower proportion of ingredients sourced from the household, kitchen and the wild. Here the doctors' receipts, as might be expected, showed the largest proportion of ingredients requiring purchase, almost 49% or half of all ingredients in receipts.

Over the seventeenth century it is difficult to discern clear trends, partly because accurate dating is difficult and partly because the number of receipts with known contributors is relatively few at just over 15% of the total (with 448 of 2909 of all manuscript receipts from named persons). However it is evident from the tables shown that there are differences in the proportion of purchased ingredients in receipts. The trend for increasing numbers of purchased ingredients is most marked amongst receipts from men, especially doctors.

Table 4.5 Ingredient Sources in Manuscript Receipts from Doctors

Collection title	Source of ingredients %						Count of all ingredients
	Garden %	Household %	Kitchen %	Other %	Purchase %	Wild %	
fetiplace1604	27.8	2.8	13.9	0.0	38.9	16.7	36
fane1630	0.0	0.0	0.0	0.0	100.0	0.0	3
pharmacol648	38.8	0.0	16.3	0.0	34.7	10.2	49
clarke1674	42.9	0.0	2.9	0.0	48.6	5.7	35
fortescue1687	30.6	0.0	12.2	0.0	42.9	14.3	49
clifford1689	18.4	1.3	5.9	1.3	49.3	23.7	152
clifford1690	27.3	1.1	1.1	1.1	46.6	22.7	88
fortescue1701	23.2	3.2	9.5	0.5	52.6	11.1	190
fortescue1707	8.8	2.9	11.8	0.0	64.7	11.8	34
All collections	24.8	1.7	8.2	0.6	48.7	15.9	636

Note: Clifford 1752 contained no named receipts from doctors.

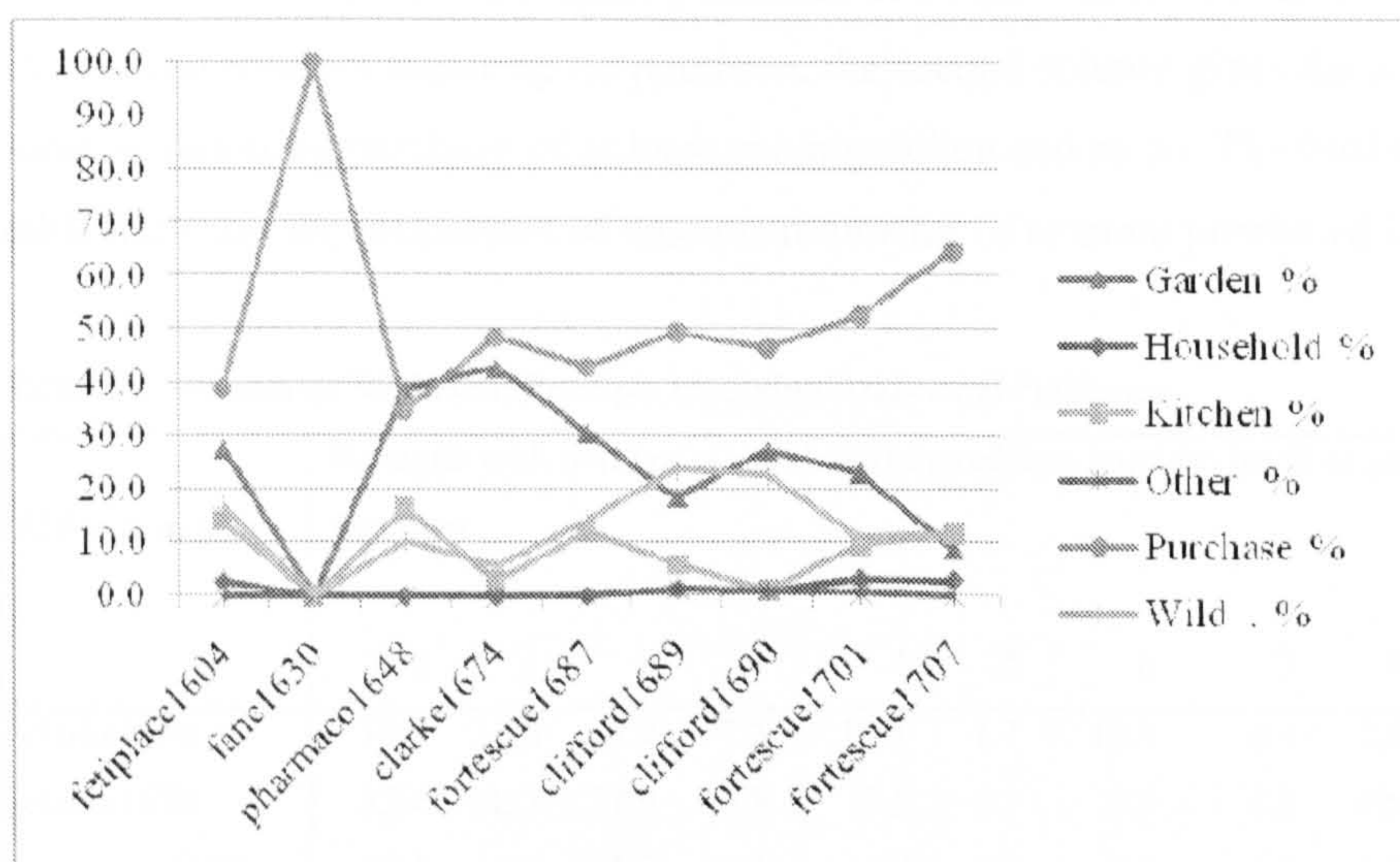


Figure 4.3 Ingredient Sources in Receipts from Doctors

Despite the trends noted above, a large number of ingredients could still be obtained without purchase and up to half of all receipt ingredients might potentially be sourced from the garden or the countryside, in addition to the reducing number of ingredients from kitchen and household. As pointed out earlier, it is possible that analysis based on source species might have slightly inflated these figures. Thus it is necessary to look more closely both at the extent to which each individual receipt required a purchase, and also the proportions of ingredients which did require some form of preparation

#### *Need For Purchases To Make Up Medicinal Receipts*

Of course all of the above tells us little about items which may have been used medicinally but were not purchased in a direct sense. There may have been receipts for remedies made entirely from plant ingredients derived from field or garden. Some items of animal or mineral nature could have been available in the household, garden or surrounding countryside, and some of these might have been unlikely purchases e.g. snails, cobwebs, urine. Although no direct payment might be involved, there may have been an implicit cost, for example labour time where servants were involved in gathering materials. These costs cannot be readily discerned in the accounting records.

It is worth considering what proportion of medicinal receipts might have involved additional purchase of one or more required ingredients. For this exercise, all ingredients listed in the medicinal receipt collections were examined again and coded as to likely

availability.<sup>519</sup> The analysis in Table 4.6 considers each receipt individually for the number of ingredients which could require purchase. Thus the first column gives the percentage of manuscript receipts requiring no purchase, the second column gives the percentage of receipts requiring purchase of at least one ingredient and so on. The final column in this table indicates the proportion of receipts requiring 10 or more purchased ingredients.

Table 4.6 Manuscript Medicinal Receipts Involving Additional Purchases

Collection title	Receipts with number of purchased ingredients required (as % of all receipts)										
	0	1	2	3	4	5	6	7	8	9	10 or more
clarke1650	14.5	14.5	15.9	7.2	10.1	8.7	15.9	4.3	2.9	0.0	5.7
clarke1674	32.4	28.3	17.9	8.5	3.5	3.1	0.9	2.5	0.6	0.6	1.6
fortescue1687	43.1	19.5	15.7	8.3	4.7	3.7	2.0	1.2	1.2	0.4	0.2
clifford1689	13.6	19.5	17.0	9.3	11.5	6.8	7.1	5.0	4.6	0.6	4.9
clifford1690	26.2	20.8	16.4	10.4	10.4	5.7	3.8	2.5	1.6	1.6	0.6
fortescue1701	22.9	28.0	16.6	12.7	7.5	3.9	1.5	2.1	1.2	0.6	3.0
fortescue1707	37.9	29.5	11.6	7.4	7.4	2.1	2.1	0.0	0.0	2.1	0.0
clifford1752	9.3	24.0	16.0	16.0	8.0	9.3	2.7	5.3	1.3	2.7	5.4
All collections	28.3	23.0	16.3	9.7	7.4	4.8	3.4	2.6	1.7	0.8	2.0

Overall, in 2021 manuscript medicinal receipts considered, there were just over 28% which did not appear to require at least one additional purchase. Thus, it appears that the majority of medicinal receipts, over 71%, did require some additional purchase. There were some variations, Lord and Lady Clifford having collections with recipes involving additional purchase ranging from 73.8 to 90.7% even though, as an aristocratic large household, they were more likely to have a range of equipment such as alembics for distillation of spirits, and labour for making up conserves and suchlike. The Fortescue and Clarke family recipe collections had lower proportions of additional purchase recipes ranging from 56.9% to 85.5%. For comparison a similar analysis was carried out on 11 printed receipt collections ranging from the early to late seventeenth century. When

<sup>519</sup> Items coded as likely to require additional purchase included wines and spirits, confections, oils and many prepared compounds, metals and minerals, spirits, salts and balsams, imported spices (apart from pepper) and other items, unusual animal and human parts, syrups and strong waters. In contrast many simple ingredients of culinary foods, animal parts, dairy, baked goods, meats and brewed drinks, could be found in the kitchen, household items might include cloth, thread, soap, water, textile dyeing ingredients whilst the garden and hedgerow could provide various leaves, flowers, roots, barks, fruits, insects and other creatures.

looking at printed recipe collections for medicinal use, a similar range of figures were found averaging at just under 66% of receipts requiring additional purchase.<sup>520</sup>

The gender of the receipt contributor also affected the proportion of purchased ingredients. If a named contributor for a medicinal receipt was noted then that receipt was even more likely to involve an additional purchase, some 81% of named source receipts in the manuscript collections required at least one purchase. Examination of the manuscript medicinal receipts which were recorded with named contributors suggests that female named sources were rather less likely than male sources to provide ingredient lists which would require recourse to the apothecary, or purchase elsewhere. Though the figures are not reliable since some collections had few named contributors, it is tempting to consider whether women may have been more aware of the costs of additional purchase, or at least of the possibility of substituted ingredients. However the overall point of this analysis is to show that a substantial proportion of the medicinal receipts did require additional purchases. So the extent of self-help based on medicinal receipts with ingredients entirely sourced in house and surrounding countryside was rather limited, to the 28% or so receipts which could reasonably be expected to be made without one or more purchases.

#### *Incidence of Prepared Ingredients in Medicinal Receipts*

We have already seen that substantial proportions of the medicinal receipts required purchases of ingredients. The above analysis may have been affected by inclusion of some prepared items as available from the kitchen and household, such as syrups and waters.<sup>521</sup> This assumption needs to be checked as it is possible that prepared items were bought even though they could be made at home. So what was the evidence in the receipts for use of prepared ingredients? A further examination of all of the receipts in manuscript and print collections was carried out to identify those that would involve ingredients pre-prepared in some way. It became clear that a substantial proportion of receipts also involved some sort of preparation of ingredients and Table 4.7 provides the detailed figures. As in previous tables the first column indicates the proportion of receipts containing no prepared ingredient, the second column gives the proportion of receipts requiring one prepared

<sup>520</sup> The highest proportion of no additional purchase receipts in printed publications was 51%, the lowest was 18%. Robert Boyle, *Medicinal Experiments, or, a Collection of Choice Remedies, for the Most Part Simple, and Easily Prepared* (London: Printed for Sam Smith, 1692), John Partridge, *The Treasure of Commodious Conceits, and Hidden Secretes, Commonly Called the Good Huswives Closet of Provision, for the Health of Her Houshold. Meete and Necessarie for the Profitable Use of All Estates. Gathered out of Sundry Experiments, Lately Practised by Men of Great Knowledge: And Now Newly Corrected and Inlarged with Divers Necessary Phisicke Helpes, Not Impertinent for Every Good Huswife to Use in Her House Amongst Her Own Famelie.* (London: Richard Jones, 1591), W., *Dr Lowers and Several Other Eminent Physicians Receipts.*

<sup>521</sup> The range of prepared items was wide including household items such as bread and wine. Many different types of processing could be based on one original ingredient. For example roses could be listed as cake, conserve, honey, juice, oil, spirit, sugar, syrup, vinegar, water.

ingredient. The final column shows the proportion of receipts requiring 10 or more prepared ingredients.

Table 4.7 Medicinal Receipts Involving Prepared Ingredients

Collection title	Number of prepared ingredients required (% of receipts)										
	0	1	2	3	4	5	6	7	8	9	10 or more prepared ingredients
clarke1650	20.3	36.2	21.7	8.7	8.7	1.4	1.4	0.0	0.0	0.0	1.4
clarke1674	33.0	39.0	19.5	6.0	1.9	0.0	0.3	0.0	0.0	0.0	0.3
fortescue1687	47.4	27.8	12.4	7.9	2.8	1.0	0.4	0.0	0.0	0.2	0.0
clifford1689	17.3	38.1	23.5	9.9	5.6	3.4	1.2	0.6	0.0	0.0	0.3
clifford1690	27.1	40.4	18.9	7.6	3.2	1.6	0.9	0.3	0.0	0.0	0.0
fortescue1701	30.1	37.3	18.4	8.1	3.0	1.2	0.6	0.6	0.0	0.0	0.6
fortescue1707	45.3	33.7	12.6	6.3	2.1	0.0	0.0	0.0	0.0	0.0	0.0
clifford1752	18.7	36.0	30.7	8.0	4.0	1.3	1.3	0.0	0.0	0.0	0.0
All collections	32.2	35.6	18.3	7.9	3.4	1.3	0.7	0.2	0.0	0.0	0.2

Based on the above calculations and assumptions, less than 33% of the manuscript medicinal receipts require no prepared ingredients. Thus it seems that some two-thirds of all receipts would have required some type of preparation of ingredients. This proportion reaches over 80% in several collections, notably the aristocratic Clifford household. The exception is the Fortescue family, and we have seen earlier that Margaret Boscawen expressed interest in ease of preparation of receipts, perhaps her interest was reflected in a larger proportion of ingredients that did not require significant preparation.

A combined approach was completed, in order to identify receipts which involved no purchased or prepared ingredients. Table 4.8 brings together the figures for medicinal receipts that require neither purchase nor preparation of an ingredient. Of the 2021 manuscript medicinal receipts a total of 291 receipts, just under 15%, required neither additional purchase or preparation, this proportion varying from 8 to 32% in the household manuscript collections.

Table 4.8 Medicinal Receipts Requiring Neither Purchased Nor Prepared Ingredients

Collection title	Receipts requiring no additional purchases	Receipts requiring no prepared ingredients	Receipts with neither purchased or prepared ingredients	Total number of receipts	Receipts with neither purchased or prepared ingredients %
clarke1650	10	14	8	69	11.6
clarke1674	103	105	66	318	20.8
fortescue1687	212	233	64	492	13.0
clifford1689	44	56	26	323	8.0
clifford1690	83	86	48	317	15.1
fortescue1701	76	100	45	332	13.6
fortescue1707	36	43	30	95	31.6
clifford1752	7	14	4	75	5.3
All collections	571	651	291	2021	14.4

The combined analysis suggests that some 85% of manuscript medicinal receipts required purchased or prepared items. This could be an underestimate since the assumption has been made that the ingredients requiring purchase excluded all items which might reasonably be home-produced in a substantial household such as grains, meats, and dairy products. In many early modern households these items would also have had to be purchased. Gathering of fruits, nuts and herbs might also have been presumed to cost little but in fact there was an implicit labour cost. This combined analysis implies that only 15% of receipts could be made without recourse to purchases or prepared ingredients.

At this point it is worth reviewing the recorded household expenditure on medicinal items. It was noticeable in Chapter 3 that some items were recorded as purchased even although they could have been available without expenditure apart from the labour of collection. They included fruits and nuts such as almonds, cherries, mulberries, quinces and walnuts and herbs such as agrimony, barberry, bay, betony, caraway, dodder, elecampane, elder, eringo, fennel, poppies, scurvy grass, violets and wormwood. Table 4.9 provides a summary of the proportions of named medicinal ingredients and medicines purchased and whether prepared or not. Overall there is much variation from almost 15% to almost 45% of purchases being prepared in some way. The proportions of purchased and prepared items were lower in the Clarke accounts, and higher for other households. Purchases for the Clarke household appeared to favour simple remedies such as roses. However the extent to which households appeared to purchase unprepared items is difficult



to judge since some prepared items may have been purchased from apothecaries and not individually identified.

Table 4.9 Purchases of Prepared Medicinal Items in Household Accounts

Household	Unprepared items (%)	Prepared items (%)	Number of itemised purchases
Clarke	85.1	14.9	316
Clifford	71.0	29.0	124
Fortescue	61.8	38.2	207
Strode	56.0	44.0	159
All households	71.2	28.8	806

#### 4.4 Gathering from Gardens and Wild-harvesting

In Table 4.3 we saw that a substantial proportion of medicinal receipt ingredients might be sourced from gardens or the wild, over 40% in many of the collections. Given these findings, it seems that the use of garden and wild-harvested ingredients needs some further consideration. There was certainly seventeenth-century literature which referred to the use of gardens as sources of plants for health and other purposes, especially noting the involvement of women. Clement Barksdale wrote in 1675 of a "fair Garden" for young gentlewomen to walk in and see beautiful flowers as well as "wholsome Herbs, and Physical Plants; whereof they learn the Use and Virtues".<sup>522</sup>

Responsibility for the garden appears to have been long established as part of the housewife's role.<sup>523</sup> However, I question whether we can presume that women had sufficient knowledge and time to run a garden. In 1523, John Fitzherbert published *The Booke of Husbandry* including detailed advice on care of sheep, horses and cattle as well as management of crops and woodland. Several pages are devoted to details of "what workes a wyfe should do in generall". In addition to a wide range of tasks caring for animals, children and husband, spinning, making of dairy products and clothes, caring for calves and poultry, going to market, the housewife is told:

in the beginning of March, or a little before is time for a wyfe to make her garden, and to get as many good seedes and herbes as she can, especially such as be good for the pot, and for to eat, and as oft as nede shall require it must be weeded, for els the weedes wyll overgrowe the herbes.<sup>524</sup>

<sup>522</sup> Clement Barksdale, *A Letter Touching a Colledge of Maids; or, a Virgin-Society* (London: 1675), fol. 2v.

<sup>523</sup> See chapter 3 in G. E. Fussell and K. R. Fussell, *The English Countrywoman: A Farmhouse Social History A.D. 1500-1900* (London: Andrew Melrose, 1953).

<sup>524</sup> John Fitzherbert, *The Booke of Husbandry, Very Profitable and Necessary for All Maner of Persons* (London: John Awdely, 1568), fols. 55r.

Fitzherbert does not mention health matters in the household specifically although he does give detailed descriptions of illnesses in cattle, horses and sheep with a few recommendations for treatment with bloodletting, surgery or herbs. He does note that the housewife may "haue so many things to do, that thou shalt not well know where is best to beginne" and suggests a general rule "take hede which thing should be the greatest losse if it were not done, and in what space it would be done, then thinke what is the greatest loss and then begin".<sup>525</sup> There was evidently a keen awareness of the amount of labour needed to run a household, as well as the way in which priorities could be established. Increasing interest in gardening and aspects of "improvement" in the seventeenth century has been noted, as well as womens' activities in the eighteenth century.<sup>526</sup>

Some printed collections of receipts did include limited advice on what and when to sow. Gervase Markham provides some instruction on garden herbs for housewives and includes advice, in the 1631 edition of the popular *English Housewife*, on sowing, cultivating, harvesting and drying of herbs.<sup>527</sup> This advice consists of "Knowledge of all sortes of hearbes belonging unto the Kitchin, whether they be for the Pot, for Sallets, for Sauces, for Servings, or for any other Seasoning, or adorning". However, rather than providing detailed instructions, Markham says of this "skill of Knowledge of the Hearbes, shee must get by her owne true labour and experience, and not by my relation,[which] would be much too tedious".<sup>528</sup> Markham provides little detail beyond a list of which months herbs are to be sown in, and several paragraphs of general advice.<sup>529</sup> Whilst Fitzherbert and Markham focus largely on herbs for the pot, some printed collections of receipts do advise on herbs with explicit medicinal uses. For example, a more detailed list of plants for sowing, grafting, pruning etc is given in *Natura Exenterata*, and includes larger items of trees and perennial shrubs. There are actually four lists, the first two of which are credited respectively to Lady Anne, Countess of Surrey, and to John Sinkley. The lists include specific instructions on the month of sowing or setting and the phase of the moon. Garden advice is included in a section entitled "Certain Secrets of Hearbs not Commonly to be found in any Common Herbal" which provides a brief description of the

<sup>525</sup> Ibid., fols. 53-56.

<sup>526</sup> See, for example T. C. Barnard, "Gardening, Diet and 'Improvement' in Later Seventeenth Century Ireland," *Journal of Garden History* 10 (1990): pp. 71-85, Mauro Ambrosoli, *The Wild and the Sown: Botany and Agriculture in Western Europe: 1350-1850*, trans. Mary McCann Salvatorelli (Cambridge: Cambridge University Press, 1997), chap. 5. For later developments involving women and botany see Ann Shteir, *Cultivating Women, Cultivating Science: Flora's Daughters and Botany in England, 1760-1860* (Baltimore and London: John Hopkins University Press, 1996).

<sup>527</sup> Markham, *The English House-Wife*, pp. 62-65.

<sup>528</sup> Ibid., pp. 62-63.

<sup>529</sup> Ibid., p. 64.

uses of some 14 herbs including colewort and onion.<sup>530</sup> Overall the sources providing medicinal receipts contain variable amounts of detailed gardening advice.

The extent of involvement of household members in managing gardens also appeared to vary, according to the accounts and letters. Some accounts from the Boscawen family estate at Tregothnan in Cornwall include disbursement and receipt amounts of a Robert Dandy for work in the orchard and garden at Nancarrow in Cornwall in 1680. There are frequent mentions of "my lady" and it is likely that Margaret Boscawen actively directed some of the work going on.<sup>531</sup> One particular example of interest in garden and wild medicinal plant ingredient sources is evident in the Fortescue family papers. This is a small booklet of 12 pages which contains numerous brief notes about plants to be gathered, saved, dried, sent for, and distilled. The likely compiler was Margaret Boscawen.<sup>532</sup> Brief details are entered, apparently from Culpeper's *The English Physitian*, of where and when certain plants could be obtained.<sup>533</sup> Many of the notes relate to trees and plants which would be found in the countryside, such as woody nightshade, adder's tongue, agrimony, and eyebright whilst other notes relate to plants which might be readily grown in the garden, such as lettuce, endive, succory and sorrel.<sup>534</sup> The booklet contains partial lists of various plants and their virtues, lists of herbs and flowers, when plants should be gathered, waters to be stilled, and seeds and roots to be saved. And on another page the compiler notes "I have not cost mary nor dill". Details of the transcribed entries can be found in Appendix 4.2. It is evident that not all of the items could be found locally as some were listed with reminders to obtain them from London.<sup>535</sup>

Some suggestion of differing experience and priorities for garden use in another household is shown when Mary Clarke writes to Edward with a proposal about the garden at Chipley. Mary is keen to make suggestions and is responding to his proposal to plant apple trees in the hedgerows. She suggests some changes which include use of the herb

<sup>530</sup> *Natura Exenterata*, p. 393.

<sup>531</sup> Robert Dandy's Disbursements and Receipts for Nancarrow, 1680, Fortescue of Castle Hill. 1262M/FC/16. DRO, Exeter.

<sup>532</sup> 40 Recipes for Healing King's Evil and Bundle of Bills Inc Small Booklet. [Plant Notebook], Fortescue of Castle Hill. 1262M/FC/7. DRO, Exeter. This 12 leaf booklet is interspersed with shorthand notes which are similar to those in Margaret Boscawen's "Large Book". This and other internal evidence (handwriting style, shorthand notes, references to printed books) suggest this notebook was compiled by the same person as the large medicinal receipt book or "Large Book" attributed to Margaret Boscawen.

<sup>533</sup> *Ibid.* Of 28 page references to plants, 19 can be matched to *The English Physitian* (1653) or further editions up to 1666. After 1666 the numerous pagination errors in this book were corrected. Nicholas Culpeper, *The English Physitian Enlarged: With Three Hundred, Sixty, and Nine Medicines Made of English Herbs That Were Not in Any Impression until This ... Being an Astrologo-Physical Discourse of the Vulgar Herbs of This Nation* (London: Peter Cole, 1653).

<sup>534</sup> 40 Recipes for Healing King's Evil. [Plant Notebook], fols. 4r and 4v.

<sup>535</sup> *Ibid.*, fol. 11r.

garden for another purpose:

... since my walke I have thought of a proposall to make to you... that is to sett that part which we call the Old house garden with aple trees which will answare the other part, and looke well on each side if you should ever be so luckey as to purchess that which Webber now rents and make a highway up to your house between the ponds and the walkes and codling hedge and philbert hedge; I beleve there may be a place found for the kitchen garden in that which they call the herbe garden and the cherry garden and the pond garden;<sup>536</sup>

Mary appears to be most concerned to improve the "look" of the garden for a family of some status, and is not worried about keeping the "herb garden". She is annoyed that some of the produce is wasted adding, "methink it is not resonable that I should lay out part of my childrens fortunes to provide garden stuff for part of the knayborhood or else to lett it rott and at last be flung away".<sup>537</sup> The disagreeable response she receives from Edward is not promising and, in her next letter, Mary backs away from making such suggestions:

I doe assure you I shall allways give my assent to anythinge that you give your orders for and had I knowne that you had soe well considered that matter I should have bin soe impertinent... but I find you did not understand me aright if you thinke I ment to make all those 3 gardens you mention into chitching[kitchen] gardens for my meaning wass to make one of them a cabbage garden, and that which happened to be now growing in that garden might be removed to the others.<sup>538</sup>

Indeed, Mary claims that she is not an expert in gardening matters, reminding Edward that "I mentioned not being able to judge which is the most proper ground for cabage of the three, but must leave that to John Barber, who I am of the mind will vote against it all".<sup>539</sup> Thus knowledge of plants and horticultural matters cannot be assumed amongst women of gentry households, and even if Mary did "know her onions" she seems to indicate that she would readily give way to others in matters concerning the gardens.

### *Gathering From The Wild*

If the level of knowledge about gardens and plants cannot be readily assumed then what about gathering of plants in fields and woods, sometimes referred to as wild-crafting or wild-gathering? Wild-gathered herbs were perceived to be superior at least from the late sixteenth century. John Partridge's 1591 edition of *The Treasurie of Commodious Conceits* includes brief instructions about the best times of year to gather seeds, flowers, herbs, roots and fruits saying that, "those hearbs that growe in the fieldes are better than those that

<sup>536</sup> Mary Jepp Clarke to Edward Clarke, 3 Nov. 1694, BIWLD. 194R. Alexander Street Press, Alexandria, VA.

<sup>537</sup> Ibid.

<sup>538</sup> Mary Jepp Clarke to Edward Clarke, 10 Nov. 1694, BIWLD. 195R. Alexander Street Press, Alexandria, VA.

<sup>539</sup> Ibid.

growe in the Townes and Gardens, and those that grows on hilles in the fields are best for medicines, for commonly they be best, and not so fat, and haue more vertue".<sup>540</sup> Plants were regarded as alternatives to imported drugs, as noted by the parson-poet George Herbert in 1620:

In the knowledge of simples, one thing should be carefully observed, which is to know which herbs may be used instead of drugs of the same nature, and make the garden the shop ... Accordingly, for salves the wife seeks not the Citty, but prefers the garden and the fields before all outlandish gums. And ... have done great and rare cures.<sup>541</sup>

However printed details of how to recognise wild herbs tended to be minimal. Some all-purpose advice on gathering plants is included in *Natura Exenterata*, which says "To know when to gather all sorts of Simples in their severall Seasons: From the 25 of March till Misomer the leaves and flowers are in Season: from Midsomer till Michaelmas the Crops and Herbs are in Season: and from St Andrews to the 25 of March the roots of Herbs are in force".<sup>542</sup> Although there was ongoing support for the view that home-grown remedies were better for the constitution of the body, it seems that the knowledge of which were native plants and which were not could be patchy. A later publication of the eighteenth-century, Bailey's *Dictionarium Domesticum* makes a selling point of the inclusion of "qualities and uses of physical herbs and plants of English growth", and their use in "the Maladies, to which the *British* Constitutions are liable". Despite these claims, the alphabetical listing of ingredients includes a large number of imported and exotic items such as Virginian snakeroot for ague and amber for cordials.<sup>543</sup>

Margaret Boscawen's notes include a substantial array of plants, and some 87 plants are named altogether. Brief notes are entered for many and these can be traced to Nicholas Culpeper's *English Physitian Enlarged*. No dates are included in this plant notebook. Details recorded for many of the plants specify the time of flowering with occasional notes as to possible uses. There is also a list of 21 plants which are to be distilled. It appears that Margaret is keen to be able to positively identify many of these plants. Several of the entries suggest that she is especially keen to discriminate between similar-named, but different plants. For example, she notes that the Black Alder tree flowers in May, whilst

<sup>540</sup> Partridge, *The Tresurie of Commodious Conceits*, chap. 89. The view that wild-gathered plants may be more effective is not confined to early modern writers. Anthropological studies have shown that tribal peoples such as the Hausa in Nigeria "regard a wild species as more potent than its cultivated counterpart" whether for flavouring or medicine. Nina L. Etkin, ed. *Eating on the Wild Side: The Pharmacologic, Ecologic, and Social Implications of Using Noncultigens* (Tucson: University of Arizona Press, 1994), p. 4.

<sup>541</sup> Cited in S. R. Hunt, "Seventeenth Century Manorial Medicine," *Pharmaceutical Journal* 229 (1982): pp. 758-60.

<sup>542</sup> *Natura Exenterata*, p. 278.

<sup>543</sup> N. Bailey, *Dictionarium Domesticum, Being a New and Compleat Houshold Dictionary, for the Use Both of City and Country* (London: Printed for C. Hitch and C. Davis, 1736), title page and frontispiece.

the common Alder tree flowers in April and May.<sup>544</sup> Information about the location of these trees according to Culpeper is also recorded in Margaret Boscawen's "large book," which states that "the Blacke Alder Tree: the place is in woods or neere Brookes side Flowre in May, the Berries are ripe In september/ common Alder Tree: It delighteth to grow in moist woods and watery places Flowres in Aprill or May: yealdeth ripe seed In september".<sup>545</sup> These "large book" entries are made on a page with other receipts dated 1673 and 1674. A distinction is made here between several types of "alder", possibly referring to the Alder Buckthorn (*Rhamnus cathartica*) and Common Alder (*Alnus glutinosa*). Allen and Hatfield note that the former "was once a standard purge for constipation" but that although plentiful, its use may have been abandoned apart from with cattle.<sup>546</sup> The Alder is not commonly mentioned in herbals and other sources, it has a brief entry in Turner's Herbal as the bark used for dye where it is noted that "some say that the juice of an alder tree's bark is good for a burning. The leaves are cold and astringent and so is the bark also".<sup>547</sup>

In her plant notebook Margaret lists some herbs which she does not have, including costmary and dill, and writes that she must send to London for horseradish root, gentian root, cipresse, citron rinde and the bark of the black alder tree.<sup>548</sup> Some of these items could have been readily grown in the garden, or found locally in the wild, and it is not entirely clear why Margaret needs to send to London. In Culpeper's *English Physitian Enlarged*, the notes about location specify the woods where the Black Alder tree can be found, "this tree or shrub may be found plentifully in St John's Wood, by Hornsey, and the woods on Hampstead-heath; as also in a wood called Old Park in Barscomb, Essex, near the brook's side".<sup>549</sup> This might explain why Margaret sends for the "barke of the blacke alder tree" from London. She may have been unaware that the tree could be widely found in her own locality.<sup>550</sup>

Margaret also notes details of several types of agrimony, "Agrimonye groweth upon Banks neere the sides of Hedges: the time in July or August the seed being ripe

<sup>544</sup> 40 Recipes for Healing King's Evil. [Plant Notebook], fol. 12r.

<sup>545</sup> 3 Recipe Books [Large Boke], fol. 46.

<sup>546</sup> David E. Allen and Gabrielle Hatfield, *Medicinal Plants in Folk Tradition: An Ethnobotany of Britain & Ireland* (Portland, Oregon: Timber Press, 2004), p. 171.

<sup>547</sup> William Turner, *A New Herball: Wherin Are Conteyned the Names of Herbes in Greke, Latin, Englysh, Duch, Frenche, and in the Potecaries and Herbaries Latin, : With the Properties Degrees, and Naturall Places of the Same* (London: Steven Mierdman, 1551), p. 44..

<sup>548</sup> 40 Recipes for Healing King's Evil. [Plant Notebook], fols. 3v, 11r.

<sup>549</sup> Culpeper, *The English Physitian Enlarged*, pp. 10-11.

<sup>550</sup> Black Alder or Alder Buckthorn (*Rhamnus frangula*) can be found in "woods and thickets throughout England". Grieve, *A Modern Herbal*, p. 135.

shortly after: ... water Agrimony, at the same Time, the seed being ripe shortly after Alexander It is in gardens flowres in June and July: the seed ripe xx in August".<sup>551</sup> A distinction is made here between the common Agrimony (*Agrimonia eupatoria*) and Water Agrimony (either *Bidens tripartita* or *Eupatorium cannabinum*).<sup>552</sup> The former was a widespread astringent ingredient in receipts examined here both in receipts in manuscript and printed collections, appearing almost 200 times. The two plants also appear in Culpeper *English Physitian*.<sup>553</sup> It seems likely that Margaret had extended access to a copy of this book as the notes appear to have been made over a period of time. Her notes are highly selective, concisely conveying the information needed to locate, differentiate, and use the herb at the appropriate time. She does not often include any of the other extensive detail given by Culpeper regarding the description and the virtues of each plant. This effort to record descriptive details and avoid confusing plants with similar names suggests that recognition of plants was deemed important but perhaps not quite so straightforward in this period.

In this context we should note that some of the purchases in the household accounts are for plants that could have been readily available in the garden and surrounding fields, hedgerows and woods. Table 4.10 lists such plants which involved household expenditure, sometimes for gathering costs and sometimes as a purchase from an individual or an apothecary.

<sup>551</sup> 3 Recipe Books [Large Boke], fol. 46v.

<sup>552</sup> Water agrimony is described as Hemp agrimony or as Bur marigold by different sources, see Grigson, *The Englishman's Flora*, p. 375, Grieve, *A Modern Herbal*, p. 15.

<sup>553</sup> Culpeper, *The English Physitian Enlarged*, pp. 6-7.

Table 4.10 Medicinal Purchases of Plants which Could Have Been Gathered

Clarke household	Clifford household	Fortescue household	Strode household
agrimony	broom	dodder	betony
camphire	buckthorn	elecampane	elder
carrot	fennel	gentian	pennyroyal
centaury	gentian	herb	poppy
elecampane	hemp	melilot	violet
garlic	herb	onion	
succory	root	pear	
wormwood	samphire	setwell	
		strawberry	

This discussion has raised questions about the households and the plant and gardening knowledge of lay individuals involved in healthcare. In Cornwall in the 1670s, the records suggest that Margaret Boscawen was very keen to use plants in various ways and to ensure supplies, although her knowledge of some of the plants appeared incomplete. She made detailed notes to support her interest. In contrast in the 1690s in Somerset, Mary Clarke was unable to claim expertise in relation to the garden plans at Chipley, and her priorities did not appear to include herbs, culinary or otherwise. I suggest that these examples should make us question how widespread was knowledge of plants as medicines. It appears that limited information about plants was available through print sources, and although this knowledge may have been desired by some individuals access to such knowledge may have been problematic. According to Alix Cooper, local knowledge became increasingly favoured by learned university and professional men, and descriptions of plants were appropriated by them in their publications of local flora.<sup>554</sup> Having brought into question the ready availability of some of the medicinal receipt ingredients, I next consider some aspects of the processes of preparation of remedies.

#### 4.5 Nature of Preparations

The question of preparation of medicines was one which exercised medical practitioners in the later seventeenth century. Physicians attacked apothecaries for "betraying any trust committed unto them by Physicians", as put by Jonathan Goddard, a

<sup>554</sup> Alix Cooper, *Inventing the Indigenous: Local Knowledge and Natural History in Early Modern Europe* (Cambridge: Cambridge University Press, 2007), pp. 25-29. On the rise of learned botanical knowledge, see also Chapter 1 in Ian Maclean, *Logic, Signs and Nature in the Renaissance: The Case of Learned Medicine* (Cambridge: Cambridge University Press, 2002).



Fellow of the College of Physicians and the Royal Society.<sup>555</sup> In a 1670 publication, Goddard argues that physicians should make some of their own medicines, using servants "who shall be no ways capable of discovering his Secrets, but only fit to kindle Fires, tend a Still or Furnace, beat at a Mortar &c". Indeed he says he would rather see patients making their own medicines than giving business to apothecaries "...it were far better to teach Patients any Medicines, then practising Apothecaries; for those, if they have any ingenuity, will be sensible of the benefit, and at most, but use it again for themselves, some friend, or the poor for charity".<sup>556</sup> And he adds that preparation of medicines would be no "dishonour" since "worthy Ladies and Gentlewomen of quality, do employ themselves in making Confections, and Medicines internal and external".<sup>557</sup>

The process of preparation could be noisy and smelly and a contrary view can be found. Also published in 1670, Christopher Merret explains that a busy physician should not make his own medicines because he will be "exposed to a perpetual disturbance by the noise of the Mortar, and have his spirits dampt by the unpleasant steems of Glysters, Oyntments, and Plasters, and necessitated to convert his house, which the honour of the Profession requires neat and splendid, into a Hogsty". This "grease, stinking Glyster-Pipe, and Plaister-Box Doctor" would not "be endured in the præsence of some delicate tender-sented Ladies, that are his Patients".<sup>558</sup> If some physicians considered these processes unsuitable for ladies as patients then it is questionable whether lay household practitioners preferred to make their own medicines rather than purchase them.

Table 4.11 provides a breakdown of the processes involved in receipt collections drawn from both manuscript and printed sources through the "longer" seventeenth century. The receipt collections were coded to identify medicinal receipts requiring distillation or heating processes. The remaining receipts were coded according to whether any mixing, grinding or non-heat processing such as steeping was required, or no process at all. Processes appeared to be altering during the seventeenth century. The majority of the preparations involved "kitchen" processes of heating but these were reducing whilst mixing, grinding and infusing without heat were increasing in both manuscript and print receipt collections. This change might reflect the increased use of purchased and prepared

<sup>555</sup> Jonathan Goddard, *A Discourse Setting Forth the Unhappy Condition of the Practice of Physick in London and Offering Some Means to Put It into a Better; for the Interest of Patients, No Less, or Rather Much More, Than of Physicians* (London: John Martyn and James Allestry, 1670), p. 61.

<sup>556</sup> *Ibid.*, p. 30.

<sup>557</sup> *Ibid.*, p. 31.

<sup>558</sup> Merret, *The Accomplisht Physician*, p. 57.

items seen previously, as these could be mixed readily without heat. Receipts requiring distillation varied from less than 2% to over 25% of the receipts overall.

Table 4.11 Preparation Methods in Medicinal Receipt Collections

Collection title	Distillation %	Heating %	Mixing %	Other %	All preparations
fetiplace1604	8.5	63.1	26.0	2.3	597
fane1630	1.8	0.0	0.0	98.2	57
pharmacol648	9.8	50.9	39.3	0.0	234
clarke1650	27.5	50.7	20.3	1.4	69
clarke1674	9.1	48.1	39.9	2.8	318
fortescue1687	10.4	32.3	37.6	19.7	492
clifford1689	22.3	44.9	31.0	1.9	323
clifford1690	12.6	44.8	40.1	2.5	317
fortescue1701	10.2	42.8	40.7	6.3	332
fortescue1707	4.2	54.7	33.7	7.4	95
clifford1752	18.7	46.7	34.7	0.0	75
<b>Manuscript collections</b>					<b>2909</b>
dawson1587	17.5	57.5	25.0	0.0	40
widows1588	4.3	59.5	34.4	1.8	163
partridge1591	7.5	70.0	18.8	3.8	80
markham1631	15.9	43.1	36.4	4.6	283
choice1653	10.7	56.9	31.3	1.1	355
natura1655	10.0	46.5	39.5	3.9	1470
coelson1656	1.4	53.3	40.9	4.5	291
queens1659	14.0	48.0	33.6	4.4	342
ladies1685	14.4	41.9	39.3	4.4	229
boyle1692	1.0	28.7	65.3	5.0	101
lower1700	4.2	37.9	57.5	0.5	214
<b>Print collections</b>					<b>3568</b>

Note 1: Figures for fane1630 not complete as processes not recorded when visiting Kent Record Office.

Note 2: Figures for fortescue1687 include a large number of "other" because of titles listed from other sources but without recipe details.

Detailed studies of domestic technology appear to have been largely limited to general descriptions of kitchens in households.<sup>559</sup> Jekyll identified typical cooking utensils

<sup>559</sup> David N. Durant, *Life in the Country House: A Historical Dictionary* (London: John Murray, 1996), Mark Girouard, *Life in the English Country House: A Social and Architectural History* (New Haven and London: Yale University Press, 1978), P. A. Sambrook and P. C. D. Brears, *The Country House Kitchen, 1650-1900: Skills and Equipment for Food Provisioning* (Stroud: Sutton Publishing in association with the National Trust, 1996). Other studies of household technology have concentrated on nineteenth-century or later changes with emphasis on the increasing role

found in cottages as including "iron pots, skillets of brass or bronze, long-handled frying pans, earthen cooking pots inc pipkins with handles".<sup>560</sup> A more recent survey is that of Nancy Cox which describes the introduction of increasingly specialized cooking equipment in the early modern period, from a vessel hanging over an open hearth to various devices for controlling heat.<sup>561</sup> Some advice books carried detailed recommendations as to the equipment which might be kept by noble families to provide for themselves and others. A translation of Philbert Guibert published in 1639, *A Treatise or Catalogue of Those Instruments which the Rich Ought to Have in Their Houses*, lists syringes or bladders, pots, sieves, weights, spatulas, mortars, basins and skillets.<sup>562</sup> Much of this equipment needed for making up most medicinal preparations was available in the household kitchen. Altogether 191 different types of preparation were identified in the manuscript and printed receipt collections. These were linked to 14 preparation categories. Appendix 4.3 summarises details of preparations in the manuscript receipt collections.<sup>563</sup> The most predominant types of preparations were drinks, ointments, plasters, and spirits. All but the spirits could be made with kitchen equipment.

The household accounts reveal few entries for purchases of specialised equipment such as glister pipes for medicinal use. There are records of purchases for equipment for cleaning (such as brooms), general kitchen work and brewing (sieves, earthenware, funnels and bottles) and for dairy work (tin pans and ladles). For example in the Fortescue accounts in 1698 there is a purchase of "bouls scales and ladle and pipes" for 3s 10d. Shortly after there is a purchase of "earthen potts for the dairies and a dish" for 1s. In 1699

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of the consumer, for example Ruth Schwartz Cowan, *More Work for Mother: The Ironies of Household Technology from the Open Hearth to the Microwave* (London: Free Association, 1989), pp. 75-78.

<sup>560</sup> Gertrude Jekyll, *Old English Household Life: Some Account of Cottage Objects and Country Folk* (London: B. T. Batsford, 1925), p. 51.

<sup>561</sup> Nancy Cox, "A Flesh Pott, or a Brasse Potte or a Pott to Boile in': Changes in Metal and Fuel Technology in the Early Modern Period and the Implications for Cooking," in *Gender and Material Culture in Historical Perspective*, ed. Moira Donald and Linda Hurcombe (Basingstoke: Palgrave Macmillan, 2000), pp. 147-49.

<sup>562</sup> Philbert Guibert, *The Charitable Physician with the Charitable Apothecary. Written in French by Philbert Guibert Esquire, and Physitian Regent in Paris: And by Him after Many Severall Editions, Reviewed, Corrected, Amended, and Augmented. And Now Faithfully Translated into English, for the Benefit of This Kingdome*, trans. I. W. (London: Thomas Harper, 1639), p. 41. Guibert also provided a list of 78 "medicaments" which "the rich ought to have in their houses". Another list from Thomas Brugis, *The Marrow of Physicke. Or, a Learned Discourse of the Severall Parts of Mans Body. Being a Medicamentary Teaching the Maner and Way of Making ... Such Oiles, Unguents, Sirrups ... Pilles, &c. ... As Shall Be Usefull and Necessary in Any Private House ... And Also an Addition of Divers Experimented Medicines. Which May Serve against Any Disease That Shall Happen to the Body. Together with Some Rare Receipts for Beauties, and the Newest and Best Way of Preserving and Conserving: With Divers Other Secrets Never before Published* (London: 1640). Cited in Wear, *Knowledge and Practice*, pp. 53-54.

<sup>563</sup> Internal categories of preparations, food includes roast and baked items, gargle includes all mouth preparations, suppository includes pessaries, syrup includes all sugar-based conserves. External categories, bandage includes cloth, paper, string items, drops includes ear, eye and nose drops. Several categories such as powder and spirit were used both externally and internally.

further expenditure is made for kitchen/dairy items.<sup>564</sup> Indeed little specialist equipment would have been needed for most preparations. Much equipment might have been used for both culinary and medicinal purposes, such as mortars, sieves, funnels, and pots. A few entries provide details of specific items or equipment necessary for an episode of sickness requiring extra cleaning. For example, the Fortescue accounts record that a bed pan is bought in 1697 for 3s 7d. On the same page is a reference to purchase of "scouring sand and sand for the rooms" at 2s 6d.<sup>565</sup> Another item for medicinal use was paper used for treating skin wounds or complaints, the Fortescue accounts mention purchase of "Issue paper" for 6d in 1704.<sup>566</sup> Paper may have had significant uses in household healthcare, recalling the comment which Mary Clarke makes in 1698 of her children that, "if they fall down and break their foreheads a little Hungary water and bitt of brown paper will cure it agen".<sup>567</sup> However it is largely impossible to determine the extent of making medicines by these households from the equipment purchases in household accounts. The only process which clearly did require specialist equipment was distillation.

Distillation was flagged up in Chapter 2 as an interest of several collectors of medicinal receipts. Thus, it is relevant to examine the records for the presence of stills or limbecks. Distillation equipment was fairly specialist.<sup>568</sup> Sir Hugh Plat recommended that, "the manner of drawing or extracting of the oils out of Herbs or Spices, with all necessary circumstances" required a "Copper body, or Brass pot, with a Pewter Limbeck, and a glass Receiver".<sup>569</sup> Some receipts give detailed indications of the equipment needed for distillation. For example the instructions for processing herbs given in the Clifford receipt collection dated 1689 include:

The more Juicy plants such as are Cellandine succory ... are to be stilled in a Common Cold still without the addition of any water at all. But those herbs that doe not abound soe much in moisture such as Lavender Sage, pennyroyall etc... distill them in a Allembacke with a moderate fire... And those Simples that will Indure but a very gentle heate as black cherries Scurvy grass and froggs spawne are to be distilled in glass Alembicks in water.<sup>570</sup>

<sup>564</sup> Detail of items includes earthenware, spoons, milk pans, brass kettle, wooden ware. Household Account Book, 1699-1704, fols. 8r, 12r.

<sup>565</sup> Ibid., fol. 4r. Unfortunately no letters from 1697 were located to confirm the nature of this sickness.

<sup>566</sup> Ibid., fol. 34r.

<sup>567</sup> Mary Jepp Clarke to John Spreat, 22 Oct. 1698.

<sup>568</sup> An excellent history of distillation techniques can be found in R. J. Forbes, *A Short History of the Art of Distillation from the Beginnings up to the Death of Cellier Blumenthal* (Leiden: E. J. Brill, 1970). See also discussion of the development of trade in aqua-vitae in C. Anne Wilson, *A History of Wine-Distilling and Spirits, 500 BC-AD 2000* (Totnes: Prospect Books, 2006), chap. 9.

<sup>569</sup> Hugh Plat, *The Jewell House of Art and Nature. Conteyning Divers Rare and Profitable Inventions, Together with Sundry New Experiments in the Art of Husbandry: With Divers Chymical Conclusions Concerning the Art of Distillation, and the Rare Practises and Uses Thereof* (London: Bernard Alsop, 1653), p. 147.

<sup>570</sup> The Right Honorable the Lady Cliffords Booke of Receipts, p. 73.

A note is added to this particular entry that "I had these [instructions] from the best Chimester in England A.T".<sup>571</sup> There is evidence of stills for distillation in the Clifford, Fortescue and Strode households. A detailed inventory was taken of the Clarke household at the death of Edward Clarke's father but no stills were recorded.<sup>572</sup> In the Fortescue household account, there is a reference to repair of a still in 1700, associated with additional pans and funnels:

[1700]	for mending the still	00 01 00
	for 2 drying pans	00 04 08
	for 2 funills	00 01 02 <sup>573</sup>

And a still is also in use in the Fortescue household in 1702, where supplies are purchased for distilling:

[1702]	for xxxx[rubbed out] spirrits to still	00 12 09 <sup>574</sup>
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Other items which may have been related to the use of a still:

[1698]	for 2 pairs of bellos	00 03 00
[1704]	for gallipots	00 03 06 <sup>575</sup>

Anne Strode evidently has access to distillation equipment, as she buys brandy in 1679 to "still". There would have been plenty of bottles:

[1694]	for 5 dosin & half of bottles	00 11 00 <sup>576</sup>
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She also purchases an "infusing glass" on several occasions, though it is not clear if this is for tea drinking:

1710	Lady Day for an infusing glass	00 01 04
	Midsumer ... for infusing glasis	00 03 10 <sup>577</sup>

Despite the evidence above we should consider that not all stills would have definitely been used for medicinal waters. A survey of Uffculme inventories in Devon between 1525 and 1720 refers to stills used for the making of "still liquor" or apple brandy.<sup>578</sup>

Although stills were evidently in use in these households, some findings from inventory studies suggest that not all stills were in frequent use. A survey of inventories in Cornwall provides some indication of the level of ownership of stills, and details are given

<sup>571</sup> Ibid. The identity of the writer is unknown.

<sup>572</sup> "Inventory of the Goods of Edward Clarke Taken and Exhibited in the Yeare 1679", Sanford Family of Nynhead. D\ASF/283. SARS, Taunton.

<sup>573</sup> Household Account Book, 1699-1704, fol. 14r.

<sup>574</sup> Ibid., fol. 23r.

<sup>575</sup> Ibid., fols. 18r, 31r.

<sup>576</sup> A. Strodes Expences, 1679 to 1718, fol. 33r.

<sup>577</sup> Ibid., fols. 51v, 52r.

<sup>578</sup> Wyatt, *The Uffculme Wills*, p. xxv.

in Appendix 4.4.<sup>579</sup> Between 1601 and 1745 a total of 64 stills were mentioned in the records of 56 inventories sampled from Cornwall parishes. The total sample size was 4112 and this provides a measure of about 1.6% of the population, the average wealth indicated in this sample averaging at just over £176 though there was a wide range of inventory totals from less than £30 to over £800. The status of the individuals inventoried ranged widely from gentleman to yeoman, with a number of surgeons, butchers, victuallers and other occupations including schoolmaster, cordwainer, tinner, cooper. Within the sample of still owners there were also four widows and one mistress. These detailed records provide an indication of the average value of a still for inventory purposes, at 18 shillings, varying from less than 2 shillings to over £3. In 10 cases the condition of the still was mentioned, as an "old" or "part" or "broken" still. In some of the inventories a location in the house is given, the kitchen (3), buttery (4), house below the buttery (1), closet (1), hall (1), parlour (1) as well as the brew house and woodhouse (1) or store plot (1). However almost as many locations are given which suggest that the equipment might be temporarily in store or even permanently out of use, these being the chamber over the inner hall (2), chamber over the buttery (1), chamber over the kitchen (1), chamber over the stairs (1), in second chamber (1), in dairy chamber (1), in corn chamber (1), over the workhouse (1) or in another chamber (2). In all a total of 16 stills are either described as old in some way or are in a chamber and out of use, a proportion of 25%. These stills were perhaps too valuable to throw away but becoming too expensive or possibly inconvenient to repair or use. This finding contrasts with the choices to include distillation-based receipts in some of the manuscript collections. Closer examination of a particular receipt in the Clifford manuscript collection provides a possible key to these findings.

#### **4.6 The "Trouble" with Distillation**

One medicinal receipt suggests that there may have been change in the way distillation was regarded. Entitled "A very good Cordiall water without the trouble of a Still", this receipt lists ingredients for standing in brandy for a three week period.<sup>580</sup> This receipt raises some intriguing questions about distillation in seventeenth-century household medicine. This cordial is the last but one of 16 cordial receipts in the collection, "The Right Honorable the Lady Cliffords Booke of Receipts" dated 1689, of which 11 needed to be distilled. The actual receipt refers to the use of brandy instead of the usual procedure to distill spirits, and is given in full here:

<sup>579</sup> Overton et al., *Production and Consumption*. My thanks to the authors, and to Jane Whittle for her help, for access to data from this detailed database sample of inventories in Cornwall.

<sup>580</sup> The Right Honorable the Lady Cliffords Booke of Receipts, p. 245.

A very good Cordiall water without the trouble of a Still.  
 Take two quartes of brandy and keepe it in a great glasse with a Reasonable narrow mouth, put into it of Cloves, nutmegg, Cinamon, and Ginger, Cardemom-seeds, Corriander seeds, anes-seeds, liquorish, of each of these ["but a quarter of an ounce anes-seeds" added] halfe and Ounce bruised, Long pepper and grains of each of these ["half an ounce" crossed out] one drame bruised, Elicampane. 2 drams bruised. Lett all these steepe in the brandy a fortnight, then pour it out into another glass softly. so long as itt will Run Cleare. then put more brandy into the the glasse where the Ingredients are, and lett that stand three weekes. and so long as you find there is any strength in the Ingredients, still put in more brandy and let it stand every time longer and longer Then take your first two quartes of brandy which you poured of . and put in it four ounces of white sugar Candy and so much Syrupp of Clove-Jelly-flowers as will well Colour itt with store of Leafe gold give 2 spoonfulls att a time: It is good in case of any Illness or Swouning to drive out any Infection and venemous humours, It is good for wind in the Stomack and to keep out Cold.<sup>581</sup>

So why should this particular receipt be significant? What is the "trouble" with a still? Perhaps the answer lies in the demanding nature of distillation, particularly in terms of servant labour. The need for lengthy procedures and servant labour in distillation is suggested in various sources. In a 1667 play, *Elvira*, there is "a curious scene of a laboratory in perspective". Silvia, a lady's maid, is asked by her mistress, "to gather store of/ Fresh orange flowers, and then carefully/ To shift the oils in the perfuming room/ As in the several ranges you shall see/ The old begin to wither; to do it well/ Will take you up some hours; but 'tis a work/ I oft perform myself".<sup>582</sup> Although the lady claims she does carry out this work, she emphasises that the work will take "some hours". Jayne Archer records that Dame Margaret Verney (d.1641) at Claydon House, had a "preserving room" and "spicery with furnaces, brewing vessels and a brass skillet" and may have been assisted by at least six waiting gentlewomen.<sup>583</sup> Of the extensive list of medicinal items prepared by Elizabeth Walker it was said, "these cost Money, but more Pains and Labour to prepare them".<sup>584</sup> Thus these activities were costly, time-consuming and above all, highly labour intensive. As economic conditions changed in the seventeenth century it seems relevant to ask whether the cost and availability of domestic labour would have also influenced the

<sup>581</sup> Ibid., pp. 245-46.

<sup>582</sup> From George Digby, Earl of Bristol, *Elvira, or, The Worst Not Always True* (1667) cited in Michael R. Best, *Gervase Markham. The English Housewife: Containing the Inward and Outward Virtues Which Ought to Be in a Complete Woman; as Her Skill in Physic, Cookery, Banqueting-Stuff, Distillation, Perfumes, Wool, Hemp, Flax, Dairies, Brewing, Baking, and All Other Things Belonging to the Household* (Kingston and Montreal: McGill-Queen's University Press, 1986), pp. xl-xli.

<sup>583</sup> Archer, "Women and Alchemy", pp. 4.iv, 5.xv.

<sup>584</sup> Wear, *Knowledge and Practice*, p. 55.



nature of medicinal preparations at home. This question would be of particular relevance in the town or city where at least half of households might have no servants.<sup>585</sup>

So who would have deemed a still unnecessary? The use of a still as a means of purification in producing a cordial was not easily dispensed with by those with "chymical" knowledge. For those who saw medicinal preparations as a status symbol, an expensive and time-consuming preparation was appropriate, and such people would have been unlikely to favour a receipt which suggests that use of a still is a "trouble". Another possibility is that the receipt was entered by someone more interested in the end-product than in the process of preparation. Such a perspective may reflect interest in a new genre of self-help receipts for which ready-prepared ingredients such as brandy were deemed suitable and effective. Thus, the process of purification by distillation might no longer have been regarded as essential for the efficacy of the final product.

One other receipt from a popular later seventeenth-century publication flags up this interest in the end product rather than the process. Entitled "An excellent sweet water", it comes from the *Accomplish'd Ladies Delight*, and provides an "instant" sweet water, saying "Note that you may make a sweet water in an instant, by putting in a few drops of some distilled Oyles together into some Rose-water and brew them altogether".<sup>586</sup> This example suggests some motivation to achieve the same ends with reduced need for time and labour. The sweet water can be made instantly and yet it is still "excellent" in comparison with other waters without requiring the previous way of preparation which was time-consuming and messy. I believe that receipts like this may provide indicators of changes brought about by the interaction of economic and cultural factors influencing the delivery of healthcare in the home, paving the way for newer kinds of medicines made on a commercial basis. Further study of accounts alongside these receipts could help to clarify if change was taking place.

### *Newer Kinds Of Medicines*

Earlier I noted the existence of a network of sellers of Daffy's Elixir and the lack of records in the accounts relating to these commercially prepared remedies. Amongst the manuscript receipts in the Fortescue papers is a printed advertisement for "Spirits of Scurvygrass" sold by Charles Blagrove, "Chemical Physician of London", which announces:

<sup>585</sup> Mark Merry and Philip Baker, "Family and Household in Late 17th Century London," in *Economic History Society Annual Conference Papers* (University of Reading: 2006). In their conference report, the authors noted that over 50% of households in Cheapside, a wealthy area, had no servants, and 88% of families in Aldgate lacked servants.

<sup>586</sup> *The Accomplished Ladies Delight in Preserving, Physick, Beautifying and Cookery*, (London: B. Harris, 1675), p. 40.

Those Excellent and highly approved Spirits of Scurvey-grass, both Plain and the Golden Purging, are faithfully prepared by the First Author Charles Blagrove of Clerkenwell Chym. Physician

The Plain-Spirit, incorporated with it Fixed Salt, hath sufficiently commended itself in its several operations, by meeting with a general acceptance from all sorts of people, both for preventing and curing the Scurvey and several other Distempers, if not too long habituated in the Body. If of long continuance, I refer you to my Golden Purging Spirit; which I question not (with Gods blessing) but will answer your desire in most curable Diseases. Both Plain and Purging are excellent to be taken all Summer with Epsom, Tunbridge or any other Waters. Make trial, and let your experience speak their just commendation.<sup>587</sup>

The Spirits are claimed to cure a vast range of conditions, including "the Kings Evil, Scabes, Itch" and to "carry away all sorts of Salt Humors, and disposes Old Ulcers to a speedy healing", at the price of 1 shilling per bottle. Bottles were widely available at various booksellers, fruiterers, perfumers, milliners and fishmongers in London. These spirits did not appear as purchases in the household accounts. If they were purchased then this may reflect a shift in the mechanism of purchasing of medicines, no longer recorded in household expenditure. Two things may be conjectured about this shift. Firstly, the nature of medicines was changing and there was increasing separation between household supplies of foods and medicines, likely to be reflected in separate accounting. Secondly, if the purchases of medicines were less likely to appear in the household expenditure, which tended to be managed by women, then there may have been a gender shift in the capacity to determine therapeutic purchases. Such suggestions would need considerably more exploration of household expenditure to determine whether this did occur.

#### **4.7 Home-Made or Purchased Medicines?**

In the above sections I have considered various aspects of medicinal preparation including the receipts, the ingredient purchases, the processes and equipment, and the preparations themselves. The question still remains as to whether any of the receipts were actually used in the later seventeenth century in these households? Was there a correspondence between the manuscript receipts and the purchased ingredients? Looking at Table 4.12 below we can compare the range of items in the receipts which were likely to need purchase with the range of items actually purchased. After cross-checking it appears that the range of items actually purchased was about a third to a quarter of the range of

<sup>587</sup> Printed advertisement, undated. 200 Recipes. [Loose Receipts], item 73. A similar printed sheet attributed to Charles Blagrove is in the British Library with a probable date of 1680. Charles Blagrove, Directions for the Golden Purging Spirit of Scurvey-Grass, Etc, 778.k.15. (26.). British Library, 1680? This printed advertisement may have been used simply for the purpose of recording another receipt, as on the reverse is inscribed a handwritten receipt from Lady Jeyes for cloths wetted with egg white and rock allum to be applied to the eyes.

items in medicinal receipts likely to need purchase. This would be a substantial proportion except that when we consider the nature of these purchases, we find a considerable number of them could be used in other ways such as spices for cooking, hops for brewing and dye ingredients for textiles. Appendix 4.5 lists the ingredients purchased by all households and by individual households which do appear in the related household receipt collections. There are some medicinal items which were purchased which did not appear in the household receipts.

Table 4.12 Purchases of Medicinal Ingredients in Household Accounts and Receipts

	Range of medicinal ingredients determined as requiring purchase in household receipts	Range of medicinal items actually purchased	Purchased ingredients in household accounts also found in medicinal receipts	Other medicinal purchases - not included in receipts
Clarke account	151	72	54	18
Clifford account	211	67	51	16
Fortescue account	227	77	64	13

It remains impossible to be firmly conclusive about the full extent of medicinal preparations made in the households considered. The possibility of receipts being made up without purchase or prepared ingredients has been shown above to be smaller than expected. There are indications that a small number of favourite items were made on a repeated basis, and that there was occasional purchase of a compound group of items related to a particular preparation.

#### 4.8 Conclusion

I have considered a variety of resources available for household healthcare including those not requiring direct expenditure in the later seventeenth century. These resources included information given in receipts and advice, ingredients that could be gathered, household equipment, and labour of household members. Findings from these seventeenth century sources suggest that assumptions about the acceptability and availability of these resources need to be questioned. Gifts of advice and receipts provided important functions in social networking and social advantage, but on occasion were not welcomed by those who might dispute their efficacy, or be unable to reciprocate. Giving

could extend beyond advice and information to provision of novel medicines, and offering of nursing care. Ilana Krausman Ben-Amos has drawn attention to the decline in personal obligation in transition to modern society.<sup>588</sup> Undoubtedly many of the ongoing domestic responsibilities of women and servants featured some of these activities. However, the value of medicinal receipts and advice proffered by lay individuals could be questioned. Moreover the possibilities of making homemade remedies appeared to be limited to relatively few favourite items. The fragile basis for "gift medicine" is revealed, whether based on medical advice and receipts, or actual ingredients and remedies.

In terms of making medicines in the household, ingredients for medicinal receipts were increasingly likely to need to be purchased or prepared rather than obtained from kitchen, household, garden or the wild. Although there was continuing interest in use of garden or wild sources, this could be problematic because of other priorities for use of gardens and problems of identification of plants. It appears that some items which could have been obtained from these sources were actually purchased. When ingredients did come from the garden or the wild, the accounts suggest that such gathering might have to be paid for, either in servant labour or as an additional expense.

There were a number of material reasons for relinquishing home preparation of medicines. Equipment needed for many preparations was found in kitchens and stills were widely available but inventories provide some evidence that they were not all in use. Lack of labour availability meant increasing costs of servants who were essential to homemade preparations. Mary herself makes frequent complaint about the problems she has in hiring and managing suitable servants as mentioned above. Labour in the household might have been desired but was not necessarily readily available. In addition, the functions of servants may have focused more on personal care rather than domestic production, thus the priorities for their activities may have changed. Economic aspects can be seen to have an impact in relation to supply of the resources to produce ingredients and prepare remedies.

So what were the gender implications of these changes? It seems likely that in the past there were preparations containing largely ingredients readily available in household or garden. These were more feasible for the lay household practitioner to obtain, and this enabled women to become expert and gain recognition in making preparations. Gifting of receipts and advice was a key means of developing and maintaining social relationships, and could be further developed with preparations and nursing care. Rejection of such gifts could have substantial implications for women. As consumption of prepared and specialised medicines increased, the purchase of these items may have increasingly tended

<sup>588</sup> Ben-Amos, "Gifts and Favors," pp. 295-99.

to fall outside the kitchen expenditure. Any special role of women in relation to household healthcare would have been eroded as healthcare became increasingly "monetarised".

Considerable claims were made in support of purified simples and cure-alls promoted by commercial suppliers.<sup>589</sup> Throughout the seventeenth century there was a relentless stream of claims for amazing medicines. In 1602 Thomas Russel extolled the benefits of a "universall purging powder made of golde, silver, and minerall water", new remedies being necessary to treat previously unknown diseases such as the French pox, measles and English sweat.<sup>590</sup> This remedy cost 2s 6d per grain, hugely expensive, but could be used with young or old as "this powder onely hath this grace, that it never offendeth any of the principall parts" and "never worketh too violently".<sup>591</sup> At the end of the seventeenth century Thomas Mace advertised his "English Priest's Powder" at 10s per ounce as a "Universall-Physical-Medicine" which as a "Chymical Prepar'd Powder", although expensive, could be re-used.<sup>592</sup> As a "pure Tincture" with "the Operative Power to stir and bring away the Poysonous Humours in Mens Bodies" it had "no Body, can leave no Malignity, or Danger behind it", and it had the added benefit that the "ordinary Housekeeper might Easily Purchase, and not only have the benefit of it for himself and his whole Family, during his Life, in all common Sickneses, and Diseases, but might also be assisting to all his Poor Sick Neighbours round Him".<sup>593</sup> Thus it was claimed that any "ordinary Housekeeper", male as well as female, might by this single purchase cure all of the family and neighbours, without needing to source ingredients, prepare medicines, provide nursing care or pay for a medical practitioner. Given the concerns raised about costs in the previous chapter, and the practicalities discussed in this chapter, this "Universall-Physical-Medicine" may have been an attractive proposition for a would-be lay household healthcare practitioner.

<sup>589</sup> Deborah Harkness provides a detailed description of changing medical ideas, especially chap. 2 in Deborah E. Harkness, *The Jewel House: Elizabethan London and the Scientific Revolution* (New Haven and London: Yale University Press, 2007). See also Bruce T. Moran, *Distilling Knowledge: Alchemy, Chemistry, and the Scientific Revolution* (Cambridge, Massachusetts: Harvard University Press, 2005).

<sup>590</sup> Thomas Russel, *Diacatholicon Aureum: Or, A Generall Powder of Gold, Purging All Offensive Humours in Mans Bodie: Good in Generall for All Diseases, Where There Needeth Any Purgation* (London: J. Flasket, 1602), sig. A3.

<sup>591</sup> *Ibid.*, sig. C3.

<sup>592</sup> Thomas Mace, *Riddles, Mervels and Rarities: Or, a New Way of Health, from an Old Man's Experience. Being His Kind Legacy, to His Fellow Creatures: Or, the Physician, and No Physician, Prescribing Physick, and No Physick; Shewing Plain, Easie, and Cheap Ways, How Every Man May Become His Own Physician, His Own Apothecary, and His Own Chyrurgeon, with Little or No Trouble, but Far Less Cost. Whereby Sicknes May Certainly Be Prevented to the Well; Health, as Certainly Procur'd to the Sick; and Man's Life Comfortably Preserv'd, to a Good Old Age* (Cambridge: Printed for the author, 1698), p. 7.

<sup>593</sup> *Ibid.*, pp. 5-6.

In the next chapter I return to the household accounts to examine evidence for the likely beneficiaries of household healthcare expenditure, and the nature of medicines and therapeutic approaches used.

## Chapter 5: Household Therapeutics and the Life Cycle

### 5.1 Introduction

In this chapter I aim to consider the use of medicinal receipts and healthcare activity as households "aged", exploring the nature of household healthcare through the life cycle as exemplified in the family papers of the Clarke, Clifford, Fortescue and Strode households in the later seventeenth century. These examples help to illustrate therapeutic aspects of household healthcare in terms of recipients, lay and medical practitioners and the medicines which were favoured.

Particular stages of the life cycle stand out in the sources seen. As we saw in Chapter 2, family letters repeatedly report on health, especially events such as childbirth and deaths, but also ongoing complaints of childhood, injuries, sicknesses and chronic problems of older age can be seen.<sup>594</sup> Here I examine the accounts for named beneficiaries. I show that the receipt collections may not have been a reliable indicator of actual practice. The matter of diagnosis affected relationships with medical practitioners in regard to children's illnesses. The relationship with medical practitioners is further considered in the context of illness in older age. Letters and documents relating to the ill-health of both Bridget Fortescue and Mary Clarke in later life are considered, and reveal differences in their approach to determining treatment. Using these examples I explore factors affecting therapeutic determination. I use the term "therapeutic determination" to refer to effort to determine the nature of healthcare and medical treatment both for oneself and others. The means of attaining therapeutic determination can be seen to be changing between generations of household practitioners. Medicines played an important role in strategies to maintain therapeutic determination and can be seen both from the perspective of the lay household healthcare practitioner and the patient.

<sup>594</sup> Studies of health and various aspects of the life cycle are largely limited to those on childbirth and death. For the elderly see Lynn Botelho, "Old Age and Menopause in Rural Women in Early Modern Suffolk," in *Women and Ageing in British Society since 1500*, ed. Lynn Botelho and Pat Thane (Harlow: Longman, 2001). Erin Campbell, ed. *Growing Old in Early Modern Europe: Cultural Representations* (Aldershot: Ashgate, 2006), Margaret Pelling and Richard Michael Smith, *Life, Death and the Elderly: Historical Perspectives*, Studies in the Social History of Medicine (London and New York: Routledge, 1991), Susannah R. Ottaway, *The Decline of Life: Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2003), Michael Stolberg, "A Woman's Hell? Medical Perceptions of Menopause in Early Modern Europe," *Bulletin of the History of Medicine* 73 (1999): pp. 404-28.

## 5.2 Recipients of Household Healthcare

So who did benefit from household healthcare? Here I will consider the recipients of household healthcare, as indicated in the household accounts and letters. The household accounts of the Clarke, Clifford, Fortescue and Strode papers were examined for healthcare-related entries with readily identifiable recipients, either explicitly stated individuals, or types of individuals.<sup>595</sup> Table 5.1 summarises a total of 896 healthcare-related expenditure entries, of which 66 entries are identifiable in some way in terms of the recipients of medical services or medicines, an average of 7.4% of entries. Over one third of these entries relate to children, nearly another third concerned servants or householders themselves. Just under one third of entries related to other named persons associated with the households.

Table 5.1 Expenditure on Recipients of Healthcare in Household Accounts

Household	Status of recipient				Number of recipients			Expenditure on recipients		
	Child	Servant	Master or mistress	Unknown status	Number of identified recipients	Number of all expenditure items	Identified recipients % of records	Expenditure on named recipients (d.)	Expenditure total (d.)	Healthcare expenditure on named recipients (%)
Clarke	14	2	1	3	20	277	7.2	1389.5	7027.5	19.8
Clifford	8	4	6	11	29	181	16.0	13264.0	54801.5	24.2
Fortescue	5	0	1	0	6	195	3.1	190.0	12305.0	1.5
Strode	0	4	3	4	11	243	4.5	429.0	11283.0	3.8
All households	27	10	11	18	66	896	7.4	15272.5	85417.0	17.9

The majority of entries refer to purchases from the apothecary (9), or services from a medical practitioner (17), or other care such as tending (33). Some medicinal supplies are specified for individuals, mainly syrup, oil, worm powder or figs and purges or other items from an apothecary. In two of the households, the Clarke and Clifford households, the total expenditure on named recipients amounts to a substantial proportion of all healthcare, just under 20% to just over 24%. In the other two households, Fortescue and Strode, the number of named individuals is much lower and the total level of expenditure on named individuals is correspondingly lower. The average spend per named recipient varies widely

<sup>595</sup> Expenditure entries were listed in Access database and coded as medicinal, then flagged for nature of recipient. Entries relating to wet-nursing and midwifery were not included in this analysis.



from 2s 8d in the Strode household to £1 18s 1d in the Clifford household. The difference seems to be largely made up by the costs of practitioner attendance which are significant in the Clifford household. Table 5.2 below details the status of named individuals more fully.

Table 5.2 Status of Recipients of Healthcare in Household Accounts

Household account	Type of recipient															All recipients	All healthcare records
	boy	child	cook	girl	lady	lord	maid	man	mistress	mistress and maid	other	self	servant	son	woman		
Clarke	1	4	0	5	0	0	1	3	1	0	0	0	1	4	0	20	277
Clifford	6	0	1	2	2	4	0	8	0	0	2	0	3	0	1	29	181
Fortescue	1	2	0	2	0	0	0	0	1	0	0	0	0	0	0	6	195
Strode	0	0	0	0	0	0	3	0	1	1	2	1	1	0	2	11	243
All	8	6	1	9	2	4	4	11	3	1	4	1	5	4	3	66	896

Advice books do mention the need to consider servants in terms of healthcare. Richard Allestree writes of a responsibility to make "a sufficient & decent provision, both in sickness and in health" for servants, this being "just and equal that they who are rational creatures should not be treated with the rigor and contempt of brutes".<sup>596</sup> Flower-Smith notes instances of servants being nursed by Mary Clarke when ill, and that Mary calls Dr Parsons of Taunton for Isaac when he is ill in early 1697. Locke is asked by Edward Clarke for advice and treatment for various individuals including John Spreate, the gardener, and the gardener's boy. In 1697, Humphrey has smallpox and is removed to the care of others.<sup>597</sup> In fact Mary Clarke finds herself providing medical care for servants even as they are talking about leaving, she writes to Edward about Isaac:

In the meane time I shall see how Isake is, for these 3 dayes last past his legg and foot has bin soe swelled and painfull to him that he has with great difficulty gone from the fire to the bead; it is the rellicks of his old distemper which he feels in some part or other once in 2 or 3 months and won would thinke should mind him to wright to you in another stile then he did...<sup>598</sup>

<sup>596</sup> Richard Allestree, *The Ladies Calling in Two Parts* (Oxford: Printed at the Theater, 1673), Section II 'Of Wives', p. 207. Dorothy Marshall noted several examples of kindness to servants when ill, Dorothy Marshall, *The English Domestic Servant in History* (London: Historical Association, 1949), pp. 24-25. See also Tim Meldrum, *Domestic Service and Gender 1660-1750: Life and Work in the London Household* (Harlow: Longman, 2000), pp. 90-91.

<sup>597</sup> Flower-Smith, "Landowners on the Devon and Somerset Border, 1660-1715", pp. 282, 288.

<sup>598</sup> Mary Jepp Clarke to Edward Clarke, [Feb. 1697?], BIWLD. 288R. Alexander Street Press, Alexandria, VA.

Here Mary implies that the servant should show some gratitude and respect for the care and attention given to him. Treatment for Isaac is costly "Dr Passons was heare yesterday to see Isake ... he has bin bleeded five or 6 times and taken severall papers of powders to sweett ... and taken severall purgess...".<sup>599</sup> Another servant in the household of the Clarke family also suffers accidental injury, and consequently this affects Mary in that she is prevented from travelling to London. She says that "with the misfortune Mrs Burgess had of falling of her horss and bruseing her self a little since which time she has kept her bead and her chamber ... I begin to be a little backed in my undertaking of coming to London with her and Betty and Molly".<sup>600</sup> For Mary, the servants bring further problems when they catch smallpox as Humphrey does, and has to be moved elsewhere:

Humphrey could never have had the small pox so inconveniently in all his whole service as now, which shall be a warning to me not to take any agen that have not had them, if they are the best servants in England for ought I know, but I hope the children and the rest will escape he being removed before there could be any manner of danger to the family heare...<sup>601</sup>

Evidently Mary sometimes loses her patience with the additional costs and trouble of illness amongst members of the household, for example when occasioned by the French tutor, Mr Duboy. She writes to John Spreat in March 1704/5, complaining of little recompense "for my care jurneys and medicens used in his illness att Chipley, one ginney which was all I ever received from him or any other persen on his account ...".<sup>602</sup>

I sought evidence in accounts or letters to support the provision of medical aid to the poor. Frequent sums are recorded for aid to poor people in the household accounts but it seems that medical expenditure is not identified, though other types of aid are described in detail. The Clarke household account records three payments to "poor" individuals and also includes lists of poor relieved on Christmas eve from 1685 to 1696. Mary Clarke refers to extensive baking for such events in some of her letters. In 1699 she describes the effort involved:

Satterday I disposed of near a hundred loaves and about forty peeces of beefe and now I am in expectation of 5 or 6 and thirty of the poor knaighbours and

<sup>599</sup> Mary Jepp Clarke to Edward Clarke, 29 May 1697, BIWLD. 298R. Alexander Street Press, Alexandria, VA. The accounts show payments such as "Given to Doctor Parsons" of £1, May 19 1697, Account Book of Household Expenses at Chipley, 1685-1702, fol. 73v.

<sup>600</sup> Mary Jepp Clarke to Edward Clarke, 29 May 1697.

<sup>601</sup> Mary Jepp Clarke to Edward Clarke, 24 May 1697, BIWLD. 310R. Alexander Street Press, Alexandria, VA.

<sup>602</sup> The guinea was paid for medical attention. Mary Jepp Clarke to John Spreat, 6 Mar. 1704/5, BIWLD. 461R. Alexander Street Press, Alexandria, VA.

theyr wives some that have bin and some that are workemen to the house and when all is over I beleve I must lye a bead a weeke to recover myselfe agen.<sup>603</sup>

The Clifford household account lists payments to poor individuals and includes the poor rates, usually amounts of £2 17s.<sup>604</sup> At least 70 payments are made in the Fortescue household accounts to "the poor", "poor people", "a poor woman", "a poor man", of amounts varying from 1d. to 6d.<sup>605</sup> Anne Strode spends frequent sums on clothes for the poor, obtaining shoes or buying material and paying for having it made up into shoes or clothes. Occasionally she also records payments for schooling, as the following examples show:

[1682]	for making my poore folkes shues	00 04 06
[January 1685]	for 15 yardes of cloth for poore folke at xxx	01 01 00
[December 1687]	for the making my poore mans cote	00 01 00
[January 1688]	for a payr of shoes for a poor woman	00 02 02
[January 1693/4]	for the making my poore folks cloes	00 03 00
[November 1714]	for makeing the poore folks cloes	00 02 08
	pd Mary Sargant for making the coat	00 03 06
[June 1718]	payd for scooling Bet Semers child	00 01 00 <sup>606</sup>

Although Anne Strode frequently records the purchase of clothing materials in connection with assistance to the poor, she never specifies such recipients for medical assistance. Most of her payments to the apothecary are noted for household members, either Anne herself, or servants, and they include a number of purges:

[April to July 1702]	payd for a purg for Jack	00 00 06
Aug 21 1714	pd the Apothecary for Mrs purge	00 01 06
[1717]	for purgis for Mis and her mayd & for things at the Apothicarys for them	00 03 00 <sup>607</sup>

Frequent payments for mending shoes, washing clothes, knitting stockings, and cutting hair for Jack suggest that he may have been a servant in livery.

There is a suggestion of medical care for the poor in the letters of the Boscawen and Fortescue families. A letter addressed to Margaret Boscawen in Cornwall starts with the phrase "perceaving by yours to my nees[niece] that you are much imployed about the

<sup>603</sup> Mary Jepp Clarke to Edward Clarke, [Dec. 1699?], BIWLD. 358R. Alexander Street Press, Alexandria, VA. In another letter Mary says that "we have 3 days work to bake bread for the poor". Mary Jepp Clarke to Edward Clarke, 20 Dec. 1702, BIWLD. 431R. Alexander Street Press, Alexandria, VA.

<sup>604</sup> These were payments for Kingsteignton and Chudleigh. For example "19 Feb 1697 In the account of the tythes of Chudleigh the 4th quarter tax paid £13 12 02, 6th poores rate £ 2 17 00."Stewards Accounts, 1692-1702, fol. 80r.

<sup>605</sup> Household Account Book, 1699-1704, fol. 2r and passim.

<sup>606</sup> A. Strodes Expences, 1679 to 1718, fols. 18r, 22r, 25v, 26v, 32r.

<sup>607</sup> Ibid., fols. 40v, 62r, 66v.

sick".<sup>608</sup> Bridget Fortescue claims that she does attend the poor. In one letter she says she has treated local people using her favourite "snakeroot" remedy, and "there are many people have Agues hear about and I cure many as infallible as the Barke".<sup>609</sup> No purchases of "snakeroot" are specified in the accounts, and this may have been a nickname for a herb obtained locally or from the apothecary.<sup>610</sup> Bridget also indicates her interest in using prepared medicinal items with the poor, for example on March 7th 1707/8, she asks her husband in London for some of Vickers's powders to use with "poor patients" saying "if vickers[Vickers] sends his powders with directions I would be glad to have some for 2 or 3 poor patients that I would try it one[on] one is a miserable object of charity that is poor and can't help her self and is blind".<sup>611</sup> Hugh evidently does pass this letter on, possibly via a messenger to Vickers himself, endorsing it, "I send you this to read the good news of my wife being better: as also to read her latter parts of it relating to vickers; and desire you would go straight to him and inquire so as he answer my wife's letter and let me have the answer this evening 8 of the clock".<sup>612</sup> Thus Bridget receives some support from her husband in her efforts to provide medical help for poor patients.

So, apart from the claims of Bridget Fortescue and her mother, the main beneficiaries of purchased healthcare, where recipients are specified in household accounts, seem to have been household members, predominantly family and servants, or individuals closely connected with these persons. Where the poor are specified, these records are more likely to indicate gifts of money, food or clothing rather than medicinal items. Recalling the totals of various categories of expenditure in Chapter 3, it is the Fortescue household account which has the highest proportion of medicinal supplies. The

<sup>608</sup> Sister Clinton to Lady Margaret Boscawen, 28 April 1683, Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter. The remedy referred to was to "take ground ivy that is called ale hoof three great handfuls shred small boyle it in a pottle of white wine juse without mixture till two parts be consumed then straine it and boyle it with six ounces of the best sallet oyle till it gloneth like an ointment, anoint the moulde of the head upon the seame the haire being cut away being warmed eight or nine times together chafing it in very well".

<sup>609</sup> She was referring to the Jesuits Bark which she did not like, calling it "nasty". Bridget Fortescue to Hugh Fortescue, 29 Feb. 1707/8.

<sup>610</sup> The identity of snakeroot is uncertain. Imported remedies called "Virginian snakeroot" might have included *Aristolochia serpentaria* or *Polygala senega*. "Virginia snakeweed" of at least 3 kinds is described by Quincy as hot and pungent and widely used in "Closet Cordials" as a preventative against infections, Quincy, *Pharmacopoeia Officinalis*, p. 183. Grigson lists 26 different local plant names including "snake" though not "snake root" in Grigson, *The Englishman's Flora*. Snakeroot is not listed by Allen and Hatfield, *Medicinal Plants in Folk Tradition*. Thus it seems that snake root might have been an imported remedy. However "snake weed" may have been native, for example Bistort *Polygonum bistorta*, known in parts of Somerset and elsewhere as "adderwort" or "snakeweed", and listed by Quincy as "English snakeweed" and very astringent and suitable for "all kind of Fluxes", Quincy, *Pharmacopoeia Officinalis*.p. 106. Virginian snakeweed appears in a receipt in the Fortescue papers "For the Collick Dr Willis" and Virginian snakeroot is added to "The Receipt of the Lady Allins Watter", 3 Recipe Books [Large Boke], fol. 22v, 200 Recipes. [Loose Receipts], item 57. Lesser snakeroot was included in "The Receipt of the Fever Water" sent by Jane Hanmer to Bridget Fortescue, 21 Feb. 1700.

<sup>611</sup> Bridget Fortescue to Hugh Fortescue, 7 Mar. 1707/8, Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>612</sup> *Ibid.* This note was added to the original letter.

high spending on medicinal supplies might be related to the provision of medicinal items to the poor in addition to the household. Such a conclusion can only be tentative without further evidence.

### 5.3 Treating Children's Complaints

In the following section I explore medicinal receipts in both manuscript and printed format which specify children as patients. Altogether 197 receipts refer to children out of a total of 6513 medicinal receipts, 64 in printed receipts and 133 in the manuscript receipts. The manuscript receipts contain a relatively larger proportion at 4.5% of all receipts, compared to the printed receipts at 1.8%. Since some receipts refer to more than one ailment there are a total of 159 ailments in the 133 manuscript receipts for children. Some common ailments occur in receipts specifying children as patients. For example, there are 5 receipts for treating ague in children whereas there are some 163 receipts for ague altogether plus almost as many more which mention ague in the bones, breasts etc. There are relatively few receipts specifying children for a number of other common complaints such as ache, bruise, consumption, cough, fever, palsy, plague. This cannot be assumed to reflect a lesser likelihood of these ailments occurring amongst children, rather these were widespread conditions affecting both adults and children.

Some receipt ailments, were more likely to be specifically indicated for children. There were larger proportions of receipts specified for children for three particular ailments - convulsions, rickets, worms and fits. Of the first and largest group of 64 receipts for convulsions or convulsion fits or fits, there were 23 (36%) which specified children. There were also some mentions of falling sickness (3 receipts) and epilepsy (2 receipts). A second group of 40 receipts for rickets specify children (65% of a total of 62 receipts) and a third group of 31 receipts for worms specify children (26% of all 117 receipts for worms). A swollen or hardened liver could be associated with worms, as in the receipt "For young children that have the liver grown or the wormes" in *Natura Exenterata*.<sup>613</sup> Another association was with rickets, as Valerie Fildes noted that the London Bills of Mortality listed deaths from "liver-grown spleen and rickets".<sup>614</sup> There were also a variety of receipts relating to urinary difficulties (1 bloody urine, 1 cannot hold water, 1 cannot make urine). Children could also be subject to melancholy (1 receipt) and decay of spirits (1 receipt).

<sup>613</sup> *Natura Exenterata*, p. 189.

<sup>614</sup> There were 191 deaths from this complaint between 1655 and 1658. In the same period there were 1598 deaths listed under rickets. Valerie A. Fildes, "The English Disease: Infantile Rickets and Scurvy in Pre-Industrial England," in *Child Care through the Centuries: An Historical Survey from Papers Given at the Tenth British Congress on the History of Medicine at Clyne Castle, Swansea, 6-8th April 1984*, ed. John Cule and Terry Turner (Cardiff: STS Publishing for the British Society for the History of Medicine, 1984), p. 124.

The rickets and convulsion fits appeared to be introductions in the receipt collections from the middle of the seventeenth century.

There is one type of treatment which does appear more frequently in child-oriented medicinal receipts. Of 119 receipts for purges there are 10 (over 8%) which specify use for children, mostly from the Fortescue collections. "A purge for children or old men" is one of a selection of receipt titles copied by Margaret Boscawen from the *Queen's Closet Opened* and based on spirit of tartar.<sup>615</sup> Another purge suitable for old persons or children is given by Mistress Booles, "A good purge for old or young children" and involves diaturbith and rhubarb. Elsewhere receipts such as "For purges for a child very young" include gentler ingredients such as aniseed.<sup>616</sup> Although dosage might be reduced significantly for children as in "An excellent purge", (where the total number of 29 grains for a man is reduced to 24 for a woman, 21 for a young man, 13 for a child of 6 years and 8 for a child one year old) the ingredients were often the same as those for adult use, such as antimony and tartar.<sup>617</sup>

Certain ailments appear to be specific to children, for example scalding urine (2 receipts), tender eyes (2 receipt) and scarlet fever (1 receipt). Care for the navel is indicated in several receipts for washing the navel and for the "navel coming out". Swellings in the belly and swollen or grown liver or hardness of liver are also receipts specific to children. However there are relatively few references to some aspects of childcare and health which were probably widely encountered, such as breastfeeding (1 receipt for curdled breast) and teething (4 receipts), headlice (1 receipt) and fret (1 receipt) and crying (1 receipt). It seems unlikely that these conditions were infrequent. It is possible that remedies for these problems were commonly known but were part of an "unwritten" knowledge passed on from generation to generation in an oral fashion.<sup>618</sup>

However this "unwritten" knowledge does not necessarily equate to home-made or simple and cheap remedies. Some recommendations are passed on for items which would have had to be purchased. For example, advice comes from Bridget Fortescue's aunt, the Lady Anne Clinton who writes in 1693 of the benefit of Venice treacle:

I must tell you what my Grandmother vere gave all her children and Grandchildren which are pretty numerous and none had convulsions twas

<sup>615</sup> W.M., *The Queens Closet Opened. Incomparable Secrets in Physick, Chyrurgery, Preserving and Candyng, Etc. Which Were Presented Unto the Queen by the Most Experienced Persons of the Times, Many Whereof Were Had in Esteem, When She Pleased to Descend to Private Recreations.* (London: Printed for Nath. Brooke at the Angel in Cornhill, 1659), p. 52. The receipt appears in 3 Recipe Books [Large Boke], fol. 33r.

<sup>616</sup> 3 Recipe Books [Large Boke], fols. 35r, 36r.

<sup>617</sup> *Natura Exenterata*, p. 75.

<sup>618</sup> Sharon A. Sharp, "Folk Medicine Practices: Women as Keepers and Carriers of Knowledge," *Womens Studies International* 9.3 (1986): pp. 243-49.

almost not quite the bignes of a pea of vennice treacle ["with" crossed out] a leetle oyle of sweete almons either after or before it you may add a leetle sirrep of violets to the oyle if approvd.<sup>619</sup>

Table 5.3 shows the numbers of the 20 most frequently mentioned ailments in children's receipts. Receipts for rickets, worms and fits in manuscript collections make up over 50% of all receipts for children. Manuscript receipts also mention a substantial number of purges specifically for children. A fuller breakdown of ailments in receipts for children can be found in Appendix 5.1.

Table 5.3 Most Frequent Ailments in Manuscript Receipts with Child as Patient

	Ailment group	Count of	%
1	rickets	34	21.4
2	fits	27	17.0
3	worms	20	12.6
4	purge	8	5.0
5	urine	4	2.5
6	bruise	4	2.5
7	teeth	3	1.9
8	liver	3	1.9
9	surfeit	3	1.9
10	belly	3	1.9
11	ague	3	1.9
12	joints	2	1.3
13	phlegm	2	1.3
14	colic	2	1.3
15	itch	2	1.3
16	cough	2	1.3
17	rupture	2	1.3
18	canker	2	1.3
19	smallpox	2	1.3
20	spirits	2	1.3
	All ailments	159	100.0

The receipts for children were also analysed for their medicinal ingredients. Table 5.4 refers to the most common ingredients listed in manuscript receipts.

<sup>619</sup> Sister Clinton to Bridget Fortescue, 26 Dec. 1693, Fortescue of Castle Hill. 1262M/FC/1. DRO, Exeter. Venice treacle contained numerous constituents and would have been available from an apothecary.

Table 5.4 Top Twelve Ingredients in Manuscript Receipts with Child as Patient

Source species	Clarke	Clifford	Fortescue	All
cow	1	6	18	25
harts tongue	4	2	17	23
liverwort	3	2	14	19
wine	2	6	9	17
deer	3	4	7	14
rose	1	4	8	13
succory	4		8	12
paeony	2		9	11
cherry		2	9	11
sugar	1	2	8	11
ale	2	1	7	10
borage		4	6	10
Sub total	23	33	120	176
% of all ingredients	26.7	21.2	31.6	28.3
All ingredients	86	156	380	622

Note: Cow refers to butter, cream, dung, gall, marrow and milk, deer refers to bone, harts horn, pistle, suet, and rose refers to cake, conserve, syrup, vinegar, water. Succory, paeony, borage and cherry refer to waters or syrups.

The most popular receipt ingredients can be compared with purchases in the household accounts. Four of the items are likely household staples (wine, butter, sugar, ale) and two more, cherries and hartshorn were purchased at various times. Two other ingredients are seldom named in the household accounts, and these are succory, purchased as a powder by the Clarkes in 1691, and rose syrup purchased on a number of occasions by the Clarkes. Four of the items do not appear to be named in the household accounts at all (harts tongue, liverwort, paeony, borage) and could have been either available in garden or wild although they could also have been purchased from apothecaries without being specifically identified.

However, purchases of other items were recorded for the children. The nature of these healthcare purchases for children is somewhat different to those of the medicinal receipts. Concern about worms is evident in the household accounts of the Clarke family. Mary Clarke pays for worm powder on a number of occasions for the children. In 1689 she records:



1689 April 12 Pd Isacke what he laid out for the Children when  
they had the worms 00 01 00 ½<sup>620</sup>

And in 1691 she records purchases of worm powder and wormseed, in 1696 worm powder and wormwood, worm powder and wormseed again in 1700 and 1702.

1691 April 6 Pd worme powder for the children 00 01 00<sup>621</sup>

Apart from purchases relating to worms, the other purchases most evident are of purging items. Mary regularly buys syrup of roses, sometimes several times per year, in 1685, 1686, 1690, 1691, 1696, for example:

Oct 16 Pd for syrope for the Children 00 01 03<sup>622</sup>

Other purging items such as rhubarb and "centrey" are frequent entries in the Clarke accounts and some of these items were supplied by an apothecary:

1702 April 3<sup>rd</sup> 1702 Pd Mr Boson ye apothecary of Wellington  
his bill of things had of him in the childrens sicknesse 00 09 06<sup>623</sup>

The apothecary was infrequently mentioned in the Fortescue accounts, but evidently called for supplies when a child was ill:

[1701] to Mr ballards man when the child was sick 00 00 06<sup>624</sup>

Unlike the accounts of the Clarke family, the Fortescue accounts include no mention of worm powders. Instead there were frequent purchases of oil of almonds and this was likely to have been for children. For example, the following 1703 entry suggests some oils being provided for one of the children:

1703 for stockings for mr Robert and oyles for him 00 02 06<sup>625</sup>

Some of the oils purchased could have been used to treat worms or fits. Oil of almonds appears in the Fortescue receipt collection in "A glister to kill the wormes", and also in 2 other receipts which were concerned with preventing fits in children.<sup>626</sup> In the Clifford accounts just one purchase of wormseed was listed in 1692.<sup>627</sup> In the Strode accounts there are no purchases listed for worm powders or syrup of roses, unsurprisingly as Anne Strode had no children of her own.

<sup>620</sup> Account Book of Household Expenses at Chipley, 1685-1702, fol. 29r.

<sup>621</sup> Ibid., fols. 48r, 67r, 70r, 86v, 101r.

<sup>622</sup> Ibid., fols. 3v, 7r, 9r, 13r, 14r, 15r, 43r.

<sup>623</sup> Ibid., fol. 99r.

<sup>624</sup> Household Account Book, 1699-1704, fol. 15r.

<sup>625</sup> Ibid., fol. 26r., A Robert Fortescue is listed as one of the children who died in childhood, no dates specified but probably between 1696 and 1701, see Vivian, *The Visitations of the County of Devon*, p. 355.

<sup>626</sup> "A glister to kill the worms" and [For convulsion fitts], 3 Recipe Books [Large Boke], fols. 30r, 45v. "Lady Overes advice to prevent fitts in children", 200 Recipes. [Notebook], fol. 11r. Almond oil was also listed in receipts for miscarriage and childbirth. See *A Choice Manuall*, p. 26, *The Queens Closet Opened*, p. 118.

<sup>627</sup> 16 Jan 1692. Stewards Accounts, 1692-1702, fol. 6.

Advice from members of the family is widely evident in letters referring to younger children. The advice given by Edward Clarke's sister, Ursula, includes doctor's remedies. Ursula frequently asks about Mary's health and that of the children, mostly addressing these queries in letters to her brother. In 1676, she writes, "I received your letter by the last post & am very sorry to heare your little boy continues yet ill I pray God rest him". She adds:

Doctor Gerdnir told me that the oyle of Scorpiones is good to annoynte your little boy's shoulder between the swelling and the body and so likewise about his knees and thighs that it may not enter into the body any farther it must be anoynted just above the swelling; soe praying to God for a blessinge on the meanes that shall be used.<sup>628</sup>

In December 1678, Ursula writes that she is "very sorry to heare my little cozen Bettie is not well and doe heartily pray God to restore and continue her with you".<sup>629</sup> On New Years Day 1678, Ursula writes to Edward:

I am heartily sorry to heare that my deare cozen is so ill and alsoe that my sister is soe much disheartened and weaken'd thereby and pray God to restore and strengthen them and to send us all comfort... Good Bro: let not the child have too many medicines given it, but use ordinary meanes to prevent a fevor.<sup>630</sup>

Teething is a particular worry for parents and relations. Ursula expresses much concern about the dangers of teething for "I have knowne many children weakened much with breeding of teeth pray be carefull to prevent the feaver from her present distemper" and she writes to her brother Edward in 1678 with suggestions for dealing with teething:

I ... am truly grieved that your poor child continues still soe extreame ill, I pray God to help her and give to all grace to submitt or wills to his; but I have known severall children brought near to deaths door in breeding of tooth, yet it hath pleased God suddenly to restore them, and pray let her gums be rubbed and oiled as often as you can which I hope will be a meanes to break her gummes.<sup>631</sup>

In January she adds:

Pray be careful to give the child some proper thing and for the wormes which doe usually attend the breeding of teeth with children and I pray God comfort and strengthen my sister and I hope the little maid will doe well againe. To

<sup>628</sup> Ursula Venner to Edward Clarke, 14 June 1676. This letter is quoted by Bridget Clarke though the name of Dr Gerdnir (Gardener?) is omitted. The child must have been Edward, first born of the Clarke children, born 6 May 1676 and died 27 June 1676. Clarke, "Life and Correspondence," pp. 63-65.

<sup>629</sup> Ursula Venner to Edward Clarke, 28 Dec. 1678, Sanford Family of Nynehed. DD\SF/3086. SARS, Taunton.

<sup>630</sup> Ursula Venner to Edward Clarke, 1 Jan. 1678, Sanford Family of Nynehed. DD\SF/3086. SARS, Taunton. This was the second child, Elizabeth ("Betty") born 13 July 1678. Clarke, "Life and Correspondence," p. 80.

<sup>631</sup> Ursula Venner to Edward Clarke, 12 Dec. 1678, Ursula Venner to Edward Clarke, 8 Jan. 1678, Sanford Family of Nynehed. DD\SF/3086. SARS, Taunton.

rubbe its gummies with the brayne of a hare or the head of a small leek are commonly used to breake the gummies.<sup>632</sup>

Ursula's suggestions to use the brain of a hare follow classical recommendations closely, and this ingredient figures in an ointment with honey and butter recommended, "to make Childrens Teeth come without Pain" in the *Queen's Closet*.<sup>633</sup> The use of leek for teething is not mentioned in any of the manuscript or printed receipt collections, though leek does appear in a total of 48 recipes, mostly for treating worms as well as stone, cough and cuts and sores.

Mary and Edward Clarke's letters included mention of the advice of medical practitioners for members of the family including children and servants. Physicians provide advice on children's complaints though their advice that there is "little to be done" is not always thought sufficient. Edward Clarke writes to Mary in 1695 about the illness of Sammy:

Doctor Cole's further advise in relation to our deare little Sammy, is, to keepe him as much as possible from eateing any thing that is salt or sharpe, or drinking any stale-beare, for hee lookes upon the child's distemper to bee rather the heat and sharpness of brine than the stone or gravell, butt hee sayes there is little to bee done for soe young a child...<sup>634</sup>

Edward notes the doctor's advice of "keepeing him to a good dyett, and letting him drink nothing but good smooth soft liquors and nowe and then giving him something to keepe his body oppen, by an infusion of rhubarbe or some such thing" but adds that he will also consult with "Mr Lock upon this subject".<sup>635</sup> Thus Edward acts as a mediator for obtaining further learned advice from London.

Mary is directly involved in healthcare relating to her children. She writes to Edward with frequent mentions of the children's health, for example, "I thank God we are all well here but Molly has a very sore mouth".<sup>636</sup> Mary increasingly expresses confidence in dealing with everyday accidents of childhood, claiming that this is far easier in comparison to the problems of finding suitable marriage partners for her children. In a letter to Edward in October 1698 she comments on the ongoing difficulties of looking after several of her grown up children (probably in relation to worries about their marriage prospects) and says that they are "the most helpless and requier more carefull and diligent

<sup>632</sup> Ursula Venner to Edward Clarke, 11 Jan. 1678, Sanford Family of Nynhehead. DD\SF/3086. SARS, Taunton.

<sup>633</sup> W.M., *Queens Closet Opened*, p. 46. Still notes the advice of Galen on teething problems, Frederic Still, *The History of Paediatrics* (London: Dawsons, 1965), pp. 46, 70.

<sup>634</sup> Samuel was about 3 or 4 years old at this time. Edward Clarke to Mary Clarke, 13 June 1696.

<sup>635</sup> Ibid.

<sup>636</sup> Mary Clarke to Edward Clarke, 9 Jan. 1694/1695, Sanford Family of Nynhehead. DD\SF/3069. SARS, Taunton.

looking after then when 3 years old for att that age if they fall down and break their forheads a little Hungary water and bitt of brown paper will cure it agen".<sup>637</sup>

However, Mary also deems it significant to note times when she is solely responsible for care of younger and sick children and lacking the assistance of servants. Mary writes in 1688 to John Locke from London, in late pregnancy, "I brought only your mistress to town with me for a nurss when I lie in, but instede of that I have been hitherto forst to nurss her, she haveing had the measells since her father went into the countrey but now I thank God is very well again".<sup>638</sup> She writes some years later in December 1698, having taken her child Molly born March 1687/88 from lodgings in London, and complains to John Spreat, that she is "cheefe nurss":

we found her much out of order and the apothecary advised us to bringe her to towne which accordingly we did the next day he gave her a vommitt being Tuesday and this day she has taken a purge and I thanke God is much better I am cheefe nurss and having not won about me that I can depend upon in sickness if att any other time.<sup>639</sup>

Mary does try at least one recommendation of her sister-in-law, Ursula, saying to Edward, "poor Nanny is ill of a violent paine in her head ever since Munday morning and is very fevorrhish and sometimes sick at her stomach the last night I gave her a glister which wrought very well and when she went to bead some of my sister's antidote".<sup>640</sup> As Ursula's antidote does not work the doctor is sent for, Mary explains "but found her not better this morning, so I sent for Dr Passons... her to be lett blood 10 ounces which she sess she doss not find much relefe by yett she tells me she is much as she was when she had her fevor at Hackney".<sup>641</sup>

Despite her low view of the remedies of lay friends and relatives, Mary does give indications of relying on a few well-used remedies. She favours purging and often uses rhubarb with the children. In 1697 she writes to Edward, "Jenny have bin a little indisposed this day or 2 with those swellings in her face, as you have seen her have, but eats her meat very well and is up and down the house and I give her ruburbe and beare which I hope will

<sup>637</sup> Mary Jepp Clarke to John Spreat, 22 Oct. 1698. Mary later compared the business of finding tutors and marriage partners for their offspring and believed it to be equal in pain of the mind to "the pain of the body in bringing them into the world", Mary Jepp Clarke to Edward Clarke, 29 Dec. 1702, BIWLD. 435R. Alexander Street Press, Alexandria, VA.

<sup>638</sup> Mary Jepp Clarke to John Locke, 16 Feb. 1688, BIWLD. 161R. Alexander Street Press, Alexandria, VA. One of Mary's daughters, "Betty" was called "mistress" by John Locke.

<sup>639</sup> Ibid, Mary Jepp Clarke to John Spreat, 1 Dec. 1698, BIWLD. 326R. Alexander Street Press, Alexandria, VA.

<sup>640</sup> Mary Jepp Clarke to Edward Clarke, 3 June 1695.

<sup>641</sup> Ibid.

carry of the humour as it uses to do".<sup>642</sup> She writes, while away in London in 1690, to give instructions for the cook on preserving gooseberries and to ensure a good store of "centrey", telling the steward, John Spreat, "I hope Dorcuss doe take care to provide good store of centrey and Cattren dont forgett to give it the children as I use to doe".<sup>643</sup> Back at Chipley she puts rhubarb in her daughters drink as a purge to treat a "break out all over her face".<sup>644</sup> When rhubarb does not appear to help her son Sammy in another complaint she turns to the use of "glisters" (enemas).<sup>645</sup> Mary takes care to ensure adequate supplies of certain remedies and in one of her letters to Edward she complains that a hamper sent from London does not contain Hungary water.<sup>646</sup> Hungary water is again mentioned when another daughter Betty had a "swelled face" and is used on the face by Mary both morning and evening to achieve "a perfect cure without doing anything else".<sup>647</sup>

Ongoing illnesses amongst the family are of continuing concern though Mary becomes more confident about lesser complaints, writing to Edward, "it is very sickley all heareabouts but I thank God all our family holds well except a little cold or a sore throte or such a business". She keeps a watchful eye on the children for accidents, worrying, "Now Jack grows bigger I find what a maid can teach him signifiyes very little and he teaches his little sister to doe all sorts of dangerous boy like trickes just as his brother Edward did his other 2 sisters before him, and she will venture as far to break her neck with him as she is able".<sup>648</sup> By the time Mary has her tenth child in 1694 she is evidently more relaxed about teething troubles. She writes in September of that year to Edward from Chipley "Sammys teeth troubles him a little and since I began my letter he has blead exceedingly at the nose,

<sup>642</sup> Mary Clarke to Edward Clarke, 10 April 1697.

<sup>643</sup> Mary Clarke to John Spreat, 19 June 1690 in Clarke, "Life and Correspondence," p. 167. The remedy "centrey" was probably Centaury (*Erythraea centaurium*), a bitter and tonic herb, which would have provided a purging (or laxative) action. Grieve, *A Modern Herbal*, p. 182. I am grateful to David Allen for confirmation that this was the most likely herb meant.

<sup>644</sup> The use of rhubarb "for a child's face which breaks out with a Watery Humour" is suggested in a receipt in W., *Dr Lowers and Several Other Eminent Physicians Receipts*, p. 86.

<sup>645</sup> Mary Clarke to Edward Clarke, 22 Oct 1694, 13 Dec. 1695, in Clarke, "Life and Correspondence," pp. 226, 265.

<sup>646</sup> Grieve, *A Modern Herbal*, p. 683. Mary Clarke to Edward Clarke, 17 June 1696

<sup>647</sup> Mary Clarke to Edward Clarke, 4 May 1700, in Clarke, "Life and Correspondence," p. 460. "Queen of Hungary" water was made from the distillation of rosemary tops (*Rosmarinus officinalis*) and white wine, reputedly based on a recipe dating from the thirteenth century. It acts as a rubefacient and stimulant and was considered useful for local application to paralysed limbs and for gout in hands and feet. John Pechey, *The Compleat Herbal of Physical Plants Containing All Such English and Foreign Herbs, Shrubs and Trees, as Are Used in Physick and Surgery. And to the Virtues of Those That Are Now in Use, Is Added One Receipt, or More, of Some Learned Physician. The Doses or Quantities of Such as Are Prescribed by the London- Physicians, and Others, Are Proportioned. Also Directions for Making Compound Waters, Syrups Simple and Compound, Electuaries, Pills, Powders and Others Sorts of Medicines. Moreover, the Gums, Balsams, Oyls, Juices and the Like, Which Are Sold by Apothecaries and Druggists, Are Added to This Herbal; and Their Virtues and Uses Are Fully Described* (London: Printed for Henry Bonwicke, 1694a), p. 159.

<sup>648</sup> Mary Jepp Clarke to Edward Clarke, 13 Dec. 1690, BIWLD. 177R. Alexander Street Press, Alexandria, VA, Mary Jepp Clarke to Edward Clarke, 22 Dec. 1690, BIWLD. 179R. Alexander Street Press, Alexandria, VA.

it makes him a little pale his blood was very thin but he is as lively and pert as usual". She adds "I thanke God all the rest heare is very well also only Sammys teeth troubles him which makes him a little peevisch and nott sleepe soe well a nights".<sup>649</sup> And she is also quite familiar with worms, "Molly was very fevorish the last week but I hope it was nothing but wormes she being yesterday when I was to see her pretty well agen, Jack and all the rest are well, and Ward dos mend but slowly".<sup>650</sup>

### *Diagnosis - A Contentious Issue?*

According to Beier "almost everyone diagnosed his or her own ailments" in the seventeenth century, buying remedies from apothecaries shops or making their own medicines.<sup>651</sup> There are examples of confident diagnosis evident in women's writings of the seventeenth century. Information appeared to circulate rapidly amongst the families. Layinka Swinburne writes of the extensive circulation of remedies pertaining to rickets amongst members and relatives of the Fairfax family.<sup>652</sup> Valerie Fildes notes the thoughts of Alice Thornton on her daughter's illness and death in 1656 aged 18 months. Alice records that her daughter had "bin long in the ricketts and consumption, gotten first by an ague, and much gone in the rickets, which I conceived was caused by ill-milke at two nurses".<sup>653</sup> Here Alice clearly states what she believes to be the causes of the illness and this view is consistent with the general view of rickets as being connected with contact with diseased wet nurses and their breast milk.<sup>654</sup> Still records that Daniel Whistler's thesis gives a description of rickets with a list of 17 "diagnostic symptoms" including various bony growths, hardness in the area of the liver, flabbiness of tissues, late and decaying teeth, difficult breathing, slow fever, erratic pulse, thick urine and poor appetite.<sup>655</sup> Diagnosis became a critical issue for the lay and professional practitioner, especially in conditions which were regarded as "new" diseases, like rickets.

Diagnosis was often expressed alongside fears about health. Anxiety about health extended to household members who were away from home. Older children were quite

<sup>649</sup> Mary Clarke to Edward Clarke, 15 Sep. 1694 in Clarke, "Life and Correspondence," p. 224.

<sup>650</sup> Mary Jepp Clarke to John Spreat, 17 June 1699, BIWLD. 347R. Alexander Street Press, Alexandria, VA.

<sup>651</sup> Beier, *Sufferers and Healers*, p. 257.

<sup>652</sup> Typically the advice would involve a number of items including a drink, a purge, ointment. Remedies also included syrups, decoctions, broths and distilled waters. These items appeared to predate publication of Francis Glisson, George Bate, and Assuerus Regemorte, *De Rachitide Sive Morbo Puerili, Qui Vulgo the Rickets Dicitur, Tractatus* (London: W. Dugard for L. Sadler & R. Beaumont, 1650). See Layinka M. Swinburne, "Rickets and the Fairfax Family Receipt Books," *Journal of the Royal Society of Medicine* 99, no. 8 (Aug 2006): pp. 391-5.

<sup>653</sup> Fildes, "The English Disease," pp. 124-25. Although breast milk was thought to be wholesome, an association was made because of the development of rickets during the period when a child was placed with the wet nurse.

<sup>654</sup> Valerie A. Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford: Basil Blackwell, 1988).pp. 93-99

<sup>655</sup> Still, *History of Paediatrics*, p. 199.

likely to be away attending school, or staying with relatives. At a distance, parents could be very anxious and Mary fears the worst about diagnosis of smallpox in her son. She writes to her husband about their eldest son, Edward ("Ward"), aged about 13 years:

...Since I writt this I receeved yours that gave me an account of Wards indisposition which I am very much concerned at, and by the simtums am under sum apprehentions of the small pox; but the great sattisfaction I have is, that you and Mr Freake are near him; and if it be soe I hope Mr Locke will not be long from him.<sup>656</sup>

Edward does catch smallpox in London, and Mary writes to her husband, "I was not a little concerned to heare by your last that Wards distemper proves the small pox which I feared from the first account you gave me of his illness, which I cant but have very mallancolly apprehentions and feares of for him".<sup>657</sup> Comments like this, as well as sending for the medical practitioner, imply some recognition of a need for external advice, and some ability to diagnose certain complaints. Lisa Smith shows that both men and women were involved in summoning medical advice, administering remedies and reporting patient progress, but that women were more likely to write about children's illnesses than men and 31.3% of women's letters concerned children, whereas only 8.1% of the men's letters concerned children.<sup>658</sup> Mary Clarke quite often seeks further advice, even though she might identify a probable cause, especially if she feels that the condition has become worse. She writes to Edward about Sammy, "who has gone backward very much in his going since this cold wether came in and is now much out of order with a surfeit he tooke by overcharging his stomach with too much wigg".<sup>659</sup> Mary decides in this instance to call on the local apothecary Mr Smith, as she says the next day, "After I had writt he was worse which made me unsatisfied till I had spoke with Mr Smith who I sent for and he brought some things with him to give him and tells me he will do very well and he is much better".<sup>660</sup>

Mary also calls for the medical practitioner if a complaint persists despite her treatment. She writes to Edward in 1694, "Molly is very well but extremely costive longer than I give her ruburbe in her beare and she is very apt to break out all over her face". A few weeks later she notes "I cannot get Mollys face well, it still keeps running from one

<sup>656</sup> Mary Clarke to Edward Clarke, 15 Sept 1694, Clarke, "Life and Correspondence," p. 224.

<sup>657</sup> Mary Clarke to Edward Clarke, 19 Sept. 1694, Ibid., p. 225.

<sup>658</sup> Smith, "Relative Duties of a Man," p. 242. Smith notes however that a man was more likely to write about his wife's illness (21.3%) than a woman to write about her husband's illness (6%).

<sup>659</sup> Mary Jepp Clarke to Edward Clarke, 26 Jan. 1694/5, BIWLD. 203R. Alexander Street Press, Alexandria, VA.

<sup>660</sup> Mary Jepp Clarke to Edward Clarke, 27 Jan. 1694/5, BIWLD. 204R. Alexander Street Press, Alexandria, VA.

place of it to another".<sup>661</sup> Edward then writes on behalf of Mary to John Locke, seeking advice:

...I must begg alsoe your direction in the following case. Mrs Clarke writes mee that little Molly has had a sharp ugly humour breakeing out all over her face, and has runn much, but is gone off without leaveing any scars or marks other than redness, and that about ten dayes since it swelled and gathered under her chinn, and about her throate, and it was verie hard and musch swelled in those parts until it broke and began to runn.<sup>662</sup>

Edward's letter not only identifies the cause according to Mary but explains her active approach to treatment, based on purging:

Mrs Clarke hopes by such a good dyett, and such purging and other direstions as you shall thinke proper, the child will doe very well again... My wife has endeavoured to purge her by an infusion of rubarb, but the child is verie difficult to be purged, and therefore my wife earnestly desires your thoughts and directions upon the whole matter, which shee promises shall bee punctually observed.<sup>663</sup>

In 1695 Mary writes to Edward about another child, asking for him to obtain Locke's advice:

I should be glad to have Mr Locke know Sammys case and have his thoughts on it, he is very merry now and has a good stomacke but we will indevor to keepe his body open by glisters when theare is more ordinary occation for feare rubarbe should not answare expectation for he was actually drinking rubarb beare when that disorder came upon him and had bin for some days before and had 2 or 3 stooles a day and what the occation of this great disorder was God knowes and I pray God to keepe him from the like extremity of pain agen.<sup>664</sup>

Mary diligently follows the doctor's orders for Sammy in a later illness, "I thanke God Sam is much recovered by the use of the Jesuitts powder which he has and is takeing every 3 howres 20 graines at a time till it comes to the vallew of one ounce and half by the Drs orders".<sup>665</sup> However, although letters from John Locke to the Clarke's often contain advice, they could also include critical views. Despite the usually warm sentiments of his letters, Locke does not hesitate to criticise Mary when she attempts a medical diagnosis. He writes a letter to criticise her "guesses" about the nature of complaint of a child (which she thinks has rickets) adding that she should take learned advice:

When the physician was with the child and you found he had done him good you ought to have consulted him about the rickets he was a better judge upon the place than I who am in the dark and at this distance. I hope you did, and

<sup>661</sup> Mary Clarke to Edward Clarke, 22 Oct. 1694, and 10 Nov 1694, in Clarke, "Life and Correspondence," pp. 226, 228.

<sup>662</sup> Edward Clarke to John Locke, 27 Nov. 1694. Ibid., p. 230.

<sup>663</sup> Ibid.

<sup>664</sup> Mary Jepp Clarke to Edward Clarke, 13 Dec. 1695, BIWLD. 223R. Alexander Street Press, Alexandria, VA.

<sup>665</sup> Mary Jepp Clarke to Edward Clarke, 14 Feb. 1703/4, BIWLD. 439R. Alexander Street Press, Alexandria, VA.



then you will not venture your child's health upon the use of a remedy grounded upon no better light than your guesses that is inclined to the rickets...<sup>666</sup>

Here Locke is identifying a boundary between lay and professional practice which specifically relates to the skill of diagnosis. He does not allow Mary to usurp the medical practitioner, and by criticising Mary's "guesses" he brings into question her concern for the health of the child. Such criticism of the lay practitioner was becoming increasingly evident in relation to children in the eighteenth century. Lisa Grant discusses the relationship between parents and physicians in the later eighteenth century and onwards, noting the various complaints of physicians that mothers did not call for medical advice sooner, that they took advice from quacks or neighbours and did not administer prescribed medicines properly, and that they were too "kind".<sup>667</sup>

#### 5.4 Melancholic Conditions and Low Spirits

Whilst many of the manuscript receipt collections focus on injuries and skin complaints, digestive and other disorders, there are also a significant number of remedies for conditions which we would now describe as psychological or psychiatric, such as melancholy. Use of alcohol-based preparations to raise the spirits was widespread.<sup>668</sup> Crawford and Gowing record a letter from Anne Dormer to her sister about her "restless nights and unquiet days" and thanking her for wine saying "I allow myself all I can drink of any sort, which never exceeds six spoonfuls, and unless my spirits be very low indeed I cannot prevail with my self to take any for many days...".<sup>669</sup> When "sister Clinton" writes to Margaret Boscawen in 1683 with detailed instructions for several remedies, the purpose of the medicines is for treating "malincoly" as well as "madnes".

Dear Sister... I send you these medisons for malincoly, and the spleen in Johns wort and gill go by ground together or alone made and taken like ("tea" and "tae" crossed out) tea, the first and last thing is good, and to purge malincoly, sena steeped in bear or ale half an ounce devided into 4 quart bottels, and let them drinke it for there ordinary drink, for as long time as you see cause, the common straburys eaten plentiful is good ...<sup>670</sup>

<sup>666</sup> ———, "Life and Correspondence," p. 247. John Locke to Mary Clarke, 22 Mar. 1695/96.

<sup>667</sup> I thank Lisa Grant for sight of drafts for her forthcoming PhD thesis, "From a Cough to a Coffin: Examining the Mother-Doctor Alliance and Its Role in Child Health," (University of Warwick).

<sup>668</sup> Adam Smyth, ed. *A Pleasing Sinne: Drink and Conviviality in Seventeenth-Century England* (Woodbridge, Suffolk: Boydell and Brewer, 2004). Though Jeremy Schmidt notes the view of some that alcohol might cause melancholy. Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot: Ashgate, 2007), p. 175.

<sup>669</sup> Anne Dormer to her sister Lady Elizabeth, 24 Aug. [1687]. Cited in Crawford and Gowing, eds., *Women's Worlds*, p. 36.

<sup>670</sup> Sister Clinton to Lady Margaret Boscawen, 28 April 1683. Lady Anne Clinton, formerly Ann Holles, daughter of John Holles, second Earl of Clare, married Edward Clinton (d. 1657), only son of Theophilus Clinton. Edward's sisters were Catherine, Arabella and Margaret, and they married respectively Sir George Booth of Cheshire, Robert Rolle of Heanton Sackville, and Hugh Bosacawen of Tregothnan. Lady Ann Clinton was still alive in 1675, her son Edward

Mary Clarke complains at times of melancholy, and its effects on her health:

... as to sickness I thanke God I cant complaine of any, but very often I find a great decay of spirritts, and as you have often heard me express my selfe I want something that is good, that is somethinge to support me, but I know not what, which is a disease subjectt to our secx too often; ...soe that I find when any thinge doss afectt and disturbe my mind, it doss thuss refenge itselfe upon my body, beyond the common rate that it dose att other times, and by thiss meanes keeps me very leane and low sperrited...<sup>671</sup>

Mary also worries about her daughter Nanny who recovers from an illness but remains "very dull and disperretted", although she is "pretty well agen and have bin downe stayrs" she is "pretty thoughtfull and apt to sitt and fix her eyes and say nothing I was willing she should". Mary's view is that she has "a pretty difficult patient" who is "apt to be disperretted". Treatment requires purging and Mary writes that "this day she takes a purge which I hope will carry away all the rellicts of the distemper and make her more spirrituall and get her some appitite".<sup>672</sup> Mary's opinion is that the problem arises because Nanny is in the "habit of drinking a great deal of cold water unknown to me and I beleve it bound up her body, all the resen I can have of her for it was that she allways found herself extremely dry and beare did not quench her droute".<sup>673</sup> Her approach is consistent with receipts in her mother-in-law's collection, such as one entitled "To purge Melancholy and choller" from Lady Harrington.<sup>674</sup>

Another approach involves the use of cordials such as "aqua mirabilis" to raise the spirits. Many such waters are named, for example, "Dr Butler's cordial water against melancholly" in the *Queen's Closet*.<sup>675</sup> There are numerous recipes for syrups and distilled cordial waters in the manuscript collections, Margaret Boscawen's "large book" includes

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putting a petition to Chancery about matters relating to possession of the Tattershall estate where she resided and eventually died in October 1707. Her son Edward had already died in 1692 without heirs, leaving Margaret Boscawen and offspring of her 2 sisters as co-heirs and the barony in abeyance. Austin, *The History of the Clinton Barony*, pp. 70-72, 76. St Johns Wort (*Hypericum perforatum*) has been extensively researched compared to most other herbal remedies, and found to be a significantly effective alternative to anti-depressants used for mild to severe depression, for example see S. Kasper et al., "Superior Efficacy of St John's Wort Extract WS 5570 Compared to Placebo in Patients with Major Depression: A Randomized, Double-Blind, Placebo-Controlled, Multi-Center Trial " *BioMed Central Medicine* 4, no. 14 (2006), <http://www.biomedcentral.com/1741-7015/4/14>.

<sup>671</sup> Mary Jepp Clarke to Edward Clarke, 15 April 1695, BIWLD. 212R. Alexander Street Press, Alexandria, VA. Another person who complained of melancholy damaging health was Hannah Allen of Derbyshire who wrote in a letter after her husband died, "my melancholy hath had effects upon my body, greatly impairing my health", cited in Crawford and Gowing, eds., *Women's Worlds*, p. 269.

<sup>672</sup> Mary Jepp Clarke to Edward Clarke, 4 May 1700, BIWLD. 383R. Alexander Street Press, Alexandria, VA, Mary Jepp Clarke to Edward Clarke, 8 May 1700, BIWLD. 384R. Alexander Street Press, Alexandria, VA.

<sup>673</sup> Mary Jepp Clarke to Edward Clarke, 8 May 1700.

<sup>674</sup> Elizabeth Clarke Her Booke, 1666, p. 33.

<sup>675</sup> W.M., *Queens Closet Opened*, p. 293.

"An excellent syrupe for a week stomacke and for melancholy", "A cordiall against mallancholy and vapours", "Syrup of pearmaines good against melancholy". These are titles from printed texts.<sup>676</sup> In the Fortescue receipt collection there is an additional receipt for melancholy and other complaints, an undated handwritten note which does not include ingredients, but is for a purchased compound remedy called Bannister's Powder. The claims for this powder appear to have been of sufficient importance to warrant copying out:

The Cordiall powder is a mo[st si]ngular medicine to be used in burning and pestilentiall fevers small pox measles, soundings, tremblings of the heart faintness and Melancholy passions it is good for rheume, a weake stomack, windiness of the spleene, and to strengthen all the members and principall parts of the body: the dose is from five graines to twelve and is to be taken with a little wine and sugar but if it may be gotten it were good to mixe with it either Cardus Benedictus water dragon Scabies or Angelica water or if need be the iner of a pleasant apple or a pomgranat soe it will be of more levre for the griefes afroesaid; it may be taken twice a day or oftner if the case soe require.<sup>677</sup>

Here is further evidence of named commercial preparations appearing amongst the receipt collections.

In terms of life cycle conditions, we have seen from the letters above that there were concerted efforts to maintain psychological health in the household. The widespread use of cordials and spirits was related to the humoral rationale for treatments for melancholy as these could lift the spirits, and these were often distilled items. Although difficult today for us to comprehend the lack of separation, the early modern perspective on psychological health was intimately bound up with other bodily functions, particularly digestive aspects which could lead to the production of inappropriate humours. The types of concerns expressed by families in dealing with "melancholy" and related conditions appear to have been readily met by the claims of the patent and commercially available remedies. In the following section I explore what happened when the household practitioner became a patient herself, and had to negotiate with medical practitioners for appropriate healthcare.

### 5.5 Older Age and Chronic Ailments

Both Mary Clarke and Bridget Fortescue suffered from chronic problems of health in later life. Mary has swollen legs and appears to suffer from a circulatory condition akin to dropsy. Bridget suffers from neck sores since childhood, a condition known as the

<sup>676</sup> 3 Recipe Books [Large Boke], fols. 31r, 33r, 37r. Several receipts were from Read, *Most Excellent and Approved Medicines*.

<sup>677</sup> 200 Recipes. [Loose Receipts], item 56. Endorsed "Bannister's powder".

King's Evil, and these sores return from time to time. In later life both women receive much attention from a number of medical practitioners. Mary thinks highly of medical practitioners, especially those in London, recommending them to her uncle John Buckland. In 1678, she writes, concerned to hear of his "distemper", and hopes it will not "hinder your intentions of a journey to London, to advise with the ablest phisiones heare, which I hope would prove much for your advantage and I am sure to the great satisfacktions of all your frinds espeshily myselfe".<sup>678</sup> She also receives advice from John Locke as a close friend of the family. Sending for a medical practitioner, however, is not something to be taken lightly. Despite her willingness to follow directions and dislike of lay remedies, Mary is reported as reluctant to have a doctor called when she becomes ill in September 1695. Mary Burgess, and other servants in the household at Chipley, have to intervene and Mary Burgess writes to Edward Clarke, "Honored Sir, Mrs Clark being much out of order and unfitt to write last post was loth my hand should be seen least you should be frighted ... but afterward was perswaded to let us send for Dr Smyth". The doctor comes and Mary Burgess reports that he "thought fitt to let her [Mary's] blood and shee seemd better but yesterday shee was extreamly ill in a miscarying condition very often fainting away Mr Smyth is now with her applying those things that he sees nesicary for her ... Mrs Elin says shee never saw her so ill in all her life".<sup>679</sup> Mary Burgess adds a note to her letter "I have endeavord but cant prevaile to have any other Dr sent for though we have mentioned severall but she is very averse ... for shee hopes she may be better before you."<sup>680</sup> Mary Clark's perception of her condition is at odds with the perceptions of others, and as a sick person "fainting away" she is over-ruled in the matter of medical attention. As a patient she begins to lose the power to determine therapeutic activity.

However, Mary does have strategies for determining some aspects of her treatment. Her compliance with medical advice is variable, and reveals some of the ways in which Mary assesses medicines for herself. She dislikes the taste of medicines such as Jesuit's Bark and garlic. Locke writes to Edward from Oates on 30 October 1693, acknowledging that Mary dislikes the bitter-tasting Jesuit's Bark, which he has recommended. He says "I am sorry Mrs Clarke remains averse to the jesuits bark, but in her case there is no contesting with it, but it must be left alone. Her aversion to the bark makes her not, I

<sup>678</sup> Mary Jepp Clarke to John Buckland, [?] May 1678, BIWLD. 150R. Alexander Street Press, Alexandria, VA.

<sup>679</sup> Mary Burgess to Edward Clarke, 11 Sept. 1695, BIWLD. 218R. Alexander Street Press, Alexandria, VA.

<sup>680</sup> Ibid.

believe, in love with her ague, which I wish her well rid of".<sup>681</sup> A later letter from Mary suggests that she does not like garlic as she says "I am indiffrent well, and have taken my dyett drinks and followed all other directions except the garlic and that I have not yet taken any of nor don't know how to begin".<sup>682</sup> Mary does manage to find a way to take the Jesuits powder and also the garlic, as she says in a letter to Edward,:

I am very constant in takeing my diett drink and garlicke, having found out a way to take it in a spoonefull of sacke as I use to do the Jesuites powder, which is much more easey to me than to take it in butter, which I could do but twice; my way is now to shove it in a spoonful of sacke, and so swallow it, and drink a spoonfull of sack after it.<sup>683</sup>

It appears that taste is a significant issue alongside other concerns about effectiveness.

Difficulty in preparation and complying with instructions are also reasons which Mary gives for discontinuing one suggested lay remedy. She comments here on the fiddly nature of the advised remedy:

If you remember when I was in London I told Mrs Blackmore how apt I was to thiss disorder and she advisd me to eat caishia in the cane and accordingly I did gett some but I found it a very troblesome sort of a sweet stuff, and very fidling to get out of the cane, and noe good by it, when I had all done.<sup>684</sup>

The business of preparing the remedy is laborious and time-consuming, hardly worth it for a "little" medicine. Mary adds, "I am apt to think such little buisnesses will doe me but very little good" and expresses her preference for practitioner recommendations, in the same letter:

I am extreamly oblided to you and Mr Lock for your care and concerne for me, and will take care to gett some bath waters with the first opertunity; as soone as the wether is a little milder; and will send the prescription to Mr Smith for the pills soe as to have them redy a gainst the time the water comes.<sup>685</sup>

Despite her keen preference for the medical practitioner, compliance remains an issue, especially when Mary is recommended vomits. Some years later, Mary falls ill again and describes her pains, "I thank God the pains is pretty well gone but apt to returne agen upon the least occation" and she objects to the recommended vomit, "as to the vommitt the

<sup>681</sup> John Locke to Edward Clarke Oates, 30 Oct 1693, in Clarke, "Life and Correspondence," p. 211. The "bark" or Jesuits bark, *Cinchona* spp was widely recommended in the later seventeenth century. Grieve, *A Modern Herbal*, p. 631.

<sup>682</sup> Mary Clarke to Edward Clarke, 10 April 1697.

<sup>683</sup> Mary Jepp Clarke to Edward Clarke, 12 June 1697.

<sup>684</sup> Mary Jepp Clarke to Edward Clarke, 15 April 1695.

<sup>685</sup> Ibid. Mineral waters were widely available, for example supplied in bottles and casks from Bath to the South West and London. Trevor Fawcett, "Selling the Bath Waters: Medical Propaganda at an Eighteenth-Century Spa," *Somerset Archaeology and Natural History* (1990): p. 194.

Dr speaks of I doubt wheare I shall bare it the mouth of my stomacke being so very tender ever since I had such an innumerable company of vomitts when I miscarried here in the countrey".<sup>686</sup> Mary decides to continue with her remedies rather than take the vomit, "I thank both you and Dr Pitt for your care and advice to me but I desire to take out the pott of electuary and the draught after it on the infusions, and see what the event will be; though I have had and still have great difficulty to take them, and can do it not otherway then in a wafer".<sup>687</sup> So Mary uses her compliance with prescribed medicines as a means to achieving her preferred treatments.

## 5.6 Differences with the Medical Practitioner

Both Mary and Bridget have strong views about what constitutes a suitable medicine. However these views differ. Mary does accept advice from a number of physicians, although she often questions whether she is receiving the most suitable treatment, usually expressing a desire for stronger medicines. In April 1697, she writes to Edward to affirm that she is following instructions, but that she thinks a purge is needed as "these things will nott doe of themselves".<sup>688</sup> In the same letter, Mary notes a conflict between the remedies advised. She says "I have taken of the tee you mentioned but once; because Dr Musgrave did advise me to take as little likwid things as possobly I could and eat as little waterrish meat as I could and my circomstances considered I phancey he is in the right".<sup>689</sup> Locke tends to recommend gentle treatment although Mary makes it clear that she does not believe that "gentle remidyees" are likely to be effective, "for I believe it is in vaine to flatter you or myself with the hopes that these gentle remidyees will prove effectual".<sup>690</sup> Her emphasis on the benefits of purging is firm, "for I do really beleve there must be a more severer corce taken, and by purging and after that it may be these bitter corses may answare expecttation... those purges Dr Musgrove gave me in my illness agreed very well with me and brought away a very great deal of greennish water...".<sup>691</sup>

<sup>686</sup> Mary Jepp Clarke to Edward Clarke, 10 Feb. 1699/1700, BIWLD. 360R. Alexander Street Press, Alexandria, VA.

<sup>687</sup> Ibid.

<sup>688</sup> Mary Clarke to Edward Clarke, 10 April 1697.

<sup>689</sup> Ibid. Dr William Musgrave spent most of his professional life in Exeter, and was a Fellow of the College of Physicians, Neville C. Oswald, "A Review of Medical Care in the South Hams over the Centuries," *Report of the Transactions of the Devon Association for the Advancement of Science* 114 (1982): p. 45.

<sup>690</sup> Mary Clarke to Edward Clarke, 10 April 1697.

<sup>691</sup> Ibid. Bullein wrote that "the vertue of bitter medicines is great" as such things "do penetrate and pearse sooner to the extreme partes, & do purge more". In "The Booke of the Vse of Sicke Men", William Bullein, *Bulleins Bulwarke of Defence against All Sicknesse, Soarenesse, and Woundes That Doe Dayly Assaulte Mankinde* (London: Thomas Marshe, 1579), p.2.

Several weeks later Mary writes to Edward, having had the opportunity to ask another doctor about the advice previously given, and she notes a lack of "tropicall remedies";

I told you in my last that Dr Passons called here this week to see Jenney and told me that he had done as I desired him Looked over all these prescriptions that Dr Musgrave had sent to Mrs Smiths in the time of my Great Illness, and he does not find by them that the Dr touched any thing upon tropicall remedies till about August last ...<sup>692</sup>

And Mary reports that her legs are now bad again, more reason to use a purge, and she complains of the need to use a purge. "This week in a morning I seeme all over full and as if I was a little swelled or grownen fatt and if the latter I hope I shall be the better able to bare purging and if the other I believe it will be very nessessary."<sup>693</sup>

Bridget Fortescue has a rather different view, expressing her concerns about stronger medicines and her objection to certain purges. Bridget explains to her husband why she has "much more mind" to take the spa waters than to undergo a purge, wishing the doctors to consider this:

I have much more mind to take the spaw waters which you know did me more good than anything eles ... you know Dcr How advised me to them and you know with what suckseas I have still to be our one many times and indeed if you dont find incoragement to take vicars [Vickers] new method I wold desiar that Dcr Hoe and Dcr Morton may talke together wether a stell [steel] cures or the spaw watters.<sup>694</sup>

She explains that she does not want to take the recommendations of Mr Powell, who is mistaken in providing only a purge:

I cant but wonder at the mistake of Mr Powell ... as I statted my case as beeing all most continaly sike of my stomake and my meat not disgesting and in another letter I sayed that I dislikt his method becas it was all purgen and that use to weken me and my stomake and was not likely way to cuar the badness of my stomake and indeed I fear his method is but going over agane in another shape what I have done many times.<sup>695</sup>

Her fears are clear, "I am afreed to take a porgen medson nay I dread it but dont think I say this to put of my journey but only to do every thing my Best consiration".<sup>696</sup> Bridget draws support from a constellation of doctors who have previously treated her case. She says that

<sup>692</sup> Mary Clarke to Edward Clarke, 1 May 1697, Sanford Family of Nynhead. DDAF/3833 SARS, Taunton. The Clarke Household accounts include an entry for 12 April 1697 "Given to Dr Parsons when sent for to Mrs Jenny £1 00 00". Account Book of Household Expenses at Chipley, 1685-1702, fol. 72. Jane ("Jenny") was born 9 Feb 1693/4. Clarke, "Life and Correspondence," p. 213.

<sup>693</sup> Mary Clarke to Edward Clarke, 1 May 1697.

<sup>694</sup> Bridget Fortescue to Hugh Fortescue, 10 Feb. [1707/8], Fortescue of Castle Hill. 1262M/FC/9. DRO, Exeter.

<sup>695</sup> Ibid.

<sup>696</sup> Ibid.

she would rather be advised "by thos that know my temper", implying a need for a constitutional perspective of her illness, "I should think that dcr How and Morton that have known how I was formurly might by letters and what Chamberlen sead last year about my misscarring give as good advice as if they saw me my case".<sup>697</sup> Her objections to the purge are that it is "more apt to strick in and bren to a colicke" although she claims to be willing to try a new method, "unleas I cold be satisfied ther was a better as well as a new method fond out if so I am willing to trey".<sup>698</sup>

One week later, Bridget and the doctors appear to come to some sort of compromise, with an agreement to her proposals of using glisters and a powder for her colicky ailment. She says "I am much relevd Dcr Barber and Mr Baller ware of opian[opinion] I had best conting[continue] Dcr Mortons poders till the seson came a littel better for the wateers".<sup>699</sup> Bridget then cheerfully accepts her husband's instructions for further medicinal items from the local apothecary, saying "but now you have sent me farder orders I shal delay no time but send for Mr Baller agane and have the things".<sup>700</sup> Furthermore, Bridget suggests that their daughter Margaret might also benefit from some of the powders. "I fear pore mis margret inclines to it she often is sike to her stomake so that I beleve I must give her the powders to".<sup>701</sup>

Whilst her view remains staunchly in favour of the need to ensure removal of the offending humours from the body, Bridget is critical of the methods used in purging the body. She argues that "sometimes ye cuar of it is more dang[e]rus then the dises[disease] for ware it dos not get tent agane it turns to some other more desprat dises or falls on the inward parts and so dos more mischefe I veryly beleve that my takening so much purgen fiseke at Eberton did me much wrong".<sup>702</sup> She expresses her fear that the corrupt humours may turn inward into the body. There were others in the seventeenth century who questioned the overuse of purges. Robert Burton notes that Galen said "purgative physic is contrary to nature, takes away some of our best spirits, and consumes the very substance of our bodies" if used inappropriately.<sup>703</sup> Ideas about the "inward parts" can be traced back to printed advice about dealing with plague. Readers of Alexander Read's *Most Excellent And*

<sup>697</sup> Ibid.

<sup>698</sup> Ibid.

<sup>699</sup> Bridget Fortescue to Hugh Fortescue, 17 Feb. [1707/8].

<sup>700</sup> Ibid.

<sup>701</sup> Ibid. Hugh Fortescue endorsed this letter "whether my wife may not take spaw waters and other medicines on her Journey to desirse Dcr Morton about staying in his house. She believes that she has improved since I came away".

<sup>702</sup> Bridget Fortescue to Hugh Fortescue, 6 Feb. 1707/8.

<sup>703</sup> Burton, *The Anatomy of Melancholy*, p. 212.



*approved Medicines & remedies* are advised, in cases of plague, not to tamper too soon "with the Botches and Blains, before they be well come forth, and nature well cleared and relieved". They should continue with "outward Cordials, and sweating Medicines". The reason being that;

overhastie applying of Topical and outward Remedies, especially if they be forcible and sharp (which is too usually practised by some Physicians and Chirurgians, and by Patients themselves) do oft-times by causing pain, increasing the Fever, and weak'ning Nature, drive back and scatter the Venom into the inward parts, which suddenly by a second assault, and encounter, surpriseth the Fort of Life, the Heart, and carrieth away the Patient.<sup>704</sup>

Although Bridget does frequently call in the medical practitioners in her later illness, she is still not entirely convinced of their success in purging. She writes to her husband about one adviser, "I dont admire his way I have so many times been brast even to dethes dore by purgen and to no porpos that I cant think that any thing of that kind can do good...".<sup>705</sup>

Bridget is so concerned about her past experience with ineffective purging treatments that she is adamant that she is "very Loth to trey any new medson espessly purgen with out very good profe of its being effectuall".<sup>706</sup> However, she is also worried about appearing disobedient and adds "after all this is sead I wold not have you think me backward for I am ver[y] willing to advies and do my outmost for a cuar if god think fit to direk me to a likely one and for your comfort I wold not have you fright your selfe for I have been many times worse than now".<sup>707</sup>

Bridget has her own favourite self-help treatment involving "snakeroot" which can provide great relief, and says

I must asuar you I am ["in"crossed out] I thank god most wonderfully recovered sines I had the shefer[shiver] and toke the swet on snackroote that evening I can truly say I was never so free of pean sines I was taken as I am now am abel to walke about the rome but sines you are so concarnd about me I desiard mr Baller to let you know how I have been and how I am.<sup>708</sup>

The effects of the "snakeroot" include a sweat, and Bridget says, "I hope tusdays post gave you satisfacion I never had any returen nor forroner of the Ague all I had was 2 shiferes[shivers] the satterday one about 3 the other about 10 at night I take my favaret snakrote as docker How calles it".<sup>709</sup> She explains how the snakeroot takes effect as a kind

<sup>704</sup> Read, *Most Excellent and Approved Medicines*, p. 144.

<sup>705</sup> Bridget Fortescue to Hugh Fortescue, 6 Feb. 1707/8.

<sup>706</sup> Ibid.

<sup>707</sup> Ibid.

<sup>708</sup> Bridget Fortescue to Hugh Fortescue, 24 Feb. 1707/8.

<sup>709</sup> Ibid.

of purge leading to a sweat, "instead of a morning fitte [it] threue me in to a sweat". This reduces her pains "but I beleve it was a shife or toren of the humer for all that night I had no pean[pain] nor soreness and after that the sorenes came on agane".<sup>710</sup> Bridget describes how "Dcr Barber for saw it in the morning and was very inquisitive for the [h]our the colick sesed me the day before". He is:

for the Barke but I told him that must be the last thing and that I had cured many Agues by snakerote my selfe and I thost it smofer est for me because I feard what the evel humer might have don within and then the Bark was dangerous but the snakerote was good to dreve the both outward wate ever outward efeke it might have I was willing to rone that Hasard so the Dcr oned I was in the right and yelded ... I bles god I am free of it and have had no reeturen sines.<sup>711</sup>

Bridget proclaims her rightness using a "smoother" remedy, citing her own personal experience in treating others, as well as the fréquent success of her preferred remedy to ensure her view prevails. She proudly announces that the doctor "yielded", and says "pray give my servis to Dcr How and tell him that our favowritte did the worke with out the helpe of the nasty Barke". She claims that "thare are many pepel have Agues hear about and I cuur many as infalibel as the Barke".<sup>712</sup>

It is evident that Bridget has considerable confidence in her own skills and knowledge, possibly based on her own experience with treating ague and other complaints as well as her mother's remedies. She has sufficient confidence from experience to challenge medical practitioners on the treatment she is recommended. Her understanding is based on a traditional Galenic view of purging, so well established that she is unable to accept any other view of the workings of the body. Whether the doctor "yields" to her argument or whether he decides to concede her viewpoint rather than lose an important patient is not entirely clear. It can be seen here that her perspective informs and strengthens her efforts towards therapeutic determination, and the prospect of loss of her patronage ensures serious consideration.

Indeed, Bridget has a very strong sense of what is right for her and she is disturbed when faced with awareness of her lack of "power to command". In an undated receipt for a "glistier", the writer, probably Bridget, unexpectedly sets out her view of the medical advice given by the doctors. The receipt starts of with the usual list of ingredients, but then changes dramatically in tone as she adds her views, "The glistier...Take of mallowes, pellitory of the wall, violet and mercury leaues of each one handfull ... this Glistier as it is

<sup>710</sup> Ibid.

<sup>711</sup> Bridget Fortescue to Hugh Fortescue, 29 Feb. 1707/8.

<sup>712</sup> Ibid.

heare set downe the things that I appoint my selfe but onely the manner and time and measures for my owne good".<sup>713</sup> The writer is clearly rather upset, and continues, railing against the doctor's "conceits":

tho the Docters heare thinke it best for mee to beleeeve them against my owne sence and fealeing there sight and smell there reason for they now that I complaine of onely of there preprosorous order of things and concluding of my disses[disease] and cures according to there own concaites and prescriptions unto which I shuld never yeald.<sup>714</sup>

"Sense and feeling" contrast with the "reason" of the medical practitioner. She objects strongly, and continues "they granted the thing In generall and to denye the thing In every perticular that I have any powre to command: for that which I haue a sence and fealeing and understanding doth mee Good or hurt".<sup>715</sup> Her "sense and feeling" relate to her "understanding" of what does good, and these are opposed to the ideas of the medical practitioners who deny her "power to command". She objects to being given childish answers and lies, complaining "yet I must not say so nor desire to haue it don but Answeward onely my delayings and put offs with childish foolish Answears nay which is worse Answears which carry in them nothing but falsehoods which was so very displeasing to God".<sup>716</sup>

Bridget struggles to reconcile beliefs about how her complaint should be dealt with, based on her bodily experience of treatments over the years, with the recommendations of medical practitioners. In some ways Bridget reflects the trend of criticism of traditional Galenic practice. Maynwaringe, a Helmontian physician, writes against an excess of knowledge in medicine. He criticises the "vast extent of Physick-Learning" and concludes that "The Stress of Curing lies mostly; and often wholly upon the Excellency of Medicine" rather than the "Notions and Theorems" of professors.<sup>717</sup> Of course there was at this time, at the end of the seventeenth century, considerable debate over medical matters amongst medical practitioners themselves.<sup>718</sup> Perhaps not so surprising then that lay people also

<sup>713</sup> Endorsed "The glister". 200 Recipes. [Loose Receipts], item 90. The handwriting of this item closely matches letters authored by Bridget.

<sup>714</sup> Ibid.

<sup>715</sup> Ibid.

<sup>716</sup> Ibid.

<sup>717</sup> Everard Maynwaringe, *The Efficacy and Extent of True Purgation : Shewing, I. What This Operation Is; Not as Vulgarly Understood. II. How Performed in Human Body. III. By What Means Fitly to Be Done. IV. When; How Oft; and in What Cases to Be Used ... Distinguished from Promiscuous Evacuations; Injuriously [Sic] Procured, and Falsly Reputed Purging* (London: Printed for D. Browne; and R. Clavel, 1696), pp. 30-31.

<sup>718</sup> Antonio Clericuzio, "From Van Helmont to Boyle: A Study in the Transmission of Helmontian Chemical and Medical Theories in Seventeenth-Century England," *British Journal for the History of Science* 26 (1993): pp. 303-34, Cook, "New Philosophy and Medicine.", Allen Debus, *The English Paracelsians* (London: Oldbourne, 1965), Charles Webster, *From Paracelsus to Newton: Magic and the Making of Modern Science* (Cambridge: Cambridge University Press, 1982).

exhibited different approaches to healthcare as household practitioners and as patients. These variations influenced preferences regarding remedies, both home-prepared and purchased. Whichever was preferred, it appears that the ability to determine the medicines was regarded as part of therapeutic determination, and the "excellency of medicines" was a key factor in treating disease.

## 5.7 Conclusion

Recipients of household healthcare, according to names entered in the household accounts, were primarily household members: children, family and servants. Little evidence of medical treatment for the poor emerges in these household accounts in the late seventeenth century, unlike the detailed entries for other poor-related assistance with money, food and clothing. This finding contrasts with the general portrayal of higher status households in the earlier seventeenth century, where healthcare provision was described as extending to the neighbourhood. The direct experience gained by lay practitioners in some of these households, such as the Clarke household, was mostly confined to the complaints of household members. In another household, the Fortescue household, there were claims to have met the needs of poor people in ill health. Care of servants and other household members could involve considerable effort and expense, including relocation when infected with smallpox.

Children appeared to be key beneficiaries of the expenditure on healthcare in the accounts. There has been discussion as to whether the advice of medical personnel was regularly sought in relation to children since the high possibility of illness and death in childhood meant that the cost of advice might be wasted. Radbill suggests that apothecaries might be consulted but that physicians "shunned infants, feeling unprepared to cope with their high morbidity and mortality and incompetent to diagnose or cure them".<sup>719</sup> Fildes says that "apothecaries were sometimes consulted but physicians were rarely called to a sick child", either because of the high fees charged or because illnesses of the young were "naturally the province of the midwife/surgeon".<sup>720</sup> The role of the lay mother or father in treating illnesses has been little explored beyond the passing on of "successful remedies", indeed Pollock says of the diary sources, "there does not seem as if much could be done for sick children" and that "few parents called a doctor".<sup>721</sup> This does not appear to hold for the

<sup>719</sup> S. K. Radbill, "Pediatrics," in *Medicine in Seventeenth-Century England*, ed. A. G. Debus (Berkeley and Los Angeles: University of California Press, 1974), p. 238.

<sup>720</sup> Valerie A. Fildes, "Infant Care in Tudor and Stuart England," *Midwife, Health Visitor, Community Nurse* 22, no. 3 (1986): p. 79.

<sup>721</sup> Linda A. Pollock, *Forgotten Children: Parent-Child Relations from 1500 to 1900* (Cambridge; New York: Cambridge University Press, 1983), p. 131.

later seventeenth-century accounts considered here which show that, at least amongst named recipients of healthcare services, children were significant. This would be consistent with the high degree of anxiety noted by Joseph Illick amongst parents.<sup>722</sup> However parenting, as with other aspects of healthcare, may have been varied in approach. Joanne Bailey identifies contrasting views of correct childrearing in legal cases after 1700.<sup>723</sup> Some contemporary sources suggest that parents were considered responsible for certain illnesses. Thomas Tryon writes of the nation as more subject to diseases than any other, saying, "And as our Children are generally weak, puling, Rickety, and Sickly, so the occasion thereof is too evident, since they are almost made Gluttons from the very Cradle, their Mothers gorging and Feeding them till they loath their Victuals, and often cast it up again".<sup>724</sup>

Closer examination of the accounts in relation to children reveals differences between ingredients purchased and the ingredients in the receipt collections. There was frequent purchase of items which did not figure significantly in the medicinal receipt collections. The emphasis of child-related medicinal receipts in household manuscripts was on purges and particular complaints such as rickets, worms and convulsions with few mentions of common problems such as teething. Children's health was an area of growing confidence for women as household practitioners, and they exerted considerable therapeutic control, although medical practitioners were called in from time to time, sometimes mediated by male partners. One household practitioner dismissed the "little medicines" of friends and relatives although she purchased medicinal items for use with the children.

Melancholy and related conditions have been shown earlier in this study to figure significantly in letters about health. In terms of treatment there were many spiritous cordials and waters which had cure-all status. These were readily replaced by purchased remedies with great claims to cure a wide range of conditions. In older age and chronic conditions, spouses tried to encourage and influence their wives to accept medical practitioner treatment. Conversely, wives used the reports of medical practitioners to allay concerns about their health. There were differences in perceptions of the treatments proffered by medical practitioners, Bridget accused medical male practitioners of lies and

<sup>722</sup> Joseph E. Illick, "Child-Rearing in Seventeenth-Century England and America," in *The History of Childhood: The Evolution of Parent-Child Relationships as a Factor in History*, ed. Lloyd de Mause (London: Souvenir Press, 1974), pp. 312-13.

<sup>723</sup> Joanne Bailey, "Reassessing Parenting in Eighteenth-Century England," in *The Family in Early Modern England*, ed. Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007), p. 218.

<sup>724</sup> Tryon, *Healths Grand Preservative*, p. 10.

conceits and going against her "sense", flagging up her lack of "power to command" which she experienced as a patient rather than a lay household healthcare practitioner.

The confidence of women household practitioners was questioned, the issue of diagnosis becoming contentious in relation to the recently-described illness of rickets. Physicians challenged the ability of lay people to diagnose complaints and warned of the consequent dangers of misdiagnosis. Patients did have a number of strategies for ensuring their role in therapeutic determination, including lack of compliance in taking medicines that were deemed inappropriate. Where medical practitioner advice was willingly sought, any conflicting instructions were quickly identified and queried, and claims to lay practitioner status could be used to justify a point of view. Efforts to maintain therapeutic control were related to expressing preferences for particular medicines.

## Chapter 6: Shaping Domestic Medicine

### 6.1 Medicinal Receipts and Actual Practice

In this study I have argued the need for detailed examination and analysis of household records alongside receipt collections to assess the evidence for the use of medicinal receipts. I have used a number of case studies of medicinal receipt collections with household accounts and family letters from the later seventeenth century in South West England. This has provided an opportunity to explore the nature of household healthcare, the likelihood of making medicines in the household, and changes in the light of the growth of professional and consumer medicine. I wanted to understand how seventeenth century household healthcare, and the collections of medicinal receipts for treating all kinds of conditions, transformed into eighteenth century domestic medicine. Self-help by the late-eighteenth century appeared to involve greater reliance of families on commercial medicine products with a clear demarcation of professional medicine, particularly in relation to diagnosis of all but common ailments.

This study of selected households shows that both women and men took responsibility for healthcare although sometimes in different ways. Alongside the medicinal receipt collections, family letters demonstrate the range of health-related concerns beyond births, deaths and medical practitioner visits. They reveal the extended roles of women in providing medicinal supplies and medical services for these households. However, differences also emerge in the readiness with which women took on some aspects of the household healthcare role which were perceived as old-fashioned and unenlightened, particularly "useful receipts".<sup>725</sup> There was variation in practice between lay household healthcare practitioners in these selected households in the South West. Selection, or repetition, of receipts evidenced in the receipt collections suggest that there were different views as to the most "excellent" receipts. Interest in one household focused on ease of preparation and efficacy, in another on cure-all potential. Based on examination of accounts, receipts and letters, I conclude that relatively few remedies were likely to have been made by these households towards the end of the seventeenth century. I argue that the

<sup>725</sup> An important study based on a particular ethnic group of women highlights the pervasiveness of superstitious ritual practices to do with misfortune and illness, revealing that informants sought to hide their involvement due to embarrassment. Isaac Jack Levy and Rosemary Levy Zumwalt, *Ritual Medical Lore of Sephardic Women: Sweetening the Spirits, Healing the Sick* (Urbana and Chicago: University of Illinois, 2002).

choice and purchase of medicinal remedies reflected efforts toward determining therapeutic outcomes.

I have used the household accounts to explore the nature of household healthcare with analysis of expenditure on supplies and services. The households examined here recorded less than 1% of annual household budget on medically-related supplies and services. Annual expenditure on these tended to increase as households aged. There was not a consistent relationship between purchases of medicinal supplies and medical services. One household showed a high proportion of spending on physicians compared to medicinal supplies, another household appeared to spend more on medicinal supplies and less on physicians. The cost of medicinal items was a relatively small proportion of medical care, except in the one household where there were claims to treat local poor people. The low cost of items could mean that they were an attractive alternative to practitioner treatment. Quality of medical supplies was a concern raised by medical personnel, whilst the cost of healthcare was noted by lay individuals. In terms of assessing efficacy and value of supplies, information and services, there was evidence of a variety of perspectives and some people preferred medical practitioners to lay advisers.

### *Making Medicines*

Availability of ingredients was key to the making of medicinal remedies. Although there was evidence of careful planning for growing and collecting medicinal plants, there was limited information available on these matters. Garden management and design might not always prioritise herbs. Ability to recognise plants could not be assumed and had to be acquired by household health practitioners. Within the medicinal receipts there was a trend away from culinary and household ingredients towards more prepared and purchased remedies, particularly in receipts from named contributors and doctors. The nature of gift medicine appeared to be changing from that which lay people could readily offer, drawing from their own receipt collections and home-made preparations. Gifts of exotic items so unusual as to require instructions were appreciated in one household.

Suitable equipment and labour were also important for making medicines. Costs were a consideration for early modern households. In terms of technology, a wealthy household in the seventeenth century might have sufficient equipment to prepare many remedies but specialist equipment, for preparing desirable cordials and distilled waters, appeared to be going out of use. The cost of maintaining such equipment and servants to operate it was perhaps becoming prohibitive. Readily available prepared medicines were convenient and possibly cheaper than those requiring the involvement of household servants.



### *Medicines and Therapeutics*

I have considered the nature of treatment and recipients at several stages in the lifecycle. Children and servants, rather than the poor, appeared in the accounts as major recipients of medical attention. There were discrepancies between the range of remedies for children's complaints in receipt collections and actual purchases of medicinal items. Treatment of children was frequent and women appeared confident in determining therapeutics for children through their acquired experience. Some conditions provoked a "boundary" in diagnosis, particularly "new" diseases such as rickets, which were sharply contested by at least one medical practitioner. As these women aged and sickened themselves, their boundaries as lay practitioners were further breached, and they were encouraged by spouses to draw on the attentions of medical practitioners. These women became patients, although they adopted strategies which helped them to determine therapeutic approach. Differences were apparent in the way in which these women thought therapeutically, although both expressed a desire to be in tune with modern thinking. Therapeutically, there did appear to be considerable reliance on purchases of a small range of medicinal items and few of the medicinal receipts were likely to have been made. These wealthy households, perhaps once very active in preparation of medicinal remedies, increasingly came to depend on purchased medicines and used medicinal ingredients and preparations which did not appear in the receipt collections.

### *People and Medicine*

Early modern household medicine was a highly social activity, drawing in information, medicinal supplies and medical services from a wide network of local and London practitioners, merchants, family and friends, sometimes on a payment, and sometimes on a gift basis. In relation to obtaining resources for household healthcare, both women and men were important in obtaining and authorising medical practitioner advice and services. Women were able to relate directly to medical practitioners, although in some cases this led to an overlap of relationships between family, friend, practitioner and some confusion between boundaries. Like male medical practitioners, women active in treating the poor were very aware of boundaries in their medical role and appeared sensitive to the "value" of information, gifts and secrets. Some women were aware of the potential of recognition through giving medical advice, and sought to acquire more status through information derived from medical practitioners. Information about recommended medicines could have value by increasing social status and, for some individuals, bring additional income or beneficial social connections. The collection of medicinal receipts

and home preparation of remedies might have allowed participation in a form of gift medicine, although not all lay household healthcare practitioners may have wished to accept the obligations of such gifts. However, key elements of gift medicine involving lay individuals, whether advice, medicinal receipts or remedies, appeared to become less appreciated and recognised. A reduction in opportunities for "gift medicine" was gendered in effect, gift medicine had provided a valuable link between social and economic aspects of healthcare, enabling women to achieve recognition and status through the provision of healthcare information, advice and treatment. Lay practitioners, and particularly women, could have been deprived of a significant role if gift medicine became less feasible or less acceptable.

Medicine was becoming a much more commercial activity in the later seventeenth century and the balance between purchases and other indirect expenditure sources appeared to change. Within medicinal receipts this changed balance could be seen in the reducing proportions of kitchen and household ingredients. Lay advice, receipts and remedies were dismissed in some instances, although not always consistently. Individuals were keen to make their presence felt in various roles as practitioners, patients and advisers. However, the advent of greater purchase of remedies led to some changed relationships. Boundaries between patients and would-be medical advisers had to be re-negotiated. This had an effect of a gendered nature since household preparations could no longer be so readily made or had less value compared to new and exotic introductions and commercially-prepared remedies. Both essential and extended self-help were affected by rising costs of labour. Self-help became the purchase of ready prepared medicines and increasingly confined to minor complaints and invalid care.

## **6.2 Factors Influencing Household Healthcare Practitioners**

How did lay practitioners of household healthcare compare? The similarities and differences between the Fortescue and Clarke households are interesting. Bridget Fortescue maintained an interest in medical matters following her mother Margaret Boscawen, a confident lay healthcare practitioner who drew from many sources including her family in Lincolnshire, from medical practitioners and from books. Bridget inherited her mother's "large book" and she did claim to make some provision of a medical kind for local poor people. Confirmation of this activity may be found in the Fortescue household accounts showing substantial expenditure on medicinal supplies compared to another aristocratic household, that of Lord and Lady Clifford. In contrast to Bridget, Mary Clarke said openly on occasion that she did not wish to use the advice of lay people, and that their remedies

did not work or were 'fiddly'. Mary did seek the attentions of a learned medical practitioner, John Locke, who was a long-time friend of the family, although the Clarke family letters suggest that she managed day-to-day accidents and illnesses. Despite Mary's objections to lay remedies, her household accounts show numerous purchases of medicinal items, and gifts of unusual and exotic items were welcomed.

How can the differences between Bridget and Mary be accounted for? They may not be representative individuals but perhaps they may be regarded as typifying some variations in practice and belief, affected by both social and economic factors at the end of the seventeenth century. Bridget and Mary had much in common as active and responsible wives of Members of Parliament, taking care of estate matters while their husbands were away. Both women had connections with London through their husbands and other family members. However, although based in Somerset, Mary lived in London during the first few years of marriage and gave birth to most of her children there. Mary had connections with individuals there who were associated with much new thinking; John Locke, Lady Damaris Masham and others are frequently mentioned in correspondence. Bridget lived in North Devon, and she made few visits to London, in later poor health intending to travel there for medical advice but continually putting off the trip. Family connections were important for Bridget and these were heavily influenced by the puritan stance of her father, Hugh Boscawen. Bridget benefited from her mother's expertise in medical matters and added to the extensive family receipt collection. In the case of the Clarke family, Mary may have brought recipes to the household but they do not survive, only the receipt book of her mother-in-law is still extant and this appears to have few additions. Both women were supported in healthcare roles by their husbands, who also acted as mediators for professional advice in their ill-health. The role of husbands appears to have been to make learned advice more accessible by acting as a procurer and means of communication, encouraging such links all the while. In relation to medical practitioners, Bridget sought information, support and therapeutically appropriate advice, whilst Mary sought strong remedies, consistent treatment and to be a good patient. Both women were criticised at certain points by male medical practitioners, Mary for foolishness in attempting diagnosis, and the Bridget for childishness in resisting treatment.

The experience of Bridget and Mary raises a question for me about the usefulness of the concept of medical authority. I think we have tended to go along with the view that women were increasingly excluded from medicine in the early modern period because of a lack of knowledge. However, although lack of medical knowledge may have been a challenge for women as lay practitioners and patients, there seemed to be a number of

other reasons why women might have become less effective in the context of household healthcare. In particular, there were material reasons for departing from the medicinal receipts and moving from home-made remedies to purchased medicines. Perhaps we have focused too much on the importance of medical authority. Medical authority is part of the story of the changing practice of medical care, but tends to polarise the patient and practitioner. In the case of household healthcare we can see that the same person can inhabit both roles. There might be conflicts of medical authority but the resolution and outcome of conflicts in terms of determining therapeutic activity was also based on social and economic factors. Thus, the concept of therapeutic determination provides a means to consider the "power to command", a phrase which Bridget accurately uses to expose her own lack of ability to influence treatment in her case.

In regard to the overall picture of household healthcare, there appears to be a generation gap emerging in these records, a contrast between the gentlewoman healer and the patient consumer. In a sense, Bridget's case reflects the passing of a tradition of considerable self-sufficiency in household medical knowledge and care, acquired mostly from her mother Margaret. Bridget's case is an example of a deterioration in one generation of the recognition of a gentlewoman using her medical skills alongside the apothecary to bestow medical remedies on family, relatives, neighbours and the poor. In later life, she eventually accepted treatment from medical practitioners, although sometimes she renegotiated or resisted treatment. She found her range of options for self-treatment narrowing as a lay practitioner. As for Mary, her case reflects the emerging patient consumer - both a patient acknowledging the medical practitioner, and a consumer of commercially available medicines. Although Mary laid the responsibility for determining medical treatment on the medical practitioner, she recorded many purchases of remedies for treating common ailments. She actively decried the advice of lay people such as her sister-in-law Ursula, yet at the same time was a prolific consumer of medicinal items, and willing to try and appreciate gifts of exotic newer remedies herself, such as chocolate. Both women did exert therapeutic determination but in different ways; Bridget through voicing her own experience and negotiating with practitioners about her preferred remedies; Mary through questioning practitioner advice, non-compliance and by demanding more convenient and stronger medicines. Both women faced challenges in maintaining therapeutic determination in later life in relation to their own illnesses. Bridget sought to impose her own understanding and experience as a practitioner, whilst Mary adapted her compliance as a model patient to obtain desired treatment.

### 6.3 Making Domestic Medicine

In the later eighteenth century William Buchan published a book entitled *Domestic Medicine* in which he provided over 600 pages of medicinal information including advice on preventative measures in the care of health. The book was a runaway success with an average of two new authorised editions every two years till Buchan's death in 1805.<sup>726</sup> Although Buchan claimed to be laying medicine open, he also justified his work by saying that this would mean that people would "ask and follow advice" from the right sort of people instead of taking remedies from neighbours:

The ignorant are always most apt to tamper with Medicine, and have the least confidence in physicians. Instances of this are daily to be met with among the ignorant peasants, who, while they absolutely refuse to take a medicine which has been prescribed by a physician, will swallow, with greediness, any thing that is recommended to them by their credulous neighbours.<sup>727</sup>

He said of the physician and the quack that the "line betwixt them is not sufficiently apparent". He argued that the best way to destroy quackery would be to increase knowledge of medicine, and to remove the mysteries of secret medicines and prescriptions in mystical characters, thereby removing suspicion and ridicule of medicine.<sup>728</sup> Although Buchan provided the "most simple and approved forms of medicine" for many diseases to make his book "more useful", he took the opportunity to argue that the "generality of people lay too much stress upon medicine, and trust too little to their own endeavours".<sup>729</sup> It was not always necessary or appropriate to provide medicines to help the sick. He clarified that "persons who do not chuse to administer medicine to the sick, may nevertheless direct their regimen".<sup>730</sup> The provision of "proper food, fresh air, cleanliness, and other pieces of regimen necessary in disease, would be a work of great merit" and "at least equal to medicine, and in many of them [diseases] it is greatly superior."<sup>731</sup>

Alongside attempts to limit domestic medicine to common ailments, there were suggestions that households relied on medicines too much. Parkinson wrote that he was convinced that "many lives are lost by neglecting to apply sufficiently soon for medical

<sup>726</sup> Richard B. Sher, "William Buchan's *Domestic Medicine*: Laying Book History Open," in *The Human Face of the Book Trade: Print Culture and Its Creators*, ed. Peter Isaac and Barry Mackay (Winchester, Hampshire: Oak Knoll Press, 1999), pp. 47-8, 55. See also C. E. Rosenberg, "Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*," in *Explaining Epidemic and Other States in the History of Medicine*, ed. C. E. Rosenberg (Cambridge: Cambridge University Press, 1992), pp. 32-56, John B. Blake, "From Buchan to Fishbein: The Literature of Domestic Medicine," in *Medicine without Doctors. Home Health Care in American History*, ed. Guenter B. Risse, Ronald L. Numbers, and Judith Walzer Leavitt (New York: Science History Publications, 1977), pp. 11-30.

<sup>727</sup> Buchan, *Domestic Medicine*, p. xxiii.

<sup>728</sup> *Ibid.*, pp. xx, xxiv.

<sup>729</sup> *Ibid.*, p. ix.

<sup>730</sup> *Ibid.*, pp. ix, xi, xxxi.

<sup>731</sup> *Ibid.*, p. xxxi.

aid, and by improper treatment of diseases by domestic practitioners".<sup>732</sup> His publication of *Medical Admonitions Addressed to Families* argued that the role of the domestic practitioner had become twofold, firstly to identify when a medical practitioner should be obtained (which was likely in most cases), and secondly to carry out without question the directions of the medical practitioner pertaining to regimen and nursing care. There was a significant underlying motivation for his text which emerges in the following:

By exposing the evils resulting from the too frequent practice of domestic quackery, it may be hoped too, that the benevolence of the rich may be directed into more useful channels. At present it too frequently happens, that persons of influence and property are too much disposed, with the help of a family medicine chest, and a treatise on domestic medicine, to become the dispensers of physic to all their poor neighbours; and to believe that they are thereby rendering more service to the community, than by contributing to the support of those national benefits, public hospitals.<sup>733</sup>

From the above it is evident that Parkinson had an interest not only in ensuring that medical practitioners were the first port of call for a wide range of family medical maladies, but also in diverting philanthropic funding of medical care of the poor to hospital provision, firmly under professional practitioner control. This statement reveals the economic basis for physician's complaints about lay treatment, and suggests that there was still a considerable degree of such informal practice. The reason for the continuing reliance on medicines may not have been related purely to purchases by, and for, the poor. Digby in her study of medical practitioners and the market from 1720 says it is unclear whether more medical custom resulted from advice books and other information about health, noting that "well-informed Georgian consumers showed marked skepticism about the remedies proffered by the "medical" profession so that in many cases the household retained sovereignty as the consumer of its own physic".<sup>734</sup> Thus, even though home-made preparations might not have survived, the purchase of medicines had become a means of maintaining therapeutic determination.

#### 6.4 Conclusion

This study has focused on a small number of high status households in the south-west of England in the late seventeenth century. My findings are specific to those households and cannot be taken as representative of the region, nor of households of lesser status. Some important issues raised in this study have not been explored and require further research, such as the relationship between medicinal receipts and foods, household

<sup>732</sup> Parkinson, *Medical Admonitions*, Vol. 1, pp. iii, a1-2.

<sup>733</sup> *Ibid.*, vol. 1, p. 8.

<sup>734</sup> Digby, *Making a Medical Living*, p. 42.

accounts and health costs at different wealth levels, and comparative study of receipts in different regions. Regional findings have not been possible and it may be that some further comparison could be made with households in other regions. Although these households had some connections in their local areas, it appears that their members also had considerable networking skills with a key focus on London, another aspect which could repay investigation.

I have examined selected household sources to establish whether medicinal receipts were in use at this time. The question seems straightforward but the answer is complex. Although some doubt emerges about the actual use of many receipts to make remedies, a picture of the range of activities involved in household healthcare is illustrated by the accounts and letters alongside the receipt collections. In tracing the role of the receipts we can see that health concerns were wide-ranging, and that household practitioners and patients took active steps to manage medical matters. Women and men in these households played key roles in providing advice and receipts as well as determining therapeutics. The sources available suggest that there were differences in lay therapeutics which reflected variations in practitioner approaches and that lay people were significantly affected by material considerations. I have developed concepts of gift medicine and therapeutic determination to help chart shifting power relationships, boundaries and roles. Particular changes have been noted in relation to the extent of non-purchased resources available to support the knowledge and practice of household healthcare. The relationship of medicinal receipts to household healthcare concerns and practices is certainly complex. Examination of the receipts in context of accounts and letters reveals the changing nature of lay medical activity in these households as professional and commercial medicine were starting to consolidate their domination of the medical market. Household healthcare practice within these households, perceived through the archives of several generations, was shaping into domestic medicine, providing a separate and more narrowly-defined role for the lay practitioner, and establishing the patient consumer.

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## Appendices



## Appendix 1.1 Family Pedigrees

**Descendants of :**  
**Edward Clarke Senior of Chipley, Somerset**

**Edward Clarke (?-1679)**

**m. Anne Knight (?-1652)**

├── **Anne Clarke (?-?)**

**m. 1670 John Bacon**

├── **Ursula Clarke (1640-?)**

**m. 1670 Gustavus Venner (?-1672)**

        └── **Gustavus Adolphus Venner (1671-1717)**

**m. 1652 Elizabeth Lottisham (?-1667)**

└── **Edward Clarke (1650-1710)**

**m. 1675 Mary Jepp (?-1706)**

        ├── **Edward Clarke (1676-1676)**

        ├── **Anne Clarke (1679-1680)**

        ├── **Edward ('Ward') Clarke (1681-1705)**

        ├── **Elizabeth ('Betty') Clarke (1682-1712)**

**m. 1704 John Jones (?-?)**

        ├── **Anne ('Nanny') Clarke (1683-1744)**

**m. 1717 William Sanford**

        ├── **John ('Jack') Clarke (1685-1705)**

        ├── **Mary ('Molly') Clarke (1688-1739)**

**m. George Musgrave (?-?)**

        ├── **Jepp Clarke (1691-1741)**

**m. 1716 Elizabeth Hawker (?-?)**

        ├── **Samuel ('Sammy') Clarke (1692-1732)**

**m. Sarah Guest (?-?)**

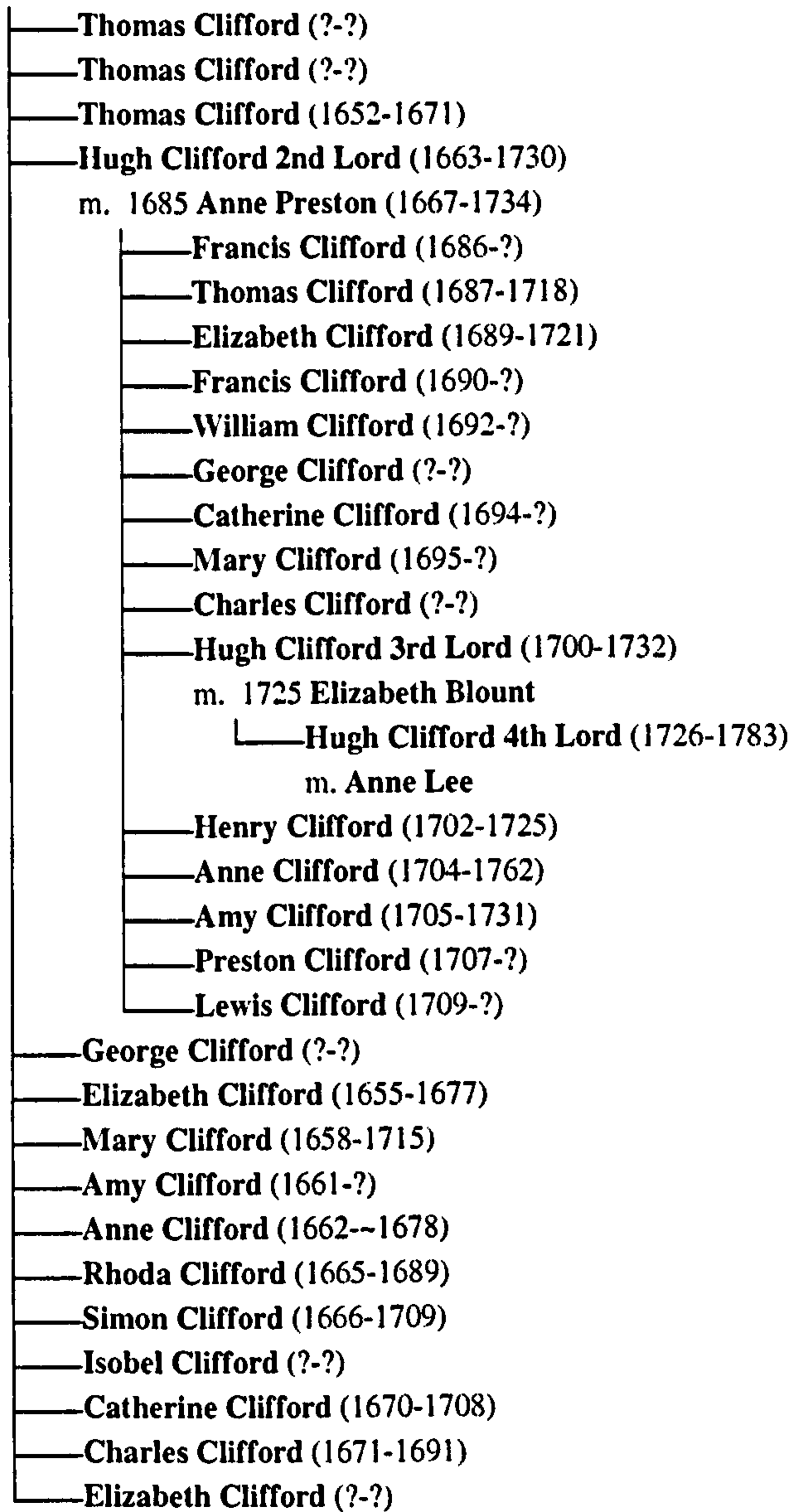
        ├── **Jane ('Jenny') Clarke (1694-1732)**

**m. 1719 Henry Sanford (?-?)**

**Descendants of :  
Thomas Clifford 1st Lord Clifford of Chudleigh, Devon**

**Thomas Clifford 1st Lord (1630-1673)**

**m. Elizabeth Martyn (?-1709)**





**Descendants of :  
Sir John Strode of Parnham, Dorset**

**Sir John Strode of Parnham (?-1679)**

**m. Anne Hewet (?-?)**

- Anne Strode (?-1727)
- Elizabeth Strode (?-?)
- Mary Strode (?-?)
- William Strode (?-1705)
  - m. Elizabeth Compton (?-1707)
- John Strode (?-1689)
  - m. Mary Howorth (?-1710)
- Thomas Strode (?-1719)
- George Strode (?-1680)
- Hugh Strode (?-1726)
- Robert Strode (?-1698)
- Margaret Strode

**m. Ann Browne Widow of Lord Poulett (?-1710)**

- Elizabeth Strode
  - m. Sir William Oglander (?-?)
- Browne Strode
- Hugh Strode

## Appendix 1.2 Printed Receipt Collections

Collection	Collection short title	Source of collection
Dawson	dawson1587	Dawson, Thomas. <i>The Good Huswives Jewell. Wherein Is to Be Found Most Excellent and Rare Deuses for Conceits in Cookerie, Found out by the Practise of Thomas Dawson. Whereunto Is Adioyned Sundry Approved Reseits for Many Sovereine Oyles, and the Way to Distill Many Precious Waters, with Divers Approued Medicines for Many Diseases. Also Certaine Approved Points of Husbandry, Very Necessarie for All Husbandmen to Know.</i> London: John Wolfe for Edward White, 1587.
Widows	widows1588	Partridge, John. <i>The Widowes Treasure Plentifully Furnished with Sundry Precious and Approved Secretes in Phisicke and Chirurgery for the Health and Pleasure of Mankinde : Hereunto Are Adjoyned, Sundry Pretie Practises and Conclusions of Cookerie : With Many Profitable and Holesome Medicines for Sundrie Diseases in Cattell.</i> London: Printed by Edward Alde, for Edward White, 1588
Partridge	partridge1591	Partridge, John. <i>The Tresurie of Commodious Conceits, and Hidden Secretes, Commonly Called the Good Huswives Closet of Provision, for the Health of Her Houshold. Meete and Necessarie for the Profitable Use of All Estates. Gathered out of Sundry Experiments, Lately Practised by Men of Great Knowledge: And Now Newly Corrected and Inlarged with Divers Necessary Phisicke Helpes, Not Impertinent for Every Good Huswife to Use in Her House Amongst Her Own Famelie.</i> London: Richard Jones, 1591.
Natura	natura1655	<i>Natura Exenterata, or Nature Unbowelled by the Most Exquisite Anatomizers of Her. Wherein Are Contained Her Choicest Secrets Digested into Receipts, Fitted for the Cure of All Sorts of Infirmities, Whether Internal or External, Acute or Chronical, That Are Incident to the Body of Man.</i> London: Printed for H. Twiford, G. Bedell and N. Ekins, 1655.
Markham	markham1631	Markham, Gervase. <i>The English House-Wife. Containing the Inward and Outward Vertues Which Ought to Be in a Compleate Woman. As Her Skill in Physicke, Surgery, Cookery, Extraction of Oyles, Banqueting Stuffle, Ordering of Great Feasts, Preserving of All Sorts of Wines, Conceited Secretes, Distillations, Perfumes, Ordering of Wooll, Hempe, Flax, Making Cloth and Dying, the Knowledge of Dayries, Office of Malting, of Oates, Their Excellent Uses in a Family, of Brewing, Baking and All Other Things Belonging to an Houshold.</i> London: Printed by Nicholas Okes for John Harison, 1631.
Choice	choice1653	<i>A Choice Manuall of Rare and Select Secrets in Physick and Chirurgery: Collected and Practised by the Right Honourable, the Countesse of Kent, Late Deceased, as Also the Most Exquisite Ways of Preserving, Conserving, Candyng Etc.</i> London: R. Norton, 1653.
Coelson	coelson1656	Coelson, Lancelot. <i>The Poor-Mans Physician and Chyrurgion, Containing above Three Hundred ... Receipts, for the Cure of All Distempers.</i> London: A.M. for S. Miller, 1656.
Queens	queens1659	<i>The Queens Closet Opened. Incomparable Secrets in Physick, Chyrurgery, Preserving and Candyng, Etc. Which Were Presented Unto the Queen by the Most Experienced Persons of the Times, Many Whereof Were Had in Esteem, When She Pleased to Descend to Private Recreations.</i> London: Printed for Nath. Brooke, 1659.
Ladies	ladies1685	<i>The Accomplish'd Ladies Delight in Preserving, Physick, Beautifying, and Cookery. Containing I. The Art of Preserving, and Candyng Fruits and Flowers, and the Making of All Sorts of Conserves, Syrups, and Jellies. II. The Physical Cabinet, or Excellent Receipts in Physick and Chirurgery, Together with Some</i>

		<i>Rare Beautifying Waters, to Adorn and Add Lovliness to the Face and Body: And Also Some New and Excellent Secrets and Experiments in the Art of Angling. III. The Compleat Cooks Guide, or, Directions for Dressing All Sorts of Flesh, Fowl and Fish, Both in the English and French Mode, with All Sauces and Sallets; and the Making Pyes, Pasties, Tarts, and Custards, with the Forms and Shapes of Many of Them. Beautifying Waters, Oyls, Oyntments, and Powders, to Adorn and Add Lovliness to the Face and Body.</i> London: Benjamin Harris, 1685.
Boyle	boyle1692	Boyle, Robert. <i>Medicinal Experiments, or, a Collection of Choice Remedies, for the Most Part Simple, and Easily Prepared.</i> London: Printed for Sam Smith, 1692.
Lower	lower1700	<i>Dr. Lowers, and Several Other Eminent Physicians, Receipts Containing the Best and Safest Method for Curing Most Diseases in Humane Bodies : Very Useful for All Sorts of People, Especially Those Who Live Remore [Sic] from Physicians.</i> London: John Nutt, 1700.

## Appendix 2.1 Types of Receipt in Manuscript and Print Receipt Collections

Collection Title	Advice %	Cosmetic %	Food %	Garden %	Household %	Index %	Medicinal %	Other %	Veterinary %	All Items
<b>Manuscript Receipt Collections</b>										
fetiplace1604	0.2	1.4	25.1	0.1	1.1	0.0	71.5	0.0	0.5	835
fanel630	0.0	0.0	1.7	0.0	0.0	0.0	98.3	0.0	0.0	58
pharmacol648	0.5	1.6	1.6	0.0	3.1	0.0	91.8	0.0	0.4	255
clarke1650	0.0	5.1	7.6	0.0	0.0	0.0	87.3	0.0	0.0	79
clarke1674	0.2	0.3	3.3	0.0	0.0	0.3	94.1	0.0	1.5	338
fortescue1687	0.0	0.0	0.0	0.4	0.0	0.2	99.4	0.0	0.0	495
clifford1689	0.1	0.2	22.4	0.0	0.2	0.0	76.9	0.0	0.0	420
clifford1690	0.0	0.0	1.2	0.0	0.3	0.0	98.4	0.0	0.0	322
fortescue1701	0.4	0.0	0.0	0.0	0.0	0.0	99.1	0.0	0.0	335
fortescue1707	0.1	0.0	0.0	5.9	0.0	0.0	93.1	0.0	0.0	102
clifford1752	0.1	0.0	32.7	0.0	0.0	0.0	66.4	0.0	0.0	113
<b>All manuscript</b>	<b>1.7</b>	<b>0.7</b>	<b>10.9</b>	<b>0.3</b>	<b>0.6</b>	<b>0.1</b>	<b>86.8</b>	<b>0.0</b>	<b>0.3</b>	<b>3352</b>
<b>Print Receipt Collections</b>										
dawson1587	1.1	0.0	74.3	0.0	0.0	0.5	21.9	0.0	2.2	183
widows1588	0.0	0.0	11.8	0.0	4.7	0.0	77.3	0.0	6.2	211
partridge1591	3.0	0.7	14.1	0.7	20.7	0.7	59.3	0.0	0.7	135
markham1631	2.3	2.9	36.6	1.2	1.9	0.2	54.8	0.0	0.0	516
choice1653	0.3	0.0	0.0	0.0	0.0	0.3	99.4	0.0	0.0	357
natural1655	1.1	2.4	1.7	0.4	1.8	0.1	91.6	0.1	0.7	1603
coelson1656	0.0	0.0	0.0	0.0	0.0	0.3	99.7	0.0	0.0	292
queens1659	2.0	3.3	17.5	0.0	1.8	0.2	74.8	0.0	0.4	457
ladies1685	0.0	8.1	51.7	0.0	2.8	0.4	30.5	0.0	6.5	751
boyle1692	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	101
lower1700	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	251
<b>All print</b>	<b>0.9</b>	<b>2.7</b>	<b>17.8</b>	<b>0.3</b>	<b>2.2</b>	<b>0.2</b>	<b>74.2</b>	<b>0.0</b>	<b>1.6</b>	<b>4857</b>

Note: Types of receipts were determined by allocation to the nearest matching category as follows:

- (1) Advice: information items such as names, measures, regimen instructions.
- (2) Cosmetic: cosmetic items such as perfume or tooth or hair powder.
- (3) Food: culinary entries relating to food preservation and preparation.
- (4) Garden: gardening items regarding identifying, sowing, growing, harvesting plants.
- (5) Household: household entries relating to cleaning, dyeing, making inks, mending china .
- (6) Index: cataloguing entries such as tables of contents and indexes.
- (7) Medicinal: medicinal remedies or items with stated or likely medicinal use.
- (8) Other: entries not in other categories such as sayings.
- (9) Veterinary: items relating to animal husbandry, fishing and hunting

## Appendix 2.2 Ailment Categories in Medicinal Receipts

Ailment Category	Abbrev.	Ailments
1. Circulatory	cir	heart, dropsy, jaundice, blood complaints
2. Dermatological	der	boils, tetters, impostumes, swellings, cancer, kings evil, scurvy
3. Digestive	dig	mouth and teeth, stomach, spleen, surfeit, worms, flux
4. Infectious	inf	plague, smallpox, measles, fever, pestilence, French pox
5. Miscellaneous	mis	prophylactics, purges, humors, poison, physic, weakness, corruption
6. Musculo-skeletal	mus	aches, ague, pains, gout, arthritis, sciatica, lameness, cramp, rickets
7. Neurological	neu	headache, migraine, fits, palsy, vertigo, apoplexy, convulsions
8. Psychological	psy	melancholy, misery, sleeplessness
9. Reproductive	rep	breasts, uterine, pregnancy, childbirth, breastfeeding, fertility
10. Respiratory	res	colds, lung complaints, consumption, chest ailments, throat
11. Sensory	sen	eye, ear
12. Surgical	sur	burns, wounds and other injuries, bruise, sore, ulcer, fistula
13. Unspecified	uns	unspecified or no ailments indicated
14. Urinary	uri	running of the reins, stone, urinary problems

### *Rationale for Ailment Categories*

The above set of 14 categories of ailments has been used for analysis of medicinal receipts in this study. This revised set of categories was found necessary because previous sets of categories used proved unsatisfactory for various reasons. The nature of the shortcomings was varied, some were based on current rather than past medical understandings, and so there was confusion as to where some ailments should be placed. Some were based on identified causes of death, or practitioner diagnoses, rather than the full range of complaints evident in receipt collections. Some sets of categories were not comprehensive and so additional ailments meant extra categories. Others were inconsistent in the nature of grouping so that ailments might be entered in more than one group. Overall it seemed better to revise the categories so that they were more meaningful, reliable, discrete and comparable. The revised categories are primarily based on contemporary understandings of health and disease, and do not entirely correspond to present day understandings of disease. In particular external symptoms were not necessarily related to appropriate internal causes, so that a number of conditions are listed as "dermatological" because they present with skin-related signs or symptoms. The humoral-based system linked together heart and liver, as both were regarded as directly involved in the circulation and production of blood, and thus liver complaints are included in the "circulatory" category. General humoral complaints have been placed in a "miscellaneous" category along with prophylactic and purging purposes of receipts. Whilst there might still be debate about the placing of ailments in respective categories, the main concern has been to enable consistency for purposes of comparison. A complete listing of previous categories considered in establishing this revised classification is given below.<sup>735</sup>

Ronald Sawyer (1986 p. xi) used 14 categories based on the practice of an irregular physician:

womens  
infections

<sup>735</sup> Leong, "Medical Remedy Collections", Nagy, *Popular Medicine*, Sawyer, "Patients, Healers and Disease", Smith, "Women's Healthcare", Stine, "Opening Closets".



digestive  
respiratory  
urinary  
dermatological  
swellings  
neurological  
lame, weak and orthopaedic  
legs  
head  
pain  
casualties and traumas: psychological: unspecified  
miscellaneous

Doreen Evenden Nagy (1988) used a variety of categories in discussing popular medicine:

surgical  
GIT abnormalities  
respiratory ailments  
ophthalmic problems  
neurological  
gynaecological  
urological  
circulatory  
plague  
sciatica and aches and pains  
gout  
other complaints included food poisoning, hearing, smallpox, measles, ringworm, dermatological afflictions, corns, worms, Kings evil, jaundice, arthritis, chilblain

Jennifer Stine (1996) used 10 categories for analysis of receipt books:

injuries, wounds, sores, bruises, aches, inflammation  
colds, consumption, lung problems  
stone or urinary problems inc colic  
eye problems  
boils, impostumes, tetter, felons and skin eruptions  
spleen or stomach problems inc surfeit  
headache and migraine  
plague  
jaundice, black or yellow  
breasts, uterine, pregnancy

Lisa Smith (2001) modified Stine's categories based on complaints in English and French texts and adding two groups:

regimen  
fever

Elaine Leong (2006) used 16 categories based on Charles Webster's study of *The London Bills of Mortality* and added two groups, one for infants and another for general use. (Charles Webster used the International Classification of Diseases, 9th version, which gives 17 medical categories with 56 sub-categories):

I infection + parasitic + fevers, teeth + worms + convulsions, tuberculosis, plague, smallpox, measles, STD + parasitic, II to IV neoplasm + endocrine + nutrition + blood disorders, V-VII mental + nervous system + senses, VII cardiovascular, VIII respiratory, IX digestive X-XI - genital + urinary + childbirth, XII skin, XIII-XVII residual, infants, general

### Appendix 2.3 Ailment Categories and Groups in Household Receipt Collections

Ailment category	Ailment group	Clarke	Clifford	Fortescue	All collections	Clarke (%)	Clifford (%)	Fortescue (%)	All collections (%)
Circulatory	bleeding	1	11	12	24	0.2	0.8	1.0	0.8
	blood	2	8	12	22	0.3	0.6	1.0	0.7
	cordial	2	17	8	27	0.3	1.3	0.7	0.9
	dropsy	8	27	24	59	1.4	2.0	2.0	1.9
	faintness	1	6	2	9	0.2	0.4	0.2	0.3
	heart	4	11	5	20	0.7	0.8	0.4	0.6
	jaundice	4	13	13	30	0.7	1.0	1.1	1.0
	liver	8	16	9	33	1.4	1.2	0.7	1.1
	poison	1	4	0	5	0.2	0.3	0.0	0.2
	spitting blood	1	4	4	9	0.2	0.3	0.3	0.3
	trembling heart	0	0	1	1	0.0	0.0	0.1	0.0
	vein	2	7	4	13	0.3	0.5	0.3	0.4
<b>Circulatory total</b>		<b>34</b>	<b>124</b>	<b>94</b>	<b>252</b>	<b>5.9</b>	<b>9.2</b>	<b>7.8</b>	<b>8.0</b>
Dermatological	boil	13	23	9	45	2.2	1.7	0.7	1.4
	cancer	1	1	3	5	0.2	0.1	0.2	0.2
	canker	3	4	5	12	0.5	0.3	0.4	0.4
	chilblain	0	0	1	1	0.0	0.0	0.1	0.0
	corn	0	1	1	2	0.0	0.1	0.1	0.1
	face	3	8	4	15	0.5	0.6	0.3	0.5
	hair	2	0	1	3	0.3	0.0	0.1	0.1
	itch	2	5	11	18	0.3	0.4	0.9	0.6
	kings evil	7	5	59	71	1.2	0.4	4.9	2.3
	manginess	0	0	1	1	0.0	0.0	0.1	0.0
	morphew	1	2	0	3	0.2	0.1	0.0	0.1
	nails	0	0	1	1	0.0	0.0	0.1	0.0
	navel	0	0	1	1	0.0	0.0	0.1	0.0
	nose	0	1	0	1	0.0	0.1	0.0	0.0
	ringworm	1	1	0	2	0.2	0.1	0.0	0.1
	scab	1	1	1	3	0.2	0.1	0.1	0.1
	scabies	0	0	1	1	0.0	0.0	0.1	0.0
	scurvy	0	9	12	21	0.0	0.7	1.0	0.7
	shingles	0	0	1	1	0.0	0.0	0.1	0.0
	skin	2	2	3	7	0.3	0.1	0.2	0.2
swelling	13	24	10	47	2.2	1.8	0.8	1.5	
tetter	2	3	0	5	0.3	0.2	0.0	0.2	
thrush	0	1	1	2	0.0	0.1	0.1	0.1	
<b>Dermatological total</b>		<b>51</b>	<b>91</b>	<b>126</b>	<b>268</b>	<b>8.8</b>	<b>6.7</b>	<b>10.4</b>	<b>8.5</b>

Digestive	appetite	0	4	1	5	0.0	0.3	0.1	0.2
	bad breath	0	2	5	7	0.0	0.1	0.4	0.2
	belly	5	7	8	20	0.9	0.5	0.7	0.6
	bound	2	1	1	4	0.3	0.1	0.1	0.1
	bowels	0	1	0	1	0.0	0.1	0.0	0.0
	broth	0	0	1	1	0.0	0.0	0.1	0.0
	colic	13	13	26	52	2.2	1.0	2.2	1.7
	digestion	0	4	11	15	0.0	0.3	0.9	0.5
	flux	8	12	19	39	1.4	0.9	1.6	1.2
	fundament	2	1	0	3	0.3	0.1	0.0	0.1
	mouth	1	3	5	9	0.2	0.2	0.4	0.3
	piles	0	4	2	6	0.0	0.3	0.2	0.2
	scouring	0	0	2	2	0.0	0.0	0.2	0.1
	spleen	6	24	9	39	1.0	1.8	0.7	1.2
	stomach	16	42	22	80	2.8	3.1	1.8	2.6
	surfeit	7	28	14	49	1.2	2.1	1.2	1.6
	teeth	4	4	16	24	0.7	0.3	1.3	0.8
	throat	1	9	7	17	0.2	0.7	0.6	0.5
	vomit	1	7	5	13	0.2	0.5	0.4	0.4
	wind	4	16	22	42	0.7	1.2	1.8	1.3
worms	8	21	31	60	1.4	1.6	2.6	1.9	
Digestive total		78	203	207	488	13.5	15.0	17.1	15.6
Infectious	ague	11	50	25	86	1.9	3.7	2.1	2.7
	fever	8	13	6	27	1.4	1.0	0.5	0.9
	infection	5	8	2	15	0.9	0.6	0.2	0.5
	malignant disease	0	0	1	1	0.0	0.0	0.1	0.0
	measles	2	7	4	13	0.3	0.5	0.3	0.4
	pestilence	0	2	2	4	0.0	0.1	0.2	0.1
	plague	9	20	14	43	1.6	1.5	1.2	1.4
	pox	0	0	2	2	0.0	0.0	0.2	0.1
	smallpox	5	18	15	38	0.9	1.3	1.2	1.2
Infectious total		40	118	71	229	6.9	8.7	5.9	7.3
Miscellaneous	age	0	2	0	2	0.0	0.1	0.0	0.1
	all disease	0	3	2	5	0.0	0.2	0.2	0.2
	cattle	0	1	0	1	0.0	0.1	0.0	0.0
	cholera	1	2	3	6	0.2	0.1	0.2	0.2
	cold	3	22	11	36	0.5	1.6	0.9	1.1
	cools	0	0	3	3	0.0	0.0	0.2	0.1
	corruption	2	4	1	7	0.3	0.3	0.1	0.2
	crudities	0	2	0	2	0.0	0.1	0.0	0.1
	danger of death	0	1	1	2	0.0	0.1	0.1	0.1
	disease	0	0	3	3	0.0	0.0	0.2	0.1
	fat	0	3	0	3	0.0	0.2	0.0	0.1
	fumes	0	2	4	6	0.0	0.1	0.3	0.2
	health	1	1	3	5	0.2	0.1	0.2	0.2
	heat	2	2	0	4	0.3	0.1	0.0	0.1

	humour	5	15	7	27	0.9	1.1	0.6	0.9
	hydropical	1	0	0	1	0.2	0.0	0.0	0.0
	infirmity	1	1	0	2	0.2	0.1	0.0	0.1
	inward disease	1	3	1	5	0.2	0.2	0.1	0.2
	obstruction	0	2	9	11	0.0	0.1	0.7	0.4
	passion	3	4	4	11	0.5	0.3	0.3	0.4
	phlegm	5	2	10	17	0.9	0.1	0.8	0.5
	physick	0	1	0	1	0.0	0.1	0.0	0.0
	purge	4	16	38	58	0.7	1.2	3.1	1.8
	putrefaction	0	3	2	5	0.0	0.2	0.2	0.2
	rheum	2	5	15	22	0.3	0.4	1.2	0.7
	spirits	0	1	0	1	0.0	0.1	0.0	0.0
	st anthonys fire	1	0	0	1	0.2	0.0	0.0	0.0
	superfluity	0	1	0	1	0.0	0.1	0.0	0.0
	sweat	1	1	2	4	0.2	0.1	0.2	0.1
	thin	0	0	1	1	0.0	0.0	0.1	0.0
	thirst	0	2	1	3	0.0	0.1	0.1	0.1
	unknown	2	3	2	7	0.3	0.2	0.2	0.2
	vapours	0	1	6	7	0.0	0.1	0.5	0.2
	weakness	6	6	2	14	1.0	0.4	0.2	0.4
	witchcraft	0	0	1	1	0.0	0.0	0.1	0.0
	youth	1	0	1	2	0.2	0.0	0.1	0.1
Miscellaneous total		42	112	133	287	7.3	8.3	11.0	9.1
Musculo-skeletal									
	ache	9	33	4	46	1.6	2.4	0.3	1.5
	back	3	10	1	14	0.5	0.7	0.1	0.4
	bones	0	6	0	6	0.0	0.4	0.0	0.2
	cold	1	3	0	4	0.2	0.2	0.0	0.1
	cramp	3	6	0	9	0.5	0.4	0.0	0.3
	gout	16	15	9	40	2.8	1.1	0.7	1.3
	joints	8	7	10	25	1.4	0.5	0.8	0.8
	legs	2	7	0	9	0.3	0.5	0.0	0.3
	rheumatism	0	3	0	3	0.0	0.2	0.0	0.1
	rickets	6	10	35	51	1.0	0.7	2.9	1.6
	sciatica	3	6	0	9	0.5	0.4	0.0	0.3
	side	5	5	4	14	0.9	0.4	0.3	0.4
	sinews	4	11	2	17	0.7	0.8	0.2	0.5
	sore	13	32	12	57	2.2	2.4	1.0	1.8
	sprain	0	5	1	6	0.0	0.4	0.1	0.2
	stitch	9	8	3	20	1.6	0.6	0.2	0.6
Musculo-skeletal total		82	167	81	330	14.2	12.4	6.7	10.5
Neurological									
	apoplexy	0	3	3	6	0.0	0.2	0.2	0.2
	dizziness	1	4	5	10	0.2	0.3	0.4	0.3
	fits	11	17	64	92	1.9	1.3	5.3	2.9
	head	18	27	42	87	3.1	2.0	3.5	2.8
	memory	2	1	0	3	0.3	0.1	0.0	0.1

	migraine	6	4	0	10	1.0	0.3	0.0	0.3
	palsy	9	19	10	38	1.6	1.4	0.8	1.2
	sleepiness	1	0	3	4	0.2	0.0	0.2	0.1
	speech	0	5	4	9	0.0	0.4	0.3	0.3
	trembling	0	1	0	1	0.0	0.1	0.0	0.0
Neurological total		48	81	131	260	8.3	6.0	10.8	8.3
Psychological	comforts	0	0	1	1	0.0	0.0	0.1	0.0
	dullness	1	0	2	3	0.2	0.0	0.2	0.1
	frenzy	0	0	1	1	0.0	0.0	0.1	0.0
	hysteria	0	1	0	1	0.0	0.1	0.0	0.0
	melancholy	4	9	9	22	0.7	0.7	0.7	0.7
	restorative	3	0	0	3	0.5	0.0	0.0	0.1
	sleeplessness	6	5	7	18	1.0	0.4	0.6	0.6
	spirits	2	5	6	13	0.3	0.4	0.5	0.4
	worrying	0	0	1	1	0.0	0.0	0.1	0.0
Psychological total		16	20	27	63	2.8	1.5	2.2	2.0
Reproductive	abortion	0	0	1	1	0.0	0.0	0.1	0.0
	breast	7	22	24	53	1.2	1.6	2.0	1.7
	childbirth	8	25	21	54	1.4	1.9	1.7	1.7
	conception	2	4	3	9	0.3	0.3	0.2	0.3
	green sickness	2	12	3	17	0.3	0.9	0.2	0.5
	lust	1	0	0	1	0.2	0.0	0.0	0.0
	miscarriage	1	7	11	19	0.2	0.5	0.9	0.6
	mother	1	0	0	1	0.2	0.0	0.0	0.0
	period	8	6	6	20	1.4	0.4	0.5	0.6
	pregnancy	0	0	3	3	0.0	0.0	0.2	0.1
	private parts	0	0	1	1	0.0	0.0	0.1	0.0
	venereal disease	0	3	0	3	0.0	0.2	0.0	0.1
	whites	1	3	3	7	0.2	0.2	0.2	0.2
	womb	3	6	12	21	0.5	0.4	1.0	0.7
Reproductive total		34	88	88	210	5.9	6.5	7.3	6.7
Respiratory	breathlessness	2	3	3	8	0.3	0.2	0.2	0.3
	cold	0	3	0	3	0.0	0.2	0.0	0.1
	consumption	7	36	18	61	1.2	2.7	1.5	1.9
	cough	6	22	27	55	1.0	1.6	2.2	1.8
	lungs	3	13	7	23	0.5	1.0	0.6	0.7
	pleurisy	1	5	5	11	0.2	0.4	0.4	0.4
	sinuses	1	0	0	1	0.2	0.0	0.0	0.0
Respiratory total		20	82	60	162	3.5	6.1	5.0	5.2
Sensory	deafness	4	7	6	17	0.7	0.5	0.5	0.5
	ears	3	2	1	6	0.5	0.1	0.1	0.2
	eyes	36	19	37	92	6.2	1.4	3.1	2.9
	pain	0	4	0	4	0.0	0.3	0.0	0.1

senses		0	1	1	2	0.0	0.1	0.1	0.1
<b>Sensory total</b>		43	33	45	121	7.4	2.4	3.7	3.9
Surgical	back	0	0	2	2	0.0	0.0	0.2	0.1
	belly	0	1	0	1	0.0	0.1	0.0	0.0
	bite	3	9	4	16	0.5	0.7	0.3	0.5
	broken bone	1	8	1	10	0.2	0.6	0.1	0.3
	bruise	11	58	16	85	1.9	4.3	1.3	2.7
	burn	17	21	12	50	2.9	1.6	1.0	1.6
	burst	3	0	0	3	0.5	0.0	0.0	0.1
	fistula	3	12	5	20	0.5	0.9	0.4	0.6
	grow flesh	1	0	0	1	0.2	0.0	0.0	0.0
	legs	0	0	1	1	0.0	0.0	0.1	0.0
	rupture	0	6	2	8	0.0	0.4	0.2	0.3
	stub	1	0	0	1	0.2	0.0	0.0	0.0
	ulcer	3	6	10	19	0.5	0.4	0.8	0.6
	wound	28	47	22	97	4.8	3.5	1.8	3.1
<b>Surgical total</b>		71	168	75	314	12.3	12.4	6.2	10.0
Urinary	gravel	0	3	4	7	0.0	0.2	0.3	0.2
	kidneys	0	2	2	4	0.0	0.1	0.2	0.1
	reins	0	7	1	8	0.0	0.5	0.1	0.3
	stone	14	36	44	94	2.4	2.7	3.6	3.0
	urine	5	16	19	40	0.9	1.2	1.6	1.3
<b>Urinary total</b>		19	64	70	153	3.3	4.7	5.8	4.9
<b>Grand Total</b>		578	1351	1208	3137	100.0	100.0	100.0	100.0

## Appendix 2.4 Clifford Favourite Receipts and Medicinal Ingredients

Ingredient	Likely source				
	garden	household	kitchen	purchase	wild
adders tongue					3
agrimony					5
ale			3		
angelica					3
aniseed			10		
aqua vita				4	
ash					3
avens					4
balm	5				
bay	6				
bee	5				
betony					6
bindweed					3
blackberry					3
borage	5				
bugle					1
calamint	3				
celandine	3				
chamomile	3				
chicken			2		
china root				3	
cinnamon				4	
coltsfoot					3
columbine					3
comfrey					2
coral				3	
costmary	3				
cow			6		
cumin				3	
daisy					4
date			3		
deer					1
devils bit					2
dock					6
duck					3
dwarf elder					1
elder					2
elecampane	8				
fennel	5				
feverfew					3
fig				3	
fumitory					3
goat			1		
ground ivy					3
groundsel					4
honeysuckle					2
horseradish	3				
hounds tongue	3				

Ingredient	Likely source				
	garden	household	kitchen	purchase	wild
hyssop	11				
lavender	3				
lavender cotton	1				
liquorice	12				
maidenhair					2
marjoram	2				
mint	6				
motherwort					2
mummy				4	
nettle					5
nutmeg				5	
oat			2		
olive				3	
orpine	3				
parsley	2				
pennyroyal	6				
pepper			1		
pimpernel					3
plantain					4
polypody					3
primrose	3				
quince	3				
raisin				3	
rhubarb				4	
rose				4	
rosemary	5				
rue	6				
sage	6				
saint johns wort	3				
sanders				3	
sanguis draconis				3	
sanicle					3
sarsaparilla				3	
sassafras				3	
saxifrage					3
scabious					2
selfheal					3
senna				3	
sheep			3		
smallage					6
southernwood	3				
speedwell					3
spike				2	
spikenard				3	
strawberry	5				
sugar				9	
sulphur				5	
sundew					3
tansy	3				
thyme	3				
treacle				1	



Ingredient	Likely source				
	garden	household	kitchen	purchase	wild
valerian	3				
vervain	2				
violet	2				
water		13			
watercress	3				
whale				7	
wine				11	
wormwood	6				
yeast			3		
All	154	13	34	96	115
As % of all ingredients	37.4	3.2	8.3	23.3	27.9

### Appendix 3.1 Methodology in Extracting Account Entries

The accounting records were examined, and medicinal supplies and medical services were noted. For the manuscript sources, extracts were transcribed of items and those which were illegible or unidentifiable were excluded. The items which were recorded included readily identifiable healthcare costs such as purchases of medicinal supplies both direct and reimbursed as well as apothecary bills, and payments for medical services to individuals such as physicians, surgeons, midwives, wet nurses and amounts paid to individuals for other tasks such as fetching practitioners or medicines. Items also recorded were selected culinary and household items, such as oils and spices, with potential medicinal uses.<sup>736</sup> Dates of payments were recorded where available, otherwise year of payment was noted. All amounts were entered in pounds, shillings and pence for conversion to totals in pence. Where given, quantities were listed using units of purchase.

Expenditure entries were all recorded in Access database with use of Excel and SPSS for calculations of year totals, charts, correlations and proportions of expenditure. Itemised ingredients were extracted with details of quantities and costs, where known, for analysis of the nature of ingredients purchased, and average prices. Each itemised ingredient was associated with a "Source species" which could allow grouping together of items prepared from the same source ingredient e.g. rose is the source species for a number of preparations including syrup of roses, conserve of roses etc.

Purchases or total payments which include named medicinal items were noted even if they incorporated costs of other items such as foods, soap, wash balls etc which could not be individually identified and separated. It was felt that these purchases could not be ignored since they included medicinal items, and that inclusion might help to redress the problem that some other purchases were not always listed as medicinal, although possibly intended as such (for example the butter noted above). It was intended that consistent application would enable comparison with further studies, and hoped that some balance can be achieved through inclusion of some items and exclusion of others.

The extracted entries were coded initially in two ways. Firstly the extracted entries were re-examined to determine which ones could be confirmed as "medicinal supplies" or "medical services". Of the original 1561 extracted entries, some 336 entries were excluded from further analysis as medical items, of which 283 related to culinary ingredients, mostly larger quantities suggesting use for preserves or festive occasions (mainly sugar, honey, beer, wine, vinegar, raisins, currants and some utensils such as spoons and sieves). Of the other entries discarded 10 related to household purchases (such as tar or twine), 6 related to garden purchases (seeds and plants), 9 related to cosmetic purchases (hair powder, rose powder, soap), 20 related to veterinary purchases

<sup>736</sup> Where items of a culinary nature were identified as of medicinal potential, they were categorised as medicinal supplies. Ingredients deemed potentially medicinal included spirits, most spices, fresh fruit and other recently introduced or imported items such as allspice, aniseeds, brandy, capers, caraway seed, cherries, chocolate, cinnamon, cloves, coffee, figs ginger, lemons, mace, mustard seed, nutmeg, oils, oil of almonds, oranges, quinces, samphire, strawberries, tobacco, usquebaugh, also household allum and brimstone. Ingredients regarded as primarily culinary included wine and brewing ingredients, dairy foods, nuts, dried fruit, vinegars and sugars, thus almonds, butter, canary, cream, currants, eggs, honey, hops, pepper, prunellas, raisins, sack, salt, sugar, sugar candy, vinegars, wax. Note that this may not be entirely accurate since white sugar candy and white wine vinegar were both likely to have medicinal use, conversely spices such as ginger and cinnamon had numerous culinary uses. Where doubtful I consulted contemporary views of medicinal properties such as those in Culpeper, *The English Physitian Enlarged*, Quincy, *Pharmacopoeia Officinalis*.

(mainly dogs and horses<sup>737</sup>), and 8 payments initially recorded as medical services actually related to other payments such as tithes. Summaries of expenditure based on the remaining 1225 entries were made by year. Of these entries 326 related to the Bath and Hayne accounts in the first half of the seventeenth century, and 140 entries related to the Latham accounts of the first half of the eighteenth century, leaving 759 manuscript entries from the second half of the seventeenth century in the Clarke, Clifford, Fortescue and Strode accounts.

Secondly the entries were coded so that the nature of supplies and services was subdivided in 2 groups. Medicinal supplies were divided into those which were individually identified, even though cost and quantity might not always be given, and those which were implied by payments to the apothecary or druggist. Not all apothecary payments would necessarily have been for medicinal items but many were identified as "drugs" or "things" from the apothecary, and these payments have all been incorporated as supplies. Medical services were divided into those provided by an identifiable (often named) medical practitioner such as a physician or surgeon, and those provided by other practitioners, including midwives, wet nurses, bone setters, keepers, and others. This latter group included a number of payments associated with obtaining medical care or medicines, such as costs in travelling to fetch a medical practitioner, payments to servants or others for obtaining medicinal supplies, payment to unnamed individuals for letting blood or other services such as mending a still.

There was sometimes a potential overlap between payments for medicinal supplies and medical services. For example payments to apothecaries may have included provision of advice in addition to the preparation of medicines. In other cases a payment may have been made to an individual for a medicinal item, and the payment may have been for the service of obtaining the item rather than the item itself. For consistency, the items relating to the transport, gathering or processing of herbs have all been treated as "other medical services". In regard to medical services, the payments made to physicians and surgeons were remarkably consistent, usually in round sums ranging from 5s to £1 or more.<sup>738</sup> No record of expenditure was entered into more than one category.

<sup>737</sup> Occasional physick for animals was evident in these accounts. In 1688 the Clarke household record show a remedy for a horse:

[1688] Jan 24 Pd for oyl of Bays for the horse when they was kicked 00 00 02

The Clifford household records list additional bills especially for horses:

1694 16 Oct In horse physick 00 04 00

1695 24 Sept Pd by bill for Druggs for the Stable 00 04 03

And for a dog:

1699 16 Oct To cure the dog of the mange and for killing rats at warren 00 02 00

And the Fortescue household also recorded occasional items referred to as medicines for horses:

1700 to the farrier for things he gave the horses 00 05 06

1703 for drugs for the horses 00 02 02

(Sources: Account Book of Household Expenses at Chipley, 1685-1702, Stewards Accounts, 1692-1702, Household Account Book, 1699-1704.)

<sup>738</sup> The division of these entries does rather depend on fairly clearcut distinctions between the activities of medical personnel and others. Mortimer says that the designation of "apothecary" was less frequently used after 1660 for suppliers of medicines, and no apothecaries were listed outside towns in his study of Kent probate records. Thus he suggests that medicines were increasingly being obtained from rural practitioners. In the records used here, the purchase of an item frequently does not mention the seller, and so this cannot be confirmed either way. Mortimer, "Medical Assistance to the Dying", p. 181.

Several estimates of total expenditure could be made, based first on summing all multiple purchase payments including medicinal elements, and secondly summing all individually priced medicinal items with only multiple purchase payments where a medicinal item headed the list. Use of the totals of all purchases containing medicinal items might inflate figures due to the inclusion of other culinary and household items. Use of totals of individual costs only where known or where they head the list of multiple purchases, might be conservative, due to exclusion of medicinals in some multiple purchases, and also underestimate the medicinal contribution of culinary and household items. Comparison of the 2 approaches showed the individual price total reduced overall expenditure by an average of 16% ranging from just under 2% to just over 28% difference. The larger difference in the Clarke and Clifford accounts is due to the tendency of those accounts to include multiple purchases of groceries which included potentially medicinal items.

Collection Title	Sum of multiple purchases (1)	Number of multiple purchases (1)	Sum of individual items by price (2)	Total number of individual items (2)	% difference in sum
Clarke	4345	249	3119.5	312	-28.2
Clifford	1661	34	1292	52	-22.2
Fortescue	8359	179	7432	206	-11.1
Strode	1537	76	1512	88	-1.6
All households	15902	538	13355.5	658	-16.0

Note 1: Includes total cost of multiple purchases of items where one or more medicinal.

Note 2: Includes individual item costs where identifiable and only includes multiple purchase payments if medicinal item was first in the list.

Transcription of these accounts has followed similar conventions to the transcription of receipt collections. Abbreviations such as & have been silently expanded to "and". Spellings and punctuation have been left alone in the expenditure entries, where meaning is unclear a clarification is added in square brackets. Spelling and punctuation for further ingredient analysis have been updated to modern versions. Dates are left in the old style so that the year starts on or around Lady Day in March and continues to the following March. Amounts of money kept in pounds, shillings and pence are put into standardised format of "00 00 00" and otherwise amounts have been converted to pence (£1=20s=240d).

### Appendix 3.2 Medicinal Supplies - Household Expenditure on Named Ingredients

Household	Year	Item	Cost(d.)
Clarke	1685	July 5 Pd for Centrey and Poppyes	25
Clarke	1685	Aug 22 Pd for 2 ounces of Nuttmegs	11
Clarke	1685	Aug 29 Pd for 7 lemons	18
Clarke	1685	Pd for Brimstone	1
Clarke	1685	Pd for hops	14
Clarke	1685	Aug 15 Pd for a bottle of white wine vinigar	8
Clarke	1685	July 28 Pd for a quarter of a pound of brimstone	2
Clarke	1685	May 30 Pd for one pound of Tobacco	12
Clarke	1685	Pd for 2 quarts of Aniseede water one at 16d ye other 2s	40
Clarke	1685	May 24 Pd for 2 ounces of Syrrop of Roses	6
Clarke	1685	Pd for salt, sand & White Wynne Vinnegar	42
Clarke	1685	May 14 Pd for one Dozen of Lemmons	12
Clarke	1685	Pd for 2 bottles of white wine vinnager	16
Clarke	1685	Mar 9 Pd for one Dozen oranges & Leamons	18
Clarke	1685	Pd for Ginger & Pepper	7
Clarke	1685	Feb 20 Pd for oyle of turpentine	4
Clarke	1685	Mar 20 Pd for 6 oranges	6
Clarke	1685	Nov 28 Pd for sugar fruit & spice	138
Clarke	1685	Jan 27 Pd for a dozen of Oranges and Lemmons	12
Clarke	1685	Pd for one pound of Carraway Comforts and two pounds of small biskett	36
Clarke	1685	Jan 19 Pd for 3 dozens of Lemmons & Oranges	36
Clarke	1685	Pd for a quarter of a pound of Carraway seed	3
Clarke	1685	Oct 3 Pd for ½ pint of syrope and the Bottle	18
Clarke	1685	Pd for oranges and lemons	12
Clarke	1685	Pd for 2 ounces of Cloves, one quarter of pepper, one quarter of ginger	21
Clarke	1685	Nov 14 Pd for a Bottyle of Syrrop of Roses	24
Clarke	1685	Pd for Carraway seeds & a Bladder	5
Clarke	1685	Pd for lemons and Oranges	12
Clarke	1685	Pd for 2 ounces of Nutmeggs	10
Clarke	1685	Sept 20 Pd for Rozum & Brimstone	4
Clarke	1685	Pd for 2 ounces of mace	30
Clarke	1685	Feb 5 Pd for syrrop	24
Clarke	1685	Dec 12 Pd for Leamons and Oranges	12
Clarke	1686	Pd for one ounce of capers	14
Clarke	1686	Sep 15 Pd for a quarter of a pound of carraway seeds	3
Clarke	1686	Oct 5 Pd for fish and lemmons	10
Clarke	1686	Mar 19 Pd for oysters, cokles, Lemmons and Brumes at dore	33
Clarke	1686	Oct 16 Pd for syrope for the Children	15
Clarke	1686	Pd for one ounce of Nutmeggs	6
Clarke	1686	Jul 10 Lemmons and brimstone	10
Clarke	1686	Pd 4 dozen of orranges for orrang water	24
Clarke	1686	Pd for orranges and lemmons	14
Clarke	1686	May 28 Pd for fish and lemmons	24
Clarke	1686	Pd for fish and orranges and lemmons	52
Clarke	1686	Jun 16 Pd for 1 ounce of nutmeggs	6
Clarke	1686	Pd for suger candy and liquorish	9
Clarke	1686	Jun 19 Pd for one ounce of mace	14

Clarke	1686	Pd nancy? for popys	30
Clarke	1686	Jul 1 Pd for oyle of venuss turpentin and Horse	5
Clarke	1686	Jul 8 Pd for 3 pounds ?? and a ounce of nutmeggs	12
Clarke	1686	May 13Pd for fish and oranges and Lemons	42
Clarke	1686	Jul 17 Pd for one ounce of mace	12
Clarke	1686	May 3 Pd for 2 pound of Citren?	64
Clarke	1686	Pd for Garlick	4
Clarke	1686	Pd for a Pynt of Sallett oyle	12
Clarke	1686	Pd for Powder of Elicampagne	8
Clarke	1686	Jul 31 Pd for lobsters orranges and Lemons	60
Clarke	1686	Pd for an ounce of nutmeggs	6
Clarke	1686	Pd for brimstone	3
Clarke	1686	Aug 3 Pd for ginger	2
Clarke	1686	Pd for Gum Arrabacke	1
Clarke	1686	Aug 121 Pd for brimstone	4
Clarke	1686	Aug 20 Pd for ginger, mace and nutmeggs	40
Clarke	1686	Aug 21 Pd for orranges and lemmons	8
Clarke	1686	Pd for one pound of capers	16
Clarke	1686	Pd for syrope of roses and bottle	26
Clarke	1686	Aprill 17 Pd for ½ a dozen of Lemmons and orranges	9
Clarke	1686	Pd for syrrop of roses & standing ye horse	19
Clarke	1686	Pd for a quarter of a pound of carraway seeds	3
Clarke	1687	Pd for one bottle of oyle	13
Clarke	1687	Dec 24 Pd for 2 doz oranges and lemmons	18
		Pd for fruit and spice bought by dorcuss against Crismas at	
Clarke	1687	Wellington of Wll Jones	24
Clarke	1687	Dec 10 Pd for Garlick & ye horse	7
Clarke	1687	Nov 29 Pd for oyster cokells and Lemmons	34
		Sept 9 Pd Mr Thornhill of Bristol for spice then bought of Him see	
Clarke	1687	his Byll on Ja? Hyle? &c	258
Clarke	1687	Pd for a back of mustard seed	14
Clarke	1687	Sept 10 Pd for lemmons	18
Clarke	1687	Pd for one pound of Rosin	2
Clarke	1687	Sept 5 Pd for 13 lemmons	24
Clarke	1687	21 May Pd for 1 pound of powder Ginger	12
Clarke	1687	Pd for turpentine	3
Clarke	1687	Aug 27 Pd for fish and lemmons	46
Clarke	1687	Jun 4 Pd for orranges and lemmons and soles	42
Clarke	1687	July 7 Pd for 6 lemmons and standing the horse	10
Clarke	1687	July 9 Pds for lemmons Oranges and lobsters	48
Clarke	1687	July 28 Pd for Lemmons	12
Clarke	1687	Aug 18 Pd 6 lemmons	10
Clarke	1688	Jan 14 Pd for more oysters and Lemmons att dore	20
Clarke	1688	Pd for wormsede	1
Clarke	1688	Pd for Lickrish and Anniseeds	2.5
Clarke	1688	Nov 1 Pd for otemeale and Ginger	18
Clarke	1688	Nov 3 Pd for an ounce of mace	14
		Dec 8 Pd fro John Sprett for orranges and Lemmons and standing his	
Clarke	1688	horse at Taunton	12
Clarke	1688	Dec 20 Pd for an ounce of mace	16
Clarke	1688	Pd for 1 bottle of white aniseede water	12
Clarke	1689	Nov 5 Pd for camphire and sperrett of wine	12
Clarke	1689	Feb 22 Apd a quarter pd of of Caraway seeds	8
Clarke	1689	Oct 24 Pd for a quarter of a pound of carraway seeds	14
Clarke	1689	Sept 9 Pd Mr Grisley ach he laide out for 3 dozen of lemmons	60

		Pd elings Bill as follows Pd her for 2 dozen or orrenge and	
Clarke	1689	Lemmons	36
Clarke	1689	Feb 17 Pd a bottle of Spirit of Hartshornes	18
Clarke	1689	Pd for a pint of rose watter	10
Clarke	1689	Jan 18 Pd for 4 handfulls of elder flowers	6
Clarke	1689	Dec 18 Pd Centry and Eld flower	6
Clarke	1689	Pd for a quarter of a pound of ginger	2
Clarke	1689	Dec 7 Pd for Lemmons and orranges att dore	24
Clarke	1689	Jan 18 Pd for centrey	4
Clarke	1689	Pd for a quarter of a pound of ginger	2
Clarke	1690	pd ½ lb? white lead	3
Clarke	1690	Dec 22 Pd ¼ oz Rubab from Taunton	12
Clarke	1690	Pd 10 ouz & ½ of Syrup of Roses at 1 ½ p p ouz	15
Clarke	1690	Feb 6th Pd for 6 plaise and 50? lemmons	18
		Pd att the shopp at holcombe for 4 quarts of Annisseeds and a quart	
Clarke	1690	of Braddy	60
Clarke	1690	Mar 14 Pd ¼ lb ground ginger	2
Clarke	1690	pd 14 ouz of Syrrup of Roses a 1d ½ p ouz	20
Clarke	1690	pd ¼ lb Red lead	1
Clarke	1690	Dec 20 Pd ½ lb Browne Suger Candy 5d, 3 ouz Liqouris 5d	10
Clarke	1690	Aprill Pd Oysters, Cockles, Oranges, Lemmons & Resons	60
Clarke	1690	Mar 21 Pd Plaice, Wallfish?, Oranges & Lemmons	24
Clarke	1690	1 oz of manna pd evache? Rubarb 3d	9
Clarke	1690	Nov 29 Pd Lapis Calaminaris & powder of succory?	2
Clarke	1690	Pd ½ pd of ground ginger	4
Clarke	1690	Pd ¼ pd of synamon	24
Clarke	1690	Oct 3 Pd candy sugar and liquoris	4
Clarke	1690	May Pd lemons	6
Clarke	1690	Pd ¼ pd of powded Ginger	3
Clarke	1690	Pd pound of Rosin there?	3
Clarke	1690	March Pd for a ¼ of the Spirit of turpentine	12
Clarke	1690	Aprill 8 Pd for 4 lemmons	6
Clarke	1690	Dec 11 Pd 1 oz of Anniseed	1
Clarke	1690	Sept 10 Pd ¼ th of ginger 2d of mustard seed	2
Clarke	1690	pd oyle of Roses	2
Clarke	1691	May 23 Pd ¼ lb ground ginger	2
Clarke	1691	Pd ½ ouz of Cynamon	4
Clarke	1691	June 23 Paid for one ouz of Cloves from Taunton	8
		Paid Mr Ellen's Byll viz Pd one doz of whittings, shrimps & 3	
Clarke	1691	lemmons	24
Clarke	1691	Pd one ounce of Rubarb	48
Clarke	1691	June 13 Att Taunton Pd six lemmons	18
Clarke	1691	Of Cerolina? ¼ ouz	1
Clarke	1691	Of Rubarb ¼ ouz	8
Clarke	1691	June 4 Att Wells markt J:S pd pinte of damaske Rosewater	6.5
Clarke	1691	Pd wormseed not powded	1
Clarke	1691	Paid 2 ouz Liquoris from Wells?	3
Clarke	1691	May 15 Pd Lemmons & Oranges	12
Clarke	1691	May 9 Paid John Spreat his bill viz Pd Bottle of Aqua vitae	16
Clarke	1691	Pd 6 oranges from Taunton	10
Clarke	1691	Apr 16 Pd 6 lemmons at Taunton	11
Clarke	1691	Mar 25 Pd Lapis Calaminaris 1d & powder of Succey? 1d	2
Clarke	1691	Mar 25 Pd Lemmons & Oranges from Exeter	14
		Jun 8 Att Wellington J:S Pd powder & the wormes, viz Of wormseed	
Clarke	1691	¼ ouz	2

Clarke	1691	July 25 Att Taunton J.S. Pd 7 lemmons 12d & 6 oranges 4d	16
		July 29 Pd a bottle of the syrrop of roses from Wellington upon	
Clarke	1691	the 14th instance	20
Clarke	1691	Pd 3 ouz of syrrop of Roses	7.5
Clarke	1691	Aug 15 Pd 4 oranges	2
Clarke	1691	Of Hartshorne ¼ ouz	1
Clarke	1691	July 23 Pd Brimstone	1
Clarke	1693	pd ½ lb ordinary turpentine	9
Clarke	1693	Pd Lemmon	4
Clarke	1693	Sept 23 Pd 3 drachm's Rubarb	18
Clarke	1693	Sept 9 Pd ¼ lb coffee 2 s, & a lemmon 6 d	30
		July 26 1 ouz verdigrese powder'd, 5d ¼ lb Carraway seeds 3d Lapis	
Clarke	1693	calaminare 1d pud cutiee? 1d	10
Clarke	1693	July 22 3 drachms Rubarb	18
Clarke	1693	pd 1 ouz of verdigrese	4
Clarke	1693	July 20 ¼ lb rosin	2
Clarke	1694	Mrs Ellon's bill Pd 5 lemmons	10
Clarke	1694	Feb 22 Pd 6 lemmons	6
Clarke	1694	Sept 15 Pd ¼ lb Carraway Seeds	2
		Jul 6 Pd 1 ouz Mace 20d, ½ ouz Cynamon 4d, ½ ouz cloves & Mace	
Clarke	1695	7d & 1 lb of Raysins of the sunne 5d	36
Clarke	1695	Mar 27 Pd ½ pecke corkes & 3 lemmons	14
Clarke	1695	Jan 23 Pd ½ pecke mustard seed	9
Clarke	1695	Jan 2 Pd ¼ lb cynamon at Wellington	27
Clarke	1695	April 20 Pd 1 th of powded Ginger	8
Clarke	1695	Jo: Spreat Pd oranges 1s & a couple Rabbetts 1s	24
Clarke	1695	June 20 Pd ¼ lb Caraway comfitts 4d, % pr gloves & Maer John	10
Clarke	1695	Aug 3 Pd 2 brushes 8d, & 2 lb rosin 14d	22
		Pd ½ lb of rosin 3d, & ½ lb Lapis Calaminaris 7d, & ½ lb Bole	
Clarke	1695	armanack 2s	34
Clarke	1695	Aug Pd 3 quarters of a pint of the oyle of roses	16
Clarke	1695	Pd ¼ ouz of Rhubarb	12
		May 11 Pd an ounce of Aniseed 1d, pd ditto of Liquoris 2 d, & 2	
Clarke	1695	brushes? 6d	9
Clarke	1695	Nov 2 Pd 5 lemmons & 2 oranges at 4d a piece at Taunton	28
Clarke	1696	Nov 12 Pd worme powder for ye Children to me Cookersby	6
		June 15 Pd powder of wormwood, powder of Rhubarb, powder of	
Clarke	1696	Corolina, Burnt Hartshorne of each one drachm	8
Clarke	1696	Pd bottle of the syrrop of roses	6
Clarke	1696	Jun 16 Pd 6 th of white lead	30
Clarke	1696	June 18 Pd bottle of ye syrrop of roses	20
Clarke	1696	Dec 5 Pd ¼ lb Caraway seeds Att Taunton	3
Clarke	1696	Pd ½ lb powded Ginger	5
Clarke	1697	Pd ½ oz of nutts & ditto of Cynamon	8
Clarke	1697	July 10 Pd Anniseeds & liquoris	3
Clarke	1697	July 15 Pd 4 flag brooms? & 4 lemmons 6d	22
Clarke	1697	Oct 21 Pd ¼ lb allspice	8
Clarke	1699	Nov 4 Pd 2 ouz carraway seeds 2d & oyle 7 Mas Sammys's wig 4d	6
Clarke	1699	Feb 24 att taunton for ye ½ th Ground Ginger	4
Clarke	1699	Feb 6 Given to the man that brought me some lemons for a present	12
Clarke	1699	Dec 21 Pd Ground ginger	3
Clarke	1699	Pd 5 lemmons 1s & PB's horse for 2d	14
Clarke	1699	Pd 2 ouz Carraway seeds	2
Clarke	1699	Pd 6 lb currants at 6d, & 1 lb bayre? powder	52



		Nov 21 Pd John Gardiner what he had formerly laid out ½ lb Allspice	
Clarke	1699	1s, ¼ lb Carraway seed 3d, ¼ lb ground ginger 1 ½ d	16.5
Clarke	1700	July 25 Pd for centrey	6
Clarke	1700	March 15 Pd oranges & lemmons	6.5
Clarke	1700	John Spreats bill viz pd pecke pease & ye dabbs & 3 lemmons	10
		March 1 Att Taunton ...Pd 3 lobster 4 s & 1/4th Carraway seeds 3d	
Clarke	1700	& ¼th aniseeds 3d	54
Clarke	1700	Jan 22 Pd Annyseed & carraway seed 4d & milke 6d	10
		Jan 8 Att Taunton. Pd ¼ lb allspice & 2 ouz of white browne thread?	
Clarke	1700	5d	9
Clarke	1700	July 2 Pd lemmon	2
Clarke	1700	Jan 15 Pd ½ lb ground ginger 5d & a bundle of carrots 2d	7
Clarke	1700	May 27 pd Goody Carpenter for Egremony	4
Clarke	1700	Pd a bottle of oyle	6
Clarke	1700	April 6 Pd worme powder for the children	12
Clarke	1700	July 15 To a poore woman for popyes	4
Clarke	1701	Pd 2 bottles anniseed water 1s2d, & pudding pott	15.5
Clarke	1701	Pd 1 oz nutmegs	9
		Dec 15 To Mrs Ellen upon the 4th instant Pd 1 oysters & 3 lemmons	
Clarke	1701	& 4 chickens	26
Clarke	1701	pd ½ lb carraway comfits 7d & 2 cakes 5d & 2 horses expenses	18
Clarke	1701	Jan 2 Pd oysters & 2 lemmons & 2 oranges	12
		Jan 3 Pd 20 grains pulvis sanctus & 10 grains Scammony in powder	
Clarke	1701	& Mas Samel	3
Clarke	1701	Nov 8 Pd ½ lb allspice 1s, 1lb 2oz jsuig? caster 1s 8d, side lamb 3s	68
Clarke	1701	Feb 7 Pd 6lb sugar, ½ th ground ginger, 1 lb capers	60
Clarke	1701	Oct 11 Pd 2 lemmons	6
Clarke	1701	Pd oranges at Tiverton 1s & given to a poor woman 1d	13
Clarke	1701	Pd Gammer Hannah 1s & 4 lemmons 6d	18
Clarke	1701	Jan 10 Pd 6lb sugar 3d & ¼ th Allspice	45
Clarke	1701	Pd liquoris	3
Clarke	1701	Pd 2 Oz aniseed	2
		May 3 Pd ¼ th Carraway & ditto of Anniseed Paid Mr Ellons Bill the	
Clarke	1701	beginning aprill 5 viz	5
Clarke	1701	Oct 13 Att Taunton & JH & ½ oz of Rhubarb	30
Clarke	1701	Sept 25 Pd 1 th sugar & ¼ th of allspice & mace	21
Clarke	1701	Aug 9 Pd ¼ th anniseeds	4
		July 17 Att Taunton when I mett my Mas at his comeing downe in	
Clarke	1701	the Hackney coach & 6 lb sugar at 6 ½	57
		June 14 Att Taunton Pd lemmons 5d & side lamb 3s 8 ½ d & ouz	
Clarke	1701	nutmegs 9d	49.5
Clarke	1701	May 22 Pd 1 lb of figs for my little Mas at Holcombe	4
Clarke	1701	May 16 Pd 2 brushes 6d & oranges & lemmons	11
Clarke	1701	Pd oranges & lemmons	12
Clarke	1701	July 24 Pd 1 lb hopps 13d ¼ th Cynamon 2s ½ th Allspice 10d	47
		Oct 23 Att Taunton & JS when I went to meett my young Mas etc &	
Clarke	1701	¼ lb All spice 6d, ¼ th ground ginger 2d	6
Clarke	1701	Aug 16 Pd 3 lobsters 18d & 2 lemmons	24
Clarke	1702	Pd brimstone	2.5
Clarke	1702	Sept 3 Att Wells WJ ¼ lb sugar 7d... 1/4 ground ginger ...	244
Clarke	1702	Pd a lemmon at Taunton	4
Clarke	1702	Oct 10 Pd ½ th Allspice 11d & piece tape	21.5
Clarke	1702	Oct 24 Pd ½ lb allspice	12
Clarke	1702	Nov 12 Pd ¼ ground ginger 3 & horse & expenses	7
Clarke	1702	Aug 29 Pd ½ lb allspice	12

Clarke	1702	Pd ye postman 4d, a pecke pease 6d & orange 2d	34
Clarke	1702	Pd ½ th carraway seeds, formerly & Joshua Mill	4
Clarke	1702	Aug 1 Mr Crosse Pd ¼ th Allspice 6d, ¼ th ground ginger	8
		June 19 Pd Will Jewell?? what he had laid out at Wells & dreke?	
Clarke	1702	2d,¼ th ginger, 2 ½ & wormseed 1d & Mas Sammy	5.5
Clarke	1702	Dec 24 Pd rose water	8
<b>Clarke Total</b>			<b>4345</b>
Clifford	1692	Feb 25 For nutmegs	48
Clifford	1692	Mar 3 For nutmegg	24
Clifford	1692	Feb 25 Onions and oranges	30
Clifford	1692	16 January 1692/3 Wormseed, hops and a shott(?)	30
Clifford	1693	Sept 26 For Cornelion Rootes by my Ladyes order	12
Clifford	1693	Mar 22 To Will: Lea to Tingm[outh] lemons and oranges and fish	18
Clifford	1693	Feb 19 To Ellen Burgess that she lent Mrs Ann for preserving potts	78
Clifford	1693	Feb 10 To a woman for a dormouse by my Ladys order	12
Clifford	1693	Jan 26 For a dosen of lemmons	24
Clifford	1693	Jan 18 To Cucheth to Exeter, shuttlecocks, cinamon etc	54
Clifford	1693	Jan 5 For lemmons and oranges	24
Clifford	1693	May 11 For sampier	4
Clifford	1693	Oct 2 For half a peck of hemp seed	6
Clifford	1693	Aug 21 For a gross of corks and lemmons	36
Clifford	1693	29 September 1693 For spiritts of Hartshorne	24
		Dec 27 Att Exeter by Mr Culcheth for Crape, lemmons, ribbon,	
Clifford	1693	chocolate mill	102
Clifford	1693	21 August 1693 For gilliflowers	24
Clifford	1693	Aug 18 For vinegar, oyle, and corks att ex.	184
		13 October 1693 Pd for 1 pd of fenegreek, salt peter, heser(?) salt,	
Clifford	1693	salt of prunella and burgundy pitch et	51
Clifford	1693	May 23 For samphire	6
Clifford	1693	Aug 1 For snuff	60
Clifford	1693	Aug 9th To Bartholo: for Newton Ale, turpentine etc	330
Clifford	1693	24 April 1693 Salt prunella and marbles	12
		31 January 1694/5 [pd] By Dick at Exeter in oranges, lemons,	
Clifford	1694	shuttlecocks, oil of spike etc	80
Clifford	1694	Jan 16 To Exeter for vinegar and fowl	184
Clifford	1694	Apr 10 For 2 ounces of snuff	24
Clifford	1694	July 12 Att Ex: for sugar and paper for Mrs Ann	122.5
Clifford	1694	29 July 1694 For hungary water and wash balls	24
Clifford	1694	July 27 To Sir Tho Lears Gaardiner for Cherrys	30
Clifford	1694	Aug 19 To Mrs Chantrell paid out in vinegar and sand etc	20
Clifford	1694	Nov 18 By Dick at Norris's for Raisins and almonds	240
Clifford	1694	3 February 1694/5 By Lea for Druggs and oranges	90
Clifford	1694	Mar 13 To Mr Culcheth to Newton for hartshorne ½ pd more 01 06	18
Clifford	1694	Dec 16 For a pint of brandy for the cook at Starr Cross	15
		11 March 1694/5 In flower of Brimstone, mithidrate, Lond: treacle,	
Clifford	1694	saffron and sugar candy	33
Clifford	1694	Feb 8 To Mr Culcheth in fenigreek etc	24
		Feb 5th Laid out Exeter in lemons, oranges, brandy etc	
Clifford	1694	oyle of spike etc	1200
		18 February 1694/5 To Potter to Exon as per two bills of druggs and	
Clifford	1694	grocerys, butter and carriage of my Ladys bore	360
Clifford	1695	Aug 13 To Will Lea for oate, anchoves, sugar, peper, nutmeg	300
Clifford	1695	Aug 20 Att Exon by Sampson in oyle and Tape	24
Clifford	1695	Apr 15 For a pd of Carawayes	12

Clifford	1695	8 May 1695 For angelico	12
Clifford	1695	Sep 7Pd for a bagg hemp seed fanegreek	36
Clifford	1696	Apr 14 For 3 China oranges to my Lady	6
Clifford	1696	Mar 5For fish hat was due and a hundred of lemmons	98
Clifford	1696	18 July 1696 To nurse for Will Lea 04 06 To Mrs Chantrell for the midwife 05 10 00 For a bottle of spirits	12
Clifford	1696	Feb 24 For Oranges and lemons	30
Clifford	1696	Feb 20 For treacle and eggs	21
Clifford	1696	Jul 10 For sampier 3 peck	12
Clifford	1696	Apr 8To Robin to Exeter in sugar, cinamon, cloves, mace and nutmegs etc	234
Clifford	1696	Apr 2Pd for 4 dozen of lemons and oranges and fresh fish	102
Clifford	1696	Mar 10 To Mr Ford that he paid for 3 ounces of spices	44
Clifford	1696	Jul 18 For a bottle of spiritts	12
Clifford	1697	Nov 22 James acct for Saturday: 12 lb of sugar: 8s: 12 lb of raisins: 4s 6d: 2 oz of cinamon 1s 4d: 2 oz of cloves: 2s: 2 oz of mace: 4s: thrid: 4d: necke of veale : 1s 4d:carriage for the gadiners box: 4s: cord: 1d: alabaster: 8d	315
Clifford	1697	22 May 1697 For fish, eringo and sampire	90
Clifford	1697	Feb 21 For oranges lemons and eggs	54
Clifford	1697	Jan 22 For oranges	12
Clifford	1697	Jan 5 Doz of oranges	9
Clifford	1697	Sept 28 To orchard for quinces	12
Clifford	1697	July 23 The acct of James expences: in 3 dozen of butter : 13 s: in a bushell of gerts: 5 s: in salt : 4s 6d: nutmegs 7d: 4 quire of paper 1s 6d: a brass skellet 3s: in a pitcher 3d:	334
Clifford	1697	Mar 31 For oranges and lemons and plase	72
Clifford	1697	Jan 5 Doz of Lemmons	18
Clifford	1698	Mar 9 1698 James at Exon for the Butler, alabaster, allum, saffron etc	30
Clifford	1698	Apr 26 Coffee	54
Clifford	1698	Apr 10For a mask, rice, nutmegs	54
Clifford	1699	26 Feb 1699 For bark for the Sceanes?	6
Clifford	1699	4 Dec 1699 For a pd of saltpeter to the cook account	12
Clifford	1699	Aug 12 1699 James acct of the 14th and the 5 s for waters from Bath.butter .hempseed	215
Clifford	1699	Jul 31 To James at Exon for waters to leave? for 5d	5
Clifford	1699	Jul 18 1699 .various inc ½ pd of allum 2d; barrel of vinagre 6 lb of raisins 1s 8d; 6 lb of currants 2s 10d	160
Clifford	1699	July 7 1699 6d for sweet fennel seed	6
Clifford	1699	3 Feb 1699 For seeds sugar candy and liquorice	8
Clifford	1699	May 13 1699 pills and poudere out of the 55 d for clover: To MistessChantrells out 4s 6d	54
Clifford	1699	Aug 31For mopps to Mrs Chantrells order	6
Clifford	1699	Sep 21 For six lobsters and a pd of chocolate	96
Clifford	1699	10 Jan Starcross for chocolate 14 lb at 2s 10d per pd	476
Clifford	1699	3 FebFor asparagus for my lady to Pennes	102
Clifford	1699	Jun 7 Chocolate and charges to Map? Thorn?	58
Clifford	1699	16 Feb 169Coffee to Mrs Curry	76
Clifford	1700	29 JulTwo bottles vinagre and mustard seed	30
Clifford	1700	14 Dec By Jack in Rhubarb, senna, gentian, antimony etc and two ducks	56
Clifford	1700	27 Feb powder for the Eyes and letter 2d	14
Clifford	1700	6 Sep 1700 Pills and powder for Mrs Chantell	42
Clifford	1700	8 Nov 1700 Senna and gentian	21
Clifford	1700	Feb 4 To Joan Burian due in July on St Anns day some year pd	360

		5d:now ½ ounce colliflowr seed, Radyh: Cole plants, purslain, nastortian Cucumber, maioram & Chillspent 3d	
Clifford	1701	29 Aug To the Post 1s6d, thrid paper and mithridates 9d	27
Clifford	1701	24 June 1701 For powder for Mrs Clifford	6
Clifford	1701	11 Jun For oyle	12
Clifford	1701	12 Apr Treacle	4
Clifford	1701	17 Mar for oyle	42
Clifford	1701	4 Feb Chocolate	60
Clifford	1701	11 Jun Oranges	24
Clifford	1701	18 Apr. A girdle & treacle 1s 4d: Letters twice 2s 6d	46
Clifford	1701	Apr 17 Lemons	24
Clifford	1701	11 Apr For Brandy to Mr Branscomb	1368
Clifford	1701	7 Apr Mustard seed	28
Clifford	1701	6 Mar Oranges and Lemmons	54
Clifford	1702	15 Apr 1702 Buckorn	3
Clifford	1702	14 Apr A bottle of Brandy	24
Clifford	1702	17 April 1702 For Camomile	22
<b>Clifford Total</b>			<b>9213.5</b>
Fortescue	1695	for 4 oz of syrup of althea	12
Fortescue	1696	a pound of Carroway	22
Fortescue	1696	pd for on ounce of nuttmegs	6
Fortescue	1696	for oyle of almonds	10
Fortescue	1696	an ounce of nutmegs	6
Fortescue	1696	given the old beag that brought lemons	24
Fortescue	1696	paid for brandy	60
Fortescue	1696	pd for oyl of Allmonds	9
Fortescue	1696	for oyl of almonds	9
Fortescue	1696	more for oyl of almonds	9
Fortescue	1696	for oyl of Almonds	9
Fortescue	1696	January 9th pd for an ounce of Cloves	10
Fortescue	1696	for caroway comfits	22
Fortescue	1697	mustard seed	12
Fortescue	1697	for butter and an ounce of cloues	81
Fortescue	1697	caroway seeds and a letter for mrs	7
Fortescue	1697	for butter for to make the ointment	5
Fortescue	1697	for nutmegs	9
Fortescue	1697	mustard seed and carroway comfits	18
Fortescue	1697	for carroway seeds	6
Fortescue	1697	for 4 pounds of starch and 2 ounces of wormseed	42
Fortescue	1697	for pepper and nutmegs	11
Fortescue	1697	for tobacko and pipes	12
Fortescue	1697	burnt Hartshorn	7
Fortescue	1697	for lemmons	18
Fortescue	1697	for 10 pound of black cherries	150
Fortescue	1697	2 ounces of cloves and one ounce of mace	38
Fortescue	1697	for tobacko and pipes	12
Fortescue	1697	for starch cloves and mace	40
Fortescue	1697	for peper and ginger	10
Fortescue	1697	for oyle of almonds	12
Fortescue	1697	for 2 ounces of cloves	20
Fortescue	1697	an ounce of numegges	6
Fortescue	1697	a quarter of a pound of ginger	3
Fortescue	1697	for gentian roote	4
Fortescue	1697	for mustard seed	12

Fortescue	1697	for 2 ounces of nutmeg	14
Fortescue	1697	paid for black cherries	132
Fortescue	1698	for brandy	117
Fortescue	1698	for two oranges	14
Fortescue	1698	to mary brights boy for straberries	3
Fortescue	1698	for vineger oyle of Amonds and sugar candy	28
Fortescue	1698	Mr Sanders maid for Angellico	6
Fortescue	1698	for oyle	18
Fortescue	1698	for orringes	48
Fortescue	1698	for cloves	16
Fortescue	1698	for orringes	12
Fortescue	1698	for treacle	8
Fortescue	1698	for a gallon of brandy	129
Fortescue	1698	for 3 dozin of black cherries	90
Fortescue	1698	for white lead	6
Fortescue	1698	for 12 pound of black cherries	30
Fortescue	1698	for violets	12
Fortescue	1698	for lemons	45
Fortescue	1699	2 pound of tallow for to boyle with pitch	9
Fortescue	1699	for cheryes to Mr Hackes man	12
Fortescue	1699	for black cheryes bought	30
Fortescue	1699	for Caran?	2
Fortescue	1699	to will down for brandy	30
Fortescue	1699	for cheryes	18
Fortescue	1699	for lickorish and Aqua vita?	16
Fortescue	1699	for musterseede	6
Fortescue	1699	for the man as brought lemmons and orrings	12
Fortescue	1699	for brandy which Jone bought	134
Fortescue	1699	for florens sherry brandy anchovies figs and rice	933
Fortescue	1699	for carroway comfits	16
Fortescue	1699	for carroway comfits	16
Fortescue	1699	2 pound of treacle	14
Fortescue	1700	for setwell and caroway seeds	12
Fortescue	1700	for mending the still	12
Fortescue	1700	for 2 pound of capers	21
Fortescue	1700	for anniseeds and carroway seeds	10
Fortescue	1700	to Mr champneys boy as brought poppyes	12
Fortescue	1700	for 3 pound of buter to make ointment	12
Fortescue	1700	for oyle of almonds	24
Fortescue	1700	for oyle of Allmonds	24
Fortescue	1700	more to mr champneys boy	6
Fortescue	1700	oyle of Almonds	6
Fortescue	1700	for black cherries	18
Fortescue	1700	for a peck of sampier	10
Fortescue	1700	for 4 pound of chocalet	192
Fortescue	1700	for musterseede	22
Fortescue	1700	29 July 1700 for 6 pounds of Rice and 3 pd of figgs	39
Fortescue	1700	for 2 pound of Red maxards for my mrs	3
Fortescue	1700	for 35 pounds of black cherries	80
Fortescue	1700	for 28 pound of black cherries	70
Fortescue	1700	for black cherries	18
Fortescue	1700	figgs and pruinis 6 pound	24
Fortescue	1701	to Collins for mester seeds	9
Fortescue	1701	to mr Smith for 3 gallons of brandy	315

Fortescue	1701	for 46 pounds of black cherries	117
Fortescue	1701	for paper figgs and caroway seeds	22
Fortescue	1701	for oyle to mr Clinton	24
Fortescue	1701	for mustard seed and sand	21
Fortescue	1701	for brimstone	3
Fortescue	1701	for pruins and figgs	18
Fortescue	1701	for oyl of sweet almonds	24
Fortescue	1701	for onions and carroway seeds	6
Fortescue	1701	for melilot	2
Fortescue	1701	for Carroway seeds	8
Fortescue	1701	for pipes and carroway seeds	26
Fortescue	1701	for 36 pounds more of cherries	99
Fortescue	1701	for paper seeds and brimstone	15
Fortescue	1702	for oyle of almonds	12
Fortescue	1702	for oyle of Almonds	12
Fortescue	1702	for oyle case	16
Fortescue	1702	for oyle of sweet almonds and a bottle of canary	36
Fortescue	1702	for oyle of almonds	12
Fortescue	1702	Red bayes musterseeds carroway seeds suger candy treacle and tobacko 2 pudin bags	256
Fortescue	1702	for aniseeds helicompane lickerish and brimstone	30
Fortescue	1702	for things to the Apothecary	42
Fortescue	1702	20 May 1703 for oyle of almonds and vittrell	18
Fortescue	1702	for oyle of turpentine and oyle of spike and cream of tartar	14
Fortescue	1702	to Mary Collins for cream eggs and butter for ointment	38
Fortescue	1702	for Hokings for mr Robert and oyles for him	30
Fortescue	1702	paid mr clinton for 2 bottles of oyl	36
Fortescue	1702	to the poor and for turpentine and a skin	28
Fortescue	1702	to sam for oyle of vittrell	18
Fortescue	1702	paid mr Cobb for vineger Rice Spirits and a letter	183
Fortescue	1702	paid mr daw for pitch and tar raisins currans allum and bobin	40
Fortescue	1702	for black cherries	120
Fortescue	1702	for tar vineger and carowayes	27
Fortescue	1702	for cheres will harding brought	230
Fortescue	1702	for xxxx spirrits to still	153
Fortescue	1702	for 6 pounds of hops	36
Fortescue	1702	for carroway comfits	20
Fortescue	1702	for carroway comfits	24
Fortescue	1702	for quicksilver and oil of bayes	2
Fortescue	1702	for oyle	18
Fortescue	1702	for carroway comfits	30
Fortescue	1702	for pipes treacle and thread	28
Fortescue	1702	for musterseeds	8
Fortescue	1702	...for brandy and oyle	150
Fortescue	1702	for pipes caroway seeds	28
Fortescue	1702	given for orranges and lemons as came tro westhike	6
Fortescue	1702	for musterseeds	8
Fortescue	1702	for carroway comfits	30
Fortescue	1703	for oyle	267
Fortescue	1703	for treacle and twine	18
Fortescue	1703	paid mrs Cerder the 26th Jan 1703 for brandy	150
Fortescue	1703	to mr Caumeers for salt peeters	30
Fortescue	1703	a bottle of brandy	30
Fortescue	1703	for 12 pound of soap and a pot and figgs	78

Fortescue	1703	for quick silver and oyl of bayes	6
Fortescue	1703	paid mr Cauniers for oyle jugg and 2 letters	260
Fortescue	1703	for lemmons and oringes	120
Fortescue	1703	for 2 pounds of comfits	30
Fortescue	1703	for 2 hundred of oranges horsemans time	174
Fortescue	1703	for gallipots	42
Fortescue	1703	for treacle and to the poor	14
Fortescue	1703	for chocholet	63
Fortescue	1703	for chickens puding bags and turpentine	51
Fortescue	1703	for black cherries	270
Fortescue	1703	for mustar seeds paper and brimstone	16
Fortescue	1703	for black cherries	41
Fortescue	1703	to nurse by mrs orders for cheries	3
Fortescue	1703	for 12 pound of red and 6 pg of black cherries	39
Fortescue	1703	for musterseeds carroway seeds	20
Fortescue	1703	for sand, earthen ware and Aniseeds	33
Fortescue	1703	paid for bringing the sugar sope and spirits from bristol	42
Fortescue	1703	to Mr Corder the same day for 10 quarts brandy	276
Fortescue	1703	for basillica tartar and Jallop and sulpher	18
Fortescue	1703	to the poor for seeds and brimstone	15
Fortescue	1703	given the man as brought quinces	12
Fortescue	1703	for treacle and muster seeds	21
Fortescue	1703	to the poor and earthen ware and Aniseeds	32
Fortescue	1703	7 Aug 1703 for sand, treacle, thums, Allom	40
Fortescue	1704	for black cherries	6
Fortescue	1704	paid for doder and caperroots	12
Fortescue	1704	for Isue paper 30 Dec 1704	6
Fortescue	1704	for beese wax 2 pound and a quarter	30
Fortescue	1704	for carroway comfits	9
Fortescue	1704	17 Aug 1704 left to pay him for oyle	2
Fortescue	1704	for oyle of Allmonds	18
Fortescue	1704	for powder to ned jennins	12
Fortescue	1704	for clove gilliflowers	18
Fortescue	1704	for cheries and anchovies	42
Fortescue	1704	for blacke red cherries and pears which I bought	162
Fortescue	1704	for cheries	15
Fortescue			
Total			8325
Stroke	1679	pills	6
Stroke	1679	for brandy to still	126
Stroke	1680	diapalma	5
Stroke	1680	litharge of gold	122
Stroke	1680	for a quart of sallet oyle	30
Stroke	1680	for a gallon of brandy	32
Stroke	1680	half a pound of coffee	102
Stroke	1680	basilicon, presipitat, diaclam	39
Stroke	1680	betony	20
Stroke	1680	for 1 thousand of clove gillyflowers	24
Stroke	1680	quarter of a pound of oil of bays	6
Stroke	1680	2 ounces of turpentine	1
Stroke	1680	half an ounce of frankincense	1
Stroke	1680	a book of leaf silver	12
Stroke	1681	for a hunderd oranges	66
Stroke	1681	for a gallon of brandy	43

Strode	1681	hartshorn, turmeric, fennel	2
Strode	1682	for 2 gallons of brandy and 2 bottles of wine	104
Strode	1682	for half a pound of ginger	3
Strode	1682	for a quarter of a pound of nutmegs	24
Strode	1682	for 2 drames of elixir proprietatis	12
Strode	1682	for 2 ounces of mithidrate, 2 ounces of venice turpentine	13
Strode	1683	for 3 gallons of brandy	132
Strode	1683	for a quart of oyl	18
Strode	1683	for half a pound of coffy	30
Strode	1683	for 2 drames of elixir proprietatis	12
Strode	1683	for half a pound of coffee	30
Strode	1683	for 2 gallons of brandy	78
Strode	1684	for a gallon of brandy	41
Strode	1684	for half a pound of nutmegs	39
Strode	1684	for 3 quarts and a half of brandy	42
Strode	1684	for 4 gallons of brandy	56
Strode	1684	poppies	5
Strode	1684	for a bottell of orange flower water	12
Strode	1684	licorice	5
Strode	1684	for 9 ounces of aniseed	27
Strode	1685	treacle	8
Strode	1685	for 1 quart of oyl	22
Strode	1686	poppies	8
Strode	1686	things to put into the poppy water	13
Strode	1686	for 3 gallons of brandy	156
Strode	1687	poppies	10
Strode	1687	seeds, licorice, figs for my poppy water	6
Strode	1687	for half a pound of coffy	15
Strode	1687	for 2 gallons and a pint of brandy	76
Strode	1688	for spices saffron and figs for the blossom water	33
Strode	1688	for a pint of oyle	10
Strode	1688	for half a pound of figs	2
Strode	1688	for quarter of an ounce confection of alkeremis	12
Strode	1689	for 2 quarts of brandy	24
Strode	1689	for 2 ounces of mace and 3 ounces of cloves	56
Strode	1689	for 3 gallons and a quart of brandy	187
Strode	1689	for mending Ricks shues for letters and diapalma	88
Strode	1690	for 1 ounce of oil of spike	60
Strode	1690	for 2 gallons of brandy	120
Strode	1690	brimstone	2
Strode	1690	for a quart of oyle	24
Strode	1690	oil of bays, frankincense, pitch and rosin	12
Strode	1691	for a bushill and half a peck of elderberries	13
Strode	1693	for mace cloves and pepper	7
Strode	1693	brimstone	1
Strode	1694	for 2 ounces of ointment	6
Strode	1695	for spirit and posits and the carig of a box	4
Strode	1695	for a quarter of a pound of nutmegs	32
Strode	1695	for a pint of oyle	24
Strode	1695	lemons	12
Strode	1695	for the carig of a bottil of oyle from London	24
Strode	1695	for natural balsam, balm of Gilead	204
Strode	1695	fo a pound of Venice turpentine, and ounce of allum	36
Strode	1697	for a quart of brandy	17



Strode	1697	oranges	12
Strode	1698	coffee, litharge of gold	30
Strode	1698	for 2 gallons of brandy	240
Strode	1698	for 2 gallons of brandy	132
Strode	1698	for a gallon of aquavity	60
Strode	1699	for oyle of almond	3
Strode	1700	for 6 drams of rhubarb	32
Strode	1700	for elderberries and a pot	5
Strode	1700	for 2 gallons of aquavity	78
Strode	1700	for 2 quarts of oyle	48
Strode	1700	for stone pitch and sack	6
Strode	1701	for 2 gallons of brandy	184
Strode	1701	for mace and cloves	6
Strode	1701	for a gallon of aquavity	42
Strode	1701	poppies	27
Strode	1701	for half a pound of figs	3
Strode	1701	herbs	3
Strode	1701	fennel seed, pitch, licorish	12
Strode	1701	black cherries	42
Strode	1701	clove gillyflowers	20
Strode	1701	for ointment	16
Strode	1701	brimstone	1
Strode	1702	for 2 ounces of cloves	15
Strode	1702	for a quart of aquavity	16
Strode	1703	for a bottle of aquavity	12
Strode	1703	for aquavity	120
Strode	1703	for a gallon of aquavity	60
Strode	1705	for violets	6
Strode	1706	for a pint of oyle	18
Strode	1706	for poppies [no figure entered]	0
Strode	1706	for herbs	3
Strode	1706	for a bottle of spirit of hartshorn	6
Strode	1706	for a quarter of a pound of bolalm [bole armeniack?]	3
Strode	1707	for coperas	4
Strode	1707	for a pound of barley	6
Strode	1707	for frankincense	1
Strode	1707	for elderberries	12
Strode	1707	for elderberries	6
Strode	1708	for half an ounce of Jesuits powder	6
Strode	1708	for poppies	12
Strode	1709	for damsons	18
Strode	1710	for a pound of chocolate	34
Strode	1711	for a pint of oyl	30
Strode	1711	for a gallon of brandy	60
Strode	1711	for a pound of figs	6
Strode	1712	for wires mending the tee kettil and salt petre	17
Strode	1712	for 2 pound of West Indy chocolate	60
Strode	1712	for chocolate	30
Strode	1712	for diapalma	3
Strode	1713	for 3 gallons of brandy	270
Strode	1713	for walnuts	6
Strode	1713	for 2 pound of coffee	108
Strode	1713	for herbs	6
Strode	1713	for strawberries	8
			288

Strode	1713	for a bottle of brandy	30
Strode	1714	for a quarter of a pound of saltpetre	8
Strode	1714	for fennel and pennyroyal	12
Strode	1714	for poppies	16
Strode	1715	for 6 quarts of spirits	54
Strode	1715	for cherries	6
Strode	1715	for 2 quarts of spirits for the??	60
Strode	1716	for 2 ounces of oyle of spike	30
Strode	1716	for 2 quarts of olive oil	96
Strode	1716	for spice and a herb in a pot	62
Strode	1716	for 5 gallons of brandy	420
Strode	1716	sent to London for chocolate	774
Strode	1717	for bran and brimstone	9
Strode	1718	for currants nutmegs and almonds	36
<hr/> Strode Total			6221
Grand Total			28104.5

### Appendix 3.3 Medicinal Ingredient Purchases by Household Account

Ingredient	Number of purchases				Total cost (d.)
	Clarke	Clifford	Fortescue	Strode	All households
agrimony	1				4
alkermes				1	12
allspice	12				100
allum		2	2	1	2
almond			18		244
angelica		1	1		18
aniseed	13		4	1	216.5
antimony		1			0
aqua vita	1		1	7	404
asparagus		1			102
balm of gilead				1	0
balsam				1	204
bark		1			6
barley				1	6
basilicon			1		18
bay	2		3	2	291
betony				2	40
bole armeniac	1			1	27
brandy	2	4	11	22	6197
broom		1			12
buckthorn		1			3
camphire	1				12
caper	3		2		51
caranna gum			1		2
caraway	19	1	22		350
centaury	4				41
chamomile		1			22
cherry		1	26	2	1873
chocolate		5	2	4	1843
cinchona				1	6
cinnamon	6	3			99
citron	1				64
clove	3	2	6	4	240
coffee	1	2		6	469
comfit			1		30
copper	2			1	13
cow			2		50
damask rose	1				6
deer	3	2	1	2	76
diapalma			1	3	38
distilled water		1			5
dodder			1		12
drugs		2			450
elder	3			5	76
elecampane	1		1		8
elixir proprietatis				2	24
eringo		1			90
fennel		1		3	30

fenugreek		3			75
fig	1		6	5	100
frankincense				3	2
garlic	2				11
gentian		2	1		4
gillyflower		1	1	2	86
ginger	25		2	1	136
gold				2	122
gum arabic	1				1
hemp		1			0
herb		1		5	46
herb corallina	2				1
hungary water		1			24
jalap			1		0
lapis calaminaris	4				11
lead	3		1		40
lemon	65	15	6	1	2379
liquorice	8	1	2	3	36.5
mace	8	3	2	3	172
manna	1				9
melilot			1		2
mercury			2		8
mineral water		1			60
mithridate		2		1	22
mustard	3	2	13		203
nutmeg	9	6	6	4	268
oil	3	4	10	9	986
ointment				1	39
olive				1	96
orange	35	15	7	3	1122.5
pennyroyal				1	0
pills	1	2			108
pitch		1		1	6
plaster				1	12
poppy	3		1	8	137
posset				1	0
powder	1	4	1		34
precipitate				1	0
prune			1		0
pulvis sanctus	1				3
quince		1	1		24
resin	6			1	28
rhubarb	9	1		1	234
root		1			24
rose	15				215
saffron		2		1	0
sallet oil	1			1	42
saltpetre		4	1	2	62
salve			1		150
samphire		4	1		32
scammony	1				0
senna		2			21
setwell			1		12
silver				1	12
spice	3	1		6	335
spikenard		1	1	2	90
spirit		1	3		165

strawberry			1	1	11
succory	1				1
sulphur	8	1	6	4	53
syrup	2				42
tartar			2		0
tobacco	1		3		36
treacle		4	8	1	136
turmeric				1	0
turpentine	5	1	3	3	112
unguentum				2	22
unknown	1			1	30
violet			1	1	18
vitriol			2		18
worm powder	2				18
wormseed	4	1	1		33
wormwood	1				8
All ingredients	316	124	207	159	22232.5

### Appendix 3.4 Medicinal Supplies - Household Expenditure on Apothecaries

Household	Year	Item of expenditure	Cost (d.)
Clarke	1685	Oct 25 Gave Mr Smith ye Apothicary	240
Clarke	1686	Jul 17 Pd for things at ye Apothicary	36
Clarke	1689	Pd him [Mr Cockrom] for 4 handfulls Elder flowers	4
Clarke	1689	Nov 13 Pd for severall things bought at the apothecaryes by Thomas Spreatt	48
Clarke	1689	Pd Mr Cockrome for pills for Master that was derected by Dr Thomass	12
Clarke	1696	May 29 Pd My Mrs pd upon ye 25th instant in further lhi? of Babett's wages viz. Mr Smiths bill for physicke for her	72
Clarke	1697	Oct 12 Pd my Dr's bill to W.Sampson, Apothicary in Exeter, yesterday	54
Clarke	1700	Gave Mr Cockrome to lett nanny blood	60
Clarke	1700	Aug 24 Pd Mr Pockerye? Apothicaryes bill, in full of all demands	480
Clarke	1702	April 3rd 1702 Pd Mr Boson ye apothicary of Wellington his bill of things had of him in the childrens sicknesse	114
Clarke Total			1120
Clifford	1693	14 April 1693 Pd an old bill to an Apothicary	24
Clifford	1695	[7 October 1695] To Dr Caunter for physick for the cook va hindservt?	480
Clifford	1696	8 May 1696 To Mr Lydston druggist pr receipt for the diet drink	90
Clifford	1696	25 April 1696 To Jo Caunter Dr in full of all acctts	120
Clifford	1700	15 July 1700 And Collins sick had 24 pd up to Ball now in full?	258
Clifford	1701	23 April 1701 And: Collins	204
Clifford	1701	1701 25 Dec To Mr Pear Druggist pr recet	4800
Clifford	1701	27 Jan Pd Mr Pear for a bill £30 for Stephen Tothill	7200
Clifford	1701	23 Apr 1701 Mr Smyth order to Collins apothicary	720
Clifford Total			13896
Fortescue	1691	Jan 10 Balsamic pills purging potion emetic potion pearl julep cordial boluses John Stileman and William Marriott	952
Fortescue	1692	April 27 Received of Madam Biscown for physick ingredients for the ale George Stockdake	72
Fortescue	1695	March 16 payment to Joshua Drayner apothicary	1780
Fortescue	1700	for things from the Apothicary for mrs	70
Fortescue	1700	to my mrs to give mr Baller	240
Fortescue	1702	for things to the Apothicary	42
Fortescue	1703	to my mrs the 7th of August 1703 for to give mr Ballar	258
Fortescue	1704	to the apothicary for diapalmer and oyle of almones	30
Fortescue	1704	for breast salve to mr quash	150
Fortescue Total			3594
Strode	1684	bestowed at the Apothicaries	44
Strode	1686	for things from the Apothicarees	94
Strode	1687	for things at the apothicaries	24

Strode	1687	for things from the Apothicaries	9
Strode	1688	for druges at the Apothicaries	46
Strode	1688	fro drugs at the apothicaries	18
Strode	1689	for things at the Apothicaries	12
Strode	1690	for things at the Apothicaries	14
Strode	1690	for thinges at the Apothicary	24
Strode	1690	for things at the Apothicary	10
Strode	1690	to the Apothicary for leting roe? blod	24
Strode	1692	for things at the Apothicaries	54
Strode	1694	for things at the Apothicaries	9
Strode	1694	for things at the Apothecaries	12
Strode	1694	for things at the Apothecaries	12
Strode	1695	for things at the Apothecaries	24
Strode	1695	for things at the apothicaries	12
Strode	1695	for things at the Apothicaries	17
Strode	1695	for things at the Apothicaries	36
Strode	1696	for things at the Apothicaries	24
Strode	1696	for letters & at the Apothicaries	24
Strode	1696	for things at the Apothicaries	6
Strode	1698	for things at the Apothicary for B Jarrop	27
Strode	1700	for things at the Apothicaries	54
Strode	1700	for things at the Apothicary	12
Strode	1701	for things at the Apothicaries	34
Strode	1701	for things at the Apothicaries	6
Strode	1701	for things at the Apothicaries	2
Strode	1701	for things at the Apothicaries	31
Strode	1703	at the Apothicaries	15
Strode	1703	payd for my Apothicaries bill	126
Strode	1703	for thinges at the Apothicaries	66
Strode	1704	for things at the Apothicaries	24
Strode	1704	for things at the Apothicaries	8
Strode	1704	for things at the Apothicary	12
Strode	1705	for things at the Apothicaries	42
Strode	1706	for things at the Apothicarys	48
Strode	1706	for things at the Apothecarys	12
Strode	1706	for things at the Apothecarye	40
Strode	1706	for things at the Apothicary	12
Strode	1707	for things at the Apothicarys	6
Strode	1707	for things at the Apothicarys	42
Strode	1708	for gathering of herbs& things at the Apothecary	60
Strode	1708	for things at the Apothecaaries	12
Strode	1708	for things at the Apothicarys	17
Strode	1708	for things at the apothecarys	24
Strode	1708	for things at the Apothecarys	14
Strode	1709	for things at the Apothicarys	6
Strode	1709	for things at the apothicarys	24
Strode	1709	for things at the Apothicarys	6
Strode	1709	for things at the Apothicarys	17
Strode	1710	for things at the Apothicarys	3

Strode	1711	for things at the Apothicarys	42
Strode	1711	for things at the Apothicarys	24
Strode	1712	for things at the Apothicarys	4
Strode	1712	for things at the Apothicarys	36
Strode	1712	for things at the Apothicarys	16
Strode	1713	for things at the Apothicarys	20
Strode	1713	for things at the Apothicarys	60
Strode	1713	for things at the Apothicarys	16
Strode	1713	for things at the Apothicarys	12
Strode	1714	for things at the Apothicarys	18
Strode	1714	for things at the Apothicarys	48
Strode	1714	pd the Apothecary for Mrs purge	18
Strode	1715	for things at the Apothicarys	9
Strode	1716	for things at the Apothicarys	30
Strode	1716	for things at the Apothicarys	144
Strode	1716	for spice and things at the Apothicarys	60
Strode	1716	for things at the Apothicarys	12
Strode	1716	for things at the Apothicarys	24
Strode	1716	for purgis for Mis and her mayd &for things at the Apothicarys for them	36
Strode	1717	for things at the Apothicarys	144
Strode	1717	the Apothecarys bill	48
Strode	1717	for things at the Apothicarys	60
Strode	1717	for things at the Apothicarys	30
Strode	1718	for things at the Apothicarys	24
<hr/>			
Strode Total			2286
<hr/>			
Grand Total			20896



### Appendix 3.5 Medical Services - Household Expenditure on Physicians and Surgeons

Household	Year	Item	Cost(d.)
Clarke	1697	April 12 Given to Dr Parsons when sent for to Mrs Jenny	240
Clarke	1697	May 19 Given to Doctor Parsons a second fiew	240
Clarke	1699	Feb 6 Given to Doctor parsons when he came to my Mrs	240
Clarke	1700	Apr 20 Gave Dr Parsons when I sent to him for nanny	240
Clarke	1700	Gave him more when he vissitted her afterwards	240
Clarke Total			1200
Clifford	1693	25 April 1693 To the Doctor in Gold	258
Clifford	1693	30 August 1693 To Surgeon Rufus	90
Clifford	1693	30 August 1693 To the Doctor by her [Mrs Chantroll]	258
Clifford	1694	23 March 1694 To Mr Rufus for bleeding my Lord	60
Clifford	1696	23 April 1696 At Exon to the Doctor by order in guineas	528
Clifford	1696	21 May 1696 Given to Mr Madin for the doctor that I borrowed of my lady in gold	264
Clifford	1696	June 11 Given to my Lord for the Doctor in gold	264
Clifford	1696	6 July 1696 Dr Steed for Betty Wright	264
Clifford	1697	1 May 1697 To the surgeon of Chudleigh	60
Clifford	1698	Sept 26 1698 To the surgeon to bleed Mr Clifford	60
Clifford	1698	To Dr Musgrave	480
Clifford	1699	Apr 9 1699 My ladyes bleedeing	60
Clifford	1699	June 7 1699 ?Druggett and lansing for my Ld	748
Clifford	1700	10 Sep 1700 Sent to Cannington for Docker	120
Clifford	1700	To my ld Dr Walronds recets [amount not given]	0
Clifford	1700	26 Feb 1700 To Mr Beer for the Surgeon	60
Clifford	1700	1 Dec 1700 To the Chirurgeon	30
Clifford	1700	12 Aug 1700 For bleeding Mr Sanders	24
Clifford	1700	Letters 1s 5d: more pd Mrs Chant: to the Dr	1698
Clifford	1700	15 July 1700 To the Dr for Mrs Chantrell	516
Clifford	1700	14 Jun 1700 To Dr Musgrave	516
Clifford	1700	Feb 15 1700 Mr Benoit Chyrurgeon for my Lady 7s 6d :bth loan £1 10s for Jock 8s	546
Clifford	1701	13 Jun 1701 To the French Dr by order	60
Clifford	1701	6 Sep 1701 To my Lord for the Dr for Strang	258
Clifford	1701	12 Dec 1701 Surgeon to Mr Hugh	30

1702 What monys have been Disburst since Jan  
 9 1700/1 to May 1702 above the constant  
 family expence. To Docter Walrond  
 charged here only the sum of

Clifford			13521
Clifford Total			20773
Strode	1682	given doctor duning for a fee	69
Strode	1682	Doctor Duning a fee	60
Strode	1682	given doctor Duming?	60
Strode	1685	to the Docter	60
Strode	1685	to the Doctor	60
Strode	1686	givin the Doctor 3 fees	180
Strode	1686	for the doctor	60
Strode	1701	to the Doctor for my mayd	30
Strode	1701	Payd the Doctor	24
Strode	1701	to the Doctor for my Self	120
Strode	1701	to the Doctor for Nan	60
Strode	1701	to the Doctor	240
Strode	1702	given the Doctor	480
Strode	1704	to the Doctor	240
Strode	1704	payd the Doctors bill	66
Strode	1704	Mr G for 2 draughts	252
Strode	1704	Mr G for one draught	132
Strode	1717	to the Doctor	240
Strode	1717	to the Doctor	18
Strode Total			2451
Grand Total			24424

### Appendix 3.6 Medical Services - Household Expenditure on Other Medical Services

Household	Year	Item	Cost (d.)
Clarke	1686	July 23 Pd old Goody Jarnner for Janes being there with her when she had the measells a fortnight	48
Clarke	1689	April 12 Pd Isacke what he laid out for the Children when they had the worms	12.5
Clarke	1689	Dec 31 Pd John Spreat what he gave Mr Mulgraves maid for the redd medceen?	30
Clarke	1690	Aug 12 Given to Mr Musgraves man	12
Clarke	1694	bleeding 5 0d	0
Clarke	1694	Mr Shepherd attending him 2 0 0d	0
Clarke	1694	1 October 1694 Pd Dr Pitt for care of my son £5 10 0d	0
Clarke	1694	29 October Mrs Henman while Ward had smallpo 3 10 0d	0
Clarke	1701	Pd ye postman 9d , pd Goody Bagber 4 days 1s 6d	18
Clarke	1701	Oct 23 Pd Thomazine wetlaid in Lhe? of her wages at her goeing away to avoyd ye small pox	120
Clarke	1701	Dec 15 Pd Goody Bagber? & ye time she attended John House	42
Clarke	1702	May 15 [mentions a payment to John House for money laid out – he was sick above]	0
Clarke	1702	[an item in DDSF3304 Part 2 gives 'Laid out for John House when he had the small pox	80
Clarke Total			362.5
Clifford	1693	31 January 1693/4 To Mrs Craddock midwifes	258
Clifford	1693	3 July 1693 To the wett nurse halfe years salary	840
Clifford	1693	3 August 1693 For the boy that brought herbs to my lady	3
Clifford	1693	30 August To Mrs Chantroll for starch and roots	24
Clifford	1694	8 March 1694/5 To Deck to Exon to pay the two stills carriage of Groat Ale, paper et	300
Clifford	1695	5 May 1695 To Mrs Rudden midwife by Mrs Chantrell	1440
Clifford	1695	10 August 1695 Pd Mrs Mays nurse for a quarter nursing	360
Clifford	1695	26 August 1695 To Mrs Chantrell to give my Lady Chudleighs servant that brought carnations and formerly pease and roses	24
Clifford	1695	7 October 1695 To my Ladyes order to the nurse at Hacomb	60
Clifford	1695	To Nurse Martyn for 4 weeks wett nursing	144
Clifford	1695	10 May 1695 To Robbin when he brought the midwife	12
Clifford	1695	24 May 1695 To my cousin Ann to pay for something to Distill	38
Clifford	1695	29 February 1695/6 Given to nurse martyn for one month wages	144
Clifford	1695	17 April 1695 Spent upon the midwife for a pint of sack that she called for	12
Clifford	1696	To the midwife of Chudleigh	120
Clifford	1696	12 October 1696 To Will Lea to his nurse	60

Clifford	1696	11 October 1696 To Jo: Groome the guinea that was paid in Mr mad: sicknesse	264
Clifford	1696	27 November 1696 For Will Lea's child nursing	48
Clifford	1696	3 October 1696 Flu(?) for the two funeralls of Mr Madine and Betty Wright	96
Clifford	1696	5 March 1696/7 To Ann Staddon for herbs	12
Clifford	1696	18 July 1696 To nurse for Will Lea	54
Clifford	1696	10 July 1696 Affidavit for Bettys funeral	6
Clifford	1696	9 July 1696 To Bettys nurse	60
Clifford	1696	30 May 1696 To Nurse Catrall on acct	240
Clifford	1696	Pd for physick drugs... to Mrs Ann came ofen	96
Clifford	1696	June 2 To Mrs catrall on wages acct	30
Clifford	1696	To Mrs Chantrell for the midwife	1320
Clifford	1696	31 March 1696 To the late Nurse Hollett for pickeing of broome budds	12
Clifford	1696	10 August 1696 Charity to Sampson in his sicknesse	12
Clifford	1697	5 November 1697 To the midwife by my Lds Order 10 guineas, one at 1:1:6 value	2634
Clifford	1697	For the groome with the midwife allowed for mace	12
Clifford	1700	3 Oct 1700 Journey to mr Ballers and back	90
Clifford	1700	22 Feb 1700 To Mrs Nurse: 2 months	312
Clifford	1700	3 Oct 1700 Mr Symons keeper	30
Clifford	1700	Sep 27 1700 To Mrs Bourn the 20 s paid out to nurse and 5 laid out paid before	240
Clifford	1700	2 Sep 1700 Pd for George Bennet to his nurse	12
Clifford	1700	16 Jul 1700 To Sampson for the Doctor in the night	12
Clifford	1700	15 July 1700 To Mrs Nurse for 8 weeks: 4 more due	312
Clifford	1700	May 30 1700 Wm Lea in his illness	30
Clifford	1700	4 Dec 1700 To nurse one month in full to one week past	156
Clifford	1701	23 Jan 1701 To Mrs Nurse makes the half year pd	240
Clifford	1701	17 May 1701 Nurse Martyn pt of 12d	24
Clifford	1701	14 Jun 1701 Mrs Beers maid 1s 6d Jack to Chudleigh carried sick 2s	42
Clifford	1701	10 Sep 1701 To Agnes Cross for nursing Jack 7 s? before now	516
Clifford	1701	30 Nov 1701 To Nurse Ratcliff since July makes 30	120
Clifford	1701	May 3 1701 To Mrs Trevilion for Sanders eyes 4s	48
<b>Clifford Total</b>			<b>10919</b>
Fortescue	1696	paid ms for the nurse	242
Fortescue	1699	to doctor northcots man	30
Fortescue	1700	to Mr ballard s man when the child was sick	6
Fortescue	1700	for bleeding of margaret	42
Fortescue	1700	paid John Collings when he went for a Docter	24
Fortescue	1701	to Tom mills mother for tending of him	24
Fortescue	1701	to Abigail Bauman for tending of Margaret	18
<b>Fortescue Total</b>			<b>386</b>
Strode	1680	for brimstone & for gathering of earbes	129
Strode	1684	for gathering of earbes and one ounce of spice	22
Strode	1684	for gathering of betony?	20

Strode	1685	for a pot of blister playster & the messenger to fetch it	12
Strode	1691	Given M & J for gathering them[elderberries]	24
Strode	1701	for washing and cleaning the room	4
Strode	1701	payd the nurs for a fortnights tending Rachel	72
Strode	1702	payd for a purg for Jack	6
Strode	1705	Payd Goody Jugg for tending Martha	24
Strode	1715	for bleeding Betty	12
<hr/>			
Strode Total			325
<hr/>			
Grand Total			11992.5

### Appendix 3.7 Purchased Ingredients and Average Prices

Source species	Ingredient Name	No. of records	Total quantity	Average quantity	Total cost (d.)	Average price per unit (d.)
<b>Purchase by grain</b>						
deer	burnt hartshorn	1	60	60	0	0.0
elixir proprietatis herb	elixir proprietatis	2	240	120	24	0.1
corallina pulvis	corolina	1	60	60	0	0.0
sanctus	pulvis sanctus	1	20	20	3	0.2
rhubarb	rhubarb	4	660	165	68	0.1
scammony	scammony	1	20	20	0	0.0
wormwood	wormwood powder	1	60	60	8	0.1
<b>Purchase by ounce</b>						
alkermes	confection of alkermes	1	0.25	0.25	12	48.0
allum	allum	1	1	1	0	0.0
aniseed	aniseeds	4	13	3.25	30.5	2.3
caper	capers	1	1	1	14	14.0
caraway	caraway seeds	2	4	2	4	1.0
cinchona	jesuits powder	1	0.5	0.5	6	12.0
cinnamon	cinnamon	4	3.5	0.87	24	6.9
clove	clove	2	5	2.5	24	4.8
clove	cloves	8	11.5	1.43	200	17.4
copper	verdigris	2	2	1	9	4.5
deer	hartshorn	1	0.25	0.25	1	4.0
frankincense herb	frankincense	1	0.5	0.5	1	2.0
corallina	corolina	1	0.25	0.25	1	4.0
liquorice	liquorice	3	6	2	10	1.7
mace	mace	9	12	1.33	154	12.8
mithridate	mithidrate	1	2	2	13	6.5
nutmeg	nutmeg	11	13.5	1.22	80	5.9
rhubarb	rhubarb	5	2.25	0.45	110	48.9
rose	syrup of roses	4	29.5	7.37	49	1.7
spice	spice	2	4	2	44	11.0
spikenard	oil of spike	2	3	1.5	90	30.0
turpentine	turpentine	1	2	2	1	0.5
turpentine	venice turpentine	1	2	2	0	0.0
unguentum	ointment	1	2	2	6	3.0
wormseed	wormseed	2	2.25	1.12	0	0.0
<b>Purchase by pound</b>						
allspice	allspice	11	4.25	0.38	100	23.5

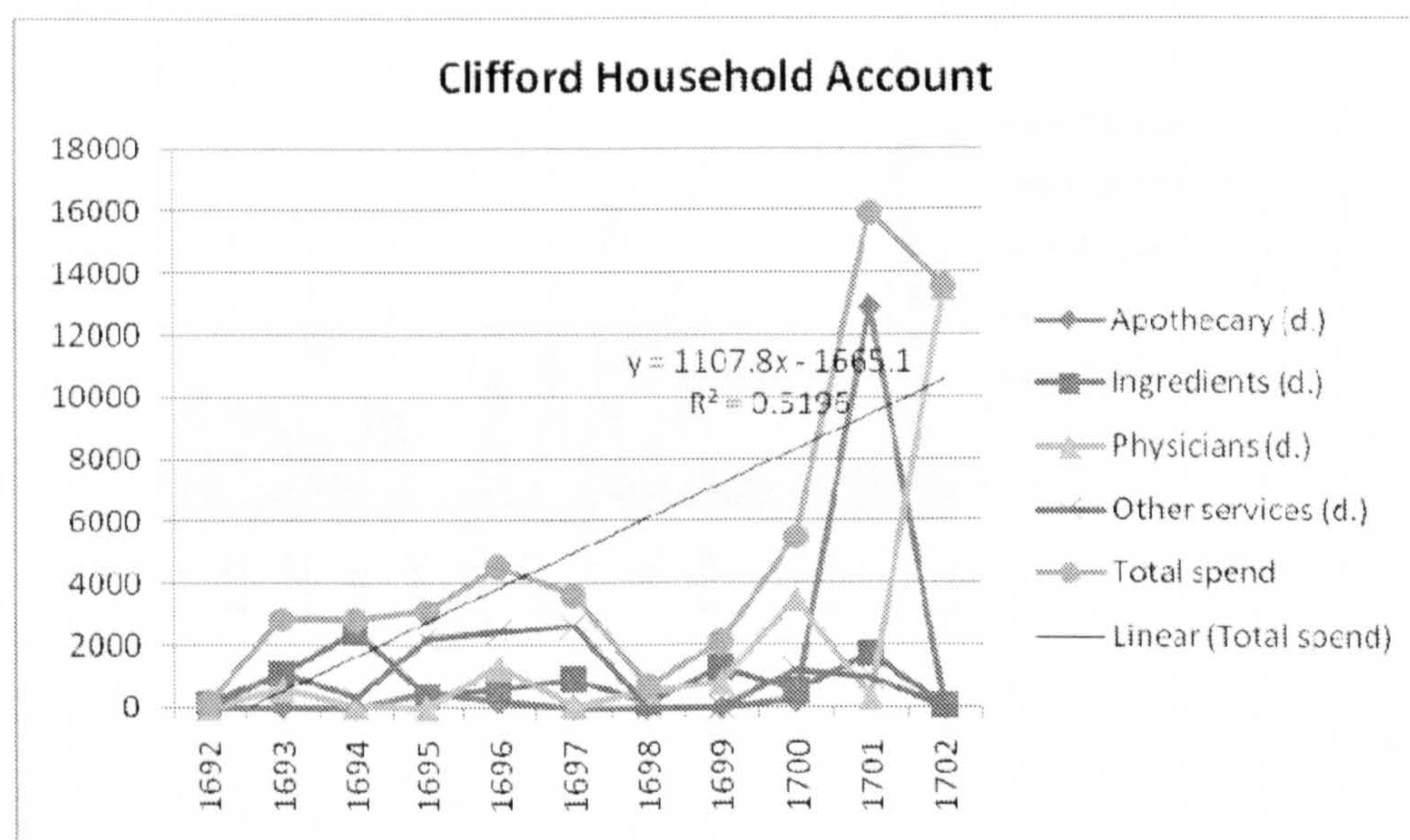
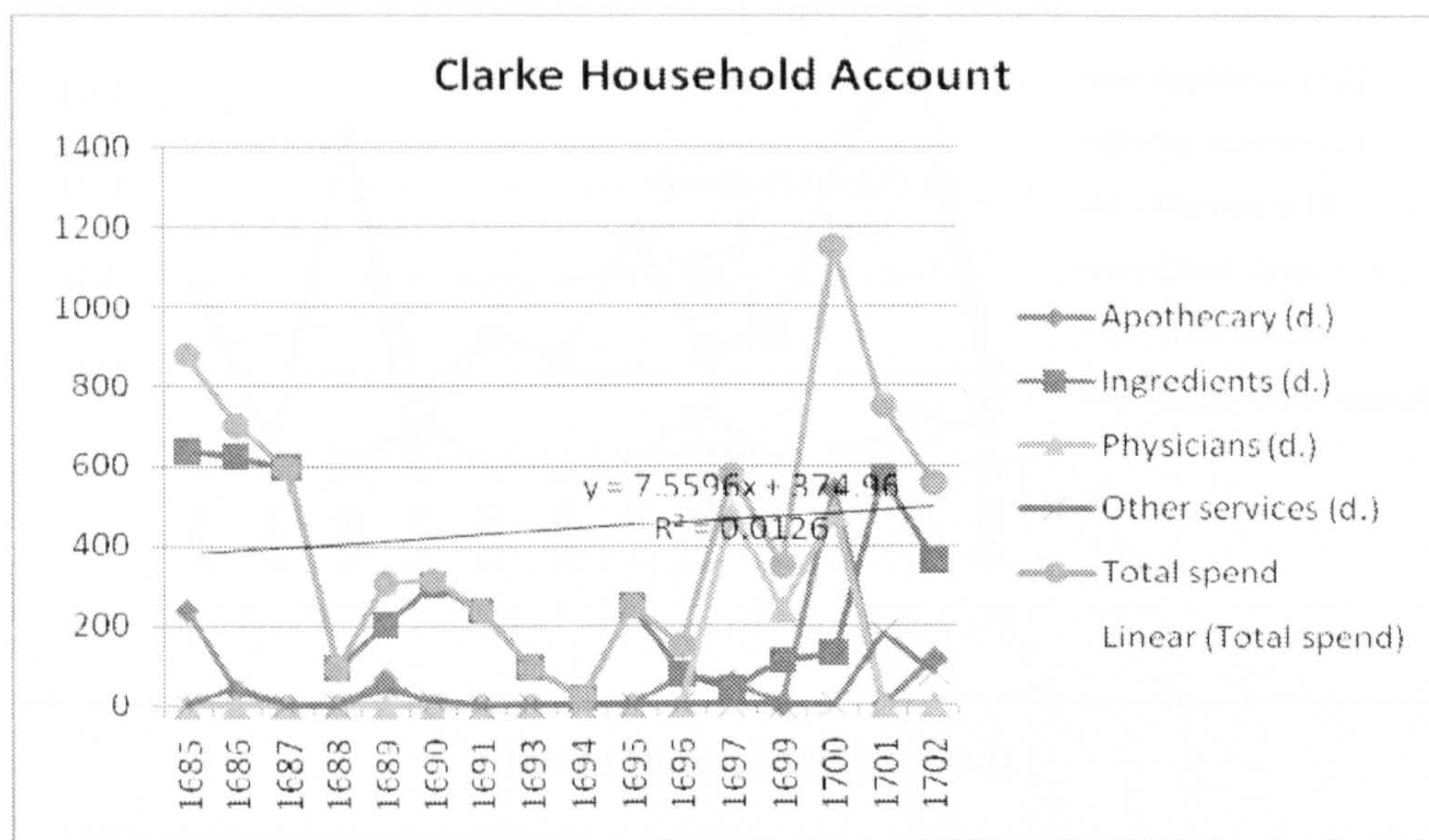
Source species	Ingredient Name	No. of records	Total quantity	Average quantity	Total cost (d.)	Average price per unit (d.)
allum	allum	1	0.5	0.5	2	4.0
aniseed	aniseeds	3	0.75	0.25	7	9.3
bay	bayre powder	1	1	1	16	16.0
bay	oil of bays	1	0.25	0.25	5	20.0
bole						
armeniack	bole armanack	1	0.5	0.5	24	48.0
bole	bole					
armeniack	armoniack	1	0.25	0.25	3	12.0
caper	capers	2	3	1.5	21	7.0
	caraway					
caraway	comfits	3	1.75	0.58	11	6.3
caraway	caraway seeds	13	4.25	0.32	76	17.9
cherry	black cherries	7	173	24.71	537	3.1
cherry	cherries	1	36	36	99	2.8
cherry	red cherries	1	12	12	39	3.3
cherry	red mazzards	1	2	2	3	1.5
chocolate	chocolate	4	21	5.25	762	36.3
cinnamon	cinnamon	3	0.75	0.25	75	100.0
citron	citren	1	2	2	64	32.0
coffee	coffee	6	4.25	0.7	309	72.7
comfit	comfits	1	2	2	30	15.0
	butter for ointment					
cow	butter for ointment	1	3	3	12	4.0
deer	hartshorn	1	0.5	0.5	18	36.0
fenugreek	fenugreek	1	1	1	51	51.0
fig	figs	5	6	1.2	54	9.0
ginger	ginger	20	6.75	0.33	54	8.0
lapis calaminaris	lapis calaminaris	1	0.5	0.5	7	14.0
lead	red lead	1	0.25	0.25	1	4.0
lead	white lead	1	0.5	0.5	3	6.0
nutmeg	nutmeg	2	0.75	0.37	63	84.0
nutmeg	nutmegs	1	0.25	0.25	32	128.0
resin	rosin	5	4.75	0.95	24	5.1
saltpetre	saltpetre	2	1.25	0.62	20	16.0
sulphur	brimstone	1	0.25	0.25	2	8.0
tobacco	tobacco	1	1	1	12	12.0
treacle	treacle	1	2	2	14	7.0
turpentine	turpentine	1	0.5	0.5	9	18.0
	venice					
turpentine	turpentine	1	1	1	36	36.0
<b>Purchase by bottle</b>						
aniseed	aniseed water	2	3	1.5	26	8.7
aqua vita	aqua vita	2	2	1	28	14.0
brandy	brandy	3	3	1	84	28.0
cordial	cordial	7	7	1	102	14.6

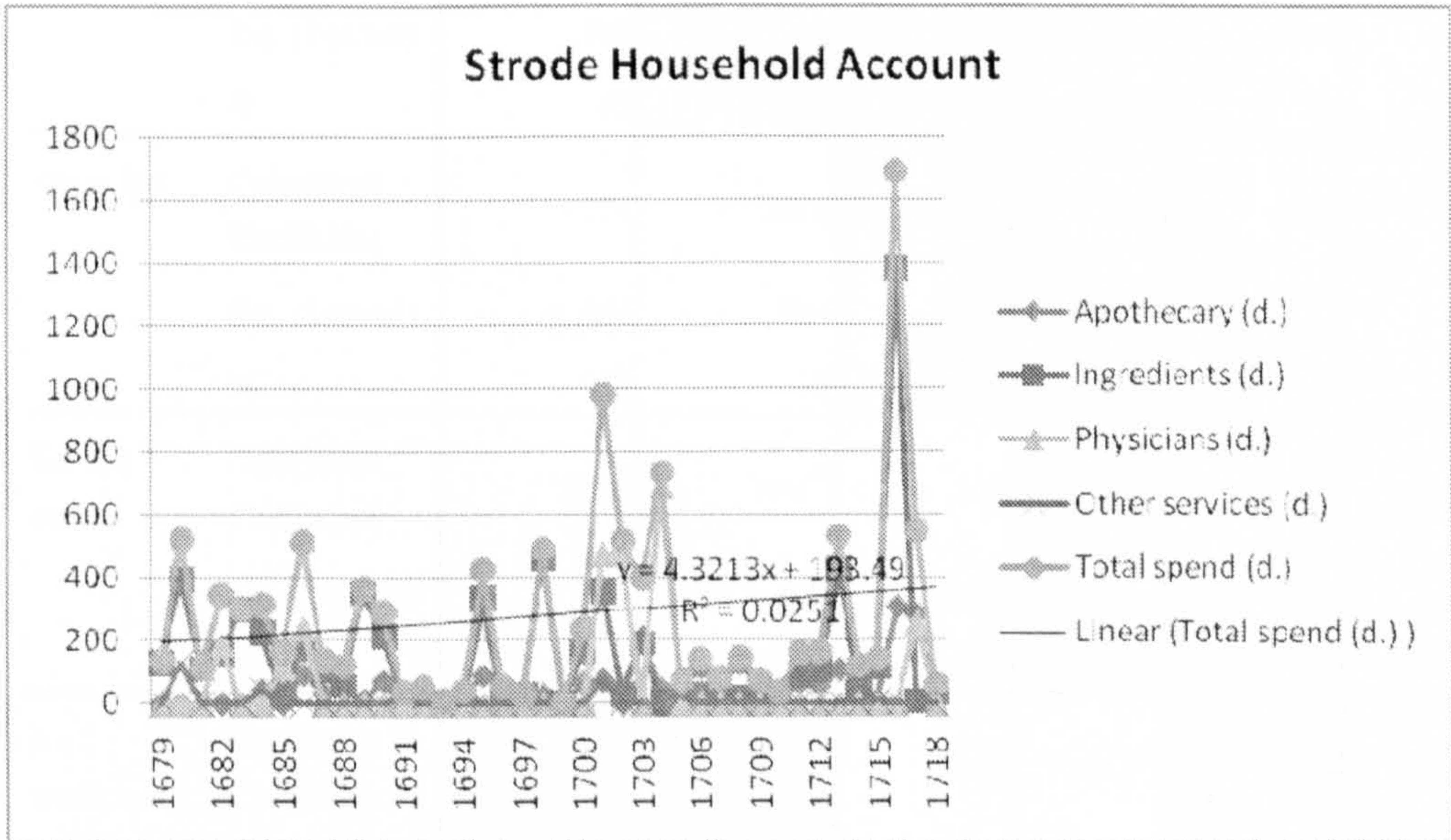
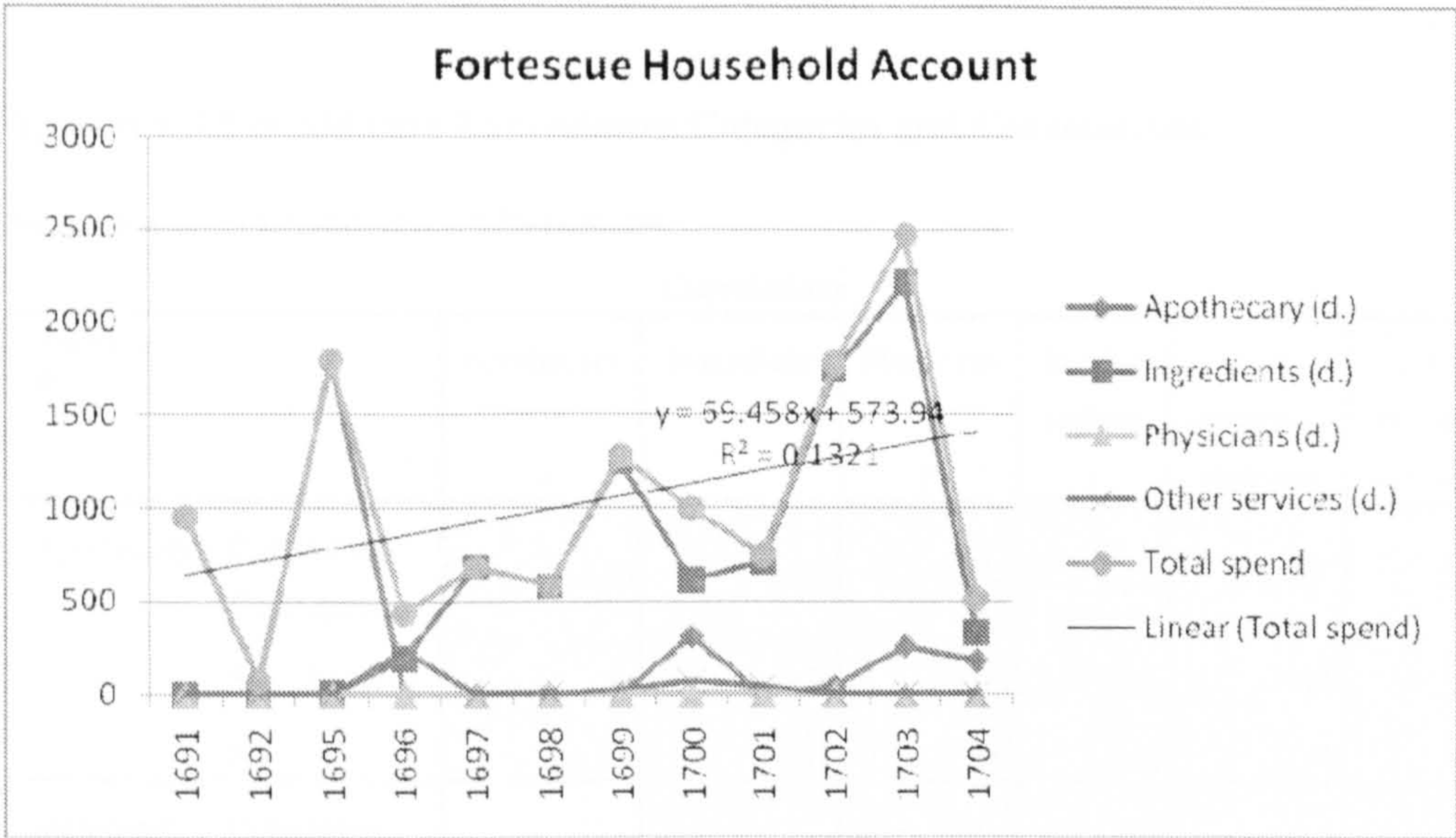
Source species	Ingredient Name	No. of records	Total quantity	Average quantity	Total cost (d.)	Average price per unit (d.)
deer	spirit of hartshorn	2	2	1	24	12.0
oil	oil	4	5	1.25	79	15.8
orange	orange flower water	1	1	1	12	12.0
rose	syrup of roses	5	5	1	96	19.2
spirit	spirits	1	1	1	12	12.0
<b>Purchases in pints</b>						
aniseed	aniseed water	1	4	4	40	10.0
aniseed	aniseeds	1	8	8	60	7.5
aqua vita	aqua vita	1	2	2	16	8.0
brandy	brandy	7	53	7.57	450	8.5
damask rose	damask rose water	1	1	1	6	6.0
oil	oil	8	14	1.75	194	13.9
olive	olive oil	1	4	4	96	24.0
rose	oil of roses	1	0.75	0.75	16	21.3
rose	rose water	1	1	1	10	10.0
sallet oil	salad oil	1	2	2	30	15.0
sallet oil	sallet oil	1	1	1	12	12.0
syrup	syrup	1	0.5	0.5	18	36.0
<b>Purchases in gallons</b>						
aqua vita	aqua vita	4	5	1.25	240	48.0
brandy	brandy	18	41.25	2.29	2595	62.9

Note: Some purchases were not priced separately and so average price not available.



### Appendix 3.8 Trends in Household Healthcare Expenditure





### Appendix 3.9 Healthcare Expenditure Categories and Correlations

#### Nonparametric Correlations- All Households

##### Correlations

Spearman's rho		Apothecary a	Ingredient i	Physician p	Service (other) s	a + i medicinal supplies	p + s medical services
Apothecary	Correlation Coefficient	1.000	.249	-.274	.621*	.610**	.472*
	Sig. (2-tailed)	.	.108	.444	.024	.000	.048
	N	48	43	10	13	48	18
Ingredient	Correlation Coefficient	.249	1.000	.011	.641**	.871**	.266
	Sig. (2-tailed)	.108	.	.964	.001	.000	.129
	N	43	74	18	25	74	34
Physician	Correlation Coefficient	-.274	.011	1.000	.176	-.040	.695**
	Sig. (2-tailed)	.444	.964	.	.651	.872	.001
	N	10	18	19	9	19	19
Service (other)	Correlation Coefficient	.621*	.641**	.176	1.000	.713**	.822**
	Sig. (2-tailed)	.024	.001	.651	.	.000	.000
	N	13	25	9	25	25	25
a + i medicinal supplies	Correlation Coefficient	.610**	.871**	-.040	.713**	1.000	.328
	Sig. (2-tailed)	.000	.000	.872	.000	.	.055
	N	48	74	19	25	79	35
p + s medical services	Correlation Coefficient	.472*	.266	.695**	.822**	.328	1.000
	Sig. (2-tailed)	.048	.129	.001	.000	.055	.
	N	18	34	19	25	35	35

\*. Correlation is significant at the 0.05 level (2-tailed).  
 \*\*. Correlation is significant at the 0.01 level (2-tailed).

Note: Shaded areas are not independent variables and are not considered in analysis.

Appendix 4.1 Medicinal Receipts with Named Sources - Status and Gender of Named Sources

Collection Title	Female sources										Male sources								Unspecified					
	aunt	countess	cousin (female)	duchess	lady	lady dowager	mis	mrs	niece	sister	unspecified female	All female sources	apothecary	doctor	lord	mr	physician	sir	unspecified male	butler	All male sources	cousin	unspecified	All unspecified sources
clarke1674	2		1		9		8				20		4	4	1	1				1	10	2	3	5
fortescue1687			1		16		20	1	1	2	60		9	2	2	1			1		25	3		3
clifford1689		1			12		4				17		15	1	8						24			1
clifford1690					6		2				8		10	1	1						12		1	1
fortescue1701	1				27		21	4	8	11	77		27	17	2	1			1		48	6	3	9
fortescue1707	1				4		4			13	24		1	10		3					15			
clifford1752					3		2				7				1						2		1	1
All collections	4	1	2	1	77	1	61	5	9	26	213	1	65	5	44	1	14	5	1	136	11	8	19	

## Appendix 4.2 Margaret Boscawen's Plant Notebook

<u>What herbs is to be gathered</u>		
brooklime	March April	for diet drinks
watercress		
lesser celandine		good to have a water
<u>Flowers that must be gathered</u>		
water lily	April May	
lily of the valley	April May	
adders tongue	April May	
alder	April May	
avons clovewort or herb bonnet	May June	
ladys bedstraw	May	
beech tree	April	
bilberry	March April	
cowslip	April May	
nipplewort	March April	
bistort or snakeweed	May	
oneblade	May May June	
borage	July May June	
bugloss	July	
coralwort	April May	
riddell of men		
flower deluce	April May	
hounds tongue	May June	
rosemary	April May	of great use
betony	July	
eyebright		to make a conserve to eat good for the eyes
sage	July	
lavender	June	
marjoram	June	
peony		
hyssop		
borage	Aug Sept	
bugloss	Aug Sept	
alder	April May May June	
damask rose	July May June	
red rose	July	
violet	March April	
cowslip	April May	
clove gillyflower	July August	
woodbine or honeysuck	June	good to make a conserve and good for several things

wallflower or winter  
gilliflower a conserve good for palsy and apoplexy, grows  
on walls and in gardens

wormwood Aug good to make a conserve with rosemary with  
saffron and wine to keep a mans body in health

melilot

marigold

amaranthus or  
gentle flower or  
velvet Aug

of great use it is a garden flower

poppy

for the headach

walnut

for the wind

What seeds are to be saved

vipers bugloss

good for several things

common wormwood

more prevalent than sea wormwood used for  
children's worms

peony

good for dropsy if drunk with vervain

succory

dram of powdered seed in wine before a fit of  
the ague

famatory

good for melancholy

Roots to be saved

angelica

scabious

vipers bugloss

good for several things

valerian

for several things

wood betony

succory

only in  
March and  
April

nipple

elecampane

single peony

oneblade

briony or wild vine

butterbur

burdock

avens

bistort or snakeweed

gentian felwort or

baldmony

What herbs should be dried

mother thyme or  
wild thyme

balm

crossed out

scabious

crossed out

vervain

crossed out

valerian

crossed out

amaradulcis also  
called morrel woody

nightshade

bittersweet

felwort

grows in moist shady places leaves in March  
flowers July

adders tongue also  
serpents tongue  
agrimony

eyebright  
water agrimony

What herbs is to be stilled

amara dulcis	Apr March
lettice	May June
endive	May June
succory	May June
water sorrel	May June
fumitory	May June
coltsfoot	May June
plantain	May June
betony	May June
calamint	May June
maidenhair	May June
cardus	May June
bawme	May June
wormwood	May June
mint	May June
maudlin costmary	May June
pellitory of the wall	May June
burnet	May June
mugwort	May June
lovage	May June
vervain	

For decoctions

butchers broom

Vinegars that are of special use

mother thyme

I have not

costmary

dill

What roots I must send for to  
London

horseradish root  
nipple roots  
gentian roots  
cipress  
citron rinde  
bark of black alder  
tree

grows in meadows passes soon good to  
preserve juice for oyntment  
flowers July seed in August should be saved  
dry to powder and sugar electuary excellent to  
restore sight  
grows in cold ditchsides is of very good use

is forbidden to those with short wind or  
spitting blood

in its prime in May

for wounds or sores and film that darkens sight

stops pain in the head and excellent for frenzy  
or lethargy

### Appendix 4.3 Medicinal Preparations in Manuscript Collections

Collection title	Type of preparation %													All items	
	bandage	drink	drops	food	gargle	lotion	ointment	other	pill	plaster	powder	spirit	suppository	syrup	All items
<b>Manuscript collections</b>															
fetiplace1604	0.0	18.9	5.0	1.7	2.8	4.7	16.8	0.2	4.7	21.3	7.0	9.2	0.2	7.5	597
fane1630	0.0	42.1	5.3	1.8	0.0	0.0	5.3	8.8	3.5	10.5	5.3	3.5	3.5	10.5	57
pharmaco1648	0.0	21.4	0.4	0.4	2.1	4.3	20.1	0.4	3.0	12.0	11.1	17.9	0.9	6.0	234
clarke1650	0.0	42.0	1.4	0.0	1.4	2.9	21.7	1.4	4.3	7.2	5.8	10.1	0.0	1.4	69
clarke1674	0.0	38.4	5.7	0.0	0.3	6.3	17.9	0.9	1.3	22.6	4.7	0.3	0.9	0.6	318
fortescue1687	0.0	32.9	1.2	1.6	0.4	2.6	7.3	4.7	3.3	16.3	10.6	10.6	1.6	6.9	492
clifford1689	0.0	18.6	0.0	1.5	0.0	0.3	18.9	0.9	2.8	11.8	6.8	28.5	0.3	9.6	323
clifford1690	0.6	31.5	0.3	2.2	0.0	0.0	18.9	0.6	2.5	15.1	7.6	15.1	0.9	4.4	317
fortescue1701	0.9	40.1	1.2	1.5	1.8	4.8	12.0	1.2	2.4	10.8	5.1	11.4	2.7	3.9	332
fortescue1707	0.0	35.8	3.2	2.1	2.1	8.4	8.4	1.1	2.1	13.7	10.5	4.2	0.0	8.4	95
clifford1752	0.0	18.7	1.3	0.0	2.7	2.7	16.0	0.0	6.7	17.3	9.3	20.0	0.0	5.3	75
All manuscript	0.2	28.9	2.3	1.3	1.2	3.4	15.1	1.5	3.2	16.0	7.6	12.2	1.0	5.9	2909



#### Appendix 4.4 Sample Inventories Containing Stills in Cornwall, 1600-1750

Year	Status	Item	Value d	Total	Comment
1601	chyrurgeon	1 old still		11;6;6	in chamber over inner hall
			6		
1602	male	1 still	24	21;4;1	
1605	gentleman	1 limbeck etc	720	880;14;0	
1606	gentleman	1 old still etc	20	46;0;6	
1606	butcher	2 stills etc	90	75;15;10	
1607	male	1 still etc	20	33;6;8	
1609	equire	2 stills	240	313;6;2	
1611	gentleman	1 old aquavitae still	48	60;9;4	
1611	yeoman	1 still etc	30	13;3;6	
1614	widow	1 still etc	120	598;13;11	
1615	male	1 aquavitae still	96	73;6;4	
1619	gentleman	1 little broken still etc	24	205;17;4	in chamber over buttery
1619	male	1 pewter still	60	116;15;6	
1620	yeoman	1 aqua vitae still	60	109;19;0	
1620	victualler	2 stills	180	234;1;0	
1622	male	1 still etc	40	56;4;10	in chamber over kitchen
1623	male	1 moiety still	63	63;13;4	in kitchen
1624	cordwainer	1 still etc	640	64;12;8	in buttery
1624	male	2 aqua vitae stills	240	46;14;8	in chamber over hall
1624	esquire	1 pewter still etc	86	991;14;0	in buttery
1626	fuller	1 still	60	45;0;0	
1627	gentleman	1 old limbeck etc	30	254;18;8	in house below buttery
1630	male	1 still etc	24	59;10;10	in kitchen
1630	cooper	1 limbeck etc	96	111;11;0	in parlour
1639	mistress	1 still etc	240	91;16;4	
1640	yeoman	1 limbeck	36	20;1;1	
1644	male	1 old still etc	48	109;15;4	
1644	gentleman	1 limbeck etc	720	549;13;4	in closet
1648	butcher	1 still etc	720	33;19;4	in other chamber
1663	gentleman	1 distill etc	60	17;5;8	in buttery
1663	widow	1 still etc	0	61;13;4	
1666	mercier	1 limbeck and 1 old limbeck etc	240	303;0;0	chamber over stairs
1667	widow	1 limbeck	192	874;10;0	
1669	gentleman	2 cold stills etc	1320	404;7;0	in corn chamber
1675	male	1 part tin still	24	37;17;10	
1682	esquire	pewter limbeck etc	312	49;0;0	in other chamber
1684	husbandsman	1 still	4	34;9;0	
1685	yeoman	1 still	160	326;6;4	
1686	male	1 still	60	34;12;11	in hall
1689	cordwainer	1 double still etc	240	46;6;6	
1689	gentleman	1 tin still etc	1920	274;13;8	in kitchen

1691	gentleman	1 limbeck and 1 cold still	308	239;15;10	in store plot
1692	mining	2 stills etc	726	25;7;6	in buttery
1692	gentleman	1 cold still etc	660	34;0;0	
1698	yeoman	1 limbeck still ect	1920	147;11;6	in second chamber
1700	gentleman	2 tin limbecks	60	27;17;6	
1704	shopkeeper	1 still pan etc	144		
1713	widow	2 limbecks	144	260;10;0	
1717	tinner	1 limbeck	60	114;19;0	
1723	schoolmaster	1 limbeck	30	40;3;6	
1724	male	1 still etc	24	235;12;0	
1728	victualler	1 still etc	60	195;3;8	over workhouse
1731	doctor	1 pewter still etc	144	109;4;6	
1733	male	1 old tin still	60	159;10;4	
1739	yeoman	1 still ect	300	261;19;6	in dairy chamber
1745	male	1 still	126	168;3;2	
1745	surgeon	1 furnace and still	360	128;13;0	in brewhouse and woodhouse
<hr/>					
	All stills	66 stills	14439		
<hr/>					
	All households	57 households			
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Source: Data based on sample of 4000 inventories in 20 parishes in Cornwall 1600-1750. My thanks to Jane Whittle for extracts from data used for *Production and Consumption in English Households, 1600-1750* by Mark Overton, Jane Whittle, Darron Dean and Andrew Hann, London: Routledge, 2004.

## Appendix 4.5 Medicinal Ingredients in Household Accounts and Receipt Collections

### Medicinal purchases matching receipt ingredients likely to need purchase

All households	Clarke	Clifford	Fortescue
almond	aqua vita	alabaster	allum
bee	bay	allum	angelica
brandy	bole armeniac	angelica	aqua vita
caraway	chamomile	chamomile	basilicon
clove	cinnamon	cinnamon	bay
currant	citron	hartshorn	caranna gum
damask rose	copper	eringo	gillyflower
hop	elder	fenugreek	ginger
lemon	fig	gillyflower	jalap
liquorice	gum arabic	lemon	lead
mustard	herb corallina	mace	mace
nutmeg	lapis calamaris	mithridate	mercury
oil	mace	pitch	pitch
orange	pepper	rhubarb	poppy
powder	poppy	saffron	tartar
raisin	prune	saltpetre	treacle
sugar	resin	senna	violet
sulphur	rhubarb	spikenard	
turpentine	rose	treacle	
vinegar	scammony		
wormseed	sallet oil		
	tobacco		
	wine vinegar		

### Medicinal purchases not seen in receipts

Clarke	Clifford	Fortescue
allspice	antimony	chocolate
carrot	buckthorn	comfit
cockle	chocolate	drugs
coffee	coffee	hair powder
fruit	cornelian tree	herb
hair powder	distilled water	salve
manna	drugs	sand
mustard	herb	seed
nut	hungary water	setwell
oyster	mineral water	spirit
powder	pills	
pulvis sanctus	root	
syrup	samphire	
worm powder	seed	
wormseed	spice	
	spirit	

### Appendix 5.1 Ailments of Children in Manuscript Receipts by End Date

Ailment group	1604	1630	1648	1650	1674	1687	1689	1690	1701	1707	1752	All
ache				1								1
ague	1					2						3
apoplexy									1			1
belly								2	1			3
boil				1								1
bowels			1									1
bruise			1				2	1				4
canker	1					1						2
childbirth						1						1
cold									1			1
colic						2						2
consumption						1						1
cough		1							1			2
cramp			1									1
eyes						1						1
faintness									1			1
fever										1		1
fits	1				2	12	2	1	8		1	27
flux						1						1
head						1						1
heart									1			1
itch									2			2
joints				1					1			2
kings evil										1		1
liver				1	1				1			3
mouth											1	1
navel						1						1
palsy									1			1
phlegm					1			1				2
pleurisy									1			1
purge						5	1		1	1		8
rheum									1			1
rickets				1	3	9	2	3	13	2	1	34
rupture									2			2
senses									1			1
side						1						1
skin						1						1
smallpox							1	1				2
spirits									2			2
stomach											1	1
surfeit							1	2				3
teeth				1		1			1			3
throat				1								1
thrush											1	1
urine	1				1	2						4
wind						1						1
womb						1						1
worms	3		2	1		8	3	2	1			20
worrying	1											1
All	8	1	5	8	8	52	12	13	42	5	5	159

