



# Gender and Domestic Medicine: Analysis of a Seventeenth-Century Receipt Book

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Gender and Domestic Medicine: Analysis of a Seventeenth-Century Receipt Book

Lori Lyn Price

A Thesis in the Field of History

for the Degree of Master of Liberal Arts in Extension Studies

Harvard University

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## Abstract

Research into how men and women participated in domestic medicine, or medicine in the home, has typically focused on the female experience. Indeed, early modern historians have often dichotomized medicine in the early modern period into two domains: male professional medicine and female domestic medicine. While some overlap between the domains is generally acknowledged, the broad generalizations remain standard in current research. In this thesis I build upon new research and examine the ways that men actively participated in domestic medicine and compare this with female participation. A medical recipe book compiled by one woman in the mid- to late-seventeenth-century provides the basis of this research. I examine similarities and differences in ways that men and women shared knowledge and participated in experimentation via their recipes, methods each used to assign credibility to the contributed recipes, and the diseases that were considered important. The results show that men did participate in medicine in each of the ways mentioned above, albeit at different rates than women.

## About the Author

The author, a biostatistician, earned her BS in 1997 from Brigham Young University. She began her career working as a statistician at the Cleveland Clinic Foundation. She returned to school in 2000 and received her MAS from Ohio State University in 2001. Lori Lyn moved to the Boston area in 2001 to work at Tufts-New England Medical Center, now Tufts Medical Center. She collaborates with research investigators across the medical center, Tufts University and affiliated hospitals, providing statistical expertise. She is a co-author on more than 100 peer-reviewed journal articles. Lori Lyn is the owner of Bridging the Past ([bridgingthepast.com](http://bridgingthepast.com)), a genealogy speaking business with a focus on social history.

## Acknowledgements

I owe a heartfelt thank you to so many people. My mother introduced me to history at a very young age by telling me bedtime stories about my ancestors and pioneers. Reading was very important in my family, and we always had easy access to family stories and age-appropriate historical fiction. My high school teacher, Ted Larson, brought U.S. American history alive. Due to his encouragement, I joined high schoolers from across the nation in a weeklong visit to Washington D.C. where we met with government officials and toured historical sites. Thus began a lifelong interest in history.

The Harvard Extension School allowed me to pursue my dream of a degree in history while working full time. After earning my MAS in statistics, I chose to live and work in Boston because it is a historically rich area. Professor Robert Allison introduced me to the wonders of colonial American history. My research paper on medieval-era treatments for gynecological disorders, written for Donald Ostrowski's World History class, planted the seeds for what would eventually become this thesis. After taking his class I knew I wanted to write about domestic medicine and the common people.

While I was searching for a primary source that would allow me to write about this topic, Melinde Lutz Byrne introduced me to the "Charles Brigham Account Book." My thesis is based on this manuscript and the marvelous medical recipes contained within. Carol Swaine-Kuzel suggested the comparison of men and women and the characteristics of their contributed recipes as the primary analysis. Robin Ruthazer served as a faithful and tireless cheerleader. Anna Dunavin, Barbara Mathews, and Amy LeClair

provided thoughtful suggestions and copy editing. Countless other friends and family members have supported me through the years with encouragement and suggestions.

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## Table of Contents

Biography.....	iv
Acknowledgments.....	v
List of Tables .....	ix
List of Figures .....	x
I. Introduction .....	1
Men’s and Women’s Involvement in Domestic Medicine .....	2
The “Charles Brigham Account Book” .....	4
Manuscript Receipt Books .....	5
Domestic Medicine in the Seventeenth Century .....	8
Class, Gender, and Authority.....	12
Ownership of Knowledge .....	13
Experimentation.....	15
Assigning Credibility to Recipes .....	16
Diseases.....	17
Quantitative Methods.....	17
Research Limitations .....	19
II. Knowledge Sharing and Experimentation.....	21
Anna Cromwell Williams: Compiler of the “Charles Brigham Account Book”	23



Sharing Knowledge via Recipe Sharing .....	29
Sharing Knowledge via Advice in the Recipe .....	32
Experimentation via Modifications to the Recipe .....	34
Conclusion .....	39
III. Assigning Credibility to a Recipe .....	41
Efficacy Statements .....	44
Efficacy Stories .....	50
Attribution .....	51
Advice and Modifications .....	54
Conclusion .....	54
IV. Diseases .....	56
Defining and Classifying Disease in the Early Modern Period .....	56
Diseases Found in Williams's Book .....	58
Men's Lack of Participation in Contributing Recipes for Female Complaints ..	61
Childhood Diseases .....	63
Reactions to a Changing World .....	64
Conclusion .....	66
Appendix I List of Medical Recipe Contributors Used in the Quantitative Analysis ...	69
Appendix II List of Diseases Included in Each Category in Chapter IV .....	76
Bibliography .....	78

## List of Tables

Table 1	Types of advice found in the recipes .....	33
Table 2	Types of modifications found in the recipes .....	36
Table 3	Credibility statements found in the recipes.....	45
Table 4	Diseases classified according to the chapters in Rivière's book .....	59
Table 5	Classifications of diseases not addressed by Rivière.....	60
Table 6	Childhood illnesses .....	64

## List of Figures

Fig 1	Genealogy of Anna and Henry Cromwell Williams .....	25
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## Chapter I

### Introduction

Traditionally, scholars studying medicine in the early modern period, including the sixteenth and seventeenth centuries, have focused on physicians, midwives, and other medical professionals. Less was known about domestic medicine, or medicine practiced in the home, and how women and men who were not trained in medicine cared for their families' medical needs before, after, and while seeking medical help from professionals. Recent scholarship has focused on the receipt, or recipe, book as a lens to study domestic medicine. Many questions, however, remain unanswered, particularly concerning the ways men and women participated in domestic medicine.

Historians have often dichotomized medicine in the early modern period into two domains: male professional medicine and female domestic medicine. While some overlap between the domains is generally acknowledged, the broad generalizations remain standard in current research. This thesis aims to add additional evidence of male participation in domestic medicine through a quantitative analysis of over 350 medical recipes collected by Anna Cromwell Williams in the mid- to late- seventeenth century and recorded in what is today known as the "Charles Bringham Account Book."<sup>1</sup>

Williams meticulously noted the contributor for almost every recipe she included in her manuscript book. She also included information about gender, familial

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<sup>1</sup> "Charles Bringham Account Book, 1650-1730," American Antiquarian Society, Worcester, MA.

relationships, efficacy of the recipes, advice and modifications to improve the recipes, and the diseases the recipes were intended to treat.

The wealth of information contained in her receipt book allows comparison of characteristics of the recipes (e.g., how credibility was assigned to the recipe, how knowledge was shared, the role of experimentation, and diseases that were treated) to the gender of the contributor. The results of the analyses will deepen our understanding of how men and women participated in domestic medicine.

### Men's and Women's Involvement in Domestic Medicine

For centuries, women were tasked with providing medical care for their families by preparing and administering remedies and sitting with ill family members. Although patients could and did seek medical advice and treatment from a wide variety of professional practitioners, including physicians, surgeons, barbers, apothecaries, and midwives and other female healers, most medical treatment was performed in the home. Professionals were expensive and, in some cases, rare commodities. Common ailments needed to be treated within the home whenever possible.<sup>2</sup>

To date, most research on domestic medicine has focused on women, although some historians have argued that men were participants in “certain types of domestic

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<sup>2</sup> For a fuller description of domestic medicine and the skills of the household practitioner, see Charles Rosenberg, “Health in the Home: A Tradition of Print and Practice,” in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles Rosenberg (Baltimore, MD: Johns Hopkins University Press, 2003), 1-8. See also Rebecca Tannenbaum, *The Healer's Calling: Women and Medicine in Early New England* (Ithaca, NY: Cornell University Press, 2002), 3-44.

medical activities.”<sup>3</sup> Lisa Smith has claimed that historians have often assumed the early modern man’s interest in medical knowledge was “primarily curiosity-driven or focused entirely on [his] own illness, if indeed [he] had any inclinations to domestic medical practice in the first place.”<sup>4</sup> She has argued, however, that new research challenges this idea. Smith has stated that providing adequate medical care to his family was the man’s responsibility as the head of the family. Her research has shown that men participated in a far-ranging array of medical activities, including writing to physicians on behalf of family members, seeking medical advice, administering treatments, and at least occasionally, nursing the ill in the home. Hannah Newton has also argued that the focus on women and domestic medicine has forged the illusion that men were not involved. She has shown that men helped care for their ill children in various ways, including nursing, or keeping watch, and administering medication.<sup>5</sup>

Collecting recipes was an important component of domestic medicine that allowed the physical tasks of making and administering treatments. Both men and women collected recipes because, as Elaine Leong has noted, illness of one family member affected the entire family. Thus, creating a family recipe book, or “knowledge base,”

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<sup>3</sup> Sharon T. Strocchia, “Introduction: Women and Healthcare in Early Modern Europe,” *Renaissance Studies* 28, no. 4 (2014): 501.

<sup>4</sup> Lisa Smith, “The Relative Duties of a Man: Domestic Medicine in England and France, ca. 1685-1740,” *Journal of Family History* 31, no. 3 (2006): 239.

<sup>5</sup> Lisa Smith, “Relative Duties of a Man,” 240-245; Hannah Newton, *The Sick Child in Early Modern England 1580-1720* (Oxford: Oxford University Press, 2012): 93-120.

benefitted the entire family and could be passed to future generations.<sup>6</sup> The “Charles Brigham Account Book” is one such book.

### The “Charles Brigham Account Book”

Medical and culinary historians Rebecca Tannenbaum and Amanda Herbert, respectively, have utilized the “Charles Brigham Account Book” in their research. Neither, however, has identified the compiler of the majority of the recipes. The front page of the book indicates that Anna Cromwell was the first owner: “Anna Cromwell my booke of Receipts December the 23<sup>th</sup> 1650.”<sup>7</sup> Tannenbaum has acknowledged Cromwell’s ownership of the book and has concluded that the book was started early in the seventeenth century by Cromwell’s sister, known only as “A.W.” Tannenbaum, however, has neglected to provide her reasoning or evidence for these assumptions, including her theory that Anna Cromwell and A.W. were sisters. Amanda Herbert has merely written that Anna Cromwell, living in Britain, was the first compiler. I will argue that the compiler of this book is likely the same Anna Cromwell Williams who is known to literary historians for her commonplace book of religious devotions.<sup>8</sup>

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<sup>6</sup> Elaine Leong, “Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household,” *Centaurus* 55, no. 2 (2013): 86-90, 96.

<sup>7</sup> “Charles Brigham Account Book,” Folder 1.

<sup>8</sup> Tannenbaum, *Healer’s Calling*, 23; Amanda Herbert, “Early Modern Comfort Foods,” *The Recipes Project* (blog), March 21, 2013, <http://recipes.hypotheses.org/969>; Amanda Herbert, *Female Alliances: Gender, Identity and Friendship in Early Modern Britain* (New Haven, CT: Yale University Press, 2014): 45.

## Manuscript Receipt Books

Williams signed her book in 1650, as manuscript collections were becoming more popular. Jennifer Stine has surveyed 96 medical recipe manuscripts signed by women (sometimes by multiple women) in the seventeenth century. Of the 97 names that are accompanied by a date, only 27 percent began prior to 1651. Stine has attributed the increasing popularity of manuscript cookbooks in the mid seventeenth century to increased literacy. Helen Wilcox has more broadly attributed an increase in female genre writing, including recipe books, to weakened patronage of male writers during the instability of the English Civil War and Interregnum. Women writers filled this vacuum with genres devoted to the “household and female experience.”<sup>9</sup>

Manuscript receipt books were highly valued. One collector warned “Jean Gembel her book I wish she may be [drowned that] steals it from her.”<sup>10</sup> While most owners did not include such a dire wish, recipe books were commonly passed down through generations of a family, with each generation adding its own set of recipes. Stine has suggested that the expensive binding and materials of these collections, along with the

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<sup>9</sup> Jennifer K. Stine, “Opening Closets: The Discovery of Household Medicine in Early Modern England” (PhD diss., Stanford University, 1996), ProQuest 9630396, 109-110; Helen Wilcox, “Literature and the Household,” in *The Cambridge History of Early Modern English Literature*, ed. David Loewenstein and Janel Mueller (Cambridge: Cambridge University Press, 2002): 737-738. See page 738-740 for a discussion of female writing about the insecurities brought on by war.

<sup>10</sup> Quoted in Seth Stein LeJacq, “The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England,” *Social History of Medicine* 26, no. 3 (2013): 452.



significant amount of time invested in collecting, organizing, and writing the recipes, shows how much compilers cherished them.<sup>11</sup>

Historians have named many reasons that both men and women, although primarily women, compiled manuscript recipe collections—to include in a dowry, practice handwriting, and to collect recipes to be used as social currency. Perhaps the most important reason was so that women had the information they needed to care for their families, both as an act of love and as part of their moral duty as Christian women. For a woman of the landed gentry, her responsibility extended to servants, other household members and tenants.<sup>12</sup>

Indeed, Gervase Markham, author of a popular early seventeenth-century instruction manual, listed several requisite virtues and duties of a good housewife. One important virtue was the ability to know “how to administer many wholesome receipts or medicines for the good of [her family’s] healths, as well to prevent the first occasion of sickness as to take away the effects and evil of the same when it hath made seizure on the body.”<sup>13</sup> The collection of recipes the housewife maintained and added to over her lifetime allowed her to tend to her family’s medical needs. The housewife was warned,

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<sup>11</sup> Stine, “Opening Closets,” 110.

<sup>12</sup> Sara Pennell, “Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England,” in *Early Modern Women’s Manuscript Writing*, ed. Victoria E. Burke and Jonathan Gibson (Burlington, VT: Ashgate, 2004), 241; 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*, ed. Mark S. R. Jenner and Patrick Wallis (New York: Palgrave Macmillan, 2007), 138.

<sup>13</sup> Gervase Markham, *The English Housewife Containing the Inward and Outward Virtues which Ought to be in a Complete Woman...*, ed. Michael R. Best (Montreal: McGill-Queen’s University Press, 1998), 8.

however, that she should not delve too deeply into the art of medicine, as that knowledge belonged to university-educated men.<sup>14</sup>

Manuscript receipt books are often categorized as commonplace books, popular in the sixteenth- and seventeenth-centuries. Commonplace books were used to collect knowledge and keep it in one place. The written knowledge included religious thoughts and prayers, learned texts, an informal life history of daily or monthly events, recipes for cookery, medicine, cosmetics and skincare, tips for cleaning, and a multitude of other types of knowledge. Some commonplace books had a well-thought-out format, but most collectors mingled all these different sorts of knowledge in what Margaret Ezell has called “messy volumes.”<sup>15</sup> Most writers considered these “messy volumes” private and kept them within the domestic sphere in which they were created. A woman frequently laid claim to the book by writing her name and a phrase such as “my book” or “her book.” If the book was passed down through the family, the new owner also laid claim to the book by making a new notation of “my book” with her name.

Culinary historian Barbara Wheaton has called recipe books and cookbooks “scarce, flawed, irreplaceable records” that “convey craft skill and cultural tradition” and

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<sup>14</sup> Markham, *English Housewife*, 8.

<sup>15</sup> Margaret JM Ezell, “Domestic Papers, Manuscript Culture and Early Modern Women’s Life Writing,” in *Genre and Women’s Life Writing in Early Modern England*, ed. Michelle M. Dowd and Julie Eckerle (Burlington, VT: Ashgate, 2007), 41; Ann Blair, “Humanist Methods in Natural Philosophy: The Commonplace Book,” *Journal of the History of Ideas* 53, no. 4 (1992): 541-551. Catherine Field, “‘Many Hands Hands’: Writing the Self in Early Modern Women’s Recipe Books,” in *Genre and Women’s Life Writing in Early Modern England*, ed. Michelle M. Dowd and Julie A. Eckerle (Burlington, VT: Ashgate, 2007), 51, has discussed how the recipe book evolved into its own genre, “quite distinct from the commonplace book.”

give voice to men and women from generations past.<sup>16</sup> They provide glimpses of how culinary and medical knowledge was circulated by the sharing of recipes, typically between women. In them we find medical beliefs, elements of popular culture, notations on the perceived efficacy of the recipes, and evidence of male involvement in the collecting and sharing of recipes.

### Domestic Medicine in the Seventeenth Century

The medical field in the seventeenth-century was in flux. Long-held theories about the genesis and treatment of illness competed with new ideas. The explosion in publication of vernacular how-to books for the common man and woman, beginning in the 1650s, disseminated old ideas and new knowledge among both professional and lay healers. Galenic medicine, focused on the idea of the humors, was the most commonly accepted theory during this period. New ideas, including chemical medicine, however, gained footholds among some groups. The very definition of disease as a label applied to a set of symptoms under the Galenic system was challenged by Paracelsus and others.<sup>17</sup>

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<sup>16</sup> Barbara Ketcham Wheaton, "Cookbooks as Resources for Social History," in *Food in Time and Place: The American Historical Association Companion to Food History*, ed. Paul Freedman, Joyce E. Chaplin and Ken Albala (Berkeley: University of California Press, 2014), 276.

<sup>17</sup> Nancy G. Sirasi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 15-47. See also Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 35-45 for more information about the vernacular medical texts and Galenic and Paracelsian medicine. Mary Lindemann, *Medicine and Society in Early Modern Europe* (New York: Cambridge University Press, 2010), 11-49 also provides a good overview of the various competing explanations and theories of health and disease. Olivia Weisser's *Ill Composed: Sickness, Gender and Belief in Early Modern England* (New Haven, CT: Yale University Press, 2015) explores the various meanings and understandings of health and illness overall and by gender in early modern England.

Galenic medicine had its roots in ancient Greek medicine. Galen, who lived in the second-century CE, modified and codified many of the teachings of Hippocrates. The four humors—blood, phlegm, and yellow and black bile—were at the heart of Galenic theory. Adherents believed all illness was caused by an imbalance in the humors. They defined “disease” by the apparent symptoms, rather than a single entity based on the etiology and classifications we use today. Mary Lindemann has described this functionalist approach as “see[ing] disease extant only within a specific organism. Disease results, therefore, from a dysfunction that may be attributed to an individual’s personal bodily constitution or habits or to environmental effects on him or her” rather than due to bacteria, virus, or the other causes we know about today.<sup>18</sup> The functionalist approach dictates that each person’s treatment should be individualized, and that one treatment would not work for all people.

A diet well balanced in foods with hot, cold, wet, and dry properties to maintain humoral balance was an important part of preventing illness. Treatment for illness attempted to restore the humoral balance and often involved bloodletting and herbal remedies that promoted purging to rid the body of extra humors. Both trained and lay practitioners including housewives, knew these treatments and understood the basic idea of balanced humors; subscribers to this theory used similar treatments regardless of training.<sup>19</sup>

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<sup>18</sup> Lindemann, *Medicine and Society*, 12.

<sup>19</sup> Sirasi, *Medieval and Early Renaissance Medicine*, 97-109, 120-123 and Tannenbaum, *Healer’s Calling*, 3-6. Wear, *Knowledge and Practice*, 106-110 provides an interesting discussion on why using symptoms to classify illness, rather than an etiological view, made sense in a society where much of the medical practice was performed by lay practitioners.

Another theory that gained some recognition among physicians in the early modern period was Paracelsian medicine. Theophrastus von Hohenheim, commonly known as Paracelsus, promoted the idea of separate diseases, in contrast to the beliefs of Galenic medicine. He also recommended using chemical drugs, such as mercury, sulfur, and lead, to treat disease. Although these had been used previously in medicine, Paracelsus and his followers advocated using them much more frequently. While most elements of Paracelsian thought did not take hold in England, chemically prepared medications were accepted by English professional and lay healers if they were shown to work.<sup>20</sup>

Published self-help manuals, medical books, and recipe books introduced the literate practitioner, both professional and domestic, to the newer ideas of chemical medicine and provided guidance in the use of centuries-old Galenic medicine. By the 1650s, more than 150 medical texts were published in the English language every decade. Approximately 25 percent of these texts were recipe books.<sup>21</sup>

Both professional and domestic practitioners pulled from the array of competing theories and explanations what made sense to them. Learned and household practitioners were very similar, at least in broad terms of understanding and explaining illness. Domestic practitioners, however, may not have grasped fully, or felt the need to understand, the theories behind the medicine they chose to practice. For them, the most

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<sup>20</sup> Tannenbaum, *Healer's Calling*, 5-6; Allen G. Debus, *The English Paracelsians* (New York: Franklin Watts, 1966), 175, 179. See the entire book for a more detailed explanation of all the elements of Paracelsian thought and which parts were accepted and rejected by the English.

<sup>21</sup> Mary E. Fissell, "The Marketplace of Print," in *Medicine and the Market in England and its Colonies, c. 1450-c. 1850*, ed. Mark S.R. Jenner and Patrick Wallis (New York: Palgrave Macmillan, 2007), 113-116.

important facet of medicine was whether or not it worked. Experience became an important characteristic in healing authority and knowledge for both lay and trained professionals.<sup>22</sup>

Even when a medical professional was consulted, patients did not hesitate to provide their opinions and adhere only partially to a physician's suggested treatment. Barbara Duden has analyzed the detailed casebooks of an eighteenth-century German physician, Dr. Johann Storch, and has shown that Storch's female patients often told him the prescription they wanted. He usually obliged, validating the woman's domestic recipes and knowledge of medicine. In a few cases, the woman and her family or other healers modified or outwardly rejected Storch's prescription, thinking that they knew better. Lucinda Beier has written that patients "owned their own disorders."<sup>23</sup> They had opinions on the cause of their symptoms and sought advice from how-to books, friends and family. When a physician was consulted, patients "reserved the option to accept, dictate or reject the therapies offered."<sup>24</sup> As Beier has shown, English patients had

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<sup>22</sup> Tannenbaum, *Healer's Calling*, 3. See also Sirasi, *Medieval and Early Renaissance Medicine*, 34-36 for a closer look at the circulation of medical knowledge and similarities and differences that existed between various types of healers, and page 54 for a discussion on the importance of experience in learned medicine. See Alisha Rankin, *Panacea's Daughters: Noblewomen as Healers in Early Modern Germany* (Chicago: University of Chicago Press, 2013), 4 for a discussion on the increasing importance of experience for lay practitioners.

<sup>23</sup> Lucinda McCray Beier. *Sufferers & Healers: The Experience of Illness in Seventeenth-Century England* (New York: Routledge & Kegan Paul, 1987), 165.

<sup>24</sup> Beier, *Sufferers and Healers*, 165.

confidence in their own ideas about the causes of, and treatments for, their ailments, just as Storch's German patients did.<sup>25</sup>

### Class, Gender, and Authority

Steven Shapin, a historian of science, has argued that gentlemen in the upper classes in England were deemed to have the most authority in all matters, including scientific and medical matters, compared to men from lower classes and women of any class, due to the perception that honor required truthfulness and seventeenth-century gentlemen were honorable. Indeed, the "imputed constancy, steadfastness, and reliability" of gentlemen became an essential part of and justification for the medieval honor culture and persisted into the early modern period.<sup>26</sup>

Historian Alisha Rankin, in contrast, has noted in her research on members of the German aristocracy that social status was a more important component of trustworthiness than gender, with members of higher social classes deemed more trustworthy than lower classes.<sup>27</sup>

This thesis will explore how men and women participated in domestic medicine in four different ways: ownership and sharing of knowledge, experimentation, assigning credibility to the recipes, and diseases treated by the recipes. A brief historiography of each is covered below.

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<sup>25</sup> Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, transl. Thomas Dunlap (Cambridge, MA: Harvard University Press, 1991), 75-103.

<sup>26</sup> Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1994), 69, 65-125.

<sup>27</sup> Rankin, *Panacea's Daughters*, 44-5.

## Ownership of Knowledge

The publication of medical and how-to books for the lay practitioner, including domestic medicine practitioners, opened a debate about who owned and could access medical knowledge. Housewives were expected to know how to maintain a garden with medicinal herbs, where to pick wild plants, create herbal remedies, and seek treatments from an apothecary. Medical writers and physicians, however, believed their knowledge was superior. Even Nicholas Culpeper, often thought of as one who opened the doors of medicine to the untrained practitioners with his books, “distinguished between the country person’s experience of herbs and the physician’s knowledge of their properties.”<sup>28</sup> On a practical level, this probably did not matter to the domestic practitioner, as she was more concerned with whether a particular remedy worked rather than how it worked from a theoretical point of view.

There was tension, however, as many medical writers openly marketed their books to the lay practitioner, creating a blurring of the perceived (at least from the physician’s point of view) lines between lay and professional medical knowledge. Indeed, Mary Fissell’s analysis of an edition of *Aristotle’s Masterpiece* published in 1697 is a good example. The first half of this edition is essentially a copy of the original edition of *Aristotle’s Masterpiece*. The second half is from *A Sick Womans Private Looking-Glass* published by John Sadler in 1636. Sadler’s book offered women enough

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<sup>28</sup> Wear, *Knowledge and Practice*, 61.



information to have a meaningful conversation with their doctor, while the 1697 version of *Aristotle's Masterpiece* indicated the doctor was not needed.<sup>29</sup>

The female body and its reproductive elements were particularly rich sources of mystery and knowledge. Fissell's examination of popular consumption of *Aristotle's Masterpiece*, for example, has questioned who had access to, and more importantly, ownership of, knowledge of the female body, and how authors, publishers and society attempted to protect this knowledge from those who would abuse it. Midwives and married couples had legitimate access to *Aristotle's Masterpiece* and other sources of midwifery and sexual information, unlike their unmarried sons, who would often "borrow" their mother's book. Authors who printed anatomical plates or conveyed information about the female body in medical texts, including midwifery books, often expressed concern about maintaining female modesty and protecting women from male readers who would not respect the female body. Yet, publication of books that, while written for women, were obtained by men, complicated attempts to restrict access to knowledge.<sup>30</sup>

Cathy McClive has taken the question of ownership of knowledge one step further by asking what qualified one to take ownership of the knowledge of the pregnant female

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<sup>29</sup> See Wear, *Knowledge and Practice*, 113-116 for examples of books marketed directly to a lay audience. See also Fissell, "Marketplace of Print," 108-132; Mary E. Fissell, "Hairy Women and Naked Truths: Gender and the Politics of Knowledge in 'Aristotle's Masterpiece'," *William and Mary Quarterly* 60, no. 1 (2003): 49-51.

<sup>30</sup> Mary E. Fissell, "Making a Masterpiece: The Aristotle Texts in Vernacular Medical Culture," in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles Rosenberg (Baltimore, MD: Johns Hopkins University Press, 2003), 59-87.

body: “Was it gender, personal experience, or formal training?”<sup>31</sup> Was the expectant mother the expert, or were there others who had claim to expertise and knowledge of her pregnancy as well?

### Experimentation

The interest in gaining knowledge, and the tensions over who owned or could access it, were in part consequences of the burgeoning interest in scientific experimentation. During the sixteenth and seventeenth centuries, scientists discovered and publicized important new knowledge. William Harvey explained how the blood circulated, Andreas Vesalius promoted the science of anatomy, there was an increased interest in scientific botany, and in 1660 Charles II granted a charter for the Royal Society, an organization that advocated scientific discovery and correspondence.<sup>32</sup>

Members of the Royal Society, primarily members of the aristocracy, debated a variety of topics, including education and natural philosophy, or what we would call science. Experimentation with chemical recipes were common in this group. Yet, people outside this group were also interested in experimentation. They could also engage in medical experimentation by trying new recipes, providing hints in the recipe to help the user achieve success, and modifying chemical and herbal recipes. As Sharon Strocchia, social historian of medicine, has noted, “concocting recipes was prime terrain for

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<sup>31</sup> Cathy McClive, “The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe,” *Social History of Medicine* 15, no. 2 (2002): 215.

<sup>32</sup> Sirasi, *Medieval and Early Renaissance Medicine*, 191-193.

experimentation.”<sup>33</sup> If the term “concocting” is synonymous with creation of a new recipe, I argue that modification of an existing recipe is also a good form of experimentation.<sup>34</sup>

### Assigning Credibility to Recipes

Statements denoting the authority or credibility of the recipe were critical elements of medical recipes. Users wanted some indication that the medication would work for the disease indicated. Methods of indicating efficacy ranged from simple statements such as “heal” or “cure” to extravagant stories of how the medicine produced amazing effects. Other methods included providing advice on methods of preparation and ingredient substitutions, sharing the pedigree of a recipe, and indicating whether a recipe came from an esteemed member of society, such as a high ranking “Lady,” or from a well-known published source, such as *The Queen’s Closet Opened*.

Testing recipes was an important part of a woman’s responsibility to care for her family. A good housewife did not want to use a recipe that was ineffectual. Sara Pennell has explored how testing and sharing recipes helped women form and share knowledge. In the safe familiarity of her kitchen, a woman could express her authority by “certifying” the effectiveness of a medical treatment after trying it out on herself or her family.<sup>35</sup>

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<sup>33</sup> Strocchia, “Women and Healthcare,” 500.

<sup>34</sup> Lynette Hunter, “Sisters of the Royal Society: The Circle of Katherine Jones, Lady Ranelagh,” in *Women, Science and Medicine 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Gloucestershire, UK: Sutton Publishing, 1997), 178-197.

<sup>35</sup> Pennell, “Perfecting Practice,” 237-258. See also Field, “Many Hands,” 56; LeJacq, “Bounds of Domestic Healing,” 457.

## Diseases

Little has been published on which diseases were treated in the home. Most authors of books and articles assume this is common knowledge, but a quantitative analysis is lacking. Leong has written that approximately 80 percent of more than 9,000 recipes, from both manuscript and print collections, were for specific illnesses. She failed to report, however, whether this proportion varied by contributor characteristics. Nor does she provide a list of the type of diseases treated and the proportion of recipes dedicated to each type of disease.<sup>36</sup>

Women's health complaints are occasionally referenced in some of the diaries that Beier has studied, with pregnancy and childbirth mentioned more frequently than gynecological disorders. The more recent literature on medical recipe books does not mention gynecological disorders. However, this is an important area of study because dealing with female health complaints was a component of daily life for women in the early modern period.<sup>37</sup>

## Quantitative Methods

This thesis employs quantitative methods in a case study of Williams's manuscript recipe collection. The careful annotations of who contributed each recipe allow a comparison of the recipes by gender and other contributor characteristics. This book is unusual in that almost all recipes contain an attribution. Only a few recipes collected by Williams do not have a contributor listed. Recipes for which a contributor is

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<sup>36</sup> Elaine Leong, "Making Medicines in the Early Modern Household," *Bulletin of the History of Medicine*, 82, no. 1 (2008): 158.

<sup>37</sup> Beier, *Sufferers and Healers*, 144.

not listed or is illegible are excluded from the quantitative analysis, including over 100 recipes that were added by at least one later owner of the book, likely a member of the Brigham family. Elements of the recipe must be available and legible in order to be included in the study. I included recipes from pages that are torn or otherwise partially illegible for those elements that are readable. All recipes in the sections compiled by Williams are included in qualitative analyses.

Prior to becoming familiar with the literature, I identified and defined a set of measures that capture the primary recipe elements based on my familiarity with the “Charles Brigham Account Book” and the history of medicine in colonial New England. After beginning a literature search, I found that many of the variables I had previously identified had either been studied previously, or were recommended as an area of future research. This external validation provides additional support for the variables I developed independently.

Data entry for each recipe was performed blinded to the contributor. Data were extracted into Microsoft Excel, with separate columns to identify each characteristic of the recipe. The title and commentary, when available, determined whether the treatment was for a specific disease. I identified whether recipes were collected from published sources, such as books of secrets or from prominent individuals, based on notations in the recipe. Finally, I indicated whether the recipe was specifically for a female health complaint and entered notations of efficacy.

Tables will include frequencies and proportions to compare characteristics of the recipes by gender. As a small number of people contributed a large number of recipes (See Appendix I), analysis was conducted at both the recipe level and the person level.

The recipe-level analysis includes all 385 recipes that meet the inclusion criteria and includes multiple recipes from many contributors. The person-level analysis is based on the 83 unique contributors, and asks whether at least one recipe contributed by a given individual contained the characteristic of interest. The analysis at the contributor, or person, level provides equal weight to each person and more directly addresses my hypothesis than the recipe-level analysis. In the recipe-level analysis, contributors of multiple recipes are given more weight than people who contributed only one or two recipes.

### Research Limitations

The major limitation of this study is that I do not know if the recipes were actually used, a limitation frequently mentioned in the literature of medical recipe studies. This thesis, however, explores whether, and why, men and women contributed different types of recipes, and not whether they were actually used. Lack of generalizability is another limitation, as this recipe collection belonged to a member of the upper class. This is also a common limitation mentioned in the literature. Finally, the possibility of selection bias exists as some recipes' elements are not available due to torn pages or faded handwriting. If these recipes are clustered together, with many from the same contributor, bias may result from using only the portions of the recipes that are legible. Another form of selection bias occurs from the fact that Williams likely did not include all recipes that were shared with her, and we do not know which recipes were excluded, or why they were excluded.

## Chapter Outline

Chapter II will introduce the “Charles Brigham Account Book” and its compiler, Anna Cromwell Williams, and place both the book and Williams in historical context. I will also explore male and female participation in knowledge sharing and experimentation.

Chapter III will explore how men and women assigned authority and credibility to the recipes they contributed based on credibility statements, including efficacy phrases and stories, hints, modifications to the recipe, and attributions.

Chapter IV will explore the different types of symptoms and diseases that were treated by the medications made from the recipes contributed by men versus those contributed by women. Specific areas of focus include whether the recipe is for a specific disease, and whether the recipe is for a female or childhood illness.

## Chapter II:

### Knowledge Sharing and Experimentation

While the title of the “Charles Brigham Account Book” bears the name of a man and includes a genre of writing often associated with men in the early modern period, the majority of the names inscribed in the book belong to women and the pages are filled with recipes, not with accounts. (The manuscript includes only three pages of accounts.) Five women signed their names in the book after Williams, as did Charles Brigham. At least one of these women also added several pages of recipes, primarily medicinal, to the book. She did not, however, annotate the recipes with the contributor’s name.

The fact that the women and Charles Brigham, the only male signee, each signed their name to the book indicates ownership and highlights one method of knowledge sharing: passing the recipe book to future generations, who added their own names and recipes to the book. In this case, the book was passed among various Brigham family members well into the eighteenth century.<sup>38</sup>

The American Antiquarian Society (AAS), which owns the “Charles Brigham Account Book,” has admitted to ambiguity in the naming of the book. Originally the AAS recognized Williams and the other contributors by naming the manuscript “Anna Cromwell (and others), Recipe Book, 1650-ca. 1730s.” Shortly thereafter AAS renamed the manuscript the “Charles Brigham Account Book.” The current curators do not know

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<sup>38</sup> How the recipe book came into the Brigham family is unknown. Once it came into the family, there is evidence that it was passed from family member to family member as each signed his or her name and some added additional recipes or accounts.



why the name was changed, but concede the possibility that the processors preferred using a male name over a female name. As the bulk of the recipes, and content, were penned by Williams, and not Charles Brigham, I will refer to the manuscript as Williams's book.<sup>39</sup>

Williams collected more than 400 medicinal recipes and filled over 150 pages with medical and cookery recipes through the 1680s, a significant investment on her part. The recipes may have been recorded into her book all at one time, although they were likely collected over her adult lifetime. She divided the collection into sections. Within each section recipes are numbered consecutively. Each page is completely filled, but recipes seldom run onto the next page, suggesting a degree of organization and planning that would be difficult to achieve if recipes were added to the book as they were collected.

The recipes in Williams's book are similar to other surviving manuscript collections from the period. Although recipe book compilers collected recipes from peers, neighbors, servants, tradesmen and published books, recipes were most often collected from family members. Twenty-nine of the 83 contributors were family members. Of the 385 recipes used in the quantitative analyses, 259 were collected from her family; the remaining recipes came from people from various classes in society, doctors, published books and private family recipe books.<sup>40</sup>

Unlike most recipe books of this period, almost every recipe is accompanied by the name of the contributor, allowing for an exploration of the recipes by gender. This chapter examines information encoded in the recipes to explore how men and women

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<sup>39</sup> Ashley Cataldo, email message to the author, April 27, 2016.

<sup>40</sup> Pennell, "Perfecting Practice," 243.

shared knowledge and the role of experimentation in domestic medicine. I also identify the probable compiler of the recipes used in this analysis.

Anna Cromwell Williams: Original Compiler of the  
“Charles Brigham Account Book”

Knowing more about the compiler of the recipes provides both context and insight into the analyses in the thesis. Literary historians are familiar with Anna Cromwell Williams’s other commonplace manuscript, “A Booke of Severall Devotions Collected from Good Men by the Worst of Sinners.” In this manuscript, she recorded prayers, sermons, poetry, and catechisms, interspersed with commentary on her family.<sup>41</sup>

Williams was baptized in August 1623 in Upwood, Huntingdonshire, England, the only surviving child of Richard Cromwell and Elizabeth Hake. She married her second cousin, Henry Cromwell. Although related to Oliver Cromwell the Protector, Anna and most of Henry’s immediate family were staunch royalists, although Henry did serve as a member of parliament under Oliver Cromwell. He was in good favor with both Cromwell and, after 1660, King Charles II. In 1660 Henry and Anna forsook the Cromwell surname and reverted to the sixteenth-century family name Williams. They were part of the landed gentry and lived in Ramsey, a part of Huntingdonshire. Henry inherited the Ramsey

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<sup>41</sup> Anna Cromwell Williams, “A Booke of Severall Devotions Collected from Good Men by the Worst of Sinners,” Harley MS 2311, British Library. This manuscript earned her an entry in the *Oxford Dictionary of National Biography* (ODNB), a biography and a partial annotated version of her manuscript in the Perdita Project, publication of poems in an anthology, and a chapter in a book dedicated to female writers in the early modern period. Marie-Louise Coolahan, “Williams, Anna (*bap.* 1623, *d.* 1687/8),” in *Oxford Dictionary of National Biography*, (Oxford University Press, 2004); Margaret J.M. Ezell, “The Exemplary Wife: Anna Cromwell Williams’s Book of Secrets,” in *In the Prayse of Writing*, ed. S. P Cerasno and Steven W. May (London: British Library, 2012), 281-299.

estates in 1657 and sold the manor, abbey and rectory in 1664. Upon his death in 1673, the remaining estate reverted to his sisters and their heirs. Anna Williams moved to a house near Ramsey after Henry's death and died in January 1688.<sup>42</sup>

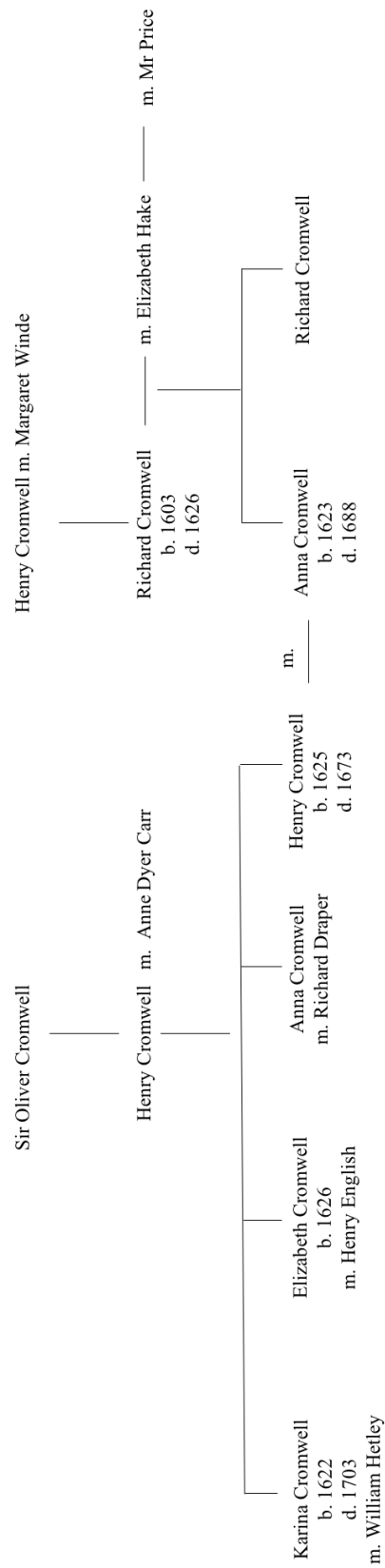
The best evidence that Williams is the compiler of the manuscript receipt book is found in the relationships of the contributors to Anna Cromwell Williams, including "my grandmother Hake," "Lady Ann Carr," "my sister Elizabeth English," "sister Hetley," "my Aunt Price" and "cosen Yelverton Price." (See Appendix I for a full list of contributors for the 385 medical recipes used in analysis and Figure 1 for a brief genealogy of the family relationships.) Williams left items to Elizabeth English and English's children and referred to Carina Hetley as "my deare and loving sister" in her will. Elizabeth and Carina were Henry's sisters. She also left a picture of her mother and a piece of her own artwork to her "cosen Yelverton Price." Several cousins were also mentioned in both the recipe book and in Williams's will. After the death of Williams's father, Richard Cromwell, her mother Elizabeth married Mr. Price. Based on the number of recipes collected from Williams's Aunt Mary Price and her cousin Yelverton, as well as the will bequest to Yelverton, Williams maintained contact with her stepfamily throughout her life.<sup>43</sup>

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<sup>42</sup> The Williams family changed their surname to Cromwell in the early sixteenth century to honor Sir Thomas Cromwell's support of Sir Richard Williams. Henry and Anna likely reverted to their surname for political reasons after the restoration of the monarchy in 1660. See Ezell, "Exemplary Wife," 282-4, 289-95 and Coolahan, "Williams, Anna."

<sup>43</sup> Anna Williams, will dated February 17, 1688, The National Archives. <http://discovery.nationalarchives.gov.uk/details/r/D737836>; Ezell, "Exemplary Wife," 291.

Figure 1: Genealogy of Anna and Henry Cromwell Williams



This figure shows the connections between Anna and key family members that appear as contributors in the recipe book. Sir Oliver Cromwell and Henry Cromwell who married Margaret Winde were brothers, sons of Sir Henry

Lady Ann Carr, a Dyer by birth, was the mother of Henry and his sisters Carina, Elizabeth, and Anna and many of her recipes appears in Williams's book. Lady Carr died in 1639, before Williams started compiling the manuscript cookbook. However, Margaret Ezell has suggested that Anna and Henry could have married by 1638, when Anna was only 15. Even if that is not the case, Anna may have stayed with Henry's family after her father died, so she may have known Lady Carr at that time. Another alternative is that the recipes were passed down after Lady Carr's death, but were still attributed to her in Williams's book. This is quite plausible as two of the medical recipes are listed as coming from "ye olde book," which may have been a book passed down through the family. Another recipe is explicitly stated as coming from "Lady Carr's book."<sup>44</sup>

In addition to the familial evidence, the handwriting in the recipe and the religious commonplace book appear similar, although no formal orthography testing has been performed. Both texts were compiled during the mid to late seventeenth-century. The frontispiece of the cookbook is dated 1650 and the frontispiece of the religious book is dated 1656.

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<sup>44</sup> F. N. L. Poynter and W. J. Bishop, "A Seventeenth Century Doctor and His Patients: John Symcotts: 1592?-1662," *The Publications of the Bedfordshire Historical Record Society*, vol. XXXI (Bedfordshire, England: Bedfordshire Historical Society, 1951), xxiii; Ramsey, *Huntingdonshire, St. Thomas of Canterbury : baptisms, 1559-1920*, transcribed Joan Whitwell (n.p.: Huntingdonshire Family History Society, 1998): 35-38; *The Church of St. Thomas a Becket, Ramsey, Huntingdonshire : burials and miscellaneous notes with index* (n.p.: Huntingdonshire Family History Society, 2000), 39-40; Ezell, "Exemplary Wife," 290-292. An inventory of Henry's home in the early 1630s includes "Mris Anna Cromewells Chamb." Ezell wrote that this could refer to Henry's sister Anna, or to the woman who would become his wife.

While the evidence for Anna Cromwell Williams compiling the recipe book seems solid, there are some inconsistencies. Several recipes are attributed to “my sister Anna Cromwell,” which may have led one historian to conclude that A.W. was the author of the book and Anna Cromwell was her sister. Two references to daughters also appear, although Anna Cromwell Williams did not have any known surviving children.

Rebecca Tannenbaum, the first to publish about the “Charles Brigham Account Book,” has stated that A.W. was the author of the book, and that Anna Cromwell was her sister. She does not provide, however, any proof or reasoning of why this might be the case. There are multiple recipes with a contributor notation of A.W.—who I believe is Anna Cromwell Williams because these are the only recipes where she did not indicate the relationship between her and the contributor—and several recipes with the attribution “my sister Anna Cromwell.” Anna did not have any surviving siblings, but Henry had a sister Anna who “died young,” although the date of death is unknown. Based on an abstract from court proceedings, she lived long enough to marry Richard Draper. Three medicinal recipes were contributed by “my sister Draper.” Anna Cromwell Draper may have lived long enough to pass on recipes to Anna Cromwell Williams, or perhaps as in the case of Lady Ann Carr, they were passed on posthumously.<sup>45</sup>

The attribution of recipes to “Daughter Cremer” and “Daughter Hudley” or “my Daughter Maddam Hudley” also requires an explanation, as Williams had

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<sup>45</sup> Tannenbaum, *Healer’s Calling*, 23; Ezell “Exemplary Wife,” 291; Historical Manuscripts Commission, *The Manuscripts of the House of Lords, 1690-1691*, (London: Eyres and Spottiswood, 1892), 267-8.

no known surviving children. Perhaps these refer to a stepdaughter, although I have no evidence that Henry had a previous marriage, or to a goddaughter or niece to whom she was especially close. A recipe contributed by Carina Hetley is attributed to Mrs. Cremer, perhaps the mother or mother-in-law of Daughter Cremer. Another recipe contributed by “sister Anna Cromwell,” probably Anna Cromwell Draper, Henry’s sister, contains an attribution to “My oulde Cosen Hudeley” indicating a familial relationship between Henry Williams and the Hudleys. Without further information, including a first name, identifying Daughter Cremer and Daughter Hudley is difficult.<sup>46</sup>

In spite of these inconsistencies, known family relationships and the similarity of the handwriting in the receipt book and the religious devotions book provide strong evidence that Anna Cromwell Williams owned and compiled this manuscript.

Why did Williams compile the book? While there were likely many reasons, one possible reason was to seek a modicum of control during a very difficult time. The English Civil War, Interregnum, and subsequent restoration of the monarchy caused many uncertainties. Like many families, Anna and Henry Cromwell Williams lived in a divided family. Henry’s family were staunch Royalists, while Anna’s family appeared to lean toward support of Oliver Cromwell and Parliament. Anna’s husband Henry walked a fine line, finding favor with both Oliver Cromwell and King Charles II. Based on the content of her

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<sup>46</sup> Three medical recipes and three cookery recipes are attributed to Daughter Cremer. One cookery recipe is attributed to “Daughter Hudley” and one to “my daughter Maddam Hudley.”

religious devotions book, Williams was a Royalist. In addition to living in a family with divided loyalties, Ramsey was attacked at least once by Royalist forces. Henry and Anna seemed to have had a difficult financial life. Not long after Henry inherited Ramsey Abbey, he had to sell off many of its holdings. Finally, based on a poem in her religious devotions book, Anna and Henry may have suffered the death of a child. Collecting recipes to prevent further illness and death may have seemed one way she could take some control.<sup>47</sup>

### Sharing Knowledge via Recipe Sharing

There were other reasons for compiling a receipt book in addition to those mentioned above. As discussed previously, new scientific discoveries and the creation of the Royal Society created an environment in which learning about new techniques and ideas was highly prized, as was sharing that knowledge with others. Collecting recipes became an important source of knowledge formation and curation for the compiler. As discussed previously, the compilation of receipt books was a natural outgrowth of commonplace books, which emphasized collection and organization of knowledge by topic. Thus receipt books collectively became a repository of culinary, household and medical knowledge. Many forms of knowledge are found in recipes. The recipe itself may be considered a type of knowledge, as are the advice and modifications encoded into the recipe by the contributor. Some receipt books included references to scientific

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<sup>47</sup> Ezell, "Exemplary Wife," 293; Coolahan, "Williams , Anna;" Alan Akeroyd and Caroline Clifford, *Huntingdon: Eight Centuries of History* (Derby, England: Breedon Books Publishing, 2004), 32.



and philosophical ideas and theories. More commonly, however, medical receipt books focused on the mechanics, or art, of making medicine and treating patients.

The terms “art” and “knowledge,” as used in receipt books, are highly related, if not interchangeable. Alisha Rankin has defined art as both the “material form of a medical receipt [and] also the set of practices involved in turning recipe into remedy.”<sup>48</sup> Williams’s book includes several recipes that utilize the phrase “according to art,” indicating that a fair amount of knowledge was required to perform the task. Three recipes pertain to the art of distillation, and others refer to treatments for kidney stones and sores or making a salve or plaster. Clearly Williams and other users of the recipes were expected to be well versed in the culinary, medicinal, and distillation arts.

Williams’s book shows that both men and women actively participated in sharing knowledge through the recipes they gave to Williams (see Appendix I which lists all the contributors whose recipes were used in quantitative analyses). This was especially true among family members. Sixty-seven percent of the recipes came from family members. However, only 35 percent of the contributors were family members. This indicates that family members often contributed multiple recipes, while non-family members usually contributed only one recipe. Twenty (69 percent) of the 29 family members contributed at least two recipes. Williams’s mother and her cousin Anne Hunt each contributed at least 50 recipes.

On the other hand, only 11 (20 percent) of the 54 non-family members contributed more than one recipe. Six (21 percent) of the family contributors were men,

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<sup>48</sup> Rankin, *Panacea’s Daughters*, 76; See also Pennell, “Perfecting Practice,” 251.

compared to 26 (48 percent) of non-family contributors. Non-family contributors came from all ranks of society. Members of the gentry, denoted by the title “Lady” or “Sir,” doctors, and men and women in the lower ranks of society, all contributed recipes. Most came from people with the title of Mr. or Mrs., indicating a middling status. Many may have been her neighbors. Other contributors came from further away. Mr. Beale, for example, was from Wittleser, Mrs. Burton was from Wilford, and Sir Cornelius Vermuyden, a Dutch engineer who spent time in the Fens, including Huntingdon, working on drainage projects under King Charles and Oliver Cromwell, was from Holland.<sup>49</sup>

Unfortunately, we cannot definitively say how any of the recipes came to be in Williams’s collection, although we know several of the recipes came from family books, including “ye olde book” and “my Lady Carr’s book.” A recipe for Gaskin’s powder, a popular cure-all, came from “Sister Lucy Englishes booke.” Other recipes were likely shared with her at her request and others were shared unsolicited. She may also have received recipes that she did not include in the book.

Some contributors passed on information taught them by others. Anna Draper included a notation at the end of her recipe for white muscadine that “all these was taught by Mr. Tho: Mallery, a most excellent vintiner.”<sup>50</sup> Carina Hetley indicated that the user could make orange water in a limbeck “if yu will have it very strong or else in an

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<sup>49</sup> Joan Thirsk, “Vermuyden, Sir Cornelius (1590–1677),” *Oxford Dictionary of National Biography*, (Oxford University Press, 2004).

<sup>50</sup> “To Make White Muskadine,” Folder 2, # 42, “Charles Brigham Account Book.”

ordinary rose still, wch is ye way [that] is done by Mrs. Udall.”<sup>51</sup> Other contributors included genealogies of the recipes. Williams noted that the recipe for stones, for example, “was given to my mother from whom my Aunt Price had it whoe gave it to me.”<sup>52</sup> Ann Hunt’s remedy for a bruise was given her by Mr. Paddie. Another cure-all recipe was approved by Mr. Montgomery, but contributed to Williams by Ann Hunt.<sup>53</sup>

### Sharing Knowledge via Advice in the Recipe

In addition to sharing knowledge with Williams through oral or written recipes, contributors also shared knowledge by including advice in the text of the individual recipes. Women were more likely than men to include advice (Table 1). Some form of advice was present in 13 percent of the recipes contributed by men and 23 percent of the recipes contributed by women (recipe-level analysis). Twenty-five percent of men and 37 percent of women contributed at least one recipe that included advice (contributor-level analysis).

The most common type of advice is explaining why something should or should not be done. Warnings not to fill a still glass too full to prevent overflowing or to avoid breathing in noxious fumes produced during the making of the medication are common. Advice about looking for signs that indicate a step was complete, such as bubbling and hissing, is also found. Other advice includes providing alternate names for ingredients or

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<sup>51</sup> “An other to Make Orrenge Water,” Folder 2, #79, *ibid.*

<sup>52</sup> “The Last and Most Exelend Remidie of all Against ye Stone...,” Folder 2, *ibid.*

<sup>53</sup> “Ffor a Pin & Webb, or for any Soare Eyes...., Folder 5, #34, *ibid.*; A [illegible] of Certaine Medicines to Drive Away Agues...,” Folder 3, #43, *ibid.*

clues on where to find them, and warnings to take care that the medication does not burn or otherwise spoil.

**Table 1: Types of advice found in the recipes**

	Recipe Level n=385		Contributor Level n=83	
	Men n=89	Women n=296	Men n=32	Women n=51
Any Advice	13%	24%	25%	37%
Alternate name for ingredients	1%	3%	3%	10%
Reason why a step must be performed	10%	12%	19%	25%
How to know when it is done	1%	5%	3%	10%
Warning	0%	2%	0%	6%
Take care	0%	5%	0%	12%

The ability to provide advice required extensive knowledge of ingredients' names and their varied medicinal and personal uses: that “hume suckles is wild woodbine,” smaraydos is another name for emerald, or that foals foot leaves should be “shred[ded] together like tobackoe [and] dr[ied] in a dish before ye fire so dry as you would have

tobackoe.”<sup>54</sup> Knowing enough to warn the user that the smoke of the precipitate for a plaster is “ranke poyson” and should be carefully avoided also required some experience with the recipe.<sup>55</sup>

The fact that advice occurs more commonly in the recipes contributed by women suggests that women spent more time making the medications than men, and were thus in a position to be more aware of potential problems that could arise when using the recipe. Despite this, men did include information in their recipes about alternate names, for example, that molasses was also known as treacle; the reasons for following a certain process (repeat the infusion 7 times to make “ye viniger so fresh [and] strong of ye flower” or to leave “4 or 5 finger breadth” at the top of the barrel (“for other wise it would break ye vessel with working”), and how to know when a certain step was achieved (place 4 gallons of water to boil and put a stick in the water; make a notch in the stick “between ye wet & ye dry parts;” After adding all the other ingredients, boil it “till ye Liquor be confirmed or sunk downe to ye notice of ye stick, wch is ye signe of its due strength.”)<sup>56</sup>

### Experimentation via Modifications to the Recipe

Modification and testing of recipes was consistent with the new scientific method that emphasized personal observation and experimentation to learn about natural

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<sup>54</sup> “A most Admirable Wound Drinke...,” Folder 5, *ibid.*; “An Exelent Remidy for a Colde & Rhume,” Folder 3, #2, *ibid.*

<sup>55</sup> “A Receipt for a Soneraine Plaister,” Folder 5, # 20, *ibid.*

<sup>56</sup> “Treacle wine or Amda Molosso,” Folder 3, #149, *ibid.*; “Viniger of Currants,” Folder 3, #131, *ibid.*; “Exelent Mead wth Raysons,” Folder 3, #135, *ibid.*

phenomena. Many of the recipes in Williams's book contain notations to improve a recipe by including or excluding ingredients, or altering the quantity of ingredients used. Others describe changes to the recipe to achieve a desired outcome in terms of taste, color or consistency. For example, one recipe advises the user to include red poppy leaves to achieve a desired color, or "putt five pounds of fruite according as you would have it in strength."<sup>57</sup> A few recipes were crossed out altogether, a common occurrence in manuscript recipe books in the early modern era and a possible indication that Williams had tried the recipes and found them lacking.

Contributors often proposed modifications to receipts, including varying the types and quantity of ingredients as well as the methods to obtain the desired texture, taste, color, smell, or strength of the treatment. Thirty-six percent of recipes contributed by men and women contained at least one modification; 53 percent of both men and women contributed at least one recipe that contained a modification. Ingredient substitution, including optional ingredients, is the most common type of modification, found in 16-18 percent of the recipes contributed by both men and women, with 34 percent of men and 33 percent of women contributing at least one recipe with a substitution.

Common examples of ingredient substitution include reasonable substitutions when fresh ingredients were not available: "may butter or fresh butter out of the churn," "wn yu cannot have fresh ye must dry beforeha 7 or handfuls of stalkes & leaves," and

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<sup>57</sup> "Surfet Water also Good for Anything y<sup>t</sup> Lies Heavy in ye Stomack or to Staye Vomiting," Folder 2, #6, *ibid.*; "To make Wine of Dry Fruits, as of Reaisons of ye Sume, Currants, Ffigs Dates & ye Like," Folder 2, #18, *ibid.*

“one bushel of fresh (of fewer dried wch is better) cowslip flowers.”<sup>58</sup> Choosing which liquid from a list of waters or liquors would be best suited is also common. Contributors occasionally list herbs and spices as optional. A recipe to purge melancholy and rhume suggests adding “china if you please one ounce or if you will you may leave it out.”<sup>59</sup>

**Table 2: Types of modifications found in the recipes**

	Recipe Level n=385		Contributor Level n=83	
	Men n=89	Women n=296	Men n=32	Women n=51
Any modifications	36%	36%	53%	53%
Method substitution*	4%	11%	6%	24%
Ingredient substitution	18%	16%	34%	33%
Optional ingredient	10%	9%	16%	27%
Change to quantity of ingredient	1%	5%	3%	14%
Achieve a desired outcome	16%	13%	25%	31%

\*includes advice to use a different type of still or other change to the recommended process

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<sup>58</sup> “An Oyntement for a Swelling or Soare or for a Swelled Breast,” Folder 5, #23, *ibid.*; “A Cordiall Fflowered Water,” Folder 2, #76, *ibid.*; “[Cowslip Wine] Otherwise,” Folder 3, #18, *ibid.*

<sup>59</sup> “A Bagg to Purge Mellancholy & Rhume & also Restorative,” Folder 3, #7, *ibid.*

Sometimes contributors suggested optional ingredients to make a medicine more tolerable: a “small quantity of cloaves, & cynamon if you please to make it ye more comfortable” was suggested for a medicine for cough and consumption.<sup>60</sup>

Modification of the recipe to achieve a desired taste or texture is also fairly common with 25 percent of men and 31 percent of women contributing at least one recipe containing specifications for taste or texture, most often in taste. A recipe for cough pellets advises the practitioner to include “as much of ye oyle of amiseeds as pleaseth your pallet.”<sup>61</sup> The amount of sugar was also often adjusted, as evidenced in these recipes with such comments as “sweeten it wth suger to your likeing” and “sweeten ym with browne suger candie to your taste.”<sup>62</sup>

Elizabeth Spiller has argued that creating recipes to “taste” was not so much an individual preference for sweetness as an accommodation to the individual humoral makeup of the ill person. If this was the intent of the modifications in Williams’s recipe book, the practitioner had to be familiar with the patient and his or her humoral makeup. Modifying this recipe in this way implied both knowledge in medicinal recipes as well as experimentation with the recipe to see what worked best for a given patient.<sup>63</sup>

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<sup>60</sup> “Ffor ye Cough Phisick or Consumption,” Folder 3, #51, *ibid.*

<sup>61</sup> “How to Make Exellent Pellets for a Greate Cough,” Folder 3 *ibid.*

<sup>62</sup> “Ffor Paine & Winde in ye Navell of ye Belly,” Folder 3, #29, *ibid.*; “Ffor ye Winde,” Folder 3, #38, *ibid.*

<sup>63</sup> Elizabeth Spiller, “Recipes for Knowledge: Makers’ Knowledge Traditions, Paracelsian Recipes, and the Invention of the Cookbook, 1600-1660” in *Renaissance Food from Rabelais to Shakespeare: Culinary Readings and Culinary Histories*, ed. Joan Fitzpatrick (Burlington, VT: Ashgate, 2010), 67.



Williams also collected many recipes that utilized distillation. Only women contributed recipes that required distillation. The medications in these recipes ranged from waters to treatment for stones and consumption. More than 60 recipes contain directions for distillation in a rose, glass, or common still or limbeck, a distillation apparatus. Seven of the recipes in Williams's book advocate use of the rose still specifically, with it being optional in only one of those recipes, and only then if the maker desired a stronger water, in which case a limbeck should be used. Often the contributor provided advice about not distilling the water too fast, or distilling half a batch at a time, indicating both that the contributors were familiar with distillation and an understanding that others may not be as familiar with this relatively new technique.<sup>64</sup>

In addition to encouraging experimentation, a number of recipes suggest the usefulness of gaining experience. Towards the end of her life, Williams collected 27 recipes from a "Mr. Beale of Wittleser." Most, if not all, of his contributions were pulled from published sources, including *Vinetum Britannicum* by John Worlidge (1678). One of the recipes from this book advocates experimentation to determine whether English grapes could produce the same quality of wine as French grapes.<sup>65</sup> Other recipes encourage repeat experience, such as a recipe for wine, which states that "[d]elicate

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<sup>64</sup> See Sarah Hand Meacham, *Every Home a Distillery: Alcohol, Gender and Technology in the Colonial Chesapeake* (Baltimore, MD: Johns Hopkins University, 2009) and Wendy Wall, "Distillation: Transformations in and out of the Kitchen," in *Renaissance Food from Rabelais to Shakespeare: Culinary Readings and Culinary Histories*, ed. Joan Fitzpatrick (Burlington, VT: Ashgate, 2010), 89-106 for more information about distillation.

<sup>65</sup> "Rape Where Cut," Folder 3, #133, "Charles Brigham Account Book;" John Worlidge *Vinetum Britannicum*..., (London, 1678), 192.

wines are made these wayes upon experience.”<sup>66</sup> Williams annotated one recipe with directions for adjusting the ingredients when making batches of fruit wines in smaller vessels than indicated by the original recipe, and concluded with the statement “this by my own experience.”<sup>67</sup>

Fleeting references to the new field of chemical medicine are also found among the recipes Williams collected. One recipe is called “Paracelsus Plaster.”<sup>68</sup> Antimony, a common ingredient in Paracelsian recipes, is among the listed ingredients in the plaster. Another recipe for a women in childbed references chemical reactions. This recipe states “[t]ake an equall proportion of a dry mans scull, & very good Hartshorne Let there be drawne from them a spirit chemically without mixing any moyst Thing wth ym, let ye salt & spirit be mixt together.”<sup>69</sup>

## Conclusion

Knowledge sharing and experimentation were important components of the emerging scientific method that emphasized observation and experimentation. Both men and women included advice and modifications in the recipes compiled by Williams,

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<sup>66</sup> “Gooseberry Wine,” Folder 3, #137, “Charles Brigham Account Book.”

<sup>67</sup> “How to Make Wine of Juce of Gooseberryes w<sup>n</sup> They are Green but at Full Growth,” Folder 3, #115, *ibid.*

<sup>68</sup> “To Make Paracelsus Plaster,” Folder 5, #10, *ibid.*

<sup>69</sup> “A Spirit to Be Taken in Childe Bed,” Folder 3, #127, *ibid.* See also Jayne Archer “Women and Chymistry in Early Modern England: The Manuscript Receipt Book of Sarah Wiggles” in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Surrey, England: Ashgate, 2010), 191-216 and Hunter, “Sisters of the Royal Society” for more information on women’s roles in experimentation and chemical medicine.

emphasizing personal experience with the recipe. Both genders seemed to be more comfortable providing modifications than advice.

### Chapter III

#### Assigning Credibility to a Recipe

Williams did not provide a reason in her book for why she collected recipes, but as has been previously noted, she may have made her collection out of a sense of moral duty, as a Christian woman and member of the landed gentry, to obtain medical knowledge and use it to treat those around her. She was probably influenced by the popularity of medical receipt books and scientific discoveries, which contributed to an interest in gaining experience through experimentation with recipes. Perhaps the uncertainty in her own life introduced by the Civil War and Interregnum, competing loyalties within her family, and financial difficulties prompted her to assert what control she could by collecting recipes to treat her family and servants. Whatever her reasoning, Williams understood that by attaching her name to the frontispiece, she claimed authorship of the work, and thereby assumed responsibility for maintaining her reputation within the domestic sphere. She would have been careful to develop a reliable process to determine which of the many available recipes—in print, manuscript, or oral form—would be included in her book.<sup>70</sup>

Similar to contemporary receipt books, Williams's book contained medical recipes that covered a broad spectrum of symptoms and illnesses, ranging from the mundane—colds and bruises—to the discomforts of overindulgence to serious wounds and fatal

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<sup>70</sup> Ezell, "Exemplary Wife," 289 indicates Williams may have had a child that died at a young age.

infectious diseases. Just as other collectors looked for ways to determine which types of these wide-ranging recipes were most worth collecting, so too did Williams.

Historians Elaine Leong and Sara Pennell have suggested several criteria that compilers of recipe collections in early modern England may have used in selecting recipes. Compilers were mostly likely to collect recipes from family members, reflecting the trust that compilers had that those closest to them would contribute only efficacious recipes. Amanda Herbert has written that recipes contributed by close friends and relatives were “considered to be safer, easier to rely upon, and more apt to work in a culinary or medical crisis.”<sup>71</sup> The contributor’s social status could also increase the compiler’s trust in the efficacy of the recipe; members of royalty or gentry, doctors, ministers, and apothecaries were generally considered trustworthy sources. A mention of personal experience with the recipe was always an important characteristic but especially when the recipe was from a contributor that the compiler did not know. Although not explicitly listed in Leong and Pennell’s criteria, efficacy statements, or phrases that described the expected results and outcomes of the recipe, were another popular means of assigning authority to a recipe. Like her counterparts, Williams relied on these criteria—a trusted family network, friends and neighbors, and indicators that a recipe had been used and approved—not only to curate her collection but also to assess authority and credibility of the recipes.<sup>72</sup>

While Leong and Pennell’s research is useful in determining how collectors assigned authority to recipes, it fails to examine the ways recipe contributors did so. I

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<sup>71</sup> Herbert, *Female Alliances*, 105.

<sup>72</sup> Leong and Pennell, “Currency of Medical Knowledge,” 138-141. See LeJacq, “Bounds of Domestic Healing,” 456-457, 460 for a discussion of efficacy phrases.

argue that contributors assigned authority primarily through various types of credibility statements. For the purposes of this thesis, credibility statements include efficacy statements (phrases that describe the recipe's expected process and treatment outcome), and efficacy stories, attributions of recipes to well-regarded individuals, modifications and advice for recipe improvement, and other phrases indicating that the contributor had experience using and testing the recipe. Pennell has written that "[p]ractice was the only means through which the recipe text could be tried and move beyond being a mere prescription."<sup>73</sup> Evidence of practice and familiarity with the recipe was one of the most important ways that a contributor gave credibility to a recipe.

A recipe for "the greate palsie" water contributed by Williams's sister-in-law contains many of the criteria outlined above. Adjectives such as "good," verbs such as "strengthen" and "restore," and powerful claims, including "cure" and "prevent," are all present in this recipe. The contributor did not explicitly state that she had tried and proved the recipe, but there are clues that she used this recipe. She provides warnings not to fill the glass too full, alternative names for uncommon ingredients such as smaraydos (emerald), and indicates that orange water may be substituted if orange leaves and flowers were not available. All these are indications that the contributor had experience with this recipe and its healing powers. All contribute to the authority and credibility of the recipe.<sup>74</sup>

The proportion of recipes containing credibility statements are listed in Table 3. Results are presented for analyses at both recipe level analyses, which include 385

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<sup>73</sup> Pennell, "Perfecting Practice," 250.

<sup>74</sup> "The Grete Palsie Water," Folder 2, #5, "The Charles Brigham Account Book."

recipes, and the contributor-level, where the outcome is measured by whether at least one recipe from each of the 83 contributors contained the statement of interest.

In this chapter, I examine each of the criteria noted above, using Williams's recipe book to compare how men and women used different types of credibility statements to assign authority to their recipes and what this means in terms of participation in domestic medicine in the early modern period. I review each criterion separately and then place the results in context of the roles men and women played in domestic medicine in the early modern period.

### Efficacy Statements

Among the most common credibility statements included in Williams's collection of medical recipes are efficacy statements identifiable as verbs, which designate the expected process and treatment outcomes; as adjectives and adverbs, which describe the degree to which the treatment was successful; and as phrases that indicate the recipe had been proved, or tried, with success. About half of all recipes contain an efficacy statement, and recipes contributed by women were more likely to contain such a statement than recipes contributed by men (58 vs. 44 percent). More than 70 percent of women and 60 percent of men contributed at least one recipe that had an efficacy statement.

Verbs are the most common form of efficacy statement and describe the expected action and/or outcome of the treatment. They are more powerful than adjectives or adverbs. Women were more likely than men to contribute recipes that included verbs (38

vs. 28 percent, respectively), but almost half of the men contributed at least one recipe with a verb (compared to 61 percent of women).

**Table 3: Credibility statements found in the recipes**

	Recipe Level		Person Level	
	n=385		n=83	
	Men n=89	Women n=296	Men n=32	Women n=51
Efficacy Statement	44%	58%	63%	73%
Verbs	28%	38%	44%	61%
Adverb/Adjective	24%	32%	34%	43%
Proved	17%	19%	41%	45%
Efficacy Story	6%	7%	16%	18%
Attribution	37%	22%	19%	31%
Modifications	36%	36%	53%	53%
Advice	13%	24%	25%	37%

Verbal statements indicating some degree of healing as the outcome of the medical treatment are most common. The phrases “cure,” “heal,” “be well,” “ease” and “comfort” are commonly included. Seventeen percent of the recipes contributed by men and women contain some statement of cure or comfort.

Observable effects were an important factor in determining whether a recipe worked. References to removing superfluous material, including humors, stones, and



pieces of bone are common. The compiler could readily determine whether the purported action occurred after treatment, especially if the effect was external or included a purge or other evacuation of internal problems, such as kidney stones or pus.

While most efficacy phrases are positive, contributors occasionally included verbs that indicated a potential lack of healing. Lady Hunt's recipe for an "excellent cordial water," contributed by Carina Hetley, indicates the recipe could be used to treat "swoonings, sickness at ye stomach, or faintings, or women in their labour or people ready to die," but the patients will only "finde as much benefit of it as they could expect."<sup>75</sup>

Verbs such as "help" and "ease" may also indicate lack of healing. Stine has suggested that phrases such as "comfort," "help," and "ease" were probably more honest assessments of what the recipe could actually achieve. In her analysis of the Countess of Arundel's manuscript medical receipt book, compiled in the early seventeenth century, Stine has found that Arundel used "cure" only five times, while "help" and "ease" were used more than 60 times. The opposite is found in Williams's book, where recipes promising a cure or complete healing are more common than those promising merely relief or comfort.<sup>76</sup>

Adverbs and adjectives are the second most common form of efficacy statements in Williams's collection. While less powerful than verbs, they probably more accurately reflect how well the treatment was expected to work. Twenty-four percent of recipes contributed by men and 32 percent of recipes contributed by women contained at least

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<sup>75</sup> "To Make an Exellent Cordiall Water Called y<sup>e</sup> Lady Hunts," Folder 2, #21, *ibid.*

<sup>76</sup> Stine, "Opening Closets," 42-43.

one adverb or adjective (34 and 43 percent respectively at the contributor level).

Common phrases include “admirable,” “good,” “excellent,” “most” and “very.” Often contributors combined these words into phrases such as “admirable good” or “most excellent.”

While the third type of efficacy statements, proof statements, are only included in 18-19 percent of recipes contributed by men and women, they are the most authoritative of the credibility statements included in William’s book. More than 40 percent of women and men used a proof statement in at least one of the recipes they contributed. *Probatum est*, Latin for “it has been proved,” is the most commonly used phrase of this form and indicates that the recipe had been proven to work. The contributor may have tried the recipe himself, or a trustworthy source may have conveyed the beneficial effect to the contributor, who then passed on the proof statement when giving the recipe to Williams.

Williams usually wrote the statement of proof immediately before the contributor’s name. Only rarely, however, did the contributor assign the pronoun “I” to explicitly indicate that he or she had tried it. One exception was a recipe for wine of dry fruits, contributed by Williams’s mother, which concluded with the statement “I have tried it [and] it proved both exceeding good [and] stronge [and] held so to ye very last dropp of it.”<sup>77</sup> Williams also mentioned personal experience when she wrote “w[he]n yu make ripe gooseberry wine or unripe with water to a hogshead you must have 420 pound[s] of fruit, 140 to of suger, & 140 quarts of water....so proportionably for smaller

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<sup>77</sup> “To Make Wine of Dry Fruits, as of Reaisons of ye Sume, Currants, Ffigs Dates & ye Like,” Folder 2, #18, “Charles Brigham Account Book.”

vessels, this is by my own experience Anna Williams.”<sup>78</sup> Another explicit form of personal proof was a notation that many people had proven its efficacy, as when Mrs. Burton claimed that her cordial water for infectious diseases, surfeit, and fits was “often proved.”<sup>79</sup>

More than 50 percent of the recipes in Williams’s book contain efficacy statements, significantly higher than others have found in their research. English historian Martti Mäkinen’s survey of efficacy phrases from published recipe and materia medica books has shown that 33 percent of the recipes in these books published in the mid to late seventeenth century have efficacy phrases. Stine has found that 38 percent of the recipes in the Countess of Arundel’s recipe book contain efficacy phrases. The differences may in part be explained by varying definitions of efficacy statements. On the other hand, Williams may have been more motivated to collect recipes with efficacy statements than the compilers of the books analyzed by Mäkinen and Stine.<sup>80</sup>

There are indications that Williams or subsequent owners tried at least some of the recipes they were added to the collection. A recipe to make “clove jilly fflower sack,” for instance, was included in her book, but she (or a later owner) drew an X over the recipe and crossed out the contributor’s name. She did the same for a “recipe to cure all

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<sup>78</sup> “How to Make Wine of Juce of Gooseberryes w<sup>n</sup> they are Green but at Full Growth,” Folder 3, #115, *ibid.*

<sup>79</sup> “To Make Cordiall Water against any Infectious Disease...,” Folder 2, #34, *ibid.*

<sup>80</sup> Martii Mäkinen, “Efficacy Phrases in Early Modern English Medical Recipes,” in *Medical Writing in Early Modern English*, ed. Irma Taavitsainen and Paivi Pahta (Cambridge: Cambridge University Press, 2011), Table 9.1, 166-167; Stine, “Opening Closets,” 42.

kind of paines” and a green ointment. Although a recipe may initially have met the compiler’s standard of a trustworthy recipe, it could fail when tested.<sup>81</sup>

Francisco Alonso-Almeida has cynically referred to efficacy statements as “expressions of good will rather than promise.”<sup>82</sup> He has conceded, however, their frequent use in the seventeenth century. In contrast, another scholar has pointed to the importance of efficacy statements in medical and culinary recipe collections. Field has written that women “repeatedly emphasize[d] individual practice and experience of recipes” in their collections.<sup>83</sup> Efficacy statements were a testament to the testing and experience the contributors performed. Inclusion of these statements were deliberate and demonstrated their importance to both men and women, recipe contributors as well as to Williams and other compilers. Efficacy statements were not merely ornamentation but provided important information to both the contributor and the compiler. From them we can learn what contributors claimed could be accomplished when the recipe was used, and also what compilers may have valued. In Williams’s book, both men and women frequently used the various forms of efficacy statements to assign authority to their recipes.<sup>84</sup>

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<sup>81</sup> “To Make Clove Jilly Fflower Sack,” Folder 2, #94, “Charles Brigham Account Book;” “A Receipt to Cure all Kinde of Paines,” Folder 5, *ibid.*; “A Greene Oyntment to be used with ye Plaster,” Folder 5, *ibid.*

<sup>82</sup> Francisco Alonso-Almeida, “Genre Conventions in English Recipes, 1600-1800,” in *Reading and Writing Recipe Books 1550-1800*, ed. Michelle DiMeo and Sara Pennell (New York: Manchester University Press, 2013), 78.

<sup>83</sup> Field, “Hands Hands,” 56.

<sup>84</sup> Alonso-Almeida, “Genre Conventions,” 78-80; LeJacq, “Bounds of Domestic Healing,” 454.

## Efficacy stories

Efficacy stories are the most interesting type of credibility statements used to assign authority to a recipe, although they are relatively rare in Williams's collection—fewer than 20 percent of both men and women contributed at least one recipe with an efficacy story. The most common types of efficacy stories in this collection describe the incredible cures brought about by the medications. Some recipes describe cures in terms of number of people healed; one recipe for “an admirable black plaister” claims to have been “approved by hundreds,” and others provide detail on the miraculous cures of individuals.<sup>85</sup> A recipe to stop vomiting claims “ye use of this did helpe a woman [that] did vomit daily for a yeare together all she tooke, and in all [that] time, never had [the] benefit of nature downeward.”<sup>86</sup> Another recipe, to heal the green wound, states “(for saith shee) in this order I have healed leggs yt have beane cutt through ye flesh & synews to ye bone: & of many where I never [illegible] drasted any but it healed most at once.”<sup>87</sup> (The “shee” in this recipe is unclear.)

While infrequent, efficacy stories are more authoritative than efficacy statements, and as Rankin has stated, writing that one had tried the remedy on his or her own body with success was the most authoritative. While some of the efficacy stories, particularly those contributed by Lady Ann Carr, describe personal experience working on others,

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<sup>85</sup> “An Admirable Black Plaister,” Folder 5, “Charles Brigham Account Book.”

<sup>86</sup> “To Stay Vomiting....,” Folder 4, *ibid.*

<sup>87</sup> “To Cure a Greene Wounde,” Folder 5, # 39, *ibid.*

Williams's book does not contain any efficacy stories that explicitly note that a recipe had been tried or proved using the contributor's own body.<sup>88</sup>

### Attribution

Attributing a recipe to an individual with high social rank or to a published book that assumed authority is relatively common. Twenty-two percent of recipes contributed by women contain an attribution. Thirty-seven percent of recipes contributed by men contain an attribution, however most of those recipes (82 percent) were contributed by one individual, whose entire collection of contributed recipes is attributed to published books, including references to authors Kenelm Digby, Hannah Woolley, John Worlidge, and Philotheos Physiologus. Due to this statistical outlier, the association changes direction in the contributor-level analysis, with 31 percent of women and 19 percent of men contributing at least one recipe with an attribution.

Recipes attributed to individuals from certain occupations or social classes are deemed to be credible almost automatically, as observed by Rankin and Shapin, as discussed in Chapter I. In William's collection, however, only five recipes note an attribution to an "Earl," "Esquire" or "Sir," while seven carry an attribution of "Lady" or "Countess." One recipe for birch wine attributed to "The Lady Lewis" was contributed by William's cousin John Greene.<sup>89</sup> The remaining recipes were contributed by women. Of these, three were attributed to Lady Ann Carr, Williams's mother-in-law, and were probably valued more for the family connection than for her social status. However, both

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<sup>88</sup> Rankin, *Panacea's Daughters*, 40-41.

<sup>89</sup> "The Lady Lewis her way to Make Birtch Wine," Folder 3, #110, "Charles Brigham Account Book."

Williams and her cousin Anne Hunte prudently noted, “Johanem DA[illegible] Esq but given me by my cousin Anne Hunte,” for a recipe for cough or consumption.<sup>90</sup> Overall, the attributions in Williams’s book show that a few contributors felt it was important to indicate that the recipe purportedly had ties to individuals of high social status. Most contributors, however, both men and women, felt that other forms of credibility statements were more important to include.

As discussed in Chapter I, Shapin has argued that gentlemen were considered more trustworthy than men of lower classes and women of any class in England, while Rankin has shown that in German society, high social class was more important than gender in terms of authority. While Shapin’s and Rankin’s arguments on the importance of the hierarchy of gender and social class likely apply to most scientific and medical discourse, research by both Stine and Doreen Nagy, who have analyzed gender and social status in recipe books published in the 1650s, have revealed that Shapin’s argument does not necessarily hold when applied to medical recipes.

According to Stine, the “approvers,” or people with authority to recommend the recipes identified in the prefaces of both *The Queen’s Closet Opened* and *Natura Exenterata*, include both men and women from an array of social statuses—royalty to persons designated with the titles Mr. or Mrs.—who were deemed authorities. Stine has pointed out that while a roughly equal number of women and men were listed among the approvers, most were from the higher social classes. The list of approvers is arranged by gender and social status, indicating a clear social hierarchy. Nagy similarly has found that

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<sup>90</sup> “Ffor ye Cough Phisick or Consumption,” Folder 3, #51, *ibid*.

both men and women from the gentry, and often from lower classes, were contributors to recipe books published in the 1650s, which qualified them as authorities.

While Stine's and Nagy's analyses cannot confirm whether more credibility was assigned to recipes from men than women, or those from the aristocracy than lower classes, their findings do confirm that both men and women from varying social classes were considered authoritative and that the sphere of domestic medicine was not dominated exclusively by either men or women.<sup>91</sup>

Williams's collection also includes less-commonly thought of characteristics of trustworthiness. One such characteristic was age. "My oulde Cosen Hudeley," for example, contributed a recipe for the green sickness and another recipe contained an attribution to "ye old Lady Carr."<sup>92</sup> More aged contributors were thought to be more experienced. Recipes from foreign sources were also sought as additional sources of knowledge, as evidenced by a notation on a recipe for scurvy, "this was given by a Rushia merchant to Mrs Phillipas [illegible] whome I had it."<sup>93</sup>

Many of the recipes have multiple attributions, or a rendering of the path by which they came into Williams's hands. A recipe for kidney or bladder stones, for instance, contains the attribution "this recipe was given to my mother; from whom my

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<sup>91</sup> Stine, "Opening Closets," 187-89; Doreen Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green, OH: Bowling Green State University Popular Press, 1998), 47.

<sup>92</sup> "My Oulde Cosen Hudeley ye Widow her Approved Receipt for ye Greene Sickness," Folder 3, #17, "Charles Brigham Account Book;" "A Receipt for ye Running Gout," Folder 4, #146, *ibid.*

<sup>93</sup> "An Excellent Receipt for ye Scurvy," Folder 4, #130, *ibid.*



aunt Price had it whoe gave it to me. A.W.”<sup>94</sup> Other attributions also show that recipes passed through multiple hands. The fact that multiple people deemed the recipe worthy of passing on gave it added credibility.

Another way that attributions gave authority to a recipe was when the person attributed provided some form of efficacy statements, as in a recipe given to Williams by her mother. The title “A receipt for ye falling sickness Mrs. Newberrys by whome it was much commended” shows that Mrs. Newberry had enough experience, or at least enough perceived experience, with this recipe to recommend it to Williams’s mother.<sup>95</sup>

### Advice and Modifications

Advice and modifications are important credibility statements as both indicated experience with the recipe, considered to be the strongest form of authority. Women were more likely to contribute recipes including advice than men (24 percent versus 13 percent). Modifications were much more common, with about one-third of the recipes contributed by both men and women containing at least one form of modifications. More than 50 percent of men and women contributed at least one recipe with at least one modification. These forms of credibility statements were covered in detail in Chapter II.

### Conclusion

Both men and women used various forms of credibility statements to assign authority and credibility to the recipes that they contributed to Williams. Women were

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<sup>94</sup> “The Last and Most Exelend Remidie of all Against ye Stone...,” Folder 2, *ibid*.

<sup>95</sup> “A Receipt for ye Falling Sickness...,” Folder 4, #84, *ibid*.

more likely to use each of the forms of credibility statements, but men also utilized each form, indicating that they too considered credibility statements an important part of a recipe. Men did not presume their gender provided sufficient authority for the credibility of the recipe.

## Chapter IV

### Diseases

Both professional and lay medicine experienced significant changes during the sixteenth and seventeenth centuries as the world expanded intellectually and geographically. Galenic medicine remained popular, but new ideas, including those espoused by Paracelsus, gained in familiarity, if not acceptance. An increase in publication of medical texts and books of secrets allowed widespread dissemination of both old and new recipes and ideas. Exploration in the New World opened doors to new diseases and treatments.

How did Williams and the contributors to her recipe book participate in the changing world around them? Did they embrace the new ideas or did they stay with what was familiar? Which diseases were considered important and relevant enough to warrant inclusion of the recipe in Williams's book? This chapter explores how the men and women who contributed their recipes participated in both the familiar "tried and true" recipes for diseases that had been known for centuries and in experimentation with new ingredients and treatments for new diseases.

### Defining and Classifying Disease in the Early Modern Period

Both lay and professional practitioners living in the early modern period defined disease in very different terms than we do today. While a few diseases, such as the French pox, or syphilis, smallpox, and plague were considered distinct entities of a common origin, the term "disease" during the early modern period relied heavily on

Galenic and humoral theories, which viewed disease as “continually shifting clusters of symptoms” rather than “distinct entities that operated the same way in all bodies.”<sup>96</sup> In contrast, today we understand that bacterial pneumonia, for example, is caused by small organisms and should be treated with antibiotics. Today, everyone with the “disease” of a specific type of pneumonia is given the same treatment.

Because disease was generally not considered to be a fixed entity in the early modern period, classification of diseases into broad categories consistent with seventeenth-century thinking is challenging, but critical in order to analyze and discuss recipes for specific categories of disease. As a starting point, I used a popular 1655 English translation of a textbook originally written by the French physician Lazare Rivière, *The Practice of Physick*. According to Leong, this edition was commonly found in English household libraries, so it is probable that Williams and her contemporaries would have been familiar with this way of classifying disease. Rivière divided his textbook into 17 chapters, 16 of which referred to a specific part of the body, while the last chapter addressed fevers.

I classified the diseases mentioned in Williams’s receipt book according to Rivière’s 17 chapters (Table 4). Diseases that were found in the recipes and were not specifically listed in Rivière’s textbook, but could confidently be classified as a disease of a certain body part, are also included in Table 4. One or fewer recipes in Williams’s collection were found for four of the chapters—“ears,” “nostrils,” “tongue,” and “disease of the mesentery, sweet-bread and caule”—and are not included in the analysis. The remaining diseases found in Williams’s book are classified into four additional categories

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<sup>96</sup> Weisser, *Ill Composed*, 21.

(Table 5). Since many recipes were used to treat multiple diseases, categories are not mutually exclusive. See Appendix 2 for more detailed description of the categories used in this chapter.<sup>97</sup>

In addition, Williams placed her medical recipes into 3 general sections, or categories, with a separate numbering system for each. These categories can be generally described as 1) waters, 2) wounds and bruises, and 3) general medicine. Although these categories are not qualitatively different, they are useful to better understand some of the analyses in this chapter.

#### Diseases Found in Williams's Book

Recipes in Williams's book address a wide variety of diseases (Tables 4 and 5). Fifty-seven percent of the recipes contributed by men and 75 percent of the recipes contributed by women (88 and 76 percent respectively at the contributor level) specify at least one disease for treatment. Wounds, bruises, and burns comprise the largest category of specific diseases (15 percent), followed by diseases of the breast (10 percent, respiratory), women's diseases (8 percent), and diseases of the joint or rheumatic pains (8 percent). The contributor-level analysis yields similar results.

With the exception of eye diseases, both men and women contributed recipes for all disease categories in Tables 4 and 5. Given the wide range of categories, this provides evidence that both genders were interested in many different types of diseases, and that there were no categories wholly of disinterest to one gender.

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<sup>97</sup> Lazare Rivière, *The Practice of Physick in Seventeen Several Books...*, transl. Nicholas Culpeper, Abdia Cole, and William Rowland (London, 1655); Elaine Leong, "Reading Rivière in Early Modern England," August 29, 2013, The Recipes Project (blog), <http://recipes.hypotheses.org/199>.

**Table 4: Diseases classified according to the chapters in Rivière's book**

	Recipe level		Person level	
	n=385		n=83	
Chapter Title	Men n=89	Women n=296	Men n=32	Women n=51
Diseases of the head	1%	6%	3%	18%
Diseases of the eyes	0%	4%	0%	6%
Diseases of the teeth	1%	3%	3%	12%
Diseases of the breast	8%	10%	16%	22%
Diseases of the heart	2%	3%	6%	12%
Diseases of the stomach	1%	6%	3%	18%
Diseases of the intestines/gut	1%	8%	3%	22%
Diseases of the liver	7%	3%	19%	16%
Diseases of the spleen	3%	4%	9%	16%
Diseases of the reins (kidney) and bladder	4%	7%	13%	18%
Women's diseases	3%	10%	9%	31%
Diseases of the joints/rheumatic pain of the whole body	10%	7%	25%	16%
Fevers	6%	4%	16%	12%

**Table 5: Classifications of diseases not addressed by Rivière**

	Recipe level		Person level	
	n=385		n=83	
	Men n=89	Women n=296	Men n=32	Women n=51
Wounds, bruises, and burns	10%	16%	28%	24%
Diseases of the skin	1%	5%	3%	18%
Infectious diseases	1%	4%	3%	14%
Humors, flows, obstructions	8%	8%	16%	29%

Surprisingly, the largest proportion of recipes did not specify a disease (43 percent of the recipes contributed by men and 25 percent of the recipes contributed by women; 34 and 49 percent respectively at the contributor-level). The discrepancy between the recipe and contributor-level analyses is explained by the fact that every man who contributed at least one recipe that Williams categorized as “general medicine” or “wounds and bruises” accompanied that recipe with the disease to be treated, compared to 95 percent and 89 percent of women, respectively. In contrast, 46 percent of women contributed at least one recipe that Williams included in the “waters” category, and with a notation of the disease, compared to 33 percent of men. Overall, however, men were much more likely to contribute recipes that Williams placed in the “waters” section of her book.

Of the recipes that are classified as “not specified,” 77 percent are from the “waters” section in Williams’s book. Waters were an important component of

medication, often used as an ingredient or a vehicle through which the medication was administered. Thus, it is not surprising that many of these were not accompanied by a notation about a specific illness. More than 90 percent of the recipes in the other two general categories (“general medicine” and “wounds and bruises”) were accompanied by a list of diseases or ailments to be treated. Recipes without a specified disease that fell into the “general medicine” category were likely to be pills, glisters, electuaries, cordials, and syrups. Salves were the most common form of medications without a specific treatment in the “wounds and bruises” category. It was reasonable to expect the user of the recipe to know which diseases salves would treat. Pills and syrups may have required more knowledge of which diseases could be effectively treated.<sup>98</sup>

#### Men’s Lack of Participation in Contributing Recipes for Female Complaints

One important, and perhaps expected, difference between men and women, was found in the proportion of recipes contributed for women’s complaints. Only three men, Mr. Sauns, Dr. Cragg, and Williams’s cousin Francis Brundell, contributed recipes for women’s complaints, all of which were for mother fits, a disease affecting women of child-bearing age. Mother fits consisted of diverse symptoms including convulsions, difficulty breathing, "choking in the throat," hysteria, difficulty speaking, and rapid heartbeat thought to be caused by the womb or mother. This disease may have been considered less intimate than other female complaints since it could be observed without touching the afflicted patient. Thus, it may have been more appropriate for men to know about or discuss. Not surprisingly, none of the men contributed recipes for the more

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<sup>98</sup> Louise Hill Curth, “The Medicinal Value of Wine in Early Modern England,” *Social History of Alcohol and Drug* 18, no. 1 (2003): 35-50.



personal complaints of menstrual disorders, pregnancy and childbirth, or vaginal infections (such as the “reds and whites”).<sup>99</sup>

Writing about the hesitation of men to be too involved with women’s health issues, Beier has written that “male ignorance and disgust” likely contributed to the low rate of gynecological disorders recorded in the diaries she has studied, mostly written by male authors. While this may be true, another possibility for the lack of recipes contributed by men could be a cultural taboo related to the sharing of intimate knowledge connected to the female body. As discussed previously, both Mary Fissell and Cathy McClive have questioned who owned and/or had access to knowledge of the female body. Perhaps this cultural taboo limited men from sharing with Williams recipes for diseases intimately connected to the womb and vagina. Even if men did share these types of recipes with Williams, however, she may not have felt it appropriate to include them in her book. Unfortunately we cannot know whether the low rate was due to men’s hesitation to collect and share these recipes, with Williams’s discomfort in accepting these recipes from men, or both.<sup>100</sup>

In addition to contributing recipes for general women’s health complaints, women seemed to be especially interested in offering recipes for the mother fits and green sickness, a disease similar to the mother fits but which affected adolescents. Symptoms

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<sup>99</sup> Edward Jorden, *A briefe discourse of a disease called the suffocation of the mother...* (London, 1603), 4-9.

<sup>100</sup> Beier, *Sufferers and Healers*, 144; Fissell, “Making a Masterpiece,” 59-87; McClive, “Hidden Truths of the Belly, 209-227.

included paleness, a trembling heart during physical activity, loss of appetite, headaches, hysteria, and difficulty breathing, often attributed to retention of the menses.<sup>101</sup>

### Childhood Diseases

In addition to women's complaints, another important difference is the proportion of recipes contributed for childhood diseases by men compared to those contributed by women. The list of childhood diseases used for this analysis is based on the diseases Hannah Newton has found were commonly attributed to children in both medical and lay texts, including falling sickness, or epilepsy, colic, smallpox and measles, ague and fever, and chin cough, or whooping cough. In Williams's book, 15 women contributed a total of 33 recipes, while 5 men each contributed one recipe for childhood diseases. All of the men, 3 doctors and 2 laymen, contributed recipes for fever and ague. When fever and ague are excluded, as they may also be common among adults, only women were found to contribute recipes for childhood diseases.<sup>102</sup>

This is surprising as it is known that men were involved in caring for their children. Newton has provided numerous examples of fathers caring for their children by changing dressings and administering medications, and nursing and comforting the ill child. Lisa Smith has discussed the large amount of correspondence written by men to physicians on behalf of themselves or ill family members, including children. Thus, men

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<sup>101</sup> Ronald E. MacFarland, "The Rhetoric of Medicine: Lord Herbert's and Thomas Carew's Poems of Green-Sickness," *Journal of the History of Medicine and Allied Sciences* 30, no. 3 (1975): 250-268; Winfried Schleiner, "Early Modern Green Sickness and Pre-Freudian Hysteria," *Early Science and Medicine* 14, no. 5 (2009): 661-676.

<sup>102</sup> Newton, *The Sick Child*, 45-46.

had access to recipes for childhood diseases. It is unclear why they were not shared in this particular book. Of course, this is a small sample (only 32 men), so it is possible that recipes contributed by men for childhood diseases will be found in other collections.<sup>103</sup>

**Table 6: Childhood illnesses**

	Recipe level n=385		Person level n=83	
	Men n=89	Women n=296	Men n=32	Women n=51
Fever and Ague Included*	6%	11%	16%	29%
Fever and Ague not Included*	0%	9%	0%	27%

\*Also includes worms, convulsions, falling sickness, colic, smallpox, measles, and chin cough

### Reactions to a Changing World

Thus far in this chapter, I have explored recipes contributed by men and women for diseases that were familiar to Europeans and had been in Europe for centuries. Indeed, the vast majority of the recipes in Williams's collection are for these diseases and embrace Galenic medicine. Both men and women contributed recipes with a specific mention of the humors, or related problems due to flows, obstructions, and blockages. Galenic medicine and variations were still quite popular during this period, and the acceptability of sharing recipes specifically mentioning them was shared equally by men and women, including professional doctors. More than half of the recipes contributed by

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<sup>103</sup> Newton, *Sick Child*, 101-114. Smith, "Relative Duties of a Man", 240-242.

men that referred to the humors, flows, obstructions, or blockages were from medical professionals, including recipes intended to cleanse and purify the blood, treat waterish or watery salt humors, and divert humors. One recipe contributed by Joby Stacke treated “winde in ye navel and belly.”<sup>104</sup> Almost half of recipes contributed by men that were explicitly Galenic in nature specifically mentioned humors. Women were more likely to contribute recipes to treat wind and obstructions than humors.

Although rare, there are some recipes that included relatively new medical theories. As discussed in Chapter II, chemical medicine was relatively new in the seventeenth century. Only two recipes are found that specifically refer to chemical medicine, both contributed by women. A recipe for childbed stated “[l]et there be drawne from [the ingredients] a spirit chemically without mixing any moyst Thing wth ym, let ye salt & spirit be mixt together.”<sup>105</sup> Another recipe was titled “to make Paracelsus plaster.”

Recipes for relatively new diseases, such as syphilis and scurvy, were also found in Williams’s collection. Scurvy became a problem as Europeans began exploring distant lands during voyages that lasted many months, if not years, and sailors could not eat fresh vegetables for most of the voyage. Syphilis also became known in Europe during the same time period, possibly brought to Europe by explorers and their crews. Eight recipes in Williams’s book, contributed by both men and women, are intended to treat scurvy. Only one recipe for syphilis is found.

Several recipes, contributed by both men and women, utilize new ingredients, including tobacco and sarsaparilla, from the New World. Tobacco is used in two recipes

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<sup>104</sup> “Ffor Paine & Winde in ye Navell of ye Belly,” Folder 3, #29, “Charles Brigham Account Book.”

<sup>105</sup> A Spirit to be Taken in Childe Bed,” Folder 3, #127, *ibid.*

for the plague, as well as a green water for wounds. Two additional recipes do not call for tobacco, but include directions to “shred [the ingredients] together like tobacoe” or to “take it in a pipe as you take tobacoe.”<sup>106</sup> Sarsaparilla is only used in three recipes. One is for cock ale. The other two incorporate the new ingredient directly into the Galenic framework for treating symptoms, including a broth to open obstructions and a “drying” drink for gout.<sup>107</sup>

## Conclusion

Most of the analyses in this chapter confirm what has been found in previous chapters: both men and women were active participants in domestic medicine. In this chapter, participation in domestic medicine is examined using the various diseases that the contributed recipes were intended to treat. Both genders contributed recipes for most types of diseases, usually in fairly equal proportions.

Some key differences, however, between the recipes contributed by men and women are also found in the results presented in this chapter. Men were very unlikely to contribute recipes for women’s diseases, and no men contributed for common childhood diseases when fevers and agues were excluded.

Many more similarities are found than differences, however, in spite of the findings above. Both genders were interested in recipes treating a wide variety of

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<sup>106</sup> “An Exelent Remidy for a Colde & Rhume,” Folder 3, #2, *ibid.*; “For a Cough of ye Longues or Rhume...,” Folder 4, #141, *ibid.*

<sup>107</sup> “Ffor ye Plague,” Folder 3, #44, *ibid.*; “Directions for Prevention the Time of the Plague or Pestilence,” Folder 4, *ibid.*; “The Greene water...,” Folder 5, #109, *ibid.*; “To Make Cock Ale,” Folder 3, #118, *ibid.*; “A Cordiall Broth Against a Consumption...,” Folder 3, #14, *ibid.*; “The Drying Drinke for ye Gowt,” Folder 4, #152, *ibid.*

diseases. While the contributors to Williams's book were aware of the new ideas, diseases and medical theories, both men and women were more comfortable contributing recipes that were Galenic in nature and treated well-known diseases that had been in Europe for centuries.

## Thesis Conclusion

Traditional research in the history of medicine has typically focused on women's experience in domestic medicine, often completely ignoring men's participation. The results of this thesis build on recent research examining men's role in domestic medicine. Using a medical recipe manuscript containing more than 400 recipes, I have shown that men were involved in sharing and collecting knowledge via recipes and experimentation with recipes. While the rates of male participation are generally lower than those for female participation, men did participate in every aspect of domestic medicine and recipes that I have examined.

One important finding is that Williams and her contributors did not subscribe to Shapin's theory that men, especially men in higher social classes, were considered more trustworthy than women. While trust in the contributor and the efficacy of his recipe was a significant component of curating a recipe book, the contributors to Williams's book used methods other than gender or social status to assign authority to recipes. Indeed, very few recipes contained attributions of "Lady," "Sir," or other titles of social rank. Williams also collected more recipes from women than men, and collected recipes from members of a variety of social classes, indicating that she also felt other criteria were more important than gender or social status.

I have also identified the probable compiler of this manuscript recipe book as Anna Cromwell Williams, a Royalist and prolific writer, known for her commonplace book of religious devotions. Knowing that she was the compiler of this other work will allow future research on the "Charles Brigham Account Book" to be placed in the context of what we know about her life.

### Appendix I: List of Medical Recipe Contributors Used in the Quantitative Analysis

Name	# of recipes	Variations in the contribution notes	Gender	Stated or Assumed^ Relation	Title
Family					
___ ___	1	Sister (illegible)	Female	Sister	
___ Baldwin <sup>1</sup>	1	Aunt Baldwin	Female	Aunt	
Francis Brudnell	1	Cousin Francis Brudnell	Male	Cousin	
Mary Burrell	1	Cousin Mary Burrell	Female	Cousin	
Ann Carr <sup>2</sup>	9	Lady A Carr Lady Ann Car Lady Ann Carr The Old Lady Carr	Female	Mother- in-law^	Lady
___ Chaplin	2	Aunt Chapline	Female	Aunt	
___ Cremer	3	Daughter Cremer	Female	Daughter	
Anna Cromwell	11	Anna Williams AW AC	Female	Self^	
Anna Cromwell	6	Sister Anna Cromwell	Female	Sister-in- law^	



Elizabeth Cromwell	1	Sister Elizabeth Cromwell	Female	Sister	
Henry Cromwell	5	My husband	Male	Husband	
___ Degemes	3	Aunt Degemes My Aunt Degrames Uncle Faine Hake and Aunt Degemes	Female	Aunt	
Catherine Downeham	1	Cousin Catherine Downeham	Female	Cousin	
___ Draper	4	Sister Draper	Female	Sister-in-law^	
Elizabeth English <sup>3</sup>	5	Sister Eli English Sister Elizabeth English	Female	Sister-in-law^	
Lucy English	1	Niece Lucy English	Female	Niece	
Lucy English	29	Sister Lucy English	Female	Sister	
Anna Gates <sup>4</sup>	14	Cousin Gate	Female	Cousin	
John Greene	1	Cousin John Green	Male	Cousin	
Ffaine Hake	2	Uncle Faine Hake Uncle Faine Hake and Aunt Degemes	Male	Uncle	
Elizabeth Hake Cromwell Price	50	Mother	Female	Mother	

Margaret Hake	1	Aunt Margaret Hake	Female	Aunt	
Carina Hetley <sup>3</sup>	26	Sister Hetley	Female	Sister-in-law <sup>^</sup>	
Ann Hunt	57	Cousin Hunt cousin Anne Hunte	Female	Cousin	
___ Price	6	Aunt Price	Female	Aunt	
Yelverton Price	4	Cousin Yelverton Price Yelverton Price YP	Male	Cousin	
Jenny Ward	8	Cousin Jeane Ward Cousin Jenne Ward Cousin Ward Cousin Warder	Female	Cousin	
Richard Winde	2	Cousin Richard Winde	Male	Cousin	
___ Wynn	4	Aunt Wyne	Female	Aunt	
Not family					
___ ___	1	Mris [illegible]	Female		Mrs.
Thomas ___	1	Mr. Tho [illegible]	Male		Mr.
___ Andrews	1	Mr. Andrews	Male		Mr.
___ Babington	1	Major Babington	Male		Major

Ellen Barker	1	Mrs. Ellen Barker	Female		Mrs.
___ Beale	27	Mr. Beale of Wittleser	Male		Mr.
Looswick Bray	1	Mr. Looswick Bray	Male		Mr.
___ Brewster	1	Mrs. Brewster	Female		Mrs.
___ Bringhurst	7	Mrs. Bringhurst	Female		Mrs.
___ Burton	1	Mrs. Burton of Wilford	Female		Mrs.
___ Carrington	1	Mr. Carrington	Male		Mr.
___ Compton	1	The Lady Compton	Female		Lady
___ Danis	1	Mrs. Danis	Female		Mrs.
Eliza Dickinson	1	Eliza Dickinson	Female		
Prissilaa Dickinson	1	Prissilaa Dickinson	Female		
___ Downeham	1	Mrs. Downeham	Female		Mrs.
___ Gibbs	1	Mr. Gibbs			
Edmond Gibbs	2	Mr. Edmond Gibbs	Male		Mr.
___ Gibbons	5	Mrs. Gibbons	Female		Mrs.
___ Griffin	1	Mrs. Griffin	Female		Mrs.
___ Harris	1	Mrs. Harris	Female		Mrs.
Affra Harleystone	1	Mrs. Affra Harleystone	Female		Mrs.
Thomas Henflew	1	Mr. Tho Henflew	Male		Mr.
Henry Heron	1	Mr. Henry Heron	Male		Mr.

___ Higgambottom	1	Mrs. Higgambottom	Female		Mrs.
___ Jolley	1	Mris. Jolley	Female		Mrs.
___ Hinde	1	Mr. Hinde	Male		Mr.
___ Lack	1	Mris. Lack	Female		Mrs.
Sonne Ludley	1	Mrs. Sonne Ludley	Female		Mrs.
___ Moll[?]	1	Mr. Moll[illegible]	Male		Mr.
___ Neve	1	Mris. Neve	Female		Mrs.
___ Murduke	1	Mr. Murduke	Male		Mr.
___ Orme	3	Mris. Orme	Female		Mrs.
___ Panke	1	Mr. Panke	Male		Mr.
___ Peyton	1	Lady Peyton	Female		Lady
___ Philips	5	Mrs. Philips	Female		Mrs.
Elizabeth Phillby	1	Mris. Elizabeth Phillby	Female		Mrs.
John Price	3	Mr. John Price	Male		Mr.
___ Rea	1	Mrs Rea	Female		Mrs.
Thomas Rowse	9	Mr. Tho Rowse Mr. Tho: Rows	Male		Mr.
___ Sauns	1	Mr. Sauns	Male		Mr.
___ Sayen	1	Mr. Sayen	Male		Mr.
___ Segmoir	1	Mris. Segmoir	Female		Mrs.
Joby Stacke	1	Joby Stacke	Male		
Cornelius	1	Sir Cornelius	Male		Sir

Vermenden <sup>5</sup>		Vermenden			
___ Walden	1	Lady Walden	Female		Lady
___ Walden	1	Mris. Walden	Female		Mris.
___ Wynn	9	Madam Wynn Maddam Wyan Maddum Wynn	Female		Madam
Medical professionals					
___	1	Dr. [illegible]	Male		Doctor
___ Bowles <sup>6</sup>	11	Dr. Boulas Dr. Boules Dr. Bowles	Male		Doctor
___ King	2	Dr. King	Male		Doctor
___ Hinson	1	Dr. Hinson	Male		Doctor
___ Hullwood	1	Dr. Hullwood	Male		Doctor
The dispensatory	1	The dispensatory	Male		

spelling of relationships modernized

<sup>1</sup>May have been Anna or Anne Baldwin, daughter of Sir Oliver Cromwell.<sup>108</sup>

<sup>2</sup>Lady Ann Carr is Anna's step mother-in-law. See Chapter II.

<sup>3</sup>Elizabeth English, Carina Hetley and Anna Draper are Henry's sisters. "My sister Ann Cromwell" is likely Anna Draper. See Chapter II.

<sup>108</sup> Poynter and Bishop. "A Seventeenth Century Doctor," xxiii.

<sup>4</sup>In the recipe book, Anna uses the notation Cousin Gates. However, her cousin Anna Gates is identified in her will.<sup>109</sup>

<sup>5</sup> Possibly Sir Cornelius Vermuyden, who worked with both King Charles and Oliver Cromwell in draining projects in the Fens, including Huntingdon.<sup>110</sup>

<sup>6</sup> One recipe in the middle of the others attributed to Dr. Bowles did not have an attribution. I assumed that he was the contributor.

<sup>^</sup> Relationship not explicitly stated in manuscript, but is known from other sources.<sup>111</sup>

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<sup>109</sup> Will of Anna Williams, “I bequeath unto my cozen Mrs. Anna Gates the wife of Mr. Gates”

<sup>110</sup> Thirsk, “Vermuyden, Sir Cornelius (1590–1677).”

<sup>111</sup> A.W. is assumed to be an abbreviation for Anna Cromwell Williams.

**Appendix 2: List of Diseases Included in Each Category in Chapter IV**

Category	Diseases
Diseases of the head	Apoplexy, convulsion fits, palsy, falling sickness, melancholy, migraine, sleep issues, memory, other issues of the head and brain
Diseases of the eyes	Preserve or restore eyesight, blood shot eyes, pearl or film in eye, pin and web, rheum in the eyes, sore eyes
Diseases of the teeth	Canker in the mouth, sore mouth, quinsy, toothache
Diseases of the breast	Chin cough, consumption, cough, lung disorders, pleurisy, shortness of breath
Diseases of the heart	Fainting, fainting fits, soundings, swooning, weakness
Diseases of the stomach	Lack of appetite, surfeit, stomach disorders, digestion, obstructions in the stomach, vomiting,
Diseases of the intestines/gut	Colic, bloody flux, griping of guts, looseness, piles, worms,
Diseases of the liver	Dropsy, jaundice, palsy in the liver, cold or hot disposition of liver,
Diseases of the spleen	Scurvy, spleen disorders
Diseases of the reins (kidney) and bladder	Stone or gravel, running in the kidneys, kidney pain, stranguari, kidney ulcer
Women's diseases	Childbirth, green sickness, menstrual disorders, mother fits, reds and whites, female weakness,

	cleanse womb
Diseases of the joints/rheumatic pain of the whole body	Gout, joint pain, rheum
Fevers	Ague, fever, extremity of heat
Wounds/sores/aches/bruises/burns	Aches, bleeding, expel bones or foreign material, bruises, burns, fellons, rotting flesh, itch, blister, scald, sores, sprains, stitch, strain, swelling, wound
Diseases of the skin	St. Anthony's fire, cankers, corns, French pox, King's evil, knurles, leprosy, rupture, scald head, tetter
Infectious diseases	All malignant and pestilent diseases, contagious disease, infectious disease, measles, pestilence, plague, smallpox
Humors/flows/imbalance	Cleanse blood, diseases from cold water humors, draw out things, draw an issue to where you please, divert or sweeten humors, water salt or waterish humors, wind, break things, break impostumes, obstruction, open liver, open obstructions, keep issue open, cut phlegm, suffereth not phlegm to rise and dominate, open spleen



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