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“Butcher-like and hateful”: Domestic Medicine and Resistance  
to Surgery in Early Modern England

In July 1702, Philip Stanhope (1633–1714), second earl of Chesterfield, nearly lost his leg to an incompetent surgeon.<sup>1</sup> Chesterfield's was a life riddled with illness; as he wrote upon leaving a prominent post in the 1680s: “I am fit for nothing but a retirement, being very seldom free either from the stone or gout.”<sup>2</sup> Consequently, he paid for the very best of late-Stuart medical care.<sup>3</sup> In the summer of 1702 he was at his country residence in Bretby, Derbyshire, when he came down with a violent shiver, fever, urge to vomit, swooning, and an unsteady pulse. They “made me think,” he recounts, “that I was certainly a Dying.” The next morning he awoke to find that one of his feet and ankles had swollen, blackened, and become heavy as lead. “[T]hree Holes as big as Pistol Bullets did burst open in my Foot,” pouring forth blood. In distress, Chesterfield called for a surgeon, who said that he would have to amputate immediately, “for it

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- 1 Throughout this paper I use “surgeon” to refer to all members of the Barber-Surgeons' guilds and those licensed to do work which fell under the company's purview. However, where sources opt for either “barber” or “barber-surgeon” I have followed their usage. In London the barbers and surgeons had a single guild from 1540 to 1745, and guild rules sought a strict separation between the two. (For an account of the split which has particular relevance to what follows, see Margaret Pelling, “Corporatism or Individualism: Parliament, the Navy, and the Splitting of the London Barber-Surgeons' Company in 1745,” in Patrick Wallis and Ian Gadd [eds.], *Guilds and Associations in Europe, 900-1900* [London: Centre for Metropolitan History, 2006]: 57-82.) That the company had to pursue members of both groups for violating these rules suggests that the distinction was less evident in practice. See Sidney Young, *The Annals of the Barber-Surgeons of London* (London: Blades, East & Blades, 1890) (hereafter *Annals*), 22-23, 78-80, 189, 217, 320, 349-52. Moreover, it does not seem that the distinction was either clear or meaningful to patients or outside observers. I have therefore read some sources as applying to barbers and surgeons where a strict adherence to the terms used may not permit such a reading (see below, pg. 29-30, for instance).
  - 2 Ormonde mss, new series, 7.379, qtd. in Stuart Handley, “Stanhope, Philip, second earl of Chesterfield (1633–1714),” *Oxford Dictionary of National Biography Online* (hereafter ODNB). On his frequent illnesses, see *Letters of Philip, Second Earl of Chesterfield to Several Celebrated Individuals* (London: F. Lloyd and Son, 1829) and *Philip Stanhope, Second Earl of Chesterfield: His Correspondence with Various Ladies...* (London: Fanfrolico, n.d.).
  - 3 He consulted a who's-who of practitioners, including the physicians William Gibbons, John Radcliffe, and Sir Hans Sloane, and eminent surgeons like William Cowper and the Huguenot transplant Paul Buisnière. Recalling a bout of gout and erysipelas, he explains: “now having had the three best Doctors in Town” to no good, “I did desire to try the three best Surgeons.” New York Academy of Medicine (hereafter NYAM) ms Joyce Peculiar Recipes (hereafter *Joyce*), fol. 69-72. He also names the surgeon “James Barnett,” whom I have been unable to identify. See appendix below for details of archival sources.

was mortified and gangrened.” The earl, however, would have none of it. “I told him that as I came into the world with two Legs, So I intended to go out of the world with two Legs, and would not have it cut off.” Cowed, the surgeon scarified the foot and left. The next day Chesterfield called another surgeon, who had a different diagnosis—the holes were only “accidental Ulcers.” There was no need for amputation.<sup>4</sup>

It was an extreme variation on a familiar theme in the earl's dealings with his physicians and surgeons. Often useless and sometimes menacing, they do not fare well in his reminiscences. Fortunately, Chesterfield had other resources upon which to draw. He believed passionately in the benefits of taking the waters, particularly favoring Buxton's St. Ann's well, also in Derbyshire. Like many early-modern people, he also relied on medical remedies preserved as recipes. In one debilitating case of the piles his doctors first gave him ineffectual ointments and fumigation. Then the “Surgeon's did open my Body with an Iron Instrument to make an Inspection into the Part.” But

at last, finding no good by all my Doctor's and Surgeon's; I left them all off. And one Day turning over an admirable Book of my Grandfather's Receipt's, I found the following Receipt for the Piles, which did perfectly cure me, And I have cured many other Person's with it since.<sup>5</sup>

Chesterfield finds salvation in a “receipt,” a recipe for a medicinal remedy from his family's

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4 Joyce, fol. 64. An anonymous transcriber records this episode slightly differently: “To this I answered, that as I was come into the world with two legs, I would go out of the world with two legs, and not have it cut off. But it pleased God that there was no gangreen (sic) or mortification.” Qtd. in *Letters of Philip*, 61-2.

5 Joyce, fol. 57. Two volumes of recipes from his grandfather, also Philip Stanhope (1584-1656), the first earl of Chesterfield, have in fact survived. Wellcome Western ms 761 and 762, from c.1635, just about the time of his grandson's birth. (The Wellcome Library's seventeenth-century manuscript recipe books have been digitized and are available through its online catalog.) They both bear the title “A Booke of Severall receipts for severall infirmities both in Man and Woman, and most of them eyther tried by my selfe or my wife, or my Mother, or approved by such persons as I dare give Credit to, that have knowne the experiment of it themselves.” In the surviving volumes recipes are arranged alphabetically. The first covers A-C, and the second D-G. This suggests that more volumes were either planned or completed. The second earl also left notes in his first wife's manuscript recipe book, now at the New York Public Library (see notes in the appendix). He had, then, many interactions with recipe books.

manuscript recipe book.<sup>6</sup> Such books were important resources in self-healing and domestic and community medicine in early modern Europe. It was common for individuals and families with the (not inconsiderable) necessary means to compile and keep such books. The genre drew on the traditions and knowledge of *receptaria* and books of secrets, as well as on written and oral traditional medical knowledge and published texts of all sorts.<sup>7</sup> As in those genres, recipes relied on personal experience or trusted testimony for verification. Chesterfield's was a proven cure, endorsed by his grandfather and ratified by his experience of efficacy. It was also a superior cure to those of his doctors and surgeons, safer and more effective.

The earl's story points us towards an unexpected set of connections and contests between surgery and domestic medicine. Many historians have treated domestic medicine as a “first port of call” for the “medically promiscuous” early modern patient, the lowest level of “the hierarchy of resort.”<sup>8</sup> In very different studies Elaine Leong, Sara Pennell, Ronald Sawyer, and Robert Jütte all come to this conclusion.<sup>9</sup> They find support in arguments like Philip Wilson's that especially

6 “Receipt, *n.*,” 12.a., *OED Online* (hereafter OED).

7 Jennifer K. Stine, *Opening Closets: The Discovery of Household Medicine in Early Modern England* (unpublished Ph.D. diss., Stanford University, 1996), 19-20. William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton: Princeton University Press, 1994). Many recipes were no doubt taken from such books, and many are described as “secrets.” See e.g. NYAM ms J.H., A Collection of Chose Receipts (hereafter J.H.), vol. I, pg. 73, 178; and vol. II, pg. 64, 97; NYAM ms Recipe Book England 18<sup>th</sup> Century, recipe #42; New York Public Library, Whitney Cookery Collection (hereafter NYPL), ms 8, scn. 1, pg. 7. The western recipe tradition goes back much earlier than the early modern period. See Rebecca Flemming, “Women, Writing and Medicine in the Classical World,” *Classical Quarterly* 57, no.1 (2007): 257-279, esp. 263-68, and Lesley Dean-Jones, *Women's Bodies is Classical Greek Science* (Oxford: Clarendon Press, 1994), 22.

8 The first phrase is from Margaret Pelling, “Thoroughly Resented?: Older Women and the Medical Role in Early Modern London,” in Lynette Hunter and Sarah Hutton (eds.), *Women, Science and Medicine, 1500-1700: Mothers and Sisters of the Royal Society* (Stroud: Sutton, 1997): 63-88, here 70. The second is from Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore: Johns Hopkins Press, 1996), 305. The third is used in Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Clarendon Press, 2003), 249-51.

9 Leong concludes that the “medical practice based on the contents of these recipe collections is one which addressed simple ailments and is in line with the idea that household medicine was seen as the first port of call for a patient before consulting a medical practitioner.” She also argues that “household medicine was seen as the first resort... householders would have sought outside medical care for more serious bouts of illnesses.” Elaine Leong, *Medical Recipe Collections in Seventeenth-Century England: Knowledge, Text and Gender* (unpublished D.Phil. thesis, University of Oxford, 2006), 2, 15, 97 (first quote), 112-13 (second quote), 274, 277-78, and 295.

serious ailments were broadly considered appropriate *only* to surgeons.<sup>10</sup>

Recipe books, however, introduce us to a world of domestic healers who claim that their healing is not anterior to surgeons', but able to compete with it. Domestic practitioners recorded many non-invasive alternatives to surgeons' approaches. Deborah Harkness has recently argued that an overemphasis on conflict has obscured the extent of women's normalized medical work.<sup>11</sup> I suggest here that the opposite has been true in the historiography of early modern surgery. Beneath the recipe book genre's idiosyncrasies is a rich record of health care contests, contests that are also visible in the works of surgeons and contemporary observers.

This essay draws on over two dozen British recipe books held in the manuscript collections at the New York Academy of Medicine, the New York Public Library's Whitney Cookery Collection, and the National Library of Scotland in Edinburgh. After a brief introduction to the recipe book genre, it compares the books' therapies for three ailments (stones, cataracts, and wounds) with surgical approaches. It then considers stories in these books about doctors' and surgeons' failures and lay healers' successes. These treatments and stories hint at patients' fears of surgery and make claims for domestic healing as a powerful alternative. And some surgeons agreed. We will see that one of the most influential early-Stuart surgical texts,

Like Lucinda Beier's "amateur," Leong's use of "first aid kit" also tends to suggest that domestic healing was less serious. See Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth Century England* (London: Routledge & Kegan Paul, 1987). Robert Jütte, "A Seventeenth-Century German Barber-Surgeon and his Patients," *Medical History* 33 (1989): 184-198, here 194-96. Ronald C. Sawyer, *Patients, Healers, and Disease in the Southeast Midlands, 1597-1634* (unpublished PhD dissertation, University of Wisconsin-Madison, 1986), 177-211. Elaine Leong and Sara Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace,'" in Mark S.R. Jenner and Patrick Wallis (eds.), *Medicine and the Market in England and its Colonies, c.1450-c.1850* (New York: Palgrave, 2007): 133-151, here 134: "The decision to call on the services of a physician, surgeon, apothecary or other forms of paid medical practice, usually followed the failure of domestic treatment to cure or alleviate conditions." This view of illness behavior mirrors the complaints of physicians. See Andrew Wear, "Medical Ethics in Early Modern England," in Wear *et al.* (eds.), *Doctors and Ethics: The Historical Setting of Professional Ethics* (Amsterdam: Rodopi, 1993): 98-130.

10 Philip K. Wilson, "Acquiring Surgical Know-How: Occupational and Lay Instruction in Early 18th Century London," in Roy Porter (ed.), *The Popularization of Medicine, 1650-1850* (London: Routledge, 1992): 42-71.

11 Deborah E. Harkness, "A View from the Streets: Women and Medical Work in Elizabethan London," *Bulletin of the History of Medicine* 82 (2008): 52-85.

John Woodall's (1570–1643) *The Surgions Mate* (1617), unhappily recognizes that the stereotypical “old woman” domestic healer might indeed outpace his guild brethren. This evidence for lay resistance to surgery and surgical responsiveness contributes to recent scholarship by Lucinda Beier, Kevin Siena, and Olivia Weisser arguing that there was a dialectic between surgical practice and patients' knowledge and demands.<sup>12</sup> It also complicates the narratives in a much larger historiography dedicated to the professionalization of English surgery in the early modern period, a literature which tends to give pride of place to developments originating within the occupation with little attention to patient attitudes.<sup>13</sup>

Recipe books have not received attention proportionate to their surviving numbers. They are one of the best represented sources of lay medicine and women's manuscript writing. They are also, however, difficult to use. Except in those rare cases in which scribes copied or produced identical manuscripts, they are unique and idiosyncratic products of the men and women who compiled and contributed to them over time.<sup>14</sup> They can include recipes for food, preserving,

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12 Beier, *Sufferers and Healers*, and idem, “Seventeenth-Century English Surgery: The Casebook of Joseph Binns,” in Christopher Lawrence (ed.), *Medical Theory, Surgical Practice: Studies in the History of Surgery* (London: Routledge, 1992), 48-84. Kevin P. Siena, “The ‘foul disease’ and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London,” *Bulletin of the History of Medicine* 75, no. 2 (2001): 199-224, and idem, *Venereal Disease, Hospitals and the Urban Poor: London’s “Foul Wards”, 1600-1800* (Rochester: University of Rochester Press, 2004), chp. 1. Olivia Weisser, “Boils, Pushes and Wheals: Reading Bumps on the Body in Early Modern England,” *Social History of Medicine* 22, no. 2 (2009): 321-39.

13 The two most recent major works on early modern English surgery fall into this camp. Lynda Payne, *With Words and Knives: Learning Medical Dispassion in Early Modern England* (Aldershot: Ashgate, 2007), and Celeste Chamberland, *With a Lady's Hand and a Lion's Heart: Gender, Honor, and the Occupational Identity of Surgeons in London, 1580-1650* (unpublished Ph.D. Dissertation, University of California, Davis, 2004) and also idem, “Honor, Brotherhood, and the Corporate Ethos of London's Barber-Surgeons' Company, 1570-1640,” *Journal of the History of Medicine* 64, no. 3 (2009): 300-332.

14 Though no examples will be considered here, recipes were collected in other fashions as well. Loose collections remain, for instance. See A. Rankin, “Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany,” *Bulletin of the History of Medicine* 82, no. 1 (2008): 109-144. Some collected only occasionally. See e.g. National Library of Scotland (hereafter NLS), ms 5898, James Blair's commonplace book, fol. 172v-173r. Copies of books were sometimes requested or made. See Richard Aspin, “Who was Elizabeth Okeover?,” *Medical History* 44 (2000): 531-540, here 535. While different from most of his examples, recipe books are part of the world of scribal publication described in Harold Love, *The Culture and Commerce of Texts: Scribal Publication in Seventeenth-Century England* (Amherst: University of Massachusetts Press, 1998).

candying and sweets, alcohols, the care of textiles, perfume and “beautifying physic,” household supplies (including ink and paints), pesticides, decorations like wax fruit, as well as medicines and more.<sup>15</sup> Their medicines deal with everything from chapped lips to lice, from cranial fractures to witchcraft, and even the plague.<sup>16</sup> Books' cures also sometimes involve manual manipulation of the body and some of the invasive procedures officially reserved for surgeons alone.<sup>17</sup>

Apart from their variety, recipe books present a few more interpretive obstacles and limitations. The expense of producing a book, the skills and time it required, and preservation and archival practices that favor elites' work means that we are generally discussing those of the

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15 This list is not comprehensive, but draws on the range of recipes contained in the manuscripts cited in this paper. On beautifying physic, see Edith Snook, “The Beautifying Part of Physic: Women’s Cosmetic Practices in Early Modern England,” *Journal of Women's History*, 20 (2008): 10-33. On the range of recipes generally, see Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 49-50. For wax fruits and similar recipes, see NYAM ms Gemel.

These categories roughly correspond with those of the books. Distinctions between them were not always so sharp, however. Food and medicine were essentially one and the same, for instance. That, in fact, is one of the factors that complicates interpreting recipe books, because recipes that do not state a medical use may very well have had intended uses that the writer thought too obvious to note. One manuscript writer adds after a culinary recipe for candied angelica stalks, almost as if an afterthought, that one byproduct should be saved because “itt is good for the cowlid,” for instance. NYPL ms 6, fol. 16v. NYAM ms Duncumb has a number of similar examples. Angelica is a good example of an ingredient that had both medical and culinary uses, as is hartshorn. The dual role of the latter is illustrated in the preparation instructions in one manuscript: “if it be for an entertainment youse double refined sugar but if for a sick person single will serve.” NLS ms 10231, fol. 66v. Multiple uses of this sort are common. Another recipe records—on Richard Lower's advice, no less—a good makeshift cautery to cure apoplexy: “Apply a red hot frying Pan to ye back part of ye head, or ye Crown.” Kitchen physic, indeed. J.H., vol. II, pg. 5.

16 All of these cures are common, save for witchcraft. Such cures can be found, though. See “For mischievous arts & putting divills to flight,” NLS ms 5112, fol. 73v. Domestic healers also cared for chronic complaints and disabilities.

17 J.H., vol. II, pg. 138, counsels leeching and bleeding; NYPL ms 11, fol. 91, suggests bleeding; so does NLS 5112, fol. 5r, and 44r; NYAM ms 9, fol. 82v, suggests that a needle can be used to remove corns; NLS Adv. ms 23.6.5 suggests the use of leeches for convulsion fits (fol. 43r) and piles (44v); NLS ms 2208, fol. 15v, describes veterinary bloodletting; NYPL ms 8 (the second section of which is given over to “surgical” recipes) has the following unusually detailed description of leeching for the cure of a toothache (pg. 13-4): “Take a Leach or two accordinge as yr payne is, keep them out of the water 5 or 6 howres when you intend to use them, cleanse them with water and salt, then rub your gumms with a little milk and sugar and apply your leaches, if one will not fasten try another till you fasten one to that part of your gumms where the payne is, when the leach is full it will fall of[f], if not rub your gumms with water and salt and it will; have a good many in readyness so that you may be sure to fasten one.” It also advises bloodletting on pg. 16. For cupping: NLS ms 5112, fol. 7r.

“upper and aristocratic classes.”<sup>18</sup> Healers of lesser means and/or literary skills used printed recipe books, but that use is poorly documented.<sup>19</sup> Manuscript collections also preserve instances from what must have been a vast oral recipe tradition.<sup>20</sup> Identifying compilers, contributors, and compilation dates presents further difficulties. Many books are unsigned, or are signed with common names and do not provide enough evidence to pin-point authorship. Consequently, most of the historiography is skewed towards the most elite compilers, about whom enough biographical detail is known to contextualize and make sense of their compilations.<sup>21</sup>

However, recent years have seen the study of recipe books thrive.<sup>22</sup> Major studies by Jennifer Stine, Alisha Rankin, Elaine Leong and others have established the use of recipes and explored what they can tell us, laying the groundwork for further analysis of these sources. Rankin, Harkness, Sara Pennell, Montserrat Cabré, and Lynette Hunter have all used them to reveal heretofore unstudied cultures of proof, “medical experimentalism,” and knowledge exchange, sometimes with the aim of showing women's place in the history of the “scientific revolution.”<sup>23</sup> Catherine Field reads recipe books as sites in which women fashioned themselves

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18 Leong, *Medical Recipe Collections in Seventeenth-Century England*, 85, 229. Lynette Hunter also discusses the time required and considers some recipe collection among aristocratic collectors “a leisure activity.” Lynette Hunter, “Women and Domestic Medicine: Lady Experimenters, 1570-1620,” in Hunter and Hutton, *Women, Science and Medicine*: 89-107, here 102.

19 Leong, *Medical Recipe Collections in Seventeenth-Century England*, 121, 238. Leong reports that these tended to sell for between 6 pence and 1s.6d.. Margaret Spufford defines cheap print as fetching up to 6d. Spufford, *Small Books and Pleasant Histories: Popular Fiction and its Readership in Seventeenth-Century England* (London: Methuen, 1981), 25, 34-6, 45. The classic study of literacy in this period is David Cressy, *Literacy and the Social Order: Reading and Writing in Tudor and Stuart England* (Cambridge: Cambridge University Press, 1980). Cressy is more pessimistic about literacy levels than Spufford.

20 The writer Hugh Plat, for instance, recorded a remedy for gout from his children's wet-nurse. Harkness, “A View from the Streets,” 65. Leong and Pennell, “Recipe Collections and Medical Knowledge,” 140-1.

21 Rankin, “Duchess, Heal Thyself”; Leong, “Making Medicines in the Early Modern Household”; Stine, *Opening Closets*. For an example of the difficulties of identification, see Aspin, “Who was Elizabeth Okeover?”

22 There is a limited older historiography. See e.g. Leonard Guthrie, “The Lady Sedley's Receipt Book 1686 and Other Seventeenth Century Receipt Books,” *Proceedings of the Royal Society of Medicine* (Section on the History of Medicine) 1913, 6: 150-60; idem “The Lady Sedley's Receipt Book, 1686, and Other Seventeenth Century Receipt Books,” *Lancet* (1913), 1: 1041-1044.

23 Rankin, “Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532-1585),” *Isis* 98 (2007): 23-53, here 49. Lynette Hunter, “Sisters of the Royal Society: The Circle of

as experts in the care of the body and constituted a system of healing based on a more “benign view” of it.<sup>24</sup> Rankin, Stine, Linda Pollock, Peter Assion, and others have used the books to deepen our knowledge of women's roles in providing healing in their households and charitable aid to their communities, as well as their places within networks of knowledge exchange.<sup>25</sup> Elsewhere, Leong and Pennell have used them to analyze the place of laypeople in the medical marketplace as both practitioners and informed consumers.<sup>26</sup> Jennifer Hellwarth has explored the “female textual communities” uncovered by women's manuscripts.<sup>27</sup> Leong has also challenged some long-held views on domestic medicine by showing that men produced recipe collections at high rates and that domestic healers were tightly integrated into global trade networks.<sup>28</sup>

Despite these various reassessments, the place of surgery in self-healing and domestic

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Katherine Jones, Lady Ranelagh,” in Hunter and Hutton, *Women, Science and Medicine: 178-197*. Montserrat Cabré, “Categories of Health Care in Late Medieval Iberia,” *Bulletin of the History of Medicine* 82, no. 1 (2008): 18-51. Harkness, *The Jewel House: Elizabethan London and the Scientific Revolution* (New Haven: Yale University Press, 2007): chp. 5-6. Leong identifies a “culture of trial and testing” in recipe books. Leong, *Medical Recipe Collections in Seventeenth-Century England*, 160-61.

- 24 Catherine Field, “Many hands hands’: Writing the Self in Early Modern Women's Recipe Books,” in Michelle M. Down and Julie A. Eckerle (eds.), *Genre and Women's Life Writing in Early Modern England* (Aldershot: Ashgate, 2007): 49-64, here 50, 54, 58. Field's study suggests that a close analysis of recipe books may be able to supplement Gianna Pomata and Barbara Duden's conclusions regarding differences in patients' and practitioners' views of the body. Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore: Johns Hopkins University Press, 1998), and Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, trans. Thomas Dunlap (Cambridge: Harvard University Press, 1991).
- 25 Stine, *Opening Closets*, esp chp. 3. Linda A. Pollock, *With Faith and Physic: The Life of a Tudor Gentlewoman, Lady Grace Mildmay, 1552-1620* (London: Collins & Brown, 1993). Peter Assion, “Das Arzneibuch der Landgräfin Eleonore von Hessen-Darmstadt: Ein Beitrag zum Phänomen medizinischer caritas nach der Reformation,” *Medizin Historisches Journal* 17, no. 4 (1982): 317-341. On charitable healing see too Margaret Pelling and Charles Webster, “Medical Practitioners,” in Charles Webster (ed.), *Health, Medicine, and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979), 233, and Wear, *Knowledge and Practice in English Medicine*, 54-55. For an instance of community healing, see material on the Countess of Arundel, Anne Howard (nee Dacre), in Duke of Norfolk (ed.), *The Lives of Philip Howard, Earl of Arundel, and of Anne Dacre, His wife* (London: Hurst and Blackett, 1857).
- 26 Elaine Leong and Sara Pennell, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace.'”
- 27 Jennifer Wynne Hellwarth, “‘Be unto me as a precious ointment’: Lady Grace Mildmay, Sixteenth-Century Female Practitioner,” *Dynamis* 19 (1999): 95-117.
- 28 Leong, “Making Medicines in the Early Modern Household,” and *Medical Recipe Collections in Seventeenth-Century England*, 8, 24-5: of her survey of 259 books “at least one third of the manuscripts were compiled or owned by men.” For another third the compiler's gender is unknown.

medicine has remained obscure. On the one hand, scholars have noted lay ownership of surgical texts.<sup>29</sup> On the other, there is little evidence, as Andrew Wear has argued, that surgical knowledge was popularized in this period.<sup>30</sup> There is, by contrast, abundant evidence of domestic resistance to surgery. As we have already seen in the example of Chesterfield, some recipe book compilers frequently favor the non-surgical options in those disorders thought to admit “therapeutic dualism,” either medical or surgical approaches.<sup>31</sup> Moreover, they recount medical and surgical failures and contrast them to their own successes, thereby presenting their own cures as preferable and superior to surgeons’.

We will explore these inclinations by looking at three sites of contention: the treatment of stones, cataracts, and wounds. Surgeons used invasive procedures for all three. They removed bladder stones by lithotomy and treated cataracts by couching. They also used tents in treating wounds. These were rolls of fabric or purpose-built metal tools intended to facilitate drainage.<sup>32</sup>

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29 Lady Mildmay read what was probably Bartholomew Traheron's translation *The most excellent worckes of chirurgery made and set forth by maister John Vigoe* (1543) as a child. Field, “Many hands hands,” 51. Stine, *Opening Closets*, 117. Celeste Chamberland has shown that women's wills sometimes included books of surgery. Chamberland, *With a Lady's Hand*, 102. For other examples see Leong, *Medical Recipe Collections in Seventeenth-Century England*, and Rankin, “Becoming an Expert Practitioner.”

I am making a distinction here between lay surgical knowledge and women who practiced surgery with official sanction, through relation to a guild surgeon and/or with a bishop's license. For one woman's application for a surgical license, see Patricia Crawford and Laura Gowing, *Women's Worlds in Seventeenth-Century England* (London: Routledge, 2000), 95-96.

30 Wear, *Knowledge and Practice in English Medicine*, 211. An exception is found in the diary of the North Yorkshire puritan heiress Lady Margaret Hoby, who recorded instances of operative surgeries. So far she is unique in this respect, as no further evidence of this level of operative domestic surgery is known. See Doreen Evenden, *Popular Medicine in Seventeenth-Century England* (Bowling Green: Bowling Green State University Popular Press, 1988), 5, 9, 60, 65-6, and Beier, *Sufferers and Healers*, 218-24. Hoby, *Diary of Lady Margaret Hoby, 1599-1605*, ed. Dorothy Meads (Routledge, London, 1930), and *The Private Life of an Elizabethan Lady: The Diary of Lady Margaret Hoby, 1599-1605*, ed. Joanna Moody (Stroud, Gloucestershire: Sutton, 1998). Generally, see Arthur Lewis Wyman, “The Surgeonesses: The Female Practitioner of Surgery, 1400-1800,” *Medical History* 28 (1984): 22-41, and Evenden, *Popular Medicine in Seventeenth-Century England*, chp. 4.

31 The term is from Michael R. McVaugh, *The Rational Surgery of the Middle Ages* (Firenze: SISMEL/Edizioni del Galluzzo, 2006), 162. See too idem, “Cataracts and Hernias: Aspects of Surgical Practice in the Fourteenth Century,” *Medical History* 45 (2001): 319-40.

32 Beier, *Sufferers and Healers*, 310. On the history of the tent see Daniël de Moulin, *A History of Surgery: With Emphasis on the Netherlands* (Dordrecht: Nijhoff, 1988), esp. 39, 56, 189, and 213. On Ambroise Paré's use of purpose-built silver tents, see John Kirkup, *The Evolution of Surgical Instruments: An Illustrated History from Ancient Times to the Twentieth Century* (Novato: Norman Pub., 2003), 97. Generally, Wear, *Knowledge and*

Lithotomy, couching, and tenting were all, to varying degrees, dangerous and deeply unpleasant. Recipe books offer remedies for stones (lithontriptics<sup>33</sup>), cataracts, and wounds that avoid these and other surgical approaches, sometimes quite explicitly.<sup>34</sup>

Surgeons both with and without official sanction alike lithotomized.<sup>35</sup> They did so with a fearsome array of tools—specialized lithotomy knives, forceps, gorgereets, tongs, scoops, speculums, and catheters—that could not fail to capture surgeons' and patients' imaginations.<sup>36</sup> The diarist John Evelyn saw a boy undergo the operation and commended his “most extraordinary patience.” “The use I made of it,” he reflected, “was to give Almighty God hearty thanks that I had not ben subject to this deplorable infirmitie” (a state that did not last).<sup>37</sup> His

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*Practice in English Medicine*, 257. Tents differed from issues in not being artificially induced and in being a wound-healing procedure rather than principally evacuative.

33 These have at least as long a history as lithotomy. Pliny, for instance, advocated peony seed infusions. Elisabeth Bennion, *Antique Medical Instruments* (London: Sotheby Parke Bernet, 1979), 75. “Lithontriptic” is a seventeenth-century term, but never used in recipe books. “Lithontriptic, *n.*,” OED.

34 Admittedly, cataracts and stones were, as Pelling and Webster describe them, “special complaints,” which generated their own class of specialist healers. No class of healers, however, entirely ceded either, making them fruitful places to investigate boundary maintenance. Pelling and Webster, “Medical Practitioners,” 233.

35 On lithotomy in early modern Europe, see: Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 114, 217; Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 24-5, 317, 317n138, 556-59, 565, 707-8, 482, 489, and 556; Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge: Cambridge University Press, 1988); and de Moulin, *A History of Surgery*, 14, 24, and passim. For England in particular, see Roy Porter, *Quacks: Fakes & Charlatans in English Medicine* (Charleston: Tempus, 2000), 106, 122; Annals, 313, 317, 352, and passim; and Wear, *Knowledge and Practice in English Medicine*, 213 and passim.

The following discussion of lithotomy relies on the following: Harry S. Shelley, “Cutting for the Stone,” *Journal of the History of Medicine* 13 (1958): 50-67; E. Riches, “The History of Lithotomy and Lithotritry,” *Annals of the Royal College of Surgeons of England* 43, no. 4 (1968): 185-199; De Moulin, “Cutting for the Stone in the Early Middle Ages,” *Bulletin of the History of Medicine* 45 (1971): 76-9; Bennion, *Antique Medical Instruments*, 75-6; McVaugh, *The Rational Surgery of the Middle Ages*, 149-55; L.J. Murphy, “Self-Performed Operations for Stone in the Bladder,” *British Journal of Urology* 41, no. 5 (1969): 515-29.

36 Images of the tools discussed are in K.S. Grooss, *Early Surgical Instruments* (Leiden: Museum Boerhaave, 2004), 80-94, and Bennion, *Antique Medical Instruments*, 63, 75-85, 91. For a surgeon's vivid descriptions of his tools, see John Bell and Charles Bell, *The Principles of Surgery*, 2<sup>nd</sup> ed. (London: for Thomas Tegg, 1826), vol. 4, 60-1. A wonderful source for the patient's perspective is the baroque composer Marin Marais's composition *Le Tableau de l'Opération de la Taille* (1725). F.S. Haddad, S. Flamant, and Labib Haddad, “Marin Marais, 'Le Tableau de l'Opération de la Taille,’” *Acta Belgica Historiae Medicinae* 7, no. 2 (1994): 66-70. S. Evers, “*Tableau de l'opération de la taille* von Marin Marais (1725)—Eine Steinschnittoperation in Musik dargestellt,” *Urologe* 32 (1993): 254-259.

37 Evelyn, *The Diary of John Evelyn, Esq., F.R.S.: from 1641 to 1705-6: with memoir*, ed. William Bray (London: Fredrick Warne & Co., 1889), 204. See also Lynda Payne, *With Words and Knives*, 60. Evelyn's younger brother,

friend Samuel Pepys was lucky to survive his 1658 operation—Thomas Hollier's next four patients died. Pepys celebrated his survival on the anniversary of the operation for years after.<sup>38</sup>

Recipe books abound with recipes for lithontriptics that promise to dissolve stones and void “gravel.” One recipe for a salve marvels that it “hath browght two stons from one woman.”<sup>39</sup> A second, Mrs Redford's recipe for curing gravel, “has cured some persons that have had a stopage of water for 10 days together.”<sup>40</sup> Another recipe, attributed to a Dr. Palmer,

was prescrib'd by the Doctor to a Brother of his own, who was to be cut at 26, and was cur'd by it, and the Stone dissolv'd... and he lived after it untill he was fourscore. The like effect it had upon the Lady Packhurst Who was miserably tormented, and also had an Ulcer in her Kidneys and has been at ease and well for 17 Years.<sup>41</sup>

Other recipes imply that stone formation is due to a deeper underlying problem, as in one example that promises not only to dissolve stones and gravel “but also to destroy the very Cause thereof so as it will not return again.”<sup>42</sup> Recipes frequently promise to keep readers free of stones. One cure liberated the writer John Finet for more than a dozen years, “when before he was troubled with it very much.”<sup>43</sup> Cutting could not achieve these outcomes, meaning that those who

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Richard, was a fellow sufferer. Richard was so terrified of the operation that he could not go through with it. He underwent “exceeding torture” from a nutmeg-sized stone but was “all along averse from being cut.” He “at last consented and it came to the operation and all things prepar'd his spirit and resolution failed.” He died three days later. Evelyn, *The Diary of John Evelyn*, 344. Payne, *With Words and Knives*, 61, discusses this episode.

The operation had many dangers, including sterility, impotence, incontinence, and fistulas. The Barber-Surgeons' Company's records testify to its danger. In 1605, for instance, Pascall Lane was fined for not presenting a child whom he cut for the stone and who died from the operation (Annals, 327).

38 Although by 1669 it was sufficiently distant for him to have forgotten the space of time that separated them. “[H]ow many years I do not remember but I think it to be about ten or eleven.” *The Diary of Samuel Pepys* (London: Macmillan, 1905), 1, 18, 74, 121, 186, 251-2, 307, 318, 477, 732, 734. Pepys did not begin his diary until after the operation. Hollier was a member of the BSC, and the two were friends. On the patients after Pepys see Payne, *With Words and Knives*, 36.

39 NYPL ms 6, fol. 55r.

40 NYPL ms 12, fol. 7r.

41 J.H., vol. II, pg. 173. Without any further information it is difficult to determine who this practitioner was. Munk's *Roll* lists a number of Palmers who would have been active at this time.

42 NYPL ms 10, fol. 140r: It “gives perfect ease in a minute in the most torturing Pain of this Distemper.”

43 NYPL ms 2, fol. 67r. This manuscript has at least one other cure linked to Finet (46r). NYPL ms 12, 18v: “it should be taken twice a year to prevent ye growth of any gravell.” Chesterfield experienced a cure similar to Finet's. Joyce, fol. 86-7.

made it through might have to go under the knife again. Pepys was not just celebrating his survival, but also his continued freedom—which did not last, as his diary and autopsy reveal.<sup>44</sup>

Couching, like lithotomy, was the province of both guild surgeons and unsanctioned operators.<sup>45</sup> Contemporaries knew that it could cause blindness and worse, as the unhappy outcomes of Johann Sebastian Bach and George Frideric Handel's ocular surgeries illustrate.<sup>46</sup> The historian Daniël de Moulin places it, along with lithotomy, among the “dangerous operations” for which surgical guilds would license empirics while requiring close supervision.<sup>47</sup> Thus when the London Barber-Surgeons' Company (BSC) licensed Mathias Jenkinson for couching and cutting “for the wry neck & the hare lip,” it specified that he could do so only provided “hee call the p[re]sent Mrs of this Company in every such Cure.”<sup>48</sup> The guild had no illusions about the dangers of the operation.

Recipe books once again provide and prefer non-cutting alternatives.<sup>49</sup> Often calling them “pins” or “pearls,” recipes claim to heal cataracts with medicines dropped into the eye, compresses, and similar means.<sup>50</sup> Some suggest that only the earliest formations can be treated

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44 Claire Tomalin, *Samuel Pepys: The Unequalled Self* (New York: Alfred A. Knopf, 2002), 370. Beier, *Sufferers and Healers*, 149-50.

45 The physician and surgeon Alexander Read placed cataracts under the guild surgeon. Wear, *Knowledge and Practice*, 213. Note however that as with lithotomy, Brockliss and Jones argue that it was only after 1700 that corporative surgeons took up couching, couching techniques became general rather than secret surgical knowledge, and skill in the operation an entry requirement. *The Medical World of Early Modern France*, 482, 554, 559, 563-64, 645, 649, 654-55. See De Moulin, *A History of Surgery*, 46, and Porter, *Quacks*, 68, 71.

46 D.M. Jackson, “Bach, Handel and the Chevalier Taylor,” *Medical History* 12 (1968): 385-93. Earlier views on the danger of the operation are surveyed in McVaugh, *The Rational Surgery of the Middle Ages*.

47 De Moulin, *A History of Surgery*, 69-70. For images relating to couching, see Heinz Goerke, *Medizin und Technik: 3000 Jahre ärztliche Hilfsmittel für Diagnostik und Therapie* (Munich: Callwey, 1988), 196-97.

48 *Annals*, 329. Jenkinson did not follow that injunction, and a year later he was “dischardged from his practize in Surgery for that hee hath not observed the articles of his Toller[a]c[i]on and for his evell & unskilfull practize.” For other examples, see *Annals*, 324-25.

49 In so doing, they go against a body of self-help advice that held that the treatment of the ailment was only appropriate to the learned, who used “the Light of Medicine, and all the Dexterity of Chirurgy” in their treatment. Nicolas Andry, *Orthopaedia* (1743), the English translation of his *L'Orthopédie*, quoted in Brockliss and Jones, *The Medical World of Early Modern France*, 449-50. This is still an area of interest within alternative medicine, as are “natural” lithontriptics.

50 See “pin, *n.*,” and “pearl, *n.*” and *adj.*,” in OED. There is a rich language for ocular complaints during this

with medicines, as in one recipe that cures “Catara[c]ts if not too far gone, and it strengthens the Sight and Memory.”<sup>51</sup> That logic underlay cures like those in Thomas Palmer’s *The Admirable Secrets of Physick and Surgery* (1696), which first advocated gentler recipes but, if those failed, urged readers to “proceed to manuell operation & to pricking with a Needle.”<sup>52</sup> Such reservations are by no means universal, though.<sup>53</sup> Indeed, many recipes promise to not only perfectly cure various eye ailments (including webs and skins growing over the eye and rheums), but also to restore sight to the blind.<sup>54</sup>

Just as lithotomy and couching were standard surgical treatments for stones and cataracts, so was tenting for wounds.<sup>55</sup> The procedure caused such pain that it presented the operator with the problem of ensuring compliance. The surgeon Daniel Turner documented one of what must have been innumerable patient rebellions against the tool. His patient, a defiant woman with breast ulcers, removed his linen (“lint”) tent one night with her nurse’s help. She was “not so pliable” as he would have liked. He considered refusing further treatment, but finally decided to try once more. The next day “she complained exceedingly of her Pain,” but he refused to remove the tent. Finally, “her Courage... failing, or her Pain surmounting, knowing it was in her Power to ease herself, if I refused,” she informed him that if he did not “she would pull out the Tent herself.” Only when she fell into “a sort of *Deliquium*, or *Lypothymy*,” could he treat her as he

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period. “Cataracts” was also used, though not as frequently in the recipe books considered here.

51 J.H., vol. II, pg. 86.

52 Thomas Palmer, *The Admirable Secrets of Physick and Chyrurgery*, ed. Thomas R. Forbes (New Haven: Yale University Press, 1984 [1696]), 112. He drew on Woodall (*ibid.*, 15, 30).

53 See e.g. NLS ms 5112, fol. 34v, 35r-v (which promises “you shall be whole”), 36r-v; NLS ms 15912, fol. 67r; NYPL ms 12, fol. 24v-25r, 43r; NYPL ms 8, scn. 1, pg. 3, 4; J.H., vol. I, pg. 139 and vol. II, pg. 54 (“Twill preserve sight”), 55, and 120-1; NYPL ms 9, 92r; NYAM ms Folio Receipts for Medical Remedies, fol. 23r; NYPL ms 11, pg. 4.

54 NYAM ms Folio Receipts for Medical Remedies, fol. 15r; J.H., vol. I, pg. 59 and vol. II, pg. 54. NLS Adv. Ms 23.6.5, fol. 35r.

55 For instance, Beier has shown that Joseph Binns used them regularly. Beier, *Sufferers and Healers*, 69, 80.

saw fit.<sup>56</sup>

Considering how unpleasant tents were, it is no surprise to find recipes that promise to avoid them. One seventeenth-century recipe for a sore breast poultice offers to dissolve swelling in the breasts without needing either the application of another salve or the use of a tent. Another for swollen breasts from the same book claims that “by gods help it shall breake it without any tent and soe heal it.”<sup>57</sup> In some cases a tent, like lithotomy or couching, may have been the last resort. One recipe of this sort avoids a tent as long as the wound has not festered.<sup>58</sup> Another book's recipe for a “white poultice,” however, even works with old or gangrenous sores.<sup>59</sup> The presence of no-tent promises in sore breast recipes suggests that tents were widely unpopular.<sup>60</sup> Even when recipes do not explicitly promise to avoid tents, the many remedies for sore breasts, breast cancer, and other breast ailments may perhaps be read, like lithontriptics recipes, as implicitly doing so.

These three examples by no means exhaust the range of recipes that avoid surgery. There are recipes to extract earwigs; shards of bone, iron, and wood; bullets; and thorns by coaxing them out without tools. A “friend” of the compiler who identifies herself<sup>61</sup> as J.H. “procured me out of holland” one recipe that “cured Sir John Mince who was run through the body and lungs and had sore wounds in a sea fight.” It “causes bullets to come forth that have lain years.”<sup>62</sup>

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56 Daniel Turner, *The art of surgery: in which is laid down such a general idea of the same, as is ... confirmed by practice, ... In two volumes. The sixth edition, corrected. By Daniel Turner; ...* (London, 1741-42), vol. 2, 362-5. Payne, *With Words and Knives*, 94-6, discusses this case. “Deliquium” and “lypothymy” both refer to fainting.

57 NYAM ms Folio Recipes for Medical Recipes, fol. 26v and 27r.

58 J.H., vol. II, pg. 191-3.

59 NLS Adv. Ms. 23.6.5, fol 23r.

60 See too NLS ms 15912, fol. 23v.

61 Although I have been unable to identify J.H., it is clear from later comments in the book that she is a woman. See below, n87.

62 J.H., vol. II, pg. 205-6. For examples of other extraction recipes, see: thorns (J.H., vol. I, pg 9), drawing out earwigs (ibid., vol. I, pg. 32, 147; NYPL ms 10, fol. 140v), drawing out broken bones (J.H., vol. I, pg. 116), and iron and wood (J.H., vol. II, pg. 191; NYPL ms 11, fol. 57v).

Some miraculously cure compound fractures, broken bones, and cut sinews, like the simple application that can “heale any wound or bone or sinew that cut in sunder.”<sup>63</sup> The claims sometimes recall Don Quixote's infamous Fierabrás's balm and our hero's instructions to Sancho:

whenever in any battle you see my body cut in two—as very often happens—all that is necessary is for you to take the part that lies on the ground... and fit it very neatly and with great nicety upon the other part that remains in the saddle... Then you will give me but a couple of swallows of the balm... and you will see me sounder than an apple in no time at all.<sup>64</sup>

Efficacy claims inspired ridicule from some, but recipe books attest to considerable faith in remedies' healing powers.

It is important to note here that resistance to surgery, surgeons, and surgical technology is not universal. There are, for instance, recipes *for* tents.<sup>65</sup> Nonetheless, compilers highlighted when remedies avoided surgery. J.H. tells the story of a woman saved from a mastectomy: “This was used to a Woman whose Breast was to be cut off but was not broke, & kep't her many Years without any pain or trouble, & at last dy'd of another disease—La[dy] Childs knew the woman.” She also reports on Mrs. Hearing, “Who was to have been Tapped” for her dropsy.<sup>66</sup> With or without such stories, compilers collected medicinal cures for ailments for which surgeons cut. J.H. has two for the “going forth of the fundament” (anal prolapse).<sup>67</sup> Woodall charges, by

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63 NYPL ms 11, fol. 62r. For other examples, see NYPL ms 11, fol. 62r; J.H., vol. II, pg. 116 and 117. These sometimes sound fantastic, as in the case of “Ane excellent oyll, to close a wound or shut a bone cut in two.” NLS ms 15912, fol 27v.

64 Miguel de Cervantes, *The Ingenious Gentleman Don Quixote de la Mancha*, trans. Samuel Putnam (New York: Viking, 1949), vol. 1, 76. Sancho later learns, to his horror, that the balm does not have so happy an effect. A recipe in NYPL ms 5, fol. 15v, claims that for deep wounds (even straight through the body), “sinnewes that are prick'd,” and wounds from “vennom'd” weapons, “I dare undertake with this to cure any such wound as absolutely in each respect, if not sooner as any man whatsoer shall or may with naturall Balsomes.”

65 Field, “Many hands hands,” 63. See too Stine, *Opening Closets*, 115.

66 This presumably refers to paracentesis or another evacuative procedure. See Gunther B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge: Cambridge University Press, 1986), 217.

67 J.H., vol. II, pg. 15, 52, 62, 117-8.

contrast, that surgeons were apt to instead “cut it [the “ars gut”] off.”<sup>68</sup> Another recipe book has a handful of recipes for the same complaint. Again, all are medicinal—based on red nettles, suet, garlic juice, and hartshorn.<sup>69</sup> It must have been a relatively rare complaint, but considering the surgical options it is no surprise that compilers were concerned to collect non-surgical remedies.

Resistance may indicate resonance with some of the negative cultural constructions of surgeons. One set of damning associations linked surgeons, butchers, and executioners.<sup>70</sup> The connection to the executioner, himself also known as a “butcher,” was particularly troublesome. The two met at Tyburn, where the BSC received its bodies for anatomizing and provided the final punishment for the most unlucky London criminals.<sup>71</sup> How these views of surgeons affected patients' decisions about health care remains unclear, but their currency suggests that many equated surgeons with violence, torture, and death.

The negative stereotyping of surgeons in recipe books, however, tends to focus on failure rather than brutality. A lack of licensed medical men traditionally justified lay practice of physick.<sup>72</sup> That logic drives some recipes, like the balsam that is “very convenient when the

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68 See discussion below, pg. 24 and n108.

69 NLS ms 5112, fol. 42v. There is another recipe based on “apostolicum,” which I have been unable to identify. It seems likely that the name comes from the Latin *apostolicus*.

70 Christopher Lawrence, “Medical Minds, Surgical Bodies: Corporeality and the Doctors,” in idem and Steve Shapin (eds.), *Science Incarnate* (Chicago: Chicago University Press, 1998): 156-201, here 184-87: “Even worse for surgeons... is that they were also lumped with butchers,” a trade which inspired many grim views. Indeed, John Locke, Jonathan Swift, and Bernard Mandeville all claimed, incorrectly, that neither trade could furnish jurors because of the inherent brutality of their work.

71 “Butcher, *n.*,” 2a., in the OED: “An executioner; one who inflicts capital punishment or torture.” The earliest instance of this sense is c.1450. Ruth Richardson, *Death, Dissection and the Destitute*, 2<sup>nd</sup> ed. (Chicago: University of Chicago Press, 2000), and Peter Linebaugh, “The Tyburn Riot Against the Surgeons,” in D. Hay *et al* (eds.), *Albion's Fatal Tree: Crime and Society in 18th-Century England* (New York: Pantheon Books, 1975): 65-117. As the surgeon shared in punishing, so the executioner was imputed healing powers. See Mary Fissell, “Introduction: Women, Health, and Healing in Early Modern Europe,” *Bulletin of the History of Medicine* 82 (2008): 1-17, here 11.

72 See Norman Gevitz, “Samuel Fuller of Plymouth Plantation: A 'Skillful Physician' or 'Quacksalver'?,” *Journal of the History of Medicine and Allied Sciences* 47 (1992): 29-48, and Charles Rosenberg, “Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*,” *Bulletin of the History of Medicine* 57, no. 1 (1983): 22-42. This tradition is also discussed briefly in Wear, *Knowledge and Practice in English Medicine*, 228, and Evenden, *Popular Medicine in Seventeenth-Century England*, chp. 1.

patient wants either money or the opportunity of a surgion.”<sup>73</sup> Others have to do with a different sort of absence, though—with physicians and surgeons abandoning their patients. The charge was not unique to domestic healers. Medical competitors of all sorts leveled it against their opponents. It implied a slew of negative characteristics including incompetence and concern with reputation over the Christian imperative to care for the suffering. Practitioners often claimed in addition that they had cured the abandoned ill, at once proclaiming their skill and charity. The Dutch physician Joannes Groenevelt invoked both claims when threatened by the Royal College of Physicians. He warned the president and censors that he would publish a book touting his cures “even in cases abandoned by eminent fellows of the college.”<sup>74</sup> The gentlewoman Elizabeth Freke (d.1714) relates that when “all expected” that her son “would be A Cripple or dye of his Legg, he haveing bin given over by the Doctters & Surjans,” she alone was able to heal him.<sup>75</sup> Chesterfield likewise recounts that he once had a fever that was so bad “that I was given over by three [of] the best Physicians in London.” “I saw,” he recalls, “the old Women come to my Bed-side to lay me out.”<sup>76</sup> As in Freke's example, these stories usually end with the abandoned patient saving him- or herself, or being saved by a domestic healer.<sup>77</sup> Sometimes the stories are of women triumphing over men, as in this case: “With this Powder only, Please to Observe, The Foundress cured a Man, given Over by the Surgeons, who had Kept his Bed a Fortnight, in Expectation of Death.”<sup>78</sup> Historians have argued that domestic medicine was a sort of first aid,

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73 NYPL ms 8, scn. 1, pg. 8.

74 Harold Cook, *Trials of an Ordinary Doctor: Joannes Groenevelt in Seventeenth-Century London* (Baltimore: Johns Hopkins University Press, 1994), 12.

75 Elizabeth Freke, *The Remembrances of Elizabeth Freke, 1671-1714*, ed. Raymond A. Anselment (Cambridge: Cambridge University Press, 2001), 43. See Raymond A. Anselment, “‘The Wantt of health’: An Early Eighteenth-Century Self-Portrait of Sickness,” *Literature and Medicine* 15, no. 2 (1996): 225-243, here 232, on this episode.

76 Joyce, fol. 56.

77 For more examples, see J.H., vol. 2, pg. 37, 38, 52, 73, 79, 125; NYPL ms 12, fol. 11v; and NLS ms 5112, fol. 45r.

78 NYPL ms 13, fol. 13r. On similar stories in the Italian context, see Guido Ruggiero, “The Strange Death of

the precursor to “professional” healing. These stories suggest otherwise.

Indeed, the stories in recipe books portray domestic healers as resourceful or eminently skillful. Many document extraordinary lay medical successes. One particularly popular story accompanying recipes against the bite of a mad dog tells that the remedy was discovered in Lincolnshire's Calthorpe Church. A whole town was bitten. Those who used the recipe survived; those who did not died.<sup>79</sup> In another, a Captain Whittings jury-rigs his tobacco pipe to make a fumitor for his infant son: “this cured the Capt's Child which was an infant newly born and had soe many fitts as it was Laid by for dead hee Lived to be a man and never had a fitt more.”<sup>80</sup> Such stories also provided the fanciful origins of famous cures. The eponymous creator of Lucatella's balsam, a popular universal, is said to have used his remedy when “scalded with boyled grease of a Hogg and boyled Lead, And being pearced through with a Sword.”<sup>81</sup> Many of these stories also attest to the good that laypeople did. The “Lady Eliz. Hatcher ajures that her Granmother Dalaralls had cured above 500 persons” with one recipe, and after her marriage “she cured many more.”<sup>82</sup> These and others retain the flavor of hagiographical miraculous cures, which also often feature orthodox practitioners failing to save their patients.<sup>83</sup>

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Margarita Marcellini: *Male, Signs and the Everyday World of Pre-modern Medicine*,” *American Historical Review*, 106 (2001): 1141-1158, here esp. 1152-53. One recipe even implies that a doctor forsook his own wife, who cured herself: “this was proved by Dr Coleman's wife who was in soe weake condition that shee was given over by the Doctor.” NYAM ms Folio Recipes for Medical Remedies, England, 17<sup>th</sup> century, fol. 5r.

79 I have found variants of this story in the following: Joyce, fol. 11-12; NYPL ms 12, fol 23r; Eliza Gutch and M.G.W. Peacock, *Examples of Printed Folk-Lore Concerning Lincolnshire* (London: David Nutt, 1908), vol. 5, 121; Katharine Frances Doughty, *The Betts of Wortham in Suffolk, 1480-1905* (London: John Lane, 1912), 166; and *European Magazine and London Review* 58 (July-Dec., 1810), 315. The story's combination of religion and relative antiquity occurs in other cure-in-church stories like one taken down during the 1747 cattle plague, “said to be found in a Manuscript in Washin[g?]borough[, also in Lincolnshire?] Church Bible,” set down three centuries prior. NYPL ms 10, fol. 133v.

80 NYAM ms Folio Receipts for Medical Remedies England 17<sup>th</sup> Century, fol. 18r.

81 NYPL, ms 8, scn. 2, pg. 9.

82 NYPL ms 12, fol. 10r.

83 They differ importantly, however, in generally featuring naturalistic remedies. On the importance of the distinction, see Gianna Pomata, “Practicing between Earth and Heaven: Women Healers in Seventeenth-Century Bologna,” *Dynamis* 19 (1999): 119-143.

At the same time, compilers did not despise traditional medical authorities or contemporary practitioners. Recipes often mention members of the medical guilds as having useful skills and knowledge. They refer readers to apothecaries, for instance, for ingredients or preparation.<sup>84</sup> While references to learned practitioners' hallowed medical authorities are not numerous, they do occur.<sup>85</sup> One compiler references “Arnoldus de Velle,” another Dioscorides.<sup>86</sup> More often they speak of contemporary medical writers and practitioners, including figures like George Cheyne, John Colebatch, Richard Lower, Thomas Willis, Sir William Read, George Bates, and Sir Théodore Turquet de Mayerne. Those without official sanction surface just as frequently—figures like Elizabeth Tillotson, Hannah Wooley, and the bonesetter Charles Thurland, not to mention numerous friends, neighbors, and relatives.<sup>87</sup> Often the same book will in fact feature members of warring medical communities. Thurland, for instance, came in for censure by surgeons like Richard Wiseman. The bonesetter worked at St. Thomas's Hospital, where he cared for the patients surgeons would not treat or considered incurable.<sup>88</sup> That

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84 NYAM ms Folio Receipts for Medical Remedies England 17<sup>th</sup> Cent., fol. 23v, for instance: “For A Purgenge Ale send this note to the Apothecary as they ought to be which hee knows very well how to doe it.” For other examples, see Leong, *Medical Recipe Collections in Seventeenth-Century England*, 104-105. On the relationship with orthodox practitioners generally, see Leong and Pennell, “Recipe Collections and Medical Knowledge,” 144. Anselment has noted Freke's “ambivalent attitudes towards the physicians, surgeons, and apothecaries she both scorned and sought.” *The Remembrances of Elizabeth Freke*, 3.

85 In this respect they resemble Cabré's “open” collections. “Categories of Health Care in Late Medieval Iberia,” 49: “references to books are minimal.”

86 J.H., vol. I, pg. 59; NYPL ms 8, pg. 7. I assume that the first refers to Arnaldus de Villa Nova, sometimes called Arnaud de Ville-Neuve. Assion has also found a recipe that cites Arnald. “Das Arzneibuch der Landgräfin Eleonore,” 337.

87 NYAM ms Recipe Book England 18<sup>th</sup> Century, recipes #73, 81 and 82; NYPL ms 12, fol. 31r-v, 33r, 36r; and J.H., vol. II, pg. 168-169, 195-6: she says Lower cured her leg, gave her syrup of steel and plague water. *Ibid.*, vol. II, pg. 129-131, says Willis gave pills for the spleen and the plague, and Lady Kent's powder. (Itself referencing Elizabeth Grey's *A Choice Manual, or Rare Secrets in Physick and Chirurgery Collected and Practised by the Right Honourable the Countess of Kent, late deceased*). *Ibid.*, vol. II, pg. 201, also claims that Willis gave her snail water when her blood was sharp during pregnancy. This claim is the best evidence that J.H. was a woman.

88 F.G. Parsons, *The History of St. Thomas's Hospital*, 3 vols. (London: Methuen & Co., 1932-36), vol. 2 (1600-1800), 107-8. Michael McVaugh, “Richard Wiseman and the Medical Practitioners of Restoration London,” *Journal of the History of Medicine and Allied Sciences* 62, no.2 (2006): 126-40. Thurland emerges from Wiseman's account as an untrustworthy, deceitful threat. *Severall chirurgicall treatises by Richard Wiseman*

compilers could overlook such divisions suggests that a source's place in the official medical hierarchy—or the social hierarchy, as one recipe attributed to prisoners shows—did not determine a recipe's reliability.<sup>89</sup> Other factors determined their selections.

The stories that we have been considering are “efficacy claims,” accounts of the virtues, powers, and relative benefits of a given remedy.<sup>90</sup> They fit within a culture of proof that valued autoptic experience by the compiler or a trusted source.<sup>91</sup> Not all collections contain such claims, and some that do use marking systems that cannot be decoded (dots or “X”s, for instance) or tell us relatively little (“probatum est,” “examm'd,” etc.). Those that do, however, allow us to see what sorts of stories compilers found compelling (or worthless, in those cases where they disparage recipes or cross them out). Indeed, Leong and Pennell read these “personalized testimonials” as providing compilers with “an additional level of assurance of the value of the

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(London: by E. Flesher and J. Macock, for R. Royston and B. Tonk, 1676), Wing W3107, 293-4. Johanna St. John's recipe book also has a recipe attributed to “Thirland.” Stine, *Opening Closets*, 155.

89 NYAM ms Duncumb, fol. 30r: “The above was call'd, Thieves Vinegar, from the Circumstance of four Thieves, who were in prison escaping a contagious disorder, when all the Town & prison besides were ill, & obtained their Freedom on condition they would publish the means whereby They escaped .” As Harkness concludes: “we cannot always rely on obvious occupational links or professional training to guide us” in determining who was thought to have useful knowledge. *The Jewel House*, 219. Stine, *Opening Closets*, v: “There is no sense that contemporary assessments of medical authority followed hierarchy, corporate status and privilege. Rather, the most important characteristics of a credible person were reputation as established by personal knowledge or reliable recommendation, and experience with successful cures.” In terms of the historiographical debates over “facts” and proof, recipe books fit well within Barbara Shapiro's pluralistic vision of who could speak with credibility. Barbara J. Shapiro, *A Culture of Fact: England, 1550-1720* (Ithaca: Cornell University Press, 2000). She diverges sharply from what she calls the “Gentlemanly Thesis” of Steven Shapin, *A Social History of Truth* (Chicago: University of Chicago Press, 1994). It would be interesting to see whether her thesis about the legal root of theories of facts can be applied to these sources.

90 Claire Jones, “Formula and Formulation: 'Efficacy Phrases' in Medieval English Medical Manuscripts,” *Neuphilologische Mitteilungen* 99 (1998): 199-209. I have opted for “efficacy claims” over her “efficacy phrases” because the stories and other evidence presented in my sources are longer and more intricate than those in hers. Assion calls them “Heilexempel.” “Das Arzneibuch der Landgräfin Eleonore,” 337. Leong tracks the use of efficacy claims and concludes that men were more likely to use them and that their use increased through the seventeenth century. Leong, *Medical Recipe Collections in Seventeenth-century England*, 111-12.

91 Leong and Pennell, “Recipe Collections and Medical Knowledge,” 139: “Much of the credibility that compilers gave to recipes seems to have depended on their view of the trustworthiness of the donor and his/her experience.” The importance of personal experience is seen in usage notes like this one in NYPL ms 4, fol. 68v: “Note I leave out ye Mirh by reason it occasions vomitings & I put in as much saffron in stead of it which I find does very well.”

recipe.”<sup>92</sup> The inclusion of the sorts of efficacy claims we have been considering shows, then, that there was rhetorical power in narratives featuring medical failures, lay successes, and escapes from the knife.

The writings of John Woodall show that some surgeons understood sufferers' negative views of their work and the attitudes that we have been exploring in recipe books. Woodall is a fascinating character who deserves further attention; here I merely wish to show that he was an unexpected witness to these tensions between surgeons and domestic healers. Woodall was a leading London surgeon—the first surgeon-general of the East India Company (EIC) and a BSC master with a post at St. Bartholomew's Hospital. He also wrote *The Surgions Mate*,<sup>93</sup> a classic introduction to naval medicine and one of seventeenth-century England's most influential surgical texts.<sup>94</sup> He was no lover of the unlicensed, but he was concerned to reform surgeons' practice. He thus highlighted surgeons' shortcomings by arguing that the stereotypical “old wife”

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92 Leong and Pennell, “Recipe Collections and Medical Knowledge,” 140. A good example of a book with many “exammed” recipes is NYAM ms Cookbook England 17th-18<sup>th</sup> C.

93 *The Surgions Mate, or A Treatise discovering faithfully and plainely the due contents of the surgions chest* (London: for Edward Griffin, 1617), STC II 25962. I have used the facsimile edited by John Kirkup (Bath: Kingsmead, 1978). In the following, “TSM” is used for this edition. When later editions are cited, I use “TSM” and then the year of publication. Two later editions were published, in 1639 and 1655 (though some historians have erroneously reported three subsequent editions). These are: *The surgeons mate or Military & domestique surgery* (London: by Rob. Young, 1639; London: by John Legate, 1655), STC II 25963 and Wing W3421.

94 For biographical details, see: the laudatory verses by G. Dunn in TSM 1639, sig. A5r-v; James Watt, “John Woodall,” in *Notable Barber Surgeons*, ed. Ian Burn (London: Farrand Press, 2008): 153-78; John H. Appleby, “Woodall, John (1570–1643),” ODNB, and idem., “New Light on John Woodall, Surgeon and Adventurer,” *Medical History* 25 (1981): 251-68; John Kirkup, introduction to TSM facsimile; Geoffrey Keynes, “John Woodall, Surgeon, His Place in Medical History,” *Journal of the Royal College of Physicians of London* 2 (1967): 15-33; Alan Debus, “John Woodall, Paracelsian Surgeon,” *Ambix* 10 (1962): 108-18; D'Arcy Power, “The Surgeons Mate by John Woodall,” *British Journal of Surgery* 16 (1928): 1-5; G.M. Longfield-Jones “John Woodall, Surgeon General of the East India Company,” *Journal of Medical Biography* 3 (1995): 11-19, 71-78; *Annals*, 8, 136, 334, 336, 367-68; Norman Moore, *The History of St. Bartholomew's Hospital* (London: C.A. Pearson, 1918); and J. Harvey Blood and R. Rutson James, *Medical Practitioners in the Diocese of London, Licensed under the Act of 3 Henry VIII, c.11: An Annotated List, 1529-1725* (Cambridge: Cambridge University Press, 1935), 22-4. Woodall is now best known for being an early champion of treating scurvy with lemon juice and for his claim that he invented the trephine. On the latter, see Robert Arnott, Stanley Finger, and C.U.M. Smith, *Trepanation: History, Discovery, and Theory* (Lisse: Swets & Zeitlinger B.V., 2003), x, xii, 300, 304, 311, 322, 348. He also worked at the EIC hospital at their docks and the hospital at Thomas Sutton's London Charterhouse.

could compete with them or even be a superior healer. He held that surgeons, with their powerful tools, were too quick to attempt dramatic therapies, while old wives did no such thing. Their simple, gentle recipes did not, at the very least, impede nature's healing.

He introduced these points in work that was intended for, and appears to have found, a popular readership. The title of the first edition of *The Surgions Mate* indicates that it was “[p]ublished chiefly for the benefit of young sea-surgions, imployed in” EIC “affaires,” in fact the “weaker sort of such Surgions.”<sup>95</sup> It also includes material for a domestic audience, though. He discusses the treatment of “womens sicknesses” that are “not seene at Sea,” and even declares that one cordial helps not only “in the very remotest parts of the earth,” but “also heere at home.”<sup>96</sup> In a 1640 pamphlet he also claims that parts of the book had been intended for a popular readership, and in the second edition of his book, published a year earlier, he responded to criticisms that he had revealed the “hidden mysteries of the art to the vulgar.”<sup>97</sup> That at least two recipe collectors took from Woodall shows that he found a popular audience.<sup>98</sup>

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95 TSM, Dedication to T[homas] Smith, begins at sig. ¶|2r, and 160. The book's chief purpose was as a primer on naval surgery and the surgical chests he supplied for the EIC and, at times, the military and navy. It clearly succeeded in this goal as well. Richard Wiseman says as much when he singles out William Clowes and Woodall as his preeminent predecessors in producing elementary surgical texts. They were the two “whose laudable Example I have adventured to follow,” he explains. *Several chirurgical treatises by Richard Wiseman* (London : Printed by R. Norton and J. Macock, for R. Royston ... and B. Took, 1686), Wing, W3108, sig. A4v.

96 TSM, 30, 54. Some examples include (all from *ibid.*): balm water good for “infirmities of the Mother” and easy delivery; *acetum vini* helps excessive menstruation (64, also 87); *oleum succini* helps pregnant women (77); *methridatum damocratis* provokes menstruation and “expelleth other vices of the matrix” (85, also 100 and 105); *adromachus theriac* draws out dead fetuses (85); another treats the whites (86); one generates milk in women's breasts (100). Thus Power is incorrect to read Woodall's assertion that “women in long voyages are rare creatures” (TSM, 230) to mean that he “deals entirely with the diseases and injuries of seamen.” Power, “The Surgeons Mate,” 2. Indeed, that comment is made in “a digression” explaining how *laudanum opiat paracelsi* should be prepared if intended for women.

97 TSM 1639, sig. B4r. *The Cure of the Plague by an Antidote Called Aurum Vitae* (London: by E.P[ur]slowe] for Nicholas Bourne, 1640), STC II 25961, sig. A3r and B3v. Note that the plague pamphlet differs substantially from the *De peste* treatise in the second and third editions of TSM (the title page has been changed in the 1655 edition, but the text itself seems to be the same).

98 Lady Ayscough's 1692 recipe book includes a recipe with the title beginning: “Mr John Woodalls receipt to cure all Itchings in the Eyes...” Wellcome Western ms 1026, pg. 95. This page is reproduced in Tony Gould, *Cures & Curiosities: Inside the Wellcome Library* (London: Profile, 2007), 27. Leong, *Medical Recipe Collections in Seventeenth-Century England*, 282-83, explores a collector who took from Woodall as well.

Considering this wide intended readership and his position, it is striking that Woodall neither restricts his criticisms to novice surgeons nor locates the “weaker sort” only among them. In a later text, his *Viaticum* (1628), he gently suggests that his work is “a loving Remembrancer to the elder, which I pray you to peruse, and vse as you haue occasion.”<sup>99</sup> His earlier work is less forgiving. He suggests throughout that established surgeons are dangerous, and even says that he could name names “but I will bee charitable, hoping they will amend.”<sup>100</sup> His criticisms of practice are severe. A possible indication of just how severe they really were is a change in wording between editions: his 1617 attack on surgeons' use of caustics was changed in the 1639 edition to one on “evill minded and base Empericks.”<sup>101</sup>

At the root of Woodall's critique of surgery is tool use. Tools, I argue, are the defining difference between domestic medical practice and that of the surgeon. Specialized, purpose-built tools were markers of surgeons' artisanal status and permitted much of the work appropriate to the occupation. But even innocuous tools were liable to misuse and thus dangerous. Woodall charges that “many Masters to my knowledge erre g[r]ossely in the true uses” of the simple and ubiquitous syringe, for instance.<sup>102</sup> His agenda thus balanced the need for tools with a program aimed at reforming their use.

The section on tools in *The Surgions Mate*, discussing about 100 examples, is mainly given over to scolding surgeons for their misuse. Incision knives are used where caustics would suffice.<sup>103</sup> The trepan, “an instrument of great consequence,” “is seldome well used” and badly over-applied. Such misuse, he cautions elsewhere, leads “the Artist to be esteemed Butcher-like

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99 *Woodalls Viaticum* (London: by J. Dawson, 1628), STC II 25964, sig. A3v.

100 TSM, sig. ¶¶4v.

101 TSM 1639, 21. In TSM, 32, the phrase is instead “euill minded Surgeons.” And see TSM, 145 and 166 for further critical comments.

102 TSM, 21-22.

103 TSM 1655, 1-2.

and hatefull.”<sup>104</sup> The dismembering saw is “a great and terrible instrument,” the *speculum ani* is to be avoided if possible, and incision shears are “scarce once in a mans life worth the usage.”<sup>105</sup> The ancients used cauterizing irons with abandon, but “by reason of the terror thereof to the Patient” that can no longer be so. He rarely uses them “because of the feare they put the Patient unto, and for speech of people, who are ready to scandalize an Artist upon each light occasion.”<sup>106</sup> Extractors and probes “doe often that harme which is unrecoverable” and tents are sometimes used so poorly that the surgeon will “become an enemy to thy Patient.”<sup>107</sup> Other surgeons are worse than enemies. When the lazy treat *exitus ani* they avoid what “they esteeme base,” preferring cutting to treatment: they cut, “when with as good a conscience they might have cut their Patient his throate.”<sup>108</sup> He later returns to this charge, and declares that those surgeons who kill their patients in this fashion will find that victims’ “blood will cry to God for reuenge.”<sup>109</sup> His criticism of how surgeons take up the lancet is some of his strongest:

when I consider the weakenesse of young men concerning the true use, and the abuses of the same, and that I call to minde how many good men daily hazard, if not loose their lives by the indiscreet use thereof; I am at a pause with my selfe to consider in these few lines I have to writte, what I might say for to furnish the Surgeons Mate wi[t]h best and needfullest admonitions in fewest words.<sup>110</sup>

The surgeon's chemical remedies are as dangerous as his metal tools. Even “a good medicine evill handled, may do much hurt.”<sup>111</sup> Thus “for healing and killing, *Mercurie* hath no fellow,” he avers, and cites “many an innocent soule, who with great infamie perish through the inordanate

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104 Ibid., 3-4. TSM, 134-137.

105 TSM 1655, 5-6, 8.

106 Ibid., 7.

107 Ibid., 8, 47. And on tents see too TSM, 144-145: “Many by a custome keepe tents to the bothome of the greefe so long till they make the disease incurable... Many Surgeons also have a grosse custome of arming tents... with a precipitated *Mercurie*.”

108 TSM, sig. ¶¶4v.

109 Ibid., 216.

110 TSM 1655, 18.

111 TSM, 281.

use.”<sup>112</sup> Antimony “killeth many by the violence thereof vnaduisedly administred, I lament to call to minde what fearefull accidents I haue seene follow the vse thereof.”<sup>113</sup> He concludes in his chemical verses that “Chimicke medicines are to fooles / like swords in mad mens hands.”<sup>114</sup> His criticisms do not inspire confidence in surgeons.

Woodall's concerns were not academic. Much healing was purchased in this period on the basis of cure contracts, and many records remain of cases brought for breach of contract or charges of “evil practice.”<sup>115</sup> The BSC provided a venue for these cases, and its annals contain, among others, the charges that one surgeon cost a patient his teeth and that another performed a wrongful penectomy.<sup>116</sup> In another case a mariner lodged a complaint against a substitute for a pressed surgeon who had “dismembered... his arme” and brought him “in greate dainger of lief.”<sup>117</sup> The lawyer John Manningham records that Tristram Lyde, a surgeon “admitted to practise by the archbishops letters,” was tried in 1601 for “killing divers women by annoyntinge them with quicksylyver, &c.”<sup>118</sup> Any occupational group that put someone through an ordeal like that of Chesterfield, or which wrongfully relieved sufferers of their limbs or lives had to work

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112 Ibid., 49-50, 60-1.

113 Ibid., 111.

114 Ibid., 296. Apparently this image was popular in attacks against other practitioners. James Primrose, in his *Popular Errors* (trans. 1651), and Richard Whitlock, in his *ZOOTOMIA* (1654), both use it to describe female domestic healers. Primrose called the recipe “a sword in the hand of a mad man,” and Whitlock described women as “not unlike blinde Fencers (indeed they kill surer).” Stine, *Opening Closets*, 197-98.

115 Beier, *Sufferers and Healers*, 14: “The [BSC] punished its own members for malpractice.” On cure contracts and their partial decline during the eighteenth century see Pelling, *The Common Lot: Sickness, Medical Occupations, and the Urban Poor in Early Modern England* (London: Longman, 1998), and *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Clarendon Press, 2003). Pomata, *Contracting a Cure*. Thomas R. Forbes, “The Case of the Casual Chirurgeon,” *Yale Journal of Biology and Medicine* 51 (1978) 583-88. Catherine Crawford, “Patients' Rights and the Law of Contract in Eighteenth-Century England,” *Social History of Medicine* 13, no. 3 (2000): 381-410. Cook, *The Trials of an Ordinary Doctor*.

116 Annals, 319-20.

117 Ibid., 144. Also cited in J.J. Keevil, *Medicine and the Navy, 1200-1900*, 4 vols. (Edinburgh: E. & S. Livingstone, 1957-63), vol. 1, 143-44. The BSC pressed surgeons for military and naval service. Annals, 313, 321-22, 338, 344.

118 John Manningham, *Diary of John Manningham, of the Middle Temple, and of Bradbourne, Kent, Barrister-at-Law, 1602-1603*, ed. John Bruce (Westminster: J.B. Nichols, 1868), 23.

hard to convince customers that they would be safe.

Woodall's writings reveal that surgeons' tools were double-edged, so to speak. They permitted deadly misuse, evil practice that was immediately visible and redounded to surgery's disrepute. Yet his own reputation was built, in part, on his technical innovations and his positions supplying and inspecting surgical tools. He is proud of the tools he claims to have invented, the trephine and the spatula mundani.<sup>119</sup> Tools were markers of craft skill and an occupation's membership within the powerful guild community, and surgeons' tools were one of the most visible markers that separated them from others who attended to bodies. During or at the end of his apprenticeship, a young barber-surgeon would frequently receive tools from his master. Pelling shows that Norwich crafts enrollments would often specify the tools to be provided, and that one-third of barber-surgeons' enrollments promise tools like barbers' cases or bags, basins, scissors, shaving cloths, ewers, and combs.<sup>120</sup> For these apprentices, tools marked their graduation to full artisanship, and thus citizenship and manhood.

Surgeons were synonymous with their tools. In fact, Beier has suggested that tool use may have been less common than prescriptive texts indicate, a telling detail if she is indeed correct.<sup>121</sup> In any case, tools were essential both to the cultural construction of surgeons and their self-identity.<sup>122</sup> “The barber goes snip snap,” is one ballad's simple conclusion, and in the case of

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119 His pride over the spatula mundani, intended for use with the speculum ani to help remove impacted feces, deserves greater attention, as it suggests that the common assumption that association with bodily effluvia and filth was damning for surgeons may require some revision. The trephine warranted its own small treatise. See TSM 1639, 313-18.

120 Chamberland, *With a Lady's Hand and a Lion's Heart*, 78-9; Pelling, *The Common Lot*, 215.

121 Beier, “Seventeenth-century English Surgery,” and *Sufferers and Healers*, 53 and 84; Binns “was not 'knife-happy’” and his “casebook reveals nothing more clearly than the surgeon's reluctance to use the knife.”

122 The following follows the arguments of Wear, *Knowledge and Practice in English Medicine*, 214-5, and Pelling, “Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England,” in Hilary Marland and Pelling (eds.), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450-1800* (Rotterdam, Erasmus, 1996), 115-117.

some nineteenth-century portraits of barbers the men are quite literally their tools.<sup>123</sup> Tools were “symbolic” of the surgeon's “job,” a reality that did not escape them. The physician and surgeon Alexander Read, for one, held that the “quality of instruments reflected upon the surgeon's public reputation.”<sup>124</sup> The monitoring and care of tools was a constant concern of the BSC. Royal charters affirmed the company's rights to inspect tools, and company records show a great deal of concern over issues like the care of anatomy tools and the mandatory inspections of surgical chests sent out on EIC and Navy ships.<sup>125</sup>

Prominent surgeons' wills boast fine tools. That of Charles Whyte (twice warden) from 1544 specifies the distribution of his “beste Gowne,” his books, valuables, and “all my instruments being made of Iron, style [steel], coper, and brasse which belongethe to the science of surgery.”<sup>126</sup> John Aylef's, from 1556, speaks of his books “and all my Instrument[es] Boxes.”<sup>127</sup> Thomas Vicary noted among his things “appertaining to surgery” his salvatory and silver syringe. Elizabeth I's Sergeant-Surgeon Robert Balthrop's from 1591 is extraordinarily detailed. It describes multiple ornate chests filled with all sorts of tools, including scissors, catheters, syringes, a “splatter,” and many more of various metals, some precious.<sup>128</sup> Woodall's will describes his “best lancetts tipped all with silver,” a “silver salvatories and a competent sett of silver instruments therein used,” and an “old plaister boxe of silver and ebony wth all such

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123 *A merry nev catch of all Trades* (London: for I. Trundle, 1620[?]), Pepys 1.164-165. “The Barber” and “A Barber,” Wellcome ICV, nos. 20021 and 20022.

124 Wear, *Knowledge and Practice*, 214-5.

125 *Annals*, 35-6, 54, 57, 60, 114, 131, 281, 309, 313, 331, and 337. For an introduction to surgical chests, see Anne Mortimer Young, *Antique Medicine Chests: Or, Glyster, Blister & Purge* (London: Vernier Press, 1994). On naval surgical tools in the Tudor era, see James Watt, “Surgeons of the *Mary Rose*: The Practise of Surgery in Tudor England,” *Mariner's Mirror* 69, no. 1 (1983): 3-19.

126 *Annals*, 377-78.

127 *Ibid.*, 519-20.

128 *Ibid.*, 528-32. For similar examples see the wills of Richard Ferris (*Annals*, 524), Peter Thorney (*ibid.*, 539-40), and Martin Browne (*ibid.*, 546-7). Historians of surgery have read these wills largely for the information they give us about the books surgeons owned. See especially Pelling and Webster, “Medical Practitioners,” 176-77 (on Balthrop).

instruments as shalbe found therein.”<sup>129</sup>

Surgical tools were also important because they were firmly gendered male.<sup>130</sup> Much of the work of surgeons was, by contrast, more ambiguous. As bodyworkers<sup>131</sup> caring for the appearance and as members of an occupation with longstanding ties to the bathhouses and prostitution, they came to develop what Margaret Pelling describes as an “ambivalent... gender identity.”<sup>132</sup> Some contemporary depictions give them feminine characteristics that contrast with those explored above: in them they are “physically small, neat, and talkative... manipulative and deferential.”<sup>133</sup> They also did work in their shops that was the province of women in their homes.<sup>134</sup> Shops were spaces for eating and drinking, and Pelling has shown that surgeons were frequently involved in cooking, pickling and preservation, and alcohol production. Shops were also places to relax. Customers would come to gamble, play or hear music, and smoke.<sup>135</sup> Food

129 Qtd. in Appleby, “New Light on John Woodall,” 252.

130 On some of the functions of tools in artisanal culture, see James Farr, “Cultural Analysis and Early Modern Artisans,” in Geoffrey Crossick (ed.), *The Artisan and the European Town, 1500-1900* (Brookfield: Ashgate, 1997), 62. See too James Farr, *Artisans in Europe, 1350-1914* (Cambridge: Cambridge University Press, 2000).

131 I borrow the term from Mary Fissell, “Introduction: Women, Health, and Healing in Early Modern Europe,” *Bulletin of the History of Medicine* 82, no. 1 (2008): 1-17.

132 Pelling, “Compromised by Gender,” 116-7

133 Ibid. But note that Pelling sees surgeons as less compromised than physicians. Surgeons' work was active and their guild had high civic visibility. On the barbers' early association with the baths, see Annals, 24. On surgeons' continued connection to prostitution in the early-modern period, see idem, “Appearance and Reality: Barber-Surgeons, the Body and Disease” in A.L. Beier and Roger Finlay (eds.), *London, 1500-1700: The Making of the Metropolis* (London: Longman, 1986): 82-112. Contemporaries noted the connection between the occupation, prostitution, and VD. The satirist John Earle calls the surgeon “the Playsterer” of the “Building or little house of man” who “deales most with broken Commodities, as a broken Head, or a mangled face” and survives by “the charitie of the Stewes.” He concludes that the surgeon is a “cleanely man, considering the Scabs hee ha's to deale with.” John Earle, *Micro-cosmographie, or, A peece of the world discovered in essayes and characters* (London: by William Stansby for Edward Blount, 1628), STC II 7440.2, sigs. H3v-H5r. Or, as a contemporary ballad put it, the surgeon “[a]rtificially mendeth, / the defect of [f?] the cause of transgression” and “smells of the seringe and Lotion.” *The French Vvhipper;/ Vntrussing seuerally the noted abuse,/ In all sorts of people, which is most in use* (London: for John Trundle, 1624[?]), Pepys 1.174-5.

134 Wear, *Knowledge and Practice in English Medicine*, 49-50.

135 Pelling, *The Common Lot*, 31, 55-7, 203-29, 243-5, and “Appearance and Reality,” 82-112. The connection with music is particularly fascinating. Instruments are overrepresented in surgeons' wills; shops often had cisterns and lutes; and wills indicate that barber-surgeons frequently owned virginals. James Watt notes that a shawm (a woodwind instrument) was found near the surgeon's cabin on the *Mary Rose*, and explains that “[m]usic has been used to assist in the cure of diseases from antiquity.” “Surgeons of the *Mary Rose*,” 14. On apothecary shops as places to exchange information and relax, see Filippo de Vivo, “Pharmacies as Centres of Communication in Early Modern Venice,” *Renaissance Studies* 21, no. 4 (2007): 505-21. For similar sorts of interpretations

and alcohol preparation, attendance to the appearance, and even the treatment of the French pox were also within the remit of domestic work, however, and are consequently major categories in recipe books.<sup>136</sup>

In the face of the dubious gendering of much of their work, the solid cultural meanings of their tools must have been a relief to surgeons. Many artisanal tools, including surgical tools, were cultural markers of masculinity.<sup>137</sup> The very word “blade” was used at the time as a term of affection or mild derision for a young man.<sup>138</sup> As with other trades, the barber-surgeon's tools provided fodder for dirty jokes. One ballad tells of a “tool call'd Tomazor... It is a most delicate Razor / reserv'd for young Women alone.”<sup>139</sup> A beautiful woman, sorely neglected by her husband, comes in search of the fabled tool. The barber she visits demands a guinea for his services. In the end, she gets her money's worth: “Thou art I declare, the best Shaver / that ever I knew in my Life.” He gets his pleasure too; in the end “they blunted his Razor at last.” Another barber's tool, his “Wash Balls,” also provide an irresistible pun.<sup>140</sup> A somewhat less vaunted

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concerning the (sometimes surprising) cluster of occupations that cared for the body, see Fissell, “Introduction,” and Sandra Cavallo, *Artisans of the Body* (Manchester: Manchester University Press, 2007).

136 Snook, “The Beautifying Part of Physic.” For perfume recipes, see e.g. J.H., vol. I, pg. 48, 83, and passim.

NYPL ms 2, 17v, 26v, 27r-v, 29r, 35v, 36r, 42r, 55v, 60r, 67v, 75v and passim. The latter manuscript is probably unrepresentative in including so many perfume recipes. The French pox was very important to surgeons' businesses during this period. Pelling, “Appearance and Reality.” Joseph Binns appears to have had a specialty of sorts in venereal disease. Beier, *Sufferers and Healers*. Siena argues that VD was so important to surgeons that it had the effect of shaping practice in the Restoration period. Siena, “The ‘foul disease’ and privacy.” Compilers collected recipes for it either under the ambiguous term “scald head,” which could also describe an unrelated childhood affliction, or “French pox” itself. On “scald head” standing for the French pox, see Pelling, “Appearance and Reality,” 97-8, 102. For examples of the latter type, J.H., vol. II, pg. 19-21; NYPL ms 11, pg. 36-7.

137 On tools and weapons in sexual metaphors in ballads, see Helen Weinstein, “‘Hammer and Anvil’: Metaphors of Sex in the Seventeenth-Century English Ballad,” unpublished paper presented to the ninth Berkshire Conference on the History of Women, Vassar College, 1993.

138 “Blade, *n.*,” 11a., OED: “A gallant, a free-and-easy fellow, a good fellow; ‘fellow,’ generally familiarly laudatory, sometimes good-naturedly contemptuous.”

139 “Tomazor” is related to the slang term “John Thomas.” See Gordon Williams, *A Dictionary of Sexual Language and Imagery in Shakespearean and Stuart Literature*, 3 vols. (London: Athlone Press, 1994), vol. 1, 744.

140 *THE / St. James's FROLICK* (London: for C. Bates, between 1690 and 1702), Pepys 3.243. See Weinstein, “Hammer and Anvil,” 4. “Ball” already had the slang meaning of testicle in this period. Williams, *A Dictionary of Sexual Language*, vol. 1, 61-3.

barber from Debtford likewise pleases with his “gentle hand” and “Razor.”<sup>141</sup> A third barber, upon discovering that he has been cuckolded on his wedding day (by a butcher, no less), casts off “his Sizzers and Rayzers.”<sup>142</sup> An unmanned barber is apparently one with no tools.

For all the reasons above, tools were indispensable. Woodall's agenda is therefore to reform rather than end tool use. He is consistently supportive of Paracelsus's goal in *Die grosse Wundartznei* (1536) of making surgery “as certain as the art of carpentry,” a masculine, tool-based trade, commonly held to have been that of Jesus, Joseph, and Noah.<sup>143</sup> Woodall delineates the skills that all surgeons and surgeons' mates must have. They must be willing and able to pull teeth, barber and care for barbering tools, use the close stool for purges, and more.<sup>144</sup> Skillful use and care of tools is of the utmost importance, and the mark of a worthy surgeon, though most disdain tending to their tools and feel it “is a base office belonging to meere Barbers and Grinders.”<sup>145</sup> He elevates it, however, explaining that in Germany “for a young man to take a base and ordinary knife,” “to fit it to shaue a beard,” and “to make a Launcet himselfe which will enter smoothly” is “a principall prooffe-peece of mastership in Surgery.”<sup>146</sup> Although not scrupulously followed, the practice of requiring “proof pieces” or “master pieces” to become free

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141 *The Crafty BARBER of Debtford* (London: for John Clark, Jr., 1670s[?]), Wing C6770C.

142 *The VVest-Country Cheat upon Cheat* (London: for F. Coles *et al.* between 1674 and 1679[?]), Pepys, 4.247.

143 Pamela Smith, *The Body of the Artisan: Art and Experience in the Scientific Revolution* (Chicago: University of Chicago Press, 2004), 86, and generally 60-93. Matthew 13:55, Mark 6:3. The association is particularly strong with St. Joseph, who was often portrayed with carpenters' tools.

144 TSM, 14-17, 25-6, 38-9, and *passim*. A change in wording between editions suggests that his demand that mates be able to do barbering work may also have been disturbing to readers. In TSM, sig. A3v, he lists the barbers' tools and explains: “for that the Surgions Mate *by due consequent is to be Barber to the Ships Company.*” However, by TSM 1639, sig. Dv, this has been tempered: “If the *Surgeons Mate* cannot trimme men, then by due consequence there is to be a Barber to the ships Company.” He notes later in a section introduced in the second edition that every city surgeon in Germany “is bred and must be a Barber, and so are all Barber chirurgions.” *Ibid.*, 233.

145 TSM, sig. ¶¶3v.

146 TSM, 3. In the second edition he returns to this theme in a new section, explaining that a German city surgeon must, before taking his office, have “first made his master-piece, and performed some Manuall exercises... as namely... by grinding, and setting a delicate lancet.” TSM 1639, 233.

of a craft guild ideally maintained uniform standards.<sup>147</sup> The BSC had institutions and procedures for determining competence, including a body of examiners (on which Woodall sat). The company sometimes even referred to examinations as giving “a tryall and a prooffe of” one's knowledge.<sup>148</sup> Nonetheless, the problem of setting standards runs through Woodall's work.

Woodall argues for standards with repeated references to domestic healing, in the guise of the old wife. Unlike the surgeons whom he criticizes, old wives do not imperil their patients with bold and drastic interventions. In his censorious comments on surgeons' use of tents, he exhorts readers to instead choose “all soft, gentle, and speedy healing means.”

[F]or by this reason an old wife oftentimes exceedeth a great Artist in healing, for she wrestleth not with Nature as great masters do, and Nature pleased with her milde and simple means is appeased... [and] many Chirurgions never think they have played the workmen till indeed they have made work... [W]hereas if they would proceed mildly, and with sleight Medicines they might oftentimes effect far more then they do, or can... [for] by keeping the grief open long [they] give occasion of deformity, lamenesse, losse of limbs, fistulaes or the like, which very many in the height of their great conceited skill procure... These and the like grosse errorrs, unexcusable before God and man, have brought to the Art a scandal... so that the guilty and unguilty are censured both alike by the common sort, and the one smarteth for the others fault.<sup>149</sup>

He provides examples of what this difference looks like in practice: “I have seene men lamed by the needlesse use of causticke medicines even in light wounds, to which if an old wife had onely applied her one salve for all sores, no such thing had happened.”<sup>150</sup> “I wish rather a Surgeon

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147 M.A. Crawforth, “Instrument Makers in the London Guilds,” *Annals of Science* 44 (1987): 319-377. For an example of proof pieces in a traditional craft guild, the saddle makers, see John Sherwell, *A Descriptive and Historical Account of the Guild of Saddlers of the City of London* (London: Harrison & Sons, 1889), 190-91.

148 Annals, 171, 258, 310-11 (quote). On this process, see Annals, 249-53. TSM 1639, 234: “we not onely examine Chirurgions, and try their skills in that way [etc.]”

149 TSM, 1655, 145-46. In TSM, 154-55. There do not seem to be any notable differences between the two editions here. Both have the marginal gloss “An old wifes medicament better than an vnwise Artists medicine” and “Errors in Surgeons worthy reproofe.” Others made similar arguments about the favorability of the old wife's approach. See e.g. Gideon Harvey, *A theorectical and chiefly practical treatise of fevors, wherein it's made evident, that the modern practice of curing continual fevors is dangerous and very unsuccessful* (London: for William Thackeray, 1674), Wing H1076, 65-66.

150 TSM, 32.

should heale gently,” he concludes.<sup>151</sup> In Woodall, the surgeon and old women are radically different healers: one bold and dangerous, the other unobtrusive and gentle.

Woodall may have wanted his brethren to adopt something of the old wife's approach, but he did not admire domestic practitioners in general. Like many others among the officially-sanctioned, he regarded them as opponents. Both surgeons and physicians competed with domestic healers. Historians have found numerous examples of sufferers who favored the latter, a state of affairs that drew ceaseless complaint from orthodox practitioners.<sup>152</sup> The physician James Hart railed against “the vulgar” who accept “a meere Paralogisme, a fallacie, a deceit” and trust “the most vile wizzard, and most ignorant old wife in the country.”<sup>153</sup> Even those dependent on elite women's patronage complained. William III and Mary II's physician-in-ordinary, Walter Harris, insulated himself by making gentlewomen well-meaning dupes. The “Name of *Cordial*,” he explains, was intended to “deceive those charitable Ladies.” They inadvertently did harm:

living in Country Places at a great Distance from any good Physician, [they] kindly practise Physick among their poor Neighbours, and give *Cordials* for all Sorts of Complaints, or to delight the ignorant with Medicines that seem agreeable to their Palates. For who can imagine that any Harm can happen to him after taking a *Cordial*? And yet it is a Matter of Doubt with some of the best Physicians, *whether* of those who have not died a violent Death, *more have perished by Diseases or by Cordials*.<sup>154</sup>

Woodall also engaged in this contest, wishing the old wife ill and mocking her diagnostic skills.<sup>155</sup>

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151 TSM, 155.

152 For some well-known examples, see e.g. Evenden, *Popular Medicine in Seventeenth Century England*, 76, and Thomas, *Religion and the Decline of Magic* (New York: Scribner, 1971), 14.

153 James Hart, *The anatomie of vrines Containing the conuiction and condemnation of them* (London: by Richard Field, 1625), STC II 12887a, fol. 3v.

154 Walter Harris, *A treatise of the acute diseases of infants[...] Written originally in Latin by [...] Walter Harris, M.D. [...] Translated into English by John Martyn*, 2<sup>nd</sup> ed (London: for R. Baldwin, 1757), 76. First published as *De morbis acutis infantum* (1689), Wing H880. Italics in the original.

155 TSM, 305. In his work on the plague he claims that his description of the signs of the disease are so simple that “each old Wife by her experience, may maintaine her report of the disease, as amply and well as the skilfullest Doctor, in times of contagion.” TSM 1655, 330.

Contemporaries took note of the antagonism. John Earle's *Microcosmographie* (1628) portrays the surgeon attacking the lady healer not because she is incompetent but because she gives away the same services for free: “Hee curses the old Gentlewomen and their charity that make his Trade their Almes.”<sup>156</sup> Earle's treatment, in fact, shows us the ways in which the old wife could be in a more enviable position. If she was gentle she was of higher status. Her work was charitable, nobler than that of the stereotypical grasping surgeon. For those surgeons concerned with raising the status of surgery to that of a liberal profession, a literate gentlewoman outshined the average guild member.<sup>157</sup>

I have argued that there was a surprising overlap between the work of surgeons and that of domestic healers, an overlap that generated significant contest and contention. Woodall and other surgeons, like the earlier master Thomas Gale (d.1567), perceived this contest and were clearly concerned about it. Gale lamented that “[c]arpenters, women, weuers, coblers and tinkers” were reputed to “cure more people than [the] chirurgians” at the London hospitals.<sup>158</sup> In the decades between his 1561 mastership and Woodall's little changed. Many patients continued to believe that putting themselves in surgeons' hands could easily cost them their limbs or lives. It was not an irrational fear. Knives made surgeons surgeons. They were bound to use them. We can see how this challenge persisted in a joke told about Richard Wiseman's writing. Wiseman, Sergeant-Surgeon to Charles II, claimed Woodall's mantle in his 1676 work on surgery.<sup>159</sup> That book, reports the biographer Roger North, went by the name “Wiseman's Book of Martyrs.” The

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156 *Micro-cosmographie* (1628), STC 7440.2. Earle was bishop of Salisbury and his book was a popular example of the character writing genre, in which authors sketched barbed portraits of different occupations and other groups.

157 David Cressy shows that the rate of barbers marking rather than signing their names (illiterate by his definition) in the period 1580-1700 was 33% for his rural areas and 8% for London and Middlesex (apothecaries were, by contrast, 0% in each). Cressy, *Literacy and Social Order*, 132-35. Most barber-surgeons were probably not able to read or write Latin, as the BSC's short-lived Latin-requirement suggests.

158 Quoted in Keevil, *Medicine and the Navy*, 140.

159 See above, nn88 and 95.

reference is to John Foxe's *Actes and Monuments* (1563; known as *Foxe's Book of Martyrs*), which detailed “bloody” Mary I's violence against Protestants.<sup>160</sup> The grim joke appeals to the same tradition as Freke's accusations of evil practice in the care of her husband. When he fell sick she sent for four doctors,

Butt all to noe purpose... [A] vyollentt purge given him (from these doctters). Which now being surgions worke, they left in the hand of Doctter Cosins [a surgeon]... to compleatt this barbarity, and all withoutt my concentt or approbation forced my stay there to see my deer husband murdered by five doctters, two surgins, and three apothycaryes.<sup>161</sup>

In the context of Freke's own avid recipe collecting and domestic medical successes, this story reads as the disastrous alternative to Chesterfield's narrow escape.

Resistance to surgeons in manuscript recipe books shows us domestic healers' efforts to avoid Percy Freke's unhappy fate for both themselves and their patients. In this context it is worth wondering how Chesterfield would have fared had Woodall been his surgeon on the day in 1702 when the earl's foot swelled and blackened. On the one hand, he was the conservative surgeon who famously declared amputation “the most lamentable part of chirurgery” and who admitted that once the surgeon took up his saw the patient had “no certainty of life.”<sup>162</sup> But, on the other, he was also the reigning English expert in the measure and boasted of performing well over 100 successful amputations.<sup>163</sup> We cannot know what Woodall would have done in that

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160 Roger North, *The Lives of the Norths*, ed. Augustus Jessopp, 3 vols. (London: George Bell, 1890), vol. 2, 248. Thomas, *Religion and the Decline of Magic*, 9. Butchery provides an important source of metaphors for violence for Foxe. Cf. Foxe, *Actes and monuments...* (London: John Day, 1563), STC II 11222 (and many later editions). James Bonnell also uses “Wiseman's book of martyrs” in a 1688 letter. George Agar Ellis (ed.), *The Ellis Correspondence*, 2 vols. (London: Henry Colburn, 1829), vol. 2, 112. The name is also noted in Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: Norton, 1999), 187.

161 Freke, *The Remembrances of Elizabeth Freke*, 249, 251. She writes more approvingly of a surgeon in a description of her son's illness (*ibid.*, 41).

162 TSM, 171-72.

163 He not only treats amputation in TSM, esp. 171-77, but also added a treatise with further instructions to the later editions. See *A Treatise of Gangrena and Sphacelos: Bvt Chiefely for the Amputating or Dismembring of any Member in the mortified part*, TSM 1639 and 1655, 377-412. His claim for the number of successful amputations is from this treatise. *Ibid.*, 391: “And I my selfe may truely say, have from more than a hundred persons, cut off from some a legge, yea both the legges, a hand, a foot a toe or toes, an arme, a finger, &c. of such rotten

situation, but I suspect that it was only Chesterfield's distrust of surgeons that saved his leg and, quite likely, his life. When he did finally go out of the world twelve years later, at the ripe old age of eighty, it was with both legs, just as he had insisted.

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members, being all dismembred in the rotten part, of which not one hath dyed in the cure, neither hath the mortification spread it selfe any further at all.’

Appendix: Manuscript recipe books cited.

### **National Library of Scotland**

Adv.MS.23.6.5. Household and medical recipes. 17-18th centuries. Scottish. The dates 1712 (fol. 2v) and 1715 (fol. 3v) are used.

MS 5112. Composed of at least three separate recipe books. The first is fol. 1-59. It has no identification and uses the date June 22, 1656 (fol. 1r). The second is fol. 60-69. It is in a much later hand, probably 18<sup>th</sup> century based, for instance, on references to Hermann Boerhaave (fol. 66r). Numerous references to London. The third is fol. 70-76. It appears to be 17<sup>th</sup> century again. Fol. 77 is not related. It is a 1754 letter from a doctor.

MS 10231. Dorothy Best and Mary Fothergill. Signed by Dorothy Best, 1689, (fol.159v), and Mary Fothergill, 1692 (fol. iv).

MS 15912. Culinary and medical recipes. 17-18th centuries.

### **New York Academy of Medicine**

Nicholas Joyce and John Joyce, *Peculiar receipt's* (Ashby[?], 1738-80). A ledger whose front and back covers have a 1730 inscriptions by John Joyce. Multiple hands. Notes by Elizabeth Joyce among others. Contains "An account of the Life of the Earl of Chesterfield, grandfather to this Present N. Earl, 1750" based on British Library ms.

MS Recipe Book, England, 18<sup>th</sup> Century. Written from front and back, as "Surgery & Phisick &c" and "Wines, Sweetmeats, & Cookery." The latter contains medical recipes.

Eliza Duncumb, MS Eliza Dunbumb. Signed Eliz[a] Duncumb, 22 March 1791, Sutton Coldfield, Warwickshire. "Mrs Duncumb" is used as a source, suggesting multigenerational use (e.g. fol. 27r). "1829" is written on the back cover.

Joan Gemel, MS Gemel. 17<sup>th</sup> century. Signed a number of times. "Joan Gembel her book I wish she may be dround yt steals it from her" (fol. 16r); "Jean Gemel Her booke" (fol. 25v); "Jean Gemel is ye true possessor of this book" (fol. 30v).

MS Cookbook, England, 17-18<sup>th</sup> Centuries. Acq number 254588.

MS Folio Receipts for Medical Remedies, 17<sup>th</sup> Century.

J.H., A Collection of Choise Receipts. 1680. The initials J.H. are used throughout. The 1680 date is used in a number of places (vol. II, pg.3 [#14] and 70 [#262]). Assuming that J.H. is the compiler and that the comment's are the compiler's, we can conclude that J.H. was a woman as she refers to her pregnancy at one point (vol. II, pg. 201 [#746]). By using the

names provided in the text—particularly that of her son, Cholmondeley (vol. II, pg. 175 [#653])—it may be possible to determine who J.H. was.

### **New York Public Library**

Helen Hay Whitney Cookery Collection<sup>164</sup>

- MS 2. Lady Anne Percy, c. 1650. Percy was the daughter of Algernon Percy, the 10<sup>th</sup> earl of Northumberland, and Anne Cecil. She was the first wife of Philip Stanhope, second earl of Chesterfield. A hand that appears to be Stanhope's has signed on the inside cover “These receipts are writ in my dear wifes the Lady Ann Pircies own hand and have been long kept as secrets in the Northumberland Family.” There is one recipe dated after Percy's death: 1667 (inside front cover).
- MS 4. Lady Anne Morton. Signed 1693. She was daughter to Sir William Morton (d.1672), who brought Claude Duval (d.1670) to justice.<sup>165</sup>
- MS 5. Mary Davies. Signed 1684.
- MS 6. Book of Cookery Recipes. 17<sup>th</sup> century, perhaps 1640-50.
- MS 8. Collection of medical and cookery recipes. 17<sup>th</sup> century (?). In four sections: untitled medical recipes, “Receipts for Chururgerie,” “Receipts for preseruinge,” “Receipts for Cookerie.”
- MS 9. Collection of household recipes. 17-18<sup>th</sup> centuries. Also includes farming notes, extracts from religious texts, and a shorthand method. Leong, *Medical Recipe Collections in Seventeenth-Century England*, 141, identifies this as the collection of Bennetts of Brewham. She makes extensive use of it, especially in chp. 2.
- MS 10. Collection of cookery and medical recipes. 17-19<sup>th</sup> centuries. Also includes the legal records from 1641 and 1642 of the solicitor Oliver St. John. Sources are named, but the collector is not. The date 1714 is used in the recipe sections (fol. 81), later 1747 is used (fol. 133v-134r).
- MS 11. Hester Denbigh. 1700. Denbigh was the wife of Basil Fielding, fourth earl of Denbigh.
- MS 12. Collection of medical and cookery recipes. 18<sup>th</sup> century. 1703 is used (fol. 13v).
- MS 13. Collection of medical and cookery recipes. 1761. Signed by Mary Bromehead “her book given her by Aunt.”

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<sup>164</sup> Lewis M. Stark, *The Whitney Cookery Collection*, 2<sup>nd</sup> ed. (New York: The New York Public Library, 1959).  
<sup>165</sup> *Ibid.*, 4.