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**‘Every Woman Her Own Physician’:  
Literary Portrayals of Lay Women Medical Practitioners  
on the Page and Stage in Eighteenth-Century Britain**

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PhD

2022

**'Every Woman Her Own Physician':  
Literary Portrayals of Lay Women Medical  
Practitioners on the Page and Stage  
in Eighteenth-Century Britain**

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requirements of the University of Northumbria at  
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## Abstract

### 'Every Woman Her Own Physician': Literary Portrayals of Lay Women Medical Practitioners on the Page and Stage in Eighteenth-Century Britain

Domestic medicine has long been an area of scholarly interest, with manuscript collections of recipes for household medicines guiding scholars towards a comprehensive understanding of how the public managed matters of health within their own homes in pre-industrial Britain. Yet in excavating such fertile territory, with many such collections having survived to be read and interpreted today, scholars have focused almost exclusively on histories of the sixteenth and seventeenth centuries.

Consequently, both the eighteenth century and its dynamic proliferation of creative literature in print have been overlooked in the search for information about how day-to-day health management took place across the nation. This thesis seeks to redress this imbalance within existing scholarship by demonstrating how creative literature can offer new insights into the placement and value of women's domestic medical practice, representing women as empowered to take ownership of their health, that of their household and, potentially, even that of the wider community around them, despite how traditional medical hierarchies of the period excluded them from receiving a formal medical education and associated qualifications.

While, as previous scholars have argued, both men and women were involved in domestic medical practices, the full extent of women's medical activity and its cultural reception has yet to be uncovered. Employing a broadly historicist approach in combination with close reading and attention to the specificities of genre, this thesis examines how authors including Samuel Richardson (1689-1761), Tobias Smollett (1721-1771), Jane Barker (1652-1732), Susanna Blamire (1747-1794), Paul Hiffernan (1719-1777), and Jesse Foot (1744-1826) depict women medical practitioners and their practice to their respective readers and audiences during the eighteenth century. Each chapter focuses on one or more creative texts by these authors that offer imaginative case studies of women's domestic medical practice. Didactic and descriptive medical texts offer supporting evidence in each case to build an accurate picture of not only how each author engages with medical topics within households and communities, but also how these texts were situated more broadly in rapidly changing contexts of medicine as they evolved throughout the century.

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Finally, I would like to thank my family. My nanny, Doreen Court, who has offered support at every key moment. My dad, John Sullivan, who helped me refine my proposal at the very beginning. Olivia, my sister, who cheered me on, and my brother, Daniel, whose guiding hand I've felt often during my research. My cats, too, deserve a mention. Neither Mishka nor Gigi were especially helpful, but their reassuring, if often inopportune, presence was always appreciated. Harry Lofthouse, my fiancé, whom I met during this process and who has been an important source of strength and support ever since. Lastly, my mother, Gail Sullivan, without whom this PhD would simply not have been possible. She has read and learned alongside me, listened endlessly to my ideas, and been there for me at every moment – it is that same kind and compassionate care she has shown me throughout my life which formed the very inspiration behind this thesis.

My heartfelt thanks to each and every one of them,

Laurence



## **Declaration**

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others. I acknowledge the role played by my association with a major funded project conducted by Northumbria University, 'Writing Doctors: Representation and Medical Personality ca.1660–1832 (18<sup>th</sup> November 2018 – 31<sup>st</sup> October 2022) in the production of this research. Chapters One and Three of this thesis will appear as the following publications, those versions which appear here have been reworked for purposes of the wider arguments of this thesis:

Laurence Sullivan, 'Studying in Solitude: Demythologising the Masculine Medical Monopoly with Jane Barker's Galesia and Tobias Smollett's Sagely', *Medical Myth and (Mis)information: Constructing Health and Disease in English Literature and Culture, 1660-1900*, eds. Clark Lawlor, Allan Ingram and Helen Williams (Manchester: Manchester University Press)

———, "'Such a Domestic Plague'?: The Silent Stewardship of Tabitha Bramble in Smollett's *Humphry Clinker*", *Tobias Smollett After 300 Years: Life, Writing, Reputation*, ed. Richard Jones (Liverpool & Clemson: Liverpool University Press & Clemson University Press)

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee on 04<sup>th</sup> December 2019.

**I declare that the word count of this thesis is 92,413 words**

**Name: Laurence James Oliver Sullivan**

**Signature:**

**Date: 30<sup>th</sup> October 2022**

## Introduction

On the initial appearance of a medical problem in an eighteenth-century household, the first port of call for the lay practitioner would usually be themselves.<sup>1</sup> This culture of medical self-reliance did not preclude the acquisition of a professional opinion, as one was sometimes sought following a period of observation and initial intervention, but even then physicians were largely dependent on patient testimony to make a preliminary diagnosis.<sup>2</sup> Before the advent of diagnostic technology, practitioners and patients had to be able to communicate in a common language which required a shared level of knowledge on both sides, but such self-awareness and articulation on the patient's part points towards a population which was, at least to some degree, medically informed. Although accusations abounded in the eighteenth century that physicians conspired to protect their professional secrets by mystifying medical practices for the layman, their trade would have simply ceased to function had it grown too esoteric, as Roy Porter points out:

In their terminology, these lay self-diagnoses were largely congruent with those advanced by regular practitioners. This is hardly surprising. After all, sick people often picked up medical talk through consultations with their physicians and by reading medical books. And conversely, doctors striving to form a diagnosis remained, through the eighteenth century, utterly dependent upon scrupulous attention to the histories' recounted by patients themselves. Premodern medicine could function only as a dialogue without some common language, the enterprise would have juddered to a halt.<sup>3</sup>

There was more to this lay relationship with medicine than simply understanding key terms and being able to communicate health concerns with professionals effectively. Lay practitioners were skilled in their own right, often exchanging their knowledge in networks as

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<sup>1</sup> Roy Porter, 'Popular Medicine' in *The Western Medical Tradition: 800 BC to AD 1800*, eds. Lawrence I. Conrad, Michael Neve, Vivian Nutton, Roy Porter and Andrew Wear (Cambridge: Cambridge University Press, 1995) pp. 440-445 (p. 443)

<sup>2</sup> N. D. Jewson, 'Medical Knowledge and the Patronage System in Eighteenth-Century England', *Sociology*, 18.3, 1974, pp. 369-385 (pp. 375-6)

<sup>3</sup> Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience* (London: Fourth Estate, 1988) p. 137

extensive as they were socially diverse – with each participant able to offer their own unique insights.<sup>4</sup> A single manuscript remedy book could contain several generations' worth of knowledge from sources both inside and outside of the family unit, including those of professional practitioners. The end result of such an undertaking was that an individual household could have access to innumerable recipes – many of which could be carried out inside an unspecialised kitchen, as opposed to a dedicated still room – a fact to which Porter alludes:

The laity had knowledge of and access to a galaxy of individual medicines that they administered to themselves and their dependants. The gentry still shared with their cooks, gardeners, and farriers a copious herbal lore. Pre-modern manuscript recipe books show kitchen physick cures set down in vast array alongside recipes for made dishes, glue, polish, starch, and the like.<sup>5</sup>

These texts were not stagnant artefacts to be consulted only when illness arose, but rather they were objects actively added to and edited as new contributions came in or when recipes were tested routinely.<sup>6</sup> Nor are these texts the only evidence we have of the knowledge lay practitioners possessed. Printed remedy books, popular with the lay market, assumed a base level of botanical knowledge on the part of their readers, as Mary E. Fissell details:

Certainly authors of popular health texts assumed rudimentary medical and botanic knowledge on the part of the reader, and sometimes a great deal more. For example, in Nicholas Culpeper's seventeenth-century *The English Physician Enlarged*, the author provided detailed descriptions of local plants and their therapeutic uses. [...] However, for 102 different plants, he did not give any description, saying that they were so well known as to preclude the need for any details of their appearance. This list suggests that Culpeper considered most of his readers to have some measure of botanical knowledge.<sup>7</sup>

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<sup>4</sup> Michelle DiMeo, 'Authorship and Medical Networks: Reading Attributions in Early Modern Manuscript Recipe Books' in *Reading and Writing Recipe Books, 1500-1800*, eds. Michelle DiMeo and Sara Pennell, (Manchester: Manchester University Press, 2018) pp. 25-46

<sup>5</sup> *Ibid.* p. 266

<sup>6</sup> Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (Chicago: University of Chicago Press, 2018) p. 101

<sup>7</sup> Mary E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991) p. 40

Such assumptions suggest that laypeople were able to recognise key medicinal plants on sight, possibly before they had even begun to engage deeply with domestic medical practices, given *The English Physician's* status as an entry-level text. Yet there was good reason for laypeople to practise even the most rudimentary forms of medicine, for as Mark S. R. Jenner and Patrick Wallis argue, 'for all their intellectual pretensions, learned physicians did not command any real degree of cultural authority until the nineteenth century'.<sup>8</sup> As we shall see during the course of this thesis, medical authority was a concept in flux throughout the eighteenth century, with Jenner and Wallis capturing here an undercurrent of distrust towards professionals which was present amongst the British population. For irrespective of how laypeople perceived their professional medical practitioners, one fact which would unite the latter, as Monica H. Green points out, is that they would almost certainly be male: 'the suppression of women's authority in the male spheres of literate, professionalised medicine was nearly absolute'.<sup>9</sup> Women were excluded from partaking in most forms of professional medicine legitimately, yet many were still highly engaged in the activities of trading, trialling and testing medical recipes within the domestic sphere. In a society where physicians were not trusted intrinsically by their patients – and where a working knowledge of medicinal plants was commonplace – it was almost certain that domestic medical practice would flourish.

Women had long been at the centre of this practice, but as the forthcoming literature review will demonstrate, their contribution has been consistently overlooked until recently. Moreover, the scholarship that has begun to appear in more recent years is the product of scholars of medical history, with literary scholarship almost entirely unrepresented. Yet as

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<sup>8</sup> Mark S. R. Jenner and Patrick Wallis, 'The Medical Marketplace' in *Medicine and the Market in England and its Colonies, C. 1450-1850*, eds. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007) pp. 1-23 (p. 2)

<sup>9</sup> Monica H. Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008) p. 290

illness remains one of life's certainties, so too is its appearance in creative work equally assured – with depictions of women performing domestic medical practices being a core part of that representation. This thesis seeks to redress this imbalance in existing scholarship, drawing upon an under-utilised pool of creative sources to explore how they represent women's domestic medicine in practice. Are they depicted as a source of satire? Are their actions portrayed as having a positive or negative impact on others, and on the narrative at large? How do they contrast with male practitioners in their respective novels, plays, and poetry – favourably or unfavourably? Is there a notable shift in the way these practitioners are depicted when they are written by women themselves? Finally, what can the answers to these questions tell us about the placement and value of women's domestic medical practice within society?

To answer these questions, this thesis will focus on three novels which form a core part of the literary canon and a number of lesser-known poetic and dramatic works, examining each alongside a selection of non-fictional works which will provide the context necessary to understand the medical practices being represented. This material will consist of literary and dramatic works, printed remedy recipe books and manuals, manuscript examples of the same, written correspondence, print periodicals, and various ephemera (news items, advertisements, etc.). The thesis will employ a broadly historicist approach, albeit in combination with close attention to textual detail and the specificities of genre, in exploring this range of literary narratives. Each chapter will focus on one or more creative texts chiefly in the form of novels, poetry, and plays, with the non-fictional material acting as supporting evidence to achieve contextual reconstruction – shaping our understanding of the medical practices being depicted in the process. The form of this non-fictional textual evidence will vary from manuscript remedy recipe books to printed instructional manuals, but all will be examined alongside the creative material to build as complete a picture as possible of how domestic

medicine worked in practice. Indeed, the 'Every Woman Her Own Physician' element of this thesis' title is derived from a refrain which fronted a few instructional manuals of the eighteenth century, making their stated mission, to educate women in the preservation of health, apparent from even their frontispieces.<sup>10</sup>

The methodological approach described is not intended to discount the creative qualities of these non-fictional works, as compiling medical recipe books could be considered a creative act in itself – a perspective put forward by Elisabeth Jayne Archer, which will be discussed further in the forthcoming literature review.<sup>11</sup> Moreover, a literary methodology can reshape our interpretations of these texts, for as Monica Green argues, 'the analytical techniques honed by literary scholars are, in fact, the most important tools in excavating the shifting meanings and uses of medical texts'.<sup>12</sup> The non-fictional texts are not, therefore, merely a vehicle to achieving a better understanding of their creative counterparts. Rather it is the interplay between these different forms of text – the fictional and the non-fictional – which will contribute new knowledge to both the fields of literary criticism and medical/cultural history, each informing the other to reveal new understandings of the role women played in the realm of domestic medicine during the eighteenth century.

The thesis will offer new interpretations of established characters in the literary canon by examining them through this lens of domestic medicine and in the context of medical self-help, leading to wider conclusions being drawn on those literary works in the process. As the full extent of women's medical activity and its cultural reception has yet to be uncovered, creative literature can offer new insights into the placement and value of women's domestic

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<sup>10</sup> Anon, *The Ladies' Dispensatory: or, Every Woman Her Own Physician* (London: James Hodge, 1739)  
John Ball, *The Female Physician: or, Every Woman Her Own Doctress* (London: L. Davies, 1770)  
A. Hume, *Every Woman Her Own Physician; or, the Lady's Medical Assistant* (London: Richardson and Urquhart, 1776)

<sup>11</sup> Jayne Elisabeth Archer, 'The "Quintessence of Wit": Poems and Recipes in Early Modern Women's Writing' in *Reading and Writing Recipe Books, 1500-1800*, eds. Michelle DiMeo and Sara Pennell, (Manchester: Manchester University Press, 2018) pp. 114-134 (p. 120)

<sup>12</sup> Green, *Making Women's Medicine*, p. 11

medical practice, by representing women as empowered to take ownership of their health, that of their household and, potentially, even that of the wider community around them, despite how traditional medical hierarchies excluded them from receiving a formal medical education and associated qualifications. Given that the self-contained nature of these creative works can reveal the thread of a whole life in only a limited number of pages, they can show us both the kinds of sources women used to gain their medical knowledge – through books, epistolary exchange, word-of-mouth, experimentation, professionals, discussion with family members, etc. – and how they subsequently made use of this knowledge in practice. Such case studies will speak to the conclusions drawn by scholars of medical history who have used various qualitative and quantitative approaches to their work, but where creative sources have not featured. By gathering together these sources and viewing them synoptically, the thesis will reveal how integral women were to the practice of domestic medicine and, by extension, the health of the communities to which they belonged.

## Literature Review

Domestic medicine, given its many intersections with the wider history of medicine, has long been an area of scholarly interest. The nature of medical knowledge in the Early Modern period – the fact it could circulate in an oral or written format and cross social ranks – along with the relative accessibility of much of the *materia medica*, conspired to make professional boundaries potentially permeable for any enterprising individual. The economic realities of the period meant that physicians or surgeons could prove prohibitively expensive – or too geographically distant – to be called upon if someone fell ill, meaning that much of the population had to rely upon their own medical knowledge in the first instance. As a result, comprehensive histories of medicine necessarily comment on the domestic sphere, but the extent of that research has been increasing steadily over time and has since become a specialist subject in its own right.

This literature review will be presented in chronological order to provide a sense of how the topic has developed and what aspects of it have been focused upon specifically during given periods, but this method will also demonstrate clearly the proliferation of material which has appeared in recent years. Despite this increased interest in domestic medicine, the subject remains focused on the sixteenth and seventeenth centuries, with comparatively little attention being given to the eighteenth. More pressingly for the subject of this thesis, the topic remains the preserve of the history of medicine, with literary studies underrepresented. As will be shown in the core chapters of this thesis, domestic medicine is a theme which is touched upon in literary studies in relation to specific texts and their characters, but there has yet to be a single study dedicated to the subject exclusively. Scholars of the history of medicine do draw from creative material as evidence for their arguments, but this is uncommon and usually lacks the detailed framing associated with literary analysis. Therefore, by necessity, this literature review will be presented as a timeline for scholarship



on the history of domestic medicine, though at every available opportunity it will explain what a literary methodology can offer to the research which has already been undertaken, as well as what it can contribute to the academic conversation currently taking place.

Ginnie Smith's 1985 book chapter, 'Prescribing the Rules of Health: Self-Help and Advice in the Late Eighteenth Century', drew attention to historical medical self-help books by undertaking a survey of those produced during the eighteenth century in Britain.<sup>13</sup> Questions relating to the kind of readership these books would have garnered are answered, in part, by comparing the various price points at which they were offered and to whom they might appeal. As she specialises in the history of preventative medicine, the survey is conducted mainly through the lens of regimen-orientated works, leaving out remedy books almost entirely. This relatively narrow focus enables a number of preventative medical practices to be covered in the chapter, along with an indication of their key proponents, including: holism, balneology, hot regimens, cold regimens, those concerned with the non-naturals, vegetables, the sun, and the earth. By her own definition, Smith's survey is preliminary, so each of these practices only receives a cursory review, but the overall conclusions about their readership are of particular value:

The evidence of content tends to support the idea that these works were nurtured by a broad popular base [...] Bibliographic evidence suggests that the works were part of a lively commercial market exhibiting a wide range of differently priced and styled works – so that we are not talking of an elite readership only, but one which potentially stretched down to all but the very poorest, including the various 'middling ranks'. It was moreover a mixed lay and professional readership, reflecting a widespread concern with prevention on moral and functional grounds. Furthermore, the precepts or 'advice' which the books handed out were in a real sense part of the common language of daily life, dealing as they did with the management of the body and its immediate (and extended) environment (p. 281).

This issue concerning the accessibility of medical texts is an important one, but with oral transmission being a common form of exchange for medical knowledge – frequently crossing

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<sup>13</sup> Ginnie Smith, 'Prescribing the Rules of Health: Self-Help and Advice in the Late Eighteenth Century' in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985) pp. 249-282

boundaries with print culture so that each medium informed the other – the literary methodology of this thesis can help reveal how social ranks acquired such information in practice. Often reflecting the quotidian realities their authors inhabited, creative works can capture everyday activities as part of their plotlines, ones which may not have been committed to paper in other formats, or else lack the detail offered by an evolving narrative. The work of both Jane Barker (1652-1732) and Susanna Blamire (1747-1794) – which will be analysed in chapters three and four of this thesis – has the added benefit of being semi-autobiographical, further bridging the gap between creative representation and lived experience to uncover new details about domestic medicine and the exchange of knowledge which accompanied it.

Doreen E. Nagy's *Popular Medicine* (1988) deals more broadly with the various forms domestic medical practices took during the seventeenth – but not the eighteenth – century.<sup>14</sup> Nagy's work explores a few printed recipe books that were published during the century, but the overall text is weighted more towards examining how integral women were to the practice of medicine in general. The result is a compelling and comprehensive overview of the roles women played in medicine during the seventeenth century, but one that pays comparatively little attention to the new phenomenon of printed remedy recipe books, instead focusing on manuscript examples. Although this thesis will be using both forms of medical texts as supporting evidence, its literary methodology will reveal new sources which help underpin Nagy's central claim that women were of paramount importance to the practice of domestic medicine, although extending the timeline further into the succeeding century.

In 1989, Roy and Dorothy Porter produced their own assessment of how self-medication manifested in the eighteenth century as part of their wider theme of 'Doctors and

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<sup>14</sup> Doreen G. Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green: Bowling Green University Popular Press, 1988) pp. 43-53

Doctoring'.<sup>15</sup> The examples cited in this twenty-page overview of the topic are understandably brief, but are deployed with a delicate touch – albeit slightly scattershot in their presentation. The result is an engaging summary of the state of domestic medicine during the eighteenth century, though a lack of sustained analysis does prevent any deeper discussion on the issues raised from developing. It is the intention of this thesis – where each chapter will focus on only a few key works at most – to explore thoroughly the themes of medical authority and gender touched on by Porter and Porter. Utilising the breadth of creative representation appearing in novels, plays and poetry, contemporaneous attitudes to social issues like how far outside the domestic space a lay practitioner's authority extended – and how gender affected that authority – will be analysed over multiple chapters, supplemented by non-fiction sources. An influential and prolific figure in the history of medicine, Roy Porter wrote relatively little on domestic medicine and drew infrequently on creative sources for the purpose, leaving this thesis in a strong position to fill in these particular gaps.

Lilian R. Furst's edited collection *Women Healers and Physicians: Climbing a Long Hill* (1997) has a number of essays covering the Medieval era, one on the Renaissance, and then – despite its significance as a period to the professionalisation of medicine – misses out the eighteenth century altogether, electing to leap instead straight to the nineteenth.<sup>16</sup> Irrespective of this important oversight, it is worth including this collection here as it represents a larger issue affecting scholarship surrounding the history of women in medicine more generally, where information regarding the eighteenth century tends to be cursory, with far greater weight afforded to the preceding and succeeding centuries. This trend, as we shall see, continues to some degree to this day, although it is rarely presented so starkly as here. As will

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<sup>15</sup> Roy Porter and Dorothy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity Press, 1989) pp. 33-52

<sup>16</sup> *Women Healers and Physicians: Climbing a Long Hill*, ed. Lilian R. Furst (Lexington: University of Kentucky Press, 1997)

be shown through the work of Jane Barker and Susanna Blamire, the eighteenth century is a period essential to understanding the development of a professional identity for women healers, with both authors revealing their rich inner worlds through poetry and, by extension, their aspiration for the future of their practice. Poetry's reputation as a high art form during the eighteenth century – and its social acceptability as a literary medium for women – made it an important source of creative expression for engaging with live social issues, but one too often overlooked as evidence in the history of medicine. This thesis will address this pressing issue.

Believing correctly that 'the history of domestic medicine in Britain has been largely ignored apart from the Victorian and somewhat patronising account by W.G. Black', Gabrielle Hatfield set out to rectify the issue with *Memory, Wisdom and Healing: The History of Domestic Plant Medicine* (1999), which seeks to chart the undocumented history of domestic medicine from 1700 up to the book's first publication (p. xi).<sup>17</sup> To trace oral histories, the text draws on modern, anecdotal examples of rural workers who still possess traditional medical knowledge – evidenced in part by their employment of vernacular corruptions of Latinate terms for medical botanicals – in order to illustrate how knowledge may have been exchanged in the past without it ever being committed to paper. Hatfield then supplements this anecdotal evidence with ballads, folk songs, proverbs, and poetry, attempting to fill in the gaps of our understanding of domestic medical history caused by a lack of a textual trail, an inevitable consequence of studying a mostly illiterate group of lay practitioners. Arguing that of those four sources 'ballads and proverbs are probably the nearest we come to written information about what was essentially an oral tradition', but also acknowledging that poetry is the outlier amongst them, she justifies the latter's inclusion

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<sup>17</sup> Gabrielle Hatfield, *Memory, Wisdom and Healing: The History of Domestic Plant Medicine*, 2<sup>nd</sup> edn. (Stroud: Sutton Publishing, 2005)  
William George Black, *Folk-Medicine: A Chapter in the History of Culture* (London: Folk-lore Society, 1883)

by stressing the importance of recording for posterity, 'not the daily uses of plants, but their more heroic aspects, and their symbolism' (p. 41).

By utilising these forms of oral evidence which, by their very nature, have long been undocumented and under-researched, Hatfield goes some way to reconstructing the way in which illiterate laypeople throughout Britain's history may have practised domestic medicine and how little such folk practices appear to have altered with the passage of time. She presents convincing etymological and cultural arguments to help situate modern interpretations of these traditional remedies alongside their older incarnations, tracing their genealogy back several centuries. Read alongside the more concrete evidence present in manuscript domestic remedy books of the Early Modern period – examined in detail by scholars such as Anne Stobart and Elaine Leong, discussed later in this review – connections begin to emerge between the recorded remedies of elite households and those of the lower orders which otherwise went largely undocumented, emphasising the importance of Hatfield's research to the field. As her sources demonstrate, creative work and literary representation have much evidence to offer to the history of medicine – often depicting mundane activities as part of their narrative but capturing and preserving the processes involved as a result. Significantly, they can fill in the gaps of our knowledge about people of certain socio-economic backgrounds that may have been unable to record their own experiences in writing, with authors creating characters inspired directly by the world they inhabited. This thesis will build on Hatfield's work in chapters two and three, recognising as she does that creative literature remains an under-utilised pool of sources. Whilst this experience is not necessarily first-hand, Samuel Richardson's Mrs. Jewkes and Tobias Smollett's Betty Sagely – characters both situated amongst the lower orders of society – were likely informed by their creators' observations of real people. As Hatfield has shown, if this kind of evidence is not then viewed in a vacuum, but rather examined alongside non-fictional

sources, then a more complete picture of the everyday realities of domestic medicine can be reconstructed – which is precisely the aim of this thesis with its literary sources.

The significance of quotidian rituals to the history and development of medicine is a theme which also appears in Lynette Hunter's *Women, Science and Medicine 1500-1700* (2000). Hunter reminds her reader that, in a time before effective refrigeration, any woman managing a household would need skills in 'grinding, weighing, distilling, drying, purifying, heating, cooling and so on' – skills that also happen to be essential in the preparation of medicinal remedies (p. 98).<sup>18</sup> Irrespective of whether one views the food preparation as informing the practice of remedy creation, or vice-versa, the end result is the same – that women were in possession of the perfect skill set to become professional compounders of medicaments, offering the opportunity to enhance their already integral role within the medical marketplace. Moreover, Hunter points out that many of the ingredients used in the kitchen – like sugar being key to the practice of conserving – were often treated as medicines in their own right, giving women further first-hand knowledge essential for practising medicine.

Yet if women were equipped with such demonstrably tailored medical skills, then why was there opposition to the concept of them practising medicine professionally for profit? Hunter answers this question by first pointing out that the invective against women practising physic – beyond what was socially permissible in the domestic realms – was also often aimed at working tradesmen. She argues that a tension existed between the creators of receipt books – intended for a general readership – who frequently marketed themselves as being for the 'public good' and contributing to a 'common wealth' of knowledge, and the university-trained practitioners who claimed with equal fervour that they were trying to protect public

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<sup>18</sup> Lynette Hunter, 'Women and Domestic Medicine: Lady Experimenters, 1570-1620' in *Women in Science and Medicine, 1500-1700*, eds. Lynette Hunter and Sarah Hutton (Stroud: Sutton Publishing, 1997) pp. 89-107

health by attempting to stamp out bad medical practices (p. 100). The reality, however, as Hunter demonstrates with her examples, is that the trained physicians' objections were more likely economically motivated, protectionist ones. Gender simply acted as another convenient tool for male medical professionals to help exercise greater control over the medical market and further curtail potential competition. In short, the very skills women developed and honed from engaging in the activities socially allocated to them in the home also made them prime competition in the medical marketplace.

Dissecting in detail just such a receipt book, one aimed specifically at women residing in the countryside, Malcolm Thick's introduction to William Ellis' *The Complete House Wife's Companion, 1750* (2000) reveals the complex process of sourcing suitable recipes intended for public consumption.<sup>19</sup> Despite the common practice of texts like Ellis' being written for women by an ostensibly male author, this did not prevent women from being involved in the creation and curation of such volumes which claimed to cater to their requirements. Putting aside the elements of the text concerned with farming and husbandry, we learn that

Ellis obtained his cures from many sources. He looked for some of his medicines in books [...] Most of Ellis' medical advice came from his friends and acquaintances [...] About forty of his cures were provided by the gentry, a reflection of Ellis' contact with gentlemen in the course of his business. Some remedies originated from local medical professionals. Many of the prescriptions in the book originated from the "country wives" by which Ellis meant women skilled in medicine. Beggars were surprisingly skilled at medicine and Ellis talked to a number of them about remedies for diseases to which they were prone – lice, skin diseases such as the itch, and rheumatism (pp. 22-25).

What Thick uncovers in his analysis is the breadth of sources which Ellis used to collect and collate his medical remedies. We are shown how different groups of people were best placed to provide the most effective cures – as demonstrated with his consultation of 'country wives' and beggars – but also with the gentry supplying remedies for 'colic, gout, indigestion and

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<sup>19</sup> Malcolm Thick in William Ellis, *The Complete House Wife's Companion, 1750* (Totnes: Prospect Books, 2000) pp. 7-26

loss of appetite', issues likely to affect them as a consequence of their lifestyles (p. 23). By following the thread of the different characters mentioned by Ellis, Thick reconstructs a picture not only of the author's social circle, but also the scale of sources necessary to build a household guide comprehensive enough for successful public sale. A microcosm of how eighteenth-century domestic medical knowledge circulated begins to come into focus, and glimpses of the industry behind the construction of these types of texts – picked up in more detail by later scholars – are revealed in Thick's analysis.

Yet literary representations can also provide further contributions in this area, with Jane Barker's semi-autobiographic character Galesia creating a herbal collaboratively with her brother, and Tobias Smollett's Betty Sagely gaining her medical knowledge through multiple print sources. Moreover, comparing the advice contained within medical self-help books with the actions of fictional characters reveals remarkable consistency between the two, with the implication that the knowledge contained within the former had circulated to the extent that it had reached the authors of these fictional worlds themselves. Often the acts of medical intervention these characters perform are presented not as key plot points but merely as part of the narrative, a fact which can inform our understanding of how this kind of knowledge was perceived and how it circulated – again areas where this thesis can contribute with its literary analysis.

These kinds of commercial receipt books, those written by both men and women, will be essential sources for this thesis. Providing invaluable evidence for how recipes worked in practice, what ingredients those referenced in fiction commonly contained, as well as clear instructions for dosage and methods of application, these texts can help contextualise creative scenes which depict domestic medicine and reveal new motives and meanings behind the actions of characters which may have otherwise been lost along with this original knowledge. Rebecca Laroche's *Medical Authority and Englishwomen's Herbal Texts, 1550-1650* (2009)



focuses on the relationship between an author of a given text of this kind and its physical owner, and the tensions which existed as a result of it.<sup>20</sup> Laroche views the act of an owner inscribing her text as a bold declaration that extends beyond the physical object and into its abstract contents, arguing that 'the woman who denoted her ownership of the herbal does so in order to communicate her acquisition of a certain field of knowledge. Owning the book and the knowledge it contains, and informing others that she is its possessor, the inscribed tells others that she ultimately is the source of the expertise they may need' (p. 100). This question of authority is returned to repeatedly, and a number of interesting conclusions are drawn out at each juncture. Laroche understands that the way an owner of a particular text chose to interact with it held the potential to upend medical authority as it is traditionally understood:

We uncover the specific ways that women engaged with herbal texts in order to invoke or confound medical authority, and we find that medical authority as represented was either established or in flux within any given context: that is, the practice was either highly hierarchized and regulated or freely practiced and highly diversified, depending on the context of its representation (p. 6).

In viewing ownership and engagement with a specific text as a form of knowledge usurpation, Laroche argues that an owner's 'signature dislocates any authority articulated through the book and shows how the circulation of knowledge places that authority within any given reader, any given practitioner' (p. 100). Moreover, her study reveals the sheer scale of ownership of medical texts amongst women, challenging received knowledge that women wishing to pursue these areas of study would be met with immediate disapproval: 'the ubiquity of these signatures and their potential for uncovering women's medical libraries gives evidence of the cultural legitimation of this knowledge for women and of the regularity with which they pursued it' (p. 100).

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<sup>20</sup> Rebecca Laroche, *Medical Authority and Englishwomen's Herbal Texts, 1550-1650* (Farnham: Ashgate, 2009)

Laroche even calls into question the legitimacy of the tripartite division of medical authority between physician, surgeon and apothecary, when women in possession of these medical texts could effectively appropriate their knowledge, and then either accept or reject it accordingly. The authority of the text shifts to its owner, in Laroche's view, and the knowledge along with it – eroding the barrier which existed for women wishing to fit within the wider medical framework exemplified by the tripartite division. Over time, and particularly in respect of marginalia and other forms of owner-intervention over the text, the reader could increasingly come to control the text as the original author's authority became increasingly dislocated. The issue would only compound further if, for economic reasons or otherwise, a woman had copied passages herself from a published text into a new manuscript format. Significantly for this thesis, Laroche concludes:

a close analysis of early modern women's engagements with herbal texts through their writing will go beyond what is "inscribed in the text" for the general female practitioner, as the contours of each life, whether historical or *fictional* [emphasis added], are as expandable and changeable as the social networks to which that life belongs' (p. 165).

Laroche frames fictional lives as an important path to understanding key cultural questions, and as having equal value to recorded experience in revealing the ways in which women engaged with herbal texts. It is this power of creative representation, when viewed in conjunction with lived experience as far as we can ascertain it from non-creative literary sources, which this thesis will be utilising to contribute new knowledge to both the fields of the history of medicine and literary studies.

When examining herbal books like those Laroche discusses and the associated medical knowledge within, 'secrets' appears a nebulous term which resists easy definition, though it usually indicates a recipe which was considered precious, important, and worthy of safeguarding from prying eyes. Although a word which appeared less frequently in the eighteenth century in comparison to the preceding ones, the concept remained relevant as a

shorthand means of communicating the perceived importance of certain pieces of knowledge. Working to untangle the term and its many potential meanings, Elaine Leong and Alisha Rankin's *Secrets and Knowledge in Medicine and Science, 1500-1800* (2011) 'highlights the diversity of what counted as a secret, whether this meant directives to make everyday foodstuffs and medicines or a set of alchemical instructions or technical trade know-how' (p.6).<sup>21</sup> They go on to outline recipe categories 'including topics as diverse as pharmacy, painting, metallurgy, juggling, smithing, fireworks and gunnery', illustrating the sheer extent of what could be classed as a 'secret' and the number of knowledge bases to which it could be applied (p. 8). The editors approach 'secrets' from 'five overlapping bodies of scholarship' of which 'recipe books [that] explore the fragments of natural knowledge that were collected, compiled and tested within the household' form a key component (pp. 2-3). Echoing the work of Thick, the editors identify how 'the fascination with collecting, evaluating and authoring medical and scientific secrets attracted diverse enthusiasts of all regions and walks of life' – and both genders – meaning that 'for countless individuals, secrets held the key to unlocking the mysteries of nature, curing disease, maintaining good health, making practical everyday substances, and even creating wondrous tricks' (p. 3).

Possessing such 'secrets' could act as a status symbol and being seen as a supplier of this knowledge could be an important source of social capital. Moreover, collective possession of certain 'secrets' – shared amongst a select group of people – could forge social alliances and shape public perceptions of those involved, making this process of 'building communities of knowers [...] one of the most crucial functions of secrets' (p. 9). Elevating the status of these recipes yet further, owners of these instructions would sometimes use methods of textual encryption to protect their knowledge. To illustrate how far this practice could extend, Leong

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<sup>21</sup> Elaine Leong and Alisha Rankin, 'Introduction: Secrets and Knowledge' in *Secrets and Knowledge in Medicine and Science, 1500-1800*, eds. Elaine Leong and Alisha Rankin (Farnham: Ashgate Publishing, 2011) pp. 1-20

and Rankin cite the example of Sir Peter Temple who encrypted recipes which could be commonly found in printed remedy books – demonstrating the perceived importance of even the most ordinary of recipes.

Also appearing in 2011, Jonathan Andrews' article 'History of Medicine: Health, Medicine and Disease in the Eighteenth Century' surveys Anglophone scholarship on the subject over the previous decade.<sup>22</sup> Andrews finds that, though domestic medicine was beginning to receive a greater quantity of new scholarship, the experience of healing common ailments in a domestic context remained under-represented. Although slightly dated now, Andrews' findings still hold broadly true for the current literary landscape, particularly for research focused on the eighteenth century.

As if answering Andrews' call, Leigh Whaley's *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (2011) devotes an entire chapter to women as domestic healers and apothecaries.<sup>23</sup> Not only does this chapter cover the full breadth of the titular dates, it also explores the situation of women's domestic medicine in England, and even touches on conditions in both France and Spain. Despite its short length, the text provides an important and overlooked counter-narrative to the effective radio silence – or even outright demonisation – we have seen directed at women practising medicine in the domestic space during this period. By quoting from key male figures on the continent who actively committed their support of women's domestic medical practice to paper, we are presented with an unusual male perspective that lauds the female qualities of being at once 'officious and charitable', and one that sees mothers as having a heightened emotional capacity to 'open their hearts' to the suffering of those around them (p. 150).

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<sup>22</sup> Jonathan Andrews, 'History of Medicine: Health, Medicine and Disease in the Eighteenth Century', *Journal of Eighteenth-Century Studies*, 34.4, 2011, pp. 503-515

<sup>23</sup> Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*, (London: Palgrave MacMillan, 2011) pp. 150-173

This is not to suggest the text is interested solely in pushing this counter-narrative, as early on, Whaley points to the case of Juan de Avigñón's (1381?-1418) work on the public health of the Spanish city of Seville, and its subsequent publication by Nicolás Monardes (1493-1588), where each failed to note the obvious point that 'although both Avigñón and Monardes, who contributed to the preface of the book, stressed the importance of diet and health, neither referred to the fact that it was mothers in the home who were at the forefront of the provision of diet and medicine' (p. 151). Nonetheless, Whaley's text still stresses the key fact that 'practising medicine within the home and village was an acceptable form of behaviour for women, as it was often considered a form of charity and an extension of the mothering role', and goes on to name a number of individuals who were successful in doing so (p. 153). Whilst it is certainly the case in a patriarchal society, as Great Britain undoubtedly was during the eighteenth century, that the cultural expectation placed on women was to take on a maternal role, this could extend beyond literal motherhood and into the wider concept of caregiving. It is important to stress this broader understanding of the 'mothering role', which Whaley does not highlight, as every case study used in this thesis – comprising both fictional characters and sources representing real people – points towards a clear link between childless women and the act of practising medicine. Potentially providing women with an alternative way of fulfilling this gendered ideal, the link between domestic medicine and childlessness will be explored throughout this thesis.

Whaley's work also contains a brief outline of the kind of domestic medicine manuals being published during the seventeenth and eighteenth centuries, although the former of these texts receives much more coverage, with only William Buchan's *Domestic Medicine* (1769) and John Ball's *The Female Physician* (1770) representing the eighteenth. As with previous works, it is seventeenth-century manuscript remedy books which receive the lion's share of coverage, with each example detailing one or two illustrative remedies to represent the

contents of the wider text. The fairly comprehensive coverage of Madame de Sevigne (1626-96), however, provides an excellent and unusual insight into the social networks of those women who practised domestic medicine in France and, by extension, the sources for many of the recipes contained within their family manuscript remedy books. Overall, Whaley's text captures the multifaceted and often seemingly conflicting responses to the practice of women's domestic medicine both in England, and in her more uncommon examples from the continent. Her work makes clear the widespread acceptance amongst men of a woman's natural right to practise domestic medicine, whilst also highlighting how such simple yet significant contributions could be entirely and consistently overlooked by virtue of their everyday mundanity. This valuable contribution has important implications for this thesis, as the quotidian quality of domestic medicine is also highlighted by the way in which the subject is often woven into the narrative of creative texts. Usually manifesting as half-sentences surrounded by text more significant to the progress of the story, these brief sequences can be easily overlooked, and their original meanings lost along with them. In consequence, it is a subject consistently overlooked by literary critics and medical historians alike, yet it has much to offer both forms of scholarship – possessing the power to shape our understanding of characters' backgrounds and actions, but also how domestic medicine was practised in the period. This thesis' employment of close reading is critical to the process of finding these multiple, smaller examples of domestic medical practice which can then be drawn together to identify wider patterns that occur across different types of creative texts.

Drawing our attention from the wider situation in Europe to explore that of Wales specifically, Alun Withey's *Physick and the Family: Health, Medicine and Care in Wales c. 1600-1750* (2011) cites religion as a major factor which informed Welsh understandings of

both the human body, and by extension, health and sickness (p. 31).<sup>24</sup> In an attempt to capture the Welsh psyche succinctly, Withey describes how 'God was a healer, but He also sent sickness as punishment for sin or as a test of faith. Christianity provided an explanatory framework for the body, and stressed the duty of each individual to look after their bodies as the vehicle for their immortal souls' (p. 42). This strong link between health and faith meant that 'often fulfilling roles as healers in the community, the Welsh clergy were well placed to be able to minister both the spiritual and physical needs of their flock, and could also act as conduits for the spread of medical knowledge' (p. 43). This last point is significant for though Withey acknowledges that 'physicking the family was, at least culturally, part of the domestic duties of women,' he goes on to state that 'domestic medicine in Wales [...] was a shared responsibility' between genders, largely dependent on which person was ill at a given time (pp. 142-3). Withey elaborates further 'that while women were generally expected to perform mechanical aspects of care, and be knowledgeable in the selection and preparations of medicines, some medical authority, at least as regards the acquisition and recording of medical knowledge, as well as some of the practical and economic aspects of medicine for the home, could fall on men' – a situation which falls broadly in line with the conclusions of those scholars who write about the role of women practising domestic medicine in England (p. 145). Complicating the picture, Withey adds that 'for those who could afford it, women were sometimes employed by the sick under more formal conditions to tend them,' suggesting something of a preference for women carers when the situation allowed for it, as also appears to have been the case in England (p. 177).

Touching on issues which will be explored in detail in chapter three of this thesis, Withey notes that 'local healers relied on reputation; they gained power and legitimacy through

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<sup>24</sup> Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales* (Manchester: Manchester University Press, 2011)

repeated consultations and deployed a range of tactics to ensure their own practices remained esoteric and inaccessible to “ordinary people” (p. 152). Also mentioned are the ‘cunning folk, healers, charmers, conjurors, “Dewiniaid” (wizards), [and] bonesetters’ who navigated deftly to their advantage the various belief systems endemic to Wales, owing their livelihood to ‘beliefs in the power of the supernatural’ and drawing ‘upon popularly understood discourses of both Catholicism and Non-conformity, making them at once familiar and trustworthy’ (p. 152). As a final point, Withey explores how Welsh healthcare could prove larger than the sum of its parts, stressing ‘the influential role of local communities’ when it came to ‘providing a flexible, adaptable and comprehensive care structure, which included emergency relief, employment of carers and practitioners, and even the option to send patients elsewhere for “better” treatment options’ (p. 201).

Lisa Forman Cody’s chapter ‘Medicine and Disease: Women, Practice, and Print in the Enlightenment Medical Marketplace’ (2013) places domestic medicine in the wider context of women’s overall contribution to medicine during the Enlightenment era.<sup>25</sup> Cody calls on the examples of Lady Mary Wortley Montagu and Maria Sibylla Merian, citing them as ‘the persons most likely to share local pharmaceutical and medical practices in their neighbourhoods and when travelling abroad because they had closer contact with servants than their diplomatic and military husbands’, and claims that these relationships acted as a major catalyst for their medical discoveries, whilst remaining well within their remit as ‘the keepers of traditional and household medicine’ (p. 101). Cody also highlights another reason for the flourishing of female medical practice and knowledge during the period as being ‘thanks to the dramatic expansion of eighteenth-century print culture, female healers could more readily publish books and pamphlets, advertise their services in the press, and find

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<sup>25</sup> Lisa Forman Cody, ‘Medicine and Disease: Women, Practice, and Print in the Enlightenment Medical Marketplace’ in *A Cultural History of Women in the Age of Enlightenment*, ed. Ellen Pollak (London: Bloomsbury, 2013), p. 99-120



themselves the subject of journalists' stories as a result of their accomplishments' (p. 102). Cody uses the bone-setter Sally Mapp (bapt. 1706-1737) to illustrate this point, being an effective example of a successful woman healer whom the press treated with as much fascination as they did ridicule. Though much of the chapter is grounded in the subject of midwifery, it nonetheless demonstrates how a background in the socially acceptable practice of domestic medicine could then act as something of a springboard for women to participate in other forms of professional medicine alongside their husbands and fathers, even enabling some to go on to surpass their male counterparts' medical skills – a topic which will be explored in chapter three of this thesis through the work of Jane Barker.

A very brief section of the text contemplates books and pamphlets authored by women on the subject of domestic and household medicine, but conflates the concept of exclusively medical texts with household and housekeeping guides, the latter of which only contained relatively short sections on domestic medicine by comparison. Regardless, Cody goes on to conclude that 'Buchan's work swamped the competition, including that by female medical experts', and so 'prescriptive literature advised wives to make remedies and manage their families' health in addition to all their other domestic obligations' (p. 117). This emphasis on the home only served to separate further the domestic space from that of the 'colleges, clubs, and coffeehouses – all spaces from which women were excluded explicitly or by force of custom', thereby diminishing women's abilities to contribute to the ongoing dialogue in the professional medical sphere in the process (p. 117). Cody's work illustrates how, in spite of these contemporary cultural limitations, women could practise domestic medicine safely without fear of social reprisal and thereby gain essential, general medical skills. Through the printing press and, in some cases, having their close male relatives perish, women could be provided with the opportunity to capitalise on their skills gained through practising domestic medicine to position themselves as legitimate, professional practitioners in their own right.

Explored from this interesting perspective, domestic medicine appears as something of an emancipation tool for women, though one severely limited by the restrictive legal status placed on women wishing to practise medicine professionally – a subject that receives little attention from Cody in the chapter. This question of emancipation is one which this thesis will return to frequently, whether explicitly as with Barker's Galesia profiting from her medical practice and being able to support her household from the proceeds, or more implicitly in the case of Paul Hiffernan's Lady Brainsick using fashionable disease to distance herself from her husband and construct an identity independent from him – a dynamic which will be discussed at length in chapter five of this thesis.

Further to the theme of women working towards their own independence, Jennifer Richards writes about how potentially illiterate women could still interact with, and learn from, medical textbooks in her article 'Reading and Hearing "The Womans Booke" in Early Modern England' (2015).<sup>26</sup> Like Laroche, Richards draws upon 'marginal annotation and marks of ownership' to track how women interacted with medical texts, but recognises that 'recovering the history of women's use of an early modern book is a challenge. It is no surprise that historians of reading have, in general, chosen to focus on the material traces that mainly male readers left behind' (p. 437). This is where Richards – using *The Womans Booke* (1585?) by Thomas Raynalde as her case study – turns to a different form of evidence, one notoriously difficult to trace: whether the text was ever read aloud.<sup>27</sup>

Taking at face value the claim made by Raynalde in his preface that the book should be read aloud to women midwives working in birthing chambers – despite the fact such rooms were usually shrouded in darkness – Richards believes the book's 'cutting-edge' content would nonetheless have been shared 'within a textual community of women that includes the

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<sup>26</sup> Jennifer Richards, 'Reading and Hearing *The Womans Booke* in Early Modern England', *Bulletin of the History of Medicine*, 89.3, 2015, pp. 434-462

<sup>27</sup> N.B This text is itself a translation of Eucharius Rösslin's *Der Swangern Frauwen und Hebammen Rosegarten* [Rosegarden for Pregnant Women and Midwives] (1513)

midwife' (p. 447). Richards infers from Raynalde's paratextual material that his suggestion to read the piece aloud was a subtle method of surrendering his authorial control over his work in favour of inspiring communal discussion and debate:

He has given up control, I suggest, because the act of reading aloud does not imply, simply, dependence on mediated knowledge. It also involves engagement with and discussion of what is heard. Listening and talking are ways knowledge is communicated and generated, including in the masculine tradition of literate medicine (p. 447).

This proposal would elevate women's involvement in the practice of midwifery, and potentially that of wider healthcare, to one of active engagement with current medical debate, instead of being seen a group simply performing their age-old practice with the begrudging acknowledgment of medical men.

Richards also underlines the fact that England's literary culture was rich in an oral tradition, where some people who could read for themselves still preferred to hear books read by others (*Pamela* was said to be read aloud in a certain village (possibly Slough) by its local blacksmith, and church bells rang out in response to hearing of the heroine's marriage), thereby providing a factor other than illiteracy for the practice's popularity.<sup>28</sup> Richards perceives this lively culture of discussion and debate, which surrounded literature being read aloud, as reflecting that of the university education from which women were disbarred (p. 451). The choice of words utilised by Raynalde in his text is also telling, with the phrase "as I hath sayd" repeated often, and other, similar words such as "talke" and "talkyd" being used throughout (p. 453). Whilst Richards central premise is mainly a hypothesis, it does hold interesting implications for women who practised medicine, how they sourced their knowledge, and the extent of their involvement in medical debate. Though the article is concerned solely with women who practised medicine professionally, its emphasis on how women could engage with medical texts through the act of listening is also significant for

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<sup>28</sup> Holbrook Jackson, *The Anatomy of Bibliomania* (Urbana: University of Illinois Press, 2001) p. 79

domestic medicine. Read together, the work of Laroche and Richards helps to highlight how actively women were involved with the literary culture of medicine, a fact important for this thesis and its use of medical texts – many of which were, like Raynalde's work, marketed and addressed to women specifically – as supporting evidence for its claims.

Wendy Wall's *Recipes for Thought: Knowledge and Taste in the Early Modern English Kitchen* (2016) is not, as the title might imply, a straightforward examination of culinary history circa 1570-1750.<sup>29</sup> It is instead a text which seeks to answer its central question: 'Why were recipes so popular in early modern England?' by treating them not as simple repositories of domestic knowledge – whether culinary, medical, or otherwise – but as sites where complex epistemological questions could be explored (p. XIV). As is increasingly being accepted amongst scholars of domestic medicine, Wall understands recipe writing itself, the practice of reading recipe texts, imagining the completed products and the associated act of going on to create them, as all fundamentally creative activities – not mere instructions to be followed prescriptively. Most significantly, Wall draws parallels between the burgeoning empirical science of the Royal Society and the methodical approaches apparent in the creation of household recipe books, helping to erode modern attempts at separating the worlds of professional scientific and domestic experimentation in the process. Understood in this way, 'the home *was itself* a locale of knowledge production, out of which scientific work was emerging, spatially and conceptually', which also necessarily places women – too often written out of the experimental cultures associated with the Scientific Revolution – back into the frame (p 248). Although Wall rightly acknowledges that 'women were predominantly, though not exclusively involved' in this world of domestic science, the paradigm shift she offers questions of whether men – usually cited as the source for the

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<sup>29</sup> Wendy Wall, *Recipes for Thought: Knowledge and Taste in the Early Modern English Kitchen* (Philadelphia: University of Pennsylvania Press, 2016)

Scientific Revolution – may have actually found inspiration for their practices from within the domestic sphere (p. 2). *Recipes for Thought* is, in many ways, a continuation and evolution of Wall's previous work *Staging Domesticity: Household Work and English Identity in Early Modern Drama* (2002), though as that previous offering did not venture into the mid-eighteenth century as here (albeit in decidedly less depth than the material from the sixteenth and seventeenth centuries) it will not be subject to further commentary in this literature review.

Exploring some similar themes to Wall's work, Katherine Allen's research examines marginalia contained within manuscript remedy recipe books held at the Wellcome Collection.<sup>30</sup> Allen's 2017 article, 'Recipe Collections and the Realities of Fashionable Diseases in Eighteenth-century Elite Domestic Medicine', highlights exchanges patients had with physicians, which recipes were altered over the course of time, and which diseases/conditions were given the most coverage. A major theme in Allen's work is highlighting the pivotal, but all too often overlooked, role women played in maintaining – and adding to – these tomes. In an earlier 2016 article, 'Hobby and Craft: Distilling Household Medicine in Eighteenth-Century England', she explores the process of distillation in the home and the role women had in the decisions involved in selecting what to distil – concluding with the practice's eventual decline due to its prohibitive expense.<sup>31</sup> Allen's research is focused entirely on the seventeenth century whereas this thesis will examine the eighteenth, and also draws upon manuscript remedy recipe books and not printed texts, whilst this thesis will be utilising both kinds of primary evidence. Furthermore, as the title of her 2017 article would suggest, she is concerned with 'elite domestic medicine' – the medical habits of a small stratum of society – those who could afford a home distillery in the first

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<sup>30</sup> Katherine Allen, 'Recipe Collections and the Realities of Fashionable Diseases in Eighteenth-century Elite Domestic Medicine', *Literature and Medicine*, 35.2, 2017, pp. 334-354

<sup>31</sup> Katherine Allen, 'Hobby and Craft: Distilling Household Medicine in Eighteenth-Century England', *Early Modern Women*, 11.1, 2016, pp. 90-114

instance and then pay for its continued maintenance. The research in this thesis will explore the healthcare practices of a wider section of society – focusing on women who could obtain access to printed texts and in possession of the literacy skills to make use of them. Whilst this latter condition may seem initially to limit the remit of this thesis, fictional characters can often occupy unique social positions that straddle several aspects of different social ranks concurrently. This is possible, in part, because unlike the lives of real people where the historical record may be piecemeal or lacking, the experiences of fictional characters can be covered in their entirety by their respective authors. Smollett's Betty Sagely, for example, may be literate and in possession of books, but her substantial backstory explains why she lives in an impoverished state amongst the lower social orders. Similarly, Richardson's Mrs. Jewkes certainly has access to printed texts, but her role as housekeeper necessarily prevents her from being perceived as part of the middling sort. It is these types of complex social situations that appear in creative works which can offer us insights into how domestic medical practitioners operated at various social strata.

Similar conclusions to those made by Allen are drawn by Anne Stobart in her research into domestic medicine, which is also focused on the seventeenth century.<sup>32</sup> Although Stobart does also touch on printed remedy books, this element of her research is presented as a case study regarding which specific manuscript remedies were transferred into printed texts for commercial consumption, as opposed to a study into commercial remedy books as standalone works. At her strongest, she effectively reframes some of the previous thinking about how and when women called for outside, professional medical assistance when treating those around them. Stobart notes how Linda A. Pollock (1983) concludes from analysing contemporary diary sources that few parents ever called in a doctor for their ailing children, whilst Porter and Porter (1989) write that – much in line with Pollock – practitioners were

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<sup>32</sup> Anne Stobart, *Household Medicine in Seventeenth-Century England* (London: Bloomsbury, 2016)

scarcely summoned, but Mary Lindemann (1999) believes it was ultimately unpredictable and factors like geographical location make it difficult to draw any broad conclusions.

Concluding with more recent scholarship, Stobart writes that Hannah Newton (2012) believes that practitioners were only called in if all domestic medical assistance had failed to create any tangible improvement in the patient, and it is building on this assessment where Stobart makes her contribution. Using a micro-historical approach which entails examining the minutia of the everyday lives of three families as told through their correspondence, medical and account books, Stobart shows that whilst outside help was sought when cases did not seem to be improving, domestic medical practitioners did not simply then relinquish control of their patients. On the contrary, they attempted to maintain their participation in the treatment, incorporating advice offered by third parties into their own treatment plans, instead of just deferring to ostensibly 'superior' medical knowledge. Chapter two of this thesis will speak directly to this debate through its analysis of how Mrs. Jewkes cares for Mr. B during his illness and the considerations made when calling for outside assistance.

Leading on from her investigation into how frequently medical assistance outside of the domestic family unit was summoned, Stobart argues convincingly for a further contributing factor in the animosity between apothecaries and physicians. She shows how apothecaries' willingness to support lay domestic practitioners in their medical practice by offering assenting support and advice, where physicians might otherwise not, could lead to increased trust between patient and apothecary. Citing specific examples from her micro-history methodology, Stobart shows how apothecaries' close links with specific families, and thereby their having intimate knowledge of the family members' physical constitutions, enabled them to lend tailored advice and frequently agree with the initial diagnosis made by domestic practitioners, generating a mutually beneficial feedback loop. This had the implication of building trust and mutual respect between a domestic practitioner and their local apothecary,

and a potential distrust in the opinion of a physician when it was sought if it failed to chime with the assessment already shared by the domestic practitioner and apothecary. Stobart argues that this was another contributing factor in the ongoing conflict between apothecaries and physicians – a situation which will be explored in full in chapter three of this thesis – as apothecaries were seen to be usurping the position of physicians on a local level and thereby undermining public trust in their professional opinion. This wider issue of professional authority, its legitimacy, and how it intersected with domestic medicine, is another topic to which this thesis will contribute by examining the relationship between Smollett's Matthew/Tabitha Bramble and Dr. Lewis, his satirical representations of medical professionals, and Susanna Blamire's opinions on apothecaries which appear in her poetry.

Contrasting markedly with Stobart's work but continuing in the same vein, Elaine Leong's *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (2018) takes a much more quantitative approach to seventeenth-century domestic medical manuscripts than Stobart's micro-history study.<sup>33</sup> Covering some eighteen museums and record offices across both the United Kingdom and the United States, Leong maps out a significant body of extant English household remedy books, mainly from the sixteenth and seventeenth centuries. Leong references Stobart's work directly early on, making note of its limited scope to the South-East of England and re-iterating Stobart's own conclusion that her work could not adequately represent regional medicine, or regional medical practices despite its narrow focus. Leong agrees with this assessment, though is swift to point out that she is not arguing that different regions were not in possession of distinctive medical characteristics, but rather that localism is simply difficult to detect in any given family recipe book, and that taking a wider view from a greater pool of primary texts does not affect this fundamental issue. In tying together various aspects of the process by which a recipe

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<sup>33</sup> Elaine Leong, *Recipes and Everyday Knowledge*, 2018.



collection was created and compiled, Leong reveals the intrinsically idiosyncratic quality of each text and therefore why regional variations prove difficult to identify. Often when a recipe was presented to a compiler it would be tried, tested and modified by the recipient – sometimes adding new ingredients or altering the production process and recipe title – to suit the specific needs of the household it was entering. As a direct consequence, ‘thousands of fairly similar yet different recipes circulated in early modern England. The recipe, as text and as knowledge, is particularly adaptable and open-ended’, which only enhances their ability to extend beyond the localities of their initial creation and cross regional boundaries in the process (p. 97). Leong demonstrates the extent to which recipe collections were highly idiosyncratic and personal, existing in a constant state of flux as household members altered recipes as collections were compiled, resulting in something as simple as ‘adapting the instructions to make a different kind of flower-based syrup might also reflect changes in fashion and personal taste’ (p. 117).

Taking such a broad and holistic survey of these extant English recipe books, Leong has also contributed significantly to uncovering the ‘nuanced and complex’ role gender played in their creation (p.45). Far from being simply a male or female role, the responsibility of compiling a household recipe collection could become a collective effort, or fall more towards one member of the household as ‘influenced by the idiosyncrasies of individual partnerships or was in flux’ (p. 45). Nonetheless, and irrespective of who ultimately led the process of compilation within a household, the rigorous testing process that was required in order to ensure a recipe’s efficacy and suitability for inclusion needed the housekeeper to be ‘comfortable in several knowledge spheres and domestic spaces, from kitchens to stillrooms to dairies to gardens’ (p. 70). Adding further depth to the discussion on gender, Leong points to the boom of publications that occurred in the 1650s which were fronted by aristocratic women authors, but adds a note of caution that whilst it may have been ‘a woman [who]

graced the cover of the book, it was learned men who penned the contents and devised the experiments', men like the cited example of Sir Walter Raleigh (p. 153).

This is not to suggest that all publications of the period purporting to have been compiled by women were actually composed by men, as Leong also lists the prolific Hannah Woolley (often transcribed Wolley), and her extensive bibliography, as an example of a woman from a non-aristocratic background who collated recipes into commercial texts, of which she was actually the legitimate author. These questions of authorship reflect a cultural expectation put upon women to perform domestic medical duties – one which even extended to the way books on the subject were marketed to the public – but as this literature review has shown, the realities behind closed doors were more fluid and idiosyncratic than that simplified gender dynamic suggest. Consequently, this thesis will engage directly with the issues of medical authority, the expectations placed upon women in relation to domestic medicine, and how these principles worked in practice. These were concepts themselves in flux during the eighteenth century, but the literary sources this thesis will draw upon will demonstrate how they developed during the period and to what extent gender governed medical authority both inside and outside the domestic sphere.

Engaging further with this topic, Lyn Bennett's *Rhetoric, Medicine, and the Woman Writer, 1600-1700* (2018) describes a paradoxical relationship between male physicians and recipe books, in which the former are at once indebted to women for preserving the knowledge they espouse, whilst also attempting to discredit those women wherever possible.<sup>34</sup> What she describes is a concerted campaign by male physicians to usurp the work of women and then erase their contributions, arguing that

the mediating rhetoric of the remedy books tends to ignore or occlude the origins of the knowledge they present, and women are therefore denied meaningful participation in its making [...] those who lay claim to domestic knowledge work either to discredit

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<sup>34</sup> Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer, 1600-1700*, Paperback edn. (Cambridge: Cambridge University Press, 2021)

women's part in its making or to abstract it so far from practical application that their efforts become inconsequential (p. 5).

Looking to the 1631 edition of Gervase Markham's *The English Housewife*, Bennett sees a sinister side to its stated dedication to the dowager countess of Exeter. Rather than the overt praise it appears to be, she reads the dedication as a subtle – but systematic – deconstruction of any authority on the part of the woman nominally credited with the work, to instead relocate it entirely into the hands of male physicians:

The countess may have penned the manuscript, but the information found within, he goes on to explain, consists of the “opinions of the greatest Physicians which then lived” (Sig. A3). Hence the authority of the book's logos comes through a fashioned-by-proxy ethos that has nothing to do with the countess and her glories. Reclaiming the book's medicinal content under the purview of an exclusively male profession, Markham is even more specific in going on to credit the “two excellent and famous Phisitions” identified in the margin as Drs. Burket and Bomelius. Moving from the general to the particular, he proceeds deductively to discredit with the specific and concrete even the liminal authorship of the housewife countess, who now seems merely to have received the manuscript as it was “given to a great worthy Countesse of this Land” (p. 159).

Despite his efforts, Markham's stance is ultimately contradictory and self-defeating, as he defaults to 'insisting that the text does not offer the kind of information worthy of a true medical professional, he attributes an unreliable ethos to the woman whose own voice is suppressed and whose hand in the text he simultaneously denies' (p. 160). Such twisted logic points towards an uneasy, not to mention unsustainable, relationship with women healers and the concept of their medical authority, where even the most ardent attempt to suppress their contributions must then be concluded with a total dismissal of their authority. To men like Markham, women healers become the Schrodinger's cat of medicine: disconnected entirely from the success of the recipes they are nominally credited with compiling, whilst also being directly responsible for any of their potential failings.

A similar case is put forward with W. J.'s (likely William Jarvis) *A Choice Manual of Rare and Select Secrets in Physick and Cyrugery* (1653), but here the pre-emptive disclaimer of quality is extended from the woman associated with the book's creation to the women

readers who might make use of it: 'Jarvis makes a gesture akin to Markham's in presenting a work associated with a woman whose actual hand in authorship is neither clearly established nor flatly denied, and he does so while placing the onus for any potential failings on the women who were most likely to use it' (p. 162). Women became scapegoats for medical failing, discouraged from practising the art at all and demonised when they did, but the reality was that 'prohibiting women from healing practice meant denying that much early modern medicine was predicated on or borrowed from a domestic tradition largely developed and sustained by' those very same women (p. 156). The attempts made by male physicians to write women healers out of their own history, as Bennett describes them, are so surreptitious that they will have undoubtedly affected the way these medical works have been interpreted by historians. Yet here creative works hold the potential to reverse the total 'abstraction from practical application' these physicians have so successfully performed on women's domestic medical practice.

Fiction, plays, and poetry possess the power to present women's domestic practice in the present tense, revivifying their medical roles and placing them back in their original context – showing their successes in the process. The creative works this thesis will examine will also reflect on the recipe books it uses as evidence – even those works implicitly or explicitly penned by men – as when the medical advice contained within them aligns with what is presented in the creative works, a clear connection between the two is created. What these connections will reveal, in part, is how dependent the knowledge contained in recipe books was on a sustained history of domestic medical practice, one 'predicated on or borrowed from' the same women the creative works represent. In short, though this thesis' methodology is markedly different from Bennett's own, its use of two very different types of text as primary evidence – each informing the other to discover new aspects about both – will speak directly to her research and conclusions.

Two essays in Michelle DiMeo and Sara Pennell's edited collection, *Reading and Writing Recipe Books, 1500-1800* (2018), hold particular interest for this thesis. First, Michelle DiMeo's chapter: *Authorship and Medical Networks: Reading Attributions in Early Modern Manuscript Recipe Books*, explores the social networks of the compilers of manuscript recipe books.<sup>35</sup> Engaging in very close reading of three manuscript texts held at the British Library, DiMeo examines handwriting, marginalia, and extant attributions for clues as to the identities of recipe contributors. For the most part, her evidence is obtained from within the texts themselves, piecing together named contributors' identities using the individual texts' own internal logic – with a focus on contributors' given titles as an indication of their hierarchical relationship to the compiler. These preliminary findings are then cross-referenced with the wider available archive, including the epistolary records of the compilers, in order to build a holistic and informed picture regarding from whom the compiler obtained their medical advice. For example, in the case of Lady Katherine Ranelagh (1615-1691), though her letters suggest her medical network consisted mainly of social equals, her own manuscript remedy book demonstrates quite the opposite. DiMeo explains this apparent contradiction by arguing that the manuscript remedy book was something of a first port of call – comprising the collected knowledge of everyone in the household, irrespective of their place in society. If the remedies contained within the book failed to cure the patient, however, then a professional medical practitioner would be sent for via letter, resulting in the apparent social disparity between the two records.

DiMeo also reminds us that, unlike with printed remedy books that were likely to have been written with an intended audience in mind, manuscript remedy books' readership could vary considerably and had the potential to be vanishingly exclusive. Moreover, through her

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<sup>35</sup> Michelle DiMeo, 'Authorship and Medical Networks' in *Reading and Writing Recipe Books*, eds. Michelle DiMeo and Sara Pennell, pp. 25-46

close analysis, DiMeo emphasises the point that recipes were an evolving process – subject to development, change and improvement – and that a specific remedy's inclusion in a manuscript remedy book could have been for a multitude of reasons, including to show political allegiances or strengthen a social relationship. In short, DiMeo's work effectively demonstrates the uniqueness of each manuscript remedy book and the social situation behind its creation, and the importance of keeping these intrinsic idiosyncrasies in mind when examining any one text. Whilst much can be gleaned from within the text itself, the wider archive of letters and diaries must also be explored – and the two cross-examined – in order to build an effective picture of the complex social networks behind the creation of these texts. Perhaps most importantly of all, DiMeo throws into sharp relief the extent to which social barriers were broken down when exchanging recipes, highlighting the deeply pluralistic and inclusive nature of these compiled texts – where a recipe from a village wise-woman or scullery maid could sit alongside that of a royal court physician with no apparent incongruity. On this wider issue, DiMeo concurs with Cody's earlier point: that the erosion of such social barriers in the field of domestic medicine was one of the major catalysts that led to important medical contributions like those of Lady Mary Wortley Montagu. These conclusions on the transmission of domestic medical knowledge and its social permeability are essential background for the theme of this thesis, and chapter two in particular – with its focus on Mrs. Jewkes' care for her master, Pamela, and the wider community around Mr. B's estate – will contribute directly to this aspect of ongoing academic debate.

Our second chapter from this edited collection, Jayne Elisabeth Archer's 'The "Quintessence of Wit": Poems and Recipes in Early Modern Women's Writing', acknowledges from the outset that recipe books could be considered 'prescriptive and restricting, and hence inimical to female creativity and authorship', but in reality – far removed from this reductive view – they actually 'helped facilitate the process by which

housewifery was transformed into women's literacy and authorship' (p. 115 & 116).<sup>36</sup> Archer views the recipe book as a repository for women's personal histories and cultural content, containing writing as diverse as:

poems, prayers, proverbs, drawings, short biographies, case histories and personal inscriptions punctuate the leaves of women's recipe books [...] Literary forms deemed less acceptable for women, such as love lyrics, narrative poems and autobiographical writings, could be inserted within the pages of such a manuscript' (p. 119).

The process of compilation – interspersed as it was with snippets of creative work (sometimes of the author's own creation) – was one which was understood at the time to be an activity of recreation and imagination, chiming with Wendy Wall's conclusions earlier (p. 120).

Archer cites Alexander Pope's (1688-1744) *Essay on Criticism* (1711) which compares bad poetry to recipes and authors who, in the process of writing, 'reduce poetry to mere formulae, comparing them to "poticaries" [apothecaries] who try to usurp the authority of their rightful "masters", the doctors' (p. 120). Archer builds on this unfavourable comparison by arguing that in the modern age

The recipe is deemed a truthful text insofar as its meaning does not depend upon the symbolic qualities of language, whereas the poem is potent insofar as its allusive dimension lends itself to a variety of interpretations: a poem changes minds, not things, while a recipe changes things, not minds (p. 121).

This distinction between the scientific and literary, she argues, was not apparent in the sixteenth and early seventeenth centuries, ensuring that 'early moderns were acutely alert to the symbolic, or "poetic", potential of recipes, and, in particular, the power of verse as an aid to storing knowledge' (p. 121). As such, verse appeared in printed recipe books, rhyming couplets were used to reinforce household responsibilities, and women could write poetic prescriptions to one another that contained both medical recommendations and life advice. In

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<sup>36</sup> Jayne Elisabeth Archer, 'The "Quintessence of Wit"' in *Reading and Writing Recipe Books*, eds. Michelle DiMeo and Sara Pennell, pp. 114-134

this way, Archer argues that 'recipes were invested with a twofold power to alter the mind: confected into medicinal preparations, such as cordials and aphrodisiacs, they could restore the spirits of the patient; as texts, recipes could amuse, engage, [...] advise and inform a woman reader' (p. 128). We will see further evidence for Archer's argument in chapters three and four of this thesis, where both Jane Barker and Susanna Blamire use verse to discuss medical theory, provide medical advice and emotional support – demonstrating in the process the continued appearance of this practice until at least the end of the eighteenth century.

As this literature review demonstrates, despite the proliferation of material on the subject of domestic medicine which has appeared since the turn of the century, the field remains grounded in the sixteenth and seventeenth centuries – an imbalance this thesis seeks to correct with its focus on the eighteenth. Moreover, the work on domestic medicine remains the preserve of scholars of the history of medicine, with the sources examined almost exclusively being non-fictional – concentrated on manuscript domestic medical manuals and recipe collections. Yet these sources have a drawback which Wendy Wall highlights in *Recipes for Thought*, one which affects all scholars who rely on this particular form of evidence:

Handwritten recipe collections have been assumed to be presentation copies exchanged in patronage-gift economies and/or proudly displayed, the equivalent of modern-day coffee-table books. This perspective has been reinforced by general scepticism about whether prescriptive texts of any kind connected to genuine historical practice. Even if one concedes that workers read recipes, how do we know that these writings bore any resemblance to what went on in the kitchen?<sup>37</sup>

Wall goes on to cite Sara Pennell's work as demonstrating – via contextualising marginalia, household accounts and diaries – that such remedies truly were tried and tested in the kitchen, but this evidence still provides little sense of how they factored into everyday life. We get

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<sup>37</sup> Wall, *Recipes for Thought*, p. 213



scant indication of how decisions were made in the moment and for what purpose, which is a problem Jennifer Kay Stein acknowledges in her thesis on the subject:

[a] problem posed by recipe collections is that much of the information we would like to have from these books is missing. How often, for example, was a particular cure prepared? Upon whom was it tried? How many times was it used? Was it used in conjunction with other remedies or rules of diet? Physician's casebooks can give this sort of detail, but collections of medical remedies are silent.<sup>38</sup>

Creative literary works, with their rich sense of immediacy, can help bridge this gap – transforming glimpses of domestic medical practice, often materialising as a simple '*probatum est*' in the margins of a medical book, into a more sustained presentation of the thought-processes behind a particular practitioner's diagnosis, corresponding prescription, and even perhaps their patient's immediate response. Studies like those of Pennell, Stobart, and Leong can tell us how these recipes were acquired, both for and from whom, and potentially provide a brief summary of the effect they had, but the power of creative representation enables the practice of domestic medicine to be viewed 'in the moment', with the thought processes, decisions and actions of the practitioner revealed to us in real-time, not seen in hindsight committed to paper long after the fact.

Of course, such representation also has its limitations: springing from the imagination of its author, a work – whatever its particular form – has its boundaries set by a combination of an author's own lived experience and their ability to create compelling, believable characters who may exist outside that individual's experience. Yet these authors inhabited a world in which domestic medical practices were commonplace: as universal and ubiquitous an experience as taking a mild pain killer is to us today. They require little imagination on the part of the author to document passively as an aspect of a wider story. Nevertheless, to modern readers of these works of fiction, the logic behind prescribing a particular cordial or

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<sup>38</sup> Jennifer Kay Stein, *Opening Closets: The Discovery of Household Medicine in Early Modern England* (Ann Arbor: UMI Dissertations Services, 2006) [1993] p. 18

applying a specific salve may have been lost, but to the original readership such practices would have been recognisable instantly. This thesis will reconstruct this lost knowledge, uncovering the purpose behind an author's inclusion of particular medications and the implications these revelations have to our understanding of the women involved. Through these reflections, new facets of information about a text, its author, readership, and the wider society in which it was created can be revealed.

What follows is a methodological breakdown of this thesis' guiding principles which will support these core objectives. In the following three sections, its key terms will be defined, its chronological parameters justified, and the study's representative survey of women will be set out so as to best reflect the social fabric of Britain at the time. Once these have been established, the main body of the thesis will begin with its discussion of *The Expedition of Humphry Clinker*'s Tabitha Bramble, followed by the subsequent four chapters which culminate in its conclusion and recommendations for future scholars.

## Defining 'Domestic Medicine' and Other Key Terms

The definition of 'domestic medicine' is a topic which will be returned to, expanded upon, and challenged throughout this thesis, but a preliminary evaluation of the phrase and its associated terms is required here. Initially, knowledge may seem the most obvious factor which would separate the professional from the domestic medical practitioner, but as Roy Porter points out, 'distilled medicines straddled home and professional medicine, as did all aspects of herbal medicines. Self-sufficiency and self-care were, generally speaking, supported by the same medical knowledge'.<sup>39</sup> As Porter makes clear, there was no great gulf which separated the professional and domestic knowledge that supported the production and application of distilled or herbal medicines, with both groups able to gain and supplement their existing knowledge with books supplied by a burgeoning literary market. Of course, such texts were often distinguished by the way in which they were marketed, but there was nothing to stop a lay practitioner from reading a book purporting to be for a professional – with perhaps the exception of it being written in the scholarly language of Latin. Such issues will be examined closely in chapters three and four of this thesis, but this brief outline indicates why the abstract concept of knowledge cannot be relied upon to separate the worlds of professional and domestic medicine.

Connected intrinsically to knowledge, education and training are two further factors which can help distinguish between these forms of medicine. A university education, for example, would provide a clear qualification to practise medicine professionally, but it is far from the only form of training which would confer that privilege, as Mary Lindemann explains:

Only a small part of medical education (and not merely the education of physicians) in the eighteenth century was accomplished at universities. Many people trained in an apprenticeship and that included some doctors (especially in the colonies). Medical

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<sup>39</sup> Roy Porter, *Medicine: A History of Healing: Ancient Traditions to Modern Practices* (New York: Barnes and Noble Books, 1997) p. 79

occupations with a guild or corporate structure – apothecaries, surgeons, barber-surgeons – specified a course of apprenticeship approximating that of other artisanal occupations. Midwives, too, generally learned their craft in an apprentice-like framework, although they, like most women, enjoyed no guild membership. One should not assume that these non-academic methods produced inferior practitioners or that they conveyed no systematic or theoretical material.<sup>40</sup>

Lindemann's summary presents the breadth of practice which would fit neatly into the category of professional medicine. As she notes, although the practice of midwifery lacked a formal guild structure for women – which makes it something of an outlier within her list – from at least the preceding century it had operated an apprenticeship scheme which provided a form of professional training.<sup>41</sup> Often passing down the matrilineal line, the practice of midwifery has clear echoes of the knowledge contained in manuscript domestic medical manuals, but here it distinguishes itself through its operation primarily outside of the domestic sphere and with the intention to practise for profit. Observing these formal guild structures and their quasi-counterparts – along with the education they expected from their members and associates – is one method of separating professional medicine from the domestic. Such nuance also means that women who were educated informally by a family member, who may themselves have received a university education – as was the case with the brothers of both Jane Barker and Susanna Blamire – can be defined as domestic medical practitioners, unless their application of that knowledge is used primarily for material profit.

Recognising the challenges involved in defining a deceptively complex concept which has developed over time, Anne Stobart provides a clear breakdown of the terms she uses in *Household Medicine*. The relatively recent nature of Stobart's work makes it an excellent basis from which to begin, given she has already covered succinctly the scholarship which came before it. Due to the length of the following quote, it will be presented in three distinct

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<sup>40</sup> Mary Lindemann, 'Medicine, Medical Practice, and Public Health' in *A Companion to Eighteenth-Century Europe*, ed. Peter H. Wilson (Oxford: Blackwell Publishing, 2008) pp. 158-175 (p. 167)

<sup>41</sup> Doreen Evenden, *The Midwives of Seventeenth-Century London*, Paperback edn. (Cambridge: Cambridge University Press, 2006) p. 55

paragraphs, interspersed with commentary which reflects on the application of Stobart's terminology:

A plethora of terms have been used by historical researchers in studies of lay healthcare, ranging from family medicine to domestic medicine, household medicine, lay medicine, popular medicine and vernacular medicine. The meaning of these terms can vary and some carry particular connotations such as the involvement of women, or are more readily associated with unlicensed practitioners or folklore.<sup>42</sup>

As Stobart alludes to with the 'connotations' she mentions, there has been a historical tendency to assume women were always the primary caregivers in the domestic sphere. Yet as the preceding literature review has shown, the situation – at least in relation to gender and domestic medical duties – was more complicated and idiosyncratic than this reductive view would suggest. Gender and medical authority are both issues this thesis will interrogate, but as its core theme is literary portrayals of women domestic medical practitioners on the page and stage – so often written out of the wider history of medicine – the contribution of their male counterparts is not covered within its remit. Its focus, therefore, is not an unconscious act of cultural bias, but rather the result of conscious design. This is an important consideration, for the omission of lay male medical practitioners in this study should not be interpreted as a lack of literary evidence for their practice, it is simply that women are its chosen focus.

The second section of Stobart's quotation disentangles the many similar, but subtly distinct, terms which involve the word 'medicine':

The term "medicine" has multiple meanings, ranging from a complete programme of therapeutic treatment to a specific medicament or drug. Thus, "household medicine" might be understood in a number of ways from making medicines at home to the provision of all healthcare in the household. In this book, I use the term "household medicine" in the narrowest sense to refer to a specific medicament which could be prepared in the home or purchased for use in a self-help context. I use the broader term "household healthcare" to refer to a wider range of medical activity and treatment initiated or carried out by household members and related to health and wellbeing. This range of activity includes the provision and seeking of advice,

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<sup>42</sup> Stobart, *Household Medicine*, p. 4

preventative care, nursing and administering medical treatment, obtaining and making medicines, and steps to promote recovery. Some studies have recognised, as I do, additional aspects of healthcare such as the advice given in regimens on food and lifestyle.<sup>43</sup>

Like Stobart, this thesis will generally use the term 'medicine' to refer to the production and application of specific medicaments, whilst 'healthcare' is deployed as a more generalised and holistic term with a greater focus on regimen. As per the title of this thesis, 'domestic medicine' will be the phrase used most often to refer to the practice of healing – and creating medicaments for the same – inside and around the home, leaving 'household' to be applied in the style of Stobart:

In this book I use the term 'household' to refer to a group of people living together as a unit, rather than simply a physical space. Thus a household included family members, resident visitors and servants, and could vary considerably in terms of the number and relationship of occupants, their status and wealth as well as size, location and the available physical resources.<sup>44</sup>

Most of the case studies for this thesis fit comfortably into Stobart's definition, with only Jane Barker's Galesia challenging the notion to some degree, due to her ready acceptance of people into her home for 'Advice in divers sorts of Maladies' until she becomes 'pretty much known' for her medical knowledge.<sup>45</sup> Galesia operates in only an advisory capacity initially, from firmly within the domestic space, and upon a reputation which is centred on her local community but continues to grow passively from word-of-mouth – without the practitioner's active involvement in that process. In short, Galesia shifts from domestic medical practice into a more professional mode by the novel's conclusion, but this thesis will concentrate its analysis on the events leading up to this development – as well as the transition itself – in order to retain its focus on domestic medicine.

The terms 'recipe book' and 'receipt book', both used to denote texts containing

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<sup>43</sup> Ibid.

<sup>44</sup> Ibid. pp. 3-4

<sup>45</sup> Jane Barker, *A Patch-work Screen for the Ladies* (London: E. Curll, 1723) p. 55

instructions for producing culinary and medicinal products, are used throughout this thesis. As Susan H. Brandt points out, 'the term *receipt* was used more often than *recipe* during the seventeenth and eighteenth centuries', but both refer fundamentally to the same thing, explaining the interchangeable nature of the terms in modern scholarship.<sup>46</sup> Simply put, both words were used during the period and both are still employed today, so this thesis will adopt the nomenclature used by the institution where a particular text is held – or by the specific scholar being discussed – to ensure internal consistency. Business receipt books are not a source utilised at any point in this thesis, so the risk of confusion – as with some studies that focus on the domestic economy as a whole – is not an issue. Where a text without a pre-existing denotation is being discussed, 'recipe book' will usually be adopted, given this is the more common term in modern academic parlance.

In their work, Roy and Dorothy Porter use the similar terms 'self-help, health care books' and 'health manuals' to refer to the same thing: texts which provided their readers with regimen-focused health advice.<sup>47</sup> This thesis will use 'self-help' as a more wide-ranging term, functioning as a prefix to denote any text whose main aim was to empower a person to take command over their own healthcare, whether manuscript or printed (as distinct from professional medical manuals which may have employed a similar structure, such as apothecaries' pharmacopoeias). When referring to texts like the ones which Porter and Porter outline, the phrases 'regimen' or 'regimen-focused' will be employed, reflecting the medical genre conventions commonly used during the eighteenth century.

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<sup>46</sup> Susan H. Brandt, *Women Healers: Gender, Authority, and Medicine in Early Philadelphia* (Philadelphia: University of Pennsylvania Press, 2022) p. 232

<sup>47</sup> Porter and Porter, *Patient's Progress*, p. 33

## Case Studies: An Overview

As demonstrated in the literature review, there is a lacuna in scholarship for the period of the eighteenth century in relation to the history of medicine in general, but domestic medicine in particular. There has been a historical tendency to view the eighteenth century as an interim period, offering a continuation of the medical practices present in the seventeenth century before the major changes which came with the nineteenth. It is an understandable assumption, as many of the conclusions of this thesis will support the findings of the core medical historians covered in the literature review, demonstrating the broad similarities between the two earlier periods. Yet this is not to suggest the century was defined by a lack of medical innovation; rather it offered a more subtle evolution of ideas – a gradual loosening of the received medical wisdom of Ancient Greece as new scientific understanding began to displace it.

For example, though the invention and adoption of a number of anaesthetics in the nineteenth century revolutionised medicine and caused a seismic shift in public attitudes towards the notions of pain and suffering, the philosophical foundation for this innovation had its roots in the eighteenth century.<sup>48</sup> Similarly, the professionalisation of medicine and the authority associated with it, whilst in flux throughout the eighteenth century, was continuing its slow march towards the codification of the nineteenth century, and this story has important intersections with the history of domestic medicine, as will be seen throughout this thesis.<sup>49</sup> The century, therefore, represents a period of gradual evolution in relation to medicine, as opposed to a series of revolutions, though even here there are exceptions like the

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<sup>48</sup> Stephanie J. Snow, *Blessed Days of Anaesthesia: How Anaesthetics Changed the World* (Oxford: Oxford University Press, 2008) p. xi & xiii

<sup>49</sup> Virginia Berridge, 'Health and Medicine' in *The Cambridge Social History of Britain, 1750-1950, Volume 3: Social Agencies and Institutions*, ed. F. M. L. Thompson, Digital edn. (Cambridge: Cambridge University Press, 2002) pp. 171-242 (pp. 176-178)



popularisation in Britain of inoculation via variolation, in large part through the efforts of Lady Wortley Montagu (1689-1762), and the subsequent invention of the early vaccination by Edward Jenner (1749-1823).<sup>50</sup>

For this reason, it is important to trace the evolving attitudes to domestic medicine in the eighteenth century and how its practitioners interacted with the world of professional medicine, as every subtle shift can inform our understanding of the practice's cultural reception. As we shall see through the work of Jane Barker and Susanna Blamire, the way in which women conceptualised their own medical practice was also changing during the period, demonstrating a growing confidence in their knowledge and its capacity to rival that of male professionals. From the beginning of the nineteenth century onward, these borderlines between professional and domestic medicine would gradually lose their permeability, with medicines increasingly being chemically synthesised and specialist knowledge growing ever more esoteric.<sup>51</sup> Attitudes towards the medical establishment would shift over the coming century as the branches of medicine became evermore specialised, with professionalisation concentrating medical authority – and the ability to confer that authority – into fewer hands than ever before. In short, the gap between professional and domestic medicine, from this point onward, would only continue to grow. Yet the work of both Barker and Blamire show the beginnings of that gap being bridged in the eighteenth century, demonstrating through their creative output the knowledge and skills which would eventually lead to the legitimisation of women in the medical workforce in the nineteenth century.

The case studies of this thesis have been selected to capture, as broadly as possible, the cultural reception of women who practised domestic medicine during the period. The texts form a representative survey of literary genres over the course of the century, comprising the

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<sup>50</sup> Michael Bennett, *War Against Smallpox: Edward Jenner and the Global Spread of Vaccination* (Cambridge: Cambridge University Press, 2020) p. 33 & 65

<sup>51</sup> Byong-Hyon Han, *Therapy of Social Medicine*, E-book edn. (Singapore: Springer, 2016) pp. 22-23

main genres of novels, plays, and poetry, and more specific sub-genres within those, such as the epistolary novel, theatrical social satire, and pastoral poetry. Moreover, the women depicted within each are themselves reflective of society in terms of social rank, as detailed in the next sub-chapter of this thesis. There is a mixture of popular works like Samuel Richardson's *Pamela* (1740) and those little-known, such as Paul Hiffernan's *A New Hippocrates, or, a Lesson for Quacks* (1761) and Jesse Foot's *The Quacks, or, the Credulous Man* (1784). Two of the writers, Jane Barker and Susanna Blamire, were women who practised medicine themselves, whilst Tobias Smollett, Paul Hiffernan, and Jesse Foot were all professionally-trained male medical practitioners, providing a direct comparison of the ways in which gender influenced their portrayals of women practitioners.

Despite these differences in authorship and genre, the women depicted in these works are shown to discharge their medical duties, often subtly but always consistently, in an effective fashion. This similarity in presentation, persistent across differing literary genres over the century, suggests that women's medical abilities were acknowledged by society, even if often only tacitly, but that they were not necessarily valued. In short, it was considered so self-evident that women were able practitioners of domestic medicine by eighteenth-century British society, that creative representations of their practice reflect, whether consciously or unconsciously by their respective authors, this everyday reality. Women like Barker and Blamire would have good reason to represent their medical practice in the best possible light, demonstrating to their respective readerships not only their own knowledge and skills, but also the same potential present in other women like them. Conversely, medical men like Smollett, Hiffernan, and Foot could use creative writing as another means to promote the protectionist and exclusionary practices which were present in all the male-dominated medical professions, but especially in midwifery. Yet the fact that the women portrayed in each of these works are shown to perform their medical practices effectively also has

implications for the problematic issue of authorial intent.

Simply put, these depictions of women's domestic medical practise must have been included by their authors either as a conscious act, because they wanted their respective readerships to view such practices positively, or else they did so as a result of unconscious influence – informed by what they knew of women in their own lives and the culture they inhabited. In either case, the outcome is unaffected, as women are shown consistently to be capable and committed medical practitioners, regardless of the original authorial intention behind their inclusion. Nonetheless, this is an issue which requires careful consideration in relation to each individual work and the unique circumstances that informed its creation. It is, therefore, an important topic and one which will be returned to in each chapter of this thesis.

## Case Studies: Representing Women of Every Social Stratum

The representative survey of women healers operating in British society this thesis aims to undertake will be broad in scope, achieved by using the creative output of writers of the period to reflect the practice of women healers pluralistically. Although the social situation of each of these women will be explored in more detail in their respective chapters, it is important to provide here a brief outline of their social rank to illustrate the nature of the thesis' methodological approach to capturing the range of practices undertaken by women healers across varying social strata.

We begin with the character who inhabits the lowest echelon of eighteenth-century society this thesis will discuss, Betty Sagely of *The Adventures of Roderick Random* (1748), who will feature in chapter three. Our introduction to Sagely comes with a backstory where we learn she was once heir to a great fortune:

to tell the names of my parents, who are dead many years ago; let it suffice to assure you, they were wealthy, and had no other child than me; so that I was looked upon as heiress to a considerable estate, and teased with addresses on that account.<sup>52</sup>

Following her marriage to a military man of little means and even fewer prospects for promotion, Sagely is disinherited by her parents and is forced to throw her lot in with her husband. Living together for a number of years in near poverty, the situation worsens when the unfortunate woman's husband perishes. Left to live with a fellow widower, sell her jewels, excess clothes, and apply for her former husband's military pension, it is apparent that she continues to live on relatively meagre means when Random is taken into her home.<sup>53</sup> As such, we can conclude that Sagely occupies the lower end of the social ranks in British eighteenth-century society, living a reclusive and impoverished lifestyle in rural Sussex.

Our next two characters – who will appear in chapter one and two of this thesis,

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<sup>52</sup> Tobias Smollett, *The Adventures of Roderick Random*, Vol. 2 (London: J. Osborn, 1748) p. 12

<sup>53</sup> *Ibid.* p. 14

respectively – are both engaged as housekeepers, though they occupy radically different sections of the social spectrum. Tabitha Bramble (*The Expedition of Humphry Clinker*, 1771) and Mrs. Jewkes (*Pamela*, 1740) are both charged with overseeing a broad range of activities on a daily basis, but – as Gilly Lehmann explains – such superficial similarity belies the more complex social dynamic beneath it:

Housekeepers were employed in homes ranging from the very grand to those of the lesser gentry and those of the middle class, but in terms of status and rewards, and in the extent of their tasks, there was a vast difference between the ends of the spectrum. Paradoxically, it was where the mistress of the house still played a supervisory role herself that the housekeeper had to work hardest, and for proportionally the least reward; in houses where there were enough specialised staff to render the mistress's services superfluous the housekeeper's job was easier and better rewarded. [...] The confusion between the housekeeper as 'keeper of the house' (i.e the mistress) and as a servant, still apparent in the varied meaning of the word in the nineteenth century, meant the status of one was indissociable from the other. Thus the wife was often seen as an unpaid servant, and the housekeeper, even though paid, had to be inferior to the wife. The reasons why the housekeeper was so under-valued were more complex than the simple question of her sex.<sup>54</sup>

Lehmann's assessment is important here as it has implications for both Tabitha Bramble and Mrs. Jewkes. No matter which type of household a professional housekeeper worked for, their social status remained broadly the same: they were confined to the lower orders with only their earning potential creating a degree of differentiation within that social category. Given Mr. B's position as a country squire manifesting in the social system as lesser gentry, Mrs. Jewkes would fit comfortably into the upper elements of the lowest social rank based on her salary potential within the Lincolnshire estate, given its many specialised staff.

Tabitha Bramble, on the other hand, is a more complex social figure. Effectively operating as the housekeeper for Brambleton Hall, Tabitha must be understood socially in relation to her brother, Matthew Bramble, who – as Brian McCrea identifies – fits within a liminal social position himself:

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<sup>54</sup> Gilly Lehmann, 'The Birth of a New Profession: The Housekeeper and Her Status in the Seventeenth and Eighteenth Centuries' in *The Invisible Woman: Aspects of Women's Work in Eighteenth-Century Britain*, Paperback edn., eds. Isabella Baudino, Jacques Carré and Cécile Révaugue (Abingdon: Routledge, 2016) pp. 9-26 (p. 25)

We discover that Bramble, the novel's staunch social conservative, is a social climber. Matthew Bramble, we learn, along with Clinker, is really Matthew Loyd; the name change was made in order that Bramble could inherit an estate.<sup>55</sup>

From the myriad descriptions we get of Brambleton Hall throughout the various epistles of *Humphry Clinker*, it certainly seems like a sizeable estate, yet this does not mean that Matthew Bramble is necessarily a member of the gentry. During one exchange where Lismahago challenges Lord Oxmington to a duel on behalf of Matthew, we read that Oxmington reacts: 'What! A commoner to send a challenge to a peer of the realm! Here's a person brings me a challenge from the Welshman that dined at my table.'<sup>56</sup> Although Oxmington's statement is clearly filtered through a lens of elitism, it suggests that whilst Matthew is wealthy, he is not actually in possession of any landed title – given Lord Oxmington believes it is he who sent the challenge through Lismahago.

Tabitha is obviously not Matthew's wife, but she operates socially within a similar framework: acting as his constant travelling companion and housekeeper despite her status as a spinster for most of the novel. She is heavily involved in the running of Brambleton Hall: issuing numerous commands to her staff via letter regarding how the farm should be run, where food is to be properly stored, and how the female staff should busy themselves profitably with spinning yarn – activities which will all be discussed in greater detail in chapter one of this thesis.<sup>57</sup> In line with Lehmann's analysis, therefore, though Tabitha acts as an unpaid servant, her social position exists within the upper echelons of the middling sort – able as she is to live alongside her affluent brother and move together within the same circles comfortably.

Susanna Blamire presents a more complicated case study, as her poetry is often semi-

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<sup>55</sup> Brian McCrea, *Impotent Fathers: Patriarchy and Demographic Crisis in the Eighteenth-century Novel* (Newark: University of Delaware Press, 1998) P. 115

<sup>56</sup> Tobias Smollett, *The Expedition of Humphry Clinker*, Vol. 2 (London: W. Johnston and B. Collins, 1771 [Misprinted 1761]) p. 146

<sup>57</sup> *Ibid.* Vol. 1, pp. 13 & 67-68

autobiographical in nature with overt references to herself, social relations and important places in her life. It is because of these references, discussed in-depth in chapter four of this thesis, that the few scholars who have studied Blamire read the speaker of these particular poems as analogous to her, and often even as synonymous. It therefore seems reasonable to extrapolate from these details which the poem's speaker provides – that align precisely with Blamire's own life – their social position in society. Born at Cardew House, Cumbria, Blamire's family was well established in the area and financially very comfortable.<sup>58</sup> At around the age of seven, she would relocate to a Jacobean manor at Thackwood Nook, with an aunt who was wealthy enough to have guineas stationed in her parlour to dispense to the poor.<sup>59</sup> Although her life was plagued with ill-health, Blamire would always remain socially well-connected and equally affluent. Unlike Tabitha, the voice which Blamire's poetry often adopts does not appear to busy herself with the burdens of housekeeping, but her lifestyle still leaves her in a similar social position within the upper elements of the middling sort.

Jane Barker's *Galesia (A Patch-work Screen for the Ladies, 1723)* is another complex figure, self-identifying as a gentlewoman: we are told in the introduction of the novel that she spent much of her youth 'delighting [...] in Dressing, Visiting, and other Entertainments, befitting a young Gentlewoman'.<sup>60</sup> This self-proclaimed social status is later granted greater credence as 'the Lady' who invites Galesia into her 'Noble Structure' of a home also recognises her as a 'Gentlewoman', apparently by appearance alone.<sup>61</sup> We are then told that this aristocrat's ancestors 'delighted to employ poor Gentlewomen, thereby to keep them from Distress, and evil Company', suggesting that Galesia could genuinely be of minor nobility – given she is granted sanctuary by the Lady under similar circumstances.<sup>62</sup> Yet her own mixed

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<sup>58</sup> Christopher Hugh Maycock, *A Passionate Poet: Susanna Blamire, the Muse of Cumberland* (Penzance: Hypatia Publications, 2003) p. 2

<sup>59</sup> *Ibid.* p. 3

<sup>60</sup> Jane Barker, *A Patch-work Screen for the Ladies* (London: E. Curll, 1723) p. 10

<sup>61</sup> *Ibid.* Unpaginated

<sup>62</sup> *Ibid.*

fortunes in the novel, which will be discussed in chapter three of this thesis, do add complexity to the picture. Although Galesia's ambiguously genteel background certainly prevents her from being associated with the lower orders, her financial situation at various points of the story could place her anywhere between the lower end of the middling sort to the very minor gentry. These conflicting factors considered, socially she probably occupies a position comparable to Susanna Blamire: an impression which is only reinforced by the similarities shared between the backgrounds of her author, Jane Barker, and Blamire herself.

Lastly, the two women on which chapter five will centre are both members of the gentry, with the plays in which they appear being satires of fashionable disease – believed to affect the upper echelons of society disproportionately. *The Quacks*' Lady Meagrim is married to Sir Toby, listed as a baronet in the *Dramatis Personae*.<sup>63</sup> *A New Hippocrates*' Lady Brainsick, on the other hand, is of even higher nobility – being the widow of Lord Brainsick and now married to Sir John Resolute, though she retains her former title.<sup>64</sup> In possession of titles, property, and considerable wealth, the families of both women fit firmly into the upper ranks of society and so serve as examples for that stratum in this thesis.

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<sup>63</sup> Jesse Foot, *The Quacks, or, the Credulous Man*, 1784, Huntington Library, MS. LA. 650, p. 21

<sup>64</sup> Paul Hiffeman, *A New Hippocrates, or, a Lesson for Quacks*, 1761, Huntington Library, MS. LA. 192, Unpaginated



## Chapter One

### 'A Domestic Plague' or Household Hygieia?: Tabitha Bramble's Medical Practice in Tobias Smollett's *The Expedition of Humphry Clinker*

Despite being a central character in Tobias Smollett's *The Expedition of Humphry Clinker* (1771), Tabitha Bramble is presented with little opportunity to write in her own voice – six letters barely comprising six pages of the first edition – leaving most of her actions to be reported to the reader via the epistolary record of the more prolific members of Smollett's cast. Malapropisms litter what few of Tabitha's letters do appear in the novel and as John Skinner observes – and Robert DeMaria more recently echoes – those letters are 'barely distinguishable, in stylistic or psychological terms,' from those of her maid, Winifred Jenkins.<sup>65</sup> In light of this, it is not difficult to see why critics have viewed Tabitha in negative and shallow terms, like Kathleen Hickok who dismisses her as 'ridiculous and man-hungry', little more than an eighteenth-century stereotype of a spinster, or Sandra M. Gilbert and Susan Gubar who both brand her simply as a 'cartoon'. Likewise, Stephanie E. Eddleman deems her to be, along with a host of other mature female characters, mere 'comic fodder'.<sup>66</sup>

Compounding the issue of Tabitha's lack of opportunity to construct her own narrative is the fact that few of Smollett's other characters seem to have a charitable word to say about her. Only the eponymous Humphry Clinker himself ventures to call her 'a good, sweet,

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<sup>65</sup> John Skinner, *Constructions of Smollett: A Study of Genre and Gender* (Newark: University of Delaware Press, 1996) p. 200

Robert Demaria, Jr., 'Your Humble Servant: Real Letters from Real Servants in the Eighteenth Century', *Age of Johnson*, 22, 2012, pp. 191-205 (pp. 200-201)

<sup>66</sup> Kathleen Hickok, 'The Spinster in Victoria's England: Changing Attitudes in Popular Poetry by Women', *Journal of Popular Culture*, 15.3, 1981, pp. 119-131 (p. 119)

Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth Century Literary Imagination*, 2<sup>nd</sup> edn. (New Haven: Yale University Press, 2000) p. 31

Stephanie M. Eddleman, 'Past the Bloom: Aging and Beauty in the Novels of Jane Austen', *Persuasions*, 37, 2015, pp. 119-133 (p.120)

beautiful [...] excellent lady', but this is moments after making her acquaintance and forms part of a desperate and fawning plea for employment, making its sincerity deeply questionable, particularly when we consider that one of the adjectives he employs is known to be untrue.<sup>67</sup> Indeed, the strongest condemnation of Tabitha's character comes in the form of her own nephew Jeremy Melford's initial assessment of her, where he reels off that she is 'proud, stiff, vain, imperious, prying, malicious, greedy, and uncharitable', and this already exhaustive list is one exclusive of his wholly hostile musings on her physical appearance.<sup>68</sup>

Her brother, Matthew Bramble, is more conservative in his reproaches, usually avoiding the subject altogether but occasionally engaging in the odd outburst: 'that fanatical animal, my sister Tabby [...] is sometimes so intolerable, that I almost think her the devil incarnate come to torment me for my sins'.<sup>69</sup> In other situations, although he appears to temper his strongly negative feelings towards her: 'if Mrs. Tabitha Bramble has been of any other race, I should certainly have looked upon her as the most-'; he actually only pauses his impending vitriol on the grounds that 'she has found means to interest my affection; or rather, she is beholden to the force of prejudice, commonly called the ties of blood'.<sup>70</sup> When his nephew later revives the issue, however, questioning how he can 'bear such a domestic plague', Matthew again erupts: 'Damn her! She's a *noli me tangere* in my flesh, which I cannot bear to be touched or tampered with', as though she were some weighty crucifix of which he, Christ-like, has learned to shoulder the burden.<sup>71</sup>

Given that those closest to her, and, ostensibly, the ones who know her best, so roundly criticise her character, and with no clear counter-narrative offered by the rest of Smollett's cast of characters, it may appear at a surface level appropriate to dismiss Tabitha Bramble,

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<sup>67</sup> Tobias Smollett, *The Expedition of Humphry Clinker*, Vol. 1 (London: W. Johnston and B. Collins, 1771 [Misprinted 1761]) p. 177

<sup>68</sup> *Ibid.*, Vol. 1, p. 124

<sup>69</sup> *Ibid.*, Vol. 1, p. 15

<sup>70</sup> *Ibid.*, Vol. 1, p. 95

<sup>71</sup> *Ibid.*, Vol. 1, p. 126

like the critics mentioned above, as a frivolous figure of fun, unworthy of either our sympathy or respect. This chapter, however, argues that through her active interest and skill in domestic medicine, Tabitha Bramble proves herself to be an integral part of her household, a conscientious healer and, by extension, a serious source of stability for her brother.

### Daffy's Elixir and Dock Water: Opening Tabitha's Medicine Chest

Smollett first introduces us to Tabitha Bramble via a letter, written from Gloucester by Tabitha herself, addressed to the housekeeper of Brambleton Hall, Mrs. Gwyllim, on April 2<sup>nd</sup>. Initially the contents of the message seem fairly innocuous, with Tabitha requesting that Mrs. Gwyllim gather together various articles of clothing to be sent on to the Brambles via the Bristol wagon, but it is during this otherwise unremarkable introduction to her character that we are presented with our first hint of Tabitha's interest in medicine. Following her call for the collection of clothes to be brought is a request that Tabitha's 'bum-daffee, and the viol with the easings of Dr. Hill's dock water, and Chowder's lacksitif' also be included in the shipment, as 'the poor creature [her pet dog Chowder] has been terribly constuprated ever since we left huom'.<sup>72</sup> Though the last item in this list remains recognisable to the modern eye despite the misspelling, it may not be immediately apparent that the first two are also medications. 'Bum-daffee', Thomas R. Preston suggests, is a '*laxative*, this coinage perhaps derived from the portmanteau word *bum* plus "Daffey's Elixir"', and its presence in Tabitha's list of requested items represents one of only a few references to a condition she suffers from personally.<sup>73</sup> The pharmaceutical history scholar Peter M. Worling provides some more detail about Daffy's elixir, informing his reader that the medicine

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<sup>72</sup> Ibid, Vol. 1, p. 4

<sup>73</sup> Thomas R. Preston in Tobias Smollett, *The Expedition of Humphry Clinker*, ed. Thomas R. Preston (Athens: University of Georgia Press, 1990) p. xxxvi

was compounded before 1680 by Reverend Thomas Daffy, Rector of Redmile, and later by his daughter Elizabeth. It was said to consist of senna, jelap, aniseed, caraway seeds and juniper berries macerated in alcohol, to which treacle and water were added. There was apparently a good demand for the elixir. John Harrison of London also started to supply an Elixir Salutis, and there was considerable disagreement between him and Elizabeth Daffy over the rights to the formula.<sup>74</sup>

An examination of primary sources held at the Wellcome Collection – in the form of manuscript receipt books both created and edited throughout the eighteenth century – reveals remarkable consistency between the recipes, broadly in keeping with Worling's assessment.<sup>75</sup> Almost all of the manuscript examples, however, also contained liquorice, raisins and elecampane, which Worling's passage does not record. The result, nonetheless, is a clear consistency between the recipes, one that is made more noteworthy due to Daffy's elixirs' status as a patent remedy. The recipes behind a patent remedy were usually a closely guarded secret by the apothecaries who produced them, making those found in both printed and manuscript receipt books approximations of the original, with notable disparity between one recipe and another. Courtesy of this unusual consistency between all the manuscript texts cited, we can conclude that Tabitha's 'bum-daffee' would likely have use as an anti-spasmodic and anti-flatulent from the aniseed, caraway seeds and liquorice, whilst the senna, jelap, juniper berries and raisins would provide a laxative effect.<sup>76</sup> This simultaneously purgative and gastrointestinal-soothing quality would have made it an important tool for any healer following humoral theory, for as Heather R. Beatty explains:

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<sup>74</sup> Peter M. Worling, 'Pharmacy in the Early Modern World, 1617-1841 AD' in *Making Medicine: A Brief History of Pharmacy and Pharmaceuticals*, ed. Stuart Anderson (London: Pharmaceutical Press, 2005) pp. 57-76 (pp. 60-62)

<sup>75</sup> Wellcome Collection, MS. 7997, Heppington Receipts Vol. 1, p. 109. (Coriander replaces caraway. Also contains liquorice and elecampane. Brandy replaces treacle and water.)

Wellcome Collection, MS. 1320, A Book of Phisick. Made June 1710, p. 181. (Also contains liquorice, elecampane, raisins, saffron and guiacum.)

Wellcome Collection, MS. 981, Arscott Family, p. 17. (Coriander replaces caraway. Also contains liquorice, rhubarb, raisins and saffron. Brandy replaces treacle and water.)

Wellcome Collection, MS. 8687, Sarah Tully, Lady Hoare [and others], p. 117. (Also contains elecampane, raisins, saffron and guiacum. Brandy replaces treacle and water.)

Wellcome Collection, MS. 1144, Bernard, M. [and others], p. 21. (Also contains liquorice, elecampane, raisins and guiacum.)

<sup>76</sup> The elecampane added to most of the manuscript examples has a strongly anti-parasitic effect and would have killed any worms infecting the gut.

those subscribing to a humoural vision of the body were likely to believe that productive emetics and purgatives were effectively voiding their bodies of harmful fluids. Patients who imagined that their nerves were weak and flaccid might also believe that these potentially violent remedies would have a bracing effect.<sup>77</sup>

Tabitha's 'bum-daffee', then, serves a dual-purpose, acting not only as a means of managing her own digestive disorder but also as a potential purgative for use in treating other conditions – a direct example of which appears later in the text and will be examined in detail during the course of this chapter, one which strongly suggests that Tabitha subscribes to the pervasive medical humoural theory of the period.

The 'Dr. Hill's dock water' which Tabitha refers to is, as *The Universal Magazine of Knowledge and Pleasure* (1747-1814) suggests – and Preston more recently confirms – 'Dr. Hill's Essence of Water-Dock'.<sup>78</sup> This was another patent remedy which was available to purchase from booksellers, with each bottle supposedly signed by the eponymous doctor himself in order to prove its authenticity.<sup>79</sup> When we consider that contemporary newspaper advertisements in the *London Chronicle*, *Independent Chronicle* and *Lloyd's Evening Post* explicitly tout the medicine as a cure for scurvy, Smollett's specific choice of medicine for his character here may initially appear perplexing.<sup>80</sup> Though such patent remedies were often

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<sup>77</sup> Heather R. Beatty, *Nervous Diseases in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (Abingdon: Routledge, 2015) p. 127

<sup>78</sup> J. M., *The Universal Magazine, New Series*, XIII (London: Sheerwood, Neely, and Jones, 1810), p. 129 Preston, p. 341

<sup>79</sup> Matthew Allison, *M. Allison, Bookseller on the Market-Strand, in Falmouth; Sells the Following Articles, Wholesale and Retail*, (1750?) in *Eighteenth Century Collections Online*, <<http://find.galegroup.com/ecco/infomark.do?&source=gale&docLevel=FASCIMILE&prodId=ECCO&userGroupName=unn&tabID=T001&docId=CW3305342194&type=multipage&contentSet=ECCOArticles&version=1.0.>> [date accessed: 29<sup>th</sup> May 2019]

<sup>80</sup> 'Advertisements and Notices', *London Chronicle*, March 5, 1767 – March 7, 1767 in *17th and 18th Century Burney Collection*, <<http://link.galegroup.com/apps/doc/Z2001684936/GDCS?u=unn&sid=GDCS&xid=aef358f.>> [date accessed: 29 May 2019]

'Advertisements and Notices', *Lloyd's Evening Post*, September 5, 1768 – September 7, 1768. in *17th and 18th Century Burney Collection*, <<http://link.galegroup.com/apps/doc/Z2000515396/GDCS?u=unn&sid=GDCS&xid=0730a7a5.>> [date accessed: 29<sup>th</sup> May 2019]

'Advertisements and Notices', *Independent Chronicle*, February 26, 1770 – February 28, 1770. in *17th and 18th Century Burney Collection*, <<http://link.galegroup.com/apps/doc/Z2000503909/GDCS?u=unn&sid=GDCS&xid=7d10c022.>> [date accessed: 29<sup>th</sup> May 2019]

marketed as panaceas – purporting to cover a range of ailments and frequently positioning themselves as generally healthful tonics – this is not the case with Dr. Hill’s *Essence of Water-Dock*. This leaves open the possibility that Tabitha Bramble believes herself to be suffering from scurvy, or at least wishes to prevent its development, and an exploration of Dr. John Hill’s pamphlet on the subject, *The Power of Water-Dock Against the Scurvy, Whether in the Plain Root or Essence* (1765), would indicate that this conclusion is not outside the realms of reason. During the pamphlet’s introduction, Hill explains how people suffering with all manner of various symptoms may be suffering, in actuality, from undiagnosed scurvy, for ‘where it is latent, there may be a thousand [symptoms]: for there is scarce any disease it will not imitate’.<sup>81</sup> Provided with this context, Tabitha’s interest in the nostrum makes more sense, especially when it is noted that one of the key common ailments Hill purports to be caused by scurvy is how ‘the stomach is often weak; and bitters are taken in vain’, only for his own remedy to clear up the underlying cause and settle the stomach again, perhaps indicating why Tabitha refers to it as an ‘easing’.<sup>82</sup> As Clark Lawlor notes, Smollett – himself a trained ship surgeon – suffered personally with ““scorbutical taint” or tendency to scurvy, a condition thought to lead on to consumptions by Cheyne and other medics’, potentially pushing the disease to the forefront of his mind when writing *Humphry Clinker* at the close of his life, itself ended by consumption.<sup>83</sup>

Thus equipped with an understanding of what the previous two medicaments entail, we can observe that the third follows the same theme, and so Chowder’s stomach complaints become a reflection of his mistress’ own. Despite Chowder being an animal, this small note Tabitha writes about him marks the first instance of her consciously aiming to protect and

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<sup>81</sup> John Hill, *The Power of Water-Dock Against the Scurvy, Whether in the Plain Root or Essence* (London: R. Baldwin, and J. Ridley, 1765) p. 3

<sup>82</sup> *Ibid.*, p. 4

<sup>83</sup> Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave Macmillan, 2006) p. 94

preserve the health of those around her, regardless of their station in life. We will see further instances of Tabitha exhibiting this egalitarian, compassionate care later in the text, examples not only isolated to her personal pet. Nonetheless, from the outset of the novel we witness Tabitha Bramble care medically for her dog, taking ownership of her own health, having an understanding of her own condition – identifying a potential underlying cause of it – and her requesting the correct medications to manage the symptoms, if not actively cure it outright.

The next time Smollett inserts another letter in Tabitha's own voice is some twenty-four days later, April 26<sup>th</sup>, with this second letter following closely the pattern of the first. On this occasion, Tabitha writes from Bath, again to Mrs. Gwyllim, imploring her not to 'forget the portmantel, that cums with Williams, along with my riding-habit, hat, and feather, the viol of purl water, and the tincktur for my stomach; being as how I am much troubled with flutterencies'.<sup>84</sup> Here Tabitha's stomach issues cease to be implied and become more explicit to the reader, but the letter's implication for her character remains the same, nonetheless.

As David M. Weed has pointed out: 'critics have frequently noted that Win's and Tabitha's language is particularly scatological'.<sup>85</sup> Indeed, John Skinner goes so far as to state that in parts of the novel both 'Tabitha and Win [...] are hardly more than extensions of Smollett's own scatological humour'.<sup>86</sup> It could be argued, then, that this emphasis on both Tabitha and her dog being troubled with chronic digestive issues might simply be an extension of this branch of Smollett's humour. If this were the case, however, then the joke never has an opportunity to land, given we never witness Tabitha physically suffering with any of the symptoms of stomach complaints, nor are we presented with any comic or reductive depiction of her condition.

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<sup>84</sup> Smollett, Vol. 1, pp. 89-90

<sup>85</sup> David M. Weed, 'Sentimental Misogyny and Medicine in Humphry Clinker', *Studies in English Literature, 1500-1900*, 37.3, 1997, pp. 615-636 (p. 623)

<sup>86</sup> John Skinner, *An Introduction to Eighteenth-Century Fiction: Raising the Novel* (Basingstoke: Palgrave, 2001) p. 175

Jerry C. Beasley observes similarly of Tabitha that 'if the overall treatment of her in the novel hints at soft places beneath her ridiculously starched façade, the letters reveal another kind of division by their extremely funny malapropisms, most of them turning upon sexual or other scatological jokes'.<sup>87</sup> The importance of Beasley's observation here is two-fold. First, he rightly makes reference, albeit a passing and nebulous one, to those positive qualities of Tabitha's personality that this chapter is arguing for. Second, and more importantly for the current point being made here, is that he correctly identifies the vehicle of delivery to which Smollett's scatological humour appears to be isolated: Tabitha and Winifred's malapropisms, rather than via either's specific actions or possessions. Instead of being invited to laugh at Tabitha for her physical ailment, we are confronted with the fact that she is in command of her own condition and exists in a constant state of preparedness to administer medication at any given time. In fact, Tabitha's willingness to take ownership of her own health, as Smollett presents it to us, stands in stark contrast to that of her brother, Matthew Bramble.

#### The Opinionated Patient: Matthew Bramble and Dr. Lewis

Matthew Bramble first appears within the opening pages of Smollett's novel as he berates his physician, Doctor Lewis, over his most recent prescription:

the pills are good for nothing – I might as well swallow snow-balls to cool my reins  
[sic] – I have told you over and over, how hard I am to move; and at this time of day,  
I ought to know something of my own constitution.<sup>88</sup>

Matthew's faith in his own medical knowledge, and implied disdain for Doctor Lewis', is not isolated to just this single passage. Smollett later presents us with a similarly one-sided

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<sup>87</sup> Jerry C. Beasley, *Tobias Smollett: Novelist* (London: University of Georgia Press, 1999) p. 199

<sup>88</sup> Smollett, Vol. 1, p. 1



lecture, though this time Matthew is more explicit in his assessment of the respective knowledge he and his physician possess regarding his chronic gout:

[I] studied my own case with the most painful attention; consequently may be supposed to know something of the matter, although I have not taken regular courses of physiology, *et cetera, et cetera*. – In short, I have for some time been of opinion, (no offence, dear doctor) that the sum of all your medical discoveries amounts to this, that the more you study the less you know.<sup>89</sup>

Despite their long-standing friendship and the usually jovial tone Matthew employs throughout his letters to Lewis, when it comes to the latter offering medical advice regarding his gout, Matthew suddenly becomes, as Wayne Wild terms it, 'a quintessentially irritable and demanding patient'.<sup>90</sup> Geoffrey Sill attempts to justify this disconnect in tone by arguing that Matthew has consciously positioned their relationship in terms of an ancient patient-doctor tradition:

Always the amateur physician, Bramble adopts what he believes is suitably Hippocratic language to diagnose his disease and prescribe his own cure [...] In asserting that he has a 'right' to do so, and that it is the 'province' of his 'sensible friend' to listen to his complaints, Bramble defines the unique relation between himself and his physician in terms of an ancient tradition, one in which the doctor is not just a medical practitioner, but also a counsellor, a philosopher, a friend, and a man of sensibility. This philosopher-physician cures his patient not with hellebore or peruvian bark, but by listening sympathetically to the outpouring of his patient's disturbed passions.<sup>91</sup>

Though there is much truth to this statement, particularly in its justification of Matthew's sense of patient privilege in being able to diagnose and cure his own condition, it does play down the strongly dismissive tone that Matthew uses when discussing Lewis' advice regarding his chronic gout.

As Sill points out, this sense that the patient should know their own body and, by extension, those of their family members, better than any trained physician is one not unique

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<sup>89</sup> Ibid, Vol. 1, pp. 40-41

<sup>90</sup> Wayne Wild, *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-century Letters and Literature* (New York: Ropodi, 2006) p. 217

<sup>91</sup> Geoffrey Sill, *The Cure of the Passions and the Origins of the English Novel* (Cambridge: Cambridge University Press, 2001) p. 13.

to Matthew Bramble. Roy Porter and George Rousseau note that eighteenth-century patients were used to

Presuming to frame diagnoses for themselves and direct their own treatments, bolstered by scores of 'kitchen physic' books, instructing how all could be their own doctor. In such circumstances, gout loomed large not just for sufferers but in the collective mind, discussed over port or at the tea-table much as plague and pox peppered the conversations of earlier eras.<sup>92</sup>

With gout being so prevalent in the collective cultural consciousness, and debating with one's doctors being an accepted practice, it is easy to see why Sill frames Matthew and Lewis' relationship on this account so positively, though this is not to suggest that disdain for medical professional opinion was simply the social norm. Writing in the *European Magazine* (1782-1826), the literary critic Giuseppe Baretti (1719-1789) recounts a conversation he had with the diarist Hester Thrale (1741-1821) following her receiving some medical correspondence from her physician, Dr. Jebb, which she disagreed with adamantly. Hester Thrale had been medicating her daughter's suspected worms with a common eighteenth-century British remedy, powdered tin pills, though these risked worsening her condition and threatened further breakdown of her bowel health.<sup>93</sup> Despite Dr. Jebb's agreement with Thrale's assessment – that her daughter probably was suffering with worms and that the pills would likely cure them – his dire warnings of the danger such a potent remedy posed to such a young, delicate constitution had been falling on deaf ears:

In the act of giving me the Doctor's letter to read, 'See, see, said Madam with a pert promptitude that always formed one of her chief characteristics, see what fools these physicians are! They presume to know better how to manage children than their mothers themselves!'<sup>94</sup>

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<sup>92</sup> Roy Porter and George Sebastian Rousseau, *Gout: The Patrician Malady* (New Haven: Yale University Press, 2000) p. 71

<sup>93</sup> John Buchanan, *Theory and Practice in Eighteenth-Century British Medicine: "Regimental Practice"*, ed. Paul E. Kopperman (Corvallis: Oregon State University Scholars Archive, 2013) <<https://ir.library.oregonstate.edu/concern/defaults/05741s14w>> [date accessed: 3<sup>rd</sup> December 2019] p. 192  
James S. Brown, *Environmental and Chemical Toxins and Psychiatric Illness* (Washington: American Psychiatric Publishing, 2002) p. 182

<sup>94</sup> Giuseppe Baretti, 'On Signora Piozzi's Publication of Dr. Johnson's Letters. Stricture the First', in *European Magazine*, ed. Issac Reed (London: J. Sewell and J. Debrett, 1788) p. 315

Such disdain for professional opinion, verging on moral outrage at its ever being offered – solicited or not – is a view not shared by Baretti himself, as he goes on to say that:

I informed the daughter of the horrid quality of the physic that her good mamma administered her against the positive order of Dr. Jebb, of whose letter I told her the contents, exhorting her to resist the taking of any tin-pills, and assuring her that they would soon destroy her.<sup>95</sup>

Though on reflection Baretti regrets the harsh tone he employs with Thrale, his censorious reply to her dangerously dismissive reaction to medical advice – published for all to see in a widely-read periodical – goes some way to showing that Matthew's positioning of his relationship with Lewis may not have been met with the universal approval that Sill's assessment might otherwise suggest.

This is not to imply that all medical correspondence undertaken by laypeople was so hazardously ill-informed. The celebrated Samuel Johnson (1709-1784) once

Applied to Dr. Swinsen, physician in Lichfield, his godfather, and put into his hands a state of case, written in Latin. Dr. Swinsen was so much struck with the extraordinary acuteness, research, and eloquence of this paper, that in his zeal for his godson he shewed [sic] it to several people.<sup>96</sup>

Though Johnson was ultimately frustrated with Dr. Swinsen's decision to share around his personal medical information without either his knowledge or consent, Swinsen's celebration of Johnson's lay correspondence marks it out as medically erudite, nonetheless. For whilst both Matthew and Johnson consider themselves informed in their own conditions, the difference between the two comes in Johnson's willingness to allow professional physicians' opinions to inform his own, instead of disregarding the professional former in favour of the amateur – albeit demonstrably impressive – latter. An illustrative example of this is present in a 1784 letter to James Boswell (1740-1795), where Johnson updates his friend on the state of

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<sup>95</sup> Ibid

<sup>96</sup> James Boswell, *The Life of Samuel Johnson*, Vol. 1 (London: Henry Baldwin, 1791) p. 27

his health in a way which shows his pluralistic inclusion of the advice of a number of doctors within his social circle:

Dr. Gillespie has sent an excellent *consilium medicum*, all solid practical experimental knowledge. I am at present, in the opinion of my physicians (Dr. Heberden and Dr. Brockleysby) as well as my own, going on very hopefully. I have just begun to take vinegar of squills. The powder hurt my stomach so much, that it could not be continued. Return Sir Alexander Dick my sincere thanks for his kind letter; and bring with you the rhubarb which he so tenderly offers me.<sup>97</sup>

Matthew does not debate with his physician as Johnson frequently does, so much as dismiss his views altogether, implying that his own limited knowledge regarding his gout is superior to Lewis' by virtue of its own limitations – not corrupted by continued education as Lewis' has been. There is a lack of respect inherent in Matthew and Lewis' relationship as Smollett presents it to us, and in spite of Sill's claim that Lewis would cure Matthew not with herbs but with a sympathetic ear, we know from the very outset of the novel that Lewis has every intention of curing his patient's chronic gout with medicaments, but his patient simply steadfastly refuses to commit to following the advice. In fact, on one of the few rare occasions where Matthew does embrace a medical prescription of Lewis' choosing, in taking a tincture of ginseng, this is explicitly for helping with the manifest symptoms of his anxiety – such as bouts of stomach cramps – brought on by the arrest of Humphry Clinker.<sup>98</sup> Unlike with his gout, Matthew never claims to have any knowledge of stomach issues and therefore cannot question the reasoning behind Lewis' advice. Even here, however, after initially praising the cure, he goes on to criticise the lack of longevity in its efficacy. This is an emotional trajectory seen previously in the novel, when Dr. Lewis recommends the Bristol waters for Matthew's gout – a suggestion first met with enthusiasm by the patient, but then swiftly followed by disappointment and a scathing assessment of the practice.

The problem Sill's point has already encountered regarding medication is compounded

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<sup>97</sup> Samuel Johnson in James Boswell, *The Life of Samuel Johnson*, Vol. 2 (London: Henry Baldwin, 1791) p. 481

<sup>98</sup> Smollett, Vol. 2, 1771, p. 81

here, as Dr. Lewis explicitly prescribes a herbal tincture of ginseng for his patient – with some initial success – when the latter's 'disturbed passions' cease to be an abstract psychological malaise and instead manifest into a physical symptom. In short, whenever the opportunity presents itself, Dr. Lewis does try to cure his patient with herbal medications, rather than relying on – to use the term anachronistically – talking therapy.<sup>99</sup> How readily that proposed cure is embraced, however, appears to depend on Matthew's own perceived knowledge of the associated condition, thereby creating the inconsistent – and all too often disparaging – tone he chooses to take with his personal friend and doctor.

The often ambivalent way in which Matthew approaches Dr. Lewis' medical knowledge, on the other hand, finds a strong counterpoint in the relationship his sister shares with the latter. Although we get no explicit medical correspondence in Smollett's novel between Tabitha and Lewis themselves, it is still apparent the pair have engaged in some form of medical dialogue as we are informed that 'she thinks proper to be very civil to Lewis, who is become necessary to her in the way of his profession'.<sup>100</sup> Unlike the case with Matthew, Jeremy's description here of his aunt's ongoing relationship with Lewis demonstrates Tabitha's implicit recognition of the doctor's superior abilities, and apparent resulting dependence on him for medical advice, prescriptions, or direct aid. What stands out here is Tabitha's deference in her willingness to put aside a personal slight in the form of a romantic refusal out of respect for Lewis' medical skill, despite ostensibly being both 'proud' and 'imperious' and having previously endured similar disappointments on three other ill-fated occasions. We know that Tabitha has the capacity to be vengeful, as following one of three failed conquests she exacts financial revenge on a curate, and later – after a failed marriage proposition to Barton – Matthew comments that the latter is henceforth 'at the risqué [sic] of

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<sup>99</sup> Man Cheung Chung and Michael E. Hyland, *History and Philosophy of Psychology* (Oxford: Blackwell Publishing, 2012) p. 216

<sup>100</sup> Smollett, Vol. 1, p. 125

being every day exposed to the revenge or machinations of Tabby, who is not to be slighted with impunity'.<sup>101</sup> Although this righteous indignation Tabitha exhibits can hardly be upheld as a positive quality, it must be underlined here as it highlights the sincere respect she holds for Dr. Lewis' profession, in that she is willing to cease persisting in her attempt at retribution in order to benefit medically from their continued acquaintance.

In fact, Smollett only includes a single letter in the novel which is addressed to Dr. Lewis from Tabitha herself, and it is one which implies that Lewis has previously written to Matthew regarding affairs at Brambleton Hall – thereby interfering with Tabitha's ongoing private profiteering off the estate in the process.<sup>102</sup> The tone of this letter is remarkably restrained, given the aforementioned capacity Tabitha has to react aggressively to such acts of perceived betrayal, real or imagined. Despite the lack of a medical theme, the level of civility on display in this letter is consistent with Jeremy's earlier observation, though the fact Lewis interferes with Tabitha's personal affairs at all – and that he does not ever venture to reply to her letter in order to justify his actions – does suggest that this respect is not one mutually shared. For though we might read Tabitha's letter initially with a healthy dose of scepticism, towards the close of the novel Matthew offers a surprising remark that makes Tabitha's indignation on this occasion appear to be genuinely righteous. In the lead up to Tabitha's wedding to Lismahago, Matthew writes to Dr. Lewis to inform him that 'you shall give away the bride. – It is the least thing you can do, by way of your former cruelty to that poor love-sick maiden'.<sup>103</sup> In setting aside his deeply ambivalent feelings towards his sister in order to unequivocally show his support for her, Matthew gives us a real insight into this unseen relationship between Tabitha and Lewis. In the event, the family are waylaid at the estate of Charles Dennison, a mutual university friend of both Matthew and Lewis, and Lismahago

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<sup>101</sup> Ibid, Vol. 1, p. 124

Ibid, Vol. 2, p. 61

<sup>102</sup> Ibid, Vol. 1, pp. 163-164

<sup>103</sup> Ibid, Vol. 3, p. 112

requests that he and Tabitha be wed there, instead of at Brambleton Hall.<sup>104</sup> Following the impromptu change of plan, Tabitha is 'led up to the altar by Mr. Dennison, who did the office of her father', instead of Dr. Lewis, though Matthew writes to his friend to tell him of the change of plans.<sup>105</sup> Whatever we might feel about Tabitha personally, it is apparent from Matthew's original request that Lewis should perform the role of giving the bride away – justified as it is to the recipient – that the doctor has treated Tabitha very poorly in the past, making her letter to him appear, when read retrospectively, all the more civil and respectful in tone.

To summarise, though we never see any direct interaction between Tabitha and Lewis during the course of Smollett's novel, Jeremy's assessment of their relationship provides us with a clear context as to why Tabitha is willing to continue to treat Lewis with respect following his rejection of her advances, later committing that same civility to paper despite his apparent 'cruelty' towards her. Tabitha, in whatever specific form it takes, is dependent on Lewis 'in way of his profession', sacrificing her personal pride in order to benefit from the latter's medical knowledge. Whilst it could be argued, as Sill does above, that Matthew is also dependent on Lewis in the same capacity, the continued rejection of his advice indicates that this is not the case: Matthew appears to be quite content living by his own strongly-voiced views. In choosing not to put his opposing opinion forward politely to Lewis – instead electing to deride his medical knowledge – Matthew demonstrates a distinct lack of respect that only appears more pronounced when compared with the deference and civility we are actively told Tabitha treats him with, second-hand as it appears through the eyes of Jeremy Melford, who is the swiftest of all Smollett's characters to judge his aunt negatively.

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<sup>104</sup> Ibid, Vol. 3, p. 225

<sup>105</sup> Ibid, Vol. 3, p. 263

Furthermore, at no point in Smollett's novel does Tabitha compliment, or even mention, her own medical knowledge – despite putting it into successful practice on several occasions. Matthew, meanwhile, continuously praises his own abilities and frequently enters long diatribes against both fashionable cures and the state of healthcare in England (which fares particularly badly in comparison to his views on Wales and Scotland), though he never puts any of this professed knowledge into any tangible practice. It would be reasonable to expect that Tabitha, as someone supposedly so 'proud' and 'vain', should match, or even surpass, her brother's epistolary pomposity and self-aggrandising in the realm of medicine. Instead, Smollett shows each instance of Tabitha administering medication through the eyes of another character, allowing us to judge objectively her abilities for ourselves, whilst Matthew's letters remain the only source for appraising his own purported skill – thereby lending his diatribes to increased scrutiny by the reader. In short, Tabitha's apparent lack of interest in lauding her own abilities makes it a trait easily missed and a skill overlooked. Once observed, however, it must also make us reassess our view of her as 'proud' and 'vain'.

#### A Capuchin in a Carriage: Tabitha's Impromptu Solutions to Ease Chronic Illness

In actuality, for all Matthew's talk of how well he knows his own condition, it is only Tabitha who we see wordlessly, and thanklessly, treat its symptoms at any point of Smollett's novel. During one family expedition, Lydia Melford, Tabitha's niece, describes how:

The moment we were seated [in a carriage], my aunt pulled off my uncle's shoes, and carefully wrapped his poor feet in her capuchin; then she gave him a mouthful of cordial, which she always keeps in her pocket, and his clothes were shifted as soon as we arrived at our lodgings; so that, blessed be God, he escaped a severe cold, of which he was in great terror.<sup>106</sup>

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<sup>106</sup> Ibid, Vol. 1, pp. 196-197



Whilst we might assume here that the sole reason that Tabitha wraps her brother's feet is in an effort to warm him, following the sudden shower in which the family have just been caught in, two pieces of textual evidence indicate that this is not the case. First, aside from being reminded regularly throughout Smollett's novel of the suffering that Matthew's gout causes him, we are actually presented with a direct reference to it only slightly earlier in the same paragraph, courtesy of his niece: 'we were joined by my uncle, who did not seem to relish the place. People of experience and *infirmity* [emphasis added], my dear Letty, see with very different eyes from those that such as you and I make use of'.<sup>107</sup> Second, Tabitha has a reviving cordial on hand, presumably for managing her brother's chronic condition, given the mention of his 'poor feet' the moment before its appearance, and as we never see it materialise again at any other point of the novel, being offered to any other character, or even being utilised by Tabitha herself, we can conclude it is likely kept on hand for his use. That said, as direct details of this cordial Tabitha keeps on her person are scant, little can be supposed regarding its specific intended effect, but we may take note of her medical preparedness in such a situation, nonetheless. It is worth noting, too, that it is Tabitha who carries this bottle in her pocket herself – the task is not delegated to her maid, Winifred, as one might expect of a 'proud' and 'imperious' individual.

We also have contemporary medical advice in the form of William Buchan's *Domestic Medicine* (1772), which demonstrates that the way in which Tabitha sees to her brother's gout-addled feet is performed exactly as it should be with the tools she has to hand. Buchan states that:

the most safe and efficacious method of discharging the gouty matter is by perspiration, this ought to be kept up by all means, especially in the affected part. For this purpose the leg and foot should be wrapt [sic] in soft flannel fur or wool. The last is most readily obtained, and seems to answer the purpose better than anything else. [...] I have often seen it applied when the swelling and inflammation were very great,

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<sup>107</sup> Ibid, Vol. 1, p. 196

with violent pain, and have found these symptoms relieved by it.<sup>108</sup>

This passage helps establish Tabitha as medically proficient not only in her knowledge of precisely what to do in the situation, but also the way in which she, apparently unprompted, sets about doing it. The incident also demonstrates her ability to adapt her knowledge to the restrictive circumstances at hand – deftly performing the operation with limited tools, in a cramped coach, with her other relatives surrounding her. Though Smollett may not state explicitly if Tabitha's capuchin is made from either the flannel fur or wool which Buchan advises, Samuel Johnson's *Dictionary of the English Language* (1755) defines these hoods as being 'made in imitation of the dress of capuchin monks', which the *Dictionary of Textiles* (2013) states as being made of 'a fabric of wool or hair fibre', whilst the *Dictionary of Costume and Fashion* (2013) notes that the contemporary ladies' hoods themselves were made 'usually of gray cashmere'.<sup>109</sup> Although none of the foregoing proves decisively that Tabitha's own capuchin has been woven from wool, it does at least indicate that this is likely the case, providing further evidence of Tabitha's ability to think laterally, rapidly, and to adapt her medical knowledge to utilise the best tool to hand, as opposed to some less efficacious item of clothing.

In short, just as Baretti felt compelled to protect the health of Hester Thrale's daughter by parroting medical advice, in spite of the unwavering self-belief of Hester Thrale herself, the onus is left on Tabitha to take care of her brother's chronic gout by doing what he refuses to – following treatments that appear to reflect established contemporary medical canon.

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<sup>108</sup> William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 2<sup>nd</sup> edn. (London: W. Strahan and T. Cadell, 1772) pp. 487-8

<sup>109</sup> Samuel Johnson, 'Capuchin', *A Dictionary of the English Language*, Vol. 1 (London: W. Strahan, 1755) Phyllis G. Tortora and Ingrid Johnson, *The Fairchild Books Dictionary of Textiles*, 8<sup>th</sup> ed. (New York: Fairchild Books, 2013) p. 97

Mary Brooks Picken, *A Dictionary of Costume and Fashion: Historic and Modern* (New York: Dover Publications, 2013) p. 176

This is not the only example of Tabitha tending to her brother in a medical capacity. During a gathering at the assembly rooms, Matthew begins to suffer from 'a swimming of the head' on viewing the 'same languid, frivolous scene, performed by actors that seemed to sleep in all their motions', and inhaling 'the fouled air, circulating through such a number of rotten human bellows'.<sup>110</sup> Matthew's already deeply misanthropic metaphor – turning breathing human beings into organic rotting bellows – appears even more unpleasantly necrotic when he elaborates further on this cause of his fainting fit, describing the

Exalted essence of mingled odours, arising from putrid gums, imposthumated lungs, sour flatulencies, rank arm-pits, sweating feet, running sores and issues, plaisters, ointments, and embrocations, hungary-water, spirit of lavender, asafoetida drops, musk, hartshorn, and sal vo'atile; besides a thousand frowzy steams, which I could not analyse.<sup>111</sup>

The majority of what Matthew finds objectionable in this list – comprising the entirety of the latter half of it – are the smells emanating from the everyday cures that comprise the medical canon of the day. Indeed, one of those named cures to which Matthew is so adverse is actually the very thing his sister utilises to bring him back around from his fit: 'Sister Tabby, in her great tenderness, had put me to the torture, squeezing my head under her arm, and stuffing my nose with spirit of hartshorn, till the whole inside was excoriated.'<sup>112</sup>

Though we must, of course, acknowledge the humour in this passage regarding how Tabitha 'tortures' him and 'excoriates' his insides, even these passing phrases should be treated with some scepticism. The situation differs greatly from Lydia's detached description of her aunt's actions in the carriage, as Matthew is known to employ hyperbole in his narrative as Smollett presents it to us, and engage in less than favourable assessments of people's actions as coloured by his misanthropy, a character assessment shared by Thomas R. Preston and later affirmed by O. M. Brack, Leslie Chilton, and Walter H. Keithley, and even

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<sup>110</sup> Smollett, Vol. 1, p. 134

<sup>111</sup> Ibid, pp. 135-136

<sup>112</sup> Ibid, p. 135

casually acknowledged by Matthew himself.<sup>113</sup> Moreover, Matthew is – unlike Lydia – the subject of the medical attention here, making an objective recounting of a stressful situation difficult, particularly when we consider the irritating effects hartshorn has on the mucus membranes of the nose and lungs. The fact remains, however, in spite of Matthew's spiteful and sarcastic tone, that based on the medical advice of the day, Smollett has Tabitha act as she should in the situation.

Any reader following the advice of the anonymously written *The Ladies New Dispensatory, and Family Physician* (1769) would be informed that 'in a fainting fit, the person should be placed in an horizontal posture [and] volatile salts or spirits should be held to the nose'; the text later specifically names spirit of hartshorn as a prime example of a volatile spirit, and suggests a drop of it be ingested along with spirit of lavender and tincture of saffron, all mixed in a glass of wine to further aid recovery post-fit.<sup>114</sup> Although Matthew is not laid out in a horizontal position, as the *Dispensatory* suggests he should be, it may explain why Tabitha is seen holding his head under her arm, much to her brother's bemusement and frustration. Held in this position, Matthew's head would effectively be horizontal, thereby echoing the advice given by the contemporary *Dispensatory*, whilst also recognisably approaching modern medical advice regarding the placement of a patient at risk of fainting in a sitting position and attempting to put their head between their knees.<sup>115</sup>

Moreover, though Matthew complains that Tabitha held the volatile spirits to his nose until his insides were 'excoriated', we know that he has only just awoken to find that this is

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<sup>113</sup> Thomas R. Preston, 'Smollett and the Benevolent Misanthrope Type', in *PMLA*, 79.1, 1964, pp. 51–57 (p. 51)

O. M. Brack, Jr., Leslie Chilton, and Walter H. Keithley, *The Miscellaneous Writing of Tobias Smollett* (London: Routledge, 2015) p. xviii  
Smollett, Vol. 1, p. 94

<sup>114</sup> Anon, *The Ladies New Dispensatory, and Family Physician* (London: Johnson and Payne, 1769) p. 39

<sup>115</sup> George R. Prato and Adrienne L. Woods, *Delmar's Nurse Drug Handbook* (New York: Delmar Cengage Learning, 2012), p. 1430  
Harvard Medical School, *When the Lights Suddenly Go Out* (2009) <<https://www.health.harvard.edu/heart-health/when-the-lights-suddenly-go-out>> [date accessed: 22<sup>nd</sup> May 2019]

the case, as he begins the sentence with: 'I soon recovered, however, and *found* [emphasis added] myself in an easy chair.'<sup>116</sup> To 'find' oneself anywhere is to imply that they do not know quite how they got there to begin with, and the implication is that Matthew has only just returned to his senses as he starts to berate Tabitha in his mind for holding the spirits to his nose for too long. With this being the case, and despite her brother's epistolary protests, Tabitha does use spirit of hartshorn as intended, given the medication was meant to be utilised continually until the patient was actively roused. In this vein, the physician James Parkinson echoes the advice of the *Dispensatory* in his two-volume work, *Medical Admonitions Addressed to Families* (1799), but vindicates Tabitha's actions further by explaining the need for continued application of volatile salts in cases like Matthew's.

Parkinson writes:

if the patient retains sense enough to experience inconvenience from the application of pungent vapours to the nostrils, but not sufficient judgement to be aware of the necessity of inhaling them, the utmost exertions will be made by him to inspire through the mouth only; excluding the air thus impregnated, as much as possible, from the nostrils.<sup>117</sup>

When confronted with such a case, Parkinson advises that 'the mouth is to be closely stopped' and, this done, the hartshorn 'will occasion so considerable a degree of irritation, as will suddenly and most effectually arouse the patient from his state of insensibility'.<sup>118</sup>

Parkinson's advice here shows us that removing the salts before the patient is fully roused risks them failing to inhale the volatile substance altogether, but it also provides us with a possible second explanation as to why Tabitha is seen to be holding Matthew in what effectively amounts to a headlock. With his head held firmly under her arm, Tabitha would

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<sup>116</sup> Smollett, p. 135

<sup>117</sup> James Parkinson, *Medical Admonitions Addressed to Families*, Vol. 2 (London: C. Dilly, Johnson, Symonds, Richardson, Boosey, Murray, Higeley, Cuthell, and Callow, 1799) p. 385

Ibid, p. 385

<sup>118</sup> Ibid, pp. 385-386

be able to keep her brother's mouth tightly closed, ensuring he inhales the vapour through his nostrils so that he may safely return to his senses.

The necessity for this sustained use of volatile salts in the unconscious individual is further exemplified in *A Collection of Authentic Cases, Proving the Practicability of Recovering Persons Visibly Dead* (1775) by Dr. Alexander Johnson – published three times between 1773 and 1775 under different titles. This treatise pushes the treatment to its logical extreme by detailing how an old woman of seventy-two years of age was pulled out of a well and, though 'not the least appearance of life was in her', that when 'spirit of hartshorn was held to her nose, and her head and face were rubbed and chased with it', after 'half an hour's assiduous treatment' the patient was fully revived and only then was said treatment halted.<sup>119</sup> Though this example is clearly an exceptional one, it nonetheless illustrates that spirit of hartshorn should only be removed from a patient's nostrils once the desired affect has been achieved, in this case the full restoration of the patient's senses. By this measure, Tabitha accomplishes just that essential result here: the swift recovery of her patient without him incurring any further injury. Despite all the foregoing, however, Matthew is once again demonstrably ungrateful to his sister for her quick response when protecting his health in an evidently stressful situation.

#### Tabitha's Belief in the Benefit of Bath's Waters

Tabitha's healthcare is extended beyond just that of her brother and her personal pet, Chowder, as even her maid Winifred is afforded the same treatment – despite her lower social status. Winifred herself suffers from a chronic disorder, although one markedly different from

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<sup>119</sup> Alexander Johnson, *A Collection of Authentic Cases, Proving the Practicability of Recovering Persons Visibly Dead by Drowning, Suffocation, Stifling, Swooning, Convulsions, and Other Accidents* (1775) pp. 92-93

that of her mistress. As Lydia describes it, Winifred is 'of a timorous disposition, and much subject to the fits of the mother', whilst later saying that 'she is generally in a flutter, and is much subject to vapours'.<sup>120</sup> The manifold monikers Lydia employs here all act as synonyms for the same fundamental diagnosis – 'hysteria' – as Sabine Arnaud explains:

approach[s] to the body developed over the seventeenth and eighteenth centuries, at a time when a new concern was emerging: the elaboration of diagnoses and their classification into nosologies. There was talk of the vapours, suffocation of the womb, fits of the mother, uterine affections, and hysteric and hypochondriac passions. Frequent medical reformulations, the employment of metaphors, and literary and religious references served as opportunities to multiply the significations and connotations of the term "hysteria".<sup>121</sup>

The first major manifestation of this chronic – and somewhat nebulous – disorder occurs when the family travel together to take the waters at Bath. Once they have settled in, Tabitha insists that both she and Winifred bathe together for the good of their health, despite the latter's private reservations. Lydia accompanies her aunt and Winifred to the bath house, but prefers to only drink the waters and not partake in the bathing herself, leaving her free to observe the scene from afar and say of Winifred that:

betwixt her wan complexion and her fear, she looked like the ghost of some pale maiden, who had drowned herself for love. When she came out of the bath she took asafoeida [sic] drops, and was fluttered all day; so that we could hardly keep her from going into hysterics: but her mistress says it will do her good; and poor Win curtsies with the tears in her eyes.<sup>122</sup>

On first viewing, Smollett's comic scene here might appear to cast Tabitha in a poor light, but a closer examination reveals that she has clear reason to believe that the spa waters should benefit the health of both herself and her maid. Spa culture was flourishing during the eighteenth century with the result that, as Paul Langford summarises, 'the form of medicine most in vogue among the well off was water treatment at one of the proliferating specialist

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<sup>120</sup> Smollett, Vol. 2, p. 200

Ibid, Vol 3, p. 64

<sup>121</sup> Sabine Arnaud, *On Hysteria: The Invention of a Medical Category Between 1670 and 1820* (Chicago: University of Chicago Press, 2015) p. ix

<sup>122</sup> Smollett, Vol. 1, p. 78

spa or seaside towns'.<sup>123</sup> Despite the great deal of medical debate surrounding the efficacy of spa waters throughout the century, as David Harley demonstrates, much of this was devoted to touting the purported virtues of waters from specific locations and the best ways to utilise them, as opposed to the practice of water bathing in and of itself.<sup>124</sup> It would be unrealistic, and unreflective of Tabitha's station in life, to expect her to follow this ongoing debate – conducted mainly in medical circles through the publication of pamphlets – and thereby make an informed decision as to how beneficial the waters would be for both herself and her servant, based on the weighing up of this often conflicting information.

Moreover, it was originally on the advice of Dr. Lewis – for which we have established Tabitha has a great deal of intrinsic respect – that the family first attended the baths in the hope of allaying the suffering Matthew endures with his gout.<sup>125</sup> Tabitha's decision to take Winifred into the baths, despite the latter's visible fear, can be understood as an extension of the faith she puts into Dr. Lewis' medical opinion. This personal recommendation from a trusted medical source would have been further supplemented by the range of hydrotherapy treatments available to those visiting Bath, as each bath was purported to have a specific medicinal purpose based on the temperature of its waters – including those aimed specifically at treating gout, digestive disorders, and hysteria:

Those who wished to bathe had the choice of five baths. The King's Bath, which sits south-west of the Abbey Church, was the hottest, and was believed to be good for "Aches, or pains in the bones, scorbutick Rheumatisms, palsies, cholicks, and all Diseases of the solid parts". The Queen's Bath, which adjoined the King's, was supplied with the same water at a more temperate heat. The Cross Bath, situated in the south-west of the city, was said to help those who suffered from "the heats" and in particular was used by "Hysterical women, and Hypochondriacal men", and the Hot Bath, so called because it was once believed to be the hottest bath at the spa, was said to have "the same virtues" ascribed to the King's Bath, the temperature of the waters

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<sup>123</sup> Paul Langford, *The Short Oxford History of the British Isles: The Eighteenth-Century: 1688-1815* (Oxford: Oxford University Press, 2002) p. 187

<sup>124</sup> David Harley, 'A Sword in a Madman's Hand: Professional Opposition to Popular Consumption in the Waters Literature of Southern England and the Midlands, 1570-1870', *Medical History*, Supplement No 10, 1990, pp. 48-55

<sup>125</sup> Smollett, Vol. 1, p. 44



being regarded as beneficial in both instances.<sup>126</sup>

Tabitha's faith in the healing properties of the spa waters is even indirectly supported by the real-life physicians of the royal family, who still considered the treatment fit for Queen Charlotte in 1817, and were able to convince the ailing monarch to take a course of Bath's waters in attempt to cure the dropsy that would claim her life the following year.<sup>127</sup> With so much purported positivity surrounding the therapeutic effects of taking the waters at Bath – either through bathing or ingestion – Tabitha's belief that the waters would be beneficial for both herself and Winifred appears rational, based on the information immediately available to someone in her position. Even Smollett himself waded in on this increasingly murky debate, and though he was deeply sceptical of the lauded health benefits of mineral baths, as he outlines in *An Essay on the External Use of Water* (1752), his feelings towards the concept of bathing in warm water in general were far more positive, particularly in the case of expectant mothers for the purposes of muscle relaxation and dilation.<sup>128</sup> As outlined above, most of the waters at Bath were varying degrees of warm, so Smollett's own hypothesis would confirm that the waters of Bath should have done Tabitha and Winifred's conditions at least some good.

Similarly, the physician John Ball in his self-help book, *The Female Physician* (1770), recommends asafoetida for 'when a woman has fallen into a hysteric fit', and regular therapeutic bathing post-recovery as 'nothing perhaps strengthens the nervous system or state of the nerves in general more sensibly, or gives a greater spring to all the vessels'.<sup>129</sup> In short, Ball's dedicated chapter to 'the Nervous, or HYSTERIC DISEASE' supports both the

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<sup>126</sup> Rose Alexandra McCormack, "'An assembly of disorders': Exploring Illness as a Motive for Female Spa-Visiting at Bath and Tunbridge Wells throughout the Long Eighteenth Century', *Journal for Eighteenth-Century Studies*, eds. Clark Lawlor and Anita O'Connell, 40.4 (2017), pp. 555-569 (p. 559)

<sup>127</sup> Flora Fraser, *Princesses: The Six Daughters of George III* (London: Bloomsbury, 2012) p. 300

<sup>128</sup> Smollett, *An Essay on the External Use of Water. In a Letter to Dr. \*\*\*\* with Particular Remarks Upon the Present Method of Using the Mineral Waters at Bath in Somersetshire, and a Plan for Rendering Them More Safe, Agreeable, and Efficacious* (London: M. Cooper, 1752) p. 22

<sup>129</sup> John Ball, *The Female Physician: or, Every Woman Her Own Doctress* (London: L. Davis, 1770) p. 2 & 9

bathing which Tabitha instigates, and the asafoetida she oversees the administration of afterwards, as being beneficial for someone of Winifred's constitution, prone as she is to fits of the mother and the vapours.

In spite of all the foregoing discussion, the implication of this scene is that Winifred only goes into the bath and takes the subsequent medicament out of politeness, deference, and respect for her mistress, despite the fact she is then left in physical and emotional discomfort for the rest of the day. In fact, only a few pages later, Smollett shows us from Winifred's perspective both the fear the baths instil in her and another instance of her mistress attempting to administer to, and preserve the health of, her servant:

the first time I was mortally afraid, and flustered all day; and afterwards made believe that I had got the heddick [sic]; but mistress said, if I didn't go, I should take a dose of bumtaffy; and so remembering how it worked Mrs. Gwyllim a pennorth, I chose rather to go again with her into the Bath.<sup>130</sup>

This passage could be read as a further indictment against Tabitha's overbearing urge to nurse those around her, but prescribing a purgative to counteract the effects of a purported headache is a legitimate treatment encompassed within the humoural theory of the day. Though a remnant of the ancient Greeks, humoural theory continued to have a pervasive impact on eighteenth-century medicine, particularly the teachings of two of its major theorists, Hippocrates and Galen. Humoural theory understood the body as being composed of four fundamental liquids, or humours, which needed to be kept in perfect balance in order to maintain a healthy body – sometimes requiring gentle treatments like exercise or an altered diet, and other times more extreme solutions, such as purging to re-establish balance. Galen theorised that the head and stomach were fundamentally linked in this way, as Katherine Foxhall explains:

Galen attributed head pain to bilious humours arising in the stomach. This humoral theory of hemicranias, particularly its association with bile and the notion of a sympathetic relationship between the stomach and the head, would persist in

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<sup>130</sup> Smollett, Vol. 1, p. 84

understandings of migraine well into the nineteenth century.<sup>131</sup>

Following this connection through to its logical conclusion, it was believed that by purging the stomach of excess bile the headache could be effectively alleviated, as Seymour Diamond and Mary A. Franklin summarise: 'recognising the gastrointestinal symptoms associated with migraine, many eighteenth-century physicians based treatment on purging'.<sup>132</sup>

An account has come down to us, though one appearing in the preceding century, of Daffy's elixir being used in this way for the purpose of treating headaches. In a letter dated January 27<sup>th</sup>, 1675, the Platonist Henry More (1614-1687) writes to the philosopher Lady Anne Conway (1631-1679), the latter of whom was plagued with migrainous headaches her whole life, with some suggestions for new treatments. Numerous medicaments had been tried by Conway prior to this point, but most failed to provide her with any relief. Undeterred by the previous unsuccessful attempts, More puts forward a couple of new treatments he has had recommended by his relatives which have proved effective in treating their symptoms of headache, including Daffy's elixir: 'my Cousin Hall tryes all conclusions so far as I see. He says he takes now Daffeys Cordial drink, called Elixir Salutis, he says he finds himself a little better then [sic] he has lately been'.<sup>133</sup> Aside from the fundamental grounding Tabitha's suggested treatment for Winifred has in humoural theory, this historical precedence helps contextualise a scene which might otherwise appear purely comic to the modern reader, given Winifred's strongly negative reaction to the proffered prescription. Although it must be acknowledged that in this instance Winifred is only feigning having a headache, this does not alter the fact that her mistress' response to the issue is, once again, a sound one when judged against this influential medical theory of the eighteenth century – particularly when we

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<sup>131</sup> Katherine Foxhall, *Migraine: A History* (Baltimore: John Hopkins University Press, 2019) p. 25

<sup>132</sup> Seymour Diamond and Mary A. Franklin, *Headache and Migraine Biology and Management* (Oxford: Academic Press, 2015) p. 5

<sup>133</sup> Henry More, *The Conway Letters*, ed. Marjorie Hope Nicolson, Revised ed. Sarah Hutton (Oxford: Clarendon Press, 1992) p. 400

consider that 'bumtaffy' is one of the few medicines named which we know Tabitha is actively travelling with and so has immediately to hand to prescribe.

Furthermore, as this would mark the first time Winifred has ever entered a spa bath, Tabitha would have no way of knowing the potent psychological and physical effects such an activity would have on her servant. In fact, Winifred's very visible suffering could even be perceived as a positive reaction by Tabitha, a symbol that the treatment was having a tangibly beneficial effect, for as Beatty explains: 'the more offensive the remedy, the greater the faith in its efficacy. Cramping, vomiting and uncomfortably sweating patients could at least suffer in confidence, knowing that their medications were working aggressively'.<sup>134</sup> Smollett even has Matthew make reference to this line of medical thinking when he compares the unpleasant experience of ingesting Harrogate spa's waters to what is, in all likelihood, Anton von Störck's theory of using hemlock to treat cancer:

I cannot help suspecting, that this water owes its reputation in a great measure to its being so strikingly offensive. On this same kind of analogy, a German doctor has introduced hemlock, and other poisons, as species, into the *materia medica*.<sup>135</sup>

In this way, what may at first appear as dismissive cruelty towards the feelings of Winifred can instead be read as Tabitha having genuine faith in the efficacy of the cure, which is only further confirmed, not assuaged, by the visible suffering of her servant. Firmly believing that the waters would be beneficial for Winifred's constitution, and having no clear counter-narrative to speak to the contrary, Tabitha's choice to continue to take her servant into the baths appears a medically justifiable one, especially when followed with the application of asafoetida to settle Winifred's subsequent hysteria before allowing this unintentionally negative side-effect to worsen.

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<sup>134</sup> Beatty, p. 131

<sup>135</sup> Preston, p. 393

Anton von Störck, *A Second Essay on the Medicinal Virtues of Hemlock* (London: T. Becket, and P. A De Hondt, 1761)

Smollett, Vol. 2, p. 251

There exists only one further instance of Winifred taking asafoetida, one positioned towards the close of the novel after Winifred believes her romance with Humphry Clinker to have ended prematurely. Winifred writes to her friend Molly to inform her how the psychological distress is taking a physical toll on her: 'I have such vapours, Molly – I sit and cry by myself, and take ass of etida'.<sup>136</sup> Putting aside Smollett's scatological malapropism, it is clear here that Winifred is referring to taking asafoetida in the hopes of curing her vapours. Unlike the case with the bath house above, Tabitha is not around to act as a domineering presence whom Winifred is both eager to please and loath to offend. Yet even when her mistress is not physically present, Winifred still elects to ease the symptoms of her hysteric disorder using the same method of which Tabitha previously approved. Winifred's continued use of the medication in private would indicate that it proved effective enough in managing her hysteria during the previous sequence at Bath, adding personal testimony to the medicine's efficacy – beyond what can be observed in works like Ball's – and thereby supporting Tabitha's original decision to approve its use.

Tabitha's continuous care for Winifred, despite the abrasive and overbearing way it manifests itself at times, may help to explain why the latter increasingly takes it upon herself to imitate the former as the novel's narrative moves forward. As Lydia observes of her aunt and Winifred:

Nature intended Jenkins for something very different from the character of her mistress; yet custom and habit have a wonderful resemblance betwixt them in many particulars. Win, to be sure, is much younger and more agreeable in her person; she is likewise tender-hearted and benevolent, qualities for which her mistress is by no means remarkable [...] but then she seems to have adopted Mrs. Tabby's manner with her cast cloaths [sic]. – She dresses and endeavours to look like her mistress. Although her own looks are much more engaging. – She enters into her scheme of oeconomy, learns her phrases, repeats her remarks, imitates her stile [sic] in scolding the inferior servants, and, finally, subscribes implicitly to her system of devotion.<sup>137</sup>

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<sup>136</sup> Ibid, Vol. 3, p. 243

<sup>137</sup> Ibid, Vol. 2, p. 200

If Winifred were to privately harbour resentment against the way in which her mistress seeks to preserve her health, it would be reasonable to expect that she would not then voluntarily imitate Tabitha in such a holistic and whole-hearted fashion. What Lydia describes to the reader verges on outright idolisation, and so emphasises the profound respect that Winifred holds for her mistress, and by extension gratitude for the treatment she receives. Of course, it naturally follows that one's view of Tabitha Bramble's character would have direct implications on whether this emulation was read as a positive or negative development for Winifred herself. In this vein, Chloe Wigston Smith sees the relationship as having unfortunate consequences for one of the characters involved, but also reads it as an important thematic microcosmic thread of Smollett's novel, claiming of Winifred that:

her behaviour corresponds with the novel's larger preoccupation with the breakdown of class distinctions and the social disorder that infected watering holes like Bath. Win not only defies the advice of earlier conduct manuals by emulating her mistress, but she also demonstrates a lack of sophistication about acceptable manners and morals, given her mistress's eccentricities [...] Her unthinking imitation of Tabitha's style and affect transforms her into an unnatural woman. In her efforts to embody the style of her superiors, she replicates the unfortunate taste of her mistress.<sup>138</sup>

Smith's observation here, that Smollett's novel has a thematic preoccupation with the breakdown of class distinctions personified in Winifred's imitation of her mistress, is presented as an apparently negative development for the former. Whilst it must be conceded that Smollett does have Matthew lament the state of social hubs like London and the erosion of social class it emblemises, his central character's misanthropy and inability to enjoy most activities and environments in life has already been sufficiently noted, and therefore cannot be relied on to accurately reflect the state of any given situation.<sup>139</sup> It is certainly true that many shared Matthew's view, but as Jerry White has shown, responses to this growing egalitarianism were multi-faceted and complex, and not all of them so negative. White

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<sup>138</sup> Chloe Wigston Smith, *Women, Work and Clothes in the Eighteenth-Century Novel*. (Cambridge: Cambridge University Press, 2013) p. 141

<sup>139</sup> Smollett, Vol.1, pp. 185-186

outlines how foreign visitors to London were impressed with the egalitarian intermingling of the population, and that some viewed it as a positive quality that stood in pronounced contrast to that of continental Europe.<sup>140</sup> Similarly, the author Horace Walpole was struck both by the level of social pluralism on display at Vauxhall Gardens and how order was maintained without the need for a substantial presence of law enforcement, writing positively of the scene in the back of his copy of Thomas Pennant's *Of London* (1790) that:

Admirable it was in a country of so much freedom and so little police to see Princes and Peeresses mixed with tradesmen and their Wives, with apprentices and women of pleasure, and so very seldom any indecorum or want of order, nor scarcely ever any disturbance happening even from young men flushed by wine.<sup>141</sup>

Similarly, this chapter is arguing that Tabitha's treatment of Winifred, which Smith rightly highlights here, is further evidence of that same positive egalitarian streak which stands in direct opposition to the 'proud', 'imperious' and 'uncharitable' labels her nephew branded her with in the beginning.

As someone her family on the whole seem to find distastefully elitist, it stands to reason that Tabitha has the most to lose in allowing her maid to imitate her in all aspects of life, and so would seek to discourage, if not actively suppress, Winifred from acting above her station. Instead, just as with her liberal administration of medication to man and beast alike, Tabitha indulges her maid, charitably offering Winifred her cast-off clothes when, as Neil McKendrick points out, 'as an alternative to extending a housemaid's own wardrobe, inherited dresses might be sold on to the second-hand clothing market, a substantial and lucrative trade in the eighteenth century'.<sup>142</sup> Alternatively, should the clothes themselves fail to interest a buyer – given how Lydia notes Tabitha's current wardrobe is already some

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<sup>140</sup> Jerry White, *London in the Eighteenth Century: A Great and Monstrous Thing* (London: The Bodley Head, 2017) pp. 103-104

<sup>141</sup> Lewis Walpole Library, MS. 49 3928, Horace Walpole, *Additional Notes* in Thomas Pennant, *On London*, pp. 1-17 (London: Robt. Faulder, 1790) pp. 3-4

<sup>142</sup> Ben Fine and Ellen Leopold, 'Consumerism and the Industrial Revolution in *The Consumption Reader*, eds. David B. Clarke, Marcus A. Doel, and Kate M. L. Housiaux (London: Routledge, 2003) pp.42-47 (p. 45)

twenty years out of fashion – Tabitha could elect to have the fabric reused elsewhere, perhaps at Brambleton Hall.<sup>143</sup> We know such frugality is within Tabitha's remit and either option would better reflect the economical way in which she runs the estate, a trait so strong that she actively refuses to allow soured beer to be disposed of there, instead demanding it be used as vinegar: 'you tell me the thunder has soured two barrels of beer in the seller [sic...] I won't have the beer thrown out, till I see it with my own eyes. Perhaps it will recover – At least it will serve for vinegar to the sarvents [sic]'.<sup>144</sup> In short, whilst Matthew views the breakdown of class structures with a mixture of anxiety, frustration and disdain, Tabitha continues to implicitly encourage it through her actions without comment – and the personal relationship between herself and her maid appears to benefit accordingly.

Regardless of whether Tabitha's pervasive influence over her servant is viewed ultimately as positive or negative, what should be acknowledged is both the continued care with which she supplies Winifred to ensure her lasting health, and the honest high-regard Winifred holds her in, partly because of it. Due to Winifred's susceptibility to hysteric fits, and the resulting inability to perform her duties effectively during them – as evidenced by both Tabitha and Lydia being at pains to prevent Winifred from going into hysterics for half a day in Bath – Tabitha would have been within her rights to dismiss her servant in favour of someone unaffected by a chronic illness. Sick servants possessed few legal rights during the eighteenth century, though as Dorothy Marshall observes, 'if servants were regarded as inferiors, masters and mistresses were often prompt to recognise their responsibility for their wellbeing. Tradition required a sick servant should be tended with every care'.<sup>145</sup> This informal, traditional obligation was eventually superseded, as Simon Deakin explains: 'at the turn of the century, the courts passed over the old authorities to find that a master had no obligation

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<sup>143</sup> Smollett, Vol. 1, p. 198

<sup>144</sup> Ibid, Vol. 1, p. 89

<sup>145</sup> Dorothy Marshall, *The English Domestic Servant in History* (London: Historical Association, 1949) p. 24



to maintain a servant or provide him or her with medical care and expenses in the event of sickness and injury'.<sup>146</sup> Despite this evolving legal status which disfavoured servants as the century wore on, medical self-help books, like Edward Strother's *The Family Companion for Health* (1729), continued to argue that the good housekeeper should be well-versed in domestic medicine to save on unnecessary expenditure by ensuring the retention of domestic staff by seeing to their lasting health, but even here this was in reference more to the acute than the chronic sufferer.<sup>147</sup> It would prove uneconomical to retain a servant who required consistent care and who was also unable to perform their duties for hours at a time, particularly in the case of a housekeeper supposedly so 'stiff' and 'uncharitable' as Tabitha Bramble, even if tradition demanded it. Instead, irrespective of Winifred's lower status, Tabitha seeks to treat her maid's afflictions – including her feigned headache with a medicine considered valuable enough that she had it sent down from Wales – when it may have proved more effective and economical to simply replace her with someone of a more robust constitution.

### A Doctress to Dogs: Tabitha and Chowder

These muted virtues which Tabitha exhibits are undoubtedly subtle, but collectively they speak volumes. Critics – keen to capitalise on the comedic value Tabitha's spinsterhood presents – inadvertently miss the obligations that go with such a position, and the opportunities for kindness that accompany them. J. A. Downie, for example, claims that Tabitha Bramble is 'desperate to secure a suitor at any price', but such a statement is demonstrably untrue – Tabitha values the health of her family unit above the prospect of

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<sup>146</sup> Simon Deakin, 'The Duty to Work: A Comparison of the Common Law and Civil Law Systems from the Eighteenth to the Twentieth Centuries' in *Labour, Coercion, and Economic Growth in Eurasia, 17<sup>th</sup>-20<sup>th</sup> Centuries*, ed. Marcel van der Linden (Leiden: Brill, 2012) pp. 29-62 (p. 40)

<sup>147</sup> Edward Strother, *The Family Companion for Health* (London: F. Fayram and J. Leake, 1729) p. A6

securing a suitor, as any effective housekeeper should.<sup>148</sup> When her dog Chowder is taken ill,

Tabitha puts all thoughts of socialising aside and instead sees to the animal personally:

a famous dog-doctor was sent for, and undertook to cure the patient, provided he might carry him home to his own house; but his mistress would not part with him out of her own sight – She ordered the cook to warm cloths, which she applied to his bowels with her own hand. She gave up all thoughts of going to the ball in the evening; and when Sir Ulic came to drink tea, refused to be seen; so that he went away to look for another partner.<sup>149</sup>

Two points stand out here. First, Tabitha could have left the care of her dog in the hands of the clearly capable dog doctor or, indeed, the cook whom she has warm the cloths in the first place. Instead, Smollett explicitly informs us that she chooses to apply these cloths steadfastly with her own hand, ensuring personally that Chowder is tended to properly. Second, not only does she dispel all notion of attending the ball in the evening, but when her potential suitor comes knocking at her door, she still puts the health of her dog and her personal attendance therein above and beyond the prospect of making a successful romantic match. These are hardly the actions of someone desperate to secure a suitor 'at any cost'. Rather, they represent someone who puts the welfare of those closest to her first – regardless of their station in life. Spending an entire evening holding a number of warmed cloths to the bowels of a dog to aid in its recovery – instead of delegating the fairly mechanical task to any number of servants who could perform it just as effectively – simply cannot be read as the actions of someone intrinsically 'proud' and 'imperious', 'ridiculous' and 'man-hungry'. Tabitha evidently has the capacity to be a compassionate and caring individual, willing to forgo an evening of doing what she enjoys most to instead perform a tedious and dirty task for the benefit of another living creature, irrespective of the personal cost to her.

Similarly, Tabitha states her intention to travel some distance personally, at great

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<sup>148</sup> J. A. Downie, *The Oxford Handbook of the Eighteenth-Century Novel* (Oxford: Oxford University Press, 2016) p. 415

<sup>149</sup> Smollett, Vol. 1, pp. 119-120

inconvenience to herself, in order to restore Chowder to health following the conclusion of the family's tour. As Winifred relays to the reader:

Chowder has fallen off greatly from his stomick – He eats nothing but white meats, and not much of that; and wheezes, and seems to be much bloated. The doctors think he is threatened with a dropsy – Parson Marrofat, who has got the same disorder, finds great benefit from the waters; but Chowder seems to like them no better than the squire; and mistress says, if his case don't take a favourable turn, she will sartinly carry him to Aberganney, to drink goat's-whey – To be sure, the poor dear honymil is lost for want of axercise [sic]; for which reason, she intends to give him an airing once a-day upon the Downs, in a post-chaise.<sup>150</sup>

Precisely as with the situation at Bath, Tabitha immediately and without question places herself as the primary caregiver, as opposed to delegating the task to a servant under her command – including Winifred, who shares an amiable relationship with Chowder and could certainly perform the task at least competently. In both scenarios, Tabitha exhibits a selfless interest in seeing her pet restored to health – that comes with neither complaint nor lament – putting the needs of another above her own, just as she does with the rest of her family unit.

It seems, in all, that Matthew is not alone in failing to notice his sister's acts of selfless care: they have gone unnoticed by Smollett's readership, too. Composed of half-sentences and separated by great swathes of the novel, individually they are justifiably easy to miss. When viewed synoptically, however, they form a pattern that casts doubt on Matthew's assertion that his sister has no deeper connection to him than that of the bond of blood. Like any skilled nurse, Tabitha makes herself indispensable not through grand gestures, but by providing care, unprompted, whenever it is needed. As Matthew notes of himself early on in his correspondence, 'I an't [sic] in a condition to take care of myself', and it is here that Tabitha, as any good housekeeper would, assesses she is needed most. Irrespective of what others might say of her, she manages wordlessly her brother's health issues – and the health of his estate – without request or praise.<sup>151</sup> Indeed, Tabitha yields so much soft power over

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<sup>150</sup> Ibid, Vol. 1, p. 86

<sup>151</sup> Ibid, Vol. 1, p. 15

Brambleton Hall that – as we have seen – she has the ability to skim some profit off the top of it for herself, in an otherwise thankless role.

So thankless is the position Tabitha holds that, on the one occasion she attempts to use her historical service to Matthew in order to broker leverage with him, she is forced to give up the companion closest to her. When Tabitha objects to Matthew taking on the service of Humphry Clinker, on the grounds that the latter had done her some offence, she reminds Matthew:

This is a bad return for all the services I have done you; for nursing you in your sickness, managing your family, and keeping you from ruining yourself by your own imprudence – But now you shall part with that rascal or me, upon the spot, without farther loss of time; and the world shall see whether you have more regard for your own flesh and blood, or for a beggarly foundling.<sup>152</sup>

The majority of the claims Tabitha makes here are self-evidently true, and laying to one side the fact that Humphry Clinker eventually ends up being revealed as Matthew's own flesh and blood, the ultimatum Tabitha presents appears justifiable – given the party have only just happened upon the former farrier. Matthew, on the other hand, is so visibly infuriated that his 'eyes began to glisten, and his teeth to chatter', before he ventures to reply that:

If stated fairly, (said he, raising his voice) the question is, whether I have spirit to shake off an intolerable yoke, by one effort of resolution, or meanness enough to do an act of cruelty and injustice, to gratify the rancour of a capricious woman – Hark ye, Mrs. Tabitha Bramble, I will now propose an alternative in my turn – Either discard your four-footed favourite, or give me leave to bid you eternally adieu.<sup>153</sup>

Tabitha's service to Matthew – both as a nurse and housekeeper – are swiftly dismissed and she is forced to 'part with him [Chowder] in a present to lady Griskin, who proposes to bring the breed of him into fashion'.<sup>154</sup> The narrative Matthew pushes continuously, which is nowhere more forcefully and cruelly stated than here, is that his sister exists as a torturous yoke to him personally, and a burden to both his estate and family more broadly. So strongly

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<sup>152</sup> Ibid, Vol. 1, pp. 178-179

<sup>153</sup> Ibid, Vol. 1, p. 179

<sup>154</sup> Ibid, Vol. 1, p. 213

does Matthew believe his own account in this scene that he appears to value the interests of a man he has only just met – and who proceeds to make a number of poor first impressions on the gathered assembly – above his sister's personal happiness. Yet as the novel is drawing to its conclusion, Smollett throws Tabitha's abilities as both carer and housekeeper into sharp relief through the foil of Mr. Baynard's wife, calling into question all of Matthew's negative assessments of his sister.

### Two 'Tyranic Gouvernantes'?: Comparing Tabitha Bramble and Harriet Baynard

Recently wedded, Harriet Baynard should fulfil a similar role for her husband's household to that of Tabitha at Brambleton Hall. Building on the work of Amanda Vickery, Karen Harvey outlines what duties would be expected of a wife to someone as affluent as Mr. Baynard:

the 'prudent economy' practised by provincial gentry women in their household between c. 1750 and 1780 involved demanding administrative labour but also a broad range of practical skills. [...] Such gentry women had much in common with women of lower social status in the range of activities they supervised, yet the analogy of the 'museum curator administering her collection' will not suffice for middling-sort housewives. Most women had a necessarily greater hand in the gritty everyday life of the household, as well as the more regular presence of husbands, both of which had consequences for the supervisory and managerial roles open to such women.<sup>155</sup>

Like Tabitha, there exists a cultural expectation on Harriet Baynard to be involved in the management of the family estate and to care for the wellbeing of her husband. Instead of contributing to the continued prosperity of the Baynard estate, however, shortly after her arrival Harriet embarks on the almost total destruction of the grounds to make room for her fashionable folly. As Smollett has Matthew Bramble explain to the reader, she

made a bog of the whole plantation: in a word, the ground which formerly payed him one hundred and fifty pounds a year, now cost him two hundred pounds a year to keep

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<sup>155</sup> Karen Harvey, *The Little Republic: Masculinity and Domestic Authority in Eighteenth-Century Britain* (Oxford: Oxford University Press, 2012) p. 33

it in tolerable order [...] There was not an inch of garden left about the house, nor a tree that produced fruit of any kind; nor did he raise a truss of hay, or a bushel of oats for his horses, nor had he a single cow to afford milk for his tea; far less did he ever dream of feeding his own mutton, pigs, and poultry: every article of house-keeping, even the most inconsiderable, was brought from the next market town, at the distance of five miles, and thither they sent a courier every morning to fetch hot rolls for breakfast.<sup>156</sup>

When we compare this desolation caused by a vanity project to the penny-pinching on display at Brambleton Hall, Tabitha's housekeeping skills look positively saintly, despite her personal profiteering:

I expect my dew when I come huom, without baiting an ass, I'll assure you. – As you must have layed a great many more eggs than would be eaten, I do suppose there is a power of turks, chickings, and guzzling about the house; and a brave kergo of cheese ready for market; and for that the owl has been sent to Crickhowel, saving what the maids spun in the family.<sup>157</sup>

There is even a medical theme to some of Tabitha's personal profiteering that suggests some minor connection to the medical market, and one that again highlights the stark contrast between the wasteland at Baynard's estate to the bounty available at Brambleton Hall:

as for the butter-milk, ne'er a pig in the parish shall thrust his snout in it, with my good will. There's a famous physician at the Hot Well, that prescribes it to his patience [sic], when the case is consumptive; and the Scots and the Irish have begun to drink it already, in such quantities, that there is not a drop left for the hogs in the whole neighbourhood of Bristol. I'll have our butter-milk barrelled up, and sent twice a-week to Aberginny.<sup>158</sup>

It is unlikely that Smollett intended his readership to find this particular use for the butter-milk comic, or interpret Tabitha as being anything other than a wily, informed businesswoman here, as later in the novel we see a similar cure being lauded by an eminent named physician. Writing to Dr. Lewis as they journey up to Scotland, Matthew informs his reader that he has received some medical advice from a 'Dr. Gregory':

I have consulted Dr. Gregory, an eminent physician of an amiable character, who advises the highland air, and the use of goat-milk whey, which, surely, cannot have a

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<sup>156</sup> Smollett, Vol. 3, 1771, p. 137

<sup>157</sup> Ibid, Vol. 3, p. 97

<sup>158</sup> Ibid, Vol. 1, pp. 163-164

bad effect upon a patient born and bred among the mountains of Wales.<sup>159</sup>

Thomas R. Preston suggests this named individual is John Gregory (1724-73), a professor of medicine at Edinburgh University, and the author of the first modern, professional medical ethics published in the English language.<sup>160</sup> Equipped with this insight into the character referenced, we can see how having such a respected physician attached to the cure – particularly one who receives rare praise from Matthew himself – would solidify Tabitha's tangential involvement in the medical trade as a serious and informed one. In any case, butter was not an uncommon ingredient in domestic remedies for its use in making ointments, as Ann Stobart demonstrates in her examination of both Bridget Fortescue's household account book and the household's recipe collection, meaning that – no matter the intended destination – Tabitha's foray into the medical market would certainly find buyers.<sup>161</sup>

Despite this abundance of produce overseen by Tabitha at Brambleton Hall, and Matthew's first-hand knowledge of the barrenness on display at the Baynard estate, he still chooses to employ the same language when discussing Baynard's wife as he does his own sister. Harriet Baynard exerts 'absurd tyranny' over her husband, whilst Tabitha is a 'tyrannic gouvernante' to Matthew.<sup>162</sup> Yet, in the same way as we see Tabitha engaged in subtle acts of nursing, Smollett has elected to include this quiet counter-narrative which necessitates a re-assessment of Matthew's own hyperbolic labels. There is simply no comparison between Tabitha and Harriet as the matriarchs of their respective households, and no real equivalence can be drawn between them. Harriet Baynard's genuine tyranny over her husband shows that any influence Tabitha exhibited over Matthew was undeserving of the label, and that her skills as both nurse and housekeeper benefited all parties, as opposed to acting as an active

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<sup>159</sup> Ibid, Vol. 3, pp. 10-11

<sup>160</sup> Preston, p. 417

<sup>161</sup> Stobart, p. 103

<sup>162</sup> Smollett, Vol. 3, p. 138

Ibid, Vol. 3, p. 94

detriment like Harriet Baynard's did. Even when Tabitha's marriage to Lismahago is sealed and her future is secure, there is a genuine conscientiousness to the way in which she carries out her role, as she still insists on fulfilling her final duties before relinquishing the reins as housekeeper: 'I cannot surrender up my stewardship till I have settled with you and Williams, I desire you will get your accunts [sic] ready for inspection'.<sup>163</sup>

Above all else, unlike Harriet Baynard, Tabitha Bramble never caused the near destruction of her brother through her selfish actions, for as Lawlor has observed of Baynard:

Baynard is a good man at heart who is nevertheless "threatened with a consumption" as the result of his wife's reckless expenditure. This wasting of Baynard's financial resources in his wife's "oceans of extravagance", even on a supposed cost-cutting trip to the Continent, obliges him to "mortgage his estate" [...] Luckily, Mrs. Baynard dies just before Baynard's situation becomes terminal in both physical and financial senses. Bramble is then able to help Baynard restore his estate to its former glory. Males in the eighteenth-century novel often become consumptive because of an assault upon their ability to fulfil their function of providing for the family financially, and controlling the women in that household.<sup>164</sup>

Lawlor's observation here raises a point that goes beyond Baynard's own health – as for all Matthew's talk of Tabitha being a burdensome, controlling tyrant – never once is he threatened with consumption. On the contrary, through Tabitha's continued efforts, Matthew is kept in relatively good health and the condition he is most plagued by (his gout) is managed effectively whenever it flares up. Tabitha does not cause any of Matthew's physical suffering – as Harriet Baynard does her husband's – nor does she even contribute to the worsening of his symptoms. Instead, unlike the controlling woman she is made out to be by her brother, Tabitha does not actively emasculate Matthew or cause a consumption within him – the only thing she controls are his symptoms.

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<sup>163</sup> Ibid, Vol. 3, p. 272

<sup>164</sup> Lawlor, p. 91



## Conclusion

This chapter opened with something of a dichotomy: two entirely contrasting views of Tabitha Bramble, one professed by her nephew, Jeremy Melford, and the other put forward as part of this thesis. The truth is, however, that Tabitha embodies both of these extremes simultaneously: at once greedy and generous, imperious and egalitarian, selfish and kind-hearted – these contradictions can exist concurrently within her because Smollett has created a fully realised character, a fallible human being. It has been this chapter's intention to use the lens of domestic medicine to reassess the traditionally two-dimensional view that is taken of Tabitha, to show the reader that she is more than the mere 'comic fodder' or 'ridiculous and man-hungry' spinster critics have declared her to be, effectively unchallenged. As Juliet McMaster points out, 'Smollett *was* a doctor by profession, so the medical view of character came naturally to him', and so the manifold moments of Tabitha exhibiting medical knowledge, whether consciously included by the author or not, cannot be dismissed as insignificant.<sup>165</sup> Trained as he was, Smollett would have been in possession of the knowledge to undermine subtly Tabitha's character further by having her administer the wrong medications or applying them incorrectly, creating more comedy through her ineptitude, if he had so wished. As a woman practising domestic medicine, Tabitha would have made an easy target for satire. Unlike with Tabitha's spinsterhood or her personal appearance, the scenes which involve her healing abilities have little-to-no comedic value and, where they do enter the realms of the comedic, it is not at her personal expense – she is not the butt of the joke. Instead, as we have seen, each of these scenes highlights another branch of knowledge Tabitha has when dealing with a variety of ailments – some chronic and others acute –

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<sup>165</sup> Juliet McMaster, 'The Body Inside the Skin: The Medical Model of Character in the Eighteenth-Century Novel', *Eighteenth-Century Fiction*, 4.4, 1992, pp. 277-300 (pp. 288)

corroborated as they are by the advice contained within contemporary medical self-help books, many of them penned by prominent physicians.

Smollett's own periodical, *The Critical Review* (1756-1817), had a history of reviewing medical self-help books like John Ball's, and we may be able to infer a sense of his own opinion on the topic through these brief insights. Although we cannot know with certainty if Smollett penned these reviews personally – despite his own expertise marking him out as a prime candidate – his editorship of the periodical between 1756-1763 means they were at least published with his approval. On this point, James G. Basker discusses an annotated copy of *The Critical Review* for the year 1756, most likely belonging to its printer Archibald Hamilton, which names the authors of each article – probably for payroll purposes – and so reveals the

Herculean scale of Smollett's work as a reviewer (more than seventy reviews, comprising about a third of the total text), they confirm that in 1756 at least, the *Critical* was very much Smollett's project, written by men he enlisted, under his editorial supervision.<sup>166</sup>

Sheer probability puts the likelihood of the following reviews being authored by Smollett himself at around 33%, but the medical theme of each would leave him expertly positioned as the potential author. Moreover, as Basker notes, 'Smollett had an interest in every aspect of publication, down to the smallest detail', a policy which ensured strong editorial consistency between volumes during Smollett's tenure.<sup>167</sup> We can see evidence for this kind of editorial cohesion in the *Review*'s repeated return to the medical writing of John Ball and the consistent tone which is adopted when discussing it. For example, in Volume 5 (1758) of the periodical, the review for Ball's *Treatise of Fevers* (1758) concludes as follows:

On the whole, we think this performance may be useful as a *vade mecum* to sea-surgeons and apothecaries in the country, who are obliged to practice medicine,

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<sup>166</sup> James G. Basker, *Tobias Smollett, Critic and Journalist* (Newark: University of Delaware, 1988) p. 40

<sup>167</sup> *Ibid.* p. 41

without having regularly studied the art.<sup>168</sup>

Two years later, another review for Ball's work, *The Modern Practice of Physick* (1760) – a text ostensibly for use by physicians and apothecaries but with clear application for wider public consumption – would then appear in the periodical. Adopting a strikingly similar voice to the first example, the reviewer here is more conservative in their praise as they believe the text to be too ambitious in its scope. Despite their concerns that Ball could not have witnessed all the diseases for himself and, as a direct consequence, that the medications on offer are sometimes too strong or too weak, they still see fit to conclude that:

Dr. Ball has consulted books; he has seen practice, and thinks for himself. His enumeration of the symptoms, diagnostics, indications of cure, and forms of prescription, are as a *explicite* [sic] and full as such a variety of diseases, couched in so small a compass will admit. The latter are, in general, elegant, modern, and well chosen. [...] In a word, to those who are already masters in their profession, and want only an acquaintance with the most approved and fashionable *modus praescribendi*, this synopsis of practical physic may be useful.<sup>169</sup>

The emphasis here on keeping the text reserved for those already 'masters of medical practice' might lead us to conclude that the reviewer, and by extension Smollett as editor, was uncomfortable with the concept of laypeople having access to a pharmacopeia of remedies. An earlier review, however, for Ambrose Cooper's *The Complete Distiller* (1757) would indicate that this objection lay in the quantity and potential inaccuracy of the medications on display in Ball's work, with the inexperienced unable to adjust the remedies without prior practice, as opposed to the concept of lay production altogether. Cooper's text details the production methods of a great number of simple waters and medicinal cordials, remedies which will be explored in full detail in this thesis' next chapter, and the reviewer's warm reception towards the volume demonstrates their assent to women involving themselves in both the production and distribution of medicinal products:

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<sup>168</sup> *The Critical Review: Or, Annals of Literature*, ed. Tobias George Smollett, Vol. 5 (London: A. Hamilton, 1758) p. 376

<sup>169</sup> *The Critical Review: Or, Annals of Literature*, ed. Tobias George Smollett, Vol. 8 (London: A. Hamilton, 1759) pp. 459-460

A great number of recipes for making various sorts of compound waters and cordials [...] On the whole, we venture to recommend Mr. Cooper's treatise as a proper *vade mecum*, to all young distillers, perfumers, ladies, women, and good housewives who live in the country, and distil simple waters and cordials, for the benefit of their poor neighbours.<sup>170</sup>

The reviewer's direct recommendation that 'ladies, women, and good housewives' would receive excellent instruction from the book and so produce medicinal cordials 'for the benefit of their poor neighbours' indicates their comfort with women engaging in domestic medicine, providing the instructions are clear, concise and, crucially, limited to specific remedies. Furthermore, the author's specific use of the Latin phrase '*vade mecum*' to describe the book, which also appeared in the review for Ball's *Treatise of Fevers*, suggests that they may have been written by the same person. The passage represents the reviewer – possibly Smollett himself, but certainly someone he employed and oversaw personally – actively encouraging women to engage in the kind of domestic medical practice we have seen Tabitha Bramble demonstrate throughout *The Expedition of Humphry Clinker*, providing a potential example of Smollett's creative work reflecting his personal beliefs regarding women practising domestic medicine.

In spite of Tabitha's other character flaws, these reviews which appear in *The Critical Review* may provide an explanation as to why her medical practices never descend into the satirical, as they do not extend beyond the domestic. Smollett, like many of his contemporaries, appeared to object to the challenging of male medical authority by women, an act which Tabitha does not engage in, content as she is to fulfil her supporting nursing role.<sup>171</sup> In fact, the only major medical figure in the novel, Dr. Lewis, is paid sufficient deference and respect by Tabitha herself. Tabitha's understated abilities in domestic medicine on display in the novel can be read as the creative manifestation of the warmth Smollett's

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<sup>170</sup> *The Critical Review: Or, Annals of Literature*, ed. Tobias George Smollett, Vol. 4 (London: A. Hamilton, 1757) p. 286

<sup>171</sup> Tobias Smollett, *Continuation of the Complete History of England*, Vol. 4 (London: Richard Baldwin, 1761) p. 124

own periodical publication exhibits towards women engaging in lay medical practice. Despite her many faults and foibles, Tabitha is depicted as having an aptitude for the skill without any evidence of the accompanying or underlying sharp, satirical sting for which Smollett enjoyed his success, marking out this branch of lay medical practice as a subject the writer had no active wish to satirise.

Thus we conclude by returning to where we began, the shallow interpretation of Tabitha Bramble as the comical old spinster with no redeeming features. In his assessment of the term, Roy Porter describes the position of an 'old maid' as 'a burden on her family, forced into a frustrating post [...] with no independence and existing in an impoverished no man's land between family and servants'.<sup>172</sup> Yet Tabitha is able to avoid the worst consequences of this fate – enjoying both a modicum of independence and remaining situated far closer to family than any servant – because, in spite of Matthew's various criticisms of her character and his idle threats to disown her during infrequent outbursts of rage, the truth is that Matthew needs his sister. Cunning and shrewd, Tabitha ensures that her position is duly recompensed through her soft power over Brambleton Hall – providing herself with a relatively stable income by skimming profits off the top, and supplementing it further through her tangential involvement in the trade supplying the medical market. Without her skill in domestic medicine and ability to assuage much of Matthew's chronic and acute suffering, his threats to disown her may not have remained so idle and her place at Brambleton Hall not seemed so secure. As William Buchan posits in *Domestic Medicine*, 'people in acute diseases may sometimes be their own physicians, but in the chronic the cure must depend chiefly upon the patient's own endeavours'.<sup>173</sup> Tabitha fulfils this crucial role, providing the continuous care that Dr. Lewis would otherwise be unable to offer as someone not always on hand to

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<sup>172</sup> Roy Porter, *A History of England in the Eighteenth Century* (London: The Folio Society, 1998) p. 28

<sup>173</sup> Buchan, p. xiii

tend to his patient. During moments of vulnerability, Matthew shows clear awareness of the precariousness of his condition and, whether he consciously acknowledges it or not, Tabitha provides him with stability.

Therein lies the crux of their relationship: underpinned by Tabitha's skill in domestic medicine, each sibling provides stability for the other. Without her readiness to engage in domestic medicine Tabitha could not make herself so subtly indispensable to her brother and, without Matthew, Tabitha could not live in the comfort she is accustomed to – avoiding altogether the impoverished state that inevitably came with old maidenhood, as Porter describes it. Until Tabitha is eventually shipped off to her spouse, Smollett ensures the siblings remain mutually dependent, and Tabitha's knowledge of domestic medicine remains the critically underappreciated factor that ultimately allows their relationship to endure throughout the course of the novel.

## Chapter Two

### Mrs. Jewkes' Cordial Company: Remedies, Recovery, and Redemption in

### Samuel Richardson's *Pamela*

The character of Mrs. Jewkes exists within Samuel Richardson's *Pamela* (1740) as something of a Janus figure. Due in part to the bifurcation of the novel into two distinct volumes, the housekeeper undergoes a moral redemption midway through the story that even some of Richardson's original readership found difficult to accept. There is a radical shift in her character as the novel progresses, from her beginnings as 'an unscrupulous jailor' which, as Eve Tavor Bannet points out, includes 'verbally abusing Pamela and physically restraining her, but also by going so far as to strike her', to eventually become an attentive, loyal and protective servant as the story draws to its conclusion.<sup>174</sup>

The negative portrayal begins with Pamela's initial incarceration at the Lincolnshire estate and the sheer volume and severity of the abuses Mrs. Jewkes wilfully commits against her during this period, seemingly without regret. Richardson's own correspondence reveals how a number of his contemporaries perceived these actions as unpardonable crimes, ones so reprehensible that they should have resulted in Mrs. Jewkes' prompt dismissal upon Pamela's social elevation, which even Mr. B presents as a viable and justified option.<sup>175</sup> An unauthorised sequel to the novel, *Pamela's Conduct in High Life* (1741) – commissioned by the bookseller Richard Chandler and written by John Kelly – even acted on these frustrations by having Mr. B dismiss Mrs. Jewkes himself, leaving the latter destitute and forced into the

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<sup>174</sup> Robert Palfrey Utter, *Pamela's Daughters* (New York: The Macmillan Company, 1937) p. 3  
Eve Tavor Bannet, *Transatlantic Stories and the History of Reading, 1720-1810: Migrant Fictions* (Cambridge: Cambridge University Press, 2011) p. 134

<sup>175</sup> Samuel Richardson, *Pamela: or, Virtue Rewarded*, 2nd edn., Vol. 2 (London: C. Rivington and J. Osborn, 1741) p. 164

arms of a husband who engages in frequent acts of domestic violence, which are moralised as a form of divine retribution for her sins.<sup>176</sup> We witness an element of this type of dissent amongst Richardson's readership in a letter written by him to Ralph Allen dated the 8<sup>th</sup> October, 1741. Here Richardson responds to the entrepreneur's vexation with Mrs. Jewkes' continued employment with the placating notion that it is her mistress' virtuous example that enables her to be so effectually, and completely, reformed:

I wish I had in Time been favoured with your kind hint in relation to the genteel and generous Dismission of Mrs. Jewkes. And yet, I hope, you will not be displeased, when you see upon what Terms she is continued in the Family, and the intire [sic] Reformation which her Lady's Example makes in her Morals and Behaviour.<sup>177</sup>

The contents of this personal letter between Richardson and his friend lend credence to a similar claim that first appears in the preface of the second edition of *Pamela*. As Thomas Keymer and Peter Sabor detail, Richardson was both 'a resourceful entrepreneur' and relentless self-promoter, part-penning and part-soliciting his praise-filled preface for *Pamela*.<sup>178</sup> This preface is comprised in large part of letters addressed to the editor, formulating a substantial epistolary work in itself and one that would not see a substantial edit until the printing of the posthumous eighth edition.<sup>179</sup> One of these letters of praise, attributed to an 'unnamed gentleman', goes on to outline the few criticisms that have arisen amongst the public since the publication of the first edition of *Pamela*, a list that concludes with the familiar:

Others have intimated, That Pamela ought, for Example sake, to have discharg'd Mrs. Jewkes from her Service. These are the most material Objections that have come to hand.<sup>180</sup>

Although possibly arising from a source close to the author himself, when this letter is read in conjunction with the example from Richardson's own private correspondence, it makes another

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<sup>176</sup> John Kelly, *Pamela's Conduct in Highlife*, 2<sup>nd</sup> edn., Vol. 1 (London: Ward and Chandler, 1741) p. 280

<sup>177</sup> Samuel Richardson, *Selected Letters of Samuel Richardson*, ed. John Carroll (Oxford: Clarendon Press, 1964) p. 51

<sup>178</sup> Thomas Keymer and Peter Sabor, *Pamela in the Marketplace: Literary Controversy and Print Culture in Eighteenth-Century Britain and Ireland* (Cambridge: Cambridge University Press, 2005) p. 36

<sup>179</sup> *Ibid.*, p. 27 & 30

<sup>180</sup> Samuel Richardson, *Pamela*, 2<sup>nd</sup> edn., Vol. 2, p. xxii



gesture towards a genuinely negative reception of this aspect of the story amongst Richardson's readership – at least one large enough to be openly acknowledged in later editions of the text. Moreover, this unnamed gentleman moves on from passive acknowledgement of these perceived narrative weaknesses in *Pamela* to actively engaging with them. The author of the letter feels compelled to offer a robust rebuttal of the criticism, defending Richardson's work publicly with sentiments echoing closely the author's own private reasoning as to why it was right for Mrs. Jewkes to be retained:

As to the Objection of those warm Friends to *Honesty*, who are for having *Pamela* dismiss Mrs. *Jewkes*; there is not One, among All these benevolent Complainers, who wou'd not discern himself to have been, *laudably*, in the *wrong* [...] in point of mere *Moral Regard* to the bad Woman Herself, it was nobler, to retain her, with a Prospect of correcting, in Time, her loose Habit of thinking, than, by casting her off, to the licentious Results of her Temper, abandon her to Temptations and Danger, which a Virtue like PAMELA's cou'd not wish her expos'd to.<sup>181</sup>

Much like this unnamed gentleman, Richardson was open to engaging with his correspondents about the moral sentiments behind *Pamela*, even penning instructional conduct books on the subject, leaving his readership with little doubt about the lessons he intended to be gleaned from the text. As Jane Blanchard outlines so succinctly: 'Richardson intended his work to be an engaging source of education and edification [...] his overtly moralistic narrative provides a great deal of entertainment through conflict and characterisation, suspense and sentiment.'<sup>182</sup> Yet for all Richardson's didactic qualities as a writer and resulting intention that Pamela should be seen as the sole moral saviour of the otherwise irredeemable Mrs. Jewkes, from the very outset of the novel there exists within the housekeeper the germ of a thoughtful and effective healer. It is through this small seed of morality that exists within Mrs. Jewkes, this chapter argues, that Pamela's virtuous influence can successfully take root.

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<sup>181</sup> Ibid, p. xxviii-xxvix

<sup>182</sup> Jane Blanchard, 'Composing Purpose in Richardson's "Pamela"', *Southern Atlantic Review*, 76.2, 2011, pp. 93-107 (p. 93)

Unlike with Tabitha Bramble, this chapter will not be arguing that in overlooking Mrs. Jewkes' skill in domestic medicine critics have misinterpreted key aspects of her character. Instead, it views her abilities in medical care as a gateway to redemption in the eyes of Pamela, providing the moral foundation that enables the eventual reformation Richardson outlines in his letter to Ralph Allen. Each instance of Mrs. Jewkes proffering or administering medication, it shall argue, represents an early redemptive act that makes her transition from oppressor to caregiver a smoother experience for her eventual mistress and, by extension, provides stability for herself in the form of continued job security. By scrutinising Mrs. Jewkes exclusively through the lens of domestic medicine in this way, we might pull the critical focus away from the scenes of abuse that have otherwise come to define her. In shifting the paradigm, there is an opportunity to demonstrate that Mrs. Jewkes' capacity to be kind, compassionate, and caring was always present, albeit often overshadowed by Pamela's power to shape the representation of events.

Relatively recent scholarship has come to question the authority of Pamela's narrative as Richardson presents it to us, mediated as it is entirely through her first-person epistles. Even here, however, when allowances are made for Pamela's potential hyperbole, Mrs. Jewkes fails to come out especially favourably. In one particularly balanced assessment of Mrs. Jewkes, Robert Folkenflik suggests that 'Pamela's picture of her may be overcharged – certainly it is mediated to some degree by Pamela's youth and her fright – but whatever else it is, it is not the description of a woman whom Pamela wishes to have kissing her and sleeping with her.'<sup>183</sup> Of course observations like Folkenflik's tend to be focused around the scenes of domestic abuse – integral as they are to the plot and Pamela's character development – as opposed to the more sedate instances of Mrs. Jewkes caring for her ward, which do not

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<sup>183</sup> Robert Folkenflik, 'Pamela: Domestic Servitude, Marriage, and the Novel', *Eighteenth-Century Fiction*, 5.3, 1993, pp. 253-268 (p. 264)

generally drive the narrative forward. Nonetheless, it is difficult to argue with Folkenflik's analysis, given one of Pamela's earliest observations of Mrs. Jewkes is her 'huge Hand, and an arm as thick as my Waist', which are both viewed as unwelcome, unnatural tools of oppression – keen as they appear to be to alternately fondle and restrain the eponymous heroine.<sup>184</sup> Elsewhere Jewkes is branded a 'brute' by Pamela (pp. 169, 221), a 'wicked brute' (p. 198), a 'treacherous Brute' (p. 224), as well as a 'cruel Creature' (p. 235) and a 'barbarous Creature' (p. 241), which, when coupled with the abuses we are told the housekeeper commits, make a positive reading of her in the first half of the novel a challenge, even permitting for any exaggeration in the narrative that may come inadvertently with Pamela's 'youth and fright'.<sup>185</sup> Yet as the novel advances, those hands Pamela at first feared instead come to be seen as instruments of healing and protection, ready as they are to provide medical assistance to her in moments of fatigue and crisis, as well as to shield her from the physical assaults of Lady Davers and her nephew:

She [Lady Davers] gave me a Slap on the Hand, and reached to box my Ear; but Mrs. Jewkes hearkening without, and her Woman too, they both came in at that Instant; and Mrs. Jewkes said, pushing herself in between us, Your Ladyship knows not what you do: Indeed you don't.<sup>186</sup>

These hints of a kinder character suppressed beneath an otherwise ogreish façade are obfuscated further by Mrs. Jewkes' loyalty to Mr. B and her amoral willingness to support him in all his immoral endeavours, a trait that would ordinarily be laudable in a housekeeper under other circumstances. Undermining her character further, before we are even introduced to Mrs. Jewkes, Richardson ensures that the first words we hear about her are negative ones. Whilst Pamela is still within the relative safety of Mr. B's Bedfordshire residence, we hear from Mr. Longman that 'there was no Comparison between her [Mrs. Jervis'] Accounts and Mrs. Jewkes's, at the Lincolnshire estate', and that: 'I have never found such good

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<sup>184</sup> Samuel Richardson, *Pamela*, 2nd edn., Vol. 1, p. 146

<sup>185</sup> *Ibid.*, Vol. 1, pp. 169, 198, 221, 224, 235, 241

<sup>186</sup> *Ibid.*, Vol. 2, p. 246

Management in it, nor so much Love and Harmony neither. I wish the Lincolnshire [Mrs. Jewkes'] Estate was as well serv'd!<sup>187</sup> The intention is to give the impression of a poor housekeeper in comparison to Mrs. Jervis, and one who clearly does not inspire either confidence or happiness in her fellow domestic staff. However, in spite of the negative comparisons being drawn, shortly after we are introduced to Mrs. Jewkes in person we witness her engaging in a desirable housekeeping skill which Mrs. Jervis does not: the practice of domestic medicine.

### Domestic Medicine: A Core Skill for Holistic Housekeeping

The importance of domestic medicine as a skill to develop for the housekeeper is reflected in the practice of including additional medical material in contemporary housekeeping guides. Perhaps nowhere is this conflation between the culinary and medical duties of the housekeeper better illustrated than in the pseudonymously published *The Family Magazine* (1741), which, following on a year after *Pamela*'s first publication, caters to its housekeeping readership by dividing itself into two distinct parts for ease of reference, namely: *Part I, Useful Directions in all the Branches of House-keeping and Cooking* and *Part II, A Compendious Body of Physick Succinctly Treating of All the Diseases and Accidents Incident to Men, Women, and Children*.<sup>188</sup> The pseudonymous author, 'Arabella Atkyns', attributes the latter section of this two-part text to a cache of medical recipes inherited from her medically qualified brother, a tactic – true or not – used to strengthen and elevate the credentials of her housekeeping guide.<sup>189</sup> This trend of dividing housekeeping texts into two distinct parts then continues through the mid-century, as Penelope Bradshaw –

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<sup>187</sup> Ibid, Vol. 1, p. 87

<sup>188</sup> Arabella Atkyns, *The Family Magazine: In Two Parts* (London: J. Osborne, 1741)

<sup>189</sup> M. A. Katritzky, *Women, Medicine and Theatre 1500-1750: Literary Mountebanks and Performing Quacks* (London: Routledge, 2016) p. 142

a 'Housekeeper Forty Years to a Noble Family of Great Taste' – has her manual *The Family Jewel* (1748) supplemented with specific remedies attributed to prominent practitioners displayed on the title page, such as: 'Mrs. Stephen's Receipt for the Stone, Dr. Mead's and others, for the Bite of a mad Dog; Sir Hans Sloane's for sore Eyes; Receipts for Daffy's and Stoughton's Elixir'.<sup>190</sup> Eight years later, Martha Bradley's *The British Housewife, or, the Cook, Housekeeper's and Gardiner's Companion* (1756) appears on the market and concludes its instructive title *With the Conduct of a Family in Respect of Health; the Disorders to Which They Are Every Month Liable, and the Most Approved Remedies*.<sup>191</sup> A decade on, the genre's popularity remains strong and Isabella Moore's *The Complete English Housekeeper's Companion* (1766) strengthens the practice by including *The Genuine Receipts for Compounding Mr. Ward's Principal Medicines*, and *Every One His Own Physician*, within its pages – the latter rivalling a standalone medical text of the period in its sheer scope.<sup>192</sup> It seems that even Pamela herself recognises the intrinsic importance of this skill to the housekeeper's professional responsibilities, for when we witness the heroine's failed escape attempt from the Lincolnshire Estate, it is Mrs. Jewkes' quick command of the situation which gives Pamela cause to commit to paper her first positive words about the housekeeper: 'if this Woman has any good Quality, it is, it seems, in a Readiness and Skill to manage in Cases, where sudden Misfortunes happen in a Family'.<sup>193</sup>

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<sup>190</sup> Penelope Bradshaw, *The Family Jewel and Compleat Housewife's Companion*, 7<sup>th</sup> ed., (London: R. Whitworth, 1754)

<sup>191</sup> Martha Bradley, *The British Housewife, or, the Cook, Housekeeper's and Gardiner's Companion* (London: S. Crowder and H. Woodgate, 1756)

<sup>192</sup> Isabella Moore, *The Useful and Entertaining Family Miscellany: Containing the Complete English Housekeeper's Companion* (London: Thomas Palmer, 1766)

<sup>193</sup> Richardson, Vol. 1, p. 236

### Diagnosing the Extent of Pamela's Plight

Richardson provides us with a rich and very detailed account of Pamela's plight as she makes this ill-fated escape attempt, and it is worth breaking down this series of events to assess properly the extent of Pamela's physical injuries. It is important to emphasise the condition Pamela finds herself in as she is entrusted to Mrs. Jewkes' care so that we might appreciate fully the task the housekeeper has ahead of her in restoring Pamela to health. Previous scholarship has devoted a few sentences at most to these scenes of injury and convalescence, and how they reflect on Mrs. Jewkes' character. Robert A. Erickson, for example, makes rightful note of Mrs. Jewkes' medical abilities, but argues ultimately that these incidental skills help her to be placed more comfortably within a literary tradition of the 'torturing midwife' trope, as opposed to them reflecting positively on her character.<sup>194</sup> Similarly, John Dussinger acknowledges that 'Mrs. Jewkes tends skilfully to her injuries' and notes how 'Pamela admits that Mrs. Jewkes is human after all', but then goes on to argue that this only represents a brief interlude, a momentary reprieve, before Pamela returns to her default position of finding Mrs. Jewkes an abhorrent ogre, the two never being able to forge a warm friendship.<sup>195</sup> Though both these scholars rightly acknowledge, albeit often in passing, her evident healing abilities, they fail to highlight the magnitude of her success in what amounts to a deeply dangerous situation for Pamela on a number of different fronts.

Pamela's situation is precarious and her risk of dying from fever or a serious infection represent a real and tangible threat, which, based on the airy tone Richardson employs for her subsequent writings, appears to be a realisation that never fully dawns on her. Crucial as these scenes are to gain an understanding of Mrs. Jewkes' medical capabilities, we must

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<sup>194</sup> Robert A. Erickson, 'Mother Jewkes, Pamela, and the Midwives', *ELH*, 43.4, 1976, pp. 500-516 (p. 506)

<sup>195</sup> John Dussinger, *The Discourse of the Mind in Eighteenth-Century Fiction* (The Hague: Mouton & Co. N. V., 1974) p. 62

begin by examining the initial fall that causes the majority of Pamela's injuries in the first instance:

The Wall being old, the Bricks I held by, gave way, just as I was taking a Spring to get up, and down came I, and received such a Blow upon my Head, with one of the Bricks, that it quite stunn'd me; and I broke my Shins and my Ankle besides, and beat off the Heel of one of my Shoes.<sup>196</sup>

From the outset Pamela's wounds appear substantial, including a powerful blow to the head – along with a probable concussion – and significant damage to both her shin bones, one of her ankles, and the potential breakage of all three. Shortly after attempting to get up, Pamela realises her injuries are even more widespread than she initially believed them to be: 'I could hardly stand, for I found I had bruis'd my left Hip and Shoulder, and was full of Pain with it; and besides my Head bled, and ak'd with the Blow I had with the Brick.'<sup>197</sup> We learn here that her head wound is bleeding, a potentially lethal development in the eighteenth century due to the risk of infection, and that she has also bruised both her hip and shoulder. The small detail that it is Pamela's left hip and shoulder which were subject to the impact allows us to extrapolate that it was this side of her body she fell on to, we will also later learn that the blow she received from the dislodged brick was actually to the back of her head, thereby standing as a separate injury not directly caused by the impact of the fall.

These already considerable physical injuries are then made worse by the wet, marshy conditions Pamela subsequently finds herself in:

I arose; but was so stiff with my Hurts, so cold with the moist Dew of the Night, and the wet Banks on which I had sat, as also the Damps arising from so large a Piece of Water, that with great Pain I got from the Banks of the Pond.<sup>198</sup>

Whilst today we know that exposure to cold, damp air can negatively impact our immune system and increase the likelihood of catching a cold or developing a fever, in the eighteenth century theories surrounding the hazardous qualities of moist air heralded much more severe

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<sup>196</sup> Richardson, Vol. 1, p. 226

<sup>197</sup> Ibid, Vol. 1, p. 227

<sup>198</sup> Ibid, Vol. 1, p. 232

consequences.<sup>199</sup> In his medical self-help book: *Rational Physic; or, the Art of Healing* (1765), the surgeon William Samson lays out to his lay readership a full list of life-threatening conditions associated with moist air exposure:

Moist air is certainly the most prejudicial to health of the whole tribe, especially if it reigns [sic] in fenny or marshy countries. Hence epidemic Agues, Coughs, Asthmas, Catarrhs, Dropsies, Pleurisies, Rheumatisms, and all diseases that proceed from obstructed perspiration, a languid circulation, and a siezy [sic] blood.<sup>200</sup>

To an eighteenth-century eye, Richardson's specific meteorological detail carries with it the implicit threat of contracting a potentially lethal contagion, adding further jeopardy to Pamela's already extensive physical injuries. When confronted with such a case, the physician James Makittrick Adair (1728-1802), who wrote a number of works on preserving the health of the infirm, highlighted the importance of warming the patient post-exposure to cold air should they have been undefended when first exposed to it.<sup>201</sup> Adair suggests that 'bathing the legs in moderately warm water, has often been an excellent mean of preventing dangerous consequences'; assumedly consequences of the type outlined by Samson.<sup>202</sup> Pamela is about to find herself in the state of an invalid: bed-bound over the coming days and entirely dependent on Mrs. Jewkes for all her needs. It is fortunate the housekeeper is prepared for such an eventuality, ready as she is to both disinfect Pamela's wounds and to have her body temperature raised via a method not dissimilar to Adair's recommendation:

I was so weak, when I got up Stairs, that I fainted away, with Dejection, Pain and Fatigue; and they undress'd me, and got me to Bed, and Mrs. Jewkes order'd Nan to bathe my Shoulder, and Arm, and Ankle, with some old Rum *warm'd* [emphasis added]; and they cut the Hair a little from the back Part of my Head, and wash'd that; for it was clotted with Blood, from a pretty long, but not deep Gash; and put a Family Plaister upon it.<sup>203</sup>

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<sup>199</sup> Jamie Eske, 'What's the Link Between Cold Weather and the Common Cold', *Medical News Today*, 23 October 2018 <<https://www.medicalnewstoday.com/articles/323431.php>> [date accessed: 21 January 2019]

<sup>200</sup> William Samson, *Rational Physic; or, the Art of Healing: Founded on Principles of Reason and Experience* (London: J. Fletcher, 1765) p. 5

<sup>201</sup> James Makittrick Adair, *Medical Cautions, for the Consideration of Invalids; those Especially Who Resort to Bath*, 2<sup>nd</sup> edn. (Bath: R. Crutwell, 1787) pp. 100-101  
Ibid, *An Essay on Regimen, for the Preservation of Health, Especially of the Indolent, Studious, Delicate and Invalid* (London: James Ridgeway, 1799) pp. 83-4

<sup>202</sup> Ibid, p. 84

<sup>203</sup> Richardson, Vol. 1, p. 235-6



## The Purpose of Plaisters

The word 'family' within the term 'family plaister' in the above instance denotes that it was produced within the home, and probably according to a family recipe. In all cases, creating plaisters involved mixing a number of ingredients together before rubbing them into a piece of cloth or leather and then applying the result externally to the skin. Manuscript domestic remedy books demonstrate the sheer breadth of uses for plaisters, like Sarah Palmer's recipe book which contains a plaister remedy for curing a sore throat – specifically one which develops during an outbreak of small pox – whilst Frances Rous's book has another for use in treating gout.<sup>204</sup> Sarah Nott's text has a particularly wide range of examples, from a 'leaden plaister' made up mainly of red lead and oil for treating sprains, burns, and aches, to a plaister for killing parasitic worms, and a more mundane one for curing an ague.<sup>205</sup> The scholar Marjo Kaartinen provides two further examples of plaisters specifically intended for the treatment of breast cancer, one based on a mixture of alum, honey and oatmeal intended to ease the patient's suffering, and the other soaked in Thomas Sydenham's liquid laudanum for reducing swelling and pain.<sup>206</sup>

What these seemingly disparate plaisters share in common is the number and range of ingredients that went into making them: diapalma – usually composed of oil or hogs-fat – saffron, frankincense, wormwood, savine, Benjamin fig, aloes, calomel, flowers of sulphur, spermaceti, and turpentine would be to only name a fraction of those required. These ingredients then had to be separately acquired and whilst some of them could be sourced locally, like the anti-pestilential wormwood, others would prove more exotic.<sup>207</sup> Spermaceti,

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<sup>204</sup> Wellcome Collection, MS. 3740, Sarah Palmer [and others], Early 18<sup>th</sup> century, p. 6  
Wellcome Collection, MS. 4288, Frances Rous, 1767, p. 25

<sup>205</sup> Wellcome Collection, MS. 3696, Sarah Nott, 1701-c. 1820, p. 29 & 32

<sup>206</sup> Marjo Kaartinen, *Breast Cancer in the Eighteenth Century* (Abingdon: Routledge, 2016) p. 29 & 61

<sup>207</sup> Siena, p. 182

which acted as both an emollient and demulcent, represented a valuable product of the whaling industry, whilst the author Horace Walpole was left compelled to import his frankincense from an unappealingly Catholic France.<sup>208</sup> These various components then had to be processed in different ways, many of them time-intensive, and with ingredients like aloe and calomel producing powerful purgative reactions, a familiarity with their properties and proper dosages would have been necessary to create the desired effect instead of risking worsening the patient's condition further.<sup>209</sup> In short, in the eighteenth century something as seemingly innocuous as a plaister held the potential to act not only as a simple stanch, but also as a key medication in its own right. More importantly for the matter at hand, its proper preparation required sufficient medical knowledge to assess the initial injury, its associated symptoms and probable underlying cause, before moving on to successfully create a tailored medicated plaister to then apply to the patient.

Given the plethora of potential uses for plaisters, Pamela's nebulous use of the term 'family plaister' in this case gives us few clues as to its specific use beyond the most fundamental one of helping to control the bleeding on the back of her head. Even this apparently simple function, however, is more complex and multi-faceted than it may at first appear, as plasiters were frequently employed to draw out ill-humours as much as they were used to keep them in.<sup>210</sup> Though there are too few textual clues to indicate which method Mrs. Jewkes is following in order to heal Pamela's wound, we may still glean a crucial benefit to the housekeeper's medical intervention. As the chemist Francis Spilsbury reminds us in *The Friendly Physician* (1773), a work created to guide domestic medical practitioners

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<sup>208</sup> Gordon Jackson, *Research into Maritime Trade No. 29: The British Whaling Trade*, (St John's: International Maritime Economic History Association, 2005) p. 88  
William Tullett, *Smell in Eighteenth-Century England: A Social Sense* (Oxford: Oxford University Press, 2019) p. 123

<sup>209</sup> John S. Haller, 'A Drug for All Seasons: Medical and Pharmacological History of Aloe', *Bulletin of the New York Academy of Medicine*, 66.6, 1990, pp. 647-659 (p. 652)

<sup>210</sup> George Wallis, *The Art of Preventing Diseases, and Restoring Health, Founded on Rational Principles, and Adapted to Persons of Every Capacity*, 2<sup>nd</sup> edn. (London: G. G. and J. Robinson, 1796) p. 411

when furnishing their household medicine chest, plaisters found universal use as 'a common application in excoriations of the skin, slight flesh wounds, and the like; it keeps the part soft, and somewhat warm, and defends it from the air, which is all that can be expected from any plaister'.<sup>211</sup>

As we have seen, the air – especially moist air – was thought to have the capacity to carry pestilence and disease, but it also held the potential to increase a person's susceptibility to becoming infected. These hazardous qualities made plaisters an essential preventative tool for treating wounds, given their ability to act as a physical shield against the elements. Such a shield was necessary, for warnings like William Samson's would continue to echo throughout the century. In fact, the year after Samson's own self-help book was published, the physician John Theobald's *Every Man His Own Physician* (1766) would amplify the dangers of air by adding an extra geographical detail with serious implications for Pamela's prognosis:

the sudden changes of the air are dangerous; whence proceed a great number of diseases which reign in the spring and autumn [...] Too hot an air occasions malignant and putrid fevers: a cold and moist constitution of the air produces coughs, pleurises, rheumatisms, agues, &c. for instance, agues are common in the Fens of Cambridgeshire and Lincolnshire.<sup>212</sup>

Theobald's highlighting of the fens of Lincolnshire – where Pamela currently finds herself – as being especially dangerous, further vindicates Mrs. Jewkes' actions during her rapid response to the situation. In placing her homemade plaister over Pamela's wound – after having first cleansed it with alcohol – Mrs. Jewkes effectively prevents the entry of any other diseases that would have had direct access to her patient's body.

That said, without consulting Mrs. Jewkes directly on the composition of the plaister, Pamela can give us no greater insight into its constituent ingredients, and therefore no

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<sup>211</sup> Francis Spilsbury, *The Friendly Physician. A New Treatise: Containing Rules, Schemes, and Particular Instructions* (London: Wilkie, 1773) p. 33-34

<sup>212</sup> John Theobald, *Every Man His Own Physician*, New edn. (London: W. Griffin, 1766) p. 41  
N.B. Previous editions of this volume lack the particular section on 'Directions for preserving Health, and attaining long Life', quoted here.

indication of any secondary healing quality or method, beyond the general observation that it has been created within the domestic space. Nonetheless, the fact that Richardson has Pamela take notice of the homemade medicament at all during a time where she is otherwise both 'weak' and 'fainting away', as well as being overcome with 'dejection', 'pain', and 'fatigue', is significant in itself.<sup>213</sup> There is both a clinical detachment and a note of admiration to Pamela's observation of the scene that she herself is the central focus of, with the sense that she is coolly assessing both Mrs. Jewkes' control of the situation and her actions within it. Pamela is clearly impressed with what she witnesses for, as we have previously seen, Richardson has her conclude the passage with the first positive words she has written about Mrs. Jewkes, namely: 'for if this Woman has any good Quality, it is, it seems, in a Readiness and Skill to manage in Cases, where sudden Misfortunes happen in a Family'.<sup>214</sup> Pamela is right to do so, as even the simplest of the recipes outlined above would require sufficient medical knowledge to be prepared properly, as well as the housekeeping skills to source the necessary ingredients at an optimal price for the benefit of the household accounts – a duty Pamela will later volunteer to take personal command over.<sup>215</sup>

In any case, there are a number of layers to Pamela's final assessment of Mrs. Jewkes' proficiency in dealing with a medical emergency. First, the housekeeper's ability to command the situation and all the servants within the household towards one common goal represents a feat in itself, and one that calls into question Mr. Longman's suggestion that she mismanages the Lincolnshire estate and does not command the respect of her fellow servants. Second, the plaister which is produced is one that was apparently already in storage and ready for use, given it arrives on the scene whilst the servants are otherwise occupied with tending to Pamela directly. As aforementioned, plaisters often included a number of ingredients and

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<sup>213</sup> Richardson, Vol. 1, p. 235

<sup>214</sup> Ibid, Vol. 1, p. 236

<sup>215</sup> Ibid, Vol. 2, p. 61-21

multiple steps that went into producing them – weighing, mixing, heating, etc. – that would take too long to perform in their entirety in the time elapsed from the discovery of Pamela in the garden to the application of the plaister to the back of her head. As such, we can conclude that Mrs. Jewkes had likely already – at least partially – pre-prepared the plaister beforehand for just such an emergency, representing one of the first indications that her medical skills extend to the production of medicinal items, which we will explore in greater detail later during this chapter. What can be said for certain is that Mrs. Jewkes' strong fundamental skills in producing domestic remedies are utilised here to great effect, for the plaister successfully controls Pamela's bleeding – and appears to alleviate her pain, suggesting perhaps the application of an additional analgesic – to the degree that she is able to enjoy essential rest almost immediately after the cleansing of her wounds:

After this, I fell into a pretty sound and freshing Sleep, and lay till Twelve o' Clock, tolerably easy, considering I was very feverish and aguishly inclin'd; and she took a good deal of Care to fit me to undergo more Trials.<sup>216</sup>

During this brief passage, Pamela reveals a further development of her condition, heightening the seriousness of the overall medical situation – she is suffering from a fever. To turn for a moment to the modern successor to the domestic medical manual, *The Harvard Medical School Family Health Guide* (1999), we can observe that the appearance of a fever necessitates the presence of infection within the body:

Fever is an elevation in temperature above the normal range: 97°F to 99°F. It is one of the body's most effective ways of fighting infection. Fever is produced when an infection causes infection-fighting white blood cells to become activated, leading to the release of substances that direct the body's temperature control (the hypothalamus) to heat up the body.<sup>217</sup>

Of course, though bacteria was first discovered in the seventeenth century by Antonie van Leeuwenhoek (1632-1723), and the resulting advent of animalculism would create

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<sup>216</sup> Ibid, Vol. 1, p. 236

<sup>217</sup> Anthony L. Komaroff, *The Harvard Medical School Family Health Guide* (New York: Simon and Schuster, 1999) p. 875

contagion theories approaching modern understandings of pathogens, germ theory itself would only come into being during the nineteenth century.<sup>218</sup> Nonetheless, eighteenth-century medicine still understood the dangers that fever represented, even without the finer understandings of infection, as Ewa Grodzinsky and Märta Sund Levander explain:

In the eighteenth century, the understanding of the causes and nature of fevers changed dramatically in responses to scientific discoveries and medical observations such as thermoregulation. Even so, an increased temperature was still interpreted in terms of various febrile diseases, such as catarrhal fever, breast fever, stomach fever, decay fever, summer fever, autumn fever, burn fever, pain fever, fire fever, collapse fever, languishing fever, child languishing fever, bile fever, typhus fever, and rash fever.<sup>219</sup>

As Grodzinsky and Sund Levander's exhaustive list demonstrates: to the eighteenth-century mind as much as the modern one – fever represented disease. Pamela's condition goes beyond her serious external injuries and comes to threaten from within as much as it does from without. She appears vindicated in her initial fear of waking up in cold, damp conditions, and both Samson and Theobald's theories about the dangers of moist air have proven prophetic: Pamela has acquired the kind of ague that rural Lincolnshire was apparently renowned for. Although Richardson makes Pamela's account of Mrs. Jewkes' specific actions here vague, perhaps in part due to her aguish and feverish condition, he nonetheless has her note how the housekeeper 'took a good deal of Care to fit me to undergo more Trials'.<sup>220</sup> Once again, at a time when she is not entirely compos mentis, Pamela heaps praise on a woman that she has otherwise failed to find a good word for until now. In short, even at this early stage, Mrs. Jewkes' medical prowess proves curative not only for Pamela's immediate condition, but also for the state of their long-term relationship.

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<sup>218</sup> Kevin Siena, *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* (New Haven: Yale University Press, 2019) p. 61

Kirstin Thiel, *The Germ Theory of Disease* (New York: Cavendish Square Publishing, 2018) p. 47

<sup>219</sup> Ewa Grodzinsky and Märta Sund Levander, *Understanding Fever and Body Temperature: A Cross-disciplinary Approach to Clinical Practice* (London: Palgrave Macmillan, 2019) p. 11

<sup>220</sup> Richardson, Vol. 1, p. 236

Moving forward, Pamela's descriptions of Mrs. Jewkes' care return to being more specific. As a direct consequence, the housekeeper's domineering and controlling manner are shown to have a clear benefit when filtered through this medical role. Though formally used to oppress, here these traits enable her to enforce effectively a strict regimen for the benefit of Pamela's recovery:

She would make me rise about Twelve; but I was so weak, I could only sit up till the Bed was made, and went into it again; and was, as they said, delirious some Part of the Afternoon. But having a tolerable Night on Thursday, I was a good deal better on Friday, and on Saturday got up, and eat a little Spoon-meat, and my Feverishness seem'd to be gone.<sup>221</sup>

The plaister may not have prevented Pamela developing a fever, but Mrs. Jewkes' medical care has helped her navigate safely through it regardless. By cleansing Pamela's wounds, applying a domestically-produced plaister, continuously monitoring her patient's condition, keeping her physically nourished, and pushing her to exercise at moments judged safe and beneficial to do so, Mrs. Jewkes ensures the full and speedy recovery of her ward. In recognition of the housekeeper's diagnostic skills of perception, Richardson has Pamela devote the final line of the whole affair to linking Mrs. Jewkes' regimen directly to her ultimate recovery: 'Mrs. Jewkes has thought fit to give me an Airing, for three or four Hours this Afternoon, and I am much better'.<sup>222</sup>

At this point we might reflect on the extent of Mrs. Jewkes' achievement, having examined the case step by step and acknowledged fully the interventions she makes at each stage and her medical basis for doing so. Though there may be an argument to be made that it was on Mrs. Jewkes' watch that Pamela was injured in the first place, this fact does not reflect on her demonstrable medical skill and proficiency in healing. The housekeeper proves her professionalism throughout the following few days, ceasing to treat Pamela with the

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<sup>221</sup> Ibid, Vol. 1, p. 236

<sup>222</sup> Ibid, Vol. 1, p. 237

vindictiveness we have witnessed previously, and forgoing revenge in any capacity against a quarry who acted flagrantly against her rules, an action that could have resulted in her dismissal. Instead, she tends to Pamela in a personal capacity, putting her young ward's recovery at the forefront and setting emotional factors aside. Richardson even has Pamela engage the reader with these facts, initially expressing fear at Mrs. Jewkes finding her in her injured state, and then imploring the housekeeper to treat her with kindness when she is otherwise unable to resist her physical intervention: 'O cruel creature! Said I, if you knew what I had suffer'd, it would move you to pity me!'<sup>223</sup> Pamela may only compliment Mrs. Jewkes directly on one occasion as she is carried into the house, but her sustained praising of the housekeeper's medical attentiveness from then on hints at a deeper-seated admiration, one that may ultimately affect her decision to keep Mrs. Jewkes on when the power to dismiss her lies in her hands.

### The Parson's Prognosis

There are more of these medical instances in the novel that may inform Pamela's final decision, as Mrs. Jewkes' diagnostic abilities are not only utilised to examine her physical injuries, but also we hear of them being put into practice on two further occasions: namely with Mr. Williams, and later Mr. B. We shall explore the latter of these instances later in the chapter, but for now will focus our attention on the former. Shortly after Pamela makes a full recovery, we hear that Mr. Williams has been accosted by a group of robbers and left injured in a ditch. We later learn that this attack has actually been orchestrated by Mr. B himself, but Mrs. Jewkes goes out to Mr. Williams regardless in order to assess the extent of his injuries and potentially treat them, as the situation demands. Once she returns from making her

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<sup>223</sup> Ibid, Vol. 1, p. 235



medical assessment, Richardson provides a report in full of what Mrs. Jewkes encounters via Pamela:

So, Mrs. Jewkes is returned from her Visit: Well, said she, I would have you set your Heart at Rest; for Mr. Williams will do very well again. He is not half so badly off as he fancy'd. O these Scholars, said she, they have not the Hearts of Mice! He has only a few Scratches on his Face; which, said she, I suppose he got by grabbling among the Gravel, at the Bottom of the Dam, to try and find a Hole in the Ground, to hide himself from the Robbers. His Shin and his Knee are hardly to be seen to ail any thing. He says in his Letter, he was a frightful Spectacle: He might be so indeed, when he first came in a-doors but he looks well enough now; and, only for a few Groans now-and-then, when he thinks of his Danger, I see nothing is the matter with him.<sup>224</sup>

The textual evidence here shows that Mrs. Jewkes examined Mr. Williams first-hand and quite thoroughly, including both his shin and knee that must have been viewed in the flesh in order to be 'seen' not to 'ail anything'. This detail is significant for, as Karen Harvey explores, the leg represented a sexualised and intimate part of the male body during the eighteenth century, embodying at once 'beauty, power, and sensuality'.<sup>225</sup> Jennifer Van Horn makes this sexualisation yet more explicit, pointing to 'the phallic importance attributed to the male leg in erotic songs' and the secondary use of the body part as a way of discerning the size of male sexual endowments.<sup>226</sup>

Mrs. Jewkes is given intimate access to a bare part of Mr. Williams' body, one with deep associations to the most private parts of the male anatomy. This level of access demonstrates the high esteem the housekeeper is held in around the Lincolnshire estate as a healer; given she is called on not only to attend to Pamela and Mr. B when they are within the immediate vicinity, but in this instance she has to actively travel to Mr. Williams via a chariot in order to confirm visually the extent of his physical injuries. It is apparent that Mrs. Jewkes stands as the main port of call for any medical issue within the wider household and, as we will

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<sup>224</sup> Ibid, Vol. 1, p. 202

<sup>225</sup> Karen Harvey, 'Men of Parts: Masculine Embodiment and the Male Leg in Eighteenth-Century England', *Journal of British Studies*, 54, 2015, pp. 797-821 (p. 806)

<sup>226</sup> Jennifer van Horn, *The Power of Objects in Eighteenth-Century British America* (Chapel Hill: University of North Carolina Press, 2017) p. 368

examine later on, she will only call for outside aid if the patient shows no sign of improving after multiple days under her direct care.

In the event, Mrs. Jewkes believes Mr. Williams to be excessive in his claims of bodily injury, but it is the fact she is relied on to assess them at all which remains the important factor here. Recent scholarship has begun to challenge the entrenched notion that male medical practitioners were uncomfortable with physically examining their female patients: in particular Wendy D. Churchill demonstrates how many women were often unashamed about having their bodies exposed and examined, and that physicians would oblige providing proper consent was obtained.<sup>227</sup> The reverse of this phenomenon, that is to say women examining men in a medical capacity, is not currently a source of scholarly debate. This perhaps indicates either a lack of evidence to draw from in order to incite commentary, or the contemporary concept of male immodesty proving less of an issue. In any case, though Pamela does not appreciate Mrs. Jewkes' brand of humour interspersed throughout her relaying of Mr. Williams' condition, she nonetheless remains grateful to the housekeeper for her medical assessment. Moreover, Pamela appears to trust Mrs. Jewkes' diagnosis implicitly and without question, allowing her to relax immediately after hearing it and thereby indicating the esteem in which she already holds the housekeeper's medical skills: 'I am glad of it, said I, for all your Jokes, Mrs. Jewkes.'<sup>228</sup>

Although, as has been outlined previously, scholars like Erickson and Dussinger have drawn attention to these kinds of diagnostic and healing skills which Mrs. Jewkes possesses, they have been viewed almost exclusively through her major act of medical intervention in tending to Pamela, pivotal as it is to the novel's central plot. As a result, her other domestic medical skills have received practically no critical comment. The most evident manifestation

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<sup>227</sup> Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis and Treatment* (Aldershot: Ashgate, 2012) pp. 64–73 & 76–9.

<sup>228</sup> Richardson, Vol. 1, p. 202

of these other medical skills comes in her production of distilled cordials, however, with multiple examples appearing throughout the novel that collectively help mark her out as a skilled, conscientious and efficacious housekeeper.

### The Curative Quality of Cordials

During the eighteenth century, the term 'cordial' covered a broad-range of alcohol-based medicines but, as Rosamond Bayne-Powell puts it so concisely: 'as the name implies they were considered excellent stimulants for the heart'.<sup>229</sup> Samuel Johnson's contemporaneous *Dictionary of the English Language* carries a number of very similar definitions for 'cordial', namely:

1. A medicine that increases the force of the heart, or quickens the circulation.
2. Any medicine that increases strength.
3. Any thing that comforts, gladdens, and exhilarates.<sup>230</sup>

As we can see, the definition of 'cordial' in all three instances surrounds the physically fortifying effects of medicinal cordials, which led to the word being applied more broadly to 'any thing that comforts, gladdens, and exhilarates'. Though all cordials were thought to share this stimulant effect, it was the herbs and spices with which they were infused that gave them their specific medicinal qualities beyond this central base one. A number of famous patent remedies were classified as cordials, because of their healing properties and alcoholic bases, and were branded as such, like Godfrey's cordial, Costak's cordial, and even Daffy's elixir was sometimes alternatively referred to as Daffy's cordial instead.<sup>231</sup>

As their appearance on the medical marketplace would imply, specialist skills and knowledge were required for the successful production of cordial medicines and, as Roy

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<sup>229</sup> Rosamond Bayne-Powell, *Housekeeping in the Eighteenth Century* (London: Murray, 1956) p. 89

<sup>230</sup> Samuel Johnson, 'Cordial', *A Dictionary of the English Language*, Vol. 1 (London: W. Strahan, 1755)

<sup>231</sup> Joan Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001) p. 47

Porter points out: 'distilled medicines straddled home and professional medicine, as did all aspects of herbal medicines. Self-sufficiency and self-care were, generally speaking, supported by the same medical knowledge.'<sup>232</sup> Whilst this is not to imply that all lay and professional production was matched equally in quality, C. Anne Wilson notes that 'home-distilling was accepted as a necessary domestic skill through most of the eighteenth century', as the ability to produce long-lasting medicines for the home could save on purchasing medicines directly from the marketplace.<sup>233</sup> Joanna Martin argues that 'by the middle of the century many of these were brought in, and less distilling was done at home', but recognises a housekeeper's continued dominion over both a household's preserving room and still-room, which would have been 'used to distil herbal medicines and waters of various kinds – cordials and alcoholic drinks for the household, and flower waters (especially rose-water) for medicinal, culinary or cosmetic use'.<sup>234</sup> The importance of these medicines within a household was even reflected in the way in which they were stored, as they were often kept in dedicated medicine and cordial chests. Moreover, these chests would have been custom made until the last few decades of the eighteenth century when mass-produced chests became popular, with the cordials' contents reflecting the personal preference of the owner and tailored according to their individual medical requirements.<sup>235</sup>

With both cordial distillation and the cordials themselves occupying such a mundane but crucial position within the eighteenth-century domestic economy, it stands to reason that Mrs. Jewkes' ability to produce quality products would affect Pamela's view of her as an effective housekeeper, one worthy of continued employment. With this in mind, we can look to our

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<sup>232</sup> Roy Porter, *Medicine: A History of Healing: Ancient Traditions to Modern Practices* (New York: Barnes and Noble Books, 1997) p. 79

<sup>233</sup> C. Anne Wilson, *Water of Life: A History of Wine-Distilling and Spirits, 500BC-AD 2000* (London: Prospect Books, 2006) p. 231

<sup>234</sup> Joanna Martin, *Wives and Daughters: Women and Children in the Georgian House* (London: Hambledon and London, 2004) p.156

<sup>235</sup> J. K. Crellin, 'Domestic Medicine Chests: Microcosms of 18<sup>th</sup> and 19<sup>th</sup> Century Medical Practice', *Pharmacy in History*, 21.3, 1979, pp. 122-131 (p. 122 & 127)

initial introduction to the cordials which Mrs. Jewkes creates, and therefore the first test of her skill, as Pamela makes her entrance to the Lincolnshire estate and meets the housekeeper for the first time:

I was very sick at entering it, partly from Fatigue, and partly from Dejection of Spirits; And Mrs. Jewkes got me some mull'd Wine, and seem'd mighty officious to welcome me thither.<sup>236</sup>

Similar to our modern understanding of the term *Glühwein*, mulled wine in the eighteenth century was wine steeped in herb or spices – nutmeg, cinnamon and sugar – and drunk year-round, not just during winter, for its fortifying effect. Diverging from the modern meaning, however, Elizabeth Raffald's *The Experienced English Housekeeper* (1786) and Sarah Martin's *The New Experienced English Housekeeper* (1795) show us how mulled wine was usually based on white wine, not red, and when it was pulled from its boiling point off the fire it was then mixed with cream and the yolks of between two to six eggs.<sup>237</sup> In a medical sense, both the anonymously published *The Ladies Physical Directory* (1727) and Stephen Freeman's *The Ladies' Friend and Family Physical Library* (1780?) highlight mulled wine as being especially effective for women, due to its warming 'good service' in helping 'preserve them in Health and Strength', particularly between menstrual cycles.<sup>238</sup>

The wine Mrs. Jewkes procures for Pamela is likely to have been something she would have freshly prepared herself for the latter's arrival, given the perishable nature of cream and eggs, even when they are preserved in alcohol. Moreover, the cordial's generally fortifying, warming and stimulating qualities make it a thoughtful choice for a weary and distressed guest. Unfortunately, there is no textual evidence for Pamela ever trying the drink, though we may note that her 'Fatigue' and 'Dejection of Spirits' are mentioned in the same sentence as

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<sup>236</sup> Richardson, Vol.1, p. 138

<sup>237</sup> Elizabeth Raffald, *The Experienced English Housekeeper* (London: R. Baldwin, 1786) p. 312  
Sarah Martin, *The New Experienced English-Housekeeper* (Doncaster: D. Boys, 1795) p. 150

<sup>238</sup> A Physician, *The Ladies Physical Directory, or, a Treatise of all the Weaknesses, Indispositions and Diseases Peculiar to the Female Sex*, 3<sup>rd</sup> edn. (London: a Gentlewoman at the Two Blue Posts, 1727) p.10  
Stephen Freeman, *The Ladies' Friend and Family Physical Library*, 5<sup>th</sup> edn. (London: James Nunn, 1788) p.163

the mulled wine is, indicating that both she and Mrs. Jewkes recognise it as a potential remedy to her current condition.<sup>239</sup> Irrespective of this lack of a first-hand response to the cordial's efficacy, Richardson's choice to include this specific cordial immediately upon Pamela's arrival suggests a genuine thoughtfulness on the part of Mrs. Jewkes and a knowledge of 'kitchen physic' broad and strong enough to ensure the quickest route to recovery for the spirits of her guest following her arduous, anxiety-ridden journey – all bound up in a single beverage.

We do have a first-hand account of Pamela's reaction to another cordial, however, one which she imbibes on her return to the Lincolnshire estate after she reads the imploring letter from Mr. B. In a situation similar to the first, Pamela arrives at the estate weary and fatigued and is presented with the cordial shortly before making her way to bed:

So I went to-bed with Mrs. Jewkes, after she had caused me to drink almost half a Pint of burnt Wine, made very rich and cordial, with Spices; which I found very refreshing, and set me in a sleep I had little hoped for.<sup>240</sup>

Peter Sabor has written about this brief scene, but only within the context of feasting in the novels of Samuel Richardson, thereby making note of the cordial's nutritional value and Pamela's enjoyment of it, but not mentioning the medicinal qualities of the drink.<sup>241</sup>

Nonetheless, Sabor makes an excellent point in relation to Pamela's relationship with food, noting how she only seems comfortable in eating or drinking when it is at someone else's behest, particularly Mrs. Jewkes'. In this way, Mrs. Jewkes provides another crucial but understated role as housekeeper by ensuring that her future mistress is kept physically nourished. This is an important duty, as Pamela has demonstrated previously a decidedly naïve attitude towards the realities of nutrition, stating to Mrs. Jervis that she intends to survive indefinitely on nature's bounty despite being penniless in an increasingly commercial

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<sup>239</sup> Richardson, Vol.1 , p. 138

<sup>240</sup> Ibid, Vol. 2, p. 49

<sup>241</sup> Peter Sabor, 'Feasting and Fasting: Nourishment in the novels of Samuel Richardson', *Eighteenth-Century Fiction*, 14.2, 2002, pp. 141-158 (p. 147)

society: 'Water I shall get any-where; and if I can't get me Bread, I will live like a Bird in Winter upon Hips and Haws, and at other times upon Pig-nuts, and Potatoes or Turneps [sic], or any thing.'<sup>242</sup>

Sabor, however, does not address a secondary benefit to the act of ingestion in his reading of *Pamela*, one which will enable us to situate Mrs. Jewkes further within a medical framework. Just as housekeeping guides and manuscript household recipe books from the period frequently enmeshed culinary and medical recipes with little distinction between them, so too did medicine perceive the two as intrinsically linked. Nowhere was this connection more pronounced than in the burgeoning literary genre of regimen guides that, as Deborah Lupton explains, resulted from 'the concept of dietary regimens [which], although it can be traced back many centuries, did not receive popular circulation until the late eighteenth century'.<sup>243</sup> This increased interest in the healing power that victuals could provide granted an elevated status to the importance of cooking and, by extension, conferred further medical benefits on having a competent housekeeper in residence. David Gentilcore puts an even greater emphasis on the eighteenth-century interest in regimen, placing it in a reactionary context of what came before in the preceding century:

The ascendancy of Paracelsian and chemical medicine in the seventeenth century witnessed a shift to predominately medicinal solutions to health problems and the consequential marginalisation of regimen. In turn, a criticism of these harsh medicines came in the eighteenth century, with the revival of preventative medicine, in a more Hippocratic guise, with a more generalised interest in food as one element in the broader context of regimen.<sup>244</sup>

In this sense, Mrs. Jewkes' acts of medical intervention fit right within the popular forms of the period. Her concoctions remain generally preventative in nature, but they also simultaneously straddle the worlds of the culinary and the medicinal, always providing these

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<sup>242</sup> Richardson, Vol. 1, pp. 99-100

<sup>243</sup> Deborah Lupton, *Food, the Body and the Self* (London: SAGE Publications, 1996) p. 69

<sup>244</sup> David Gentilcore, *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450-1800* (London: Bloomsbury, 2016) p. 179

dual functions whilst avoiding any association with the 'harsh chemical medicines' of the seventeenth century. William Buchan wrote with the zeitgeist on this matter and so vindicates Mrs. Jewkes further, viewing regimen as an integral part of medicine and opening *Domestic Medicine* with the declaration that

though many reckon it doubtful whether medicines are more beneficial to mankind, yet all agree in allowing the necessity and importance of a proper regimen in diseases. Indeed the very appetites of the sick prove its propriety. No man in his sense ever imagined that a person in a fever, for example, could eat, drink, or conduct himself in the same manner as one in perfect health. This part of medicine, therefore, is evidently founded in Nature, and is every way consistent with reason and common sense. Had men been more attentive to it, and less solicitous in hunting after secret remedies, Medicine had never become an object of ridicule.<sup>245</sup>

Buchan believed that diet played not only a crucial role in returning a sick patient to health, but also in preventing a healthy person from becoming sick. Shown in this light, Mrs. Jewkes' continuous and assiduous care of Pamela's diet – in providing her with sustenance and making sure she actually consumes what she is given – constitutes an important medical role in itself, perhaps even the most crucial according to Buchan. That said, as these individual scenes demonstrating Pamela's diet are explored in comprehensive detail by Sabor throughout his article, this thesis will continue to focus on the therapeutic products Mrs. Jewkes provides and simply point out the preventative medicinal quality of the former.

Combining these two elements of medicine together, in the very next paragraph of his text, Buchan goes on to outline the ideal ancient physician, whom he believes the modern practitioner should seek to emulate. Revealingly, Buchan could well be describing Mrs. Jewkes throughout her time caring for Pamela during her convalescence following her fall:

The ancient physicians acted chiefly in the character of nurses. They went very little beyond aliment in their prescriptions; and even this they generally administered themselves, attending the sick, for that purpose, through the whole course of the disease; which gave them an opportunity not only of marking the changes of diseases with great accuracy, but likewise of observing the effects of their different

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<sup>245</sup> Buchan, p. xi



applications, and adapting them to the symptoms.<sup>246</sup>

Having established the important role regimen played in eighteenth-century medicine, we can now view the cordial we began with as having a dual function, acting both as a physically-sustaining beverage as recognised by Sabor, albeit one with a preventive medicinal quality, and also as a therapeutic medicinal product in its own right, capable of simultaneously alleviating Pamela's fatigue and soothing her to sleep. In order to explore the cordial further, however, we must first understand that 'burnt wine' was simply a common eighteenth-century term for brandy, deriving from the Dutch word 'brandewijn', and formed the basis of a great number of medicinal cordials.<sup>247</sup> As with other spirituous cordials, the brandy was thought to draw its main medicinal power from the ingredients it was infused with, which here Pamela only describes as it having been made 'very rich and cordial, with Spices'.<sup>248</sup> Vague as this may at first appear, the phraseology itself can be seen given repeated usage in medical literature, with the physician Andrew Duncan commenting on a 'Dr. Gardiner's 'use of 'brandy, with spices' for helping to calm and sedate patients afflicted with paroxysms, and the famed physician Samuel Auguste David Tissot complaining of the practice of giving women 'wine burnt with spices' during a labour proving either painful or particularly slow, believing the brandy itself to be overly irritating.<sup>249</sup> In both cases the spices were believed to enhance the brandy's naturally sedative effect, explaining the practice of giving it to women suffering during childbirth, despite the potential detrimental effect it may have had on their bodies. Fortunately, Pamela is without child during the course of this novel, and so the cordial is able to fulfil its medicinal function without causing her any unintended

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<sup>246</sup> Ibid, p. xi-xii

<sup>247</sup> Tim Unwin, *Wine and Vine: An Historical Geography of Viticulture and the Wine Trade* (London: Routledge, 2005) p. 235

Gentilcore, p. 169

<sup>248</sup> Richardson, Vol. 2, p. 49

<sup>249</sup> Andrew Duncan, *Medical Commentaries for the Year MDCXCII* (Edinburgh: Peter Hill, 1780) p. 51  
Samuel Auguste David Tissot, *Advice to People in General, with Respect to Their Health*, Vol. 2 (Dublin: James Potts, 1774) p. 222

harm, leading her to recount that she 'found [the cordial] very refreshing, and set me in a sleep I had little hoped for'.<sup>250</sup>

In having Pamela define the beverage as being made 'cordial' by Mrs. Jewkes – a term which, at the time, possessed only positive connotations as previously evidenced by Johnson's *Dictionary*, but also reinforced twice by Albert J. Rivero's explanatory notes – Richardson is signalling to his reader Mrs. Jewkes' pure intentions in this scene.<sup>251</sup> Pamela expresses that she 'had little hoped for' sleep, but the power of the cordial is able to temporarily assuage her anxiety and ensure that she enjoys some essential rest following her stressful journey. Richardson then reinforces the benefit of Mrs. Jewkes' intervention by having Pamela explain the following morning that – despite still being 'deadly sore all over' – she did not think she 'could have lived under such fatigue', demonstrating the desperate need for the rest she received the night before.<sup>252</sup> Richardson's inclusion here of this implicit endorsement of Mrs. Jewkes' remedies also demonstrates her ability to adapt each of them to various and evolving circumstances; in this instance helping to relax and sedate Pamela during a tense situation which would have otherwise prevented her from resting at all, whereas previously they were intended to revive her ailing and fatigued spirits.

A direct comparison is possible between the cordial offered here by Mrs. Jewkes with one given by the farmer's daughter Pamela meets during her short stop over at a farmhouse, which she discovers on her way to being transported unwillingly to the Lincolnshire Estate. Once she enters the farmhouse and begins to feel faint under the weight of her misfortunes, Pamela tells us how the farmer's daughter 'offered me a Glass of some cordial water, which I accepted, for I was ready to sink; and then I sat up in a Chair a little, tho' very faintish'.<sup>253</sup>

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<sup>250</sup> Richardson, Vol. 2, p. 49

<sup>251</sup> Samuel Richardson, *Pamela: Or, Virtue Rewarded*, ed. Albert J. Rivero (Cambridge: Cambridge University Press, 2011) p. 74 & 691

<sup>252</sup> *Ibid.* pp. 49-50

<sup>253</sup> Richardson, Vol. 1, p. 131

Unlike with Mrs. Jewkes' offering, no details of this cordial's taste or properties are given and, more tellingly, no beneficial effect of any kind is recorded – Pamela continues to feel faint until she finishes reading the letter and realises she is not in any immediate danger. In this way, no benefit is ascribed to the cordial itself and all credit for her recovery is given to the contents of the letter. In essence, the two scenes stand as parallels, with the farmer's daughter's act of kindness in offering the cordial being the element worthy of note, as opposed to the medicine's actual quality; whilst it is the quality of Mrs. Jewkes' cordial which gets recorded, rather than there being any comment on the morality of the act itself. In short, Pamela's opinions surrounding Mrs. Jewkes' domestic medical skills stand generally separate from her otherwise entrenched moral judgements on the housekeeper's character, their positive results transcending and outweighing the quality of the character who creates them – they represent a redeemable feature.

This subtle ingratiation by Mrs. Jewkes into Pamela's favour is advanced further by her extending her cordial offerings to Pamela's father, apparently of her own initiative. Moments before her father's departure to the Andrews' family home – once he is assured of his daughter's safety – Pamela recounts that 'Mrs. Jewkes brought two Bottles of Cherry-brandy, and two Bottles of Cinamon-water, and some Cake; and they were put up in the Portmanteau'.<sup>254</sup> In practice, these types of medicinal waters were compositionally and functionally very similar to their cordial counterparts, as Emma C. Spary explains: 'the name "eaux" or waters was given to a class of liqueurs made by distilling water or brandy with aromatic herbs, spices, or fruits, such as strawberry water, cherry water, cinnamon water, and so on'.<sup>255</sup> Like cordials, the intended effect for any given water, beyond it being generally fortifying, depended on what ingredients it was distilled with during production. In the case

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<sup>254</sup> Richardson, Vol. 2, p. 147

<sup>255</sup> Emma C. Spary, *Eating the Enlightenment: Food and the Sciences in Paris, 1670-1760* (Chicago: University of Chicago Press, 2014) p. 154

of both the cinnamon waters and the cherry brandy, the strong waters appear to have been selected so as to strengthen Mr. Andrews's constitution for his journey ahead.

To begin with the cinnamon water, George Smith's book of distillery lists both 'small cinnamon' and 'Cassia Lignea' as essential ingredients when distilling the product, which the botanist Richard Bradley outlines as having 'both the same Effects; they are both strengthening, and good against all Fluxes,' despite in actuality being English and Latin synonyms for one another.<sup>256</sup> A similar distilling guide published by an anonymous 'Gentleman of extensive practice, and long experience' requires only the one kind of cinnamon, but lists the resulting virtues of the cinnamon waters as:

This compound water is much used in dram and medicines; and is frequently prescribed by physicians [...] it comforts and strengthens all the noble parts, as head, heart, stomach, nerves, liver, spleen, matrix, &c., [...] and is a very efficacious remedy against all or most disorders, arising from weakness, and laxity of nerves; especially from a humid or cold distemperature: for it powerfully stops defluxions, and dries up and diffuses superfluous moisture.<sup>257</sup>

Taken together these texts form a clear pattern: cinnamon water was strengthening and fortifying, helping to guard the body against both physiological weakness and the kinds of extremes of temperature that might come with travelling via coach over a significant distance.

Cherry brandy had a similar regulatory effect on the body's temperature, gaining its medicinal quality from the cherries it was infused with, which as William Lewis' *The New Dispensatory* (1753) informs us: 'these fruits, especially the acid sorts, are very useful and agreeable cooler and quenchers of thirst; and are sometimes directed to this intention, in hot, bilious, or febrile distempers'.<sup>258</sup> William Smith's *A New General System of Physic* (1769) lifts this description almost verbatim, but adds to the end that 'cherries are good in diseases of

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<sup>256</sup> George Smith, *A Compleat Body of Distilling, Explaining the Mysteries of that Science*, 2<sup>nd</sup> edn. (London: Henry Lintot, 1731) p. 16

Richard Bradley, *A Course of Lectures, Upon the Materia Medica, Antient and Modern* (London: Cha. Davis, 1730) p. 110

<sup>257</sup> 'Gentleman of extensive practice', *The Complete Distiller; Combining Theory and Practice* (Edinburgh: Peter Hill, 1793) p. 76-7

<sup>258</sup> William Lewis, *The New Dispensatory* (London, J. Nourse, 1753) p. 112

the head and nerves; and are justly reckoned a wholesome fruit; grateful to the stomach, and somewhat diuretic'.<sup>259</sup> Cherry brandy was thus imbued with the ability to ward off fevers, protect the body against fluctuations in temperature, and ensure resistance against nausea and vomiting – all essential qualities when travelling via coach over any great distance. Coaches in the eighteenth century had the potential to be poorly sprung, badly insulated, and had no other option but to travel on whatever roads were available to the driver, however inadequately maintained by the local parish.<sup>260</sup> Bumpy, uncomfortable journeys were a distinct possibility and bouts of motion sickness along with them, particularly for a vulnerable, infirm gentleman such as Mr. Andrews. The portmanteau's contents, therefore, represent a conscientious attempt on Mrs. Jewkes' part to ensure the lasting health of Mr. Andrews, with both of the strong waters tailored to fortifying his physical constitution, digestive system, and body temperature for the long journey ahead in order to make it as comfortable as possible for him.

#### 'For the Uses of the Family': Reconciliation through Readying Remedies

These beneficial effects which Mrs. Jewkes' cordial waters have had on both Pamela and her father even begin to permeate the language Richardson employs when writing in the young woman's voice, transmuting from the literal to the figurative when saying of one of Mr. B's letters – addressed to her parents – 'O Sir, said I, your Goodness will be a Cordial to their dear honest Hearts!'<sup>261</sup> Having benefitted from these types of medicinal cordials personally, Pamela further confirms her positive opinion of them by electing to aid in their

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<sup>259</sup> William Smith, *A New and General System of Physic* (London: W. Owen, 1769) p. 60

<sup>260</sup> Joanna Martin, *Wives and Daughters: Women and Children in the Georgian Country House* (London: Hambledon and London, 2004) p. 294

J. A. Chandler, *Explaining Local Government: Local Government in Britain Since 1800* (Manchester: Manchester University Press, 2007) p. 21

<sup>261</sup> Richardson, Vol. 2, p. 105

future preparation – as well in the production of other kitchen-physic and candied goods – alongside Mrs. Jewkes. During her negotiation with Mr. B on the kind of housewife she intends to become following their marriage, Pamela details how she plans to:

assist your housekeeper, as I used to do, in the making jellies, comfits, sweetmeats, marmalades, cordials; and to pot, and candy, and preserve for the uses of the family; and to make, myself, all the fine linen of it for yourself and me.<sup>262</sup>

The off-handed reference here to Pamela having previously performed an assisting role in this capacity is perplexing, given there is no mention of any similar activity having occurred when she worked under Mrs. Jervis. This is made especially strange as Pamela immediately follows the statement with her intention to produce all the linen for the household personally, which is a skill she makes specific and repeated reference to as having been taught to her by her late mistress. Though in a manner she believes was 'qualified above my degree', Pamela credits her mistress with having taught her 'to write and cast accounts, and made me a little expert at my needle', later informing the reader that 'she put me to sing, to dance, to play on the spinnet, in order to divert her melancholy Hours; and also taught me all manner of fine needle-work'.<sup>263</sup> There was a limit to these lessons, however, as Pamela states that she 'must learn to flower and draw too,' before again concluding that she will endeavour to 'work fine work with my needle'.<sup>264</sup> Among these exhaustive lists of what Pamela claims to have learned and, conversely, wishes to learn, no mention is made of having gained any rudimentary skill in the kitchen which would have been considered just as essential for being an effective housekeeper as the account keeping and needlework actively, and repetitiously, listed. This very skill of account keeping is also held up by Pamela as a skill she can make effective use of for the benefit of the household, again making another reference to the training she has previously received in it:

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<sup>262</sup> Ibid, p. 62

<sup>263</sup> Ibid, Vol. 1, p. 2 & 268

<sup>264</sup> Ibid, Vol. 2, 93

I will myself look into such Parts of the Family Oeconomy, as may not be beneath the Rank to which I shall have the Favour of being exalted if any such there can be; and this, I hope, without incurring the Ill-will of any *honest* servant. Then, Sir, I will ease you of as much of your Family Accounts, as I possibly can, when I have convinced you that I am to be trusted with them; and, you know, Sir, my late good Lady made me her Treasurer, her Almoner, and every thing.<sup>265</sup>

Given Pamela is effectively selling herself as a valuable asset to the household in this passage, it naturally follows that she would wish to put her best skills forward, which only stands to highlight how kitchen physic is the only one not to have been revealed to the reader earlier in the novel. As such, Pamela could be referring not to Mrs. Jervis here, but instead to Mrs. Jewkes, in effect making kitchen physic a new skill she has gained since her arrival at the Lincolnshire estate. This would then also present Pamela with the valuable opportunity to further ingratiate herself with Mr. B, firstly by demonstrating her magnanimity in her willingness to work alongside her previous oppressor, but also by indirectly endorsing the housekeeper's skills, eager as she is to learn from her in an assisting capacity. As Mrs. Jewkes was forced to accompany Pamela at all times during her effective imprisonment, it stands to reason that she could not have simply neglected her other duties as housekeeper and so would have likely enlisted Pamela's aid during the performance of them, for as Mrs. Jewkes observes of the situation herself:

I wish I could give you all the Liberty you desire; for you must think it is no Pleasure to me to tie you to my Petticoat, as it were, and not to let you stir without me – But People that will do their Duties, must have some Trouble; and what I do, Is to serve as good a Master, to be sure, as lives.<sup>266</sup>

In any case, Pamela's proposition to work in the kitchen alongside Mrs. Jewkes represents the opportunity for her to learn, or at least improve, her skills. Furthermore, Pamela's willingness to fulfil an actively subordinate role 'beneath the Rank to which [she] has the Favour of being exalted', provides further evidence of the esteem Pamela holds the

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<sup>265</sup> Ibid, p. 61-2

<sup>266</sup> Ibid, Vol. 1, p. 164

housekeeper in, underpinned as it is by the latter's skill in domestic medicine.<sup>267</sup> Once again we know Mrs. Jewkes' medicinal cordials are effective, and are therefore worthy of emulation, as Pamela feels passionate enough about one she actively imbibes to record its beneficial qualities in writing. Moreover, Pamela is provided with further proof of the efficacy of Mrs. Jewkes' cordials when she hears that they are, in part, responsible for the recovery of her husband-to-be's serious illness.

The night after returning to the estate and imbibing her spiced cordial, Pamela learns that 'Mrs. Jewkes, as soon as she got up, went to know how my Master did, and he had had a good Night; and having drunk plentifully of Sack-whey, had sweated much; so that his fever had abated considerably.'<sup>268</sup> Once we have taken note of the housekeeper's attentiveness in checking on her master 'as soon as she got up', thereby lending further credence to her nursing skills, we may then turn our attention to the sack-whey which seems to have, in large part, cured Mr. B of his infection by causing him to sweat profusely through the night.

Thomas Keymer and Alice Wakely ascribe this specific sack-whey cure to George Cheyne, and then credit Mr. B as having followed it of his own initiative.<sup>269</sup> Both of Keymer and Wakely's claims deserve attention here. As to their ascribing the cure specifically to George Cheyne, sack-whey's diaphoretic quality had been identified long before the cited example of 1736. Even if we isolate ourselves to examples appearing in the eighteenth century, the notable physician Robert Pitt (?-1711/12) was recommending it in his regimen guide *The Antidote: or, The Preservation of Health and Life* as early as 1704.<sup>270</sup>

In relation to the implication that Mr. B is following the cure of his own initiative, the textual evidence would suggest that Mrs. Jewkes is the more likely candidate for having first

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<sup>267</sup> Ibid, Vol. 2, p. 61

<sup>268</sup> Richardson, Vol. 2, p. 50

<sup>269</sup> Thomas Keymer and Alice Wakely (eds.) in Samuel Richardson, *Pamela; or, Virtue Rewarded*, Reissue edn. (Oxford: Oxford University Press, 2008) p. 532

<sup>270</sup> Robert Pitt, *The Antidote: or, The Preservation of Health and Life* (London: John Nutt, 1704) p. 59-60



proposed and then procured the cordial, especially considering she actively forbids her master from rising out of bed to do anything for himself.<sup>271</sup> Though we might draw support for this claim from the numerous cited examples of Mrs. Jewkes having cordials ready and waiting on people's arrival and departure from the Linconshire estate, there also exist a number of other instances where the housekeeper appears with similar cordials at key moments – entirely of her own initiative – to help maintain the health of her master and his company. For example, the moment Pamela begins to feel unwell following the arrival of some of Mr. B's friends before their wedding, she tells Mrs. Jewkes that: 'I am sick at Heart, said I, I think, Mrs, Jewkes', to which the housekeeper responds immediately: 'Shall I fetch you a little Cordial?'<sup>272</sup> The morning after this incident, the housekeeper again provides a cordial to help Pamela and Mr. B fortify themselves against another taxing day ahead, with Pamela noting how 'Mrs. Jewkes, *of her own accord* [emphasis added], came in with a large silver Tumbler, filled with sack, and a Toast, and Nutmeg, and sugar, and my Master said, *That's well thought of* [emphasis added], Mrs. Jewkes'.<sup>273</sup> At another, similar gathering occurring just days later, Pamela again records how 'Mrs. Jewkes came *officiously* [emphasis added] to ask my Master, just then, if she should bring a Glass of Rhenish and Sugar before Dinner for the Gentlemen and Ladies; and he said, *That's well thought of* [emphasis added]; bring it, Mrs. Jewkes.'<sup>274</sup>

In both of these latter cases, Mr. B's repeated phrase, 'that's well thought of, Mrs. Jewkes', indicates a sincere appreciation for the housekeeper's ability to pre-empt her master's needs, always responding dynamically to the individual and their specific circumstances in order to provide the most beneficial form of nourishment for them, as was the case with Mr. Andrews, and Pamela herself, previously. Furthermore, on both occasions,

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<sup>271</sup> Richardson, Vol. 2, p. 50

<sup>272</sup> Ibid, p. 174

<sup>273</sup> Ibid, p. 177

<sup>274</sup> Ibid, p. 218

Richardson uses the opening of Pamela's sentences to signal to his reader that Mrs. Jewkes performs the tasks 'of her own accord' and 'officiously', here a word which in the eighteenth century meant either 'with unasked kindness' or 'importunely forward', but given the positive context with which the word is presented the intention probably lies with the former definition.<sup>275</sup> As Richardson has chosen to construct her sentences in this way, Pamela appears to genuinely admire the housekeeper's attentiveness, writing as if to highlight that this positive quality is a new development in her character – a result perhaps of her own positive influence – just as Richardson intended his readership to believe. Whatever the authorial intention, however, we know from earlier examples of Mrs. Jewkes' provisions that this is simply not the case – the housekeeper has demonstrated a clear propensity for preparedness since the moment of her first physical appearance in the novel.

Aside from these wider contextual indicators that help identify Mrs. Jewkes as the most likely source of the sack-whey cure, two pieces of direct textual evidence point to her as the provider of all the medical assistance Mr. B receives during his convalescence. First, following Mr. B's full recovery after he re-unites with Pamela – and subsequently credits her as the cure – Mrs. Jewkes expresses justifiable frustration at her key contribution being overlooked: 'I am glad of it, said she; but I hope you are not the worse for my Care, and my Doctoring you!'<sup>276</sup> Crucially for the point being made here, Mr. B then confirms to the reader that Mrs. Jewkes has indeed provided all the care she claims to have done: 'No, but the better Mrs. Jewkes, said he, you have much oblig'd me by both.'<sup>277</sup> To 'doctor' someone implies they have provided medical assistance in line with what might have been expected from a professional physician, in this instance both proffering the sack-whey cure in the first place and then performing a bout of bloodletting on Mr. B.<sup>278</sup> Thus armed with confirmation of

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<sup>275</sup> Samuel Johnson, 'Officious', *A Dictionary of the English Language*, Vol. 1 (London: W. Strahan, 1755)

<sup>276</sup> Richardson, *Pamela*, Vol. 2, p. 75

<sup>277</sup> *Ibid.*, p. 76

<sup>278</sup> *Ibid.*, p. 49

Mrs. Jewkes' instrumental medical contribution, it naturally follows that all treatments must be ascribed to her, given Mr. B was in no position to perform them on himself. As a direct result, Mrs. Jewkes is marked out as the actual cause of Mr. B's fever 'abating considerably', given he was unaware of Pamela's return at the time and so cannot reasonably claim her healing presence was a relevant factor in helping him through the night.

Our second piece of evidence comes from the night after his fever breaks, where Mr. B tells his housekeeper that: 'You need not, Mrs. Jewkes, added he, send for the Doctor from *Stamford*, as we talked Yesterday; for this lovely Creature is my Doctor, as her Absence was my Disease.'<sup>279</sup> The fact that the pair discussed calling for a doctor when Mr. B's condition did not seem to be improving strongly suggests that all previous treatments – including the aforementioned preparation of sack-whey and the course of bloodletting – were conducted by Mrs. Jewkes herself, given there was no medical professional present to conduct them. Both Geoffrey Sill and Juliet McMaster make the same fundamental argument in relation to this scene, namely that 'Mr. B is cured neither by medication nor reason, but by a counterinfection of virtue'.<sup>280</sup> Though their individual arguments are compelling and well founded, much like Mr. B's own effusive praise he heaps on Pamela for her healing presence, both scholars do not credit Mrs. Jewkes' nursing skill as having contributed to her master's recovery at all.<sup>281</sup> McMaster is undoubtedly correct when she says that 'a moral purgation coincides with a physical one', but she sidesteps identifying who exactly is the source of that latter surgical procedure.<sup>282</sup> The 'moral purgation' may have been entirely Pamela's doing, but the physical one appears to have been performed by the unacknowledged, otherwise immoral housekeeper; and as McMaster's phraseology implies: both coincided with Mr. B's recovery.

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<sup>279</sup> Ibid, p. 51

<sup>280</sup> Geoffrey Sill, *The Cure of the Passions and the Origins of the English Novel* (Cambridge: Cambridge University Press, 2001) p. 176

Juliet McMaster, 'The Body Inside the Skin: The Medical Model of Character in the Eighteenth-Century Novel', *Eighteenth-Century Fiction*, 4.4, 1992, pp. 277-300 (pp. 285-6)

<sup>282</sup> Ibid

As such, with Mrs. Jewkes' testimony, Mr. B's confirmation of its veracity, a lack of other medically-skilled people in attendance, and what we already know of Mrs. Jewkes own skills and how she applies them all taken into consideration, we can conclude that in all likelihood it was she who also provided the sack-whey cure. Mr. B is, therefore, as much a beneficiary of Mrs. Jewkes' medical skills as Pamela is herself; making the sack-whey intervention stand as further proof as to the efficacy of her cordial cures, as well evidence of her intrinsic value to Mr. B's household as a versatile and adaptable medical practitioner.

### The Relative Worth of a Servant's Skills

This concept of value is essential to our understanding of the importance domestic medicine held as a skill in the housekeeper's toolkit; given it is ultimately left up to Pamela to decide if Mrs. Jewkes is worthy of retaining her position or not. It has been the aim of this chapter to contend that Mrs. Jewkes' exemplary medical skills help elevate her to the status of productive housekeeper, instead of languishing as an otherwise inept and heavy-handed example of the profession, devoid of any redeeming value. It is her repeated practice of domestic medicine that enables Mrs. Jewkes to forge a professional identity independent of her idealised counterpart in the form of Mrs. Jervis, which prevents the possibility of direct and unfavourable comparison between them, incomparable as their differing skillsets ultimately are. In the event, we never witness Mrs. Jervis engaging in the production of medicinal preparations herself, nor do we see her conducting any medical procedures beyond just one instance of applying smelling salts to Pamela during a fainting fit; which leaves domestic medical practice almost entirely the reserve of Mrs. Jewkes.<sup>283</sup> In short, just as Tabitha Bramble found meaningful and productive employment as manager of the domestic

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<sup>283</sup> Richardson, Vol. 1, p. 32

economy of Brambleton Hall, of its servants, and as a proficient domestic medical practitioner in her own right – one who benefited her brother in particular; so too does Mrs. Jewkes derive her worth from these same fundamental areas of management.

These two characters who seem devoid of redeemable value, who appear replete with loathsome qualities, carve a place out for themselves by proving to be indispensable to those around them – whether that is recognised by their beneficiaries or not – underpinned as it is in both cases by their domestic medical practice. Similarly, both women are reminded of the precariousness of their respective positions, Tabitha by her brother during his frequent oratorical outbursts, and Mrs. Jewkes through Mr. B's cruel decision to delegate her future employment status to the woman who she has just spent weeks subjugating, loyally carried out as that was on his orders – as he himself openly acknowledges on multiple occasions.<sup>284</sup> There is an implicit obligation on both women to justify their continued employment in their respective households, with both patriarchs vocally comfortable about the prospect of seeing housekeepers depart their service. We might recall here the impassioned speech Tabitha gives about the care she has provided for her brother and his estate, when it becomes clear he will choose the stranger Humphry Clinker over his own flesh and blood. There are thematic echoes of this appearing in the passage just explored above, as Mrs. Jewkes has to actively remind her master of the medical service she has provided him with, keen as he is to credit a freshly-returned Pamela as the true cause of his recovery.

Matthew Bramble may have to support his sister financially, beyond what she earns from her personal profiteering off the produce of Brambleton Hall, but this appears to be an informal arrangement born of familial obligation. Mrs. Jewkes, on the other hand, has to justify a formal salary that would have represented the highest amongst the Lincolnshire estate's female domestic staff. Although, as Gilly Lehmann points out, when compared to the

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<sup>284</sup> Ibid, Vol. 2, p. 2, 18 & 76

upper aristocracy the difference in salary 'between a housekeeper and the lower women servants was much smaller amongst the lesser gentry', this would still have translated into a sizable salary for Mr. B to provide for Mrs. Jewkes.<sup>285</sup> Whilst he is undoubtedly an influential figure within the parishes where he resides, as Keymer and Sabor both note, 'Mr. B, for all of his wealth and power, is still an untitled country squire', making him fall comfortably into Lehmann's latter category of 'lesser gentry'.<sup>286</sup> Although ultimate control over the application of the estate's finances rests with Mr. B, Mrs. Jewkes' professional evaluation is placed into the hands of her new mistress, and so her long-standing loyalty to her master cannot be relied on to secure her position. Moreover, her talents associated with her background as a professional procuress – her physical strength, her controlling managerial style, and her willingness to inflict physical pain to ensure the fulfilment of her duties – all actively repulse Pamela. Despite their obvious application and utility for someone charged with the day to day overseeing of an aristocratic estate – complex as it is with its many disparate components – Pamela considers those particular traits bawdy, lewd and perverse: symbols of how far Mrs. Jewkes has strayed from the purity and sanctity she expects of the female sex. As such, the only remaining skill in Mrs. Jewkes' professional toolkit, which appeals to both her master and mistress, is that of domestic medicine, in its broadest sense – including the integral concept of dietary-focused regimen – which we have seen transcends Pamela's otherwise engrained perception of the housekeeper as an immoral brute.

This primary skill is what ultimately lends Mrs. Jewkes value as a housekeeper, as other tests of her professional competence pale in comparison to the importance placed on her domestic medical practice, given she is able to use it to save both Mr. B and Pamela from

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<sup>285</sup> Gilly Lehmann, 'The Birth of a New Profession: The Housekeeper and her Status in the Seventeenth and Eighteenth Centuries', *The Invisible Woman: Aspects of Women's Work in Eighteenth-century Britain*, eds. Isabelle Baudino, Jacques Carré, Marie-Cécile Révauger (Abingdon : Routledge, 2016) pp. 9-26 (p. 22)

<sup>286</sup> Thomas Keymer and Peter Sabor, *Pamela in the Marketplace: Literary Controversy and Print Culture in Eighteenth-Century Britain and Ireland* (Cambridge: Cambridge University Press, 2005) p. 129

their life-threatening ailments without any outside assistance. Take for example household bookkeeping, a task crucial to the smooth running of an aristocratic household with its dependence on prompt payment of various staff, and the acquisition of a multitude of goods – both perishable and imperishable. As evidenced by the bull Pamela sees in a field, the Lincolnshire Estate – like Brambleton Hall – appears to have a home farm, though as G. E. Mingay points out, whilst these farms may have made the acquisition of goods for an estate an easier task, they actually often operated at a loss, providing no tangible benefit to the workload of an estate's bookkeeper.<sup>287</sup> The fact is that – though Mr. Longman shares his negative assessment of Mrs. Jewkes' accounting abilities before we have even met the latter character – this particular factor would have been unlikely to influence Pamela's decision to retain Mrs. Jewkes as her housekeeper. As we have seen, Pamela makes clear her skill in accounting and bookkeeping, and states her intention to take over all associated roles personally once she is wedded to Mr. B, making Mrs. Jewkes surplus to requirements in this particular capacity. Moreover, it appears that Richardson himself held negative feelings towards the tedious processes associated with account keeping, as in a letter to Hester Mulso dated August 15<sup>th</sup> 1755 he states that:

I have been writing out anew my books of account, an arduous, an irksome task! The old ones almost written out; for the ease of my kinsman, my own ease, as he is now my overseer; and for the ease of my executors, and justice to my family.<sup>288</sup>

Richardson's recognition of the necessity for assiduous bookkeeping, but private concerns regarding the tedium of the task, may shed some light on why he elects not to dwell on this particular failing of Mrs. Jewkes, when he so regularly employs the eagle-eyed Pamela to point out her other inadequacies. In this vein, it is noteworthy that a writer so frequently didactic and moralistic as Richardson has no character other than Mr. Longman pass

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<sup>287</sup> Richardson, Vol. 1, p. 185

G. E. Mingay, *English Landed Society in the Eighteenth Century* (London: Routledge, 2007) p. 169

<sup>288</sup> Samuel Richardson, *The Correspondence of Samuel Richardson*, Vol. 3 (London: Richard Phillips, 1804) p. 228

judgment on Mrs. Jewkes' accounting abilities, and that Pamela stands ready with the skillset necessary to take over the task with no further comment made on Mrs. Jewkes' shortcomings in this field. In fact, Pamela's faith in her skills and eagerness to take on the role here stand in strong contrast to her commitment to produce kitchen physic materials for the household. In this latter regard, Pamela only has the confidence to offer up her services in a subordinate capacity to Mrs. Jewkes, and she makes no mention of involving herself in the wider medical care of the household.

Surrounding this issue, Catherine Ingrassia has made the interesting observation that the training and education Pamela received from her former mistress have placed her in a socially awkward position, existing in something of a liminal space where future employment might become difficult: 'her options are limited because she has, in a sense, over-capitalised – she has "Qualifications above her degree": her extraordinary skills have made it more difficult for her to move within the servant class'.<sup>289</sup> The point is a well-founded one, but here we see that Pamela's skills are not as holistic or 'extraordinary' as they may at first appear, given that this essential domestic medical skill – crucial as it is for both eighteenth-century housekeeper and mistress alike – is clearly lacking in her case. On a personal level for Richardson, he felt that neither rank nor education should dissuade women from committing themselves to their domestic duties, as he makes clear in a letter to Lady Bradshaigh in 1751, citing that the writer, linguist, and polymath 'Miss C[arter] is an example, that women may be trusted with Latin and even Greek, and yet not think themselves above their domestic duties'.<sup>290</sup> Similarly, Richardson showed in his *A Collection of the Moral and Instructive Sentiments, Maxims, Cautions, and Reflexions, Contained in the Histories of Pamela, Clarissa, and Sir Charles Grandison* (1755) that neither should rank act as a social barrier when interacting with the

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<sup>289</sup> Catherine Ingrassia, "'I Am Become a Mere Usurer': Pamela and Domestic Stock-Jobbing', *Studies in the Novel*, 30.3, 1988, pp. 303-323 (p. 309)

<sup>290</sup> Samuel Richardson, *Selected Letters of Samuel Richardson*, ed. John Carroll (Oxford: Clarendon Press, 1964) p. 178



sick, arguing that 'it is not beneath a person of the highest quality to visit and comfort one of low degree, who is contending with sickness, or who is struggling with the pangs of death'.<sup>291</sup> Whilst this latter sentiment does not suggest explicitly that domestic medicine need be practised, it does impose a moral obligation on the reader to engage with the sick and provide comfort where they can, regardless of either party's station in life. When viewed together, Richardson's own private social beliefs, as well as his public moral maxims, create a clear dictum against women using their social rank as a means of avoiding domestic or social duty, even in matters relating directly to sickness and disease.

In practice, domestic medicine acted as an important leveller between social ranks and constituted a qualification above no woman's degree – as emblemised with the publication of the culinary and medical self-help book *The Queen's Closet Opened* (1655), which continued to be re-printed well into the eighteenth century. The text ostensibly comprised the culinary and medical recipes used by Queen Henrietta Maria, widow of the late Charles I, and implicitly presented the queen as an active participant in the domestic economy, though as Laura Lunger Knoppers points out: 'the widowed Henrietta Maria had been exiled in France for more than a decade, and there is nothing to suggest that she knew about – much less approved – its publication'.<sup>292</sup> In spite of this attribution issue, the cultural implication remained the same, namely that the creation, sharing, and production of medicinal remedies represented a domestic skill suitable for both the humblest of herb women as well as the monarch of the realm herself. Befitting even a queen, at least on paper, Mrs. Jewkes represents the opportunity for Pamela to learn a skill considered essential for an effective mistress of a household. This would also bolster Ingrassia's wider argument regarding Pamela's interest in increasing her worth, as Mrs. Jewkes can effectively offer Pamela the

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<sup>291</sup> Richardson, *Moral and Instructive Sentiments*, p. 73

<sup>292</sup> Laura Lunger Knoppers, *Politicizing Domesticity from Henrietta Maria to Milton's Eve* (Cambridge: Cambridge University Press, 2011) p. 97

chance to increase her 'stock' with Mr. B by presenting as a spouse with an even wider skillset, and one that can benefit him directly.

### Working Miracles

For Richardson, the act of healing was synonymous with a religious one, with God working through the efficacious healer. Moreover, spread throughout his correspondence, the author takes a decidedly fatalistic view towards his health, and frequently reminds his various recipients that his wellbeing – and that of his friends and family – rests ultimately in the hands of God.<sup>293</sup> This theological standpoint, with its focus on God's will, represents another factor which enables Mrs. Jewkes to begin walking on the path of redemption in *Pamela*, when all of her other actions would otherwise commit her to eternal damnation. Given Richardson's pre-determinist, fatalistic beliefs regarding God's control over sickness and health – who lives and who dies – it naturally follows that Mrs. Jewkes behaves as a conduit for God's goodness by utilising her skills to successfully restore people to health. If, as Kristina Straub observes, 'Pamela's broken head and bruised body lend her the moral authority of a female martyr', then it is Mrs. Jewkes who is ultimately responsible for shielding Pamela from the state of true martyrdom.<sup>294</sup> Indeed, moments before she is found by Mrs. Jewkes' entourage and is subsequently carried away to safety, Pamela seriously contemplates committing suicide:

God forgive me! but a sad Thought came just then into my Head! --- I tremble to think of it! Indeed, my Apprehensions of the Usage I should meet with, had like to have made me miserable for ever! O my dear, dear Parents, forgive your poor Child;

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<sup>293</sup> Samuel Richardson, *The Correspondence of Samuel Richardson*, Vol. 2 (London: Richard Phillips, 1804) pp. 42, 55, 108, 250.

Ibid, Vol. 3, pp. 137, 143, 233, 262, 264, 277, 287.

Ibid, Vol. 4, pp. 71, 113.

Ibid, Vol. 5, pp. 22, 33, 208, 228, 239, 268

<sup>294</sup> Kristina Straub, *Domestic Affairs: Intimacy, Eroticism, and Violence between Servants and Masters in Eighteenth-Century Britain* (Baltimore: John Hopkins University Press, 2009) p. 146

but being then quite desperate, I crept along till I could get on my Feet, tho' I could hardly stand; and away Limped I—What to do, but throw myself into the Pond, and put a Period to all my Grievs in this World!—But, Oh! to find them infinitely aggravated (had I not, by the Divine Grace, been with-held) in a miserable *Eternity!* As I have escap'd this Temptation, (blessed be God for it!) I will tell you my Conflicts on this dreadful Occasion, that the Divine Mercies may be magnify'd in my Deliverance, that I am yet on this side of the dreadful Gulph [sic], from which there can be no Redemption.<sup>295</sup>

Pamela makes multiple allusions to the divine punishment for the mortal sin of suicide, making clear that she is aware of the fate that would await her had she willingly taken her own life. On this point, Lester E. Crocker provides an excellent summary of the biblical arguments surrounding the issue of suicide circulating in the eighteenth century, but concludes that there existed an 'almost united Christian front that opposed the apologists of self-destruction', providing a strong indication of Richardson's own rationally-religious views on the subject.<sup>296</sup> Yet, despite Pamela's reservations about having even contemplated taking her own life, the fact remains that if Mrs. Jewkes had not interceded with her medical skills when she did, then Pamela's fate would have differed little from if she had committed the act – a fate 'from which there can be no redemption'. During the above passage, Pamela makes repeated thanks to God for his divine intervention in preserving her life, but fails to see Mrs. Jewkes' involvement in that wider picture of bodily salvation. If, as Richardson believed, recovery from sickness, disease, and bodily harm lay firmly in the hands of God, then Mrs. Jewkes' success with Pamela must be viewed as the pre-ordained manifestation of God's will, and her medical skill the tool used to accomplish it. If providence led Pamela to be found by Mrs. Jewkes and the estate staff before she could take her own life, then it follows that it continued to work through the housekeeper for the duration of the subsequent days. The indirect result of this divine intervention is, as this chapter has been arguing, the

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<sup>295</sup> Richardson, *Pamela*, Vol. 1, p. 227

<sup>296</sup> Lester E. Crocker, 'The Discussion of Suicide in the Eighteenth Century', *Journal of the History of Ideas*, 13.1, 1952, pp. 47-72 (p. 49)

E. Derek Taylor, *Reason and Religion in Clarissa: Samuel Richardson and 'The Famous Mr. Norris, of Bemerton'* (Farnham: Ashgate, 2009) p. 75

beginnings of redemption for Mrs. Jewkes in the eyes of Pamela. Thus there is no conflict between Mrs. Jewkes' lack of piety and Richardson's belief that healing represented a religious act, for it is her domestic medical skill that enables her to show her compassion, care, and kindness to Pamela, where there was seemingly none before. In short, Mrs. Jewkes' moral redemption is not only the result of Pamela's goodness and spiritual influence, as Richardson would have his readership believe, it is also in her unknowingly carrying out the work of the divine.

Viewed in this light, whether this element of her character was consciously included by Richardson or not, Mrs. Jewkes stands as a counterweight to the many unscrupulous and irreligious physicians of the day, whom the author held in contempt. Although her own moral compass may be strongly askew in the first volume of the novel, neither the success of Mrs. Jewkes' medical interventions, nor the professional way she conducts herself during them, can be doubted. Moreover, due to Richardson's literary focus on didactic moral instruction, we are provided with a rich cache of the author's own ruminations on the way a moral physician should conduct themselves. In his aforementioned 410-page volume: *A Collection of the Moral and Instructive Sentiments, Maxims, Cautions, and Reflexions, Contained in the Histories of Pamela, Clarissa, and Sir Charles Grandison* (1755), Richardson intended to impress upon his readership a moral code which he believed the content of his novels reflected. When these moral maxims are viewed together, Richardson builds a picture of what he expected his readership to find objectionable in physicians, and, more importantly for the subject at hand, what qualities he felt made an effective and virtuous one.

The clearest issue Richardson points to is the avaricious nature he perceived in physicians, citing that in some cases they may well be willing to both figuratively and literally bleed their patient dry: 'When a patient has money, it is difficult for a Physician to

say, till the last extremity, that the parson and the sexton may take him.'<sup>297</sup> Though there is clearly a hint of comic hyperbole underlying the statement, Richardson later repeats the same sentiment in a less extreme form, espousing his conviction that physicians 'should not be greedy of fees; but proportion his expectation of reward to the good in his conscience he thinks he does'.<sup>298</sup> These economic maxims, which Richardson hoped his readership would glean from engaging with *Sir Charles Grandison* (1753) and *Clarissa* (1748) respectively, both place the onus of valuation firmly on to the physicians themselves, believing they should be in possession of the moral fortitude to police their own earnings in direct accordance with the success of their healing abilities. When these maxims are then paired with Richardson's belief that physicians should 'put on the friend, and lay aside the Doctor' for their patients, we are provided with a greater context for his readiness to receive the opinions of 'religious physicians' like George Cheyne, who, as a personal friend to the author, usually offered his medical opinion to Richardson freely, in both senses of the word.<sup>299</sup> We can see further evidence of this moral focus on dedicated, sedulous care – grounded in professionalism and free of monetary motivation – as Richardson moves on to praise physicians who commit to attending their chronically ill patients in a personal capacity. In the case of any ongoing medical condition, Richardson puts forward the view that 'a worthy Physician will pay a regular and constant attendance upon his patient, watching with his own eyes, every change, and every new symptom, of his malady'.<sup>300</sup> When this kind of assiduous care was not adhered to and a new, equally ineffective physician was brought in to replace the old one, the author envisioned the practice of medical prescription descending into little more than a guessing

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<sup>297</sup> Samuel Richardson, *A Collection of the Moral and Instructive Sentiments, Maxims, Cautions, and Reflexions, Contained in the Histories of Pamela, Clarissa, and Sir Charles Grandison* (London: C. Hitch and L. Hawes, J. and J. Rivington; Andrew Millar, J. Dodsley, J. Leake, 1755) p. 361

<sup>298</sup> *Ibid.*, p. 179

<sup>299</sup> *Ibid.*, p. 178

Louise Curran, *Samuel Richardson and the Art of Letter-Writing* (Cambridge: Cambridge University Press, 2016) p. 50

<sup>300</sup> Samuel Richardson, *A Collection of the Moral and Instructive Sentiments*, p. 178.

game, with new medicaments being made trial of in an arbitrary and potentially hazardous fashion: 'in chronical cases, Physicians go their rounds with their patients. The new one asks, what the old one prescribed, that he may guess at something else to make trial of.'<sup>301</sup> Holding such a dim view of what modern medical practice had the capacity to become if immorality was left unchecked, Richardson leaves his readership with the pessimistic conclusion that too often 'PUNISH and prescribe [are] synonymous terms in Physic.'<sup>302</sup>

The qualities which Richardson outlines as being worthy of emulation – always being on hand to provide care, continuous monitoring of the patient's condition and evolving symptoms, an openness to trying new medicaments but in an informed and non-arbitrary capacity, and refusing excessive payments – are collectively suited far more to the domestic medical practitioner than to the professionally practicing physician. In fact, in his idealised view of what the perfect physician should be, Richardson is effectively describing exactly what Mrs. Jewkes performs so effectually for both Pamela and later Mr. B during their respective convalescences: she is always on hand to attend and monitor her patients, ever ready to provide tailored treatments and to adapt them to the evolving situation, shows a willingness to call for outside help when the limits of her knowledge have been reached and, most crucially, seems to expect no extra payment for her service above and beyond that which she receives in her capacity as housekeeper. In a wider sense, Mrs. Jewkes even fulfils Richardson's moral maxim of 'Quantity in diet is more to be regarded than quality' – again listed under his 'Physic Physicians' section of his conduct book – determined as she is to see Pamela properly nourished, despite the latter's apparent disinterest in dining.<sup>303</sup> A practising physician at the time may well have prescribed a specific dietary regimen for their patient – as Cheyne himself, like Buchan, openly advocated for – but they could not always be on hand

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<sup>301</sup> Ibid, p. 361

<sup>302</sup> Ibid, p. 177

<sup>303</sup> Ibid, p. 178

to ensure it was adhered to, nor prepare the victuals personally to account for any exacting specifications that may have been required.<sup>304</sup> Mrs. Jewkes, on the other hand – in her position as medically-competent housekeeper – has the capacity to perform all of these tasks concurrently and holistically, providing all-encompassing care entirely in line with what Richardson hoped for from the most skilled, ethical, and 'religious' of physicians.

As his readiness to indulge in medical tar-water, mustard, and his willingness to put his ailing daughter on a vegetarian diet all demonstrate, Richardson had strong personal faith in the efficacy of domestic medicine and was absolutely prepared to try remedies and recommendations supplied to him by lay acquaintances.<sup>305</sup> Similarly, the author himself observed in that epistle to Sarah Westcomb, March 6th, 1746-7: 'Yet I dare not advise in a case where a health so important is concerned: yet friendship, and love, and respect, make every body a doctor and look about, and recollect, and wish to help a suffering friend.'<sup>306</sup> Detached from the avariciousness of the unscrupulous, irreligious physician, the most devoted kind of healthcare came, in Richardson's view, when coupled with a genuine emotional investment in the patient. Of course, Richardson's circle of medical friends was able to blur the lines between personal and professional concern, a social situation many would not be in a position to emulate. Although the opinion of a physician may have proved prohibitively distant – in both a geographical and social sense – or expensive to consult for many, they might instead have turned closer to home for compassionate and personalised care: whether that came in the guise of a family member like Tabitha Bramble or an

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<sup>304</sup> George Cheyne, *An Essay on Regimen. Together with Five Discourses, Medical, Moral, and Philosophical* (London: C. Rivington, 1740) pp. i-lxviii. Richardson's medical maxim is at odds with his friend Cheyne's in this regard, as the latter believed that both quantity and quality of food could stand in for one another – as opposed to one being intrinsically superior – depending on the individual's medical needs: 'Quality in food will supply Quality, and Quality will supply the Place of Quantity; but in very bad cases it is most secure to join both'. (p. lxi)

<sup>305</sup> Richardson, *Correspondence*, Vol. 3 (London: Richard Phillips, 1804) pp. 234-235  
Ibid. pp. 242-243

Samuel Richardson, *Correspondence*, Vol. 5, p. 205

Ibid. p. 198

<sup>306</sup> Richardson, *Correspondence*, Vol. 3, pp. 242-243

employee like Mrs. Jewkes.<sup>307</sup>

## Conclusion

Though in all likelihood born, at least initially, of her 'friendship, and love, and respect' for her master Mr. B rather than for Pamela herself, Mrs. Jewkes nonetheless performs her medical duties assiduously, with a professionalism noticeably absent from almost all her other actions in the first volume of the novel. Her constant close proximity and personal investment in both Pamela and Mr. B leave her well-placed to fulfil Richardson's moral maxims concerning the issue of medical care, a trait she shares with any idealised domestic practitioner of the period. Usually confining their care to their own household or local community, women practitioners of domestic medicine were more likely to be better acquainted with their neighbours' medical histories than an itinerant physician would be, allowing the former to tailor their care accordingly, as we have seen with Mrs. Jewkes throughout the course of *Pamela*.<sup>308</sup> Far removed from the negative portrait at first painted by Mr. Longman, Mrs. Jewkes serves the Lincolnshire estate well by ensuring the lasting health of those around her so that they may effectively fulfil their own duties. The housekeeper even satisfies another of Richardson's morale-boosting moral maxims in the process, given Pamela remains a servile ward to Mr. B during her convalescence: 'the tender treatment of a sick servant is a great encouragement to all the rest; as they will see by it, how they will be taken care of, should they happen to be ill'.<sup>309</sup> In her ability to manage these acute medical cases, provide restoratives at opportune moments, and supply preventative cordials when her

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<sup>307</sup> Christopher Lawrence, *Medicine in the Making of Modern Britain, 1700-1920* (London: Routledge, 1994) p. 10

<sup>308</sup> Mazine Rhodes, 'Women in Medicine', *Medicine Transformed: Health, Disease and Society in Europe 1800-1930*, eds. Deborah Brunton (Manchester : Manchester University Press, 2016) pp. 151-179 (p. 151)

<sup>309</sup> Richardson, *Pamela*, Vol. 1, p. 87

Richardson, *Moral and Instructive Sentiments*, p. 9



superiors need them most, Mrs. Jewkes proves herself to be a housekeeper worthy of Pamela's forgiveness and grace. Her abilities in domestic medicine may become the catalyst that enables her moral and social reformation, but had they been absent from her skill set, then Pamela may never have lived long enough for others to profit spiritually from her piety. Domestic medicine grants Mrs. Jewkes a unique professional identity, continued employment and financial security, and the respect of those around her where there might otherwise be none. Perhaps most importantly, it also acts as an understated *deus ex machina* that enables the story of *Pamela* to be penned and concluded by its eponymous heroine, when the risk of it being cut short – at least within the internal logic of Richardson's plot – stood as a distinct possibility.

## Chapter Three

### Spinsters, Sorcery, and Simple Country Folk: The Outsider-Status of Female Domestic Medical Practitioners

In the previous two chapters, domestic medicine has been positioned as a potential antidote to deficiencies of character – a life skill which presented women with opportunities to be of benefit, both in the immediate and long-term, to those around them. Whilst this understanding of domestic medicine has facilitated the above re-examination of characters in key canonical texts in order to draw out original conclusions, it runs the risk of misrepresenting other, less positive, historical interpretations of women healers. For even in the eighteenth century, a profound knowledge of domestic medicine could act as something of a double-edged sword for its wielder, at once providing a means for women to become a core part of a community, whilst also holding the potential to cause consternation and fear amongst a local population. Naturally, women who possessed knowledge of the human body and what medicines were effective for healing it could find their services in demand, but such logic also implies a familiarity with drugs which could just as easily do deliberate harm. Throughout the preceding two centuries this duality was laid bare and, as we shall see, such thinking would entrench itself in rural parts of Great Britain, leading John M. Riddle to note the extent to which women healers could fall victim to medical misunderstanding:

“Wise women,” sorceresses, midwives, and witches were separate categories in the sixteenth and seventeenth centuries, but people, peasants and officials alike, often conflated them as all made of the same cloth. Women who knew herbs of healing were candidates for accusations of sorcery and witchcraft. Those who practiced midwifery were especially vulnerable because they knew the poisons that controlled fertility and could cause harm.<sup>310</sup>

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<sup>310</sup> John M. Riddle, *Eve's Herbs: A History of Contraception and Abortion in the West* (Cambridge, Mass: Harvard University Press, 1997) p. 137

The precarious social position women healers often occupied in the eighteenth century was informed by prevailing attitudes present in the preceding one. In order to contextualise the analysis of the novels contained within this chapter, a brief exploration of how the practices of cunning and wise women were perceived during the seventeenth century is necessary. Judith Bonzol, for example, examines the treatment of early modern cunning women by drawing upon the 1605 case of Joane Guppie, a woman healer accused of witchcraft by a local family, and compares this with fictional stage depictions of the eponymous wise women who appear in John Lyly's *Mother Bombie* (1594) and Thomas Heywood's *The Wise Woman of Hogsdon* (1634). Bonzol weaves together the stories of these three women – one real, two fictional – and reveals the commonalities between their experiences. Above all else, Bonzol shows the fundamental instability behind their professional identities, exposing their underlying dependence on their local communities for support when accusations of witchcraft all too often materialise. Yet, these three women who each practise medicine exist within a constant state of flux both socially and professionally, meaning that they

must assert their identities as cunning women rather than witches to avoid retribution, but Joane Guppie admits only to being a healer in order to avoid even the slightest hint of magic in connection with her healing activities. [...] Perceptions of the women's characters are unstable; the distinction between cunning woman and witch, protean and erratic. All three women must gain the support of their communities by providing valuable services that are not being met elsewhere.<sup>311</sup>

Bonzol captures elegantly the tensions that exist with the classification of women healers in their historical context, and how quickly praise for their healing prowess could be conflated with fear at the realisation that those same skills could be put to nefarious uses. The release of this social tension, Bonzol identifies, came with the cunning woman making herself an indispensable healer to her community, proving that 'the value placed on their beneficent

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<sup>311</sup> Judith Bonzol 'In Good Reporte and Honest Estimacion Amongst Her Neighbours' in *Magical Transformations of the Early Modern Stage*, eds. Lisa Hopkins and Helen Ostovich (London: Routledge, 2014) pp. 169-185 (p. 184)

services prevailed over witchcraft and fraud, thus sustaining community approbation and continued demand for their services'.<sup>312</sup> In essence, a woman healer had to justify her continued existence within society by maintaining her utility and good social relations.

Of course, the three examples Bonzol cites are all situated in the late sixteenth and early seventeenth centuries, and it is reasonable to suspect that social changes would have occurred in that one hundred year period between these dates and the eighteenth century. After all, the Enlightenment brought with it an emphasis on rationalism and a resultant push away from superstition – a process in development since the Renaissance:

The late scientific revolution, as understood to be the rise of modern science, began in the late Renaissance and took firm hold in the Enlightenment. Indeed, it played an integral role in general Enlightenment-era thinking with its emphasis on empiricism and rational thought. It is no accident that this period in history was dominated by classical "Renaissance men".<sup>313</sup>

Although Durham and Rickles place the emphasis on men here, women were not wholly excluded from the Scientific Revolution or its ensuing intellectual renaissance. As Wilbur Applebaum has noted, an 'important dimension of women's role in the course of the Scientific Revolution is as contributors mainly in astronomy and entomology', though he does concede that 'by the end of the seventeenth century or in the early eighteenth, the increasing professionalisation of all scientific activity came to exclude women, even in areas in which they had practiced with acknowledged success'.<sup>314</sup> Whilst these developments inevitably limited to some degree the credited contributions women could make to scientific knowledge, they did not prevent them from engaging in independent study or taking the opportunity to learn alongside – or under the tutelage – of male family members. On this point, Londa Schiebinger claims that though it is 'surprising to modern eyes, women were as

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<sup>312</sup> Ibid, pp. 171-2

<sup>313</sup> Ian T. Durham and Dean Rickles, *Information and Interaction: Eddington, Wheeler, and the Limits of Knowledge* (New York: Springer, 2016) p. 1

<sup>314</sup> Wilbur Applebaum, *Encyclopedia of the Scientific Revolution: From Copernicus to Newton* (Oxford: Routledge, 2008) p. 691

prominent amongst physicists and mathematicians in the eighteenth century as among other scientists, except perhaps for botanists. Of all the sciences recommended for women, botany became the feminine science *par excellence*, which resulted in a culture of women being actively encouraged to study plant life for themselves.<sup>315</sup> Significantly for the theme of this thesis, Schiebinger argues that this flourishing of the botanical sciences amongst women was due – in large part – to the fact that ‘plants belonged to women’s domains: peasants and aristocrats alike had worked as healers and wise women, gathering and cultivating the plants required for domestic medicines’.<sup>316</sup>

Against this backdrop of the Scientific Revolution with its many radical philosophical changes, it is easy to commit a fallacy of composition and view the shift in thought amongst a number of influential ‘Renaissance men’ as affecting all elements of society both directly and equally. Yet despite the indisputable proliferation of printed material and the literacy rate amongst men rising from 30 percent in the 1640s to 60 percent by the mid-eighteenth century, and from approximately 25 percent amongst women in 1714 to 40 percent by 1750, the oral dissemination of folkloric practices and old ideas endured.<sup>317</sup> In an impressive attempt to unravel the extent to which eighteenth-century thought consisted of a tangle of religious, spiritual, and superstitious belief, Margaret Hunt explains that

the various eighteenth-century faith-systems did include a set of more or less deeply held convictions about God, saints, spiritual forces, right and wrong, hierarchy, and the origins of things that derived, for the most part, from orthodox traditions and writings. But they were also made up of countless individual and collective ritual acts, sometimes indebted to older pagan religions, and sometimes more recent inventions, that aimed to ward off trouble, attract good luck, and ensure the cycle of the cosmos, nature, and the afterlife would continue to function as they should. Almost

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<sup>315</sup> Londa Schiebinger, ‘The Philosopher’s Beard: Women and Gender in Science’ in *The Cambridge History of Science: Eighteenth-Century Science*, Vol. 4, ed. Roy Porter (Cambridge: Cambridge University Press, 2003) pp. 184-210 (p. 196)

<sup>316</sup> *Ibid*

<sup>317</sup> James Van Horn Melton, *The Rise of the Public in Enlightenment Europe* (Cambridge: Cambridge University Press, 2001) pp. 81-2  
Keith Thomas, “The Meaning of Literacy in Early Modern England,” in *The Written Word: Literacy in Transition*, ed. Baumann, Gerd (Oxford: Clarendon Press, 1986) p. 102

everywhere women were at the heart of the project.<sup>318</sup>

As this thesis' analysis of both the hugely popular *Pamela* (1740) and its zealous, didactic author have demonstrated, religion remained a dominant force in Britain during the eighteenth century. Of those 'Renaissance men' who helped fuel the Enlightenment, it was perhaps François-Marie Aroue Voltaire (1694-1788) who offered the most vocal opposition to religious doctrine – which often devolved into criticism of the bible itself – but even this was tempered by his faith in God and adherence to the principles of Deism.<sup>319</sup> In fact, Voltaire was an ardent critic of atheism and believed that to disregard religious belief was tantamount to dismissing one's sense of morality altogether:

I have always been convinced that atheism cannot do any good, and may do very great harm. I have pointed out the infinite difference between the sages who have written against superstition and the madmen who have written against God. There is neither philosophy nor morality in any system of atheism.<sup>320</sup>

Although Voltaire makes clear his disdain for superstition in this passage, it is as Margaret Hunt's analysis argues: pagan practices, superstitious belief, and religious doctrine co-existed with scientific discourse during the eighteenth-century, making it a challenge to separate them into distinct component parts for the purposes of critique. Voltaire found much to admire during his years in England, not least its religious liberty and political freedoms in comparison to his native France, leading him to argue that the plurality of faiths in the nation actually enabled peace and harmony to flourish.<sup>321</sup> This co-existence between differing kinds of spiritual and scientific thinking developed, in some respects, into outright symbiosis

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<sup>318</sup> Margaret R. Hunt, *Women in Eighteenth-Century Europe* (London: Routledge, 2010) p. 210

<sup>319</sup> David Williams, 'Voltaire' in *Early Modern Philosophy of Religion: Volume 3, The History of Western Philosophy of Religion*, eds. Graham Oppy and N. N. Trakakis (London: Routledge, 2014) pp. 197-210 (p. 198) Graham Gargett, 'Voltaire and the Bible' in *The Cambridge Companion to Voltaire*, ed. Nicholas Cronk (Cambridge: Cambridge University Press, 2009) pp. 193-204 (p. 193)

<sup>320</sup> François-Marie Aroue Voltaire in *Voltaire and Rousseau Against the Atheists: Or Essays and Detached Passages from Those Writers, in Relation to the Being and Attributes of God*, ed. J. Akerly (Wiley and Putnam, 1845) p. 33

<sup>321</sup> Frank M. Turner, 'Science and Religious Freedom' in *Freedom and Religion in the Nineteenth Century*, ed. Richard Helmstader (Stanford: Stanford University Press, 1997) pp. 54-86 (p. 57)

between certain ideological elements, with Jeremy Black arguing that English Protestantism was actually an enabler for the Enlightenment, as opposed to an inhibitor:

The religious life of the country overlapped significantly with its cultural life and was also important in the development of the Enlightenment, which took place within, rather than against, Protestantism. Religious writers indeed thought knowledge was a potent weapon against deism and atheism. Furthermore, the image of England as a 'polite' society is never more misleading than when it is taken to imply secularism. Instead, the Church of England was the guardian of faith, morals and social order, and its position an expression of them; or so it represented. [...] What was judged immoral or sacrilegious in lay culture could be condemned.<sup>322</sup>

Despite the strength of organised religion, the enduring presence of supernatural belief in the United Kingdom enabled accusations of witchcraft to continue to be made amongst rural populations and for the resulting proceedings to be brought before the ecclesiastical courts – though cases were decidedly less numerous than they had been in the preceding century. Moreover, most of these legal cases were confined within Scotland and the more isolated elements of the British Isles, as Owen Davies demonstrates with his uncovering of a

handful of relevant cases brought before the courts during the first half of the eighteenth century [which] came from the most peripheral parts of the country. [...] Nowhere were the courts more active and powerful in the eighteenth century than on the Isle of Man. The spiritual courts there, like the Scottish kirk sessions, continued to deal with a wide range of social transgressions, including witchcraft and magic, well into the eighteenth century.<sup>323</sup>

Of course, such observations can only tell part of a greater story, as they can only account for people who actively sought legal recourse against a suspected witch where it was possible to do so, as opposed to those who might still have held a personal belief in witchcraft but had no opportunity to commit such beliefs to material record. On this point, Michael Hunter – building on the work of scholars like Johnathan Barry – argues that widespread belief in the supernatural continued to endure during the eighteenth century, thereby challenging received wisdom that science simply displaced traditional belief in magic:

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<sup>322</sup> Jeremy Black, *Culture in Eighteenth-Century England* (London: Hambledon and London, 2005) pp. 83-4

<sup>323</sup> Owen Davies, *Witchcraft, Magic and Culture, 1736-1951* (Manchester: Manchester University Press, 1999) p. 45

At a popular level, as we have seen from the outset, magical beliefs continued to be prevalent throughout this period and beyond; indeed, the fact that a magical outlook was a quintessentially popular one had been commonplace since Classical times.<sup>324</sup>

Hunter takes the idea a stage further, however, arguing that intellectuals within both the sciences and humanities – in possession of heterodox beliefs – would engage in a form of self-censorship for fear of ridicule amongst their peers: 'it is revealing of the state of the opinion among the intelligentsia at that point that even those who continued to find magic plausible often felt the need to be discreet about this'.<sup>325</sup> Illustrating the point, Hunter recounts the work of the Manchester physician John Ferriar (1761-1815), who gave a paper in 1786 detailing the persistent superstitious beliefs that existed amongst learned men, exclaiming with incredulity that demonology still had its ardent adherents even in his own enlightened age.<sup>326</sup>

### Popular Belief in the Supernatural in *Pamela*

Evidence for this type of more populist, endemic belief in the reality of witchcraft exists in some of the creative material we have already visited. Pamela, for example, makes the repeated claim that Mrs. Jewkes practises black magic, and is clear about her belief that the housekeeper has made a familiar of one of the bulls on the Lincolnshire estate:

To be sure, there is witchcraft in this house; and I believe Lucifer is bribed, as well as all about me, and is got into the shape of that nasty grim bull to watch me!—For I have been again, and ventured to open the door, and went out about a bow-shot into the pasture; but there stood that horrid bull, staring me full in the face, with fiery saucer eyes, as I thought. So I got in again, for fear he should come at me. Nobody saw me, however.—Do you think there are such things as witches and spirits? If there be, I believe, in my heart, Mrs. Jewkes has got this bull of her side.<sup>327</sup>

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<sup>324</sup> Michael Hunter, *The Decline of Magic: Britain in the Enlightenment* (New Haven: Yale University Press, 2020) p. 178

<sup>325</sup> *Ibid.*, p. 179

<sup>326</sup> *Ibid.*, p. 121

<sup>327</sup> Richardson, *Pamela*, Vol. 1, p. 199



Pamela is not using witchcraft as a mere colloquialism, as her fear of the bull is real and palpable, causing her to flee in genuine terror when another of its kin saunters onto the scene:

I had got twice as far again, as I was before, out of the back-door: and I looked and saw the bull, as I thought, between me and the door; and another bull coming towards me the other way: Well, thought I, here is double witchcraft, to be sure! Here is the spirit of my master in one bull, and Mrs. Jewkes's in the other. And now I am gone, to be sure! O help! cried I, like a fool, and ran back to the door, as swift as if I flew.<sup>328</sup>

Though she chides herself comically for her own stupidity, it is apparent from this passage that Pamela possesses some pre-existing knowledge of demonic familiars, which only feeds into the growing sense of paranoia that she is already experiencing at the Lincolnshire estate. In this way, the scene reflects how accusations of witchcraft – as in the examples Bonzoli presents – could be born purely of paranoia, and thus natural phenomena be made to fit into a shared supernatural narrative which would be immediately understood, if not necessarily agreed upon, by wider society.

Accusations of witchcraft are also not wholly the reserve of the eponymous heroine in *Pamela*, as Mr. B finds a similarly supernatural explanation for the young woman's power to entrance men above her station: 'I believe this little slut has the power of witchcraft, if ever there was a witch; for she enchants all that come near her'.<sup>329</sup> It is difficult to discern the seriousness with which Mr. B's accusation is charged, though the sentiment against Pamela's character is certainly one sincerely felt. Neither is this the only occasion on which Pamela's mischief-making is attributed to a propensity to sorcery. Aside from the intimation that Pamela only bewitches people into finding her beguiling, as opposed to possessing some natural charm, Mrs. Jewkes also launches into a similar tirade when she hears of her failed escape attempt: 'The wicked woman, as she entered, said, Where is she?—Plague of her spells, and her witchcrafts!'<sup>330</sup> This accusation, with its clear echoes of Mr. B's charge,

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<sup>328</sup> Ibid, pp. 200-01

<sup>329</sup> Ibid, p. 55

<sup>330</sup> Ibid, p. 234

captures both Mrs. Jewkes' force of feeling and the negative cultural connotations such language carried at the time. Sorcery becomes a simple antidote to the cognitive dissonance she experiences between her own negative perception of Pamela and the fact that Mr. B, whom she admires greatly, persists in his affection for someone so seemingly unworthy. In essence, the accusations of witchcraft act as a linguistic device that allow the housekeeper to capture her frustrations with Pamela, even if it is ultimately unclear if her supernatural explanations for them necessarily translate into a sincerely held belief in magic. Pamela, on the other hand, does possess some inherent belief in witchcraft as evidenced by her mortal fear of the bull in the pasture, although it is one undoubtedly exacerbated by her cruel treatment at the Lincolnshire estate.

Irrespective of the exact extent to which both women believe in the power of witchcraft, however, the pair's employment of language still represents the cultural weight witchcraft as a concept continued to carry amongst the lower orders and middling sort during the eighteenth century. This notion of sorcery acting as a legitimate explanation for unsettling phenomena is only enhanced when we hear of the reaction the rest of the household has to Pamela's injuries. On being brought back into the house, the gathered assembly of servants believe – in the absence of an explanation from the patient herself – that Pamela's multiple injuries were actively caused by malicious witchcraft:

So the maids took me up between them, and carried me to my chamber; and when the wretch saw how bad I was, she began a little to relent—while every one wondered (at which I had neither strength nor inclination to tell them) how all this came to pass, which they imputed to sorcery and witchcraft.<sup>331</sup>

It is appropriate the maidservants should invoke talk of witchcraft at this moment, as following Mrs. Jewkes' subsequent medical intervention, Pamela never makes any further accusations of diablerie against the housekeeper. Whereas in the three examples of cunning

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<sup>331</sup> Ibid, p. 235

women Bonzol presents it is an ability to heal the sick that causes accusations of witchcraft to appear plausible, for Mrs. Jewkes it is saving Pamela's life that marks the moment where the latter stops actively associating the former with the devil. This contradiction captures perfectly the duality which existed for rural healers that endured from the previous century: they must heal effectively in order to avoid accusation, but to be an effective healer meant risking association with witchcraft in the popular imagination. It is therefore striking that extant stage adaptations of *Pamela* remove all references to Mrs. Jewkes' skills in domestic medicine, yet one elects to retain the housekeeper's negative association with black magic. *Pamela* by Henry Giffard (1694-1772), which 'proved to be among the most frequently acted plays of the 1741-2 Goodman's Fields season', makes Mrs. Jewkes a wholly loathsome figure – devoid of any chance at redemption.<sup>332</sup> In this comedy, Colebrand – who tricks Mrs. Jewkes into a polygamous marriage in order to acquire her fortune – accuses the housekeeper of being 'a damn'd heretique old Vitch more proper for Monsieur de Devil, dan for Your tres humble Serviteur'.<sup>333</sup> Unlike in the source text, there is no direct accusation of precisely what form of the dark arts Mrs. Jewkes has been dabbling in, but the language is thematically consistent and too pointed to be intended as an off-hand insult: she is branded a 'heretic', 'witch', and suited only for the 'devil' – all within the space of a single sentence. To streamline the lengthy plot for the stage, playwrights adapting *Pamela* cut many of the complexities and nuances behind Richardson's characters, ensuring Mrs. Jewkes would be shown as little more than a pantomime villain. As was explored in the previous chapter, the use of Mrs. Jewkes' skills in domestic medicine to keep Pamela in good health presented some moral ambiguities to her character and added depth, but their conspicuous absence in English theatrical adaptations of the novel adds weight to the argument that they would have

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<sup>332</sup> Keymer and Sabor, p. 116

<sup>333</sup> Henry Giffard, *Pamela, a Comedy* (London: Jo. Miller, 1741) p. 52

been perceived as positive, redemptive traits by a contemporary audience. To make her truly villainous, no such ambiguity could remain. In removing the positive associations with the healer, but including the negative aspects of the witch, Giffard does away with the dichotomy inherent to the traditional cunning woman. As a result, Mrs. Jewkes ceases to be an effective woman healer with the capacity for doing social good, instead retaining only the social risks that historically came with the role: namely a title which brands her socially and damns her morally.

### The Co-Existence of Magic and Medicine

Inherent conflict between the status of witchcraft in the popular imagination and how it manifested socially in practice have led to claims like those of Gabrielle Hatfield, namely that 'magic of all kinds holds a strong appeal, and is the very stuff of poetry. This has resulted in the magical usage of plants being greatly over-stressed, simply because it is over-represented in literature', despite the facts not necessarily reflecting the sentiment of this broad statement.<sup>334</sup> From its earliest printed records, magic and medicine have always co-existed and have often been conflated. Even the prolific Paracelsus (1493-1541), whose medical theories maintained their great influence throughout the eighteenth century, 'was a believer in gnomes, fairies, nymphs and cosmic emanations. Many of his remedies he had learnt from "ordinary folk" but some had been revealed only to him', whilst William Buchan felt it his duty to denounce 'herbs gathered under the influence of some planet, charms, the nostrums of

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<sup>334</sup> Gabrielle Hatfield, *Memory, Wisdom and Healing*, p. 44

quacks and conjurers [...] and the folly of their own superstitious notions', who still operated openly throughout the United Kingdom during the course of 'this enlightened age'.<sup>335</sup>

The pedigree of this conflation between medicine and magic can be traced back to the oldest extant collection of medical remedies written in the English language, Bald's Leechbook (c. 925-950). In this manuscript text, many of the medical remedies have a magical thread running throughout them – urging the invocation of pagan gods and recitation of incantations, alongside the utilisation of more mundane ingredients – as Corinne J. Saunders explains:

Remedies tend to advise the application of fairly simple herbal concoctions – salves, poultices or potions. The recommended rituals of preparation and use, however, combine Christian and magical practices. Certain types of illnesses tend to be addressed by charms: those seen as caused by “flying poisons”, “worms” [...] and supernatural forces (demons are especially associated with mental illness); childbirth, too, is the subject of a number of charms.<sup>336</sup>

From their bibliographic inception, medical remedies had a close association with the supernatural, and though by the eighteenth century some of the magical sources for treatments may have become obscured with the passage of time, they had not disappeared completely.

Take for example the medicinal recipe book attributed to Emily Jane Sneyd held at the Wellcome Library, a manuscript compiled during the latter half of the eighteenth century. In this volume, nestled between a recipe for treating gout and another for fever – both composed entirely from the orthodox *materia medica* of the day: gentian, centuary, orange peel etc. – is a rather less conventional cure for convulsive fits:

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<sup>335</sup> Thomas Dormandy, *The Worst of Evils: The Fight Against Pain* (New Haven: Yale University Press, 2006) p. 93

William Buchan, *Domestic Medicine; or, the Family Physician* (Edinburgh: Balfour, Auld, and Smellie, 1769) p. xiii

<sup>336</sup> Corinne J. Saunders, *Magic and the Supernatural in Medieval English Romance* (Cambridge: D. S. Brewer, 2010) p. 91

### For Convulsion Fits

The Blood of a mole in a Glass of White Wine has cured a grown Person taken at the full change of the moon, so as less quantity for a child will do.<sup>337</sup>

The recipe is an unusual example and would not have appeared in any orthodox medical manuals of the day, but it is not without its historical precedent. In actuality, mole blood had been in use as a medical treatment stretching as far back as the Roman Empire, but as Pliny the Elder informs us, even then it was considered a favoured remedy of those who practised sorcery and lacked any endorsement outside of its use by this specific group:

Of all animals it is the mole that the magicians admire most! a creature that has been stamped with condemnation by Nature in so many ways; doomed as it is to perpetual blindness, and adding to this darkness a life of gloom in the depths of the earth, and a state more nearly resembling that of the dead and buried. [...] Tooth-ache, they assert, may be cured by taking the tooth of a live mole, and attaching it to the body.<sup>338</sup>

Proving that attitudes towards the use of moles in folk medicine had changed little since the zenith of the Roman Empire, Wayland D. Hand finds that even in the eighteenth century the animal continued to be associated strongly with the supernatural for much the same reasons as in Ancient Rome, 'because of its existence in the earth itself, the animal is connected in the folk mind with death and the realm of the dead and likewise with the devil, witches, and magical powers'.<sup>339</sup> Thus the key ingredient in Sneyd's remedy is one rooted firmly in the ancient magical traditions of European culture, as opposed to the orthodox medicine of the day, and it is also possible that same thread of the supernatural carries through to the very method of its application. The recipe calls for the blood to be ingested during the 'full change

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<sup>337</sup> Wellcome Collection, MS. 4646, Emily Jane Sneyd, c. 1750-1795, p. 18

<sup>338</sup> Pliny the Elder, *The Natural History of Pliny*, Trans. John Bostock, Vol. 5 (London, Henry G. Bohn, 1856) p. 429

<sup>339</sup> Wayland D. Hand, 'The Mole in Folk Medicine: A Survey From Indic Antiquity to Modern America II' in *American Folk Medicine: A Symposium*, ed. Wayland D. Hand, Paperback edn. (Berkeley: University of California Press, 1980) pp. 37-48 (p. 37)

of the moon', which certainly possesses overtones of magical ritual, for as Owen Davies explains:

Astrology continued to be an important part of popular magical practice in the early modern and modern era. Planetary influences were integral to understanding the power of herbs in healing and magic. [...] The illiterate healer with no access to the detailed accounts of the relationships between different plants and planets discussed in herbal texts still knew well that plants should be picked at certain propitious times. Much of the oral lore concerned the lunar cycle. The main rule of thumb was to gather plants during the waxing of the moon, for as the moon grew so too would the potency of the medicinal or magical herbs. Some rituals had to be conducted as the moon waned, particularly those concerning the cure of swellings. One early modern German healer named Hans Röcklin possessed a magical stone which he applied to people's bodies "three days in a row after [the] full moon" to reduce pain, while muttering a charm that the afflicted part "should wane as the moon wanes."<sup>340</sup>

Irrespective of Buchan's objection to the superstitious practice of 'herbs [being] gathered under the influence of some planet', the significance of the lunar cycle had long been established amongst rural communities and continued to manifest in various forms from the planning of crop harvests to the timing of specific rituals.<sup>341</sup> It is not a great inductive leap to suggest that this aspect of the remedy, as it appears in Sneyd's compendium, falls within the magical tradition of planetary influence; yet there may be a second – much more mundane – explanation for the highly specific timing.

During the eighteenth century, convulsive fits were synonymous with epilepsy and, by extension, literal lunacy. The approach of orthodox medicine to the effects of the lunar cycle on human behaviour during this period were multifaceted and complex, but as Johnathan Andrews and Andrew Scull explore, debate on the subject amongst professional medical practitioners was both lively and active:

The prominent society physician Richard Mead (1673-1754) [...] had published an entire treatise on the effect of the moon and the sun on the human mind and body and had been told by the former Bethlem physician Edward Tyson (d. 1708) that epilepsy was generally an accompaniment in "*the raving fits* of [those] mad people, which

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<sup>340</sup> Owen Davies, *The Oxford Illustrated History of Witchcraft and Magic* (Oxford: Oxford University Press, 2017) p. 179

<sup>341</sup> Olga Mayoral, Jordi Solbes, José Cantó, and Tatiana Pina, 'What Has Been Thought and Taught on the Lunar Influence on Plants in Agriculture? Perspective from Physics and Biology', *Agronomy*, 10.7: 955, 2020, p. 5

keep the *lunar* period.” Yet although madness and epilepsy were often seen as especially likely to coincide with lunar cycles, some practitioners seem to have grown more sceptical of such beliefs during the course of the Enlightenment.<sup>342</sup>

Although many professional practitioners were becoming doubtful about the moon's power to affect human behaviour and health – part of a wider theory called 'astrological medicine' – it was not yet a concept consigned entirely to the realm of the superstitious and supernatural.<sup>343</sup> As a result, Snyder's recipe could be based wholly on magical tradition, or partly on orthodox medicine. The fact, however, that these two interpretations of the lunar element of the recipe – both equally valid – could be viewed as either complimentary or contradictory stands as testament to the extent to which folkloric, magical, and medicinal practices had entwined themselves in eighteenth-century Britain.

It is, in part, because of this conflation with magic and obfuscation as to the origin of various recipes that women healers – lacking the opportunity to study medicine formally at a university like their male counterparts – were especially vulnerable to accusations of improper or even nefarious practice. Women adept at practising medicine often had their skills and knowledge passed down through the matrilineal line, keeping their collective wisdom contained within a highly-select group, as Mary Lindemann details:

cunning-folk learned their trade from older healers [...] the skills of midwives were generally imparted by word of mouth or acquired by working at the side of an older, more experienced practitioner. Older midwives thus communicated their expertise to younger women; not infrequently, to their daughters, nieces, or other female relatives.<sup>344</sup>

Without external qualification and in possession of knowledge passed through the successive generations – thereby lacking an impartial regulator to assess it – women healers were dependent on reputation within their community as proof of ability. As their practices had

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<sup>342</sup> Johnathan Andrews and Andrew Scull, *Customers and Patrons of the Mad-Trade: The Management and Lunacy of Eighteenth-Century London* (Berkeley: University of California Press, 2003) p. 52

<sup>343</sup> Keith Thomas, *Religion and the Decline of Magic* (London: Penguin Books, 1991) pp. 421-22  
Mark Harrison, *Disease and the Modern World: 1500 to the Present Day* (Cambridge: Polity Press, 2014) p. 55

<sup>344</sup> Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2<sup>nd</sup> edn. (Cambridge: Cambridge University Press, 2010) p. 124



changed little with the passage of time, they were left effectively subject to the same prejudices as their foremothers. Fundamentally, women healers had to be successful – or at least maintain a reputation for success – in order to continue practising medicine. Without a formal degree to lend them legitimacy, a woman healer's reputation could only be enhanced by leaving their patients in a state of good health, or by being able to convince those around them that had been the case. A deceased patient cannot sing the praises of their medical practitioner, nor would their family likely feel inclined to share a positive report, though the power of persuasion could offer an opportunity for a woman healer to protect her professional reputation.

#### Authoring Her Own Public Image: Sarah Stone's *A Complete Practice of Midwifery* (1737)

The question of how women healers might attempt to curate and control their public image, in order to avoid accusations of malpractice or even malevolent witchcraft, can be explored through the activities of midwife Sarah Stone (active 1701-1737). An advocate for educating women in the practice of midwifery, Stone fought passionately for women midwives in a professional climate becoming increasingly dominated by male practitioners. As Isobel Grundy notes, Stone was well-educated in comparison to her contemporaries, as she was

proud of having, unusually for a woman, “read Anatomy” and “seen several Women open'd”, not adverse to carrying out her own investigatory dissections of infant corpses, she none the less rates her practical internship to her mother as her most valuable qualification; without that, she says, she would have remained ignorant.<sup>345</sup>

We may note initially that, despite her obvious wider and autodidactic medical training, it is still both the skills and knowledge that Stone learned from her mother which she highlights as

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<sup>345</sup> Isobel Grundy, 'Sarah Stone: Enlightenment Midwife' in *Medicine in the Enlightenment*, ed. Roy Porter (Amsterdam: Rodopi, 1995) pp. 128-144 (p. 129)

her key intellectual assets, demonstrating the quality of this type of informal education whilst representing a perceived weakness for her male detractors to capitalise upon. Like many of her medical male contemporaries, Stone saw potential within the burgeoning literary marketplace for spreading ideas and pushing a narrative supporting her own medical practice. The culmination of these concepts resulted in the publication of *A Complete Practice of Midwifery* (1737), which achieved three goals concurrently for its author. First, and perhaps most apparently, Stone's case histories acted as an education tool for practising midwives to experience cases vicariously, thereby improving upon their own practice through abstract observation and by reading Stone's own reflections on each. Second, the details and actions presented within each individual case history allowed Stone to demonstrate the extent of her knowledge and breadth of her skill, effectively weaponising the literary form to provide a robust counter-narrative to accusations of malpractice. Third, the careful curation of which forty-three cases to include within the limited space available enabled Stone to control which elements of her practice the wider public saw, creating a potentially idealised representation of her abilities and results of her professional interventions. Commenting on these themes, Robert Woods and Chris Galley question the construction of the narrative which Sarah Stone presents, calling into question the processes behind its composition and the reliability of its component case studies:

Case notes were used to provide examples of what could be done in difficult circumstances and described unusual cases that a midwife might not routinely encounter. Sarah Stone wanted to empower poor rural wives to tackle unnatural presentations so that men-midwives need not be called in. [...] What remains obscure is how authors recalled the past and how they made their selection for publications. Some would have kept detailed notes on all their cases and merely chosen a selection to suit their purpose. [...] If written records were not kept at the time of delivery, how good were authors' memories and how did they go about reconstructing case histories? We cannot be sure, but the fact that the question needs to be asked should make us wary of both accuracy and what has come to be known as 'authorial self-fashioning': that is, the deliberate construction of the image of self as conscientious,

skilful, heroic, compassionate, innovative and so on for public consumption.<sup>346</sup>

The concept of authorial self-fashioning problematises the process of assessing the efficacy of eighteenth-century healers of all kinds, potentially making the appearance of success as socially and professionally significant as verifiable success. This is to say nothing of the power of the placebo effect which may have unknowingly transformed some would-be quacks into celebrated healers. In this vein, and chiming with Woods and Galley's account of the power authorial self-fashioning could potentially project, Grundy sees Stone's work as a conscious attempt to pitch her own practice in a heroic light:

Stone fashions herself as a hero, whose labours, like those of Psyche rather than Hercules, involve a non-climactic series of patient, resolute co-operations. Stone as romance hero proves invincible against her personified adversaries, Ignorance and Rashness, as she repeatedly encounters them in other people, and even in their internalised forms. Like the hero tested by specious disguises, she rejects the temptation of internal rashness when it falsely masquerades as courage, and she steadily diminishes the area of her own ignorance over the course of her work (both her practice and her writing). Even the last case in her book recounts her mastery of a new skill, a new piece of knowledge.<sup>347</sup>

Stone elected to present some cases in her work which were barely salvaged successes, but even here she was able to frame these events as learning experiences for both herself and her reader, thereby promoting her own skill in the process whilst preventing similar mistakes being made by future female midwives. In a number of these cases, however, Stone places the blame of the suffering endured by the mother or child squarely on the shoulders of the ignorance of untrained midwives, painting herself as the saviour who was able to ease the patients' unnecessary anguish. Observation XXI opens, for example, with the title: 'The Delivery of a Woman, Who was kept in hard Labour many hours, by the ignorance of her Midwife', leaving us with little doubt as to how the ensuing events will be framed.<sup>348</sup> Under

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<sup>346</sup> Robert Woods and Chris Galley, *Mrs. Stone and Dr. Smellie: Eighteenth-Century Midwives and Their Patients* (Liverpool: Liverpool University Press, 2014) p. 47

<sup>347</sup> Grundy, p. 131

<sup>348</sup> Sarah Stone, *A Complete Practice of Midwifery* (London: T. Cooper, 1737) p. 69

the care of the previous midwife, the birth is rapidly deteriorating into a demonstrable failure, until Stone arrives and is able to rectify the problem almost immediately:

The first Pain she had, after I was with her, I broke her Waters, and was forc'd to be very quick to receive the Child; for her Pains being violent, and the Child so long confin'd by the thickness of the Skin that held the Waters, as soon as the Child had liberty, it was born in less than half a minute, which astonish'd the Midwife and Women: they would fain have prevailed on me to have told them what I did; but I chose not to inform them at that time. It is very evident, that this Woman suffer'd seven or eight hours Pain more than she need have done, had she had a Midwife of judgment in the beginning of her Travail.<sup>349</sup>

Only a few pages later, Stone follows a similar pattern with Observation XXV, with the failure being attributed to events beyond her control which had occurred before her arrival in 'A Woman in the country being deliver'd before I got there, her Child being very much mangled.'<sup>350</sup>

I should not have mention'd this error of the Midwife's, had it not been to caution others against attempting such Deliveries without knowledge. I told her, if she had proceeded in a regular manner, as soon as her Waters broke, to have search'd for the Feet, she might have turn'd it, and deliver'd the Woman, without mangling the Child, or injuring the Mother. She acknowledg'd what I said was very just; and that she would not proceed so rashly for the future.<sup>351</sup>

Stone has not only positioned herself as the expert in this scene, but she has also demonstrated the validity of her admonishment by showing the other midwife committing herself to improving her practice in the future – thereby accepting the intrinsic superiority of Stone's practice in the process. The entire sequence is framed by Stone as a learning experience in which she acts not only as educator but also the primary care giver, leaving the reader with little doubt of her skill and, by extension, the potential for all women midwives to replicate her success. Paradoxically, it is only by highlighting the errors of other women midwives, and thereby acknowledging the problem their inexperienced operation can cause, that public confidence in the situation can be improved and women midwives might be

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<sup>349</sup> Ibid, pp. 71-2

<sup>350</sup> Ibid, p. 82

<sup>351</sup> Ibid, p. 84

viewed once again as legitimate practitioners, as opposed to outsiders operating on the peripheries of society. Stone's text aims to improve the status of women midwives as a group by demonstrating their willingness to practise, learn and improve upon their skills; but by placing herself in the position of the central, knowledgeable figure in all the situations detailed, it is Stone herself who remains the primary beneficiary for a potential increase in reputation.

This authorial control over what was, and conversely was not, presented to the reader – as well as how it was framed and communicated – granted women practitioners some autonomy over the way their public image might be received. Of course, such processes required both reader and practitioner to be literate in order for the information to be disseminated through this medium, which was not a reality for many rural women healers. Nonetheless, examples like Stone's demonstrate the way in which case histories could be manipulated – perhaps even unconsciously through a process of misremembering – to forward a particular narrative. Although these processes relied on the printing press to function, the results could be replicated through word of mouth and so capitalised upon in a similar fashion for an illiterate rural healer or one who operated amidst a mainly illiterate community. Regardless of the individual situation of a particular woman healer and that of their patients, the quality of their care and their reputation did not necessarily move in concert. In short, no matter their potential to heal a patient, a woman healer's reputation could be influenced by a series of social factors disassociated entirely from their medical abilities.

A Witch or a Wise Widower? Betty Sagely in *The Adventures of Roderick Random* (1748)

Tobias Smollett's eponymous hero in *The Adventures of Roderick Random* (1748) experiences first-hand this potential tension between a woman healer's social reputation and

her skill. In chapter thirty-seven of the novel, Random and his fellow crewmates are forced to abandon ship just off the shore of Sussex. Angered by the constant mismanagement of the voyage that led to this situation, Random challenges the captain to a duel the moment they reach dry land, but is then betrayed by the rest of the crew and bludgeoned around the back of the head with the butt-end of a pistol. Robbed of his valuables and severely wounded, he is able to crawl into a barn and, after a brief respite, then makes his way to a nearby cottage to seek help. Unfortunately, rather than receiving the help he hoped for, Random is refused entrance before falling into an even worse state:

About this time I fainted with the fatigue I had undergone, and afterwards understood that I was bandied from door to door through a whole village, no body having humanity enough to administer the least relief to me, until an old woman, who was suspected of witchcraft by the neighbourhood, hearing of my distress, received me into her house, and having dressed my wounds, brought me to myself with cordials of her own preparing.<sup>352</sup>

Before we meet this mysterious character who becomes Random's saviour, we are first introduced to her in chapter thirty-eight's summary, with Random informing the reader that he will be 'succoured by a reputed witch' by the chapter's conclusion.<sup>353</sup> Despite initially remaining nameless, it is the old woman's reputation for witchcraft which stands as the primary trait – both in the chapter summary and in the body of the story itself – and that which initially defines her. The reader is encouraged, along with Random himself, to make value judgements of her character based on the collective assessment of the village residents, who then quickly reveal themselves to be thoroughly uncharitable people. So endemic is the lack of mercy in this village that one of its primary denizens includes a vicar who – failing to display an ounce of Christian charity – 'fell into a mighty passion, and threatened to excommunicate him who sent as well as those who brought me [Random], unless they would

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<sup>352</sup> Tobias Smollett, *The Adventures of Roderick Random*, Vol. 2 (London: J. Osborn, 1748) p. 11

<sup>353</sup> Smollett, Vol. 2, p. iii

move me immediately to another place'.<sup>354</sup> Yet despite all the forgoing, it is only this one ostracised and undervalued member of the community who sees fit to dress Random's wounds and 'succour' him with medicinal cordials of her own preparation, when all others would have happily left him for dead rather than run the risk of excommunication.

Random is clearly struck by the old woman's medical abilities, apparently finding no need to redress his wounds from this point onwards, and also openly admitting that her cordials 'brought him to himself' after such a serious and traumatic head injury. Moreover, the old woman provides more than just first aid to Random as she continues to ensure his full recovery, leaving him to comment that: 'I was treated with great care and tenderness by this grave matron, who, after I had recovered some strength, desired to know the particulars of my last disaster.'<sup>355</sup> Smollett elects that Random should refer to the woman reverently as a 'grave matron', with both words indicating a mark of respect as Johnson's *Dictionary of the English Language* (1755) defines them, with 'matron' denoting 'an elderly lady' – apparently lacking the modern connotations of a woman who oversees domestic and medical matters – whilst 'grave' as an adjective here means much as it still does today: 'solemn, serious, sober'.<sup>356</sup> The new description lends the woman an air of dignity and gravitas, elevating her far above the station she currently finds herself in. The result is that – based seemingly on the strength of her medical practice alone – Random's opinion of his host graduates from the purely descriptive 'old woman' to the much more honorific 'grave matron'. Although we later learn that 'Betty' is the woman's given name, in the following chapter it is revealed that her surname is Sagely, providing further indication that Smollett intended her to be read as an archetypal wisewoman.<sup>357</sup> Yet as had been the case for centuries, myths surrounding the

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<sup>354</sup> Ibid, p. 11

<sup>355</sup> Ibid.

<sup>356</sup> Johnson, Vol. 1, 1755, p. 936

Ibid, Vol. 2, p. 113

<sup>357</sup> Smollett, Vol. 2, p. 13 & 19

source of wisewomen's healing powers ensured that operating as one came with the inherent risk of being branded a witch.<sup>358</sup> Sagely is no exception, having already fallen victim to such misinformation, confiding in Random the status she currently holds amongst members of her own community:

I must inform you of the character I bear among my neighbours—My conversation being different from that of the other inhabitants of my village, my recluse way of life, my skill in curing distempers, which I acquired from books since I settled here, and lastly, my age, have made the common people look upon me as something preternatural, and I am actually this hour believed to be a witch.<sup>359</sup>

Sagely's confession is revealing in two key ways. First, we learn that she has acquired her knowledge 'from books', making her an auto-didact and thereby evidence for the efficacy of this alternative to a university-led medical education. Moreover, we are told that it is specifically her 'skill in curing distempers' which is the subject of suspicion amongst her community, not the source of that knowledge. Although apparently not a factor in the villagers' distrust, Smollett still has Sagely highlight to Random how she has gained her skills, suggesting this fact is intended to be important to her personally. Although we could make inferences about Tabitha Bramble gaining some of her medical knowledge through her correspondence with Dr. Lewis, as was outlined in chapter one of this thesis, nowhere in *Humphry Clinker* is the source of her knowledge stated explicitly. Yet here, Smollett has Sagely recognise the quality of her own medical abilities before immediately crediting them as being a product of the written word. Unlike much of Smollett's work, the statement cannot be read comically and lacks any satirical barb, as the success of Sagely's skill is made apparent to the reader through Random himself, providing an implicit endorsement regarding the potential for this form of medical education for the rural healer.

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<sup>358</sup> Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*, (London: Palgrave MacMillan, 2011) p. 5

<sup>359</sup> Smollett, Vol. 2, p. 14



Second, Sagely points to her age as forming another major factor in her being perceived as a witch in the popular imagination. Like Tabitha, Sagely's age and gender are tied intrinsically, though implicitly, to her being deemed socially undesirable within her community. It is only through the appearance of an outsider in the form of Random that Sagely then proves her potential to provide an essential function as a healer, as previously her age and gender prevented the villagers from viewing her as anything other than an internal threat. The text makes no mention of there being any other healers in the village, so though when we meet Sagely she is only allowed to treat Random as a fellow outsider, her success in the endeavour could lead to a change in the community's perception of her skills. Sickness is one of life's certainties, so there may necessarily come a time when one of the native inhabitants of the village requires the matron's medical care and therefore her physical presence in the community, despite her 'recluse way of life'.

This lifestyle itself manifests as an ironic vicious circle: apparently at first forced upon Sagely by the suspicions of her community, then exacerbated by her study of medicine, which in turn was only possible because of the time and intellectual freedom afforded by her isolation. Smollett presents to the reader the untapped potential which exists within social outcasts – epitomised here by the sharp mind of an aged woman – providing medical care of such quality that even a professional ship surgeon makes repeated praise of her skill. Of course, as O. M. Brack reminds us, we must be cautious about identifying any of Smollett's characters too closely with the author himself, pointing to 'the most extreme cases of "inverted autobiography" [which] have centred on the identification of Roderick Random with a youthful Smollett and Matthew Bramble with the elder'.<sup>360</sup> Nonetheless, even in a letter where Smollett dismisses the connection between himself and Random – dated 8<sup>th</sup> May,

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<sup>360</sup> O. M. Brack, Jr., 'Smollett and the Authorship of "Memoirs of a Lady of Quality" in *Tobias Smollett, Scotland's First Novelist*, ed. O. M. Brack, Jr. (Newark: University of Delaware Press, 2007) p. 35

1763 to a Richard Smith – the author still openly acknowledges and accepts a few key similarities:

The only Similitude between the Circumstances of my own Fortune and those I have attributed to Roderick Random consists of my being born of a reputable Family in Scotland, in my being bred a Surgeon, and having served as a Surgeon's mate on board a man of war during the Expedition to Cathegene.<sup>361</sup>

The latter two of these connections, where Smollett acknowledges his education and background as a surgeon as having informed the content of the novel and character of Random, are especially important when we consider how he chooses to represent medical practice of all kinds in the text. As was argued in chapter one, Smollett was in possession of the medical knowledge necessary to show either a character performing correctly any number of health-related tasks, or to heighten their failure through comic deflation. Unlike the case with Tabitha Bramble, however, here the narrator himself is a qualified ship surgeon – analogous to Smollett in this respect – able to assess the quality of the treatment he receives first-hand and so enabling the endorsement of Sagely's skill to carry increased significance. Random shows the reader that her auto-didactic medical education has proved effective, and unlike the community which surrounds her who refuse to engage, he approaches her practice without any accompanying prejudice associated with her age or gender.

Of course, Sagely is not the only medical practitioner who appears alongside Random in the novel. There are a whole host of professional male practitioners who fall victim to Smollett's sharp satirical sting, in stark contrast to Sagely's treatment, as Wendy Moore outlines:

Smollett ridiculed blundering physicians and lampooned the corrupt Company of Barber-Surgeons with an incisive eye for detail and a cutting wit. Smollett's eponymous hero quakes before a "dozen grim faces" when he takes his oral examination at Barber-Surgeons Hall. He flounders desperately as one examiner asks how he would treat a man "with his head shot off" and another inquires how he would help a patient with a "plethoric habit." As the examiners squabble over fine points of

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<sup>361</sup> Tobias Smollett, *The Letters of Tobias Smollett*, ed. Lewis M. Knapp (Oxford: Clarendon Press, 1970) p. 112

surgery and anatomy, Roderick escapes with his prized certificate.<sup>362</sup>

With their focus on debating the minutiae of lofty medical theories and patently absurd clinical cases, the panel of barber-surgeons' impracticality stands in stark contrast to the straightforward speed, proficiency, and medical efficacy with which the reputed 'witch' operates. Although Smollett fills this scene with sharp satirical barbs and the comic deflation of the barber-surgeons' supercilious self-image, within the world of the text they still stand as a legitimate medical authority – acting as the gatekeepers to Random being able to practise surgery professionally within the navy, despite their obvious ineptitude. Already in possession of surgical skills and a knowledge of pharmacy, Random must still pass this arbitrary exam in order to be conferred with a modicum of the panel's authority – eventually leading him to the low rank of surgeon's third mate aboard the *Thunder*.<sup>363</sup>

In order to resolve some of the tensions between Smollett's satirical portrayal of the barber-surgeons and the legitimate authority which they appear to possess, some examination of the medical role within its historical context is required. As Maureen McNeil explains, 'barber-surgeon' existed as part of the 'tripartite and hierarchical legal framework which differentiated three types of medical roles: physician, surgeons and apothecaries', which may initially lead us to conclude that they were not particularly respected in the medical community given their placement within the centre of that clearly defined hierarchy.<sup>364</sup> This conclusion may then seem further solidified when we consider Lamar Riley Murphy's observation that 'only physicians were considered to be members of a profession, while apothecaries and surgeons, who worked with their hands, belonged to the trades'.<sup>365</sup> Certainly

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<sup>362</sup> Wendy Moore, 'The Adventures of Roderick Random' in *BMJ: British Medical Journal* [online], updated 14 September 2011 [cited 08 May 2020] Available from: <<https://doi.org/10.1136/bmj.d5718>>

<sup>363</sup> Smollett, Vol. 1, 1748, pp. 42 & 243

<sup>364</sup> Maureen McNeil, *Under the Banner of Science: Erasmus Darwin and His Age* (Manchester: Manchester University Press, 1987) p. 126

<sup>365</sup> Lamar Riley Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860* (Tuscaloosa: The University of Alabama Press, 1991) p. 2

these facts, when they are viewed together, would appear to diminish the role to the social status of a trade – no different in theory to a carpenter or book-binder – unworthy of the respect associated with a learned profession. Drawing such a conclusion, however, would prove a premature over-simplification of what was, in practice, a more nuanced professional identity.

Although it is true that barber-surgeons fell towards the lower end of that already middling category of 'surgeon' within this socio-economic framework, a note of caution must be applied when viewing complex professional hierarchies in this reductive fashion. As Silvia de Renzi reminds us: 'the lower social status of surgeons and barber surgeons when compared to physicians is something of a generalisation. In fact, the status and earnings of a surgeon could vary enormously'.<sup>366</sup> As an illustrative example of how exceptional a barber-surgeon could become, Charles-François Félix (1635-1703) was raised to the ranks of nobility in France – whose own hierarchy of medical practitioners is historically analogous to the United Kingdom's – after he successfully performed surgery on an anal fistula for King Louis XIV.<sup>367</sup> Similarly, William Cheselden achieved wide acclaim in England, being elected to the Royal Society in 1712 before helping to create the independent Company of Surgeons in 1745 – increasing the prestige of his fellow professionals in the process. Cheselden's significance to medical science is highlighted in Henry Lyons' work on the Royal Society, where he lists the surgeon alongside a number of other medical luminaries and credits them with enhancing the Society's stagnant reputation, stating that

Sir Hans Sloane, Dr. R. Mead and Dr. Arbuthnot as well as the surgeon and anatomist William Cheselden had a high reputation [...] These men and others associated with them kept alive the Society's reputation for scientific research which the Councils of that time were doing but little to advance.<sup>368</sup>

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<sup>366</sup> Silvia de Renzi, 'The Sick and Their Healers' in *The Healing Arts: Health, Disease and Society in Europe 1500-1800*, ed. Peter Elmer (Manchester: Manchester University Press, 2004) p. 46

<sup>367</sup> Kenneth Walker, *The History of Medicine* (Oxford: Oxford University Press, 1955) p. 174  
D. J. Th. Wagener, *The History of Oncology* (Houten: Springer, 2009) p. 75

<sup>368</sup> Henry Lyons, *The Royal Society 1660-1940: A History of its Administration Under its Charters* (Cambridge: Cambridge University Press, 2015) p. 158

Aside from the potential for surgeons like these to achieve great personal fame and prestige, it is also worth noting that, historically, senior hospital appointments in the United Kingdom came without direct payment, meaning a surgeon's material success was tied directly to their reputation and the number of operations they performed, leaving significant scope for variation in a practitioner's personal wealth.<sup>369</sup>

All of the above considered, the fact remains that – irrespective of the individual earnings of a particular surgeon – the title itself came equipped with a certain level of legitimacy, respectability, and an air of medical authority. Smollett has to work to dispel this aura which surrounds his panel of surgeons, which is present only by virtue of their titles and professional positions. This state of immediate medical legitimacy contrasts markedly with Sagely, who is introduced to the reader as a 'witch' before she even makes a physical appearance. The term 'witch' works to delegitimise the efficacy and reliability of her remedies which are otherwise able to restore Roderick back to health. As with Sagely, Smollett has shown his reader first-hand the skill with which Random operates as a ship surgeon, he is not like some of his contemporaries who sit on the examination panel idly debating medical theory but never putting any of it into practice. Thus Random's endorsement of Sagely's capabilities lends her legitimacy because both their curative skills are witnessed empirically by the reader, as opposed to being dependant on titles that merely project a – potentially unearned – sense of medical authority that stands in as shorthand proof of ability.

In reflecting the realities of the society he inhabited, Smollett shows his reader how women could be controlled socially through subtle manipulations of language. 'Old maiden' and 'witch' become monikers in his stories intended to dismiss and demean these women

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<sup>369</sup> Thomas Dormandy, *The Worst of Evils: The Fight Against Pain* (New Haven: Yale University Press, 2006) p. 174

who exist independently of a male partner: the threat they pose to the status quo is tempered by branding them with socially debilitating titles. These linguistic interventions are designed to (as we saw with Tabitha) mock and ridicule, or (as with Sagely) aid in attempts at ostracisation by the wider community. Though these words work to undermine their individuality and delegitimise what these women may have to offer to society, Smollett redresses the balance by showing their skill through deeds. Their actions – quite literally – speak louder than the words that try to debase and define them. Rather than being dependant on the titles they possess as proof of their medical ability – as with the examination panel of barber-surgeons in *Roderick Random* and the many equally inept physicians we meet throughout *Humphry Clinker* – Smollett shows us that women used to being overlooked, or even actively suppressed, by society may in fact be the very people keeping it healthy and functional.

At their core, both 'old maiden' and 'witch' highlight the same fundamentally negative trait in these women: their intrinsic undesirability and inability to appeal to a male partner. Yet there exists a duality when occupying the peripheries of society in this way, a kind of freedom to be found within these titles – with their implied independence from male influence – the potential to forge a unique identity, wholly separate from a male spouse. On this point, Jolene Zigarovich observes that 'one of the mainstays of the eighteenth-century narrative plot is marriage, and often accompanying it is the theme that women seeking autonomy experience tragic ends'.<sup>370</sup> This is true on two accounts for Sagely, for the irony is that she was once married, but the conditions surrounding her engagement caused her to be ostracised by her own family for marrying beneath her station in life:

I received a letter from my father, importing, that since I had acted so undutifully and meanly as to marry a beggar, without his privity or consent, to the disgrace of his family, as well as the disappointment of his hopes, he renounced me to the miserable fate I had entailed upon myself, and charged me never to set foot within his doors

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<sup>370</sup> Jolene Zigarovich, *Sex and Death in Eighteenth-Century Literature* (Abingdon: Routledge, 2013) p. 12

again. – This rigid sentence was confirmed by my mother, who, in a postscript, gave me to understand that her sentiments were exactly conformable to those of my father, and that I might save myself the trouble of making any applications, for her resolutions were unalterable.<sup>371</sup>

Despite the unequivocal rejection from both her parents, Sagely lives happily together with her husband. After his untimely death, however, she briefly takes up residence with a close friend but then also outlives them. After losing those closest to her, Sagely is spurred into choosing her 'recluse way of life' and indulging her interest in 'curing distempers', which she has taught herself through reading books. Significantly, the situation Random finds Sagely living in is a conscious choice on her part, she has chosen to take up residence on the outskirts of the village and has done nothing to dispel the rumours surrounding her practice of witchcraft. In fact, she knows the primary source of the rumours and the means to remedy the misinformation, but again elects not to take action:

the parson of the parish, whose acquaintance I have not been at much pains to cultivate, taking umbrage at my supposed disrespect, has contributed not a little towards the confirmation of this opinion, by dropping certain hints to my prejudice, among the vulgar, who are also very much scandalised at my entertaining this poor tabby cat with the collar about her neck, which was a favourite of my deceased companion.<sup>372</sup>

The Church, here personified by a hypocritical parson and his regressive congregation, acts as a stifling force on Sagely's intellectual curiosity. Blinkered in their beliefs and unwilling to countenance the benefits her knowledge might bring, the majority of the community instead seek to limit her influence, leaving Sagely with only Narcissa and her eccentric aunt as the sole source for cultured company. The parson perpetuates the myths about Sagely's use of malevolent magic that ensure she would not be welcomed back into society, and though she is aware that paying him necessary deference would ease her return to the fold, she elects not to as she views his flock as 'vulgar' and retrograde. Instead, she capitalises on the intellectual

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<sup>371</sup> Smollett, Vol. 2, 1748, pp. 12-13

<sup>372</sup> Ibid, pp. 14-15

freedom that social exclusion can provide. By explicitly refusing to conform to social expectation, Sagely is able to spend her hours studying medicine and experimenting with cordials. In essence, Betty Sagely is complicit in the continuation of her own myth, preferring a life of seclusion over wider social acceptance. Selectively keeping company with the intellectual Narcissa and her family, and writing to Random throughout the rest of his adventures, she eventually rejects the opportunity to live with them both, citing a desire to instead continue living 'peacefully' in her 'solitary widowhood'.<sup>373</sup>

### Galesia's Private Practice in *A Patch-work Screen for the Ladies* (1723)

We can source an even earlier example of a character who finds herself ostracised from society but who chooses to take refuge in the study of medical sciences, instead of utilising that time to ingratiate herself into a social network from which she otherwise feels entirely separate. The opening scenes of Jane Barker's *A Patch-work Screen for the Ladies* (1723) centre on its protagonist, Galesia, and her older brother's shared love of learning, with the former recounting the days spent studying medicine under the latter's tutelage at the family's country home. This initial instruction she received would have rivalled that of a university education, given her brother trained previously at Oxford, Paris and Leyden – three of the great centres of medical learning in western Europe.<sup>374</sup> Her studies are cut short, however, and her happiness along with them, around the age of twenty when her brother unexpectedly passes away, a fate which, as Jane Spencer points out, is linked closely with her author's own.<sup>375</sup>

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<sup>373</sup> Smollett, Vol. 2, p. 344

<sup>374</sup> Jane Barker, *A Patch-work Screen for the Ladies* (London: E. Curll, 1723), p. 2

<sup>375</sup> *Ibid*, p. 27

Jane Spencer, 'Creating the Woman Writer: The Autobiographical Works of Jane Barker', *Tulsa Studies in Women's Literature*, 2.2, 1983, pp. 165-181 (p. 166)



Galesia's foundations are then shaken for a second time following the death of her father, when both she and her mother are chased by creditors and hounded by hostile neighbours, causing them to sell off their country estate and move to the unfamiliar city of London in order to escape the growing threat. Finding herself transplanted from the countryside and into the bustling capital, Galesia expresses the extent to which she feels like an outsider in this new environment:

I lost my self and my Time; and what the World there calls Diversion, to me was Confusion. The Park, Plays, and Operas, were to me but as so much Time thrown away. I was a Stranger to every-body, and their Way of Living; and, I believe, my stiff Air and awkward [sic] Mien, made every-body wish to remain a Stranger to me.<sup>376</sup>

Galesia's otherness grows only more profound with each passing paragraph, until even the imagery of the natural world, which she once treasured as a product of the countryside herself, becomes foreign to her. The forest and its inhabitants acquiesce to the artificial city and are debased to the status of a poetic device, used only to capture her feelings of social isolation: 'As to myself, I was like a *Wild Ass* in a Forest, and liv'd alone in the midst of this great Multitude, even the great and populous City of *London*.'<sup>377</sup> Despite her acute feelings of loneliness and the emphasis on physical solitude apparent in Barker's similes, we know that Galesia actually shares this fate with her mother with whom she lives, 'my Mother and I remain'd at Quiet, we not thinking of any-body; nor any-body thinking of us: And thus we liv'd alone (at least in our Actions) in the midst of Multitudes'.<sup>378</sup> In the last of these descriptions we are provided with a key detail, as though it is clear that wider society does not spare a thought for either Galesia or her mother, nor does either woman make a conscious effort to think about anyone but themselves. Their isolation, therefore, is self-imposed, and just as Sagely could remedy her social situation by making herself better known to society

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<sup>376</sup> Ibid, pp. 42-43

<sup>377</sup> Ibid, p. 45

<sup>378</sup> Ibid, p. 50

and by working to conform to their social expectations, so too could both Galesia and her mother find their way into social acceptance if they desired it.

The apparent reason for this social inertia is that such isolation offers Galesia the opportunity to further her study of medicine, that process begun by her brother's tutoring when the two were younger. Paradoxically, however, it is this same robust knowledge of medicine – which has been allowed to progress precisely because of Galesia's social isolation – that enables her to find her place socially within the great, bustling city of London:

At home, at our own Lodging, there was as little Quiet, between the Noise of the Street, our own House, with Lodgers, Visitors [sic], Messages, Howd'ye's, Billets, and a Thousand other Impertinencies; which, perhaps, the Beau World wou'd think Diversion, but to my dull Capacity were mere Confusion. Besides which, several People came to me for Advice in divers sorts of Maladies, and having tolerable good Luck, I began to be pretty much known.<sup>379</sup>

The passage opens with a crowded list that evokes noise and chaos, capturing succinctly the sensory overload such stimuli offer to someone wholly unused to the sheer pace of the city. In stark contrast, Barker's following sentence – with its focus on Galesia's newfound role as a provider of medical advice – is measured, calm and ordered. Through her knowledge of medical science Galesia has found a way to make sense of the city; she has stumbled upon purpose and meaning within a community she previously found both baffling and forbidding. Yet still she sets her sights higher.

Medicine has not only provided Galesia with the confidence and sense of self-worth necessary to integrate herself into a society she initially found overwhelming; it also enables her to challenge the gendered status quo in her willingness to consider her own medical practice on a level with male physicians. Yet despite this growing self-confidence, Galesia still views her blossoming reputation as being enabled by 'tolerable good luck', with the implication that she believes, modestly, that her skill alone would have failed without

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<sup>379</sup> Ibid, p. 55

fortune's favour. This ambivalent relationship with her own success begins to shift into a more positive mode as her medical skills come to be recognised by professional apothecaries:

I was got to such a Pitch of helping the Sick, that I wrote my *Bills* in *Latin*, with the same manner of *Cyphers* and *Directions* as Doctors do; which Bills and Recipes the Apothecaries fil'd amongst those of the Doctors.<sup>380</sup>

Galesia imitates the professional discourse of practising physicians and is wholly successful in the endeavour, effectively challenging them in their own field but in a covert fashion. She is writing in 'ciphers', a complicated form of abbreviated Latin used between physicians and apothecaries to facilitate the fulfilment of prescriptions. This accomplishment demonstrates that she has a working knowledge of subject-specific Latin, the *materia medica* and, by extension, the power of individual medications and how they function in combination. Her bills have been interpreted as the work of a true professional and treated in the same manner as any male physician – whether their source was known or not – with the result that her patients are provided with quality healthcare and the means to access their prescriptions. As multiple apothecaries have responded to her work in the same fashion, these individual acts of misinformation coalesce into a wider mythology, with the implication that repeated (mis)filings have effectively enabled Galesia to become – that most fabled of professionals – a female physician. This sentiment is expressed explicitly in 'On the Apothecaries Filing My Receipts Amongst the Doctors', one of the many poems that punctuate Barker's narrative but one which first appeared in her collection *Poetical Recreations* (1688). Appearing in this new context, the poem's theme shifts its focus subtly from its author and onto her character, associating the voice with Galesia directly. Thus able to show cause and effect holistically in the narrative through its novelistic format, Barker develops something of a vicarious relationship with Galesia as we see the accomplishments chronicled in the original poem, previously confined only to the internal logic of that text, begin to manifest in the wider

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<sup>380</sup> Ibid, p. 56

context of the story here as we witness first-hand Galesia's success both before and after the poem's insertion:

I hope I shan't be blam'd, if I am proud  
To be admitted in this learned Croud.<sup>381</sup>

The couplet captures how Galesia's initial ambivalence towards her own success, once tempered by her inclusion of the qualifying 'tolerable good luck', has now been displaced by pride. Certainly her bills sit alongside those of professional physicians, but if she has been accepted within 'this learned croud' in any greater sense, then she has seemingly only achieved this status in secret. In response to this limiting factor, she sets her sights on actively surpassing male practitioners, not by imitating them as she has done previously, but by capitalising on the very otherness that prevents her from being openly acknowledged as part of their community. As a core part of this process, Galesia credits her intrinsically feminine qualities – emblemised by her soft hands – as being in part responsible for overcoming a disease where the raw power of male physicians failed:

As *Saul* 'mongst Prophets turn'd a Prophet too.  
The *Sturdy Gout*, which all Male-Power withstands,  
Is overcome by my soft Female Hands.  
Not *Deb'rah*, *Judith*, or *Semiramis*,  
Cou'd boast of Conquest half so great as this;  
More than they slew, I save, in this Disease.<sup>382</sup>

Like a surgical tool, the softness of the female hands implies finesse and delicacy, accompanied by a tender approach to the patient as opposed to the brute force offered by male physicians – their inability to act with sensitivity being inextricably tied to their gender and therefore endemic to the sex. Yet the use of 'tender' here is not to imply 'tentative': the three historical figures Galesia – and by extension, Barker – lists were all women who 'acted decisively and forcefully' in a military context.<sup>383</sup> By offering a fresh perspective with the

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<sup>381</sup> Ibid, p. 56

<sup>382</sup> Ibid, p. 57

<sup>383</sup> Carol Shiner Wilson in Jane Barker, *The Galesia Trilogy and Selected Manuscript Poems of Jane Baker*, ed. Carol Shiner Wilson (Oxford: Oxford University press, 1997) p. 117

accompanying skills unique to what her gender can offer, Galesia is able to approach the figurative battlefield and apply the arsenal of *materia medica* in a novel way – routing gout through subtle strategy and not overwhelming firepower.

Despite Galesia's multiple instances of self-praise, Barker limits the reader's perspective of the narrative to just her recounting of the story, making us question her definition of success in 'slaying' gout and whether that necessarily equates to gaining acclaim for her accomplishment. Following the logic, Kathryn R. King problematises Galesia's point of view further, arguing that any success the healer might have had with her cure cannot – due to the limited nature of her narrative – rise above the levels of the self-congratulatory:

Galesia's boast of the triumph of her "soft female Hands" over "all Male-Power" is, at best, a fantasy of female power [...] If literary authority involves the ability to be seen and to be heard in the realm of public discourse, then Galesia's authority is strictly limited: it enacts "before a Looking-glass."<sup>384</sup>

There is certainly truth in this statement, and echoes of Sarah Stone's own literary self-expression with it. The volume of Galesia's voice within public discourse – when viewed purely through terms of literary authority – is limited. Yet the actions that have formed the basis of that narrative, namely her treating patients and curing those afflicted with gout, will have had a direct effect on their perception of her as a healer – a word-of-mouth reputation which exists independently of her literary authority. Moreover, the process of self-fashioning is not tied intrinsically to the extent of a work's eventual readership: whether the end product is read by only one person or one hundred thousand, the conscious choices involved in an author representing themselves in a certain way remain constant. Of course, the success of self-fashioning is dependent on whether the wider public choose to accept the narrative as it is presented, which is in part informed by the number of people it reaches; but the pertinent point here is that Galesia, and by extension, Barker, felt the need to advance this particular

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<sup>384</sup> Kathryn R. King, 'Galesia, Jane Barker, and Coming to an Authorship' in *Anxious Power: Reading, Writing, and Ambivalence in Narrative by Women*, eds. Carol J. Singley and Susan Elizabeth Sweeney (New York: State University of New York Press, 1993) p. 95

narrative in the first place. The probable impetus behind that decision speaks to the central argument of this thesis, for, as was the case with Sarah Stone, Barker is presenting a challenging counter-narrative to the dominant presence of male practitioners in the literary marketplace at a time when the voices of women healers were being continually side-lined, if not actively suppressed. As a result, irrespective of the work's eventual reach, the poetical praise Galesia offers her cure for the gout gives voice to a desire to write her own medical contributions – and those of women like her – back into history; the significance of which is only heightened when we consider the extent to which her experiences are entwined with her creator's own.

This palimpsest of authorial identity beneath Barker's writing is laid bare in Jane Spencer's seminal 1983 article. In this essay, Spencer argues that 'Jane Barker's work is especially pertinent to the question of the woman writer's self-definition because it appears to be largely autobiographical', and more recent studies are beginning to uncover the extent to which that statement holds true.<sup>385</sup> Blurring the lines between fictional and lived experience, King has found evidence that Galesia's poetic praise for her medical conquest over gout may have had grounding in Barker's own life. King cites a 1685 advertisement for 'Dr. Barkers Famous Gout Plaister' which appears at the bottom of a list of recent publications printed by the publisher Benjamin Crayle, stating that the medicament is available for purchase from his establishment.<sup>386</sup> The connection is tantalising given Crayle published Barker's *Poetical Recreations* in 1688, though potentially without her consent, and the two do appear to have known each other personally.<sup>387</sup> Moreover, the self-elevation that may appear in this advertisement from laywoman to the rank of doctor is consistent with Barker's pride at being 'admitted to this learned croud', especially as gout is conspicuously named as the specific

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<sup>385</sup> Jane Spencer, 'Creating the Woman Writer', p. 166

<sup>386</sup> Kathryn R. King, 'Jane Barker, Poetical Recreations, and the Sociable Text', *ELH*, 61.3, 1994, pp. 551-570 (p. 569)

<sup>387</sup> *Ibid*, pp. 557 & 559

ailment whose defeat at her hands 'makes me a fam'd Physician grow'. Moreover, Barker demonstrates through her poetry that she was in possession of the knowledge to create such a medicament for public consumption, for as Carol Shiner Wilson outlines:

although it was common for seventeenth-century women to be knowledgeable about herbal medicine, it was rare for women to have the knowledge of current medical theories such as Harvey's circulation of the blood. Barker incorporates her learned medical knowledge in "Anatomy" and the apothecaries poem.<sup>388</sup>

Indeed, the poem 'Anatomy' references the anatomists Caspar Bartholin the Younger (1655-1738), Thomas Willis (1621-1675) and William Harvey by name, before touching on their contributions to the science – and what Galesia, and therefore Barker, have gleaned from each of them – in verse.<sup>389</sup> Yet the connection between Galesia's knowledge of the science and its significant figures is made more explicit earlier in the text when she informs the reader that her brother

assisted me in *Anatomy* and *Simpling*, in which we took many a pleasing Walk, and gather'd many Patterns of different Plants, in order to make a large natural Herbal. I made such Progress in *Anatomy*, as to understand *Harvey's* Circulations of the Blood, and *Lower's* Motion of the Heart.<sup>390</sup>

Thus in possession of anatomical knowledge usually the reserve of men, Barker was well placed to find a treatment effective against gout, for as David Waldstreicher notes, though 'the causes of gout remained obscure in the late eighteenth century, yet the disease had been identified as somehow circulatory and related to diet'.<sup>391</sup> Indeed, though even by the end of the century the mechanics behind gout were still not wholly understood, George Cheyne was drawing the connection between the disease and the circulatory system only a few years before the publication of *A Patch-work Screen*, with his *An Essay on the Gout* (1719). In this

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<sup>388</sup> Wilson in Jane Barker, p. xxiv

<sup>389</sup> N.B. A longer, alternative version of this poem appeared previously in *Poetical Recreations* as 'A Farewell to POETRY, WITH A Long Digression on ANATOMY'

<sup>390</sup> Barker, p. 10

<sup>391</sup> David Waldstreicher, 'The Long Arm of Benjamin Franklin' in *Artificial Parts, Practical Lives: Modern Histories of Prosthetics*, eds. Katherine Ott, David Serlin and Stephen Mihm (New York: New York University Press, 2002), pp. 300-326 (p. 300)

text, Cheyne discusses the role in the circulatory system in both the perpetuation – and potential cure – of the gout, explaining that

Labour or Exercise assists the Gouty three different ways [...] it adds a new and foreign Force to the Blood, and thereby promotes its Circulation from the Heart through the small Vessels; driving some of the grosser Parts of the Fluids through them, which in the ordinary Course of the Circulation wou'dnt pass so freely; and thereby opening up their Obstructions and enlarging their Capacities.<sup>392</sup>

According to Cheyne, where the circulation is weak 'Obstructions are there more readily formed', conversely where it is strong, gouty matter is unable to accumulate and so dissipates quickly.<sup>393</sup> Cheyne's work illustrates the evolving understanding behind the mechanics of gout and, by extension, the various mechanisms that could be utilised to overcome it. Being well acquainted with Harvey's circulation of the blood and armed with an extensive knowledge of the *materia medica* herself, Barker would be in a strong position to create a novel remedy to counter the gout, one based on the cutting-edge science of the day. In the same way, Galesia uses her knowledge, which rivals that of medical men – as exemplified by the debates with her brother and their collaborative creation of the herbal – to fashion a reputation for herself and support her household financially. As much benefit as this knowledge has brought her, it required Galesia to initially resist pressures to conform to social expectation – had she not pushed past these pressures to eventually flourish on her own terms, then she may have languished in the shadowy spaces between social strata:

My Time and Thoughts were taken up in *Harvey*, *Willis*, and such-like Authors, which my Brother help'd me to understand and relish, which otherwise might have seemed harsh or insipid: And these serv'd to make me unfit Company for every body; for the Unlearned fear'd, and the Learn'd scorn'd my Conversation; at least, I fancy'd so: A Learned Woman, being at best but like a Forc'd-Plant, that never has its due or proper Relish, but is wither'd by the first Blast that Envy or Tribulation blows over her Endeavours. Whereas every Thing, in its proper Place and Season, is graceful, beneficial, and pleasant.<sup>394</sup>

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<sup>392</sup> George Cheyne, *An Essay on the Gout, with an Account of the Bath Waters Intended for the Benefit of Richard Tennison, esq.* 2<sup>nd</sup> edn. (London: G. Strahan, 1720) p. 12

<sup>393</sup> *Ibid.*, p. 6

<sup>394</sup> Barker, p. 11



Galesia perceives that her social isolation is initially compounded by her extensive medical knowledge, finding herself in a liminal space where the learned treat her with scorn or outright envy, whilst the unlearned fear either their own ignorance being exposed, or her familiarity with the human body being used for nefarious purposes. Yet the former camp's scorn is ineffectual, as it does not prevent Galesia curing a disease they collectively could not, whilst the latter group's fear is understandable but misplaced, born of the socially abnormal nature of a woman being in possession of such specialised medical knowledge, usually the reserve of university-educated men. Although Galesia is ultimately unable to win over the medical men who simply envy her success, she is still able to find her 'Place and Season' without their approval by putting her theoretical knowledge into tangible practice and using it to help the people around her. In this way, her knowledge is no longer confined to the medical abstractions of bookish theory – given voice only through impotent academic debate with her brother like Smollett's ship surgeons – instead, she uses it to heal members of her community, the material benefits of which they can observe, admire, and applaud. Fear and consternation on the part of her peers is then displaced by approbation and appreciation for her services, and so the intellectual autonomy that her self-imposed isolation provided proves to be the catalyst for her social integration. It is only by standing out and against the social status quo that Galesia is able truly to fit in.

In effect, Galesia has gained autonomy through her mastery of the medical arts, able as she is to support her household financially from the profits of her work. We learn that such an accomplishment is only possible because she has shunned the usual path to stability for women of the eighteenth century – the state of matrimony – when the infidelity of a failed love interest proves to be the catalyst for her cultivating a love of learning:

False *Strephon* too, I almost now cou'd bless,  
Whose Crimes conduc'd to this my Happiness.  
Had he been true, I'd have liv'd in *sottish Ease*,  
Ne'er study'd ought, but how to *love* and *please*;

No other *Flame*, my *Virgin Breast* had fir'd,  
But *Love* and *Life* together had *expir'd*.<sup>395</sup>

Had her lover proved constant, she would have lived a life of idleness 'in sottish ease', instead his rejection has created the best of all possible worlds, one in which she is able to indulge her passion for studying medicine and, in doing so, reclaim her autonomy. This twenty-line interlude then concludes with a couplet that encapsulates a major theme of the poem: that such relationships serve to distract and dull the industrious mind into contemplating instead only 'how to *love* and *please*'. Women, in short, are prevented from reaching their full potential by the bonds of matrimony, with romance standing as the ultimate distraction from a life of academic accomplishment.

But I've digress'd too far; so must return,  
To make the *Medick-Art* my whole Concern.<sup>396</sup>

The above couplet physically separates the romantic sentiments from the surrounding ones celebrating medical achievement, figuratively preventing its unwelcome distractions from bleeding into the rest of the poem and literally drawing a line underneath it – just as Galesia has done in her own mind. This preferencing of an already unusual form of study for a woman – anatomical medicine – above finding a romantic partner only adds to Galesia's otherness, for as Jennifer Golightly outlines:

Because the family and the home were so important thematically to fiction in general and to women's fiction in particular, it is difficult to talk coherently about any other aspect of this writing without including a discussion of the domestic sphere [...] to be feminine was, in large measure, to be a wife, a mother, the manager of a household.<sup>397</sup>

Galesia not only rejects these societal norms of femininity, but also does so in favour of pursuing areas of study outside the realms of what was considered appropriate for women at the time. Her discussion of the domestic sphere amounts to a one-line wholesale rejection of

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<sup>395</sup> Ibid, p. 57

<sup>396</sup> Ibid, p. 58

<sup>397</sup> Jennifer Golightly, *The Family, Marriage, and Radicalism in British Women's Novels of the 1790s: Public Affection and Private Affliction* (Lewisburg: Bucknell University press, 2012) p. 24

it, before returning to her true passion of medicine. Indeed, when her mother later revives the issue, invoking the spectre of living in an 'uncouth kind of *Solitude*' which her daughter 'too much delighted in', she then goes on to list the same defining features of femininity as those highlighted by Golightly:

I should be glad, said she, you would avoid, by becoming a good Mistress of a Family; and employ your Parts in being an obedient Wife, a discreet Governess of your Children and Servants; a friendly assistant to your Neighbours, Friends, and Acquaintance: This being the Business for which you came into the World.<sup>398</sup>

Galesia understands and accepts the existence of these societal norms, conceding to herself that 'These were Truths which Reason would not permit me to oppose; but my Reflections on *Bosvil's* Baseness, gave me a secret Disgust against Matrimony.'<sup>399</sup> Her study of medicine, and its necessary rejection of those very 'Truths' which would usually govern a woman's place in society, enables Galesia to forge a future for herself outside the scope of her mother's received wisdom, and the entrenched nature of those traditional gender roles which it represents. Instead of operating within the social status quo as a wife, mother, or manager of her household – the roles which both her mother and Golightly identify – Galesia carves out a space for herself as healer, chemist and chief earner for a household consisting solely of women. Moreover, Galesia does not sacrifice her femininity by not embracing the role of wife or mother, for she imbues her work with those qualities, which in turn enable her to provide for her household and so prove she can fulfil the last of Golightly's roles alongside her passion. Of course, Barker was not alone in using the written word to challenge the traditional roles imposed on women, as Elizabeth Kraft demonstrates when she writes that

for Aphra Behn, Delarivier Manley, and Eliza Haywood in particular the fundamental obstacle to happiness was the institution of marriage. Writing at a time when thinkers of both sexes were examining anew all preconceived notions they had inherited from church and state, these women wrote about what they knew best from the position they inhabited in their own place and time.<sup>400</sup>

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<sup>398</sup> Barker, pp. 79-80

<sup>399</sup> Barker, p. 80

<sup>400</sup> Elizabeth Kraft, *Women Novelists and the Ethics of Desire, 1684-1814: In the Voice of Our Biblical Mothers* (Aldershot: Ashgate, 2008) p. 33

The narrative that marriage presented a barrier to intellectual and creative development for women, a state – like that which Barker describes – of complacency and existing only for the comfort of their spouse, would be explored throughout the century. The fact that these women challenged the social status of marriage in an open arena – the literary marketplace – speaks to a growing confidence in the capacity for women to exist independently of a male partner and prove successful in their own right. However, unlike the other women writers listed, Barker subverts social convention from a unique angle by using her medical knowledge to challenge directly a profession dominated by men. Informed by her own medical background and through the voice of Galesia, Barker shows that women are not only able to carry out their medical practice as competently as their male counterparts, but by actively subverting the gender norm, they can also surpass them.

### Conclusion

The four characters examined thus far in this thesis demonstrate the extent to which women healers could be responsible for maintaining the health of those around them, despite the eighteenth century being an age of anxiety when it came to the issue of medical authority and who was equipped to confer it. A hierarchy which differentiated between physicians, surgeons, and apothecaries ensured that a practitioner's job title would continue to be associated with their level of skill in the public consciousness, assumptions which would lead to fierce inter-professional rivalry. Yet the exceptional abilities exhibited by Galesia and Sagely – characters who represent women whose skills were easily able to rival those of practising male physicians – went entirely unaccounted for in that professional framework. Moreover, to reach this level of study both characters needed to live part of their lives in relative seclusion – with Galesia even rejecting the societal pressures of marriage – in order

to elevate their practice to include areas like anatomy, themselves treated as taboo subjects for women. Yet despite their laudable skills, both characters still operate from within their homes, peddling near-professional medicine from within the social restrictions of a domestic environment. As Barker's poetry makes so achingly apparent, similar contributions by real women went largely unrecognised in their own time – and the issue has only compounded since.

As all four women remain unmarried, or widowed, for the duration of their narratives – with the sole exception of Tabitha Bramble at the close of *Humphry Clinker* – the medical knowledge and skills they possess provide them with a key function within their communities, when they might otherwise have been viewed simply as a burden. Thus an 'old maiden' finds new purpose as the household healer, a loathed housekeeper can become a trusted confidante, a forbidding 'grave matron' becomes a welcoming lifesaver, and a displaced country girl finds herself suited to the city through the socially lubricating medium of medicine. Sickness and disease are two of life's certainties, so whilst both Sagely and Galesia may both be safely ignored for a time by their respective communities, there necessarily comes a point when their skills will be required and their service will be in demand. This is where domestic medicine, with its core aim of ensuring the lasting health of its practitioners and their patients, provides a way for women who fail to conform to the status quo to prevent their own ostracisation. Irrespective of whether the care manifests as the nursing of a chronically ill family member like Tabitha Bramble, select individuals like Sagely, a wider community as with Mrs. Jewkes, or a whole group of chronic sufferers as does Galesia: all these forms of medical practice are responsible, in part, for the state of their communities' health.

## Chapter Four

### Experiences of a Patient-Practitioner: The Epistolary and Pastoral Poetry of

#### Susanna Blamire

Friendship the daughter of Affection had long been a sojourner in the wilderness of sorrow – culling every botanical herb that dried up the tear of the Morning, and collecting every medicinal Gum which the Sun had embalmed... Scorched by the vertical Sun-beam, parched by unallayed thirst, or bewildered in the immense space of trackless sand; – that sometimes would tower into moving pillars, at others, darken the sulphurous atmosphere, or soar upon the wings of suffocating wind – Yet she would wander on – ardent in her pursuit, still hoping a happy termination to her labours by the blessings she would be enabled to dispense to the world, in becoming the physician – Counsellor – and friend of Mankind.<sup>401</sup>

This is the opening of Susanna Blamire's (1747-1794) only known prose work, 'An Allegory'. Part autobiographical, and part statement of intent, it gives us a glimpse into how the poet perceived herself as both patient and practitioner. Blamire, much like Jane Barker, was a knowledgeable medical practitioner in her own right, trained by her older brother, William. Unlike Barker, however, Blamire possessed a personal need for ongoing medical support, having suffered with a series of chronic health issues throughout her life, as Paula R. Feldman explains:

Blamire's health was never robust. She suffered from dyspepsia and complained of rheumatism in her middle twenties. By the time she was thirty-seven, she had asthma-like symptoms and probably heart disease. She was bed-ridden the last several months of her life and died on the 5th April 1794, at forty-eight.<sup>402</sup>

The allegory's arid and lonely landscape captures Blamire's feelings of solitude following just such a bout of illness, one which would have left her bedridden for weeks, if not

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<sup>401</sup> Susanna Blamire, 'An Allegory', Wordsworth Trust, MS 2017.1.19

<sup>402</sup> Paula R. Feldman, *British Women Poets of the Romantic Era* (Baltimore: John Hopkins University Press, 2000) p. 105

This quote goes on to claim that 'Her brother William was one of her attending physicians', but this statement is incorrect. Blamire's attending physician did indeed share her brother's name: 'William Blamire', but this was a mere coincidence – the two were not, in fact, related.

months.<sup>403</sup> Yet even in this inhospitable terrain, medicinal herbs and gums can still be harvested, helping Blamire's love of medicine to endure and keeping her focus fixed on the future when she might be able to act as a physician and friend to mankind once again. The practitioner-patient duality is laid bare in 'An Allegory', with Blamire remaining 'ardent in her pursuit' of helping others through their hardship, despite having suffered as 'a sojourner in the wilderness of sorrow' – a place 'bewildering', 'sulphurous' and even physically suffocating – for an extended period. It is internal physical and emotional struggles like these, the experience of isolation which so often accompanies chronic health complaints, that Blamire's work captures so vividly.

Battling with ill-health her whole adult life, Blamire's poems in particular contain sentiments that appear deeply personal and express great vulnerability, as though they were intended to be shared only with an intimate friend. This underlying sense of intimacy may not be far removed from the reality for, as Feldman identifies, Blamire 'circulated [her] works privately in manuscript during [her] lifetime but kept them unpublished'.<sup>404</sup> Aware that her primary readership would consist of her personal friends and family – those specifically selected recipients with which she was willing to share details of her suffering – Blamire lays her vulnerability bare on the page. Yet these friends, with whom she is willing to share so much, are not only sometimes the named recipients of her poems but also often the subject of them. Moreover, as we shall see, despite her own impressive knowledge of herbal medicine, Blamire makes reference in two of her poems to the kind care her lay friends provide in treating her conditions – collectively proving themselves to be as much of a source of comfort and strength to her as her university-trained brother. Through her body of work, Blamire reveals to the reader the inner world of a patient-practitioner, but it also allows us to

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<sup>403</sup> Christopher Hugh Maycock in Susanna Blamire, *Selected Poems of Susanna Blamire: Cumberland's Lyrical Poet*, ed. Christopher Hugh Maycock (Carlisle: Bookcase, 2008) p. 136

<sup>404</sup> Paula R. Feldman, 'Women Poets and Anonymity in the Romantic Era', *New Literary History*, 33.2, 2002, pp. 279-289 (p. 280)

glimpse a wider network of lay healers and the support such groups could provide to someone suffering with chronic illness during the eighteenth century.

Writing in 1990, Roger Lonsdale's landmark collection of *Eighteenth Century Women Poets* concludes its introduction to the life and work of Susanna Blamire with the statement: 'her poems have never been reprinted as a whole since 1842 and remain little known'.<sup>405</sup> Following Lonsdale's conclusion, some twenty-one years later, Judith W. Page would open the abstract to her article 'Susanna Blamire's Ecological Imagination: Stokleworth; or the Cumbrian Village' by echoing the sentiment: 'Blamire has not received much critical attention'.<sup>406</sup> A further decade on and Page's remains the only published academic article focused exclusively on the subject of Blamire and one of her poems. Yet, despite how her work has been consistently critically overlooked, Blamire's poetry presents a valuable opportunity to gain an insight into how she understood herself as both practitioner and patient.

Although a complete collection of Blamire's poems would not appear until 1842, published under the title: *The Poetical Works of Miss Susanna Blamire, The Muse of Cumberland* by Henry Lonsdale of Carlisle and Patrick Maxwell of Edinburgh, some of her musical works did appear in print as single sheets during her lifetime. These ballads and songs were reprinted in magazines and anthologies like C. Elliot's *Calliope, or the Musical Miscellany* (1788) and James Johnson's *Scots Musical Museum, Vol. III* (1790), a publication which aimed to celebrate Scottish music and demonstrate its merit to the wider world.<sup>407</sup> This corpus of work, that published during Blamire's lifetime and the poetry which appeared afterwards, can be divided broadly into three distinct categories. First are these songs and

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<sup>405</sup> Roger Lonsdale, *Eighteenth Century Women Poets*, ed. Roger Lonsdale, Paperback edn. (Oxford: Oxford University Press, 1990) p. 279

<sup>406</sup> Judith W. Page, 'Susanna Blamire's Ecological Imagination: Stokleworth; or the Cumbrian Village', *Women's Writing*, 18.3, 2011, pp. 385-404 (p. 385)

<sup>407</sup> Roger Lonsdale, p. 279  
James Johnson, *Scots Musical Museum*, Vol. III (Edinburgh: Johnson & Co., 1790) p. iii



ballads, many of which were written by Blamire in Scots dialect and contributed by her anonymously to the aforementioned *Scots Musical Museum*. Second are those written in Cumberland dialect, chronicling the activities, challenges and aspirations intrinsic to the lives of the inhabitants of the villages around the county. Third are the poems which centre on her own life, family and friends, and it is these more explicitly autobiographical works on which this chapter will focus. Of these poems, a number take the form of epistles, adopting a style of verse letter addressed to specific recipients of Blamire's personal acquaintance. Writing on the subject of the familiar letter, Cynthia Lowenthal argues that the literary form enabled women like Blamire to demonstrate their literary skills, whilst remaining firmly in the sphere of what was considered acceptable practice for members of their gender:

The letter, because it occupies an indeterminate status between public and private, necessarily contains elements of these 'useless' domestic concerns while also allowing a woman writer to cultivate and capitalise on her literary skills without transgressing the boundaries of her class and gender. In the eighteenth century, the letter, as an ostensibly private document, was a sanctioned, legitimate vehicle for women.<sup>408</sup>

This liminal space in which the familiar letter exists, interweaving both the public and private to a point of co-existence, enables Blamire's verse letters to capture the essence of her personal struggles via powerful poetic imagery, drawing on shared experience with the named recipient, or told through the lens of the lives of the inhabitants of Cumberland. Although in all probability poems like 'Letters of the Lovers', 'An Epistle to Miss Isabella Graham of Gartmore' (c. 1772), and 'Epistle to Her Friends at Gartmore' (c. 1772) were only circulated privately amongst the poet's personal friends – and perhaps even to an audience as limited as each poem's respective addressees – Blamire did elect to put some of her poetry on display in a very public forum by pinning it to trees.<sup>409</sup> Whether these poems were first

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<sup>408</sup> Cynthia Lowenthal, *Lady Mary Wortley-Montagu and the Eighteenth-Century Familiar Letter*, Paperback edn. (Athens, Georgia: University of Georgia Press, 2010) p. 3

<sup>409</sup> Dinah Birch, *The Oxford Companion to English Literature*, ed. Dinah Birch, 7<sup>th</sup> edn. (Oxford: Oxford University Press, 2009) p. 134

exhibited to a public readership via this unconventional method, or by their publication during the nineteenth century, Kathryn Shevelow argues that such a reframing of these types of private letters into an explicitly literary context endows them with new meaning:

The publication of women's letters, presented a literary context that encompassed and revealed a private world of experience, asserted the legitimacy of the translation of the private into the public, manifested as the transfer of women's experience into writing and the assumption of women's authority to tell their own stories.<sup>410</sup>

Lonsdale and Maxwell's decision to compile, collate and subsequently publish Blamire's works some forty-eight years after her death represents the ultimate transition of her poetry shifting from the private to the public. In being granted this form of literary legitimacy by a pair of men in a different century, Blamire's authority over her own life story has been, in a sense, retroactively elevated. Placed in a literary context which she did not seek for herself, Blamire has, paradoxically, at once gained greater authority over her own private experience as she originally wrote it – mainly in rough manuscript form as the publishers first found it – whilst actively losing the agency to choose to tell that story to a wider audience.<sup>411</sup> Lonsdale and Maxwell filled their volume with biography of Blamire's life – much of it gleaned from the poetry she penned – with the latter of the two even devoting whole paragraphs of effusive praise to a poet he viewed as the greatest of the age, again granting her work further literary-critical merit:

She was unquestionably the best female writer of her age; and had her works been published during her life, with the final corrections of their author, her name by this date would have attained an honourable position among the poets of our country. Late as they have been in being brought before the public, I have no fear for their fate, but anticipate her poems will be found in the collection of every reader of taste. Many of her songs, the greater part of which are now for the first time published, would have made the reputation of any writer of lyric poetry in her day.<sup>412</sup>

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<sup>410</sup> Kathryn Shevelow, *Women and Print Culture: The Construction of Femininity in the Early Periodical*, Revival edn. (Abingdon: Routledge, 2014) p. 90

<sup>411</sup> Patrick Maxwell, *The Poetical Works of Miss Susanna Blamire*, ed. Henry Lonsdale (Edinburgh: John Menzies, 1842) pp. xxxvii-xxxviii

<sup>412</sup> *Ibid.*, xxxix

As Maxwell points out, Blamire's poetry was published without the 'final corrections of their author', contributing further to their already rich sense of immediacy, intimacy, and authenticity. Lacking the process of editing that would come with traditional publication during her own time, and the altering of certain aspects that might result from having a broader audience in mind, Blamire's poems exist today in something of an unfiltered form.

The irony is, however, that it is neither the work of Lonsdale nor Maxwell which has ensured that much of Blamire's poetry has endured in this unedited state. For within the pages of Lonsdale and Maxwell's collection, a series of subtle changes have been made to Blamire's poems to reflect the moral sensibilities of their compilers and better conform to Victorian values. It is a descendent of Blamire, Christopher Maycock, who first noted these alterations when he compared original manuscripts – in his own possession and those of Paul F. Betz – with the versions appearing in *Poetical Works*. In the poem 'I am of a Temper as Fixed as Decree', for example, Maycock notes that 'in the last stanza he [Lonsdale] replaced Susanna's "If I lose it at gaming I count it but lent," with "If I spend it 'mong friends I count it but lent"', thereby eliminating any association between its author and the act of gambling.<sup>413</sup> Fortunately, Maycock and Betz accrued between them a majority of extant Blamire manuscripts and have since donated their collections to Wordsworth Grasmere, formerly the Wordsworth Trust. It is these manuscripts which enable us to examine Blamire's poetry in the form their author originally intended, without any alterations or additions of the kind that appeared in Lonsdale and Maxwell's nineteenth-century publication.

Final alterations to a poem before publication, which could be quite substantial in nature, were not uncommon during the eighteenth century itself, as can be demonstrated through Blamire's contemporary Anna Seward (1742-1809). Unlike Blamire, Anna Seward's poetry

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<sup>413</sup> Christopher Hugh Maycock, *A Passionate Poet: Susanna Blamire, the Muse of Cumberland* (Penzance: Hypatia Publications, 2003) p. 16

was published from her midlife onwards, often with *The Gentleman's Magazine* where it received much critical acclaim.<sup>414</sup> Although some of her best-known works praise national heroes like James Cook and John André in an epic style, others – much like Blamire's own work – possess the appearance of domestic mundanity, as Adeline Johns-Putra explains:

Seward's "Receipt for a Sweet Jar" initially presents itself as a typical example of women's "quotidian" poetry. The poem is a recipe for a pot-pourri of dried spices and flowers, written – one imagines – to accompany the present of a sweet jar.<sup>415</sup>

Thematically, with its focus on domestic 'quotidian' issues and in particular the curative qualities of flowers and herbs, comparisons can be drawn between Seward's poem and Blamire's body of work; but as Johns-Putra goes on to highlight: 'a close reading of the poem and, more importantly, *of the revisions that were made before its final publication* [emphasis added] reveals a latent comic and mock-heroic vein'.<sup>416</sup> Evolving beyond the veneer of its decidedly domestic theme, Seward altered the underlying narrative thrust of her poem, drawing out subtextual elements and heightening its subversive comic quality; providing an opportunity – on reflection – to make wider social commentary to a broader audience, where Blamire's work did not.

Unadulterated by hindsight, second thought, or the knowledge that they would be read by anyone other than her personal friends and family, Blamire's poems carry with them an immediate quality – motivated by her desire to share her most private thoughts with those closest to her. Anna Seward, on the other hand, possessed a 'cleverness with which she pursued the professional goals of publication and critical acclaim', as Claudia Thomas Kairoff has termed it, considerations which apparently did not concern Blamire.<sup>417</sup> Existing

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<sup>414</sup> Francesca Blanch-Serrat. *Anna Seward*. *Encyclopedia Britannica* (21 March 2021)

<<https://www.britannica.com/biography/Anna-Seward>.> [Accessed 17 June 2021]

<sup>415</sup> Adeline Johns-Putra, 'Satire and Domesticity in Late Eighteenth-Century Women's Poetry: Minding the Gap', *Journal for Eighteenth-Century Studies*, 33.1, 2010, pp. 67-87 (p. 70)

<sup>416</sup> *Ibid*

<sup>417</sup> Claudia Thomas Kairoff, *Anna Seward and the End of the Eighteenth Century* (Baltimore: John Hopkins University Press, 2012) p. 68

within something of an untouched time capsule, preserved by the efforts of Maycock and Betz, Blamire's poems act for us as both a window into her own private world and as a vivid account of the emotional experiences of an eighteenth-century patient-practitioner.

### Blamire as Impromptu Apothecary in 'Epistle to her Friends at Gartmore'

In order to illustrate the value Blamire's work has to social, cultural and medical history, this chapter will begin by exploring one of her key verse poems: 'Epistle to her Friends at Gartmore'. The epistle provides an elegant gateway into the work of Blamire: it is written in her signature easy, informal style and follows some of her activities as a domestic medical practitioner. Moreover, despite being one of her earlier works, it contains evidence of the beginnings of her chronic illness, as Maxwell outlines:

even so early as her twenty-fourth or twenty-fifth year – if the two epistles to her friends at Gartmore were written about the same date – we find her playfully complaining of rheumatism,

'O girls! These aches play me sad tricks.'<sup>418</sup>

How 'playful' that declaration is, particularly when it is read alongside the sentiments of suffering contained in some of her later poetry, is deeply questionable; but Maxwell is right to highlight the important passage, nonetheless. There is also internal evidence within the poem to support Maxwell's assumption that the speaker is, in fact, Blamire herself. Going beyond the merely circumstantial, the poet is addressed directly within the poem as 'Sukey', a name which Blamire's aunt, Mary Simpson, uses as an affectionate term for her niece in written correspondence, but it is also one which appears in an untitled poem by Blamire as 'The good sweet-humoured Sukey Blamire'.<sup>419</sup> The question of whether Blamire intended her

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<sup>418</sup> Maxwell, pp. xxxiv

<sup>419</sup> Susanna Blamire, *The Poetical Works of Miss Susanna Blamire*, ed. Henry Lonsdale (Edinburgh: John Menzies, 1842) p. 156

Mary Simpson, *Letter to William Blamire (1740-1814) 3<sup>rd</sup> November 1763*, Wordsworth Trust, MS. 1998.60.25 Maycock, 2003, p. 9

limited readership, the majority of whom would have known the poet personally, to have read her poems as an extension of her own voice – or perhaps as a proxy for herself – is ultimately unanswerable. Yet irrespective of the extent to which we associate Blamire with the speaker in her poems, the fact that she elects to include both her name and details which align with her own life reflect a desire to be associated with the content which appears in these select works. Whether a conscious act of self-fashioning, or simply a reflection of the realities of her own life, Blamire apparently wanted her readership to consider the elements which appear in these poems alongside what they knew of her personally, which expresses an underlying desire – as we shall see – to be seen as a proficient medical practitioner and for her experiences as a patient to be understood by other people.

Drawing together all the elements of this specific poem which make it stand out as a snapshot of Susanna Blamire's daily life, Moyra Haslett points to both its style and substance as contributing to its familiar tone:

her verse letter – “Epistle to her Friends at Gartmore” (written circa 1772) – is a conversational, intimate account of her typical day. It easily incorporates gossip and “inconsequential” chat, and confidently addresses close friends [...] This is consciously informal poetry. It establishes a firm intimacy with its addressees not only by directly hailing them and dramatising their imagined responses within the verse, but also by its colloquialisms and light-hearted rhyming.<sup>420</sup>

Haslett's analysis of the poem, with its emphasis on intimacy and informality, holds real significance for the medical themes which emerge towards the verse's conclusion. As the poem's readership would have been consciously controlled to some degree by Blamire's decision to limit its circulation, the sentiments expressed within it resonate more deeply as they provide an intimate account of the poet's private perception of her own medical practice, especially in relation to professional practitioners of the period. As the narrative of the poem progresses, Blamire recounts to the reader how she is ‘famed for skill / In the nice compound

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<sup>420</sup> Moyra Haslett, *Pope to Burney, 1714-1779: Scriblerians to Bluestockings* (Basingstoke: Palgrave Macmillan, 2003) pp. 107-8

of a pill' as she encounters one of the rural wives and their infant daughter.<sup>421</sup> There ensues an exchange between Blamire and the country wife, with the latter calling on Blamire – amiably as 'Miss Sukey' – to tend to her infant daughter who has been suffering terribly with stomach pains. Blamire puts the country wife at ease with some placating words and agrees immediately to examine her daughter:

'My little woman, come to me;  
Her tongue is very white I see;  
Come, wrap her little head up warm,  
And give her this, – 'twill do no harm;  
'Twill give a gentle stool, or so.'  
'Is it a purge?' 'No, Peggy, no;  
Only an easy gentle lotion,  
To give her once a-day a motion;  
For 'pothecaries late have found  
Diseases rise from being bound,  
'Gainst which they've physic in their shop,  
And many a drug, and useless slop.'<sup>422</sup>

Blamire places her own medical practice explicitly above that of some professional apothecaries, disdaining their purgatives as 'useless slop' whilst elevating the efficaciousness of her own remedies by virtue of their gentle action. A quality traditionally associated with women – gentleness – gets transmuted into the medicine itself, standing in stark contrast to the harsh and destructive purgatives peddled by professional male apothecaries. We are left with the impression that women are able to heal where men had previously only harmed, given we are told by the country wife that 'Jwohnie got her some worm-cakes; / They did nea good – though purged her well,' ultimately resulting in the worsening of her condition: 'She sadly whets her teeth at neet, / And a' the day does nought but fret'.<sup>423</sup> Strong purgative action – with its subtextual association with masculine brute force – does not automatically produce better results and so the subtler virtues of the 'weaker' sex are required to rectify the

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<sup>421</sup> Susanna Blamire, 'Epistle to her Friends at Gartmore', *The Poetical Works of Miss Susanna Blamire*, ed. Henry Lonsdale (Edinburgh: John Menzies, 1842) pp.153-158 (p. 156)

<sup>422</sup> *Ibid.*, p. 157

<sup>423</sup> *Ibid.*, p. 156

damage already done. Soile Ylivuori posits that by the middle of the eighteenth century these positive qualities were being utilised to help define women within an evolving social system rooted in emotions and feelings:

In the new sentimental system, however, women became the emotional sex – and, accordingly, also the more moral (and, therefore, more polite) one; women's natural sensibility automatically made them act pleasantly, modestly, and pleasingly in a company. In fact, by the 1760s, sensibility was thought to be an essential feminine characteristic [...] Sensibility was commonly associated with gentleness, sympathy, obliging spirit, and general good-will towards others, and linked to politeness through the pleasing of others; since polite persons should regulate their behaviour to please their present company, they required the ability to read their companions' thoughts and feelings in order to assimilate themselves to them.<sup>424</sup>

With its emphasis on empathy and an ability to put companions at ease, Blamire is fulfilling a number of tenets within this sentimental system of social interaction through her medical practice. She is clearly reading accurately the thoughts and feelings of her patient and is, in fact, only detailing the gentle aspect of her proposed treatment and the medical thinking behind using it in direct response to the anxieties of the country wife, who has previously tried medicating her daughter with a purgative worm cake but with no success. Blamire's sensitivity and caution in offering a gentler solution than that proposed by the apothecary is the correct approach, as worm cakes were hazardous and unpredictable medicaments. Writing in his seminal work *Pharmacologia* (1820), which aimed to catalogue all known medications and explain what action each component ingredient performed, the physician John Ayrton Paris (1785-1856) revealed the dangers each dose of a worm cake could hold:

Many of the nostrums advertised for the cure of worms, contain Calomel as the principal ingredient, combined with scammony, jalap, gamboge, or some other purgative; they are uncertain and dangerous medicines; the method of exhibiting them in the form of lozenges (worm cakes,) is also attended with inconvenience, for the sugar and the gum generating an acid, by being kept in damp places, may considerably increase the acrimony of the mercury; besides which, the calomel is frequently diffused very unequally through the mass, one lozenge may therefore contain a poisonous dose, whilst others may scarcely possess any active matter.<sup>425</sup>

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<sup>424</sup> Soile Ylivuori, *Women and Politeness in Eighteenth-Century England: Bodies, Identities, and Power* (Abingdon: Routledge, 2019) pp. 90-91

<sup>425</sup> John Ayrton Paris, *Pharmacologia; or the History of Medicinal Substances*, 3<sup>rd</sup> edn. (London: W. Philips, 1820) p. 252



Thus, from the outset, we witness the virtues of Blamire's feminine approach to medical practice, working as she does to put the parent of her patient at ease and by responding dynamically to her question and answering it in full with a conscious focus on sympathising with her emotional state. The mystery and mystique of medicine are unshrouded by Blamire, and its secrets are shared openly with her patients. The lay practitioner offers an explanation for the cause of the infant's sickness which is presented in a simple, approachable fashion – devoid of often lampooned Latin terms or medicalised language, both characteristic of professional physicians. Blamire's approach to medical practice, therefore, is hybrid; for though she is happy to relate to the country wife the latest medical theory circulating amongst apothecaries, she diverges from the status quo by electing to utilise relatable language, in a modest fashion, in order to ensure it is comprehended properly and promptly by the mother of her patient.

This concept of a medical practitioner choosing to convey medical information to their patient in plain terms is more innovative an idea than it may at first appear. Amongst professional practitioners during the eighteenth century, both a working knowledge of Latin and an ability to espouse esoteric medical terminology were often used as a badge of honour – a short-hand indication of an individual practitioner's education and quality – as Susan C. Lawrence explains:

For physician graduates of Oxford and Cambridge, and hence for the Fellows of the Royal College of Physicians, Latin – and sometimes Greek – remained the active languages of medical scholarship. At a rhetorical level, reading, writing, and speaking Latin denoted the academic gentleman.<sup>426</sup>

This particular quality marked out university-trained physicians and surgeons amongst their peers and made prime material for satirical attacks against them, as Noelle Gallagher illustrates with 'the pompous Latinity of Fielding's surgeon in *Joseph Andrews* (1742) [...]

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<sup>426</sup> Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge: Cambridge University Press, 1996) p. 225

keen to establish his own importance, the surgeon not only exaggerates the severity of his patient's injury; he also delivers his diagnosis in a convoluted mixture of ostentatious Latin phrases and impenetrable medical jargon'.<sup>427</sup> Although the self-congratulatory and self-aggrandising nature of characters like Fielding's surgeons (a similar character appears in *The History of Tom Jones*, 1749) may constitute comic hyperbole, the brand of humour speaks to genuine frustrations that existed amongst the lay public – prejudices carried over from the early eighteenth century when physicians' bookish learning supplanted completely any requirement for practical experience. Attitudes regarding this form of education were changing towards the mid-eighteenth century, and the medical establishment began treating practical knowledge as a fundamental element of a practitioner's education, as Laurence Brockliss explains:

hitherto, the physician had learned the art of medical practice after graduation, usually by acting as a locum to an established doctor. By the middle of the century this was no longer considered acceptable. It was felt to be reprehensible, in an age alarmed by the high rate of mortality, that physicians should learn at the expense of their patients and a new emphasis was placed on learning the ropes in the course of study or immediately afterwards.<sup>428</sup>

Despite these changes to the education system, the satire persisted. Without the pressure of having to appear as an 'academic gentleman', Blamire is free to forgo the lingua franca of medicine to adopt instead the English vernacular. Furthermore, as both Philip Rieder and Micheline Louis-Courvoisier have argued about medical practice towards the latter half of the eighteenth century, attitudes towards how medicine should be approached, learned about, and engaged with were changing amongst the medical establishment. Focusing on this latter part of this century, Rieder and Louis-Courvoisier identify a particular kind of professional identity forming amongst some younger physicians, namely the creation of 'self-proclaimed

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<sup>427</sup> Noelle Gallagher, 'Satire as Medicine in the Restoration and Early Eighteenth Century: The History of a Metaphor', *Literature and Medicine*, 31.1, 2013, pp. 17-39 (pp. 17 & 25)

<sup>428</sup> Laurence Brockliss, 'Medical Education and Centres of Excellence in Eighteenth-Century Europe: Towards an Identification' in *Centres of Medical Excellence?: Medical Travel and Education in Europe, 1500-1789*, eds. Ole Peter Grell, Andrew Cunningham, and Jon Arrizabalaga (Farnham: Ashgate, 2010) pp. 17-46 (p.21)

philosophical physicians [who] rode on optimism and utopia inherent to the Enlightenment. They believed in empirical research in medicine and strove to import knowledge and methods developed in natural history into their field'.<sup>429</sup> Moreover, the pair of scholars view this new kind of physician as part of a subtle, yet crucial, evolution in the development of medical science, presenting the 'philosophical physician [as] an important figure, bridging the transition from the learned bookish physician to the yet to come empirical physician'.<sup>430</sup>

When the progression of professional medical practice during the eighteenth century is viewed as a movement from the theoretical to both the practical and empirical, Blamire's own approach appears more in line with the modern vanguard of 'empirical physicians' as opposed to the 'bookish' old guard. In fact, domestic medical practitioners as a group were already exceptionally well-suited to this shifting culture, given much of their medical knowledge was inherited – passed down through multiple generations – with each successive recipient weighing and evaluating the received wisdom anew. Far from being passive recipients of knowledge, inheritors of individual medicinal recipes – or even complete collections – would often challenge the status quo by testing both the accuracy of the recipe and the efficacy of each remedy for themselves. Writing on this subject, Elaine Leong reveals the extent to which this active culture of experimentation and investigation surrounding medicine pervaded the domestic realm:

Early modern householders recorded and discussed their testing and trying of recipe knowledge in a number of ways. [...] They used sigs and marks such as X or g or a check mark in the margins to note tried and tested recipes or to record their experience with particular know-how. They also wrote short statements variously describing their endeavours as trying, experiencing, proving, and with good success, "this is it I used," *experientia docet*, "experimented," to make "tryall," or the well-known efficacy phrase *probatum est*. This language permeated both printed and manuscript recipe books and was used to signal experiential knowledge, hands-on trials, and personal endorsement and approval.<sup>431</sup>

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<sup>429</sup> Philip Rieder and Micheline Louis-Courvoisier, 'Enlightened Physicians: Setting Out on an Elite Academic Career in the Second Half of the Eighteenth Century', *Bulletin of the History of Medicine*, 84.4, 2010, pp. 578-606 (p. 580)

<sup>430</sup> *Ibid.*, p. 581

<sup>431</sup> Leong, *Recipes and Everyday Knowledge*, p. 101

Thus from their very inception, both the abilities and knowledge domestic medical practitioners were in possession of had been founded on the principles of empirical research. Leong, Pennell and Stobart all agree that the recipes which comprised these remedy books 'provided a form of medical education' in their own right, making even the act of compiling the information a valid educational tool.<sup>432</sup> Moreover, this initial act was then augmented through the process of experimenting with existing recipes and then editing the family volume which, as Leong describes it, 'challenges conceptions that householders or recipe compilers were just passive recipients of stagnant knowledge. Rather, they were continually engaged in critiquing and rewriting recipes'.<sup>433</sup> In an earlier article on recipe collection, Leong argues that the idiopathic nature of human illness also made alterations to recipes – and therefore the process of experimentation that would accompany such changes – a necessity:

Yet this need for general information was paired with a desire to personalise and adapt these collections to one's own requirements – hence the blank spaces left in each collection and the subsequent evaluation of the information contained therein. Household recipe collections were by nature ever-expanding books of knowledge which changed according to the needs of the current owners.<sup>434</sup>

This continuous process resulted in a palimpsest of information which continued to be altered and refined with each successive generation – sometimes adapted to the needs or tastes of a specific member of a household, at others manifesting as a more generalised addition of a new recipe which would need to be tested – making the surrounding educational process a potentially unending one. The incessant search for new recipes – which could come from a variety of sources including friends, printed texts, and even medical professionals – and the

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<sup>432</sup> Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace" in *Medicine and the Market in England and its Colonies, c. 1450-c.1850*, eds. Mark S. R. Jenner and Patrick Wallis (London: Palgrave Macmillan, 2007) pp. 133-152 (p. 144) Stobart, p. 48

<sup>433</sup> *Ibid.*, p. 97

<sup>434</sup> Elaine Leong, 'Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household', *Centaurus*, 55, 2013, pp. 81-103 (p. 93)

accompanying spirit of unrelenting experimentation made domestic medical practitioners like Blamire ideal prototype 'empirical physicians'.

Of course Blamire is not totally at odds with the medical professionals mentioned in her poem: she agrees with the medical principle behind the infant's illness as it is espoused by the apothecaries – namely that the disease gets 'bound' up and physically stuck inside a person. It is in the strength of the proposed treatment where her objection lies. To return to the point raised by Heather R. Beatty in this thesis' first chapter, humoral theory had helped normalise the belief amongst eighteenth-century patients that 'the more offensive the remedy, the greater the faith in its efficacy. Cramping, vomiting and uncomfortably sweating patients could at least suffer in confidence, knowing that their medications were working aggressively'.<sup>435</sup> Following on from that concept, Blamire's remedy for the country wife's daughter represents a bold move away from the received wisdom of the era that otherwise professed the more dramatic the results of a purgative medication, be it an emetic, diuretic, diaphoretic, or laxative, then the more efficacious the treatment. The proposal of a gentle laxative – as opposed to a more powerful purgative – appears to be a remedy Blamire has personal faith in and one which represents her unusual approach to medical practice.

This commitment to honesty and openness with her patient is only heightened as the poem draws to its conclusion when Blamire, as Maycock puts it, 'points to the ineffectiveness of various fashionable remedies showing that she has already acquired a proper scepticism of the medical man':

This here will purify your blood,  
And this will do your stomach good;  
This is for vapours when splenetic,  
And here's a cure for the sciatic;  
But let her take what I have given,  
'Twill help to keep your child from heaven.<sup>436</sup>

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<sup>435</sup> Beatty, p. 131

<sup>436</sup> Maycock, *A Passionate Poet*, p. 101  
Blamire, 'Epistle to Her Friends', p. 157

Blamire momentarily embodies an apothecary in order to mock their professional practices, bombarding the patient with medical jargon before overburdening them with ineffective – and probably expensive – treatments. This scattergun approach she associates with the hypothetical apothecary not only marks them out as unable to make an accurate diagnosis, but also as mercenary and cruel, disregarding the fact a country wife like the one Blamire is addressing could scarcely afford such a multitude of medications. This avaricious attitude to the vulnerable patient acts as a foil to Blamire's own generosity, as she appears to treat the country wife on a purely charitable basis. In a cruel twist of fate, it was probably this compassionate nature which was in part responsible for Blamire's physical decline, for Maycock – a medical doctor himself – hypothesises that she eventually succumbed to rheumatic heart disease exacerbated by her passion for medicine:

In Susanna's case its severity probably resulted from repeat exposure to streptococcal infections while attending to the poor and the sick – poverty being a breeding ground for the causative bacterium.<sup>437</sup>

Like Galesia in chapter three of this thesis, Blamire's medical practice appears exceptional because it is unusually gentle, both in terms of her choice of treatment and in her personal approach to the patient. Blamire does not push her proposed treatment on the patient in the way the imagined apothecary attempts, but rather aims to remain a reassuring presence. Moreover, she stresses the importance of keeping the proposed treatment gentle for the young patient's delicate digestive system, a concept increasingly coming to be understood as best practice amongst medical professionals. The stomach had been perceived as central to the body's health throughout the eighteenth century, as exemplified by George Cheyne and his focus on dietary regimen as seen in chapter two of this thesis, but towards the end of the period its role morphed from being understood as the engine for ensuring good health and instead into a centre for potential disease, as Ian Miller explains:

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<sup>437</sup> Maycock, *A Passionate Poet*, p. 110

Evidently, the stomach became deeply problematised towards the end of the long eighteenth century as medical authors developed medical rationales that coalesced around the digestive tract. In this context, the stomach metamorphosed into a bodily site marked by profound corporeal and psychological anxiety. Mostly divested of its spiritual qualities, the stomach became portrayed as irritable and nervous, as a key space within the body whence all manner of sensations, ailments and problems emitted.<sup>438</sup>

Seen as a capricious organ which could affect the body as a whole, Blamire's cautious and delicate approach to treating the stomach demonstrates the depth of her medical knowledge – evolving dynamically with the latest developments – and how it is factored into her patient-centric practice. Although it may remain ultimately unclear if the remedy which Blamire proffers to the country wife is of her own creation, or if it was purchased pre-made from elsewhere, both the strong dismissal of some apothecaries' wares as 'useless slop' – and her lambasting of the profession in general – would suggest it is the former. Clearly confident in the curative quality of what she offers to the country wife, there is further evidence elsewhere in Blamire's poetry that this confidence is born of that fact that they have been produced by her own hand.

#### Blamire's Botanical Knowledge in 'Stoklewath; or, the Cumbrian Village'

Similarly pastoral to 'Epistle to her Friends at Gartmore', Blamire's later poem 'Stoklewath; or, the Cumbrian Village' (c. 1780) again presents the poet's persona wandering around a rural landscape, commenting casually on what she sees. On her journey around the village, the poet presents us with an extended passage which details the plants growing throughout the different gardens:

Nor does the garden useful herbs deny,  
Fenc'd round with thorns that point their spears on high;  
There the thyme blows, from which brown bees distil

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<sup>438</sup> Ian Miller, 'Digesting in the Long Eighteenth Century' in *Bellies, Bowels and Entrails in the Eighteenth Century*, eds. Rebecca Anne Barr, Sylvie Kleiman-Lafon and Sophie Vasset (Manchester: Manchester University Press, 2018) pp. 62-79 (p. 74)

The sweets that all their waxen storehouse fill.  
The parsley next extends its useful row,  
And marjorum sweet is ever taught to grow;  
Next balm, and sage, and hyssop, physic yield,  
With cordial mint, the doctor of the field.<sup>439</sup>

Significantly, Blamire recognises each plant on sight, and many more besides as the poem progresses. The passage provides us with strong evidence of the poet's botanical knowledge, but its explicit reference to balm, sage and hyssop all yielding physic, and mint acting as 'the doctor of the field', demonstrate that this knowledge extends beyond mere recognition to also encompass a command of the plants' different medicinal properties. Writing on this passage, Judith W. Page draws attention to how Blamire's 'mock-heroic catalogue and its personifications' – which could be utilised to laud the beautiful flowers of the rural village given the pastoral quality of the poem – remain devoted exclusively to herbs, excluding entirely those plants which do not possess nutritional or medicinal properties:

Blamire is not so much interested in the beauty or picturesque qualities of the garden as she is in its utility; hence her focus on herbs rather than flowers. She aligns herself with the traditional association of the physic garden with women's healing capacities, a very practical skill for which she was known.<sup>440</sup>

As the eighteenth century wore on, botany came to be seen increasingly as a respectable form of science for women of quality to engage in, as Sam George notes: 'the Linnean system of botany was promoted as a form of rational amusement for women in the latter part of the eighteenth century'.<sup>441</sup> Although George's wider analysis does reveal that there was some resistance to this movement due to the underlying sexual connotations which surrounded the study of plants, it would not be unusual for a woman of Blamire's social status to indulge such an interest and to become adept in the process. Yet Blamire's 'focus on herbs rather than flowers' aligns her less with the burgeoning science of botany and more

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<sup>439</sup> Susanna Blamire, 'Stoklewath; or, the Cumbrian Village', *The Poetical Works of Miss Susanna Blamire*, ed. Henry Lonsdale (Edinburgh: John Menzies, 1842) pp. 1-39 (p. 2)

<sup>440</sup> Page, p. 382

<sup>441</sup> Sam George, *Botany, Sexuality and Women's Writing: From Modest Shoot to Forward Plant* (Manchester: Manchester University Press, 2007) p. 9



with the traditional practice of herbalism, reflecting a medical movement amongst women which had been in the making for centuries, as Sara Landreth explains:

Before the seventeenth century, knowledge about plants was linked primarily to herbalist folk and traditions that were predominately – but not solely – associated with the rural ‘herb-women’ and peasant classes. Gradually over the course of the seventeenth and eighteenth centuries, the upper and aspiring middle classes accepted the study of plants and flowers as a polite and even genteel pursuit. Both before and after Linneaus, botany in the form of pressing and cataloguing flowers had long been considered a wholesome pastime for daughters of respectable families.<sup>442</sup>

‘Stoklewath; or, the Cumbrian Village’ remains Blamire’s longest known work and it is significant that she has chosen to represent her botanical knowledge, in what Page believes to be her ‘most accomplished poem’, through an exclusively medicalised filter.<sup>443</sup> Whilst this extended and subtle form of self-fashioning through her poetic verse does not constitute proof that Blamire crafted her own remedies, it does at least provide an indication that she was in possession of the knowledge to do so and that she wished to represent and highlight these personal qualities creatively to her readership. Moreover, later in the poem we are presented with an explicit reference to Blamire’s own medical prowess, as well as a more ambiguous nod to the kind of cordial wines explored in chapter two of this thesis:

And now the sisters take their evening walk;  
One fam’d for goodness and one fam’d for joke,  
For physic, too, some little is renown’d,  
With every salve that loves to heal the wound;  
The pulse she feels with true mysterious air, ...<sup>444</sup>

The passage opens with the scene of the two sisters walking together, one of which we are told is ‘For physic, too, some little is renown’d’.<sup>445</sup> The line represents Blamire’s own reflection on her reputation which, though measured with a dose of humility in the use of the

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<sup>442</sup> Sara Landreth, ‘Science in the Long Eighteenth Century: Encyclopaedism and Specialised Disciplines’ in *The Cambridge Companion to Eighteenth Century Thought*, ed. Frans de Bruyn (Cambridge: Cambridge University Press, 2021) pp. 87-97 (pp. 91-92)

<sup>443</sup> Page, p. 385

<sup>444</sup> Blamire, ‘Stoklewath’, p. 39

<sup>445</sup> N.B. Blamire had both a sister, Sarah ‘Sally’ Blamire, and a half-sister, Bridget ‘Biddy’ Blamire. Maycock, *A Passionate Poet*, pp. 9-10

word 'little', still indicates both a pride and self-assuredness in the quality of her skill. The effect is only heightened when she references playfully her taking the pulse of her patients with a 'true mysterious air', an affectation for which physicians were frequently satirised. The word 'true' in the line indicates that the action is a conscious attempt to replicate something established, rather than a spontaneous creation on her part. In seeking to imitate this practice, Blamire reveals that it is not an affectation which she would usually channel into her own process of examining patients and, in doing so, she separates her own practice from those physicians who would try to overawe their patients with ineffectual theatre. In the same vein as 'Epistle to Her Friends at Gartmore', Blamire demonstrates to her reader how her medical practices lack pretension and remain grounded in practical knowledge. This theme is then solidified with the appearance of 'her good home-made wine' in the next line, which ordinarily proves a panacea to her patients:

While Mrs Graham of strengthening broths takes care,  
That sickness must be hopeless of all end,  
Which her good home-made wine no way can mend;  
The brother then his skill of medicine tries,  
And rarely in his hands the lingering patient dies.<sup>446</sup>

It is unclear who has produced this home-made wine, although its strong curative qualities – which help in all but the most hopeless of clinical cases – would certainly chime with Blamire's own established domestic medical abilities. On the other hand, it could be the Mrs. Graham who is mentioned in the preceding line, which would link well thematically with the 'strengthening broths' which are specifically attributed to her, though the full stop at the end of the line would indicate that this thought has reached its natural conclusion. Significantly, however, the very next line after the wine is mentioned then makes reference to a medically-skilled 'brother' figure, one who is certainly Blamire's own sibling, for as Christopher Maycock details:

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<sup>446</sup> Ibid

it is probable that Susanna's medical skills were of a high order and learnt from her brother William Blamire. He was a highly-regarded practitioner, as can be seen from a letter he received dated 24<sup>th</sup> June 1790 from Captain Lord Longford (1743-92), under whom he served as Ship's surgeon on HMS Alexander during the Siege of Gibraltar.<sup>447</sup>

The letter in question talks of Longford's intention to reserve Blamire's service aboard his newly requested Royal Navy vessel, so impressed is he by the ship surgeon's previous work. Certainly William Blamire was well trained, and expertly positioned to teach his sister the art of medicine, having studied at Edinburgh University and the William Hunter School of Anatomy, before becoming surgical pupil at St. George's Hospital, London, probably under the tutorage of John Hunter (1728-1793), brother to the eponymous William Hunter of the aforementioned medical school.<sup>448</sup> It is apparent from the line in the poem that references him that Susanna Blamire thought highly of her brother's skill, so 'rarely' do 'lingering patients' die in his care. Far removed from the self-lauding of her own medical skill, here we see a self-limiting quality to Blamire's perception of a woman's role in medicine. Regardless of who produced the therapeutic wine, the fact remains that if it ultimately fails to cure the patient then a male practitioner must be called on to provide more expert treatment. Like Mrs. Jewkes' willingness to call for a doctor if Mr. B's condition did not improve under her care, Blamire sees her own practice as preliminary, and perhaps even supplementary, to a practitioner of William's skill. Of course this may simply be because William had the opportunity to study medicine at university where women like Susanna could not, but it indicates nonetheless how the latter viewed a woman's role in medical care when acting within the social and educational limitations placed on them by eighteenth-century society.

As explored previously, given practitioners of domestic medicine – by definition – practised without a medical degree, their skill could only be assessed by their tangible

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<sup>447</sup> Maycock, *A Passionate Poet*, p. 104

<sup>448</sup> *Ibid.*, p. 24

success in the field. By extension, both Blamire's 'fame for skill / In the nice compound of a pill' and 'for physic, too, some little renown', must have been acquired through the appearance of achieving successful results – ones witnessed empirically by the country wives and spread by word of mouth amongst themselves, as opposed to being conferred by any kind of external academic accomplishment. Unlike Galesia in Jane Barker's *A Patch-work Screen for the Ladies*, whose patients comprised citizens of the metropolitan city of London, Blamire's reside instead in rural Cumberland. The stark difference between these two geographical regions would inevitably affect the kind of sources of information to which both groups would have had access.

Advertisements in one of London's many papers and periodicals – like Barker's own cure for the gout – could lend a practitioner an air of legitimacy, for as Hannah Barker argues: they 'played a key role in constructing authority and credibility'.<sup>449</sup> This was due in part to the sheer collective size of their circulation and, by extension, their reach in appealing to different readerships, as Frank O'Gorman notes, 'by the end of the eighteenth century, over one dozen newspapers were being printed in London alone'.<sup>450</sup> Of course, places outside of the capital often had their own lively print cultures, with Barker describing how 'by the 1760s, most provincial centres had at least one weekly newspaper, with many towns supporting two or three'.<sup>451</sup> Nonetheless, opportunities for the kind of self-promotion seen in London would have been severely limited in rural Cumberland, where the literacy of its residents could not be guaranteed. Moreover, even by the mid-nineteenth century 'Stoklewath', or Stockdalewath, had a population as low as 247, making it unlikely that it would have supported a competitive or influential print industry.<sup>452</sup> Blamire's reputation with

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<sup>449</sup> Hannah Barker, 'Medical Advertising and Trust in Late Georgian England', *Urban History*, 36.3, 2009, pp. 379-398 (p. 380)

<sup>450</sup> Frank O'Gorman, *Voters, Patrons, and Parties: The Unreformed Electoral System of Hanoverian London* (Oxford: Clarendon Press, 1989) p. 288

<sup>451</sup> Barker, 2009, p. 381

<sup>452</sup> Charles Anthony Coke, *Population Gazetteer of England and Wales* (London: Harrison, 1864) p. 203

the locals would, therefore, have likely relied heavily on word of mouth and thus indicate a genuine admiration for her abilities. Whilst professional practitioners could point to their membership of a professional body, knowledge of Latin, or a verifiable university degree to provide an air of legitimacy, Blamire and other domestic practitioners operating in rural parts of the country would have relied on their standing within a community, which could only be maintained with perceived consistent and persistent success. Just as Judith Bonzol demonstrates with her seventeenth-century examples of domestic healers accused of witchcraft – whose very survival depended on continued success in their field coupled with the good graces of their communities – so too did their eighteenth-century counterparts' worth as medical practitioners derive solely from their perceived ability to heal patients.

#### Supporting the Drooping Flower: Blamire's Experience as a Patient

This reputation Blamire holds as a medical practitioner, which she highlights in her poetry, forms a core part of her identity. Her conscious choice to include the line 'For physic, too, some little is renown'd' in 'Stoklewath; or, the Cumbrian Village', speaks to a pride in her abilities and a desire to be recognised for those skills. Yet this act of self-fashioning exists alongside another fundamental element of the poet's identity: her status as a patient.

Coinciding with her first recorded bouts of rheumatic fever (c. 1773), Blamire penned an untitled and hitherto unpublished poem which calls upon the goddess Hygieia to grant her better health (c. 1772). Even at this early stage of her illness, the first few stanzas of this poem reveal Blamire's mounting frustrations with her own condition and its negative impact on her quality of life. Unlike with 'Her Friends at Gartmore' (c. 1773), where Blamire's brief mention of her physical pain is passed over in favour of discussing her medical practice and

its positive effect on others, here the focus is exclusively on her personal experience as a patient:

Once more to Hygia, smiling maid,  
I offer the rejected prayer,  
Nor leaves one Gallen rite unpaid,  
Or now neglects one pious care.

Yet the gay Goddess flaunts along,  
Regardless of this drooping frame,  
No more she asks the sprightly song  
Or leaves of Life aught but the name.

With her Enjoyment steals away  
Few pleasures court this sickening heart.  
The Springs of Joy I feel decay  
Save those alone my friends impart.<sup>453</sup>

Blamire is calling upon Hygieia 'once more' after a previously 'rejected prayer', indicating how her illness has already crossed from the acute to become truly chronic. Like a wilting flower, Blamire's body is left 'drooping' as the 'Springs of Joy' decay, with only the support of friends able to bring back a modicum of her happiness. Hope remains in her 'sickening heart', however, for as long as there are higher-powers able to hear her prayer, even if it appears to be falling upon deaf ears. Yet the fact that the goddess of health is being invoked for at least a second time is an insidious sign that medicine no longer engenders improvement, leading to a state of gradual deterioration which Blamire would have likely recognised both instinctively and intellectually. The themes touched upon in this poem: impassioned pleas to a higher power for divine intervention, the increasing dependence on friends for emotional and physical support, and the decline of health leading to a hopeless, 'drooping' posture, would all resurface in the final few years of Blamire's life – each taking on a desperate quality as medical aid ceased to be effective, and the longed-for miracle failed to materialise.

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<sup>453</sup> Susanna Blamire, 'Once More to Hygia, Smiling Maid, 1772', Wordsworth Trust MS. 1998.60.14.

Six years before the end of her life, Blamire would compose just such a poem, 'On the Dangerous Illness of My Friend Mrs L. 13<sup>th</sup> May, 1788', which details the decline of a close friend. During the course of the narrative, Blamire's status as a healer is stretched to its limit as she contends with her own failing health whilst acting as a supportive presence for her friend:

But, ah! she droops; and I am drooping too!  
'Tis not for me to hold the aching head,  
And cordials in my hands and eyes to bear,  
To cheer her longer with a ray of hope,  
And promise Ease, that wanders with To-morrow;<sup>454</sup>

Insincere cheer, ineffective cordials and false promises take their toll on Blamire. Far removed from the confidence witnessed in both 'Her Friends at Gartmore' and 'Stoklewath', a new side to the poet's practice is revealed to the reader, as other than offering her medicinal cordials, the support that the practitioner can provide is limited. She is unable even to bring herself to hold up her ailing friend's head – encumbered as she is with the weight of her own illness and the wider burden of care. By being confronted with how 'The fairest lily of the field now droops', Blamire is forced to reflect on both the fragility of her own condition and the limitations of her healing abilities as the practitioner-patient dynamic she embodies falls into a state of flux. Yet it is in this moment of vulnerability where the poet unveils a support network of her own:

Myself who tax the tenderness of friends,  
And oft require their all-supporting aid,  
Else, else this drooping, withering plant had long,  
Had long ere this been mouldering in the dust.<sup>455</sup>

Despite being a proficient healer, Blamire commits to paper her fundamental dependence on a supportive network of friends who help to preserve what remains of her ailing health. The phrase which Blamire employs, 'all-supporting aid' suggests that it is more than just moral

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<sup>454</sup> Susanna Blamire, 'On the Dangerous Illness of My Friend Mrs L. 13<sup>th</sup> May, 1788', Wordsworth Trust, MS. 2017.1.14

<sup>455</sup> Ibid.

support which her friends provide, instead encompassing all aspects of care including the medical. Neither can this support be underestimated in terms of its effectiveness, for Blamire – utilising her recurring motif of plant imagery as in 'Hygia' – cites it as the reason that she, a 'drooping, withering plant', is not yet 'mouldering in the dust' by her forty-first year of life.

We can find a more explicit reference to the medical care which her friends provide in a later poem, one written only a year before her death, 'A Petition to April. Written During Sickness, 1793'. As the title would suggest, this moving work personifies springtime so that the poet might beg for a modicum of its power in order to be restored to health, echoing closely the theme of 'Once More to Hygia, Smiling Maid'. What follows between the poet's implorations is a detailing of the aid her friends provide – an almost exact repetition of the tasks she performed for Mrs. L only five years previously – before once again recognising the limited nature of medical intervention and the necessity for April to provide a miracle:

And wilt thou not give health to me?  
See how I droop! my strength decays,  
And life wears out a thousand ways;  
Supporting friends their cordials give,  
And wish, and hope, and bid me live;  
With this short breath it may not be,  
Unless thou lend'st a sigh to me.<sup>456</sup>

Here the two kinds of support, both moral and medical, appear within a single couplet.

Blamire's friends 'wish, and hope, and bid' her to live, and so provide her with the emotional encouragement she needs to beg springtime itself into breathing new life into her 'drooping' body – as it has just done for the once wilting natural world. Their aid then extends to offering her 'their cordials', each with its own potential to help in healing her physical ailment. The possessive use of 'their' indicates these are not simply cordials which were already present in Blamire's home, pre-prepared for her friends to administer whilst she is too

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<sup>456</sup> Susanna Blamire, 'A Petition to April. Written During Sickness, 1793', *The Poetical Works of Miss Susanna Blamire*, ed. Henry Lonsdale (Edinburgh: John Menzies, 1842) pp.144-146 (p. 145)



infirm to perform the task herself. Instead, these are medicaments which her friends have actively brought with them in the hopes of improving Blamire's condition, representing the potential for any layperson to practise domestic medicine and to become involved in a network of healers all of whom possessed their own personal repository of medical knowledge. Writing on this topic, Alun Withey describes the extent to which domestic medical knowledge represented both a collective, national summation of information whilst also remaining highly idiosyncratic and individualistic:

Tracking the pathways of transmission is difficult, but much early modern medical culture existed in the public domain in the form of a cognitive 'knowledge bank'. As they travelled from person to person, certain recipes were augmented, added to and altered. Even amongst the literate, medical recipes probably travelled verbally first and foremost, their committal to paper being a secondary result of this initial knowledge transaction. Compiling medical information was an obvious and logical means of accumulating sufficient knowledge to tackle a range of conditions within the home. But it might also be seen as a means of achieving social status or notoriety, since the ownership of medical knowledge was indeed a powerful tool. A single volume of medical recipes was almost a proxy healer; it could include information drawn from a wide range of sources, both within a community and outside. It could include recipes from publications which many in a rural parish could not read for themselves. The owner of the collection thereby effectively also owned the information within it, automatically positioning them as a source of medical authority.<sup>457</sup>

Read together, 'On the Dangerous Illness of My Friend Mrs. L' and 'A Petition to April. Written During Sickness' begin to hint at how this network of idiosyncratic medical knowledge worked in practice. 'Renown'd' for physic and 'famed' for compounding pills, Blamire would certainly sit as an authority within her community, but when confronted with illness herself – and therefore unable to treat her own condition effectively – other, less certain forms of medical authority would need to be called upon in such times of crisis. 'Their cordials' in 'A Petition to April. Written During Sickness' is plural, suggesting each of Blamire's friends has procured a cordial – possibly purchased from an apothecary, physician,

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<sup>457</sup> Alun Withey, 'Crossing the Boundaries: Domestic Recipe Collections in Early Modern Wales' in *Reading and Writing Recipe Books, 1550-1800*, eds. Michelle DiMeo and Sara Pennell (Manchester: Manchester University Press, 2013) pp. 179-202 (pp. 187-88)

or even produced in their respective homes in accordance with a family recipe – and so they have brought to Blamire a physical manifestation of their own individual interpretation of medical practice. Such a plurality of medical opinion obviously has its own pitfalls, but with each person offering their own ‘augmented’ or ‘altered’ remedy – even if the original recipes were derived from the same base source – the potential for there being a key effective ingredient in one of the cordials increases exponentially. The danger of a potentially hazardous treatment being proffered is also, perhaps paradoxically, diminished; as with each individual able to offer their own medical insights (especially if they were based on generations of empirical practice) they would collectively be more likely to identify and avoid something which could do harm – particularly with Blamire and her profound medical knowledge present at the event.

It might initially seem logical that a classically educated medical practitioner might provide better results than a group of well-meaning laypeople of undetermined medical pedigree, but as Juliet McMaster acknowledges: ‘although there were enlightened practitioners who had non-invasive principles, bloodletting, emetics, and purges remained the norm’.<sup>458</sup> Even putting aside this continued enthusiasm for what we now understand as destructive treatments, any professional opinion sought would yield only one view – offering a solution which could be just as detrimental to Blamire’s health as any suggestion put forward by a lone lay medical practitioner. Access to a second professional opinion would also be intrinsically more challenging to acquire than seeking that of another domestic medical practitioner, as a consultation could prove prohibitively expensive or be limited by the realities of geographical distance. In this sense, access to a network of lay healers – each with their own cache of medical knowledge drawn from family remedy books, printed texts,

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<sup>458</sup> Juliet McMaster, *Reading the Body in the Eighteenth-Century Novel*, (Basingstoke: Palgrave MacMillan, 2004) p. 4

or even verbal advice drawn from further afield – could represent a plethora of potential remedies, far more than a single professional practitioner could ever provide.

In practice, Blamire's network of friends also offers a secondary role which an itinerant physician may struggle to replicate. Knowing the poet on a personal level, her friends provide a crucial emotionally supportive role, the importance of which Blamire recognises in both poems by referencing them as 'tender' and 'supportive'. A physician may possess a good bedside manner, or be able to offer hope in relation to the progression of an illness, but unless they have known their patient for a substantial amount of time it would be impossible to provide the kind of tailored care a friend could supply. As Elaine Leong points out, even the very act of sharing one's medical problems represents a deeply personal act – one which imbues a great deal of trust in the person whose help is being sought:

Given that requesting and sharing such knowledge was conducted within the web of social and family relationships, we might consider recipe exchange as an act that created bonds between seeker and donor. After all, to apply for advice, recipe seekers must also confess their ailments and bodily dysfunctions.<sup>459</sup>

To inform her network of lay friends of the severity of her condition – and for them to have brought cordials to help in her recovery – Blamire must have trusted both their medical opinions and them personally, revealing enough about her illnesses that they could tailor their medical offerings accordingly. This very act of confession, as Leong terms it, would in itself present a form of emotional support for Blamire – sharing her problems, vulnerabilities, and fears openly with her friends. Even the process of writing 'Petition to April. Written During Sickness' represents a form of therapy, coming to terms with her own decline through means of artistic expression.

This process of accepting her physical decline, and the associated need for ongoing emotional comfort, would reach its zenith with 'O Bid Me Not to Wander' – a poem penned

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<sup>459</sup> Leong, *Recipes and Everyday Knowledge*, p. 44

by Blamire when advised to travel to the South of France for the sake of her failing health. Resistant to the idea, Blamire argues emotively that any physical benefit bestowed by travelling abroad to a warmer climate would be undone by the emotional damage caused by leaving familiar surroundings behind. Just as Blamire's friends provide unconditional emotional support, so too does the physical landscape envelope her in happy memories – acting as a comfort blanket to help her through the final struggles of her chronic illness:

O urge me not to wander,  
And quit my pleasant native shore;  
O let me still meander  
On those sweet banks I lov'd before!  
The heart when fill'd with sorrow  
Can find no joy in change of scene,  
Nor can that cheat to--morrow  
Be aught but what to--day has been.

If pleasure e'er o'ertakes me,  
'Tis when I tread the wonted round  
Where former joy awakes me,  
And strows its relics o'er the ground.  
There's not a shrub or flower  
But tells some dear lov'd tale to me,  
And paints some happy hour  
Which I, alas! no more shall see.<sup>460</sup>

The final line of this poignant poem stresses the need for familiarity when facing the unknown future of death, which Blamire seems to recognise instinctively. Although the declamatory 'alas!' reveals tangible fear, the poet can face it precisely because she remains in an environment which provides her with solace, and so she can begin making peace with the concept of her own mortality. As evidenced by her interactions with the country wife in 'Gartmore', Blamire's practice continues to preference the gentlest treatment – even as she herself becomes the patient – and the emphasis on emotional support remains constant. Practising this tailored form of palliative care, Blamire has judged that happy memories are

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<sup>460</sup> Susanna Blamire, 'O Bid Me Not to Wander', Wordsworth Trust, MS. 2017.1.18.5  
N.B The accepted title of this poem and its first line do differ slightly in its manuscript form.

worth more to her health than any amount of sunshine, and so the advice to travel abroad – potentially put forward by a professional practitioner – is rejected in favour of her own prescription.

### Conclusion

In the same way that Barker's Galesia cured gout with her feminine touch where masculine hands had previously failed, so too do Blamire's gentle remedies heal where male apothecaries' harsh purgatives appear only to have harmed. In both cases, it is women who are left to undo the failures of male practitioners, their successes shared only with their patients and a handful of their most private confidantes, unable to enjoy the wider fame of male medical celebrity – their achievements left to posterity through the abstractions of self-penned poetical verse.

Yet Blamire differs from Barker in the scope of her readership: sharing her work amongst a private, personal network of friends, with only the occasional poem receiving an uncommon form of public exposure. These were people who already knew the poet on a personal level – unlike Barker who was selling her work to a wider audience – and so they would have already been aware of her medical practice. The form of self-fashioning we witness is not, therefore, only emblematic of how she would like to be seen and understood, but it is also representative of how she believed those around her already perceived her. Barker, through Galesia, could be understood as trying to prove her medical credentials to a wider readership, but for Blamire there would be little left to prove: her limited readership would have already been aware of her practice by virtue of knowing her personally. The result is poetry that captures an image of its author stationed between her private perception of her own practice and how she would like those close to her to appreciate her medical

proficiency.

This effect is heightened when we consider Blamire's growing awareness of her own mortality, which appears more prominently in her poetry over time. These later poems encompass not only how she understood herself at the time of writing, but also how she would have liked to be remembered, as well as expressing thanks to those recipients for their kind care during her extended illness. The nature of Blamire's work strips away some of the layers of self-aggrandisement that might come with advertising one's practice in newspapers – as Barker appears to have done – with the resulting need to convince their wide readership of the credentials of the practitioner who penned them, whilst having no knowledge of them personally.

By not catering to a broad audience, Blamire's poetry might better reflect her personal opinions than other more commercially-orientated creative works of the period. As such, the opposition she displays to many male practitioners with their 'useless slop', and 'true mysterious' but ultimately ineffective theatrics, could reveal a suspicion sincerely held – one shared with many satirists of the period – of the products and services peddled by these 'professionals'. Yet the profound respect she holds for her brother, and the knowledge he imparted, show she disdains only those physicians who would make medical practice unapproachable for means of profit. This philosophy is reinforced by her attempts to communicate with her patients in terms as plain as possible and her willingness to listen with a sympathetic ear. Simplicity, authenticity, and a holistic approach appear to be the hallmarks of Blamire's medical practice; and through the private nature of her poetry, we are able to access an intimate, first-hand account of its impact on the communities of Cumberland. Thus this chapter closes with the same allegory with which it opened, at a moment where Blamire – though recognising the incredible potential of her own 'life-giving' cordials – realises her

positive disposition and kindly bedside manner are actually the most powerful medicines she has in her patient-centric practice:

Her tenderness was awakened to every call of Suffering, and her attentions became so many antidotes against pain and weariness. She counted the minutes for administering her cordials – knelt by the bedside – and watched throughout the night with Solitary Lamp ... Her voice was tenderness itself, yet so enlivened by the note of cheerfulness, that the patient found herself more revived by it than even by her life-giving Cordials.<sup>461</sup>

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<sup>461</sup> Blamire, 'Allegory'

## Chapter Five

### Fashion Victims?: Women Mimicking, Moulding, and Managing Fashionable Disease

As we have seen through the many works of literature discussed in this thesis, the eighteenth century was an age of contrasts. It was a period where the rural way of life – captured so vividly by Susanna Blamire – existed alongside the lives of a noble elite and their landed estates. Yet despite the stark differences in affluence which endured from previous centuries, the symptoms of sickness and disease did not distinguish between rich and poor, as exemplified by Mr. B's illness in *Pamela*. Although infectious diseases could affect anyone in society regardless of their station, there were certain conditions which came to be associated with particular lifestyles, like Matthew Bramble's gout in *Humphry Clinker*, which was believed to be the result of a rich diet. Gout itself was nothing to envy, yet the circumstances surrounding its development in an individual could certainly incite that emotion.<sup>462</sup> Positive associations with otherwise debilitating conditions would lead to a concept which appears paradoxical at first glance: fashionable disease.

These diseases, such as the spleen, vapours, nerves, and bilious disorders, constituted a cavalcade of ever-changing conditions, the outward appearance of which entitled the sufferer to certain social benefits from which they would be otherwise prohibited. Patients could use their condition to gain materially – as Clark Lawlor notes with the sudden social acceptability of purchasing nightdresses considered otherwise salacious – and socially, such as sympathy being offered openly at social gatherings (or providing the perfect excuse to avoid such

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<sup>462</sup> Porter and Rousseau, *Gout*, p. 73



events altogether).<sup>463</sup> Like fashion in any form, conditions moved in cycles and often had a number of overlapping elements which remained consistent even as the name of the disorder changed. This phenomenon enabled those already claiming to suffer with a series of symptoms to move seamlessly from one nominated condition to another whilst having to alter little outwardly. The practice led the physician James Makittrick Adair to observe wryly that at first '*Spleen*, vapours, or hyp, was the fashionable disease', which were soon usurped by 'nerves', before then 'nervous diseases were kicked out of doors, and *bilious* became the fashionable term' – exposing in the process how one disease would simply displace another in the pursuit of fashionability.<sup>464</sup> Although Adair famously disdained fashionable disease and believed it represented a detrimental development in medicine, he still recognised the irrefutable effect it was having on society. Usually the preserve of the upper-ranks, these conditions were often viewed as affectations by the public, despite the suffering patients claimed to encounter.

The connection between fashionable disease and the quality of sensitivity led to its association with the wider aesthetic of 'sensibility', a concept linked inextricably with an individual's ability to empathise effectively with others, as Janet Todd describes:

"Sensibility", an innate sensitiveness or susceptibility revealing itself in a variety of spontaneous activities such as crying, swooning and kneeling [...] It appears physically based, a quality of nerves turning easily to illness and described in contemporary medical treatises in terms of movements within the body.<sup>465</sup>

A propensity to these strong outbursts of emotion, though potentially debilitating, became a clear indicator of how highly-strung a person's nerves were, which in turn reflected upon their upbringing. The state of an individual's nervous system – which was heavily influenced

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<sup>463</sup> Clark Lawlor, "'The History of Half the Sex': Fashionable Disease, Capitalism, and Gender in the Long Eighteenth Century", *Literature and Medicine*, 35.2 (2017), pp. 355-386 (p. 360)  
Roy Porter and Dorothy Porter, *Patient's Progress*, p. 34

<sup>464</sup> Adair, *Medical Cautions*, pp. 13-14

<sup>465</sup> Janet Todd, *Sensibility: An Introduction* (New York: Methuen, 1986) pp. 7-8

by their lineage and lifestyle – was believed to impact the quality of their health and general emotional state, as Roy and Dorothy Porter explain:

When George Cheyne spoke of constitutions being either highly-strung or flat, he was imagining the nerves like strings. If nerves lost their tension, through overlading with food, for example, they would fail to convey signals sharply throughout the body, and the person would become 'flat', dulled in sensation.<sup>466</sup>

A 'nervous disorder' occurred when either of these states – that is to say the nerves being overly strung or flat – became an acute or chronic medical problem for a person. The former was the issue more commonly discussed amongst the medical community, particularly due to its prevalence amongst elite women, with the physician Samuel Auguste David Tissot even lamenting its severity and his firm belief that the condition was poorly understood by his colleagues:

that disposition to be too easily affected and susceptible of irregular and painful emotions, is one of the most cruel scourges to people of rank that has been advanced.<sup>467</sup>

Affecting every vessel indiscriminately – and so manifesting in innumerable ways medically – Tissot put forward the theory that nervous disorders affected the upper-ranks disproportionately as they were effectively victim to their own privileged upbringing:

If the education of the man of fashion was the same as the labourer's, if they increased his strength from his infancy, he would be better able, on his entrance into the world, to sustain the shocks he must try; but, through a shameful abuse, they begin to ruin his health the moment he sees the light.<sup>468</sup>

The apparently socio-economic source of these conditions created excellent potential for people to profit off those afflicted, with medical advice and treatment offered at a premium to a predominately affluent clientele. Yet others perceived an even greater opportunity to turn these patients' professed suffering into marketable satirical material, as Anita O'Connell and Clark Lawlor detail:

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<sup>466</sup> Roy Porter and Dorothy Porter, *In Sickness and in Health*, pp. 46-47

<sup>467</sup> Samuel Auguste David Tissot, *Three Essays: First, On the Disorders of People of Fashion*, Trans. Francis Bacon Lee, M. Danes and A. Hume (Dublin: James Williams, 1772) p. 72

<sup>468</sup> *Ibid.* p. 38 & 45

The poor had always self-treated and home remedies were always to some extent part of household medicine, but now the wealthy were criticised for ignoring their local physician, choosing other physicians based on the illness they believed they had, and taking themselves off to Bath to effect a pleasurable cure. By the end of the eighteenth century satires of the fashion for illness abound within novels, poems, plays, periodicals, spa annals and circulars, and even within medical treatises themselves. It had become positively cliché to wear one's fashionable disease on one's frilled sleeve.<sup>469</sup>

Domestic medicine gave many patients power over their own treatment plan, but as O'Connell and Lawlor suggest, so too did having the means to employ the services of fashionable doctors. Having the financial freedom to pick and choose physicians, seemingly based on a desire to be diagnosed with a specific disorder, left these patients open to public ridicule.

In order to explore this social issue further, this chapter will focus on two manuscript plays both performed at Drury Lane – contrasting satirical representations of sufferers of fashionable disease on the eighteenth-century stage with the way medical literature of the period portrayed their conditions and symptoms. Although men did claim to suffer from such disorders, it was usually women who constituted the main source of material for satirists, as Lawlor outlines:

Women's profoundly ambiguous situation as both consumers and consumed, fashionable and fashioned, meant that they were the main targets of satire (itself an index of social anxiety) throughout the long eighteenth century, and that this focus on women and fashion intensified as time went on.<sup>470</sup>

To be fashionable is to merely keep up with the latest innovation or movement, whatever the cost and however detrimental to the individual. To be fashioned, however, is to lack agency in the process – to fall victim to the changing mode and be moulded passively. Yet there remains a third way to understand the dynamic: with people as conscious participants in the process of self-fashioning, influencing the direction of travel where it may benefit them most

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<sup>469</sup> Anita O'Connell and Clark Lawlor, 'Fashioning Illness in the Long Eighteenth Century', *Journal for Eighteenth-Century Studies*, 40.4, 2017, pp. 491-501 (p. 496)

<sup>470</sup> Lawlor, "'The History of Half the Sex'", 2017, p. 380

personally. After all, the broad range of symptoms associated with fashionable disease lent fluidity to the process of diagnosing an individual.

There was ongoing debate within the medical establishment about how fashionable diseases manifested in patients, what treatments were effective, as well as vocal sceptics who questioned whether the conditions even existed at all. Practising physicians looking to profit could claim to have specialist knowledge of certain disorders, offering their prospective patients unique insights obtained only from keeping abreast of the latest developments. The result was that people of rank could – quite literally – afford some agency over their own diagnosis and, by extension, influence the trajectory and duration of their overall condition. If a particular illness fell out of favour or a diagnosis proved unsatisfactory, another professional opinion could simply be sought out.

As previous research on the subject has been centred around the medical commentary of professional physicians like George Cheyne and James Makittrick Adair, the perspective will be shifted here to the self-medicating, chronic patient – with a continued focus on women. By examining what medical advice was available to patients beyond the first-hand assessments made by physicians, this chapter will explore how they managed their own conditions moving forward following their initial diagnosis. In taking ownership of their own diagnosis, patients could, in effect, become architects of their own self-representation, despite the satire they otherwise encountered. Sheltered from the judgmental gaze of the public eye, where the performative quality associated with fashionable disease was no longer required, to what extent did women within the home commit to the role they had assigned themselves, and how did theatrical works choose to portray these private scenes of domesticity on stage?

## Two Unpublished Plays

Of the two plays this chapter will examine, the first, *A New Hippocrates, or, a Lesson for Quacks* (1761) by Paul Hiffernan (1719-1777), contains a character, Lady Brainsick, who is afflicted with an unnamed fashionable disease and so cannot abide seeing healthy people – people like her country cousin Grisseldine Wapentake. Robust and hardy, Wapentake seizes every opportunity to berate the fragility of her cousin, imploring her to cast off quack doctors and spend a season exercising in the country. The roguish Planwell is the latest in the string of dubious doctors who capitalise on Brainsick's penchant for calling upon every physician – both legitimate and quack – for private consultations in her apartment, using what little knowledge he gained whilst 'sojourning' in Leiden to impersonate a medical professional.<sup>471</sup> Wapentake, unable to dissuade her cousin from the company of Planwell – nor convince her of the virtues of country living – informs Brainsick's husband, Sir John Resolute, of his wife's addiction to consulting physicians in his absence. Planwell and his amanuensis, Scribble Dash, are exposed as frauds by Resolute and expelled from his town house, leaving Lady Brainsick shamed by her inability to spot a fraudster.

In the second play, *The Quacks, or, the Credulous Man* (1784), attributed to Jesse Foot (1744-1826), we see a reversal of the gender dynamic which appears in *A New Hippocrates*, as it is the play's female lead, Lady Meagrim, who advises her afflicted husband, Sir Toby, that the conditions he suffers from are all in his head. The medical advice she issues is all regimen-focused on maintaining a healthy diet and banishing negative thoughts, and at the play's conclusion, in the guise of a fortune teller, she even learnedly cites the magi of ancient Persia who apparently advocated for basing medical opinion on 'internal evidence and true

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<sup>471</sup> Paul Hiffernan, *A New Hippocrates, or, a Lesson for Quacks*, 1761, Huntington Library, MS. LA. 192, p. 3

observation', instead of relying on the opinion of foreign quacks.<sup>472</sup> When Lady Meagrim eventually reveals her real identity, her husband promises to put himself under her guidance for all future matters, instead of consulting the opinion of doctors – thereby Lady Meagrim effectively usurps the professed authority of the male quack doctors in the play, and so the lay replaces the quasi-professional. In this sense, the play presents a fascinating and unusual depiction of fashionable disease by subverting the gender roles that usually accompanied contemporary understandings of such conditions.

These two plays exist only in manuscript form, held at the Huntington Library, California. They are hitherto entirely untapped resources which have received no critical analysis. Whilst *A New Hippocrates* provides an excellent depiction of fashionable disease, *The Quacks* is especially unusual for, as Lawlor has pointed out, women were ordinarily the subject of such satire. As a male sufferer of fashionable disease, Sir Toby is already a rare character, but the fact that it is his own wife who liberates him from his affliction makes this play particularly important. Moreover, theatre remains distinctly underrepresented in scholarly discussion on fashionable disease, yet the medium makes it remarkably well suited to capturing contemporary attitudes towards the subject. Theatre's uniquely communal format means the audience can provide their instant reaction to the ideas portrayed on stage, making it an excellent medium for charting the response to a live social issue like fashionable disease. Helen Nicholson argues that it is this specific factor – theatre's ability to incite and spread emotion communally – which directly affects its success at making moral or political points:

Emotions are contagious, they act upon the body. Like other infections, emotions are both public and private; they temporarily inhabit the intimate spaces of your body but they also multiply, sometimes wantonly, from one person to another. This means that the theatre is a very good place to spread emotions, as actors are intent on them passing and audiences expect to be infected. Often theatre happens in confined spaces, making emotions easier to catch. The political efficacy, morality and sensibility of theatre are predicated, one way or another, on the affective qualities of emotion, how

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<sup>472</sup> Jesse Foot, *The Quacks, or, the Credulous Man*, 1784, Huntington Library, MS. LA. 650, p. 52

they are caught and their effect on the actors and audience's minds and bodies.<sup>473</sup>

There are two key points which arise from Nicholson's analysis. First, her adoption of explicitly medical language to describe the effect theatre has on the individual – and how it can then be contracted by the collective – takes on special significance in relation to the medical theme of these manuscripts. For the playwrights to make their political and moral points effectively, they must adopt a perilously similar method to how fashionable diseases spread in the first place: by infecting their audiences with the right emotions to cement ideas in their minds. Such an approach holds the potential to merely reinforce the very ideas they are attempting to displace, yet by offering a counter-infection of their own – through a healthy dose of satirical ridicule – the playwrights can subvert the power of suggestion to ultimately cure their audiences of their psychological contagion.

Second, though Drury Lane was by no means a 'confined space' – it was revamped in 1775, nine years before the premiere of *The Quacks*, to house over 2000 spectators – audiences in the eighteenth century were more interested in each other's responses to performance than is the case today, compensating for this particular lack of spatial intimacy.<sup>474</sup> The theatre was then a place to be seen as much as it was to see a play, to the extent that spectators could pay to sit on the stage during a performance, at least until Drury Lane's manager, David Garrick (1717-1779), banned the practice in 1763 – two years after *A New Hippocrates* premiered.<sup>475</sup> It was this fascination with the interplay between spectators and performers which resulted in, as Jean I. Marsden describes it, an informal method of social policing by the audience themselves:

Because of the Licensing Act of 1737, all plays staged in London's patent theatres had to be approved by the Lord Chamberlain's Office before they could be staged, guaranteeing governmental control over the content of drama [...] A no less powerful

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<sup>473</sup> Helen Nicholson, 'Emotion', *Contemporary Theatre Review*, 23.1, 2013, pp. 20-22 (p. 20)

<sup>474</sup> Robert Shaughnessy, 'Shakespeare and the London Stage' in *Shakespeare in the Eighteenth Century*, eds. Fiona Ritchie and Peter Sabor (Cambridge: Cambridge University Press, 2012) pp. 161-184 (p. 173)

<sup>475</sup> Judith Pascoe, *Romantic Theatricality: Gender, Poetry and Spectatorship* (Ithaca: Cornell University Press, 1997) p. 58

form of regulation existed within the auditorium, as spectators watched each other reacting to the performance. The theatre was thus its own form of panopticon, where the object of scrutiny was the extent and propriety of emotion displayed by the audience.<sup>476</sup>

Indeed, though John Larpent (1741-1824) had already cast his censorious eye over both manuscript plays discussed here, it was ultimately the audience who would judge the productions as performed – and each other – for the emotions excited and those exhibited. On this point, Horace Walpole, an ardent fan of theatrical comedy himself, wrote an impassioned essay on the peculiar position the genre occupies in literary history. Arguing that comedies need to contend with contemporary issues to appeal to an audience, Walpole concludes that such transience may eventually render each obsolete with the changing fashion, but that very ephemerality also holds the power to alter an audience's behaviour:

I confess too that there must be two distinct views in writers for the stage; one of which is more allowable to them than to other authors. The one is durable fame – the other, peculiar to dramatic authors, the view of writing to the present taste (and perhaps, as you say, to the level of the audience). I do not mean for the sake of profit – but even high comedy must risk a little of its immortality by consulting the ruling taste. And thence a comedy always loses some of its beauties, the transient – and some of its intelligibility. Like its harsher sister, Satire, many of its allusions must vanish, as the objects it aims at correcting cease to be in vogue – and perhaps that cessation, the natural death of fashion, is often ascribed by an author to his own reproofs. Ladies would have left off patching on the whig or tory side of their face, though Mr. Addison had not written his excellent Spectator. Probably even they who might be corrected by his reprimand adopted some new distinction as ridiculous; not discovering that his satire was levelled at their partial animosity, and not at the mode of placing their patches – for, unfortunately, as the world cannot be cured of being foolish, a preacher who eradicates some folly, does but make room for some other.<sup>477</sup>

As Walpole makes clear, the temporality of theatre leaves it perfectly placed to capture the latest social developments and reflect the zeitgeist of its audience. Comedy, as a genre, and satire more specifically, succeeds or fails on the strength of its contemporaneity, making theatre – a place where audiences would share their immediate delight or displeasure with each other infectiously – an excellent vehicle for transmuting current debate into creative

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<sup>476</sup> Jean I. Marsden, *Theatres of Feeling*, (Cambridge: Cambridge University Press, 2019) p. 14-15

<sup>477</sup> Horace Walpole, *Walpoliana*, Vol. I (London: R. Philips, 1799) pp. 42-43



dialogue. Although Walpole remains pessimistic about the prospect of affecting a permanent change in the attitudes and actions of a given audience, his focus on a play's ability to influence fashions – and potentially end them prematurely – points towards a contemporary belief in satire's power to influence people. Writing on this theory, Noelle Gallagher uses the development of language on display in *Johnson's Dictionary* to demonstrate how satire was increasingly been seen as a tool for social reform through the power of punishing prose:

Within seventeenth- and early-eighteenth-century satiric theory, figurations of satire as physically punitive were often combined with, or subordinated to, conceptions of the genre as curative or therapeutic. Equally, praises directed toward the satirist as a physician could be presented alongside fearful warnings of his violence or ruthlessness. Satire was often represented as a “lash” to vices – indeed, by the time Samuel Johnson's *Dictionary* appeared in 1755, the verb “to lash” had “to scourge with satire” listed as its fourth meaning – and the skilled satirist, “scourge in hand,” could not only whip his victims, but also bite, sting, or even kill them.<sup>478</sup>

The concept of satirist as physician is particularly valuable for the theme of these plays, especially as comedies of the period largely took the form of social satires. Taking on a distinctly meta dimension, the playwrights of *A New Hippocrates* and *The Quacks* – both of whom had backgrounds as medical professionals – could be seen as an antidote to the quacks portrayed on stage, able to administer a dose of remedial dialogue which illustrates to the audience the error of their ways. Equal parts curative and correctional, the method of delivery might be unconventional, but it holds the potential to halt the quacks' corrupting influence by revealing their confidence tricks to the audience and exposing what the playwrights perceive as the wider folly of fashionable disease. Situated firmly in the present, these plays speak directly to their audiences, both explicitly through theatrical asides, but also implicitly through the accessibility of their content. It is these identifiable connections between the world the audience inhabited and that which was depicted on stage where Jean I. Marsden

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<sup>478</sup> Noelle Gallagher, 'Satire as Medicine in the Restoration and Early Eighteenth Century: The History of a Metaphor', *Literature and Medicine*, 2013, 31.1, pp. 17-39 (p. 22)

focuses her attention, demonstrating the extent to which these two experiences – the fictional and factual – crossed over during a performance:

Like tragedy, comedy depended on an audience's sympathetic response for its success [...] Its characters are those of eighteenth-century England; they are the contemporaries of the audience, and the plays in which they appear engage with contemporary events, fashions, and mores. Because comedy represents the quotidian rather than the ideal, the audience is looking at itself, at the world around it, and, perhaps most important, at its vision of itself. Such immediacy requires comedy to do more than simply mirror contemporary manners; it must provide a view inward.<sup>479</sup>

At the centre of any comedy there must, necessarily, be an aspect of truth. A play which presents a version of reality so distorted that it bears little resemblance to real life could offer no opportunity for moral improvement. The characters we will see in these plays may appear excessive in their actions, but just as Horace Walpole points to the 'ridiculous' fashions on display in the audience, they were designed to highlight real behaviours present in the society which viewed them. Their value as pieces of social history, therefore, is two-fold. They present a version of 'quotidian' life which has its foundation in reality, but they also show how society popularly perceived the social issues they portray – for better or worse. In seeking to satirise fashionable disease, both authors may have been motivated by material profit – a possibility to which Walpole alludes – but the cultural expectations placed on the genre meant they had to reflect the issue as it was understood in the popular imagination. More importantly, if either author did wish to profit from their work, then they had to produce pieces which would please their audiences by engaging meaningfully with current fashions, for as Walpole points out, their success depended upon it.

#### *A New Hippocrates, or, a Lesson for Quacks*

Despite Hiffernan's efforts to make a success of *A New Hippocrates*, a snippet from the

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<sup>479</sup> Marsden, *Theatres of Feeling*, 2019. p. 103

*Memories of the Life of David Garrick* (1780), written by Thomas Davies, is damning in its retrospective review of the piece and paints the playwright in a particularly poor light:

“The New Hippocrates” was acted on two benefit nights at Drury-Lane; and though this was an obvious and excellent subject for stage ridicule, in a metropolis which abounds in quacks, and whose impositions are universally condemned, and so generally prevalent; yet here the doctor shewed all want of skill in the dramatic line. Neither character, nor plot, nor language, nor any thing to make an audience laugh, did his New Hippocrates present to the public. And yet so tenacious was he of what he called a right to a benefit, that he quarrelled with the managers for stopping the run of his farce. Mr. Lacy, not having the sensibility of his partner, avowed his design never more to permit the “New Hippocrates” to be acted at Drury-Lane; and on receiving something like a menace from the doctor, the manager, who was a stout athletic man, threatened to chastise him with a cudgel.<sup>480</sup>

The play was a flop and did nothing to enhance Hiffernan’s reputation, which had always been dubious. Known colloquially as ‘the Doctor’ and ‘Gallows Paul’, Hiffernan had first set out to study for the seminary at Montpellier, but abandoned theology for medicine and practised the latter for only a few years in Dublin, before then making a modest living out of his writing – with a side-line in blackmail.<sup>481</sup> *The Thespian Dictionary* (1802) – a volume which aimed to record details of any notable person associated with the stage during the eighteenth century – mentions his theatrical writing in a single dismissive sentence, before then focussing on the fact that ‘his conduct made him many enemies, and he died in indigence, 1778’.<sup>482</sup> His reputation as a drunkard and rogue became so entrenched that in a biography ostensibly about another writer – appearing in the Irish periodical *Walker’s Hibernian Magazine* (1771-1812) – both the ‘*tyranny of the tankard*’ and its dark effects on his character are presented as some of his most defining features.<sup>483</sup> Yet Miranda Stanyon sees these seemingly disparate career paths as being fundamentally linked during the 1740s, with one practice informing the other to help enhance his credentials for both:

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<sup>480</sup> Thomas Davies, *Memoirs of the Life of David Garrick*, Vol. 1 (Dublin: Joseph Hill, 1780) pp. 204-5

<sup>481</sup> Patrick M. Geoghegan, ‘Hiffernan, Paul’. *Dictionary of Irish Biography* (15 September 2021)

<sup>482</sup> *The Thespian Dictionary; or, Dramatic Biography of the Eighteenth Century* (London: J. Cundee, 1802) Unpaginated

<sup>483</sup> *Walker’s Hibernian Magazine, Or, Compendium of Entertaining Knowledge: Part II* (Dublin: Joseph Walker, 1794) p. 235

In the period of concern here, Hiffernan's activities as doctor and writer were closely connected, most obviously in *An Expostulatory Letter to the Venereal Doctor* (1747), which lamented the prevalence of quacks and the poor standing of venereal doctors in Ireland and advertised Hiffernan's own expertise as someone trained in cutting-edge treatments at Montpellier and Paris.<sup>484</sup>

This thematic aversion to quackery is a motif which would resurface some fourteen years later with *A New Hippocrates*, providing some insight into how Hiffernan perceived his own medical practice as being quite separate from other unscrupulous professionals of the day, despite the unflattering sobriquets he possessed. Although the play failed to make its author any significant income – having run for only two nights and never appearing in print – it provides us with a theatrical depiction of fashionable disease, and how women dealt with such diseases within the domestic sphere, which has yet to receive any scholarly attention.

At first glance there may seem little to glean regarding individual experience of fashionable disease in a play that is ostensibly a comedy. Indeed, even the name of its most central character, 'Lady Brainsick', provides an overture to the audience that any symptoms she may experience will not be the product of a physiological issue, but rather a psychological one. As J. L. Styan outlines, Restoration comedies dealt in stock characters whose dramatic purpose could be easily identified by their names:

It is an incontrovertible fact that the Restoration stage for the most part dealt in stereotypes. The characters' names immediately conveyed their roles, which were assumed like a mask as quickly as possible by the actors, and as quickly registered by the audience.<sup>485</sup>

Stage comedies of the eighteenth century still broadly followed this convention, and so characters could appear to possess no greater complexity than their name might initially denote. Yet this is not to discount the importance of comic portrayals to understanding a particular society, nor what they can reveal about prevailing attitudes towards its social issues. *A New Hippocrates*, in principle, should prove similarly valuable in terms of its social commentary to

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<sup>484</sup> Miranda Stanyon, 'The Passion of Edmund Burke: "To Dr H——n" Revisited', *Huntington Library Quarterly*, 82.2, 2019, pp. 249-276 (p. 252)

<sup>485</sup> J. L. Styan, *Restoration Comedy in Performance* (Cambridge: Cambridge University Press, 1986) p. 84

Smollett's *The Expedition of Humphry Clinker* and *The Adventures of Roderick Random*, books both laced with the author's sharp satirical wit. In fact, Davies' emphasis on the play's potential for satire, in his view, should have been focused on physicians themselves and not their patients: 'this was an obvious and excellent subject for stage ridicule, in a metropolis which abounds in quacks, and whose impositions are universally condemned, and so generally prevalent', indicating that those suffering with fashionable disease were the less obvious option for ridicule. It is also worth stating, as Kathleen Wilson reminds us, that

eighteenth-century drama was retained not only as performance but also as literature. As such, plays should be considered equally a part of the culture of print, read by an even wider audience than that which viewed them.<sup>486</sup>

Although neither of the plays discussed here received a print run, this was likely due to their limited number of performances rather than either work diverging from Wilson's analysis in principle – they were both written to be read as well as watched.<sup>487</sup> The writer David Erskine Baker (1730-1767) even alluded to this expected practice, in relation specifically to the reception of *A New Hippocrates*, when he commented acidly:

the Success it met with, which was a kind of cold contemptuous Disregard, was surely as much Merit as it could demand, and indeed the Author seems to have shewn a Consciousness of the same Judgment, by not publishing the piece.<sup>488</sup>

As a lack of a material record has caused many of these plays' performative qualities to have been lost with time – in large part due to their short theatrical runs – and with scant few stage directions and only inferences to be made in relation to costume, it is essential to also emphasise their conceptual quality as literature.

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<sup>486</sup> Kathleen Wilson, 'The Good, the Bad, and the Impotent. Imperialism and the Politics of Identity in Georgian England' in *Consumption of Cultures*, eds. Ann Bermingham and John Brewer (Abingdon: Routledge, 2005) pp. 237-262 (p. 259)

<sup>487</sup> Eve Tavor Bannet, *Eighteenth-Century Manners of Reading: Print Culture and Popular Instruction in the Anglophone Atlantic World* (Cambridge: Cambridge University Press, 2017) p. 153

<sup>488</sup> David Erskine Baker, *The Companion to the Stagehouse, or, An Historical Account of All the Dramatic Writers: Volume One* (London: T. Becket and P. A. Dehondt, 1764) Unpaginated

### Diagnosing Lady Brainsick's Disorder

From the opening of the play, the devious Planwell perceives his greatest chance of profiting off his latest scheme is by employing the language surrounding fashionable disease, realising that those who recognise and respond to his loaded terminology – though perhaps not fully understand it – are the most likely to be wealthy. Yet within the verbiage which Planwell employs, there is much that can be gleaned about Lady Brainsick's condition and the way in which she manages its symptoms. Our first exposure to the aristocrat's ill health is during an exchange between herself and the imposter-doctor, where the former is questioned about her condition before moving on to summarise her symptoms:

Plan. By all means my Lady, but do you find yourself troubled with head aches, a feverish Pulse, and other symptoms that indicate, and beat in every artery for a Bleeding?

Brain. O, most insupportably, Sir. Beside, a Continual Fidgetting whenever I sit; with a violent snapping of nerves all over me.<sup>489</sup>

Brainsick's reference to suffering from 'a violent snapping of the nerves', especially when it is considered alongside her assent to having other symptoms like headaches and a fast pulse, all point towards a diagnosis of a 'nervous disease'. As David E. Shuttleton points out, these conditions comprised a set of symptoms so nebulous they could be applied to practically any patient who complained of ill health:

the precise symptoms of "Nervous Diseases" were conveniently hard to pin down. Using a common classical trope, [George] Cheyne refers to the Vapours as "a *Proteus-like* Distemper" that often mimics other conditions, making it nearly impossible to "enumerate all the almost infinite Symptoms, Degrees, and Kinds," in a complaint often repeated by victims and physicians alike.<sup>490</sup>

As Shuttleton shows by covering both nervous diseases and the vapours in the same paragraph, however, it was mainly time which separated the identification of these

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<sup>489</sup> Hiffernan, *A New Hippocrates*, 1761, Huntington Library, MS. LA. 192, p. 13

<sup>490</sup> David E. Shuttleton, 'The Fashioning of Fashionable Diseases in the Eighteenth Century', *Literature and Medicine*, 35.2, 2017, pp. 270-291 (p. 272)

conditions, as opposed to any great disparity in how they manifested in the individual patient.

These conspiring factors mean that Lady Brainsick's condition may elude a firm diagnosis beyond the ill-defined label of 'nervous disease', but its presence in her life certainly predates Planwell's first appearance. We can be sure of its status as a pre-existing condition, as before Planwell is able to begin making his illegitimate medical interventions, Brainsick informs him she was already self-medicating with rhubarb and manna to treat her nervous issues and continuous headaches. This treatment was assumedly carried out on the advice of a genuine medical professional, as she claims to 'have consulted most of our Physician [sic]' about her ongoing medical problems before making Planwell's acquaintance – a fact which forces the imposter to take a contrarian stance:

Plan\_ Now Madam to return to your Case, have you lately taken any Physick?

Brain. Yesterday Sir.

Plan. Hum! \_\_\_ Gravell'd again \_\_\_ But Madam what was it you took, for some Cathartics are Diametrically opposite.

Brain. Rhubarb, Sir.

Plan. Rhubarb. Madam! Rhubarb! \_\_\_ The greatest Enemy to Phlebotomy it is of an attractive and Rebellious nature. It so initiates our solids, stimulates the heart, accelerates and vivifies the Blood; that were an orifice open'd however small, it would be beyond the power of Stiptic or Compress to stop the impetuous Torrent \_\_\_ you should have taken Manna Ma'am \_\_\_ Manna, Sweet Medicine! Which so justly deserves the epithet of Celestial \_\_\_ It's Balsamic, Oleaginous Particles, Sheath, Obtund, and Sweeten the acrimony of our peccant humours; comfort the stomach, mitigate the Heart give a placid motion to the nervous fluid; and make our blood when invited abroad by the Lance, bound out in a gentle Curve, so! so! \_\_\_

Brain. His definitions are perspicuity itself \_\_\_ nay I vow his very words are pectoral and Elixerish \_\_\_ On Recollection Sir, Manna was the principle ingredient and only fortified with a little Rubarb, was it not Letty?<sup>491</sup>

Brainsick's enthusiastic acceptance of Planwell's convoluted jargon speaks to the issue of fast-moving fashion. The ongoing debate around the causes of, and treatments for,

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<sup>491</sup> Hiffernan, p. 15

fashionable disease left room for physicians to impose their own medical interpretations and so offer unique insights to prospective patients. In short, Planwell's explanations appeal to Brainsick precisely because they are different to what other physicians have offered her previously.

In the market of medicine, the demand for the cutting-edge can be as powerful – and potentially reputation-forging – a force as that for the efficacious; or as the journalist Henry Southern (1799-1853) commented pithily: 'A fashionable physician needs not introduce a new drug – it is the drug's business to introduce the unknown doctor.'<sup>492</sup> Under the influence of fashion, Brainsick's diagnosis and regimen exist in a constant state of flux – able to be altered and adapted to fit the evolving advice of fashionable physicians, who themselves are informed by the changing mode. Of course, this is a two-way process, with Brainsick equally able to tailor the treatment of her condition to suit her own needs, accepting and rejecting medical advice as she deems appropriate. Following from this, when she is struck with another bout of symptoms associated with her vague disorder, she looks to her maidservant for support in taking the airs around her garden. This is a means of treating her condition not suggested by Planwell, implying it was medical advice provided to her by a previous physician which she has elected to maintain:

Brains \_ O terrible! I do not believe my Brain is in its usual situation, she has violently shook and rattled it, my Teeth Chatter my Knees knock together, my heart thumps again[st] my Ribs, and every other appurtenance about me is in a perfect tremor \_\_\_ If I stay any Longer I'm a gone Woman.

[...]

Brains \_ Give me thy arm; support me to the Garden that by taking a turn there, I may dissipate this hurting Tempest from my head, before I venture to see any body.<sup>493</sup>

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<sup>492</sup> Henry Southern, 'On Fashions in Physic' in *The London Magazine New Series*, Vol. III October (London: Hunt & Clarke, 1825) pp.177-191 (p. 186)

<sup>493</sup> Hiffernan, pp 8-9



When these two scenes are read together, a pattern begins to emerge outlining Brainsick's personal medical regimen. Thus armed with an understanding of how she manages her own condition, we can see how closely it aligns with advice available to women at the time to assess whether Brainsick is conforming to accepted medical practice, or if she has already fallen victim to medical misinformation even before Planwell's arrival. An overview of 'Nervous Disorders' is present in the anonymously published *The Ladies New Dispensatory* (1769) – which we have visited previously in chapter one of this thesis – where it provides advice 'professedly calculated for the use of the ladies' about how they might best manage their chronic conditions:

When these disorders have once taken hold of the constitution, they can hardly ever be extirpated. However, they may be moderated by a regular and temperate life, serenity of mind, and daily exercise, especially on horseback. A solid diet is here preferable to a liquid one; and much use of tea is supposed to be injurious. The belly ought to be kept open by the occasional use of any laxative that is most agreeable to the patient.<sup>494</sup>

Every step detailed in the management of nervous disorders is undertaken willingly by Lady Brainsick. As we have seen, she is self-medicating with senna and rhubarb, the former of which William Buchan identifies as one of a number of 'gentle laxatives, as weak infusions of senna and manna'; later going on to list both ingredients as 'gentle purgatives; as manna, rhubarb, cream of tartar or such like'.<sup>495</sup> The daily dose of two gentle laxatives, which might be of benefit to any healthy individual, and taking the occasional turn around the garden with her maid is all that is required for Brainsick to legitimise her illness. As a result of making only the most minimal of adjustments, Lady Brainsick can begin luxuriating in her sedate lifestyle whilst maximising her opposition to her cousin in the process.

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<sup>494</sup> Anon, *The Ladies New Dispensatory, and Family Physician* (London: Johnson and Payne, 1769) p. 1 & 97

<sup>495</sup> Buchan, p. 268 & 327

Other elements of the regimen appear to chime with her already entrenched world view, as in relation to leading a 'temperate life' Brainsick only perceives further opportunity to stress the diametric difference between her cousin and herself:

L. Brains. Order some Tea for the young Lady \_\_\_\_\_ I suppose Cousin you

[Lady Brains. cont.] you regale yourselves with Tea now and then in the Country \_\_\_\_

G. Wapen. regale ourselves now and then with tea quotha! no thank you, we have much better Liquor to regale with in the Country \_\_ a brimming Tankard and Toast.

Brain. O Intolerable! I feel myself swooning away. The filthy Image of so vile a Potion has quite overpowered me.

{Lady Brains. faints Letty applies a smelling Bottle.<sup>496</sup>

Brainsick is able to weaponize her illness in the cultural conflict between her cousin and herself, between the town and the country personified. When filtered through the lens of her illness, alcohol becomes both 'filthy' and 'vile', with the obvious implication that G. Wapentake must share these traits given her enthusiastic endorsement – and regular consumption – of the 'potion' in question.<sup>497</sup> Sickness becomes a tool for Brainsick, a shorthand way to signal her strong connection to the culture of the city, with its emphasis on refinement, whilst making the country – a wild place of vigorous outdoor activities – an impossibility for someone of her constitution.

### Delicacy, Fragility and Gender

The cultural cachet associated with nervous disorders went beyond a simple affiliation with city life, however, as there was also an ingrained gendered aspect core to understanding the condition. As the name implies, nervous disorders of all kinds were thought to be caused by

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<sup>496</sup> Hiffernan, pp. 7-8

<sup>497</sup> Tissot does endorse Brainsick's approach here by advising those afflicted with nervous disorders to abstain from alcohol. Tissot, *On the Disorders*, 1772, p. 75

an underlying issue with the nerves of a human body, which – as Rose Alexandra McCormack explains – might be unique to an individual but were also tied intrinsically to a person's gender:

The understanding of nervous illness was based on a growing and complex body of literature which discussed the nature of human nerves. It was argued by many, including the influential George Cheyne, that healthy nerves had “masculine attributes; they were strong, hard, resilient”, whereas weak nerves had feminine qualities [...] Women were believed to be especially susceptible to such [nervous] disorders [...] and [they were] regarded as the sign of an especially tender and compassionate feminine nature.<sup>498</sup>

By identifying with a purposely nebulous condition like a ‘nervous disease’, Lady Brainsick is able to align herself with those ‘feminine’ qualities with which she wishes to be associated – delicacy, refinement and gentility – whilst dispelling any association with her own family in the form of Wapentake. Indeed, Wapentake's healthy athleticism transmutes into sickening masculinity when viewed through Brainsick's concept of illness, a condition which she claims can be treated as readily as her own:

L. Brains \_\_\_\_ What a ferocious Rustick it is! How offensively healthy she looks! What a Butcherly Bloom in her face! She ought to lose an hundred ounces of blood, and be Physic'd every other day for three Months to bring down her Complexion to an air of Quality; and emasculate her athletic constitution if possible. It almost turns my stomach to look on such a Robust being in Petticoats.<sup>499</sup>

Bloodletting becomes both a punitive and curative practice for Brainsick, a way to – quite literally – cut her cousin down to size, but also ensure her body is cleansed of unnatural masculinity. Brainsick's desire to ‘bring down her [cousin's] Complexion to an air of Quality’, whilst rejecting outright the notion of ‘a Robust being in Petticoats’, helps facilitate a further blurring between the lines of aesthetic fashion and fashionable disease. If Wapentake were to dress correctly for a woman of her rank, then the hardy state of her health

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<sup>498</sup> Rose Alexandra McCormack, “‘An assembly of disorders’: Exploring Illness as a Motive for Female Spa-Visiting at Bath and Tunbridge Wells throughout the Long Eighteenth Century”, *Journal for Eighteenth-Century Studies*, eds. Clark Lawlor and Anita O'Connell, 40.4, 2017, pp. 555-569 (p. 563)

Roy Porter in George Cheyne, *George Cheyne: The English Malady*, ed. Roy Porter (London: Routledge, 1991) pp. ix-xlii (p.xli)

<sup>499</sup> Hiffernan, p. 5

would undermine any outward attempt at appearing feminine.

In fact, these destabilising masculine qualities appear to have been heightened as they were translated to the stage production – both in terms of costume and performance – as David Erskine Baker describes the character in his *Companion to the Playhouse* (1764) as ‘a Yorkshire, Galloping, Foxhunting, Female Rustic, dragg’d in by Head and Shoulders’.<sup>500</sup> Baker’s description is loaded with physicality, indicating that the actress playing her – likely either a Mrs. Bennett or Mrs. Kennedy – was galloping about the stage, apparently with a recognisably Yorkshire accent (which may have lent her character a further earthy quality in comparison to Brainsick’s vocal refinement, as the text makes no mention of either being from Yorkshire), whilst wearing a costume which made her immediately identifiable as a ‘female rustic’.<sup>501</sup> This glimpse into the production as performed does create some tension between Brainsick’s textual description of Wapentake as ‘a Robust being in Petticoats’ and the apparently rustic attire the actress actually adopted on stage, but the underlying conflict remains constant – the mere thought of Wapentake adopting the correct attire for her gender is physically repugnant to Brainsick for as long as her cousin retains her rude health.

Yet Hiffernan’s comic hyperbole here belies an underlying reality: that being in possession of a deathly pallor really was the height of fashion for a woman throughout the eighteenth century. Tracing the trajectory of this fashion for preferencing ‘whiteness’ in all its forms, Amelia Rauser reveals the shifting desire to move towards a more ‘natural’ form of the colour by the close of the century:

Whiteness was the beauty ideal not only for neoclassical gowns, but for the body and skin as well. A white mask of cosmetic face paint, or blanc, had long been the norm for formally dressed ladies in the eighteenth century, but in the 1790s the deliberate artifice of the white mask was supplanted by a desire for “natural” whiteness without additional colouring.<sup>502</sup>

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<sup>500</sup> David Erskine Baker, 1764, Unpaginated

<sup>501</sup> George Winchester Stone, *The London Stage, 1660-1800, Part 4:2: 1747-1776* (Carbondale: Southern Illinois Press, 1962) p. 853

<sup>502</sup> Amelia Rauser, *The Age of Undress: Art, Fashion and the Classical Ideal in the 1790s* (New Haven: Yale University Press, 2020) p. 127

*A New Hippocrates, or, a Lesson for Quacks* was submitted to the censor in 1761, almost three decades before the advent of 1790. Thus in her pursuit of a more 'natural' method of skin whitening, as opposed to relying upon the older practice of applying foreign substances to the face, Lady Brainsick is actually anticipating the future of fashion and perhaps – given her status as a woman of high rank and good taste – is even influencing its trajectory. Of course, bloodletting could hardly be construed as a beneficial procedure by modern standards, but when compared to contemporary alternatives like arsenic complexion wafers or lead-based facial powders – which were used to achieve a similarly sickly appearance – it still represented one of the least destructive options in the long term. Less hazardous substances did exist and were readily available, as Romana Sammern explains, but such options were consistently overlooked in favour of more toxic alternatives:

Among the most widespread cosmetic ingredients from the early modern period up to the eighteenth century was white lead (ceruse). Although white lead was poisonous and caused many of the effects associated with lead poisoning – and despite the fact that less harmful powders, such as starch, alabaster and crushed mother-of-pearl, were obtainable – it was popular because it was easy to apply, it was opaque and it created the effect of a smooth complexion.<sup>503</sup>

In 1774, the *Lady's Magazine* (1770-1847) would weigh in on this debate. Its intervention is significant as the publication itself acted as a cultural touchstone in its ability to reflect, and to some degree guide, ideas surrounding what was considered fashionable for, as Ros Ballaster has noted, the publication 'did enjoy some remarkable successes' in terms of its circulation and influence on society.<sup>504</sup> Moreover, Ballaster frames the magazine's mission as one which aligns comfortably with Lady Brainsick's worldview, arguing that it

offers its women readers a programme of femininity as ornament; becoming feminine is a task to be accomplished through the acquisition and consumption of the magazine itself, but a task wholly identified with the world of leisure, and a task that can be a

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<sup>503</sup> Romana Sammern, 'Red, White and Back: Colors of Beauty, Tints of Health and Cosmetic Materials in Early Modern English Art Writing' in *Early Modern Color Worlds*, eds. Tawrin Baker, Sven Dupré, Sachiko Kusakawa and Karin Leonhard (Leiden: Brill, 2015) pp. 109-139 (pp. 135)

<sup>504</sup> Ros Ballaster, 'Eighteenth-century Women's Magazines' in *Women's Worlds*, eds. Ros Ballaster, Margaret Beetham, Elizabeth Frazer and Sandra Hebron (London: Macmillan, 1991) pp. 43-74 (p. 69)

pleasure, not a labour.<sup>505</sup>

Understood as an object of leisure, existing to edify its readership into a state of femininity through instruction, the following statements from the *Lady's Magazine* carry increased significance in capturing contemporary notions of the feminine ideal. In its 'An Essay on Dancing', which aimed to explain 'the advantages of dancing as an exercise and accomplishment' to its readership of young women, the magazine frames many of the qualities associated with fashionable disease as being the product of a fundamental aversion to exercise:

Many disorders incident to the higher ranks of life, among the ladies especially, of our own nation, are, doubtless, owing to that false delicacy which gives them an aversion to exercise and bestows in return that pallid hue, those irritable nerves, and those general principles of weakness and a diseased constitution, so very prevalent in the sex.<sup>506</sup>

The essay's use of the phrase 'false delicacy' positions delicacy not as a trait intrinsic to women, but rather as an affectation which could be the root cause of all their suffering. This nuanced stance differs from arguments we have seen previously, which have viewed fashionable diseases as affectations in themselves, and instead sees the pretence of delicacy as preventing exercise, which in turn leads to genuine sickness. In one of the few stage directions Hiffernan provides – as the second scene opens and Lady Brainsick is first introduced visually to the audience – we see how closely she conforms to the article's concerns: '*Her Ladyship discover'd sitting on a Sopha in an affected richly attire*'.<sup>507</sup> Lady Brainsick's costume may be a consciously affected one, but the psychosocial signal it sends to the audience is an issue, not because it heralds a 'false delicacy' and thereby an affected illness, but because it forces her to adopt a sedentary position on the sofa as a crucial part of the overall aesthetic of sensibility: a lifestyle choice which ensures she remains genuinely

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<sup>505</sup> Ibid, p. 74

<sup>506</sup> Anon, 'An Essay on Dancing: Part I' in *The Lady's Magazine*, Vol. V (London: G. Robinson, 1774) p. 404  
Ibid, 'An Essay on Dancing: Part II', p. 523

<sup>507</sup> Hiffernan, p. 6

unwell.

Yet even as the *Lady's Magazine* article continues to advocate that women should dance to strengthen their general constitution, and so sidestep the avoidable fate of ill-health which has befallen Lady Brainsick, it nonetheless concedes that

Delicacy is an essential in the composition of female beauty, and that strength and robustness are contrary to the idea of it, nay even fragility is consistent with it. The beauty of women is greatly owing to their delicacy or weakness.<sup>508</sup>

Dancing, the essay argues, is a perfect form of exercise for a young woman's development as it ensures vitality whilst preserving the all-important quality of delicacy. Although the essay maintains its stance that illness is not the way to achieve an attractive form of weakness, it nonetheless reinforces Lady Brainsick's notions of femininity as rational and correct.

Moreover, its condemnation of 'strength and robustness' as directly 'contrary' to the concept of women's beauty aligns itself completely with Brainsick's view of her country cousin, whose outdoor pursuits lack any of the delicacy associated with dance.

Nine years after the first performance of *A New Hippocrates, or, a Lesson for Quacks*, this anonymous writer for *The Lady's Magazine* would endorse publicly those attributes which Lady Brainsick believes mark her out as a woman of quality, if not necessarily her method for achieving them. In fact, time would continue to vindicate Brainsick's correct intuition for the future of fashion for, as Carolyn A. Day summarises, 'by the early nineteenth century health and activity were deemed vulgar, while languid and listless ladies sporting pale complexions were all the rage'.<sup>509</sup> It would appear that some fifty years after Hiffenan committed his comedic production to the censor, fashion would continue to follow the extremes exemplified by his central characters. The fiction, it seems, was as strange as the fact it was attempting to satirise.

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<sup>508</sup> Ibid

<sup>509</sup> Carolyn A. Day, 'Dying to be Beautiful: Fragile Fashionistas and Consumptive Dress in England, 1780-1820', *Journal for Eighteenth-Century Studies*, 40.4, 2017, pp. 603-620 (p. 606)

### The Balance of Patient Power

As with all aspects of Planwell's scheme, his relentless focus on fashionability ensures that Lady Brainsick remains receptive to his suggestions. As we have seen, Brainsick already considers – like many orthodox medical practitioners of the period also believed – bloodletting to be an important and cleansing procedure, but Planwell is able to capitalise further on this already fertile ground by simply appealing to his patient's vanity:

Plan \_\_\_ ay Madam, and for this obvious reason \_\_\_ What can be more shocking than to see a Lady's delicate arm profan'd, by the rude manipulation of our Vulgar, ~~Cath~~ Chirurgical Pandours \_\_\_\_ I have seen one of those fellows stroke a Lady's lilly white and azure streak'd skin; in as a rough a manner as a Groom handles a foul footed animal.

Brain \_\_\_ a most lucky information \_\_\_ had you not call'd, I intended to send to day for our Surgeon to bleed me: but will give the preference to your more Scientific and Elegant manner of operation.<sup>510</sup>

The exchange is revealing, for though Planwell plays on Brainsick's fear of damaging her fashionably white skin, it is actually Brainsick who ultimately holds the power in the dynamic. First, it is clear that she dictates when she is going to be bled and does so according to her own needs, not when it is recommended by a medical professional. Second, having already decided upon undergoing the procedure that day, she is swayed only by Planwell's offer to perform it immediately, as opposed to being convinced to do it unnecessarily. In short, though it may appear the terms of the transaction are being decided here by Planwell, it is actually Brainsick who is in control of how her own condition is treated. Her process of self-fashioning continues unaltered. The regimen she has already assigned herself is maintained – it is only the medical professional she is employing for the purpose which has changed.

The despotic control patients could wield over their fashionable ailments, in the manner of

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<sup>510</sup> Hiffernan, p. 13



Lady Brainsick, was a recognised issue during the long eighteenth century. Clark Lawlor, summarising the sentiments of journalist Henry Southern, identifies the heart of this problem which Southern derided as 'Dilettante Physic':

The control over one's own prescriptions, an alleged but illusory knowledge, merely removes the possibility of a proper, professional assessment of the disease. Cheating the doctor is a fashionable activity, and patient power results in further fashionable patient illness. Even the placebo effect is removed by this kind of mistakenly malign medicine.<sup>511</sup>

It is certainly one way to view the practice, and one which detractors of fashionable disease were keen to emphasise. Naturally there might be an associated risk with disregarding medical opinion, applying pressure to a practitioner to alter a diagnosis, or simply seeking out another source of medical information altogether. Yet to accept this argument wholesale is to side-line patient experience in favour of preferencing medical authority, which – as we have seen throughout this thesis – was a concept itself in flux during the eighteenth century. As Heather Meek establishes, prominent physicians were privately admitting the limitations of their own knowledge in the face of these new conditions, whilst at the same time women writers were working to find novel ways of expressing the suffering their symptoms caused them. The result was a culture of uncertainty, where responsible physicians would operate from a position of acknowledged – if not necessarily transparent – fallibility, as Meek outlines:

In their discussions of the group of analogous illnesses known as spleen, melancholy, vapours, and hypochondriacal and hysterical affliction, eighteenth-century physician writers often operated on a principle of humility, embracing uncertainty, admitting fault and assuming a willingness to question their own assumptions. They recognised that elusive processes were at the heart of these conditions, which came with a vast amalgam of physical and psychological symptoms.<sup>512</sup>

The meeting point between influential physicians realising tacitly their potential for misunderstanding, and women writers like Blamire revealing their rich inner worlds through

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<sup>511</sup> Ibid, p. 376

<sup>512</sup> Heather Meek 'A "Prodigious Latitude" of Words: Vocabularies of Illness in 18th-century Medical Treatises and Women's Writing', *Medical Humanities*, 48.2, 2022, pp. 253-260 (p. 254)

the medium of poetry, is one which surely recognises the intrinsic value of patient experience and the fundamental precarity of professional medical opinion, especially when focused on conditions only just being identified. In order to understand new diseases, patient testimony is the single most valuable tool available to medical professionals, particularly when objective medical testing – blood, urine, sonography, etc. – are a thing of the distant future.<sup>513</sup>

Understood in these terms, an approach like that of Lady Brainsick transitions from a delusional and dangerous pursuit into an ongoing act of self-preservation. Finding the response of a particular physician dissatisfying – one who perhaps framed their own expertise as infallible and so disregarded Brainsick's patient narrative – could push her to acquire a plurality of opinions in order to find one which best aligns with her own experience. There is agency in actively seeking out second opinions on a continual basis in this manner. Like trying to find a garment which flatters her figure most, sourcing a diagnosis which suits her sensibilities becomes an exercise in self-fashioning for Lady Brainsick.

This is another reason for Planwell's continued success. Whenever he poses a question to Brainsick, no matter how absurd and lofty the surrounding jargon, he always ensures that he incorporates his patient's own narrative into the very centre of his response. By placing his patient at the heart of his orations in this fashion, Planwell validates both her experience and suffering and so generates trust between patient and practitioner. It is a careful balancing act for Planwell: at once appearing as the knowledgeable party in the pair and so inspiring confidence in his patient, whilst recognising that same person is responsible not only for his salary but also possibly his future reputation. In this way, the power balance between patient and practitioner is inverted to some degree in relation to fashionable disease, given the patient's ability to disregard their diagnosis and call into question the very authority of the

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<sup>513</sup> Heather R. Beatty, *Nervous Diseases in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (Abingdon: Routledge, 2015) p. 64  
Porter and Porter, *In Sickness and In Health*, 1988, p. 137

practitioner. As we have seen, the question of legitimacy – and who was equipped to confer it – had been a source of anxiety for medical practitioners throughout the eighteenth century. Yet the strength of the economic and social status held by the clientele who usually suffered with fashionable diseases ensured that any professional authority on the part of the practitioner could be challenged successfully. After all, a practitioner's professional reputation – especially those who catered to the ailments of the upper ranks – could be created or destroyed by the (un)charitable word of a person of quality.

Although fashionable diseases were experienced by the middling sort of society – and even to some degree by the lower orders – it was disproportionately the upper echelons who were usually the subject of contemporary medical commentary, as Carolyn A. Day summarises:

Diseases such as melancholia, gout and consumption became associated with the refined members of society, and, as Adair suggested, the “great and opulent” were subject to the whims of fashion “in their choice of diseases”. Sir William Temple lamented the practice, describing the popularity for illnesses and their treatments as being “very much seen or heard of at one season, disappearing in another”.<sup>514</sup>

Viewed predominantly as conditions caused or exacerbated by a luxuriant lifestyle only affordable to those of privilege – and which plagued individuals with delicate constitutions indicative of a genteel pedigree – physicians who wrote on the subject of fashionable disease were addressing a select audience. This readership is also reflected in more private spheres, with Katherine Allen uncovering evidence of fashionable diseases within the manuscript recipe books of elite households:

As is evident from recipe books, elite individuals did suffer from society-wide health problems, particularly acute diseases, but also faced chronic conditions specific to their genteel lifestyles, many of which have been termed “fashionable diseases.” [...] The term “elite” here refers to the “upper sorts” with varying circumstances of social status and wealth, including the aristocracy, lesser nobility, and land-holding individuals in public office or business.<sup>515</sup>

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<sup>514</sup> Day, p. 604

<sup>515</sup> Katherine Allen, ‘Recipe Collections and the Realities of Fashionable Diseases in Eighteenth-Century Elite Domestic Medicine’, *Literature and Medicine*, 35.2, 2017, pp. 334-354 (pp. 334-335)

It should be reiterated that these volumes were deeply personal records intended to be passed down through successive generations, not only containing medical recipes but also births, deaths and other information significant to the family's personal history. The appearance of such recipes in these manuscript texts, which were considered valuable sources of knowledge and never intended for public circulation in their entirety – only occasionally passed between trusted parties like friends and extended family for the purpose of copying – suggests strongly that the suffering caused by fashionable diseases was experienced sincerely, even where the cause was psychological in origin.<sup>516</sup> The treatment of these texts, therefore, challenges the entrenched satirical notion that such medical conditions manifested as consciously inauthentic affectations. Hidden between the hardcovers of a book, the body of a recipe's text could hardly excite sympathy from among the owner's peers, but its mere presence in the volume implies a private desire to overcome the symptoms associated with a given fashionable disease.

Allen's analysis is also valuable in its clear definition of the term 'elite'. Of course, women would be unlikely to possess land in their own right, nor hold high positions of public office, but even being married to men who occupied such stations in life would lend these women considerable social status. This social standing, and the ability to influence the opinion of other potential patients, gave these women power to disrupt the gender dynamics which would usually dictate who held ultimate authority over a given diagnosis. As we have seen in previous chapters, women practitioners would often defer to male professionals when either the limits of their knowledge had been reached, or if the patient under their care did not

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<sup>516</sup> Sharing individual recipes – as opposed to an entire collection – was a much more common practice, one which could be conducted orally or through written correspondence, frequently crossing social ranks in the process.

Michelle DiMeo, 'Authorship and Medical Networks' in *Reading and Writing Recipe Books*, eds. Michelle DiMeo and Sara Pennell, pp. 25-46 (pp. 27 & 33)

Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace"' in *Medicine and the Market in England and its Colonies, c.1450-c.1850*, eds. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007) pp. 133-152 (pp. 133-134)

appear to be improving. Capitalising on the power afforded by their social position, women of rank could subvert the trend seen by women practitioners of previous chapters and challenge male physicians, regardless of their qualifications, as N. D. Jewson details:

Aristocratic patients were in a position to choose for themselves the most satisfactory or amusing practitioners from among the host of medical men who clamoured for their favours. It was the patient who judged the competence of the physician and the suitability of the therapy. The wealthy and influential threw their support behind whichever practitioner pleased them and withdrew it from those in whom they were disappointed. Thus it was the client who held ultimate power in the consultative relationship.<sup>517</sup>

Although Lady Brainsick is seen to be treating Planwell with a great degree of deference, by indulging his diagnostic reasoning – which is purposely contrarian to orthodox medical opinion – she is, by extension, disdaining the diagnosis of every other physician who came before him, no matter how politely she may have treated each of them at the time.

The precarious task of maintaining the high opinion of their patients was an issue for any practising fashionable physician. One way of increasing trust between practitioner and patient, and therefore ensure an ongoing relationship, was for the former to position themselves as having shared experience with the latter. As Heather Beatty explains, genteel physicians would capitalise on a shared identity of affluence to argue that their medical knowledge could be combined with insight from having lived a refined lifestyle themselves, facilitating an effective diagnosis of fashionable disease in the process – one which would apparently elude ordinary physicians:

Rather, by acknowledging the difficulty of correctly detecting this ailment, doctors treating and publishing on nervous disease could conveniently reinforce their reputations as a privileged and elite few; only they were shrewd enough to detect nervous disease amidst the masses of jumbled symptoms, and only they possessed the upper-class sensibilities necessary to properly sympathise with and relate to what was commonly perceived to be a largely upper-class group of sufferers. My review of the authors publishing on nervous disease in the late eighteenth century reveals that most were, in fact, genteel members of the medical elite; the vast majority were wealthy,

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<sup>517</sup> N. D. Jewson, 'Medical Knowledge and the Patronage System in Eighteenth-Century England', *Sociology*, 18.3, 1974, pp. 369-385 (pp. 375-6)

well-connected, well-respected, and well-educated MDs.<sup>518</sup>

Operating within an elite community meant physicians were catering to relatively few clients. Words could be exchanged rapidly and reputations altered along with them, but having physicians arise from within this closed community enabled genuine social connection. One of those fashionable physicians who capitalised on this shared identity was George Cheyne, who framed fashionable disease as a corporeal price to pay for material profit:

Cheyne blamed an apparent increase in such disorders on modern lifestyle – over-rich foods, lack of exercise, smoke-filled cities – but at the same time lent such complaints social cachet as, in effect, a success tax upon those reaping the rewards of Hanoverian mercantile expansion.<sup>519</sup>

Cheyne, like other fashionable physicians of the period, could claim honestly to share the travails of an affluent lifestyle. Having published his book on gout in 1719, by 1723 he weighed thirty-two stone and suffered terribly with the condition.<sup>520</sup> This first-hand experience of the illness enabled him to set up a thriving practice which specialised primarily in gout, but also catered to those afflicted with nervous disorders, in the vein of Lady Brainsick.<sup>521</sup> It is this personalised engendering of a connection between patient and practitioner that could make searching for a second opinion such an appealing prospect. Understood not as the callous whim of an indecisive personality, but rather an essential step in finding relief from a disorder, sourcing a second opinion could legitimise publicly what a patient had been suffering with privately. Beatty captures this sense of creeping desperation experienced by patients as satirical attacks on fashionable disease increased: 'Popular

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<sup>518</sup> Heather R. Beatty, 'Quacks, Social Climbers, Social Critics, and Gentlemen Physicians: The Nerve Doctors of Late Eighteenth-Century Britain' in *The English Malady: Enabling and Disabling Fictions*, ed. Glen Colburn (Newcastle: Cambridge Scholars Publishing, 2008) pp. 67-94 (p. 71)

<sup>519</sup> Shuttleton, 'The Fashioning of Fashionable Diseases', p. 275

<sup>520</sup> Anne Charlton, 'George Cheyne (1671 or 73–1743): 18th-Century Physician,' *Journal of Medical Biography*, 19.2, 2011, pp. 49–55 (p. 51)

<sup>521</sup> Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne* (Norman: University of Oklahoma Press, 2000) p. XIX

discourse accusing nervous patients of faking their complaints forced many to speak defensively about their symptoms and to feel the pressure of proving their reality.<sup>522</sup> Frequently accused of 'flaunting or even faking fashionably disordered nerves', patients would push to have their suffering recognised and to no longer – in the style of satires like *A New Hippocrates* – be dismissed and mocked as having an indulgent affectation of only the most affluent in society.<sup>523</sup> At the core of all patient discourse surrounding fashionable disease was that most central of human needs: to be understood.

### *The Quacks, or, the Credulous Man*

The importance of being understood is a theme which also carries through to the second of our unpublished and overlooked plays, *The Quacks, or, the Credulous Man*, as it is ultimately Lady Meagrim's compassionate understanding which frees her husband from the clutches of quackery, and the duo of doctors who were motivated only by the selfish desire to profit materially from his suffering. Yet Lady Meagrim's intervention is presented neither as an over-stepping of authority on her part as a woman, nor a moral failing of Sir Toby's masculine role within the household. Instead of judging her husband – as John Resolute did Lady Brainsick – or mocking the concept of fashionable disease itself, Lady Meagrim's priority is simply protecting him from harm, though the theme of quacks seeking to extend their services for as long as possible remains a constant between both plays.

Although the author of the *The Quacks, or, the Credulous Man* is unnamed on the manuscript, a line from John Egerton's *The Theatrical Remembrancer* (1778) records the play as being the work of the surgeon Jesse Foot, which chimes with the Huntington

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<sup>522</sup> Beatty, 2015, p. 96

<sup>523</sup> Ibid.

Library's current attribution of the work.<sup>524</sup> *The Theatrical Remembrancer* also informs us that the play was first performed at Drury Lane in 1784, though it provides no detail of how long the production ran for, nor any other indication of its critical or commercial reception. What scant evidence we have elsewhere implies the production ran for at least two nights: we have details of its opening on the 19<sup>th</sup> April and an advertisement in the *Gazetteer* on the 20<sup>th</sup> April which provides a full cast list, but there is no indication it ran beyond this latter date, meaning that – like *A New Hippocrates* – it probably had a very limited run.<sup>525</sup> Despite the lack of information available, the fact that the play's author was a medical professional adds to its value as a piece of social commentary. Like Hiffernan, Foot was combative by nature and despite having penned a number of biographies during his lifetime, he is now remembered mainly for his vicious attacks on fellow surgeon John Hunter.<sup>526</sup> In his biography on this last subject, Foot opens with a disclaimer which appears almost comical when read alongside its later contents:

The charge which I have taken upon myself stands exactly upon a similar basis of a judge, who never acquits nor condemns any one from the narrow motive of partiality, but every one is treated according to the nature of his case.<sup>527</sup>

Any semblance of objectivity is abandoned almost immediately after this declaration, however, as Foot descends into attacking Hunter's medical achievements, explaining why each is overvalued by the public, and why his reputation is so sorely undeserved. Concluding the piece, Foot launches an *ad hominem* tirade which provides little by the way of evidence for his claims:

It will be found – that the advancement of John Hunter to that professional height, at which he was, at length, seen to soar, – was owing to the decline of those, who stood in his way. He did not supersede, but succeeded to them. [...] John Hunter was

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<sup>524</sup> John Egerton, *The Theatrical Remembrancer* (London: T. and J. Egerton, 1778) p. 259

<sup>525</sup> Charles Beecher Hogan, *The London Stage, 1660-1800, Part 5: 1776-1800* (Carbondale: Southern Illinois Press, 1968) p. 696

<sup>526</sup> The National Archives, *Jesse Foote 1744-1826* (Richmond: The National Archives)

<<https://discovery.nationalarchives.gov.uk/details/r/5cdc6ce3-4447-4e8e-b77d-4268c04380b5>> [accessed: 8 November 2021] N.B: This source transcribes Foot as 'Foote'.

<sup>527</sup> Jesse Foot, *The Life of John Hunter* (London: T. Becket, 1794) p. 6



industrious, but he was slow; and letter writing was not in the scale of his education or ability. [...] He sunk the dignity, and tarnished the honour of the office, by the elections he made, and the establishment he formed, in the hospitals on the Continent.<sup>528</sup>

Despite how vicious the volume is in content, Foot was quite happy to put his name on the title page, ensuring his title of 'surgeon' was printed along with it. Although a brief passage in the memoirs of writer Percival Stockdale (1736-1811) does introduce Foot as an 'eminent surgeon', the scene then goes on to sketch him as a man who surrounded himself with authors and booksellers.<sup>529</sup> This dual reputation as both a successful surgeon and a known literary figure – unafraid to espouse controversial views on matters medical – left Foot well placed to pen a play on the subject of fashionable disease.

### Lady Meagrim and Sir Toby

*The Quacks* is immediately marked out as a unique offering amongst satirical depictions of fashionable disease by the relationship between its two most central characters, Sir Toby Meagrim and his wife. We are first introduced to Lady Meagrim alongside her daughter, Kitty, during the second scene of the play, the pair having just arrived in London. Kitty is filled with anticipation and excitement, but Lady Meagrim expresses frustration at having been summoned to the city by her husband:

Miss Kitty

Oh dear Mama, I vow I'm glad I am come up to London \_\_\_ what a Charming, Charming place it seems to be. I long to be abroad, & Papa has promis'd me, I shall go with him when he visits these Foreign fine Doctors.

Lady.

And I long to be back at Fenne Hall, for so ridiculous and dangerous an Errand was never before undertaken and I feel very unhappy for the consequences.

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<sup>528</sup> Ibid. pp. 274-276

<sup>529</sup> Percival Stockdale, *The Memoirs of the Life, and Writings of Percival Stockdale*, Vol. 2 (London: Longman, Hurst, Rees, and Orme, 1809) p. 92

Miss Kitty.

For why, Mama!

Lady.

How absurd to suppose that Foreigners who's [sic] Characters and Education are only known by their advertisement & hand Bills should command a preference to our own Physician bred at one of our universities \_ Extensive in his Practice \_ Independent in his Fortune & Sound in his abilities, But the Sincerity of Doctor Sago. hath Been in a great measure the cause of this Journey.<sup>530</sup>

Lady Meagrim draws clear distinction between British doctors and those of other nations which both her daughter and husband perceive as being of 'fine' quality. Although there does appear to be an unhealthy dose of nationalism tainting her view of foreign doctors, it is mainly their dependence on using 'advertisement[s] & hand Bills' to lend their practice legitimacy which she views correctly as indicative of fraudulence. Lady Meagrim exhibits obvious pride at the concept of a physician being 'Bred at one of our universities', perceiving the qualification as an objective mark of quality, but she does not disdain universities of other countries – only the practice of using advertisements as dubious proof of having attended one. Aside from the foreign doctors eventually being exposed as charlatans by the play's conclusion, and thereby proving her instincts correct, Lady Meagrim is also at pains to point out that she compares all medical professionals against the family's university-educated physician, Sago, whose sound advice – as evidenced to the audience by his very name – her husband has already dismissed:

Lady.

Why he affronted your Papa, because he wou'd not yield to his Chimerical absurdities, he told him that his complaints were for the most part imaginary, and discountenanc'd like a man the abuses of good Sense your Father fell into of weighing himself in a Chair, living upon Vegetables and drinking morning noon & night his Draughts of Phlogisticated Waters, as he calls them.

Miss Kitty

I'm sure nobody Reads more than my Papa, and I thought  
That was always the way to obtain good sense.

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<sup>530</sup> Foot, *The Quacks*, 1784, Huntington Library, MS. LA. 650, p. 5

Lady.

It is by no means a general rule, Kitty. It depends upon the authors that are read and the conclusions drawn from them. Surely it wou'd be better for your Papa if he left the deep researches of Physic to the illustrious professors of it, and his Health also to their Care, whilst he shou'd amuse his leisure Hours in the Exercises of the Field, the Cultivation of his Lands Reading the History of his Country, and Studying to Emulate the noble Characters of his ancestry. But I hear him coming.<sup>531</sup>

Like the other women this thesis has centred on, both fictional and real, Lady Meagrim displays a clear admiration for 'the illustrious professors' who study medicine. There appears to be no underlying issue of gender informing Lady Meagrim's viewpoint, and she is quite content to leave the practice of medicine in the hands of men, providing they are properly qualified. We have seen a similarly positive attitude appear in passages relating to Tabitha Bramble, Mrs. Jewkes and Susanna Blamire, all of whom had male physicians they were happy to call upon when the limits of their own knowledge had been reached. Unlike those women, however, Lady Meagrim does not seem to support the practice of domestic medicine herself, instead insisting that her husband should focus his attention on the management of his estate – suggesting that he is also failing in his duty on this front.

As was the case with Clark Lawlor's observation about the Baynards in *The Expedition of Humphry Clinker*, there is an implicit link between mismanaging one's estate – particularly at the behest of an overbearing spouse – and emasculation coupled with ill health.<sup>532</sup> Here the situation is similar, but Lady Meagrim makes no attempt to wrest control of the estate, victim as it is to Sir Toby's benign neglect in favour of obsessing over his own health. Foot allows the audience to draw their own conclusions about Sir Toby's conduct, as Lady Meagrim makes no attempt to usurp his masculine authority and instead seeks only to turn his full attention back to his duty of managing the estate. We learn that Sir Toby has taken to 'weighing himself in a Chair, living upon Vegetables and drinking morning noon & night his

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<sup>531</sup> Ibid, pp. 5-6

<sup>532</sup> Clark Lawlor, *Consumption and Literature*, p. 91

Draughts of Phlogisticated Waters', each treatment implied to be the prescription of a foreign doctor and framed as an unhealthy fixation. The first two elements of this regimen – focused as they are on maintaining a healthy weight – are fairly common forms of advice and appear in works like those of Cheyne, whilst Tissot explicitly calls for a vegetable diet to be adopted in persistent cases of meagrim.<sup>533</sup> Phlogisticated waters, however, are worthy of special comment.

A form of phlogiston theory was first proposed by the German physician and alchemist Johann Becher (1635-1682) in his 1669 work *Physica Subterranea*, although it was not until the early eighteenth century, when the theory was expanded by George Stahl (1659-1734), that the term 'phlogiston' was used, as Thomas L. Hankins outlines:

Georg Stahl greatly extended Becher's theory in his *Specimen Beccherianum* of phlogiston theory. He renamed the oily earth "phlogiston." According to the phlogiston theory, the principle of combustion is in the fuel rather than in the air. When charcoal is consumed by fire, the phlogiston is given off, leaving behind only a few ashes. Charcoal must therefore be very rich in phlogiston.<sup>534</sup>

As the nature of the theory implies, 'Phlogisticated Waters' were not a recognised medical treatment and mark out both doctors Seraglio and Humberg as true charlatans – a quality which their dubious names would signal to the audience from the moment they are first mentioned. Yet, unlike John Resolute in *A New Hippocrates*, who expressed no interest in his wife's condition or her treatment, Lady Meagrim demonstrates a working knowledge of her husband's regimen and shows that she is actively engaged in caring for his health. Lady Meagrim attempts to understand her husband's suffering and rather than declare his condition a delusion to him directly – as Resolute did to Brainsick – she instead works to guide him back towards genuine medical assistance.

This level of emotional engagement which Lady Meagrim demonstrates – her palpable

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<sup>533</sup> Porter and Porter, *Patient's Progress*, p. 34

Tissot, *On the Disorders*, 1772, p. 80

<sup>534</sup> Thomas L. Hankins, *Science and the Enlightenment* (Cambridge: Cambridge University Press, 1985) p. 94

frustration only highlighting the extent to which she cares – then graduates from passive observation to active protest as Sir Toby attempts to make her a complicit participant in his latest consultation:

Enter Sir Toby.

So, my Lady, I have just receive'd an Answer from Dr. Seraglio as well written as if he'd been bred at brazen nose, Elegant and fine English, he says he shall rejoice to be instrumental to my recovery, and that He will not fail to invite Dr. Humberg to the consultation as I requested. I hope my dear you will attend these two remarkable Personages that have made such noise over Europe.

Lady.

You must Excuse me Sir Toby. I have accompanied you to London in compliance with my Duties as a wife in hopes to the last I shou'd have Been able to withdraw your attention from this Dangerous adventure, as in this my Endeavours have fail'd I hope you will pardon me if I request to stay at home, as I am sure I shou'd not prevail upon myself to shew common civility to men whom I see in no other light than artful & Selfish Plunderers of Society

Sir Toby.

Prejudice my Lady \_ downright Prejudice \_ a piece of Art pla'd off by the Faculty grounded on Envy to crush Liberty of Sentiment and true Genius.<sup>535</sup>

Lady Meagrim's intervention is remarkable. As she makes apparent from the invocation of her 'Duties as a wife', she is aware of her position within the relationship and the societal expectation that came with that status. As informed by the biblical verse Ephesians 5:22: 'Wives, submit yourselves unto your own husbands, as unto the Lord' – which also formed part of most marriage vows – women in the eighteenth century were expected to be subordinate to their husbands.<sup>536</sup> As Ingrid H. Tague shows, conduct books of the period worked to conflate the concept of genuine love with the duty to obey, leaving women in Lady Meagrim's position with little doubt as to the correct course of action:

Love was essential to make women accept the natural order of marriage, which demanded their obedience to their husbands. Obedience was women's part of the marriage contract, a vow made voluntarily that they could not break. Wives thus had

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<sup>535</sup> Foot, p. 6

<sup>536</sup> N.B The famous American physician Benjamin Rush (1745-1813) proposed marriage to Rebecca Smith with similar sentiments: 'Don't be offended when I add that from the day you marry you must have no will of your own. The subordination of your sex to ours is enforced by nature, by reason, and by revelation.' Benjamin Rush, *Letters of Benjamin Rush, Vol I: 1761-1792*, ed. L. H. Butterfield (Princeton: Princeton University Press, 1951) p. 617

to obey their husbands, and they could only obey where there was love. Eighteenth-century conduct writers sealed their argument, finally, by insisting that obedience was not merely necessary but also "natural."<sup>537</sup>

Yet here love and obedience are set in clear opposition. To submit to her husband's will and accompany him to his consultation would be to endorse his 'dangerous adventure' and continue to subject him to potential harm. Instead, Lady Meagrim does the genuinely loving thing and seeks to protect her husband from himself, standing against societal expectation in the process and the personal risk it carries. Remaining silent on the issue would be the easiest course of action, but instead she chooses to oppose her husband's wishes directly.

Legally speaking, Sir Toby would be at liberty to write his wife out of his will entirely or, if he did not possess a will at the time of his death, Lady Meagrim would still only stand to inherit a third of his estate.<sup>538</sup> Occupying a status akin to property in the marriage, Lady Meagrim's financial interests would be served best by simply submitting herself to her husband's demands. Apparently unmotivated by financial considerations – unlike John Resolute – she continues to act in her husband's best interests, but unable to affect a change within his behaviour, she is forced to turn to her nephew, the barrister Temple, for help in formulating a plan.

### Guiding in the Guise of a Fortune-Teller

Providing further evidence for her compassionate nature, the resulting ploy is in part inspired by a desire to also protect her daughter, Kitty:

Lady.

Oh, my Nephew we are all arriv'd in Town yesterday early \_ You know the Foibles of your uncle, raging with a Mania worse than from the bit[e] of a mad Dog \_ gone to put himself under the Care of Seraglio and Humberg hath appointed them to a Consultation for complaints that have no Existence, and hath taken the harmless

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<sup>537</sup> Ingrid H. Tague, 'Love, Honor, and Obedience: Fashionable Women and the Discourse of Marriage in the Early Eighteenth Century' in *Journal of British Studies*, 40.1, 2001, pp. 76-106 (pp. 85-6)

<sup>538</sup> Bridget Hill, *Eighteenth Century Women: An Anthology* (Abingdon: Routledge, 2013) p. 112

unthinking Kitty with him, which alarms me for the ominous, consequences.<sup>539</sup>

Lady Meagrim fears that her husband's hypochondria – especially when under the insidious influence of the two malicious physicians – could also infect her daughter.<sup>540</sup> Quickly coming to understand the situation, Temple shares in his aunt's concerns and the two depart together, but as they arrive to intervene in Sir Toby's consultation, Lady Meagrim finds herself physically affected by the journey:

Lady.

Bless me Mr. Temple the uncommon motion of the Chair hath made my Head Giddy, well it is the necessity of this Step that must plead its apology \_ what a Train of disagreeable Situations do the Follies of Sir Toby bring me into. Yet he has been ever affectionate and his only fault is a fondness for Credulity.<sup>541</sup>

As was apparent from Lady Meagrim's actions up until this point, her relationship with her husband is one built upon mutual affection. Sir Toby is a good person who is simply misled. He 'has been ever affectionate' to his wife and she, in turn, wishes only to do right by him. This moment of physical suffering for Lady Meagrim acts as an emblem for the greater emotional turmoil Sir Toby has inflicted on her, but its presence in this pivotal scene also points to the fragility of the human body and its intrinsic susceptibility to illness. The feeling itself forces Lady Meagrim to reflect favourably upon her husband, perhaps in part because it helps her to empathise with his situation as the two briefly share the burden of ill-health.

This same mix of familial warmth and frustration then filters through to the execution of the plan to liberate Sir Toby from his manipulators. Already in the guise of a Persian fortune-teller, as soon as Lady Meagrim lays eyes on her husband she makes a good-humoured exclamation:

Lady

Here comes \_ Sir Toby \_ Bless me what a Figure.

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<sup>539</sup> Foot, p. 26

<sup>540</sup> Roy Porter and Dorothy Porter, *Patient's Progress*, p. 52

<sup>541</sup> Foot, p. 48

Enter Sir Toby in a Bathing Dress.

What does the worthy Doctor tell me \_ are you of the Race of the Genuine Magi that were driven from Persia by the Mahometan Rascal Omar and destin'd for the preservation of your Lives & Religion to Inhabit the Solitary Fract at the two Extremities of Persia and India (Lady regarding him & lifting up her Eyes)

Temple.

Yes, Sir, Branches from the original Stock, there are but ten of us now in Europe \_ Our Grandfathers sent us upon this Peregrination to Enlighten the northern Hemisphere and inspire the Inhabitants with the Love of Truth and Foresight.

Lady.

To teach silly men to avoid a fond Reliance on External Charlatans and to draw Conclusions from true Observations and their own internal Evidence of the past, the present, and to come.<sup>542</sup>

Although Sir Toby will promise to submit himself entirely to his wife's wisdom, her imploration here is actually one of empowerment – calling upon her husband to trust his own instincts and answer only to reason. In a position of power in this scene, Lady Meagrim could have easily manipulated her husband in a way which would have benefited her personally, in the same manner as the quacks. Instead, she seeks to restore Sir Toby's faith in himself, even if the result is him placing that faith in her wisdom. Lady Meagrim might chide her husband with the light-hearted phrase 'silly men', but she makes her pure intentions apparent with her concluding statement:

Lady.

You need not be alarm'd we shall not hurt a hair of your Head. We trust we are the Protectors of the innocent and a Scourge to the Guilty only.<sup>543</sup>

Despite the difficulties her husband has put her through, Lady Meagrim perceives him as being fundamentally blameless in the whole affair. Regardless of whether Sir Toby's illness was real or imagined, by practising patience and a willingness to understand, Lady Meagrim offers her husband what the quacks could not – an opportunity for genuine recovery.

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<sup>542</sup> Ibid., pp. 51-52

<sup>543</sup> Ibid., pp. 52-53



## Conclusion

At the heart of all of Lady Meagrim's actions is a desire to restore her husband's own sense of agency. Domestic medicine, as a practice, is about that same fundamental desire: to take active control of one's own health inside one's own home. Fashionable disease – with its focus on self-fashioning – is about asserting control over one's own body, but also how it is perceived externally by others. In a period where women were afforded little control over anything outside the home – and even owning that property outright would be an impossibility for married women like Meagrim and Brainsick – finding areas to exhibit agency within the domestic sphere, with the potential for those sources of independence to extend beyond it, transforms into an essential means of expressing individuality.<sup>544</sup> Writing on this latter part of the eighteenth century when both plays were written, Karen O'Brien sees the wider social situation for women as either stagnant or actively regressing from its baseline at the beginning of the century. Yet, despite the obstacles, women still found many new mediums for personal expression:

The static, or even deteriorating, legal and political situation of women, and the dichotomised, gendered language of much political and economic debate did not, however, correspond to a diminishing sphere of social operation for women in this period. Indeed, the period gave rise to a growing number of opportunities for middle and upper-class women to exercise their talents outside the family in both informal and institutional settings. Some of the opportunities were in relation to leisure activities [...] others involved social intervention.<sup>545</sup>

In an era of restrictive circumstances, women continued to exercise their individuality with increasing 'collective self-confidence', thereby slowly breaking down the legal and social barriers which had once confined them to the home. Yet exhibiting fashionable disease was not so revolutionary an activity for women as some of those which O'Brien lists – such as

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<sup>544</sup> Rita J. Dashwood and Karen Lipsedge, 'Women and Property in the Long Eighteenth Century', *Journal for Eighteenth-Century Studies*, 44.4, 2021, pp. 335-341 (p. 335)

<sup>545</sup> Karen O'Brien, *Women and the Enlightenment in Eighteenth-Century Britain* (Cambridge: Cambridge University Press, 2009) p. 10

campaigning against slavery – for, as we have seen, multiple aspects of its management were an evolution of the domestic medical role they had already been assigned for millennia.

Although Lady Brainsick's actions are not presented in the play as particularly praiseworthy, she nonetheless acts in defiance of the man who has most control over her life. Her acts of self-medication within the home are therefore a dichotomy: at once a mundane practice culturally permissible for her gender, but also a deeply seditious activity in this specific context – one which subverts the command of her husband and the traditional marriage vow she took to obey him. Not only is there agency inherent to this subtle act of rebellion – fashioning a version of herself which exists in direct contradiction to her husband's wishes – but it is increased further through the process of seeking out new treatments and ways to understand her disorder as a continuous activity. Whilst she undoubtedly falls victim to an imposter who wishes simply to profit from her suffering, we know that Planwell is merely the latest in a string of medical opinions Brainsick has already actively sought out. We know, too, that she has spoken to practically every physician in London, hence why the itinerant Planwell – with his novel ideas – appears to be such an appealing prospect, but the fact is that many of those previous physicians she consulted with will have been legitimate medical men.

Unlike Lady Brainsick, Sir Toby does not exhibit this same level of active agency in charting the course of his condition: he is the passive victim of two manipulative charlatans whom he trusts implicitly and exclusively. Even his eventual submission to the wisdom of his wife is only repeating the cycle: he is simply displacing one source of guidance for another, albeit one with his best interests at heart this time:

Sir Toby.

Oh, my Lady, I am asham'd to see you \_ if you forgive me, I promise in future to be under your Guidance.

Lady.

That I do most Sincerely Sir Toby without any Restrictions.<sup>546</sup>

Not only is Brainsick's plurality of medical opinions intrinsically superior to Sir Toby's counsel of two, it also calls for a strong element of agency in the process of acquiring them. Far from being dependent on just two dubious opinions, Brainsick selects the aspects of advice she finds most suited to her own illness and self-fashions an identity from those component elements. Although she does exhibit a sense of shame once Planwell's deception is discovered – much like Sir Toby in this respect – she subsequently makes no promises to defer to her husband's wisdom in the future, nor even to abandon her practice of consulting quacks:

Sir John. Now my Lady, you see whom you have had to deal with.

La. Brain. I do Sir John, and am ready to sink with shame.

Sir John. Planwell when at School was always remarkable for a Fluency of Speech and readiness of wit. Therefore I suppose you have been listing him as an Oracle.

Brain. To my Confusion I own it.

Sir John. Then I forget all that's past, as your Ladyship looks so Sincerely repentant, shall say no more on that head, and hope this will cure you of all Quackery.<sup>547</sup>

Planwell may have been dismissed unceremoniously by Resolute, but Brainsick's pattern of behaviour remains unresolved. Although everyone acknowledges and accepts that Planwell was a quack, this fact has little bearing on Brainsick's wider choice of physicians before she ever employed his services. Sir Toby, meanwhile, finds himself shackled to the opinion of two continental conmen and refuses the advice of any other medical professionals, until his wife liberates him completely from the influence of anyone but herself. This profound difference in the marital relationship between the two couples, with Sir John merely issuing orders to his wife whilst Lady Meagrim devotes herself entirely to her husband's recovery, is

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<sup>546</sup> Foot, p. 56

<sup>547</sup> Hiffernan, p. 21

even reflected in their names. As outlined at the beginning of this chapter, stage comedies of the eighteenth century still followed Restoration conventions concerning characters' names, but behind the obvious meaning intended in these plays, there hides a more subtle indication of the main couples' marital relationships. Lady Brainsick is the one branded nominally by her illness, whilst Sir John Resolute's emotional distance from his wife even extends to possessing a separate surname. In fact, John Resolute makes it explicitly clear that the title 'Brainsick' was one inherited by her supportive former husband:

Sir John. That Title she retains from her former Husband, the late Lord Brainsick, who used to indulge her vapourishness with a succession of Quacks, she never being happy without one at her Elbow, nor has she a Relish for any thing that is not medicated; of which Weakness I am resolved to cure her, that my Estate may not fall into Consumptive and rickety pieces.<sup>548</sup>

Once again we return to this same looming threat of consumption – with Lady Brainsick's condition poised to infect the health of Resolute's wider estate. He is at pains to put clear water between his wife and himself – to isolate the infection from spreading – revealing his concern for her health to be motivated by self-interest and the preservation of his material wealth: not empathetic concern for her wellbeing or personal happiness. *The Quack's Dramatis Personae*, meanwhile, makes it apparent that both Sir Toby and Lady Meagrim share a married name, with 'Sir Toby Meagrim' listed as 'a Baronet residing in the Country now come to Town', whilst 'Lady Meagrim' appears alongside the other women in the play, but without an accompanying character description. Sir Toby's migraines are a burden shared between the couple: his condition may define him, but it remains conquerable through love and cooperation.

Therein lies the key to overcoming these conditions, with the patients in both plays finding some symptomatic relief simply by being listened to. Despite their difference in gender, both characters respond positively to having their suffering validated by a third party, but who

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<sup>548</sup> Hiffernan, p. 21

provides that sympathetic ear – and for what purpose – appears to be influenced by gender. The only male characters who are willing to listen in either production are those who are set to profit from it – the quacks. Both Kitty and Lady Meagrim express their concerns for the state of their family member's health, even if Lady Meagrim's is often filtered through outward expressions of frustration. Lady Brainsick has Letty on hand to hear her complaints, though it could be argued that her maidservant is employed partly for that purpose and does, therefore, profit from it.<sup>549</sup> The same cannot be said, however, for Grisseldine Wapentake.

Clearly concerned for her cousin's welfare, despite the impatient way in which her advice manifests, Wapentake recognises on arrival that her cousin is genuinely unwell. She never questions the legitimacy of her cousin's condition and makes comments throughout the play about her sickly appearance, following each statement with a helpful – albeit poorly communicated – suggestion for improvement. Like Lady Meagrim, she is frustrated that Brainsick is not taking steps which she believes would help her to recover, but regardless of what has caused her condition to deteriorate, she nonetheless feels compelled to intervene. John Resolute, on the other hand, dismisses his wife's condition completely as a burdensome folly, and his desire to dispel the quacks from her life is motivated mainly by monetary concerns – much like those of the quacks themselves. Wapentake appears to have no ulterior motive beyond wishing to see an end to her cousin's suffering, and though the ideal solution to Brainsick's health problems probably lies somewhere between the two extremes of their lifestyles, her suggestions for going out to the country and exercising are consistent with Tissot's medical advice on the subject.<sup>550</sup>

Just as Susanna Blamire writes in her *Allegory*, the most effective care she could provide

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<sup>549</sup> Hiffernan, p. 9

<sup>550</sup> Tissot, *On the Disorders*, 1772, p. 79

Further Echoing Wapentake's suggestions, John Theobald's domestic medical manual recommends 'country air, exercise' as the primary treatment for nervous disorders. John Theobald, *Every Man His Own Physician* (London: W. Griffin, 1764) p. 25

was not, in the end, her cordials, but rather staying by her patient's side to act as an emotionally supportive presence. It is apparent that Lady Meagrim fulfils this role for her husband, but so too does Letty for Lady Brainsick and, to a lesser extent, Grisseldine Wapentake. Regardless of whether fashionable diseases were the product of a physiological or psychological disorder, effective treatment was only possible if it began from a place of understanding. Although comedic exaggeration colours the content of both *A New Hippocrates*' and *A Lesson for Quacks*' central characters, the underlying social commentary reveals deeper truths about the disorders which they set out to satirise. The symptoms both Lady Brainsick and Sir Toby exhibit appear to be experienced sincerely, and the regimens they pursue to manage their disorders are undertaken by both actively. Of course there is a (un)healthy dose of theatricality to Lady Brainsick's swooning, but this is a conscientious attempt to emphasise her symptoms in order to enhance the overall aesthetic of sensibility with which she resonates. Fundamentally, though affectation may inform the way both characters appear to the audience, beneath the hyperbole, some genuine suffering exists. As Emily Hodgson Anderson makes apparent, what reads to an audience as authentic during one performance, will eventually be seen as an affectation in another:

The same audience that embraces the swooning heroine as an antidote to female dissembling will in time come to criticise her swoons as feigned. This response reactivates an earlier form of theatricality, and the cycle begins anew.<sup>551</sup>

Yet refinement, elegance, and gentility are all implicit in the actions of both aristocrats for as long as they exhibit symptoms and are seen to be managing them, thereby making the act of accentuating these conditions beneficial to their desired public image. By shaping the way in which they are seen by society to their perceived advantage, the aristocrats' relationship with

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<sup>551</sup> Emily Hodgson Anderson, *Eighteenth-Century Authorship and the Play of Fiction* (New York: Routledge, 2009) p. 133

the quacks ceases to seem non-reciprocal – slowly shifting instead into a subtle form of symbiosis.

## Conclusion

This thesis, which represents the first dedicated study of literary portrayals of lay women medical practitioners in the eighteenth century, posed a series of important, interrelated questions. Are such women depicted as a source of satire? Are their actions portrayed as having a positive or negative impact on others, and on the narrative at large? How do they contrast with male practitioners in their respective novels, plays, and poetry – favourably or unfavourably? Is there a notable shift in the way these practitioners are depicted when they are written by women themselves? Finally, what can the answers to these questions tell us about the placement and value of women's domestic medical practice within eighteenth-century society?

We have seen women represented in a broad range of genres, penned by authors of both genders. Yet irrespective of whether the individual work being discussed is a piece of satire, or rather if it focuses on serious quotidian realities, each depicts the medical practices of women as being grounded in the orthodoxy of the day. Characters created explicitly as figures of ridicule or contempt still conform to this conclusion, suggesting an ability to practise medicine stands generally separate from their other moral failings and should not interfere with their effectiveness, nor obligations, in this capacity. The work of women writers offers a subtle shift in focus, not on the actual efficacy of their medical practice, which is portrayed as consistently positive across the work of both genders, but on its impact on the wider recognition of their gender's right to practise medicine professionally, or at least to be understood as being worthy of that equivalent status. In short, male authors appear to have no issue with portraying women's medical practice positively, providing that it remains firmly within the domestic sphere, only venturing outside of the immediate family unit to include servants, neighbours, or other dependents. The literary frontline is drawn at the point



of professionalism, where even though no greater skill would be required than that which the women portrayed already possess, the elevation to such a position as 'physician' – even in the realms of fiction – would risk undermining the almost complete medical monopoly which men already possessed. Women writers had little to lose on this front and everything to gain, as if men already respected their ability to practise the fundamentals of medicine, as all these texts seem to suggest, then to document their achievements for posterity in the form of poetry, and commit the extent of their ambition to the page, meant recording that it was not lack of will nor want of skill which prevented their being physicians, but rather it was by force of culture alone.

In the two plays explored in chapter five, we see a pattern which began in chapter one being repeated, with women seeking to understand those who are suffering and acting in what they perceive to be the sufferers' best interests. Tabitha Bramble is always on hand to care for her brother, Mrs. Jewkes remains diligently by both Pamela and Mr. B's bedsides, Betty Sagely advises Roderick Random whenever she is able, Galesia finds favour by listening to her patients, and Susanna Blamire reassures those who seek her help. Connecting these many creative works, written by people of differing genders and social positions, is this common thread of attentive concern. Even when the concept of fashionable disease complicates the process, with it being ultimately unclear if the conditions are physiological, psychological, or a mixture of the two – particularly when presented problematically in stage comedies – women still provide committed care, even when their advice and aid is actively rebuffed.

As a patient, Matthew Bramble petitions Dr. Lewis perpetually for new treatments, before eventually dismissing each one as ineffectual. Whenever his sister intervenes to treat his condition successfully, she is rewarded only with a brief berating. Smollett shows Tabitha as seeking to understand her own stomach complaints and travel with the necessary medications to treat them effectively. Unlike her brother, she also learns what is needed to relieve

Matthew's suffering and so is able to assist him, despite his ingratitude. Like Tabitha, Lady Brainsick is presented by Hiffernan as endeavouring to understand herself, her condition, and seek new ways to best present herself, as she wishes to be understood, to the world. Matthew Bramble and Sir Toby expect an inexhaustible supply of answers from their chosen male sources, unwilling to look beyond the few medical professionals they have deemed acceptable to provide them.

Gendered tensions like these have emerged during the course of this thesis, but as will be discussed, each lends support to many of the conclusions put forward by those medical historians covered in the literature review. This is significant because those findings presented a particularly cohesive narrative, despite their differing methodological approaches, namely that in the eighteenth century women were an integral, though historically overlooked, part of Britain's healthcare provision. This thesis has provided an entirely new body of evidence to support these findings, lending credence to the claim that these women practitioners were commonplace and their knowledge accepted as received wisdom – to the extent that this reality filtered through to creative representations of everyday life, lacking the necessary framing which would suggest they were meant to be interpreted as in any way exceptional. Indeed, Tabitha Bramble's acts of medical intervention are so incidental to the plot of *Humphry Clinker* that they appear to have been missed by every critic since the novel's first publication.

It could be argued that women writers like Jane Baker and Susanna Blamire, with their passion for pursuing medicine in their own lives, would have a vested interest in presenting their practices in the best possible light and to push back against the prevailing negative narrative which had endured for centuries. Yet no such accusation could be levelled at either Tobias Smollett or Samuel Richardson. Indeed, as Smollett was a qualified medical practitioner himself, it may have been in his active interest to maintain the status quo, or even

encourage the displacement of women from medical practices such as midwifery to support his personal friends like William Smellie.<sup>552</sup> Instead of capitalising on his creative platform for this purpose, however, Smollett has women like Tabitha and Sagely act consistently, though often subtly, with a high-level of medical competency – with Sagely appearing particularly skilful. Moreover, both Tabitha Bramble and Mrs. Jewkes were created as figures of ridicule and contempt. Although the reader may develop a frisson of affection for these characters towards the close of their stories, the fact remains that the positive portrayal of their acts of medical intervention occurs before either woman undergoes their respective redemptive arcs. These depictions are made more remarkable because of this discrepancy, indicating perhaps that even the most unpleasant of women were still expected to perform medical practice inside the domestic sphere at least competently.

Of course, we cannot say, at least not with anything approaching certainty, what the authorial intent was behind the inclusion of these acts of domestic medical intervention. What we can say, however, is that these positive portrayals of women must either be the product of conscious inclusion, in which case these authors actively wanted their respective readerships to understand these medical acts as beneficial, or else they are the result of unconscious influence – informed by what they knew of the women in their own lives and the culture they inhabited. In either scenario, the end result is the same: women are shown to be effective and attentive healers.

Although a positive portrayal of domestic medicine by male authors may seem a small victory for women practitioners, it is actually a much greater concession than it may initially appear. As has been established throughout this thesis, the skills and knowledge involved in domestic medical practice were also broadly consistent with those required for professional practice. To accept, almost as a matter of course, that women were adept at domestic medical

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<sup>552</sup> Brack, Jr., Chilton, and Keithley, *Miscellaneous Writing of Smollett*, p. 187

practice lends weight to the argument women like Barker and Blamire were making, namely that their medical skills could easily be transferred to professional practice.

To return to the point with which this thesis opened, put forward by Roy Porter and N. D. Jewson, eighteenth-century medicine was fundamentally dependant on patient testimony to function, but practitioners like Sarah Stone point towards a gendered aspect even to the simple act of lending a sympathetic ear. As Stone advocated for simple, clear communication with an emphasis on listening to the patient, so too did Blamire realise that being a quiet, reassuring presence – always ready to hear her patient's concerns – was the best medicine she could offer. This need to be heard and understood is what motivates Lady Brainsick to seek out new medical opinions on a perpetual basis, but it is also what enables Lady Meagrim to liberate her husband from the clutches of unscrupulous male practitioners. The role gender is playing here is not one of biological essentialism. Rather it is more likely the result of women being coerced by force of culture into a caregiving role and then developing its associated skills.

In many ways, this argument is echoing that put forward in Ernelle Fife's article, 'Gender and Professionalism in Eighteenth-century Midwifery', regarding 'circular' and 'linear' forms of discourse. Fife posits that women midwives, like her cited example of Sarah Stone, were more likely to communicate medical ideas to their patients using 'language that is more metaphorical than analytical, non-technical, highly discursive, and attuned to the emotional as well as the physical health of the patient', in what she terms 'circular discourse'.<sup>553</sup> Conversely, she argues that 'linear discourse' was male midwives' preferred method of communication, using language which was 'highly analytical, rarely metaphorical or discursive, and while possessing numerous details of the patient's physicalness, rarely notes

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<sup>553</sup> Ernelle Fife, 'Gender and Professionalism in Eighteenth-century Midwifery', *Women's Writing*, 11.2, 2004, pp. 185-200 (p. 186)

her emotional state of being', in the way Matthew Bramble and Sir Toby expected of their male physicians.<sup>554</sup>

Fife's analysis may refer to the practice of midwifery specifically, but as was acknowledged in the literature review, there are currently no dedicated studies of literary portrayals of domestic medicine and what little material exists is incidental in nature, usually appearing only as part of a wider theme. Consequently, the topic of midwifery is one of the few areas of study, at least from a literary perspective, which has received significant academic coverage and therefore has important implications for the broader subject of women in medicine. If we focus our attention solely on those examples of women in this thesis whose literary portrayals reflect lived experience, namely Jane Barker and Susanna Blamire, then its conclusions align closely with Fife's own, despite the differing forms of medicine concerned. Blamire exemplifies empathetic care in 'Her Friends at Gartmore' with the country wife by whom she is approached, whilst her epiphany in *An Allegory* about the importance of emotional support to recovery – which was itself revealed through a series of extended metaphors – stands as the cornerstone of her practice. The centrality of emotional support to medicine grows even more profound in her later poems, where 'Once More to Hygia' and 'On The Dangerous Illness of My Friend' emphasise how the support of loved ones is essential to continuing day-to-day when chronically ill, far more so than any particular cordial. Moreover, these later poems all employ the same powerful metaphorical language to capture the all-encompassing nature of chronic illness, as Blamire and her friend are transformed into drooping flowers – their bodies physically sagging with the burden of sickness and distress.

Similarly, Galesia and, by extension, Barker employs poetry to communicate complicated medical theories like the circulation of blood in the human body, using extended metaphor to

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<sup>554</sup> Ibid.

transform the intricate inner working of the vascular system, as it was understood by the likes of William Harvey, to that most domestic and approachable of images – a house. Of course, Barker's poem first appeared in 1688 under her name alone, without Galesia to front it.<sup>555</sup> The recontextualization of this creative method of showcasing medical knowledge, in what is a highly metaphorical format, provides a strong indication of how Barker used poetry to inform her own medical practice. Her decision to transplant these poems to punctuate a new narrative, one which we know aligns with many verifiable facts about her own life, is a clear example of her lending her voice to Galesia directly and thereby strengthening the connection between them. As such, the later scenes we witness of Galesia being emotionally available to her patients and listening to their stories of sorrow, especially when understood in conjunction with these pre-existing poems, forms compelling evidence for Barker's personal propensity, beyond the character, to utilise metaphor and speak in discursive language with her own patients in real life. Given the expansive nature of Fife's original claim and the generalisation inherent within it, however, this line of inquiry requires further research and a much greater pool of samples to confirm its validity. The findings of this thesis are encouraging for Fife's observations, particularly as its sources are from different genres than her own and its case studies practice another form of medicine, but future studies may yield other results.

Although the above underlines that women had particular skills that could benefit medical practice, through *Pamela* and 'Stoklewath; or, the Cumbrian Village' we have also seen new supporting evidence for the claim, put forward by scholars like Anne Stobart, that women would sometimes call in male practitioners when either the limits of their knowledge had been reached or the patient under their care did not appear to be improving.<sup>556</sup> That creative

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<sup>555</sup> Galesia does appear in *Poetical Recreations* variously as 'Galaecia' and 'Galecia', but not in relation to 'A Farewell to POETRY, WITH A Long Digression on ANATOMY'

<sup>556</sup> Stobart, *Household Medicine*, p. 140

material is supporting what scholars like Stobart and Hannah Newton have uncovered in the non-fictional archive is further evidence that this practice simply reflected what was an everyday reality. Certainly their respective sources point towards there often being a benign resignation on the part of the women involved, one which indicates that many considered calling for male practitioners a necessary escalation in the care of their patients, rather than a total surrender of their medical authority – a ‘complex mix of trust and distrust, defiance and submission’ towards professional practitioners, as Newton terms it.<sup>557</sup> We see a similar attitude exhibited in *Pamela* and ‘Stoklewath’, with both Mrs. Jewkes and the speaker of the latter poem presenting no obvious outward frustration at the prospect of calling for outside assistance, but rather a quiet acceptance that such a move may be necessary. Such consistency between these different sources, albeit views varied from one family to another, provides strong evidence of the wide cultural acceptance this practice had amongst women, but it also demonstrates the value creative literature can have to historical research.

Similarly, it has been notoriously difficult for scholars of medical history to find direct evidence of the healthcare practices of the lower orders, but just as Gabriel Hatfield argued, creative writing is one source which can enhance our understanding on this front, as with Smollett and Betty Sagely. Read alongside more objective forms of evidence, creative literature can further inform what the limited extant non-fictional material provides. As Christopher Maycock reminds us, Susanna Blamire was frequently in close proximity to the poor in her capacity as a healer, and so her poetry is well-placed to capture details about their health practices and the kind of assistance they called for when sickness struck, such as Blamire herself.<sup>558</sup> As first-hand accounts of this socio-economic group remain vanishingly rare, creative literature remains an important source which can expand our knowledge in this

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<sup>557</sup> Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2021) p. 109

<sup>558</sup> Maycock, *A Passionate Poet*, p. 110

area by portraying life in a way which may be lacking in other forms of evidence.

The statements thus far have all been wider reflections on what creative works can tell us about how women practised domestic medicine during the eighteenth century and, by extension, the quality of that practice. Yet this thesis' unusual thematic focus in the field of literary studies has facilitated new reflections on key canonical texts by Tobias Smollett and Samuel Richardson. It has also offered original analysis of the work of lesser-known writers like Jane Barker and Susanna Blamire. Of particular importance are the two unpublished plays which had not previously been the subject of any study at all, thereby providing new scholarship on little-studied authors with a background in professional medicine, namely Paul Hiffernan and Jesse Foot. Many of these original contributions to literary studies, particularly those which appear in the early chapters of this thesis, have been about rehabilitating our views of characters who may have been traditionally maligned by critics. There is value to this practice, even if these contributions are considered in isolation and only in relation to the internal logic of the text, as each can reveal aspects of the text which have previously gone unnoticed. Characters like Tabitha, Mrs. Jewkes and Betty Sagely are marginalised in their own stories, which limits their presence in the texts in which they appear and, in turn, the critical attention they have since received.

A thematic focus like domestic medicine enables scholars to gather together seemingly disparate threads of a novel, play or poetic volume to then be viewed synoptically, when ordinarily they might be passed over entirely, creating new connections and conclusions in the process. Yet these previously undocumented details in texts such as those of Smollett and Richardson are not just about the characters to which they relate, as they also reflect upon the social groups whom these characters represent and, by extension, the significance of that representation when situated in wider contexts. Galesia is consistently underestimated in her own story by the male practitioners with whom she competes, but that narrative is itself a



reflection of Jane Barker's own. The conclusions drawn in chapter three on *A Patch-work Screen for the Ladies*, regarding Galesia's fight for recognition in a field hostile to her gender, were relevant to literary criticism and medical history in their own right, but their significance is heightened with the knowledge that they were inspired by Barker's own experiences. In a similar vein, all of the women represented in this thesis share the trait of being childless, with the sole exception of Lady Meagram who does not perform any direct acts of domestic medicine herself. This broader connection – formed from drawing together a number of texts of differing genres and authors – suggests a link between the expectation on women to perform domestic medical duties for a social group and the state of childlessness, a relationship which deserves a dedicated study of its own.

These direct contributions to literary studies, and the more supplementary and supporting evidence supplied to medical history, are proof positive of the benefit studies such as the present one represent. Further research on the theme of domestic medicine in the other works of Smollett and Richardson will likely result in new discoveries, but of course any examination of canonical texts through this thematic lens will provide valuable dialogue with the work of core medical historians. As we have seen, literary criticism of this kind does not act simply as supplementary knowledge to medical history, but it is also important in its own right, offering new perspectives on, and insights into, the literary texts on which it focuses. There are also a number of manuscript plays which remain unstudied in the John Larpent Collection, with each representing a unique opportunity to uncover original material which could speak to any number of academic fields. Perhaps most important of all, however, is the pressing need to amplify the voices of women themselves.

Fundamentally, women like Barker and Blamire, who constructed a quiet counter-narrative to the dominant voice of male practitioners, began their work on the back foot. As Blamire suggests to in her poem 'Stoklewath', inequality was at the heart of why women

struggled to be heard during the century, with their reputations being unduly difficult to build in the first instance, but then even more easily lost thereafter:

Nor can a sword or the depending pen  
Clear the lost female character again.  
The vindication better never hear, –  
That fame is safest that has nought to clear;  
And female fame is such a tender flower,  
It cannot bear a pitying shower;  
Courage in man is something near as nice,  
Which life must buy, and wear at any price.<sup>559</sup>

As 'Her Friends at Gartmore' demonstrates, Blamire may have successfully secured a positive reputation amongst the country wives for whom she cares, but writing that achievement into history, and having it accepted as authentic, is a much greater challenge. Even questions surrounding the extent to which we should identify Blamire with the speaker in these poems can undermine the legitimacy of the biographical details they contain, requiring an examination of the non-fictional archive to support what the poems already attest. Yet creative writing, and especially poetry, was one of the few socially acceptable ways women could have a chance of their work being seen by a wide readership. Letters to friends, or within Blamire's own family unit, would be unlikely to be read by many, so even if they reinforced the claims made in her poems – and thereby lent them greater legitimacy – they would speak only to those who knew her personally and therefore the people likely already aware of her achievements, convincing precisely no one of anything new. By playing upon on the same conceit of epistolary correspondence, however, poems like 'Her Friends at Gartmore' could reach a much larger audience – being shared freely amongst friends or pinned to trees, potentially reaching a readership much further afield.

As women were faced with such limited ways of celebrating their medical achievements, it is essential to recognise the importance of literary studies to understanding women in this

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<sup>559</sup> Blamire, 'Stoklewath', p. 37

field, as they wished to be remembered, by capitalising on one of the few sources for documenting their accomplishments available to them. Studies like this one demonstrate how stories like Blamire's are not the anomaly they may at first appear to be, but rather that they are representative of the care women were undertaking on an everyday basis to protect and preserve the health of a nation.

This study has opened up new avenues for inquiry and demonstrated that even canonical texts which have received decades' worth of literary criticism may still have much to offer histories of domestic medicine. A different lens can reveal new facets within a text which may have been previously hidden in plain sight, presenting a wealth of options for future studies in this field. The dialogic nature of this thesis has demonstrated how two important fields of study in their own right, literary criticism and medical history, can benefit from interdisciplinary dialogue. Of course, each discipline can draw its own separate, valid, and valuable conclusions from their individual studies, but when these are brought together and viewed in tandem, they can reveal, in a more holistic fashion, how developments in medicine affected society – filtering through culturally into popular literature and poetry. No matter which specific line of inquiry is pursued moving forward, however, each will undoubtedly demonstrate just how vital women were to the practice of domestic medicine in Great Britain.

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