

BODIES, BODYWORK AND THE MEDICAL COSMOLOGIES OF EARLY MODERN KITCHEN-PHYSIC

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Although medical practice in England was ostensibly structured in a tripartite hierarchy of physicians, apothecaries and barber-surgeons, such regulation was ineffective outside of urban centres, and the manufacture and administration of homemade medicines, widely known as 'kitchen-physic', was ubiquitous in households across the country. Kitchen-physic receipts provide unprecedented insight into the lived experience of illness and embodiment in the early modern world. This article examines depictions of 'the body' in seventeenth-century medical receipts, and the humoral, iatrochemical and astrological assumptions underpinning these. It argues for early modern corporeality to be understood through a framework of affective subjectivity, and for household medicine to be contextualised within Mary Fissell's notion of 'bodywork'.

Across the seventeenth century, it was widely supposed that pregnant women could imprint their thoughts, fears and unfulfilled cravings on their child.¹ Popular folk stories and maternity textbooks held that, with the right visual exposure put to the mother, babies could be born as monstrously hairy or even racial changelings.² Such preoccupations reveal an understanding of corporeality – of sensual permeability, stimulation, internal instability – vastly different to the notions of bodily integrity and autonomy dominant in neoliberal discourse. What did it mean to inhabit, experience and perform one's body in early modern England? How did people experience vitality and sickness, hunger and satiation, labour, suffering, pain and pestilence? In short, what did it mean to see, hear, smell, feel and taste the vast tapestry of sensory offerings available to early modern people, and how did these actions negotiate the very limits between a self and its surroundings? One way to investigate such questions is by studying the recipes used to mix medicines in

¹ For an excellent discussion of the theory of maternal imagination as the manifestation of a cultural anxiety about cuckoldry, see Laura Gowing, 'Precarious Parenthood', in *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven: Yale University Press, 2003), 177–204.

² Mary Fissell, 'Hairy Women and Naked Truths: Gender and the Politics of Knowledge in Aristotle's Masterpiece', *William and Mary Quarterly* 60.1 (2003): 44.

the early modern home. Although medical practice in England was ostensibly structured in a tripartite hierarchy of physicians, apothecaries and barber-surgeons, such regulation was ineffective outside of urban centres, and household medicine, known then as 'kitchen-physic', remained an ubiquitous practice.³ By studying the recipes used by practitioners of kitchen-physic, commonly termed 'receipts', historians can enrich understandings of the lived experience of health, illness and physicality in the seventeenth century.

Whether they draw upon humoral medical knowledge, or newer models of physiology which emerged in the sixteenth century, receipts are laden with their authors' assumptions about embodiment, subjectivity and affect. These assumptions span many topics: among them, the aetiology and spread of contagion; the relative vulnerability of bodies to compromising odours and vapours; the attribution of human and animal traits, including agency and the passions, to illnesses; and the astrological and magical matrices which link bodies to their physical and moral universes through macrocosm and microcosm. In this sense, as well as revealing the skills and ingredients needed to steep herbs, sublimate compounds or stoke alembics, receipt books represent an archive of what has been termed 'the early modern body'.

The evolution of the human species, whether physically or cognitively, is not visible in the *courte durée*. However, the lived experience of embodiment, especially the imagined relationship of the body to its environment, is culturally plastic and therefore historically contingent: hence, it becomes possible to historicise 'the body' as one might a cultural trope. This approach was pioneered by Michel Foucault in his work on disciplinary self-surveillance and subsequently taken up in feminist theories of decentred, performative subjectivity.⁴ Since then, there has been a cross-disciplinary wave of fresh negotiations of the mind-body problem, aiming to unseat both Cartesian dualism and the postmodern impasse in favour of a phenomenological post-subjectivity: epigenetics in biology, assemblage theory in sociology, embodied cognition in cognitive science, affect theory in cultural studies, somatechnics in

³ This was enforced in London by royal charter, with the Royal College of Physicians established in 1518, the Company of Barber-Surgeons in 1540 and the Worshipful Society of Apothecaries in 1617. See Sara D. Luttfring, *Bodies, Speech, and Reproductive Knowledge in Early Modern England* (London: Routledge, 2015), 14.

⁴ Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979*, trans. Graham Burchell (Basingstoke: Palgrave Macmillan, 2008); Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990); Butler, *Bodies that Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993); Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Sydney: Allen and Unwin, 1994); Moira Gatens, *Imaginary Bodies: Ethics, Power and Corporeality* (London: Routledge, 1996).

gender studies and new materialism in philosophy.⁵ It is within this intellectual cacophony that some historians have turned to studying early modern embodiment. Most famously, yet attracting significant criticism, Thomas Laqueur argued that Hippocratic-Galenic humoralism lacked the concept of fixed, mutually exclusive sexes, instead regarding male and female bodies as expressions along a continuum of characteristics, with their reproductive organs simply homologous introversions.⁶ Since Gail Kern Paster's work on shame in Elizabethan-Jacobean theatre culture, England has become a focus for such scholarship.⁷

This article explores the many nuanced appearances of this early modern body in records of household medical practice, and their implications for understanding the wider medical 'cosmologies' manifest in early modern England. During my research, I have examined thousands of kitchen-physic receipts from across the seventeenth century. The majority of these are housed in the Wellcome and British Libraries in London and the Folger Shakespeare Library in Washington D. C. Kitchen-physic was practised well outside these temporal boundaries, but most surviving receipt books date from this period: it is a representative sample of the available material, predominantly compiled by women in middle and upper-class households after the Restoration. I also draw upon printed herbals and husbandries, etiquette manuals, advertisements, pharmacopeia and learned physiological treatises.

The chief characteristics of embodiment as depicted in such receipts are permeability, malleability and a holistic sense of integration in metaphysical and moral order. Hippocratic-Galenic humoralism, which was undoubtedly the most prevalent intellectual influence in my sample, propagated a notion of the body as fluid, dynamic and malleable, rather than proportional

⁵ Margrit Shildrick, 'Why Should our Bodies end at the Skin? Embodiment, Boundaries and Somatechnics', *Hypatia* 30.1 (2015): 13–29; Rachel G. Smith, 'Postmodernism and the Affective Turn', *Twentieth Century Literature* 57.3 (2011): 423–47; Vicki Kirby, 'Natural Convers(at)ions: Or, What if Culture was really Nature all Along?' in *Material Feminisms*, eds Stacy Alaimo and Susan Hekman (Bloomington: Indiana University Press, 2008), 214–36; Nikki Sullivan, 'The Somatechnics of Perceptions and the Matter of the Non/Human: A Critical Response to the New Materialism', *European Journal of Women's Studies* 19.3 (2012): 299–313; Stephen Flusberg and Lera Boroditsky, eds, *Embodiment and Embodied Cognition* (New York: Oxford University Press, 2012); Melissa Gregg and Gregory J. Seigworth, eds, *The Affect Theory Reader* (Durham: Duke University Press, 2010).

⁶ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990).

⁷ Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca: Cornell University Press, 1993). See, for example, Gowing, *Common Bodies*; Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2007).

matter governed by natural law. Originally formulated in ancient Greece, but reworked by Galen in the second century, this was a model of human physiology composed of four fluids, blood, phlegm, yellow bile and black bile: a model which, despite its many revisions and reworkings, consistently embedded the body in a complex web of connection to animate and inanimate matter.⁸ Many receipts also show the influence of astrology, natural magic and Paracelsian iatrochemistry, the latter of which was a model of alchemical medicine in vogue in England during the 1640s and 1650s through the work of Jean Baptiste van Helmont.⁹ Thus, the body treated by kitchen-physic was embedded in a meaningful universe – a medical cosmology – through humoral, iatrochemical, astrological and magical reasoning. In other words, it exhibited a kind of radical openness to its environment, to the point that asserting any firm distinction between self and Other becomes a problematic exercise.

I will suggest that affect theory, and affective as opposed to autonomous subjectivity, is therefore a useful framework for conceptualising this body. In the introduction to their recent anthology, Melissa Gregg and Gregory Seigworth define ‘affect’ as the subject’s ability to affect and be affected: in this frame, bodies are no longer stable physicalities, divorced from context, but instead internally malleable and always already immersed in processes of interaction, intersubjectivity, reciprocity and *becoming* an identity.¹⁰ Simply put, the affective body is not an object or entity with defined boundaries, but rather a product of vital processes which exceed and unsettle its individual sovereignty and integrity.¹¹ Such a model of the body need not be anachronistic: as I will argue, it is a valuable framework for conceptualising ideas about embodiment implicit in early modern kitchen-physic. This framework is also consistent with recent scholarship on early modern bodies, particularly with Micheline Louis-Courvoisier and Severine Pilloud’s work on notions of exteriority and interiority in the patient correspondence of eighteenth-century Swiss physician Samuel-Auguste Tissot.¹²

Further, the portrayal of embodiment in kitchen-physic receipts can also reinvigorate debates about the potential anachronism of using ‘medicine’ as

⁸ For a succinct summary of the humoral system, see William Jackson, ‘A Short Guide to Humoral Medicine’, *Trends in Pharmacological Science* 22.9 (2001): 487–9.

⁹ Elizabeth Spiller, ‘Printed Recipe Books in Medical, Political and Scientific Contexts’, in *The Oxford Handbook of Literature and the English Revolution*, ed. Laura L. Knoppers (Oxford: Oxford University Press, 2012), 517.

¹⁰ Gregg and Seigworth, *The Affect Theory Reader*, 2.

¹¹ Lisa Blackman, *Immaterial Bodies: Affect, Embodiment, Mediation* (London: SAGE, 2012), 4.

¹² Micheline Louis-Courvoisier and Severine Pilloud, ‘The Intimate Experience of the Body in the Eighteenth Century: Between Interiority and Exteriority’, *Medical History* 47 (2003): 451–72.

a lens to analyse historical body modification. According to Harold Cook's influential theory, ineffective regulation saw a so-called 'medical marketplace' of competing products, services and authorities emerge in seventeenth-century London.¹³ More recently, Mary Fissell coined the term 'bodywork' in recognition of the spectrum of services offered in this marketplace relating to the health, appearance and maintenance of the body: from surgery and remedial physic to wet-nursing and wig-making.¹⁴ The term bodywork is a valuable substitute for medicine in the early modern context, since it lacks definite semantic boundaries demarcating medical from cosmetic, dietic and hygienic concerns. That receipt books present medical remedies so unceremoniously, nestled among tasks of household management – such as brewing alcohol and making dyes – which command lower prestige in modern consciousness, is indicative of this more holistic approach to bodily construction and consumption. Bodywork may therefore be extended from a comment on the diversity of the commercial sphere to a framework for contextualising domestic practice.

HUMORAL AND IATROCHEMICAL BODIES: READING AFFECTIVE SUBJECTIVITY IN EARLY MODERN PHYSIOLOGY

Though hegemonic in medieval medicine, and residually influential in the early modern world, humoralism was by no means a static or singular ideology, much less a stable lineage of ideas from the Hippocratic corpus. Nevertheless, when receipts promised to alleviate 'distempers' and 'obstructions', they clearly appealed to the humoral understanding of illness as excessive, insufficient or corrupted humour. Hence, they might claim to heal 'a soar throate caused by a congealed humour' or cure jaundice by 'bringing up y^e very dreggs of y^e disease'.¹⁵ Further, that receipts distinguished between choleric, sanguine, melancholic and phlegmatic constitutions can be attributed to the humoral notion of health as an idiosyncratic balance unique to each individual: for example, a violet-water 'will worke in any sanguine person six stooles or more', but an ointment was too hot to be safely used 'On Cholerick bodis'.¹⁶

The most common types of medicine produced by receipts were purgatives, including laxatives, diuretics, emetics and diaphoretics. Sometimes they worked

¹³ Harold J. Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press, 1986).

¹⁴ The term 'bodywork' was coined in a conversation between Mary Fissell and Kathleen Brown as a possible alternative to 'medicine'; see Mary Fissell, 'Introduction: Women, Health, and Healing in Early Modern Europe', *Bulletin of the History of Medicine* 82.1 (2008): 9.

¹⁵ Lady Ayscough, Wellcome MS 1026, fol. 91v; Katherine Jones, British MS Sloane 1367, fol. 13v.

¹⁶ Anon, Wellcome MS 142, fol. 35r; Elizabeth Okeover, Wellcome MS 3712, fol. 219.

upon multiple humours, such as Vatican Pills which ‘expell Melancholly’ while purging ‘choler of both kinds’;¹⁷ other times, they worked upon multiple orifices, such as a coral-based concoction unsavourily designed ‘to purge choler upward and downward’.¹⁸ This is consistent with humoral therapeutics, which sought to rebalance the humours through digestion and evacuation. By privileging these therapies, humoralism sustained a preoccupation with permeability – bodily input and output – to the point that disruption of these processes was considered suspect and pathological.¹⁹

That many remedies were taken both ‘inwardly’ and ‘outwardly’ suggests ingestion and topical application were understood as somehow mutually effective, which further suggests a belief in somatic permeability. For example, one Lettice Pudsey from Staffordshire described a balsam for treating indigestion which was both swallowed and used to anoint the belly.²⁰ Similarly, in the collection belonging to Elizabeth Butler, an Anglo-Irish noblewoman, palsy water should be applied to sore joints with a soaked rag, but also drunk, with the added benefit of sweetening breath.²¹ Crucially, sweetened breath was a medical necessity, precisely because the Hippocratic notion of *miasma* attributed pestilence to foul odours, thus weakening the perceived borders between body and environment.²² Hence, a mouth-water sweetened breath so that ‘if you goe into any place of the plague or pestilence, or into any corrupt aire [then] it shall defend you from the infection thereof’.²³

Indeed, many receipts depicted the skin as a spongy and impressionable layer of the self.²⁴ Most collections included spells, whereby language was expected to become physically incorporated to effect a cure.²⁵ For staunching bleeding, one collection offered three possibilities: reciting aloud a story about Jesus, hanging a Latin text ‘bout his necke, that it may touch his bare skinne’, and

¹⁷ Anon, Wellcome MS 1321, fol. 75r.

¹⁸ Anon, Wellcome MS 142, fol. 22r.

¹⁹ Louis-Courvoisier and Pilloud, ‘The Intimate Experience of the Body in the Eighteenth Century’, 467.

²⁰ Lettice Pudsey, Folger Shakespeare MS V.a.450, fol. 23v.

²¹ Elizabeth Butler, British MS Sloane 3842, fol. 26r.

²² Jennifer Evans, ‘Female Barrenness, Bodily Access and Aromatic Treatments in Seventeenth-Century England’, *Historical Research* 87.237 (2014): 429.

²³ Anon, Wellcome MS 142, fol. 23r.

²⁴ The complex conceptualisation of skin in early modern Europe is currently the focus of a research project led by Evelyn Welch at King’s College London, <http://renaissanceskin.ac.uk>.

²⁵ Tanya Pollard, ‘Spelling the Body’, in *Environment and Embodiment in Early Modern England*, eds Mary Floyd-Wilson and Garrett A. Sullivan Jr (Basingstoke: Palgrave Macmillan, 2007), 171.

even just writing certain ‘words on the forehead of him that bleedeth’.²⁶ Such charms were invariably bound up with religious traditions. For the Latin necklace to work, the patient must ‘thinke upon the passion of Christ’;²⁷ likewise, Arthur Corbett recorded a spell which specified ‘hoever wares this a bout there Left arme and beleves shall have Ague nor fever more’.²⁸ Words, whether worn, consumed or recited, could become tangibly embodied. This was consistent with wider belief that sensory experiences, such as sight, touch and hearing, imprinted upon the imagination and were translated into fleshy matter through animal and vital spirits.²⁹

As well as exhibiting a kind of radical openness to its environment, the body of kitchen-physic was also internally malleable; again, this is consistent with humoral notions of illness wandering around the body in the form of vaporous humours, even morphing into each other.³⁰ Hence, a receipt in the Boyle family collection instructed how to ‘keep down the Mother [i.e. womb] & those Vapour[s] y^t ascend to y^e Head’.³¹ Body parts were seen to be intimately interrelated, so a ‘pearle in the eye’ might be cured by smearing hemlock upon a leather strap and tying it to the opposite wrist.³² Such suggestions likely drew less upon humoral doctrine than ideas of magnetism popularised by sixteenth-century Swiss chemist Paracelsus.³³

In the Paracelsian physiological model, bodies were not composed of four fluids, but three universal primes, representing solids, liquids and combustibles respectively: salt, mercury and sulphur.³⁴ By imagining that all beings shared these *tria prima*, iatrochemistry blurred the boundaries between human, animal and mineral. Though iatrochemical physiology was blatantly more mystical and vitalistic than its Hippocratic-Galenic rival, the doctrines hold many similarities. Although humoralism favoured the four humours and iatrochemistry the three primes, both conceived of health as the balance of internal, interacting elements; although illness was understood as endogenous

²⁶ Anon, Wellcome MS 142, fols. 17v and 18r.

²⁷ *ibid.*, fol. 18r.

²⁸ Arthur Corbett, Wellcome MS 212, fol. 93v.

²⁹ Olivia Weisser, ‘Grieved and Disordered: Gender and Emotion in Early Modern Patient Narratives’, *The Journal of Medieval and Early Modern Studies* 43.2 (2013): 251 and 248.

³⁰ Edward Jewel, *A Brief Discourse of the Stomach and Parts Subservient unto It* (London: n. s., 1678), 3; Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe* (London: Palgrave Macmillan, 2011), 27.

³¹ Anon, Wellcome MS 1340, fol. 127v.

³² Butler, British MS Sloane 3842, fol. 34v.

³³ Spiller, ‘Printed Recipe Books’, 517.

³⁴ Jean Baptiste van Helmont, *A Ternary of Paradoxes: the Magnetic Cure of Wounds* (London: Printed by James Flesher for William Lee, 1649), 79.

in humoralism and ontological in iatrochemistry, both conceptualised the bodily interior as relatively fluid, not merely the collection of alienated, autonomous organs suggested in Vesalian anatomy. Whether inspired by humoral or iatrochemical therapeutics, the image of the body portrayed in kitchen-physic appears starkly different to the model of bodily autonomy often implicit in political liberalism.

HERMETICISM, ASTROLOGY AND NATURAL MAGIC: LOCATING THE BODY IN ITS UNIVERSE

The body of kitchen-physic was also grounded in metaphysical moorings. Both humoralism and iatrochemistry implied specific holistic cosmologies, which anchored the body in a meaningful universe of proximities and interconnections. For humoral medicine, this was a largely Aristotelian world-view, a hierarchical Chain of Being with the rungs closest to heaven reserved for anything with a so-called 'sensitive' soul.³⁵ Anatomy was also necessarily cosmology, since the boundary between animate and inanimate was rendered indistinct by the fact both shared the same four component humours, which, when combined in different ratios, produced the entirety of the natural world. In a similarly holistic vein, iatrochemistry tended towards a hermetic metaphysics, which understood the universe as a macrocosm and microcosm of endless analogies, attractions and interconnections.³⁶ As one follower phrased it, 'every single created nature contains its peculiar heaven within the spheare of its own dimensions, and holds within it self the rotation or revolution of that heaven'.³⁷ By calling for such herbs as lungwort, spleenwort and hartstrong, kitchen-physic relied on this hermetic Doctrine of Signatures, which held that God had created plants, and even animals, in the image of the body parts they would heal; for example, polymath Samuel Hartlib, a prolific collector of medical receipts, noted that mushrooms 'have the nearest signature with the kidneys' and could therefore be used to treat ailments of that organ.³⁸

Yet, beyond this, kitchen-physic also promoted a cosmological view of embodiment through its employment of astrological lore. That receipts frequently specified a time of use – a month, season, time of day or point in the lunar cycle – cannot be attributed to the seasonal availability of ingredients

³⁵ Katharine Park, 'The Organic Soul', in *The Cambridge History of Renaissance Philosophy*, eds Quentin Skinner and Eckhard Kessler (Cambridge: Cambridge University Press, 1988), 467.

³⁶ Paolo Modenesi, 'Skull Lichens: A Curious Chapter in the History of Phytotherapy', *Filoterapia* 80.3 (2009): 146.

³⁷ Helmont, *A Ternary of Paradoxes*, 33.

³⁸ See reference 31/22/27B in M. Greengrass, M. Leslie and M. Hannon, *The Hartlib Papers: A Complete Text and Image Database of the Papers of Samuel Hartlib (c. 1600–1662)* (Sheffield: HRI Online Publications, 2013), <http://hrionline.ac.uk/hartlib>.

alone: it is astrological. According to this tradition, plants depended on planetary cycles for their growth and potency.³⁹ Hence, for one anonymous householder, fox gloves and polypodium would ‘doe little good’ against convulsion fits, unless they were gathered during the reign of Venus and Saturn respectively.⁴⁰ For another, female barrenness could be treated with carlina root, if it was gathered in summertime and ‘rubbd or else stroaked at the 7 planetary pulses’ while the patient walked in the shadow of a fertile woman.⁴¹ A receipt book attributed to Katherine Jones, Viscountess Ranelagh and sister to acclaimed chemist Robert Boyle, featured a detailed index of astrological and alchemical cipher.⁴² These astrological affinities of herbs were frequently explained in printed almanacs and botanicals.⁴³

Animals were similarly governed by the zodiac. For making Gascoigne’s Powder, one Grace Castleton stipulated that ‘the crabs must begot when the sun and moon is in coniunction in cancer’.⁴⁴ Mary Doggett, wife of Irish-born actor Thomas, agreed with this advice.⁴⁵ Hartlib also noted that crabs ‘taken alive in plenilunio Cancri’ could treat fever.⁴⁶ As well as dictating when ingredients should be collected, astrology stipulated when remedies should be administered, since humans and human body parts held particular affinities with various heavenly bodies. For example, since the volume of corporeal blood was thought to ebb and flow like tides, phlebotomy and surgery were considered safest at particular calendarial moments.⁴⁷ Anthony Lewis, who painstakingly populated his receipt book by transcribing that of ‘the La: Marques Dorsetts’ in 1696, even advised the ideal astrological constellation for a haircut.⁴⁸ Such concerns can also be linked to Hippocrates, who argued that bodies were especially vulnerable at times of seasonal transition, including solstices and equinoxes.⁴⁹

³⁹ Louise Hill Curth, *English Almanacs, Astrology and Popular Medicine: 1550–1700* (Manchester: Manchester University Press, 2007), 111.

⁴⁰ Anon, Wellcome MS 7849, fol. 5r.

⁴¹ Anon, Wellcome MS 1340, fol. 86r.

⁴² Jones, British MS Sloane 1367, fols. 87v–8r.

⁴³ Curth, *English Almanacs, Astrology and Popular Medicine*, 118.

⁴⁴ Grace Castleton, Folger Shakespeare MS V.a.600, fol. 126.

⁴⁵ Mary Doggett, British MS Add 27466, fol. 84.

⁴⁶ See reference 31/22/12B in Greengrass, Leslie and Hannon, *The Hartlib Papers*, <http://hrionline.ac.uk/hartlib>.

⁴⁷ Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), 271.

⁴⁸ Anthony Lewis, British MS Sloane 556, fol. 49r.

⁴⁹ Hippocrates, *Ancient Medicine: Airs, Waters, Places; Epidemics 1 and 3; The Oath; Precepts; Nutriment*, trans. W. H. S Jones (Cambridge: Cambridge University Press: 1923), 105.

Similarly, many receipts took inspiration from magnetism and natural magic. This tradition sought the organic and vitalistic manipulation of cosmic patterns of causality.⁵⁰ It was reinvigorated by Paracelsus, who popularised a magnetic wound treatment which treated the inflicting weapon rather than the injury.⁵¹ Magnetic cures exploited the latent web of sympathies and repulsions which characterised the iatrochemical universe, connecting seemingly distant entities in a manner harmonious with natural law and divine will.⁵² This was clearly the logic of a receipt which treated rabies by feeding the guilty dog a charm written ‘upon a peece of cheese or butter’.⁵³ It seems likely that it was also the justification behind a receipt which promised to track the health of an absent loved one with a diluted vial of their blood, since ‘if they happen to dye, the blood will putrify and stink accordingly’.⁵⁴

Many such spells involved direct contact with the skin. The Boyle family collection featured one receipt calling for peppered snail to be encased in linen and hung ‘about your neck next to your skin’ to ward off ague.⁵⁵ Boyle’s own receipt book suggested treating cramp with a similar amulet.⁵⁶ For his close friend Hartlib, adder stones, that is, stones with a naturally occurring hole, when ‘hung about the necke of cattel’, protected them from snakebite.⁵⁷ Such proposals corroborate the model of embodiment discussed in the previous section, of a permeable, affective body, susceptible to intrusive influences. Evidently, this body also held both latent and manifest affinities to particular substances and entities in its environment. Put into simple terms, the body represented in kitchen-physic receipts was embedded in a meaningful, metaphysical universe – a ‘medical cosmology’ – through humoral, iatrochemical, astrological and magical reasoning.

⁵⁰ Brian Copenhaver, ‘Natural Magic, Hermetism and Occultism in Early Modern Science’, in *Reappraisals of the Scientific Revolution*, eds David C. Lindberg and Robert S. Westman (Cambridge: Cambridge University Press, 1990), 281.

⁵¹ The treatment was known as *unguentum magneticum*, *sympatheticum* or *armarium*. See Modenesi, ‘Skull Lichens’, 145–8.

⁵² Helmont, *A Ternary of Paradoxes*, 9.

⁵³ Anon, Wellcome MS 142, fol. 33r.

⁵⁴ Joseph Blagrave, *Blagraves Astrological Practice of Physick, etc.* (London: Printed by S. G. and B. G., 1671), 160.

⁵⁵ Anon, Wellcome MS 1340, fol. 79r.

⁵⁶ Robert Boyle, *Medicinal Experiments, or a Collection of Choice and Safe Remedies* (London: Printed for Samuel Smith, 1692), 15.

⁵⁷ See reference 31/22/32A in Greengrass, Leslie and Hannon, *The Hartlib Papers*, <http://hronline.ac.uk/hartlib>.

BODYWORK: A USEFUL FRAMEWORK FOR HOUSEHOLD MEDICINE?

This model of affective embodiment can account for one of the most striking, though seemingly unrelated, characteristics of kitchen-physic receipt books: the amalgamation of healing and healthcare within diverse activities of domestic management. With kitchen-physic, one might ‘take away Freckles’, ‘keepe wrincklee out of ye face’ or ‘make haire grow’ in a manner which ‘worketh wonders on them that shed haire of their head or beard’.⁵⁸ Wellcome MS 7391 features a powder for whitening teeth and, somewhat more ambitiously, one to ‘make a new Naile grow on y^e finger’.⁵⁹ The inclusion of such cosmetic receipts is perhaps unsurprising, given the significance skin tone and hair had for humoral readings of bodily constitution.⁶⁰ Likewise, as previously highlighted, there was a Hippocratic basis for the olfactory anxiety suggested by a prevalence of soaps, perfumes, linen powders, pomanders and pomatums.⁶¹ That such cosmetics were considered medical is confirmed by their frequent attribution to practising physicians or the authors of pharmacopeia.⁶² Yet, that receipt collections also spanned veterinary, culinary and hygienic advice is at first more perplexing. For example, one Elizabeth Hirst recorded two ways of making ink and a method of fumigation ‘[t]o take stains out of Linin’.⁶³ Just as curiously, Hartlib procured receipts for darkening eyebrows and removing ink stains from clothing.⁶⁴

Accounting for this diversity is complex. Certainly, these activities and products relied on the same ingredients, technologies and techniques; the same substances were used for leisure, dyes, preservation and manufacturing, as well as sustenance and healing. Electuaries and oils were brewed with stills and alembics, while pills were solidified in ovens, pots and frying pans with

⁵⁸ Okeover, Wellcome MS 3712, fols. 166 and 21; Lewis, British MS Sloane 556, fol. 35r.

⁵⁹ Anon, Wellcome MS 7391, fols. 4 and 70.

⁶⁰ For a discussion of the prevalence of cosmetic receipts, see Edith Snook, ‘“The Beautifying Part of Physic”: Women’s Cosmetic Practices in Early Modern England’, *Journal of Women’s History* 20.3 (2008): 10–33.

⁶¹ For examples of such receipts, see Doggett, British MS Add 27466, fols. 32–4 and 79–80. For an introductory look at the importance of smell for early modern fashion, see Evelyn Welch, ‘Scented Buttons and Perfumed Gloves: Smelling Things in Renaissance Italy’, in *Ornamentalism: The Art of Renaissance Accessories*, ed. Bella Mirabella (Ann Arbor: University of Michigan Press, 2011), 13–39.

⁶² For example, ‘Dr Twine to take away Freckells & Sun-burninge in y^e Face’ in Anon, Wellcome MS 7391, fol. 66; ‘A Diett drink for a salt Rheume breaking into pimpeles by Dr Morgorne’ in Ayscough, Wellcome MS 1026, fol. 101r.

⁶³ Hirst’s receipt for making ink ‘my Meide Lucys way’ involved verdigris and gum arabic, while ‘my brother Ludeyns way’ involved oak marble galls formed by the spawn of the *Andricus kollari* wasp; see Hirst, Wellcome MS 2840, fols. 48–9 and 51.

⁶⁴ See reference 31/22/17B in Greengrass, Leslie and Hannon, *The Hartlib Papers*, <http://hronline.ac.uk/hartlib>.

fixatives, wax and animal suet.⁶⁵ Boyle, across a two-page spread in his personal papers, presented receipts for toothpaste, lemonade, civet powder, scented tobacco, amber essence, digestive tonic, invisible ink, hand cream, chocolate and braised quail.⁶⁶ Printed texts, modelled on the receipt book format, instructed readers on activities as diverse as making invisible ink, softening steel, forcing cucumbers to ripen and crafting long-lasting candles.⁶⁷ These tasks employed the same substances, usually plants, foodstuffs, chemicals and minerals, to produce a variety of useful everyday materials.

This overlap is most obvious in the close relation between medicine and food. With the sheer volume of remedial wines, healing broths and spicy powders produced by kitchen-physic, distinguishing the medicinal from the merely edible often seems inappropriate: indeed, the very existence of kitchen-physic as a practice attested to the centrality of consumables to health. The distinction between medicinal and nutritional substances in the seventeenth century was often a matter of quantity or preparation.⁶⁸ Householders navigated a complex culinary taxonomy, with foodstuffs ranked according to their humoral qualities: popular dietic tracts portrayed food and drink as innately medicinal, outlining their effects on illness, appetite, strength and complexion.⁶⁹ The boundaries between food, drink and medicine were also blurred by a penchant for restorative broth, digestive water and hippocras, or spiced wine.⁷⁰ In 1675, five shillings could procure a pint of Daffy's Elixir from cheesemakers, cobblers and stationers alike; this was less a reflection of economic necessity than the overarching cultural attitude to embodiment.⁷¹

Yet, beyond the merely culinary, kitchen-physic blurred the boundaries between many other substances and genres of practical knowledge. Much like the early modern relationship between barbery and surgery, these household practices deserve attention for their ideological as much as technical overlap.

⁶⁵ Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge', in *Medicine and the Market in England and its Colonies, c. 1450–c.1850*, eds Mark S. R. Jenner and Patrick Wallis (Basingstoke: Macmillan, 2007), 135.

⁶⁶ See volume 25, fols. 366–7 in Michael Hunter, *The Robert Boyle Project [Boyle Papers Online]*, Birbeck University of London, 2014–18, <http://www.bbk.ac.uk/boyle>.

⁶⁷ All of these receipts appeared across a two-page spread of a popular work: John Shirley, *The Accomplished Ladies Rich Closet of Rarities* (London: Printed by W. W., 1687), 190–1.

⁶⁸ Harold J. Cook and Timothy D. Walker, 'Circulation of Medicine in the Early Modern Atlantic World', *Social History of Medicine* 26.3 (2013): 339.

⁶⁹ For example, see Thomas Cock, *Kitchen Physick: or, Advice to the Poor* (London: Printed for Dorman Newman, 1676); Thomas Tryon, *The Good House-Wife Made a Doctor* (London: Printed for H. N. and T. S., 1692).

⁷⁰ Pelling, *The Common Lot*, 30.

⁷¹ Anthony Daffy, *Elixir Salutis: the Choice Drink of Health* (London: n. s., 1675), 8.

When Fissell first proposed the notion of ‘bodywork’ in 2008, it was largely in reference to the diversity of services available on the medical marketplace. According to Fissell, there was a penumbra of irregular practitioners catering to healing, maintaining or constructing physicality; along with surgery and urinalysis, they were employed in hairdressing, bone-setting, birthing, deathbed-watching, tooth-pulling, wound-dressing and so on.⁷² Commercial medicine was characterised by the extension of medicinal qualities to any manipulation of the body, and medicine was simply subsumed into a far wider realm of quite mundane everyday practices.

In this sense, ‘bodywork’ is also a valuable framework for conceptualising how medicine was ideologically akin to more mundane household tasks. Receipt books reflected this more holistic understanding of bodily care, one which conflated sustenance, wellbeing and hygiene. Any substance which could be consumed by the body, not merely ingested, but incorporated through smell, sight or touch, to change its internal or external nature, warranted inclusion in these collections. Just as affective embodiment is a more useful model than neoliberal bodily sovereignty to understand the portrayal of the body in kitchen-physic receipts, so too is bodywork more accurate a descriptor than simply ‘medicine’ for the practice of kitchen-physic.

CONCLUSION

Seventeenth-century medical receipt books constitute an insightful resource for scholars of the early modern body. This article has examined notions of embodiment implicit in the practice of household medicine, as documented in the receipt collections held by the Wellcome, British and Folger Shakespeare libraries. Whereas the model of the body championed in neoliberal discourse is stable, discrete, sovereign and fiercely individual, reflecting and perpetuating a fondness for deconstructive taxonomy and firm boundaries, the body which emerges from a close reading of kitchen-physic receipts is fluid, permeable, dynamic and interdependent, laden with latent significance and holistic interconnection. Householders also portrayed the body as fundamentally integrated in an imagined cosmological order, employing knowledge of humoralism, iatrochemistry, astrology and natural magic. In both senses, the model of embodiment evident in kitchen-physic receipts is closely akin to notions of affective subjectivity developed in the interdisciplinary corporeal turn, where bodies are no longer static entities but sites of potentiality, reciprocity and dynamic interaction. Appreciating this affective nature of

⁷² Fissell, ‘Introduction’, 11.

the early modern body invites greater understanding of why kitchen-physic books amalgamated medicine with other genres of practical knowledge. In doing so, they were emblematic of a tendency in early modern England to understand medical concerns in a more holistic manner, along a spectrum of mostly undifferentiated somatic construction and consumption. By expanding Fissell's notion of bodywork to encompass the household as much as the marketplace, social historians of medicine can begin to unpack this fascinating tendency, which ultimately rendered the home an unproblematic venue for medical treatment.