

Home Remedy Books in Britain:
Medicine and the Female Reader, 1800-1867

by

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ABSTRACT

In the preface to his 1852 *Dictionary of Domestic Medicine and Household Surgery*, Spencer Thompson wrote: "But health will fail, either in old or young, and accidents will happen, in spite of the most careful precaution." With this concise statement, Thompson summarized the universal human desire to combat illness, injury, and hurt with action and knowledge. The more efficient ability to spread ideas and technology in nineteenth-century Britain led to increased production and use of home remedy books. Although women traditionally represented the agents of remedy and care within the domestic sphere (centuries prior to the nineteenth century), a struggle between the supposed inherent nurturing capabilities of womanhood and the professional medical realm occurred within the rhetoric of the home remedy genre during this period. Cultural mores allowed and pushed women to take up duties of nursing in the home, regardless of advice given by male physicians. Despite remedy book physician-authors' attempts to dictate appropriate medical care in the home through the writing of home remedy books, British women read, interpreted, and used home remedy books in ways that undermined medical control.

DEDICATION

“The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not.”—Mark Twain

To the paper-wrecking crew, who tirelessly encouraged; to Roy, who kept me sane; and to my parents for thinking obscure topics are interesting.

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INTRODUCTION

Evidence for medical remedy books dates prior to the fourteenth century. As early as the twelfth century, surviving manuscripts outlining appropriate physical healing procedures for women during childbirth or for other female diseases were in circulation in England.¹ Female medical treatment and their practitioners were by no means limited to midwifery (as is sometimes espoused) although it constituted a large percentage of treatment. Monica Green's research establishes that women's health was a popular topic, one that both male and female practitioners explored prior to the official period that denotes medical professionalization.²

The development of printing press technology in the fifteenth century did not occur in a vacuum. The invention fed an existing book culture that only continued to grow as technology and literacy improved.³ As health was a topic that concerned everyone, the genre of

¹ Monica H. Green, "Women's Medical Practice and Health Care in Medieval Europe," in *Women's Healthcare in the Medieval West*, from *Sisters and Workers in the Middle Ages*, ed. J. Bennett, et al. (Chicago: University of Chicago Press, 1989), 62-67.

² Green, 41.

³ M.T. Clanchy, "Parchment and Paper: Manuscript Culture 1100-1500," in *A Companion to the History of the Book*, eds. Simon Eliot and Jonathan Rose (Malden, MA: Blackwell Publishing, 2007), 194-195; Lotte Hellinga, "The Gutenberg Revolutions," in *A Companion to the*

published medical remedy remained a viable market through the nineteenth century.

In order to approach the topic of nineteenth-century British home remedy, an overview of Early Modern medical printing for home use is necessary.⁴ As a genre, medical home remedy held and does hold a distinct place in public interest because an individual's health is precarious. As a method by which to improve health and ward off death, those who could educate and doctor themselves invested time and effort in attaining medical knowledge. This desire to exert some measure of control over one's health remains a compelling topic today.

The beginnings of modern relationships between medical material and publishing occurred in the sixteenth and seventeenth centuries. The relative speed with which medical reference could be published and the greater availability of works, allowed greater access to medical knowledge, which only accelerated through the centuries.⁵ Medical remedy publishing acted as a mode by which to spread contemporary medical treatments and cures to the public in a flexible

History of the Book, eds. Simon Eliot and Jonathan Rose (Malden, MA: Blackwell Publishing, 2007), 207-211.

⁴ Early Modern period is roughly defined from the years 1500 to 1789.

⁵ Hellinga, 211.

medical marketplace.⁶ The work edited by Mark S. R. Jenner and Patrick Wallis on the subject argues that despite attempts at regulation, the pre-modern English population regularly sought non-licensed medical practitioners and concoctors of cures for various complaints, while simultaneously procuring the services of the small number of licensed physicians available in England.⁷

Historians of book history, female reading practices, and medicine have addressed the connections between female medical home remedy use and the publishing industry in several thorough scholarly works.⁸ Elizabeth Lane Furdell, Rebecca Laroche, Mary Fissell, Andrew Wear, Gillian Lehman, Heidi Brayman Hackel, Elaine Leong, Jennifer K. Stine, and Catherine Field, among others have addressed topics such as the medical marketplace, implications of marginalia, female book ownership, reading practices, medical professionalization, and individualized text selection within Early

⁶ Mark S. R. Jenner and Patrick Wallis, *Medicine and the Market in England and its Colonies, c.1450-c.1850* (Basingstoke; New York: Palgrave Macmillan, 2007). 2.

⁷ Jenner and Wallis, 1-10.

⁸ Medical home remedy is defined here and throughout as a published work that provides healthcare and treatment advice to a lay audience using herbal, pharmaceutical, hygienic, or physical remedies employing “professional” or “experienced” advice. I have utilized Early Modern scholarship to provide a baseline for the historic connections between publishing, medical reference books, and female readership.

Modern home remedy works over the past twenty years. Their research remains valuable when evaluating home remedy into the nineteenth century—although variables like educational reform, increased literacy, changing societal norms, and technological and scientific advances make the study of medical home remedy in the nineteenth century distinct from earlier developments.⁹

Rebecca Larouche’s study of sixteenth- and seventeenth-century herbal texts is especially useful as a contextual guide for the later treatment of nineteenth-century English home remedy. However,

⁹ Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (New York: Oxford University Press, 2004); Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (New York: University of Rochester Press, 2002); Rebecca Larouche, *Medical Authority and Englishwomen’s Herbal Texts, 1550-1650* (Burlington: Ashgate Publishing Company, 2009); Andrew Wear, *Knowledge and Practice in Early Modern English Medicine, 1550-1680* (New York: Cambridge University Press, 2000); Andrew Wear, “The Popularization of Medicine in Early Modern England,” in *The Popularization of Medicine 1650-1850*, ed. Roy Porter (New York: Routledge, 1992); Gilly Lehmann, *The British Housewife: Cookery Books, Cooking and Society in Eighteenth-Century Britain* (Devon: Prospect Books, 2003); Heidi Brayman Hackel, *Reading Material in Early Modern England: Print, Gender, and Literacy* (Cambridge: Cambridge University Press, 2005); Elaine Leong, “Making Medicines in the Early Modern Household,” *Bulletin of the History of Medicine* 82, no. 1 (Spring 2008); Jennifer K. Stine, *Opening Closets: The Discovery of Household Medicine in Early Modern England* (PhD diss., Stanford University, 1996); 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*, eds. Michelle M. Dowd, Julie A. Eckerle, and Laura Knoppers (Burlington: Ashgate, 2007).

Larouche concentrates on herbals, while this study will analyze a sampling of books that were written and published by physicians and medical publishers for specific use in the home. Nevertheless, Larouche's mode for determining female readership of medical texts is useful. Her work asserts that herbals functioned as authorized medical texts and were owned, passed down, and widely utilized by Englishwomen in the seventeenth century.¹⁰ She demonstrates female engagement with herbals through marginalia and evidence that women modified published texts with individualized purpose (i.e. copying only certain passages or parts of a referenced cure, depending upon availability of ingredients or personal choice) through several case studies.¹¹ Larouche also points out that although the author of a published medical remedy book may prefer the information to be used in a specific manner (some quite explicitly state the intended audience), he or she had no actual control over the way in which it was employed.¹² Women picked and chose what was medically useful and discarded or changed what was not.

¹⁰ Rebecca Larouche, *Medical Authority and Englishwomen's Herbal Texts, 1550-1650* (Burlington: Ashgate Publishing Company, 2009), 2.

¹¹ Larouche, 7, 13.

¹² *Ibid.*, 22

As a result of traditional female involvement in medical practices and a perceived undermining of their skills and place in society, physicians from the fifteenth to the nineteenth centuries often discounted professional women's ability or need to participate in health treatment.¹³ These women were attacked for their ignorance and inability to converse in the manner of 'learned' men who used classical and modern terms and ideology to demonstrate superiority in medical knowledge.¹⁴ Conversely, women who practiced medicine in the home or for charitable reasons appropriately represented woman's place within cultural structures. Women made decisions regarding the health of their families, as well as the products chosen for medical consumption. This propensity carried over into the nineteenth century and contributed to the "domestic ideology" of conservative religious movements.¹⁵ Women's use of books for medical reference was not a trend that continued from periods prior to the seventeenth century. Monica Green's study of medieval women's medical reference ownership in Europe demonstrates that while women may have provided medical care in the home, their knowledge of remedies was

¹³Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000) 49.

¹⁴ *Ibid.*, 57-58; Stine, 72.

¹⁵ Wear, *Knowledge*, 50.

most likely attained orally as part of inherited knowledge, rather than via remedy books, as would be the case when publishing expanded. Medical books were almost exclusively addressed to male readers and it was not until several centuries later that any kind of female medical ‘empowerment’ occurred as a result of printed material.¹⁶ She also points out that as early as the thirteenth century, “women’s health was *not* strictly women’s business ... [italics in original],” but a combination of male practitioners and domestic female care.¹⁷

Despite gendered ideologies that place domestic medical care squarely within the sphere of feminine capacities, the divide between male physicians, learned and traditional knowledge, and women’s roles remains distinct through the nineteenth century. The factors that change female medical involvement in the home (from the remedy book perspective) are educational expansions and the publishing industry. Education in the sixteenth and seventeenth centuries allowed elite women to record remedies gained from printed works and personally-given oral and written advice as noted in the work of Elaine Leong, Sara Pennell, Mary Fissell, and Rebecca Larouche. The advancement of the publishing industry and increased availability of medical

¹⁶ Monica Green, “Introduction,” in *Women’s Healthcare in the Medieval West* (Burlington: Ashgate Publishing Company, 2000), xv.

¹⁷ *Ibid.*, xii.

reference during the same time frame encouraged women who were already overseeing duties in the home to refer to medical advice and remedy.

Andrew Wear argues that women in the Early Modern period placed a considerable amount of value on medical receipts and remedies procured from printed sources. The amount of surviving collections that consist of remedy manuscripts and books demonstrate that there was “a need to fix them in the certainty of writing rather than trusting to a fallible memory.”¹⁸ This is different from the use of remedy books in circulation in the nineteenth century because while oral advice and marginalia continued, the act of copying specific recipes into a personal book was made unnecessary by an increase in the number physicians in Britain as a whole, as well as a large amount of printed remedy material available.

Publishing houses profited from the public’s obsession with health as the technology of printing houses evolved; they published both sides of medical publishing: books meant for home use and those meant for professional textbooks and treatises.¹⁹ Fortunately for British medical publishers, a preoccupation with the health of the

¹⁸ Wear, *Knowledge*, 51.

¹⁹ Furdell, 29.

individual self remained present from the sixteenth through the nineteenth century. The publication of home remedy greatly contributed to the success of those in the business of health in the Early Modern period.²⁰ When it came to seeking treatment for sickness, an individual was willing to try almost anything.

Sudden illnesses like smallpox, plague, or an infection caused by unsanitary conditions or close human or animal contact could and often did mean death.²¹ Accepted medical knowledge in the Early Modern period cited an imbalance of four humors—phlegm, blood, choler, and black bile—for sickness.²² Therefore, according to popular thought, the ill needed only to somehow achieve a healthy balance to recover from their ailments. Appropriate purging and diet was thought to lead to such a balance. Men and women’s life expectancy was shorter as a result of diseases untreatable by Early Modern standards; they eagerly sought any medical advice that could potentially improve chances of survival.

²⁰ Ibid., 1.

²¹ Pelling, 1; Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London; New York: Routledge & Kegan Paul, 1987), 133-153; Emily Cockayne, *Hubbub: Filth, Noise & Stench in England 1600-1770* (New Haven: Yale University Press, 2007), 23, 54-55, 60.

²² Peter Isaac, “Pills & Print,” in *Medicine, Mortality, and the Book Trade*, ed. Robin Myers and Michael Harris (New Castle, Delaware: Oak Knoll Press, 1998), 26.

From an international perspective, anxiety regarding physical disease was seen as a state that particularly affected the English. English women were supposedly even more prone to such mental disquiet, which contributed to a demand for medical attention and efforts to learn remedy techniques for their own and their family's complaints.²³ The essential nature of this "English" obsession with health remained unchanged into the nineteenth century.

English physicians who were educated in a university setting were a relatively new phenomena in the fifteenth and sixteenth centuries. The increasing acceptance and need for "learned" physicians in a changing intellectual climate led to the charting of the College of Physicians by Henry VIII in 1518, with Parliament giving the charter legal authority in 1523.²⁴ The physicians of the College determined the standard of appropriate English physicians even though the reality of a medical degree was not often a superior claim to experience.²⁵ The regulation of the medical marketplace by members of the College provided a check on the "hosts of ... uneducated men [who] polluted the English body politic by selling their medical remedies, services, and

²³ Pelling, 29-30.

²⁴ Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (New York: Cornell University Press, 1986), 20.

²⁵ Cook, 49.

advice to the unsuspecting public...”according to members’ views.²⁶

Arguably, the bid for regulation stemmed from aims to lift the status of physicians and provide a general bar for practices based on the principles of Galen and Paracelsus, rather than the “quackery” occurring in society at large.²⁷ The freedom of the sixteenth-century medical marketplace meant that one could find cures from a whole host of medical practitioners eking a living off their prescribed treatments.²⁸ For the most part, the scholar Harold Cook argues, “patients controlled the medical relationship.”²⁹ There were simply not enough physicians to treat the masses of English people who needed care. Margaret Pelling and Charles Webster estimated that the ratio of

²⁶ Ibid., 28.

²⁷ According to Elizabeth Lane Furdell’s *Publishing and Medicine in Early Modern England* (New York: University of Rochester Press, 2002), 1-4, 6; A physician living in classical times, Galen was Marcus Aurelius’s Greek court doctor who wrote of the ‘four humors’ of bodily fluid in the body. His writings prompted a belief in the need to ‘balance’ the humors to retain health and remained prominent into the sixteenth century. Paracelsus was a sixteenth-century Swiss physician who argued against Galenic theory through the reasoning that disease stemmed from outside forces and affected individual organs. Paracelsus believed he could diagnose ailments from a patient’s urine and prescribed mystical treatments like worms or bone matter to recovered health.

²⁸ For a detailed discussion of “medical marketplace,” see page 20-21 of this study.

²⁹ Cook, 60.

medical practitioners to the public was something between 1 in 200 and 1 in 400.³⁰ Therefore, the need for medical practitioners of all types outweighed the College's attempt to regulate.

Endeavors to control medical knowledge and practice were mainly unsuccessful throughout the 1600s and into the eighteenth century.³¹ Those who operated on the medical fringe were more willing to engage in one-to-one contact, unlike physicians who employed "medical reasoning" over personal touch. The demands of the wealthy directed the practices of medical orthodoxy in the sixteenth century.³² In the late seventeenth century, the College advised the printer of the *Weekly Occurrences* to refrain from including physic or surgery advertisements, presumably to limit cures by non-licensed practitioners.³³ Despite attempts to achieve jurisdiction over English medicinal practices from the sixteenth to the eighteenth century, "irregular practitioners" such as wise women, midwives, herbalists, and other non-licensed "physics" still enjoyed profitable business from

³⁰ Margaret Pelling and Charles Webster, "Medical Practitioners," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (London: Cambridge University Press, 1979), 235.

³¹ Pelling, 3.

³² Christopher Lawrence, *Medicine in the Making of Modern Britain, 1700-1920* (New York: Routledge, 1994), 10-12.

³³ Sir George Clark, Vol. I of *A History of the Royal College of Physicians of London* (Oxford: Clarendon Press, 1964), 361.

individuals willing to try different cures. This business of caring for others was profitable enough to warrant large numbers of non-licensed practitioners, many of them women, hard pressed to find other means of economic survival.³⁴

The authors of Early Modern home remedy books often distinguished between female practitioners who sought monetary compensation and gentlewomen who read and employed the remedies in the home or for charitable work.³⁵ They viewed the former as shameful troublemakers, while they exalted the genteel woman as a paragon of Christian virtue. Women whose husbands held positions of esteem and wealth could become patrons to these author-physicians. The anxiety inspired by unregulated female practitioners makes its way into the prefaces, introductions, and content of several contemporary authors. One author was William Turner who penned herbals published in 1525, 1526, and 1551.³⁶ Turner specifically addressed gentlewomen as appropriate users of his text, rather than non-licensed women. He scorned unregulated wise women and

³⁴ Furdell, 29-36.

³⁵ Larouche, 22; Stine, 107-108.

³⁶ Larouche, 29, 32.

herbwives who were thought to employ herbs in superstitious and unethical ways.³⁷

The scholar Andrew Wear has argued that Early Modern laypeople demonstrated power through self-treatment. Faulty diagnosis and invasive treatments sometimes led to patients' mistrust of the medical establishment and physicians' skills. In the case of Elizabeth Isham, who witnessed the prolonged illnesses of her mother and sister and their physicians' brutal cures, the idea of self-treatment became more appealing and plausible.³⁸ Along the same vein, Catherine Field argues that recipe books became a site and strategy for female self-writing, or a way in which to enact agency. When Early Modern women changed elements of published remedy books to suit their needs, they declared traits of usefulness and authority. Women were considered medical and culinary experts within the home. A sense of these female responsibilities remained into the nineteenth century and melded with British domestic ideology.³⁹

Often, self-treatment involved the use of cures passed down through familial oral traditions, servants, or acquaintances. Cookery

³⁷ *Ibid.*, 32.

³⁸ Andrew Wear, "The Popularization of Medicine," 17; Larouche, 122-127.

³⁹ Field, 62.

books of the early eighteenth century often included “remedies, cosmetics and confectionery” as well as traditional food recipes.⁴⁰ Although some culinary books authored by women claimed their included medical recipes stemmed from professional physicians, many originated from “Family Receipts” collected over generations and were not presumably made public until the publication of the work.⁴¹ These receipts would most likely have been compilations of learned medical knowledge and familial lore. Elaine Leong’s evaluation of Elizabeth Freke’s (1641-1715) recipe collection demonstrates the relationship between different types of remedy, including print and manuscript form.⁴² Leong notes that Freke’s collection “contain[ed] more than two hundred culinary recipes, as well as extensive reading notes from John Gerard’s herbal [and] Nicholas Culpeper’s *Culpeper’s School of Physick*” among others.⁴³ Leong’s subject combined vernacular medical books with family recipes, as well as advice from friends and professional physicians to form the bulk of her medical knowledge.⁴⁴

⁴⁰ Lehmann, 82.

⁴¹ Ibid., 83-84.

⁴² Leong, “Making Medicines in the Early Modern Household,” 151.

⁴³ According to Leong, Freke’s editions were published in 1633 or 1634 for the herbal, and 1659 for Culpeper.

⁴⁴ Leong, 152-153, 167.

Recipe collections, essentially remedy in manuscript form, were also given as gifts as part of dowries, weddings, or to show marked attention in elite circles. This gifting system demonstrates the perceived value of remedy in the Early Modern period. Knowledge of remedies served as a bulwark against mortality.⁴⁵

By the late eighteenth century, the trend of including medical receipts in cookery books had lessened considerably. Nineteenth-century published works presumably left medical knowledge to the professional physician and authors of educational texts.⁴⁶ Importantly, the act of maintaining personal family receipt records did not fade. Nineteenth-century English and American families preserved “formulae and directions for everything from curing rheumatism to tanning leather or making soap.”⁴⁷

In the introduction to *Medicine and the Market in England and Its Colonies, c.1450-c.1850*, Mark S.R. Jenner and Patrick Wallis account for the phrase “medical marketplace” and what it means for

⁴⁵ Elaine Leong and Sara Pennell, “Recipe Collections and 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; New York: Palgrave Macmillan, 2007). 141.

⁴⁶ *Ibid.*, 132;

⁴⁷ Charles E. Rosenberg, ed. *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene* (Baltimore: Johns Hopkins University Press, 2003), 5.

English medical history.⁴⁸ Based on historiographic research stemming from the 1980s, they argue that practitioners in the Early Modern period competed for customers similarly to a market economy. Patients chose specific therapies and practitioners based on a wide range of criterion. Price, recommendation, and educational or experiential ability were all considered when choosing one's healer. The medical community did not only constitute learned or publically-classified medical services. "Lay physic," domestic receipt collection, and printed remedy books also make up the Early Modern medical marketplace.⁴⁹

Although Jenner and Wallis demonstrate that the term has come to possess different meanings, for my purposes, Harold Cook's definition of the phrase fits the best, when he makes the point that there was an immense amount of medical assistance available from every conceivable avenue; friends, family, neighbors, printed remedy books, and professional services (to name a few pertinent to this study).⁵⁰ Jenner and Wallis make the point that when defining consumption, household decisions regarding cost and healthcare significantly contributed to the medical assistance or treatment ultimately purchased by the family or individual. Women were far

⁴⁸ Jenner and Wallis, 1-23.

⁴⁹ *Ibid.*, 2.

⁵⁰ Jenner and Wallis, 4; Cook, 28.

more likely than men to make these decisions. The authors cite sources that peg the ‘end’ of the medical marketplace at around 1858—when the shift to medical professionalization and registration traditionally occurred. However, Jenner and Wallis also claim that “the nineteenth century was perhaps the heyday of thinking about medicine as a market” and provide evidence that the medical marketplace continued into the twentieth century.⁵¹ Based on my findings, I argue that this was the case; the marketplace as defined by Harold Cook does not wane until early into the twentieth century, if at all.⁵²

As in the Early Modern period, remedy books remained within the medical marketplace of the nineteenth century—although the range of practitioners and treatment options had admittedly lessened. The need for the specialized services of apothecaries (chemists), surgeons, and physicians continued into the nineteenth century; practitioners were by no means unified regarding treatment options. Medical reference and remedy remained a viable choice in the deferral of expensive medical opinion, as well as the independent treatment of minor ailments. Changes within publishing and the medical needs of a large population encouraged demand, as well as supply. Consumers

⁵¹ Jenner and Wallis, 10.

⁵² *Ibid.*, 9-10.

had a need for remedy books; they could be used in the city or country, as references when a physician was unavailable, or to defer expense.⁵³

Mary Fissell argues that home remedy consumption occurred beyond elite English households. By the end of the seventeenth century, the average price of a vernacular medical book was about a “twentieth of the weekly income for those on the lower rungs of the middle class, a quarter of a labourer’s [sic] weekly income, or six meals at the cheapest London cookshops.” Therefore, tradesmen possessed the capital to own several books; perhaps a few of them were remedy books.⁵⁴ The second-hand book market also allowed more affordable prices. Contemporary auctions and will and testaments attest to lower used book prices in the eighteenth century.⁵⁵ This trend would have only expanded into the nineteenth century when the growth of “penny dreadful” and mass-marketed, cheap literature increased the reading public.

Publishers continuously printed vernacular medical books throughout the seventeenth and eighteenth centuries, beginning with a remedy book boom of the 1650s. According to Fissell, the closure of

⁵³ Jenner and Wallis, 11.

⁵⁴ Fissell, “The Marketplace of Print,” 112.

⁵⁵ *Ibid.*, 112.

the Court of Star Chamber in 1641—where censorship-related prosecutions occurred—led to a cheap book surge.⁵⁶ From the 1650s to the 1670s, vernacular medical books accounted for about 1 to 1.5 percent of the publishing market. That number dipped to .5 percent in the 1680s onward. Of the vernacular medical books sold, 22 percent of the market (the largest by 9 percent) printed were remedy books.⁵⁷ Anxiety regarding plague or other spreading diseases fueled remedy publications and publishers capitalized on (and in some cases encouraged) the public's fear of sickness and death.⁵⁸ Individuals passed remedy books down in the family and held on to copies published during the lifetime of their great-grandparents. Fissell tracked the ownership of Castore Durante's 1686 *A Family-Herbal or Treasure of Health* through signatures and found that it was used by several generations of owners into the year 1798.⁵⁹ Remedy books had a long shelf life. Interestingly, even as books remained in families and retained their usefulness for generations, publishers continuously printed the genre because it remained a profitably steady market.

⁵⁶ Ibid., 113.

⁵⁷Fissell, "The Marketplace of Print," 116.

⁵⁸ Ibid., 113-114.

⁵⁹ Ibid., 114.

Printers and booksellers saw the potential for profit in the compilation and recirculation of material generated by both university and non-university educated practitioners.⁶⁰

By 1800, the influx of health manuals on the London market demonstrated the increasing productivity of the publishing industry and the public's sustained interest in self-care. Medicine had become a "unit of cultural currency." Savvy advertising strategies and cheaper printing practices allowed printers to market remedy books and pamphlets for "secret" diseases like syphilis, as well as general medical guides covering a wide range of ailments.⁶¹

Whether an individual purchased a new home remedy book or received it as a gift, the books maintained a status of reference and relevance into the nineteenth century. The reading and reference choices of the British populace overall and the medical publishing industry reaffirmed societal views of appropriate medicine. Works chosen for publication and those that remained popular for general audiences reinforced certain medical topics' market and content value. In short, the long-term popularity of home remedy as a genre reaffirmed its scientific value. Britons purchased, passed down, or

⁶⁰ Furdell, Introduction, xi.

⁶¹ Lawrence, 15; Fissell, "The Medical Marketplace of Print," 113-116.

gifted particular medical reference because they thought something about the work was relevant to their health or that of their families'. If an ailment appeared not to necessitate the services of a physician—often expensive or invasive—families often relied on personal remedy knowledge for treatment.⁶²

Eighteenth-century dialogues regarding the medical marketplace in both medical education and published medical tracts led to nineteenth-century healthcare ideologies. Printers published more works for the general audiences' edification due to continued demand for curative knowledge and the possibility of sharing in medical reference profit. Educational treatises for professional physicians or physicians-in-training at universities like Oxford or Cambridge and medical reference books for home use provided profitable business for the publishing industry, although each type of publication targeted different customer bases. Two distinct markets—that of the general public and that of professional physicians—warranted different types of publications. The latter developed as a result of the transformation of the natural and medical sciences alongside the British publishing industry's modern technological conversion.

⁶² Leong, 165.

Transplants from Britain retained this interest in self-treatment into the nineteenth century. American and English publishing flowed across the Atlantic in the late eighteenth and nineteenth centuries, due to poor copyright protection of British work and analogous cultural identity. British authors dominated the popular medical publishing industry directly after American Independence. In both England and America, society expected mothers to treat their children's ailments, such as coughs, colds, and muscle injuries.⁶³ *Homeopathic Domestic Practice*, written by Egbert Guernsey and published by William Radde was published in New York in 1857. D.R. Luyties, M.D. seems to have published another version of *Homeopathic Domestic Practice* at Turner Press, 41 Piccadilly, which was listed along with other American publishers.⁶⁴ Women were also required to use their judgment regarding the severity of ailments to know when their families' condition necessitated the services of a physician. The expense of physicians' services and the perceived severity of illness resulted in complex decision-making situations. When a woman could employ the

⁶³ Rosenberg, *Right Living*, 4.

⁶⁴ Egbert Guernsey, *Homeopathic Domestic Practice, Containing also Chapters on Physiology, Hygiene, Anatomy, and an Abridged Materia Medica*, 2nd revised edition (New York: William Radde, 1857), PDF e-book, 6.

help of a self-treatment reference book, she often did so. Publishers capitalized on the need within family structures for these texts.⁶⁵

With the advances of printing technology, increased literacy and wealth, and a changing cultural and religious climate in Britain, the nineteenth century remedy book industry is distinct from Early Modern medical and societal developments. This study cannot address the entirety of British home remedy book publishing in the nineteenth century. Issues regarding exotic remedy ingredients traded from British colonies, the use of British home remedy by British citizens living abroad, or an extensive treatment of advertising and consumption will not be discussed in this work, although other scholars will hopefully continue to expand on these subjects as regards remedy book publishing and use.⁶⁶

This study largely concerns women who believed it was not “genteel” to work outside the home and lived within the cultural dictates of nineteenth-century British domesticity.⁶⁷ Building on a

⁶⁵ Rosenberg, 4-8.

⁶⁶ Andrew Wear discusses exotic remedy ingredients as a lucrative trade ventures in the Early Modern period in *Knowledge and Practice in English Medicine*; however trade in opium and other widespread medicines of the nineteenth century would also provide an interesting study.

foundation of popular home remedy tracts in the Early Modern period, I argue that middle and upper class British families in the nineteenth century probably owned at least one remedy book per household and employed it during times of illness, while or instead of procuring the services of a trained physician.⁶⁸ In the Early Modern period, remedy books (for home use by lay persons, by definition), were written in English, as opposed to the scholarly medical language, Latin. Although not every medical reference written in English was meant for domestic use, authors often addressed whom he or she perceived as their chosen audience. Because evidence for reading does not produce a significant historical record akin to that of letters, diaries, or manuscripts, this study must glean information about women's readings practices and the use of medical knowledge via imperfect methods: using professional physicians' remedy advice and contemporary expertise to determine the ways in which non-professional, female readers employed and might have reacted to those works. The employment of

⁶⁷ Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London: Century Hutchinson Ltd, 1987), 184.

⁶⁸ Seth LeJacq, "Butcher-like and hateful": Domestic Medicine and Resistance to Surgery in Early Modern England," (Singleton Center for the Study of Pre-Modern Europe at Johns Hopkins University, 2010).6-8. <http://krieger.jhu.edu/bin/s/k/0325leja.pdf>; by "middle class," I refer to those families who earned an annual income of approximately £150 to £400; Altick 277.

an intended audience by the authors, publisher identification with medical printing, and the pricing structure of the books themselves demonstrates how the medical publishing industry and the female reader influenced profit and consumption in nineteenth-century Britain.⁶⁹

Although discussing medieval women employing medical texts, Monica Green called attention to an important point: “Why *should* we expect to find medical texts in the hands of women? [italics included].”⁷⁰ To consider the nineteenth-century dogma of angelic motherhood and feminine nurturing instinct glorified in contemporary English culture as the way the majority of women lived their lives, is faulty. Not all women would employ remedy books, just as not all men tyrannized their wives. Green’s reminder that “who reads these [medical] treatises ... and who applies this knowledge therapeutically is determined culturally...” will remain a consideration throughout this study.⁷¹ Combined with the reality of remedy books as a popular publishing genre and the social and cultural expectations of middle

⁶⁹ In part, I am basing this framework on Mary E. Fissell’s work within “The Marketplace of Print,” in *Medicine and the Market in England and Its Colonies, c.1450-c.1850*, eds. Mark S.R. Jenner and Patrick Wallis (New York: Palgrave Macmillan, 2007), 110.

⁷⁰ Green, “Women and the Gendering of Medical Literacy,” 5.

⁷¹ *Ibid.*, 17.

class and (sometimes) elite women, women might have been likely to refer to these books for treatment.

Chapter 1 will discuss the domestic roles and medical reading practices of women through examinations of British educational and social reform, as well as the marketing strategies and pricing of publishing companies. This chapter will contrast Early Modern publishing and reading trends with nineteenth-century progressions. Elaine Leong has estimated that approximately 259 (at least 30 manuscripts per collection) medical recipe collections exist in the United Kingdom and United States from the Early Modern period.⁷² Considering technological gains of the publishing industry and the increased numbers and specialization of British physicians in the nineteenth century, the number of remaining nineteenth-century home remedy books would only increase from Leong's estimate exponentially.

An ample research source, recipe manuscripts (often based on research from printed material) and numerous remedy books published from the seventeenth to the nineteenth century, have not been considered using historical methods. I view this material as a largely untapped resource for understanding domestic medical practices and the relationship between women, print, and medicine. This chapter

⁷² Leong, 32.

will provide the historical context necessary to examine the case studies chosen for Chapter 3. This study will describe the roots of English domestic ideology that encouraged women in the home to utilize their “natural nurturing” and motherly instincts, but also touch upon physicians’ mistrust of that instinct. The cultural shifts behind nineteenth century improvements in literacy, as well as contemporary religious ideology help to clarify the medical publishing industry’s audience and the reasons for which remedy books sold consistently well.

In Chapter 2, I will provide specific publishing information and history to better understand the specific remedy book case studies that cover the years 1827 to 1867. Technological advances in the industry and changing cultural norms allowed the physician-authored remedy book to become a successful genre. An assessment of the publishing industry, medical publishing particularly, is necessary to provide a financial overview of remedy book profit and to whom publishers sold their wares. Other pricing information and production costs are explained throughout. One must understand the way in which print changed in the nineteenth century to recognize corresponding alterations in medical remedy.

In Chapter 3, I describe and analyze physician-authors who exemplify the information provided in Chapters 1 and 2. Physicians

authored each remedy book and provided prefaces that describe their intended audience and purpose. The following home remedy will be analyzed in this study: *Modern Domestic Medicine* (1827) by Thomas John Graham; *A Manual of the Domestic Practice of Medicine* (1856) by W.B. Kesteven; and *A Manual of Domestic Medicine* (1867) by Ralph Gooding. Each remedy author garnered a popular following and enjoyed successful print runs. The remedies and illnesses described within all three works also correspond to contemporary illnesses and fears. However, the books were meant for different purposes. Graham's large tome referenced every possible ailment and gave both herbal and chemical—to be obtained at an apothecary—remedies to the reader. According to Kesteven, he wrote *A Manual of Domestic Medicine* to provide medical advice to British citizens away from home. Shorter than Graham's, the work still includes a considerable amount of information on every possible illness. Gooding's work, the shortest of the three, was published as part of an educational series for quick reference. The author provides short remedies and procedures, but relies on the services of professional physicians to effectively treat the reader.

In fact, all three authors blend remedies and directions specifically for women with pronouncements that one should always seek a physician. The analyses of these home remedy books relies on

the background information provided by the introduction and chapters one and two.

Chapter 1

WOMEN AND THE WORD

Section 1: British Domestic Culture

The combination of the publishing industry, medical reference books, and social constructs of British nineteenth-century culture requires a separate focus from that seen in Early Modern literature. Technological advances, increased wealth and leisure of the populace, and a better physician-to-patient ratio in nineteenth century led to increased consumption and production of books as a whole. Although the majority of scholarship on nineteenth-century reading practices concerns novel-reading, all other genres expanded as well. Evidence for the production of more home remedy books can be found in numerous collections internationally.⁷³

The nineteenth-century domestic scene is difficult to construct in whole. As gender historian Robert Shoemaker points out, “any study of gender roles raises questions about men’s and women’s private

⁷³ The Wellcome Library; Duke University Special Collections; Bernard Becker Medical Library Collections at Washington University; Syracuse University Special Collections; University of Melbourne Special Collections; Bodleian Library at University of Oxford; University of Cambridge Special Collections; University of London Special Collections and King’s College London Special Collections, to name a few.

lives.”⁷⁴ By definition, “private” implies hidden—a problem for historians. Although imperfect, the intended audience of remedy books, publishing trends, and literature that indicates prevalent social constructions provides a means by which to construct the female reader of remedy books in the nineteenth century. Advice literature like etiquette manuals denote the point to which the public should aspire, rather than the ways they actually behaved; authors cite an intended audience in prefaces and introductions, but might not actually reach those readers. On the whole, men and women did not read remedy books for pleasure. Perhaps a remedy was read as a way in which to stave off illness or to better equip one for an emergency situation, but remedy books intended for the lay reader provided a text by which an individual could feel effective.

Just as in the Early Modern period, individuals were concerned with the health of themselves and their families. Although contemporary medicine had helped to relieve many of the prevalent illnesses of the sixteenth and seventeenth centuries, life remained tenuous for nineteenth-century Britons. Although the official registration of cause of death did not begin until the late 1830s, we may assume that the causes listed affected individuals in prior

⁷⁴ Robert B. Shoemaker, *Gender in English Society, 1650-1850: The Emergence of Separate Spheres?* (New York: Longman, 1988), 13.

decades. *The Journal of the Statistical Society of London* printed the results of the First Annual Report of the Registrar-General in volume two of its 1839 publication.⁷⁵ The deaths registered for the year 1837-8 numbered 335,956, with 32,537 deaths attributed to the category of “Epidemic, Endemic, and Contagious.” Other categories included: Nervous Systems, Respiratory Organs, Organs of Circulation, Digestive Organs, Urinary Organs, and Organs of Generation, among others. Presumably death from “Organs of Generation” referred generally to childbirth, as 1,485 women died from this affliction, while only 13 men’s deaths were registered under the category.⁷⁶ The Report includes all deaths from under one year to “90 and upwards,” although the registration of stillborn births was not required. The majority of deaths appear to have occurred at home, where most medical care was administered.⁷⁷

Anne Hardy examined the annual and decennial reports of the Registrar-General, and although she determined statistical errors and problems with continuity, the study provides support to the “First

⁷⁵“First Annual Report of the Registrar-General on Births, Deaths, and Marriages in England, in 1837-1838,” *Journal of the Statistical Society of London* 2 (1839). 269-272. PDF e-book.

⁷⁶ *Ibid.*, 271.

⁷⁷ *Ibid.*, 270.

Annual Report” and further elucidates the kinds of ailments individuals would have combated using the services of a physician or remedy book in the nineteenth century.⁷⁸ Similarly to the findings of the 1837-1838 report, infectious diseases topped the list of causes of death in the 1860s; however, the demarcation and further categorization of other conditions or illnesses like diarrhea, syphilis, diabetes, childbirth, bronchitis, and cancer appeared.⁷⁹ We will see later in the study the ways in which these diseases were treated by home remedy.

As a method by which to prepare for illness or treat it, remedy books remained a viable market in the nineteenth century; there was an increasing population to which publishers could sell. More households as a whole were willing and financially able to buy medical books.⁸⁰ The primary location of medical care and treatment occurred

⁷⁸Anne Hardy, “Death is the Cure of All Diseases!: Using the General Register Office Cause of Death Statistics for 1837-1920,” *The Society for the Social History of Medicine* 7, no. 3 (1994): 472-473; The General Registrar’s Office (GRO) was founded in 1836 under the 1836 Registration Act and was responsible for the registration of all marriages, births, and deaths in England and Wales. Unfortunately, as Hardy points out, the record was incomplete from 1848 and 1855; no cause of death information was published.

⁷⁹ Hardy, 485.

⁸⁰ Joan Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (New York: Routledge, 2001), 23.

in the home, similarly to the seventeenth century and before.⁸¹ Unless an emergency situation occurred that necessitated the services of a medical professional, households relied on domestic care and discernment of the primary medical caregivers in the home—women.⁸²

While it is undeniable that nineteenth-century English culture deemed certain activities appropriate for a particular sex, the origins of the rigid “separate sphere” ideology made popular by cultural historians cannot wholly account for the ways in which women traversed boundaries within these categories of gender. Constructions of gender that viewed women as “innately caring” do not represent those who acted in an “unmaternal” manner. This study discusses those women that, to quote Monica Green “might have possibly” have owned and used medical remedy books, and the cultural and social reasons why it is a possibility.⁸³

Popular nineteenth-century ideology considered it ladylike for nineteenth-century elite and middle class women to work in personal gardens. Recording or experimenting with plants quietly at home was

⁸¹ Elaine Leong and Sara Pennell, 134.

⁸² *Ibid.*, 134; Stine, 63.

⁸³ Monica Green, “Women and the Gendering of Medical Literacy,” in *Women’s Healthcare in the Medieval West* (Burlington: Ashgate Publishing Company, 2000), 4.

also considered appropriate. Therefore, employing herbal remedies in contemporary remedy books would most likely fall under the duties of the wife, mother, or daughter. Women could make use of gardens of herbs to concoct remedies or utilize domestic tools like those found in the kitchen (which remained the domain of the mistress of the house and her servants).⁸⁴ Although the services of chemists (apothecaries in the seventeenth and eighteenth centuries) would have been used primarily in nineteenth-century households, designations of the garden and kitchen as female domains carried over into domestic medical practices. As early as the mid 1600s, remedy books recommended preparing concoctions at home, rather than trusting the production of apothecaries who could either sell poor blends or charge an obscene amount.⁸⁵ This continued, but on a smaller scale, in the nineteenth century.

Section 2: Nurturing Ladies and the Physician

Gender divisions that encouraged or reinforced gendered ideology regarding female command of domestic medical treatment led to tension within the cadre of male physicians as well. Remedy books posed a conflict of interest to author-physicians in the 1800s; on the one hand, authors could use their volumes of domestic remedy to

⁸⁴ Davidoff and Hall, 370-374; Leong and Pennell, 135.

⁸⁵ Leong and Pennell, 146.

promote private practices and encourage name recognition. On the other, the existence of remedy books may have deterred readers from calling for a physician when they might have done so otherwise. However, the enduring nature of the remedy genre from the seventeenth century onward made it likely that physicians bought into authorship due to motives of profit and the satisfaction of “setting the record straight.”⁸⁶ Physicians writing in the remedy genre constantly warned their readers to employ the services of a professional physician in serious cases as “an invariable rule.” The preface in Edward C. Chempell’s 1853 *A Domestic Homoeopathy* speaks directly to the fear that the public would cause medical harm and to the additional anxiety that the need for a physician could be circumvented:

“...it is laid down as an invariable rule, that *if any disorder is not cured by the treatment enjoined*—a treatment based upon numerous cases of private and dispensary practice—*a medical man ought to be called in*. As little as possible is left to the uninstructed judgment with regard to the choice and repetition of remedies, it being impossible to allow it much latitude without also greatly increasing the chances of commission of dangerous mistakes. For the same reason, the directions of the physician should be implicitly followed; as there is nothing more calculated to hinder the success of the most enlightened practitioner, than for a patient to be continually dabbling in remedies on his own responsibility.”⁸⁷

⁸⁶ Cook, 54.

⁸⁷ The term “homoeopathic” (or “homeopathic”) stems from the 1796 development by Hahnemann of Leipsic of a system of treatment that administers small doses of drugs to an ill person that in a healthy person would induce the same symptoms. Domestic homoeopathic

There was a thin line between orthodox and quack in the medical marketplace of the late seventeenth century. As late as the 1780s, it was unclear whether a physician educated in a university as a physician was the best option for an ailing individual.⁸⁸ Like other contemporary positions in the nineteenth century, physicians required an apprenticeship prior to becoming professionalized members of the medical community. Although universities educated students in classical literature and scientific theory, many remained unprepared for the reality of illness, even after his (rarely her) apprenticeship ended. Therefore, for an average family, knowledge gained orally from friends and relatives, in addition to information from printed medical material, might have provided comparable benefit. In Birmingham in 1811, the population numbered 70,207. Thirty-nine surgeons and six physicians made the ratio 1,560 residents to one practitioner. Due to increased population, by 1850, the situation was not much better. One

reference books fall into this study's definition of home remedy; "Homeopathic *n.*," *Oxford English Dictionary Online (OED hereafter)*. Edward C. Chempell, *A Domestic Homoeopathy, Restricted to Its Legitimate Sphere of Practice: Together with Rules for Diet and Regimen*, 6th edition (London: Longman, Brown, Green, and Longmans, 1853) v. PDF e-book. This edition was taken from the second edition of *A Practical Guide to the Treatment of the Common Disorders with Twelve Homoeopathic Remedies, with Instructions as to Diet, and an Appendix of Asiatic Cholera* (London: William Headland) also written by Chempell.

⁸⁸ Lane, *A Social History of Medicine*, 9.

medical practitioner administered care for every 1,402 people.⁸⁹ If one could not procure a doctor for ailments, remedy books might have filled the gap.

Section 3: Literacy, Education, and Home Treatment

Population swelled from the 1740s to the nineteenth century while simultaneously, general wealth increased throughout British society. With better hygiene and scientific advances, more individuals survived the perils of childhood.⁹⁰ The birthrate steadily increased, outpacing the death rate; at the same time, the trend toward increasing wealth allowed persons of different classes, concentrated in cities, to purchase print material to a greater degree. Although wealth did increase on all levels of society, the wealthy tended to become wealthier at a greater pace than other citizens. This led to a leisured demand for books of all types in wealthier segments of society.⁹¹

Beginning in the eighteenth century, the British literate public had more options for consuming print than ever before. If one was

⁸⁹ Ibid., 23.

⁹⁰ Jonathan R. Topham, "Scientific and Medical Books, 1780-1830," in Vol. V of *The Cambridge History of the Book in Britain 1695-1830* (New York: Cambridge University Press, 2009), 827.

⁹¹ John Feather, "The British Book Market 1600-1800," in *A Companion to the History of the Book*, eds. Simon Eliot and Jonathan Rose (Malden, MA: Blackwell Publishing, 2007), 237.

unable to afford a popular book, a circulating library remained a viable option from which to obtain access. Although the existence of libraries in England dates to the fifteenth century, their exclusionary policies had routinely barred the general public.⁹² By the nineteenth century, class distinctions among learning institutions had loosened, but admission to supposedly public libraries often included complex requirements such as an introduction from a peer or man of professional distinction for admittance.⁹³ Just the same, “common readers” gained increased access to published works. Subscriptions to libraries offered a way for many to overcome ownership price deterrents.⁹⁴ Unfortunately, it remains to be seen whether the restricted hours of public libraries made medical reference use in the case of emergency a viable option for those seeking to care for the ill.

University College London’s establishment in 1828 contributed to the scientific publishing market because the university shunned religious texts. This meant more emphasis on scientific (and secular) publications.⁹⁵ However, the medical publishing market and the

⁹² Altick, 213-214.

⁹³ *Ibid.*, 215.

⁹⁴ McKitterick, 43.

⁹⁵ Topham, “Scientific and Medical Books,” 833.

Evangelical movement were not as combative as might be expected. Charles Darwin did not publish *On the Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life* until 1859, which meant that prevalent medical wisdom and Christianity overlapped in many ways prior to the Darwinism Movement.⁹⁶

It is important to acknowledge that the term “literacy” refers to disparate skill levels in the nineteenth century. In the introduction to Volume VI of *The Cambridge History of the Book in Britain, 1830-1914*, David McKitterick depicts literacy in the most basic of terms: the ability to sign one’s name. In 1830, only about fifty percent of brides could sign their names. “... Both partners were able to sign in about 43 percent of cases.”⁹⁷ Therefore, based on the complicated scientific entries found in most remedy books, those deemed “literate” by the ability to sign their names might have been unlikely to fully comprehend books like Thomas Green’s *The Universal Herbal, or Botanical, Medical, or Agricultural Dictionary*, placing the audience for

⁹⁶ Charles Darwin, *On the Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life* (London: John Murray, Albemarle Street, 1859). PDF e-book.

⁹⁷ *Ibid.*, 43.

reference books firmly in the elite and trade classes.⁹⁸ However, other scholars believe that historians have not accounted for the women who could read, but not write.

Martyn Lyons cites Church entities who encouraged parishioners to read the Bible, but may not have placed the same importance on writing.⁹⁹ In 1850, about half of the female population in Britain could read.¹⁰⁰ In that case, some women may have been able to reference remedy books, without possessing the education that would allow recording the cures. As the nineteenth century progressed, the number of literate women increased as social approval for female education improved. Formal education was more likely for girls either at home or in boarding schools by the 1810s. Again, this education was largely limited to middle and upper class families. For those young women who worked to support their families, it was less likely that they would have remained in school past the age of fourteen. However, women of lower classes increasingly worked outside the home as

⁹⁸ Thomas Green, ed. *The Universal Herbal, or Botanical, Medical, or Agricultural Dictionary*, 2nd revised edition, vol. 1 (London: Henry Fisher at Caxton Press, 1824), PDF e-book.

⁹⁹ Martyn Lyons, “New Readers in the Nineteenth Century: Women, Children, Workers” in *A History of Reading in the West*, eds. Guglielmo Cavallo and Roger Chartier, trans. Lydia G. Cochrane (Cambridge: Polity Press, 1999), 315.

¹⁰⁰ Lyons, 312.

teachers, shop workers, or clerks, which led to increased reading and writing skills by necessity.¹⁰¹

Barriers to reading recreationally or for study were more pronounced than the everyday literacy required by employment. The window tax, which meant that the government taxed houses with six windows or less the price of *6s.6d* to *8s* per year, and poor illumination from expensive candles, meant that even less of the working poor would have been able to read often after long days of labor.¹⁰²

Moreover, poor diet and eye-intensive jobs led to strain, which could not always be improved with spectacles due to their expense. Taxes on paper also resulted in extremely small type, as printers tried to fit as much as possible onto one page, further complicating literacy.¹⁰³

The 1830s and '40s saw an increased Parliamentary involvement in public education with a small percentage of governmental taxes applied to schools for poor children and the enactment of the Grammar School Act, which dictated science and literature curriculum for public schools. Although compulsory education in Britain would not occur until 1880, cheaper and more

¹⁰¹ Lyons, 316.

¹⁰² Altick, 92.

¹⁰³ Ibid., 93.

widely available education throughout the nineteenth century allowed more Britons to become literate—thereby increasing customers for the printing industry.¹⁰⁴ Educational progress mainly followed the growth of the reading public. Much as a book culture preceded the expansion of fifteenth-century printing technology, the British population's interest in attaining literacy predated educational reform.¹⁰⁵

Britain became more commercially profitable in the world at large—due in part to a successful Navy and valuable trade with colonial entities. Labor reforms also contributed to an increased ability for literacy. British working hours slowly decreased until a nine-hour day was the average in 1880. More Britons had more time—many consumed books during that time.¹⁰⁶ Just as the working man had more leisure time, women spent less time in domestic drudgery when they could afford to hire servants; as a result, they had more

¹⁰⁴ The Elementary Education Acts of 1870 and 1880 allowed for more British children to attend school and stay for more years. The Education Act of 1870 established mandatory primary education, funded by the government. The Education Act of 1880 prohibited children under the age of thirteen from leaving school. Jason Long and Joseph Ferrie, “The Path to Convergence: Intergenerational Occupational Mobility in Britain and the US in Three Eras,” *The Economic Journal* 117 (March 2007): 69C.

¹⁰⁵ Lyons, 314.

¹⁰⁶ *Ibid.*, 314.

inclination for education and leisure time for reading books.¹⁰⁷

Increased literacy among middle- and upper-class men and women served to boost book sales; admittedly, many of the books sold were cheap novels, but vernacular medical books meant for home use continued to be published throughout the nineteenth century and into the twentieth.¹⁰⁸ For publishers to continue printing this genre, a steady consumer base was necessary.

Section 4: Advertising, Leisure, and Book Sales

Savvy British publishers employed advertising and marketing techniques to those whom they felt were most likely to purchase certain works. Novels were by far the most profitable enterprise for publishers in Britain and female readers made up the majority of this market.¹⁰⁹ However, levels of domestic medical knowledge had lessened by the nineteenth century. While women of the Early Modern period might have passed knowledge down orally, through letters, and

¹⁰⁷ Altick, 44-45.

¹⁰⁸ Books like *Swiss Family Robinson* by Swiss pastor Johann David Wyss (originally published in 1812) were printed by Simpkin and sold for 1s in 1864; *The Bookseller: A Handbook of British and Foreign Literature* (London: January 30, 1864), PDF e-book. As a work that had been reprinted several times, it would have been easy to obtain used or cheap copies. Medical books, on the other hand, retained value longer (though there were considerably cheaper used copies on the market as well).

¹⁰⁹ Lyons, 318.

receipt books, nineteenth-century women no longer possessed the same degree of knowledge. Physicians writing to a need for advice and information generally authored remedy books of the nineteenth century. As families (even before the sixteenth century) did not traditionally employ remedy books exclusively in place of physicians, but in conjunction with them, it is evident that physician-authored remedies fed a need for a combination of options. Through a remedy book, an individual benefited from the satisfaction of agency and usefulness and the knowledge that she followed the professional dictates of a licensed physician. Remedy books intended for the public or women in particular do not generally explain bodily function, but merely provide self-treatment options and cures, with the disclaimer that should anything serious arise or the cures remain ineffectual, one should consult a physician.¹¹⁰

For medical reference books, printers and authors tended to target women—though indirectly—as well as students, and other professionals. The marketing language of the *Universal Herbal or Botanical, Medical, or Agricultural Dictionary* edited by Thomas Green and published at the Caxton Press by Henry Fisher in London in 1824

¹¹⁰ To track the long history of this trend, see Monica Green, “Women and the Gendering of Medical Literacy,” in *Women’s Healthcare in the Medieval West* (Burlington: Ashgate Publishing Company, 2000), 24-25.

clearly denotes the calculated audience on the title page: “[this reference is] adapted to the use of: the farmer, the gardener, the husbandman, the botanist, the florist, and country housekeepers in general.”¹¹¹ The “young student” was also included as an intended reader because *Universal Herbal* outlines botanical classifications and the “foreign names” of many plants needed by university-goers.

In the pursuit of a general readership, Henry Fisher provides buyers with a “revised and improved” edition of a work that includes everything from the physiology of plants to “a very copious Catalog of Trees and Shrubs.” In the last section, the work taps into the popular health market and combines all aspects of its compiled dictionary to appeal to the housekeeper who is thought to have the need or desire for an herbal recipe book:

“... those Country Housekeepers who take delight in Botany, Agriculture, or Gardening, besides sharing the advantages already specified under those particulars, will find throughout this Work, very numerous excellent. Recipes.[sic] which the copious Indices of Diseases, accompanying each Volume, will readily refer them to, for the cure, or at least the mitigation, of most disorders to which they are exposed.”¹¹²

¹¹¹ Thomas Green, ed. *The Universal Herbal, or Botanical, Medical, or Agricultural Dictionary*, 2nd revised edition, vol. 1 (London: Henry Fisher at Caxton Press, 1824), PDF e-book.

¹¹² Green, *The Universal Herbal*, 20.

With this passage, *Universal Herbal* directly associates domestic women with medical reading practices. The marketing practice of this compilation makes three assumptions: first, that the women likely to purchase this book were literate; second, they were tending to their families' health to some degree; and third, they have enough formal education to read and comprehend scientific text and then translate that knowledge to practice. Not only would these female readers need excellent reading comprehension skills, but the author assumes that his audience would also be familiar with botanical terms. The recipes are listed under scientific plant names among basic descriptors of the appearance of the individual plant. For instance, the *Hyoscyamus albus*, or White Henbane entry describes the way in which the seeds of the plant may be used for pain relief:

“The seeds, which are very numerous, small, compressed a little, incurved or kidneyform, closely scrobiculate and whitish ash-coloured, are recommended as cooling, emollient, and excellent to ease pain. They procure sleep like opium, but without affecting the head. Taken in doses of half a scruple, they assuage the pain arising from colic, and are excellent in coughs and other disorders of the breast, spitting of blood, immoderate menstrual discharges, and all other haemorrhages.”¹¹³

This entry's direct engagement with women readers demonstrates Fisher's understanding of the potential for profit

¹¹³ Ibid., 849.

amongst female buyers and a certain amount of respect for their ability to read remedy advice and apply it for cures.

Section 5: Evangelicalism and Home Remedy

Nineteenth-century domestic ideology has its roots in eighteenth-century cultural shifts. Religious and cultural backlash from representations of women as uncontrolled, sexual creatures in the eighteenth-century, led to the commonplace image of the sexually pure and gentle domestic angel in the nineteenth.¹¹⁴ The writings like those of William Cowper, Hannah More, Ann Martin Taylor, Harriet Martineau, and John Loudon created and enforced gender divisions from religious and social sources by declaring that men and women were mentally and physically meant to do specific types of work. Aligned with the Evangelical movement and against the feminist writings of Mary Wollstonecraft, More particularly argued that women should embrace their sexual differences from men, as it made them more able to care for their children and encourage a religious home because they were the “feeling” sex.¹¹⁵ More’s solution to the frivolous educations deemed appropriate for females was a shift toward somber

¹¹⁴ Davidoff and Hall, 155.

¹¹⁵ Anne Stott, “A singular injustice towards women’: Hannah More, Evangelicalism and Female Education,” in *Women, Religion and Feminism in Britain, 1750-1900*, ed. Sue Morgan (New York: Palgrave Macmillan, 2002), 23-25.

education that stressed religious meekness. This serious education would, she argued, better prepare women as wives and mothers.¹¹⁶

More's, along with other contemporary assertions regarding the need to return to domestic life came during a time of social upheaval—the French Revolution and class anxiety troubled those who felt England must turn to God to combat its sin. According to conservative evangelicals, the cultural Romanticism inspired by the writings of Goethe, Schiller, and Rousseau led to uncontrolled 'sensibilities,' which led to sinful attitudes.¹¹⁷ More and other proponents of evangelicalism reacted to this alleged encouragement of vice by advocating a home life dominated by religious austerity. The shift in manners made it plausible that children born in the nineteenth century would be shocked by the more socially relaxed attitudes of their grandparents born in the mid-eighteenth century.¹¹⁸

The English Evangelical movement was a product of reformers. Evangelical agitation influenced all English denominations between the years 1730 and 1840.¹¹⁹ Members of the Church of England and

¹¹⁶ Stott, 25-28.

¹¹⁷ Ibid., 28.

¹¹⁸ Davidoff and Hall, 360.

¹¹⁹ Tosh, 35.

unwilling to strike out into a separate denomination—such as the Methodists—Evangelicals’ focused on the transformation of contemporary morals and manners in British society from within Christianity.¹²⁰ Overwhelmingly middle class, evangelicals combated the perceived lewdness of society through the belief that serious and constant reflection upon Christian religious tenets could help an individual live his or her life morally, rather than others’ practice of following religious rituals by rote.¹²¹ Self-examination and organized activities were crucial views of early Evangelicals who believed that understanding and fighting against human weakness could provide greater religious and personal strength.¹²² The social conservatism of Evangelicalism spread to English society at large. Evangelical views stated that there were natural divisions between men and women; the sexes were not equal and gender differences made certain domains acceptable or unacceptable.

Women belonged in the home with children; if they were to be better educated, it was for the benefit of their roles as mothers and

¹²⁰ Catherine Hall, “The Early Formation of Victorian Domestic Ideology,” in *Fit Work for Fit Women*, ed. Sandra Burman (New York: St. Martin’s Press, 1979), 15-16; Evangelicals were also instrumental within the anti-slavery movement in Britain.

¹²¹ Hall, 17.

¹²² *Ibid.*, 17-18.

wives only.¹²³ Described as ‘the religion of the household,’ Evangelicalism gave the increasingly wealthy middle class a way in which to behave.¹²⁴ If women were to be “responsible for their children’s spiritual and moral guidance,” it is a short step to responsibility for bodily health as well. While not expected to treat major ailments, the emphasis on mothers as the makers of “domestic peace and order” allowed women some agency as caregivers in the nineteenth century.¹²⁵

As a result of this shift to conservative and separate domestic values, evangelical women found influence as pious guardians of the faith. However, to imply that a cultural transfer to separate spheres in occurred the nineteenth century, is to ignore gender divisions in the Early Modern period.¹²⁶ As Robert Shoemaker writes

“The two centuries between 1650 and 1850 constitute a period of immense social, economic, political, and cultural change in England ... This period experienced industrialisation and considerable population growth; the emergence of a class society, with an increasingly prominent middle class; the breakdown of the religious monopoly held by the Church of England ... the

¹²³ Hall, 22.

¹²⁴ Ibid., 23.

¹²⁵ Kathryn Gleadle, *British Women in the Nineteenth Century* (New York: Palgrave, 2001), 82-83.

¹²⁶ Shoemaker, 9-10.

advent of mass literacy and widespread access to printed books, pamphlets, and periodicals.”¹²⁷

Each of these changes affected gender roles and presumably the ways in which women employed remedy books.

Unsurprisingly, the actions and cultural expectations of nineteenth-century men affected the ways in which women employed remedy books. John Tosh has remarked on the shift from home-based work like that of shop keeping or craft production to the separation of home and work. With an increasing move toward industrialization at the end of the eighteenth century, in addition to better public transportation, it was suddenly conceivable for a middle-class man to distinguish between his work and home, moving several times to more desirable locations as his finances improved.¹²⁸ Unlike previous generations, where wives helped husbands with accounts and management of businesses that they ran as a unit from their homes, this increased separation withdrew “...the wife from direct involvement in the productive work of the household” business.¹²⁹ Husbands left for work each day and returned hours later. As a

¹²⁷ Shoemaker, 5-6.

¹²⁸ John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England*, 2nd edition (New Haven: Yale University Press, 2007). 47.

¹²⁹ Tosh, 17.

middle-class man might be absent often, it is unlikely that he would be fetched from work (possibly miles away) to reference a remedy book in the case of minor illness. Some authors of remedy books address the “head of household” in prefaces that describe the way in which they wish their work to be read. As the head of household was often unavailable by nature of employment, the distance made it unlikely that he would medically care for his children or spouse.

The notion of privacy within one’s own domestic scene was a relatively new concept in the nineteenth century. Class consciousness led to a desire to display “domestic decorum,” which required constant caution as a small misstep could lead to social embarrassment for both husband and wife. Non-serious medical matters could have inspired awkwardness for a family to send for a physician. If possible, it was likely that small ailments would have been left to the ministrations of the wife or mother.¹³⁰

As the nineteenth century progressed, the religious fervor of the late eighteenth century gave way to domesticity, but largely without strict Christian dictates.¹³¹ Femininity in the middle class became more closely linked to the home and family, while society associated

¹³⁰ Tosh, 19-20.

¹³¹ Davidoff and Hall, 181.

masculinity with the office, workshop, or business place.¹³² Authors encouraged education, as applied to running a household. To be of use to one's husband and a good wife and mother were the ideals of womanhood according to popular authors of the day.¹³³ In order to keep household accounts and manage day-to-day affairs, women needed arithmetic and reading skills. It became more socially acceptable for middle class women to develop the knowledge necessary to perform their domestic duties.¹³⁴

Section 6: Medical Treatment and Womanhood

Gendered divisions of labor and education began early. Girls learned domestic management and received a basic education at home, while boys had some home schooling before being sent to boarding schools.¹³⁵ Occasionally middle class girls would also go away to school; however, the curriculum deemed appropriate for the feminine mind was different than that of male children. While young men often became versed in Latin and Greek, it was rare for young women to possess this knowledge. Unlike earlier centuries, medical tracts for the

¹³² Ibid., 172-180.

¹³³ Davidoff and Hall, 183.

¹³⁴ Ibid., 384.

¹³⁵ Ibid., 186-188.

public were not written in Latin. As a result, this educational deficiency did not affect the use of remedy books or other scientific tracts for women.

The domestic space itself changed from the eighteenth century to the nineteenth century to reflect notions of domestic appropriateness. The separation of private affairs from the public face occurred. This meant that the kitchen, bedrooms, and washing areas moved out of sight, while the parlors, dining rooms, and libraries shifted to the front. Additionally, the physical locations of homes moved in relation to the workplace. The separation between public and private led to further demarcations of feminine and masculine space.¹³⁶

By the 1850s, domestic service became overwhelmingly prevalent for those who could afford it. Genteel women would have only done such tasks as arranging flowers or embroidery, while middle class women still accomplished a significant amount of housework, even with help.¹³⁷ Victorian domestic fashions that would have appeared cluttered to the sparse furniture and bare floors of the eighteenth century required a great deal of effort to clean. Upholstered

¹³⁶ Davidoff and Hall, 359.

¹³⁷ *Ibid.*, 388.

sofas and chairs, carpets, and a myriad of knick nacks collected dust and kept women busy in the home.¹³⁸

There was a dichotomy between what was viewed as woman's nature—"naturally clean, dainty, and quiet"—and an expectation that they would doctor their husband and children if the need arose. The nineteenth-century 'nurturing instinct' of British womanhood that allowed women to care for their families contrasted to assertions of inherent 'female weakness' that remained prevalent to the end of the nineteenth century.¹³⁹ Moreover, the description of women as naturally less passionate than men and more pious led to popular conceptions of "prestigious motherhood."¹⁴⁰ This selfless paragon of maternal love molded the moral characters of her children and made men better through the example of her goodness. If women naturally possessed mothering instincts, than authority over the moral and physical health of their children would theoretically occur—including medical care.

Popular culture had accepted this gender division enough that the novelist Jane Austen assumed it was regularly understood in her

¹³⁸ Ibid., 378.

¹³⁹ Rima D. Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries," *The Society for the Social History of Medicine* 8, no. 2 (1995): 166; Davidoff and Hall, 398.

¹⁴⁰ Tosh, 45.

novel, *Persuasion* (1818). A physician was called in to give his opinion of the main character's (Anne Elliot) nephew because he took a bad fall. Anne Elliot states that she will care for her nephew when both the boy's father and mother defer. Speaking to her sister, Mary (the boy's mother) Anne states:

'I perfectly understand Mr. Robinson's [the physician] directions, and have no fears; and indeed, Mary, I do not wonder at your husband [going to a dinner party instead of staying with his son]. Nursing does not belong to a man, it is not his province. A sick child is always the mother's property; her own feelings generally make it so.'¹⁴¹

Austen's portrayal of Mary as callously abandoning her young child in favor of a dinner party may be taken as social condemnation of the unsympathetic mother who does not nurture her son.

Although contemporary advertising and etiquette manuals depict the domestic world as it should or could have been, where the angel of the household makes the home a refuge from the nefarious politics of the outside world, women served as "adjunct to a man's commercial endeavors."¹⁴² They wielded power within the domestic structure. Etiquette books like Cassell's 1860 work, *The Hand-Book of*

¹⁴¹ Jane Austen, *Persuasion* (Boston: Little, Brown, and Company, 1899) 73. PDF e-book.

¹⁴² Elizabeth Langeland, *Nobody's Angels: Middle-Class Women and Domestic Ideology in Victorian Culture* (Ithaca: Cornell University Press, 1995), 8.

Etiquette gave social advice that would have been accepted by readers to a certain degree as the norm, but not necessarily actually followed. Cassell's *Hand-Book* comments on the proper way in which to dress, address company, or eat respectably. The book's authors also weigh in on acceptable marital behavior:

“Let the wife show her love, by rendering her husband's home the most agreeable house he can be in, and herself the most agreeable companion he can meet with. She is sure to render herself the latter, by affectionate cheerfulness, regard to his interests, and a degree of attention to her personal appearance equal to that evinced during the days of courtship. Particularly let her see that her husband never has to wait for his repasts, that whatever is served up is good of its kind, and that the arrangements of the table are neat and cleanly.”¹⁴³

Although this etiquette book focuses on the ownership of the home belonging to the husband and seemingly encourages the wife to discard her own wants or annoyances in favor of providing her spouse with “affectionate cheerfulness” and “regard [for] his interests,” scholars of gender ideology in the nineteenth century, such as Elizabeth Langland, Robert Shoemaker, and Lori Anne Loeb, Catherine Hall, Leonore Davidoff, Mary Poovey, and Mauren M. Mackintosh, urge the reader to view nineteenth-century British women as more than just

¹⁴³ *The Hand-Book of Etiquette: Being a Complete Guide to the Usages of Polite Society* (London: Cassell, Petter, and Galpin, 1860), 61-62. PDF e-book.

passive victims to societal control.¹⁴⁴ Constructions of domestic ideology, though certainly restrictive to women, did not wholly prevent them from enacting agency within the home. Women managed accounts, servants, and purchases for the home. They also provided vital instruction to children. If women employed home remedy books in socially appropriate ways (i.e. in the home, only for the treatment of minor ailments, and employed the services of a professional male physician), then they did not present a danger to the autonomy of professional medical men. However, women who stepped out of the home and attempted to practice in the nineteenth-century medical marketplace experienced virulent pushback by physicians.¹⁴⁵

While one might expect a dwindling of home medical books sales as medical science became increasingly certified, the continued popularity of medical remedy books for home use and the social

¹⁴⁴ Langeland, 11.

¹⁴⁵ Dr. J.G. Swayne demonstrated disdain for traditional midwifery in the face of modern science on a lecture circuit, where he argued that women had previously functioned in midwifery with no true knowledge of the art: “Male accoucheurs, as well as physicians, will be found to have made their appearance only as knowledge advanced, and the refinements of civilization were multiplied. Women were at first the only accoucheurs, and the entire knowledge which they possessed was acquired from mere experience, ungrounded upon any scientific principles.” Swayne, J.G. “Introductory Lecture on Midwifery, Delivered at Bristol Medical School, on Thursday, Oct. 1st, 1846.” *Provincial Medical and Surgical Journal (1844-1852)* 10, no. 42 (Oct. 21, 1846): 497-499.

ideology that supported wives and mothers in nurturing duties in the home, maintained a viable publishing customer base. For the most part, publishers remained primarily concerned with profit throughout the nineteenth century; as long as home remedy books sold, they were printed. The addition of a line in the preface or introduction of a remedy that advised home practitioners to seek the offices of a trained male physician was a simple precaution and covered any possible negative outcome, should the cures or procedures go awry.

The continued popularity of home remedy books and their probable use by English women in the home illustrates the ways in which the literate public employed medical knowledge to control the uncontrollable—illness. Infectious disease, the primary cause of death stated by death certificates in the year 1837 to 1838 was a mysterious and stealthy killer. Children were the most vulnerable to illness and their deaths caused considerable grief. The deaths of children under the age of four totaled 131,034, with the most deaths of any age category being children less than one year of age, at 71,888 deaths (according to those registered to the government in 1838). As total deaths numbered approximately 336,000, this was a considerable percentage.¹⁴⁶ If one could control illness of family members and

¹⁴⁶ “First Annual Report of the Registrar-General on Births, Deaths, and Marriages in England, in 1837-1838,” 270.

improve their chances of survival, a literate individual could hardly refuse. Socialized to remain at home and provide care to family members, women would have likely employed the tools at their disposal. In the case of illness, that would have included knowledge passed orally, experience and observation, and written medical reference.

Evolving print technology and the relative speed with which information traveled in the nineteenth century, reinforced female remedy reading practices. As Chapter 1 demonstrates, contemporary gender ideology pushed for the performance of feminine nurturing; however it may have also led to rhetoric that made it impolitic to address a remedy directly to a female audience. The decision by the medical publishing industry and authors to address only “heads of household” and other males may have stemmed from effective marketing schemes. Chapter 2 provides an in-depth look at the publishing industry as a whole and describes the steady popularity of the home remedy genre.

Chapter 2

PUBLISHING AND THE HOME REMEDY GENRE

Section 1: Changing Printing Technology

At the beginning of the nineteenth century, publishers bound books with binders' leather. Illustrations in a book might be made of copperplate, while paper makers laboriously produced paper from rags. By the end of the century, cloth or paper covers replaced leather bindings, photographic techniques displaced copperplates, and acid paper with wire stitching often supplanted rag-made paper.¹⁴⁷ The total number of book titles released in Britain in 1810 totaled to just less than two thousand. By 1880, that number had quadrupled to approximately eight thousand.¹⁴⁸ The British publishing industry evolved into an entity that increasingly relied on mass production for profit. More books were produced overall at a cheaper rate. As a result, more Britons could afford to have at least a few titles. While cheap novels thrived, the public also retained a desire for reference and nonfiction works, as is seen by the publishers' lists that recorded

¹⁴⁷ Alexis Weedon, *Victorian Publishing: The Economics of Book Production for a Mass Market, 1836-1916* (Burlington: Ashgate, 2003), 59.

¹⁴⁸ Weedon, 46.

published titles. Publishers printed reference books, including medical reference and remedy continuously throughout the nineteenth century.

We can assume that printers would not continuously publish medical remedy, scientific treatises, and other nonfiction if a market did not exist that made these works profitable (or at least possessed a reasonable likelihood for profitability). In personal collections throughout the century, reference books that provided nonprofessionals with some means of determining and treating illness retained popularity. As seen in the introduction, this public interest in medical reference remained a steady printing category from the Early Modern period. However, in the nineteenth century, increasingly accurate scientific knowledge and literacy made home remedy an even more popular and profitable genre.

A cultural and technological shift toward mechanization and production helped to spur the publishing industry forward in ways that could not be attained in earlier centuries. Industrialization altered the ways in which the British publishing industry technically operated. Prior to technological advances made in the late eighteenth and early nineteenth centuries, printing, bookbinding, and manufacturing paper by hand took a great deal of time and money, which translated to high expense for customers. Several innovations and increasing social

awareness altered the ways in which books were produced and the methods by which publishers sold them.

The installation of the first paper-making machine in England in 1803 marked a manufacturing revolution in the paper industry, and consequentially, the publishing trade as well. The first book printed on machine-made paper appeared in 1804.¹⁴⁹ By 1812, the introduction of the first machine press in Britain eventually led to production of cheaper books. Less labor-intensive expense and more reliable, quicker modes of bookbinding contributed to an increased number of books flooding the British market than was possible in the previous century.¹⁵⁰ The use of technology meant larger and quicker print-runs; this in turn, meant an increased potential for profit in printing popular books.

Papermaking required linen rags; as the demand for paper increased in the late eighteenth and early nineteenth centuries, the supply of rags was mainly insufficient until slowly-expanding technology finally caught up with demand.¹⁵¹ Even then, the

¹⁴⁹ David McKitterick, ed. Vol. VI of *The Cambridge History of the Book in Britain, 1830-1914* (New York: Cambridge University Press, 2009), 76.

¹⁵⁰ John P. Feather, *The History of British Publishing* (New York: Routledge, 1988), 124.

¹⁵¹ Feather, 125.

publishing industry did not immediately employ cutting-edge technology when it became available. It was not until the 1830s that printers regularly employed steam presses because prior to that, print runs were not large enough to necessitate the technology.¹⁵² Publishers printed and paid for “tokens” of 250 sheets, which totaled approximately an hour’s work for two men. As papermakers and stationers sold papers in reams, and a ream was 500 sheets, half a ream equated to 250. Book sizes were not standardized until the mid-nineteenth century; this allowed publishers to print volumes with specific markets in mind. Smaller books with small typeface could be sold for less.¹⁵³

The invention of still more printing technology in the 1840s, such as typesetting machines, led to the production of books that could reach persons previously barred from purchasing a book by expense. Typesetting machines were finally implemented for regular use in London at this time, despite the machine’s invention by William Church in 1822.¹⁵⁴ However, although books were generally less expensive, they were not more affordable to the British population as a

¹⁵² Ibid., 76.

¹⁵³ Weedon, 12.

¹⁵⁴ Feather, 2.

whole. High manufacturing overheads, governmental taxes on paper, and the cost of skilled printing laborers (who required more pay than other industries) still made purchasing books outside of the middle or upper classes costly.¹⁵⁵ Book production, and therefore, readership increased for the population who could afford these books.

By 1850, hand-made paper accounted for just 8.6 percent of total output, while machines produced the rest. The explosion of the nineteenth-century publishing industry can be viewed through the amount of paper produced: “total production [of paper] more than doubled between 1830 and 1850, and almost doubled again by 1870; by 1880 it had doubled yet again.” Although printers did not exclusively contribute to this increase, they remained a significant factor due to the increasingly low cost associated with printing cheap novels and less expensively bound books in other genres like popular home remedy.¹⁵⁶

As a direct result of increased profitability from quicker printing technology, a push toward expanding and defining copyright in Parliament from London booksellers came to the forefront in 1801, and again from 1812 to 1814. The “London Booksellers’ Petition,

¹⁵⁵ Richard D. Altick, *The English Common Reader: A Social History of the Mass Reading Public, 1800-1900*. 2nd edition (Columbus: Ohio State University Press, 1998), 260-263.

¹⁵⁶ McKitterick, 93.

Respecting Copyrights, &c.” which is recorded as taking place on December 16, 1812, demonstrates this increased interest.¹⁵⁷ Improved technology available to printers now meant that the industry had the potential to earn more. Medical remedy authors, like Thomas John Graham, W.B. Kesteven, and Ralph Gooding, benefited from increased copyright protection for authors and the industry’s increased circulation ability. According to Patrick Leary and Andrew Nash, the mid-nineteenth century saw the creation of the “professional author.” Those who published wildly popular serials and other works (Charles Dickens, Lord Alfred Tennyson, etc.) could earn a living in the expanding literary marketplace.¹⁵⁸ Available census data on authorship is flawed when considering medical authors versus other literary figures because many author-physicians would not have listed their profession as “author” ahead of “physician.” Regardless, the works of medical remedy authors could reach larger audiences in the nineteenth century because more books were published as a whole. The most common form of publishing for non-fiction work was publishing on commission. This meant that the author often bore the

¹⁵⁷ “Petition of the London Booksellers (1812),” Primary Sources on Copyright (1450-1900), eds. L. Bently & M. Kretschmer, www.copyrighthistory.org

¹⁵⁸ Patrick Leary and Andrew Nash, “Authorship,” in *The Cambridge History of the Book in Britain, 1830-1914*, Vol. VI. ed. David McKitterick (New York: Cambridge University Press, 2009), 172.

costs of the publication and provided the publisher with a ten percent commission.¹⁵⁹ In the case that a publication was successful, such as the case studies examined in Chapter 3, the potential for author profit in subsequent copyrights was high. After initial success, an author-physician could then supplement the sometimes middling income of a physician.

Although increased attention to copyright, spurred by technological advances, occurred at the beginning of the nineteenth century, subsequent economic depressions of 1843 and 1866 negatively impacted Britain's finances and the public's ability to purchase more expensively made remedy books. Britain also experienced reversals limited to the book trade itself, most notably in 1826—when a number of printers and publishers failed—and the 1860s.¹⁶⁰ However, for the books that did have several successful print runs during these difficult economic times, the works may have appealed to a sense of necessity. As seen by the successive editions of remedy books during this period, the health of one's family constituted just such a necessity. Another explanation provided by Alexis Weedon is that publishers often issued “a wider variety of books in order to tempt the customer, but they print[ed] small quantities of each title.” In that case, the length of

¹⁵⁹ Leary and Nash, 177.

¹⁶⁰ Weedon, 47.

print run provides an answer. If the work ran for several print runs over several years, the publisher (and possibly the author) made a worthwhile profit.¹⁶¹ The three works discussed in chapter three fall into this category.

Although technology served to lower book prices as a whole, high prices sometimes excluded specialized book ownership, even through the nineteenth century. Lower class laborers did not have the access to home remedy of other classes. When the price of one book amounted to more than a year of a working man's salary, it was unlikely that those of the lower classes would have had the inclination or means to pay for the book in question. Printers and booksellers continued to appeal to increasingly affluent classes, who had money to spare on books in the mid-nineteenth century. The century saw the middle class an increasingly important market for reference books and all other genres. Booksellers sold cheap editions of older works at low prices—between four and six shillings a volume—to an increasingly literate populace.¹⁶²

¹⁶¹ Weedon, 48-49.

¹⁶² Ibid., 5; Pre-decimal British currency equates to the following: 1s (shilling) = 5p, 1d (penny) is a twelfth part of a shilling, a guinea (1£ 1s) = £1.05p; Lane, *A Social History of Medicine*, viii; stated in another way in Alexis Weedon's *Victorian Publishing*: 12 pence (d) to one shilling (s) and 20 shillings to a pound (£). 3s 6d might be written as 3/6 and equals 3 shillings and 6 pence.

Printing businesses, in turn, attempted to support their livelihoods with an increased amount spent on books. A printer could lower book production costs through the use of smaller type and cheaper paper; however, it is unlikely that printers published medical works produced for common use with materials that one would find in cheap novels.¹⁶³ Families relied on references for years, unlike the penny throwaways of cheap and fictional entertainment of the time. Gentlemen scientists, other medical professionals, and occasionally middle class and elite women purchased these works for reference purposes, not cheap and transitory entertainment.

An awareness of consumption habits was essential for publishers, especially for medical texts. Accustomed to the middle and upper-class's tastes and ability to afford sometimes expensive and specialized works, the expansion of the nineteenth-century reading market through cheaper production, as well as simultaneous educational reform and increased disposable income forced publishers printing medical reference to consider their market carefully.¹⁶⁴ Although women may not have constituted the main buyers for medical reference, cultural domestic ideology that both lauded women

¹⁶³ Feather, *British Book*, 238.

¹⁶⁴ *Ibid.*, 237.

for practicing nurturing tendencies and censured them for tending to the sick without a professional physician's judgment, made women a direct audience. This discrepancy between the stated audience and the actual led to distinctive marketing objectives in the nineteenth century. Whereas Early Modern women copied recipes into personal books or were deemed the main keepers of medical knowledge in the home, nineteenth century ideology blurred the direct social connection between women and remedy books.

Section 2: Medical Marketing

Although the “marriage” between “the economics of printing and publishing [with] growing markets anxious for self-improvement...” did not exclusively occur in Britain in the 1820s, a larger populace capable of purchasing and reading home remedy notably took off during the period.¹⁶⁵ Notions of “improvement” did not solely pertain to general increased knowledge. Knowledge regarding contemporary cures and medical practices benefited literate men and women concerned with the health of their families and themselves. Publishers and authors alike recognized the market for non-specialist medical tracts in the nineteenth century.¹⁶⁶

¹⁶⁵ Low, 7.

¹⁶⁶ *Ibid.*, 833.

British publishers, like any other trade, depended on a thorough understanding of their clientele for survival. Different works necessitated different price points and it was up to a publisher to determine to whom they were selling and what methods they would use to sell their wares.¹⁶⁷ In the case of medical publishing, large price gaps between inexpensive novels and medical reference books demonstrate publishers' targeted audiences of the middle and upper classes.

As a mode by which printers could advertise their published books, flyers, testimonials, and back matter in books on similar subjects served to publicize books. Journals also constituted a venue for booksellers to display book products to customers. Books could be advertised using circulars or window displays, as well as flyers that could make their ways in to churches or shop windows.¹⁶⁸ The practice of advertising books on flyers in church pews and around town continued from the seventeenth century. As they do today, scholarly journals provided leisured readers with an overview of present scholarship on any given topic. For these journals to attain success, a reading market for each specific subject had to exist. Specialized

¹⁶⁷ McKitterick, 51.

¹⁶⁸ Weedon, 19-20.

journals showcased a bookseller's wares to advantage and provided advertising to potential customers for medical remedy.¹⁶⁹ For example, *The Quarterly Journal of Foreign and British Medicine and Surgery* and *The British Journal of Homeopathy* served to popularize medical authors and cures, as well as specific schools of medical knowledge.

Another marketing strategy that continues to this day was the practice of citing the remedy book author's degree to inspire confidence in his or her expertise. Printers often listed medical degrees on the title page of home remedy as a means by which to claim legitimacy in the medical sphere. As marketing strategy, the public would be more likely to take medical advice and purchase a treatise on domestic medicine from a "professional," rather than someone who could not claim a link to an institution.¹⁷⁰ Unlike the Early Modern period, the consumers of the "medical marketplace" in the nineteenth century could not wholly control to whom they received care. While remedy books provided an alternative to at-home physician care, general scientific and medical knowledge made it riskier to engage in other types of care.

¹⁶⁹ Rietje van Vliet, "Print and Public in Europe 1600-1800," in *A Companion to the History of the Book*, eds. Simon Eliot and Jonathan Rose (Malden, MA: Blackwell Publishing, 2007), 252.

¹⁷⁰ Fissell, "The Medical Marketplace of Print," 118.

Some printers specialized in distinctive genres and made names for themselves through specific books. Recognized as publishers of expert physicians, a reputable imprint might need to employ only minimal advertising techniques. Printers like Letts, Son & Co., partners William Sutherland and James Knox, Routledge, Harrison, and Longman primarily printed books that fell within the medical genre.¹⁷¹ Five out of twelve of listed medical entries in the 1864 edition of the *Bookseller* indicated professional publications—those regarding surgery, professional groups, or education for those learning the medical trade. The publication lists Dr. Egbert Guernsey's *Homeopathic Domestic Practice*, along with texts about topics such as teeth, midwifery, and appropriate homoeopathic doses.¹⁷² The printers of these works include: Harrison, Turner, Longman, and Simpkin, among others.¹⁷³

In addition to the titles of medical reference discerned from printers' catalogues, contemporary descriptions of the price and size of remedy books also helps to determine the books that appealed to a certain customer class and the value placed on medical knowledge in the nineteenth century overall. Organizations and individual

¹⁷¹ *The Bookseller: A Handbook of British and Foreign Literature* (London: February 26, 1861), PDF e-book.

¹⁷² Low, 19.

¹⁷³ *The Bookseller*, 1864.

publishers printed publication lists for the edification of the publishing industry, but these lists also provide a survey of the titles published by a wide range of publishers. These publications include: *The Bookseller: A Handbook of British and Foreign Literature*, published on a monthly basis, *Publishers' Circular*, and *The English Catalogue of Books*. Each provides important information regarding prices and the book market. According to an advertisement in "Notes and Queries" of a publication printed by J. Edward Francis in London, *Publishers' Circular* was established in 1837. Still a viable publication into the twentieth century, it was advertised as "the organ of the British Book Trade" in 1917.¹⁷⁴ As a weekly paper, *Publishers' Circular* "[kept] its readers in touch with new or interesting movements in the book world by means of "Articles, Notes, Announcements, Reviews, Lists of New Publications, and Publishers' Advertisements." In 1917, the cost of an annual subscription totaled 15*s*. Therefore, at the time of *Publishers' Circular's* unveiling in 1837, the cost of subscription was probably a great deal less.¹⁷⁵

Other publications provided similar services. The January 30, 1867 version of the *Bookseller* includes information about "Bent's

¹⁷⁴ "Notes and Queries" (London: J. Edward Francis, June 1917), PDF e-book. 1.

¹⁷⁵ *Ibid.*, 1

Literary Advertiser,” established in 1802. This inclusion of the date serves as a way in which to demonstrate the publication’s credibility as a long-standing and superior product. The *Bookseller* also had several pages of book advertisements in the front matter. The handbook catalogs the “complete works recently issued by” British publishing houses and organizes the approximate twelve-hundred-page record by category and author.¹⁷⁶ Medical publications are located under “Medical and Surgical” and include authors writing homoeopathic texts. In fact, three out of twelve entries directly refer to homoeopathy in some way, which may attest to the movement’s popularity with readers and some physicians.

The 1873 edition of *The English Catalogue of Books* published and compiled by Sampson Low details the titles, prices, dates of publication, and publishers’ names for approximately thirty thousand titles of books from 1863 to 1871 in list format. Within this publication, one may determine the price point for various medical books. T.K. Chambers’s *Indigestions; Diseases of Digestive Organs*, published in 1867 was sold for 10s 6d at 8vo, while Lancelot Andrewes’s 1869 *Manual for the Sick* sold for 2s 6d at 32mo was considerably cheaper

¹⁷⁶ *The Bookseller: A Handbook of British and Foreign Literature* (London: January 30, 1864), PDF e-book.

and smaller.¹⁷⁷ “8vo” refers to an octavo, which are roughly eight to nine inches tall and the most common size for books. “32mo” correlates to a book height of roughly four to five inches.¹⁷⁸ In comparison to 2s popular novels or the 1870 reprint of “Miss Austen’s *Emma* for 1s,” medical books remained more lucrative and more expensive to produce than “popular literature.”

However, medical reference could gain a popular following in the public as well. Fashionable medical books could afford to charge greater amounts than the majority of popular literature in the 1860s and ‘70s as seen from the *English Catalogue of Books*’ large reference list, but the prices were not so outrageous as to be out of the reach of middle class customers. The average British book customer would have expected that a novel represented a cheap entertainment, easily

¹⁷⁷ T.K. Chambers, *Indigestions; Diseases of Digestive Organs*, 2nd edition. (London: Churchill, 1867) in Samson Low, ed., Vol II of *The English Catalogue of Books January 1863 to January 1872* (London: Sampson Low, 1873), e-book, 70-71; Lancelot Andrewes, *Manual for the Sick*, ed. by H.P. Liddon (London: Rivingtons, 1869) in Samson Low, ed., Vol II of *The English Catalogue of Books January 1863 to January 1872* (London: Sampson Low, 1873), e-book, 10-11.

¹⁷⁸ Latin publishing terminology that describes the number of times a large sheet (folio) has been folded within a book. “Mo” employs larger numbers, but is actually smaller in size than the standard “8vo.” “4to” refers to a “quarto,” measuring between 10 and 13 inches tall, while folios are books taller than 13 inches.

discarded, while a medical reference book was meant to last for years in the home.¹⁷⁹

Even as British publishers gleaned information about their readers and the books they were likely to purchase, the home remedy genre did not always fit into an established trend. The gamble that a physician-author's reputation and the public's obsession with health and cures would sell remedy publications, often paid off, but epidemics or other occurrences could drastically alter the number of reference books purchased. The demographic of remedy book readers also affected profitability. Perhaps young mothers were more anxious to obtain the written advice of an established physician because she could not afford to call in an expensive physician as often as she would like. An expert author who claimed to know the "best" ways to treat illness or injury could gain a following possibly leading to financial success. Despite buying trends that limited the frequency of remedy book purchase and the number of different remedy books in the house at any given time, the genre remained steady throughout the nineteenth century.

¹⁷⁹ Ibid., 450.

Section 3: The Family and the Physician

As stated in the previous chapter in more detail, home remedy books were often passed down through families. Specialized medical tracts that would have appealed to physicians within those fields would not have garnered the same popularity for the lay audience, but a book that referenced a little of everything remained much more useful than one specifically regarding something like dental health. In order for publishing houses to profit from printing medical remedy, the number of families in need of a new reference at any given time had to remain relatively stable. The perceived advancement of scientific treatment may have also encouraged individuals to invest in a remedy book—a purchase that would be likely to be less expensive than a several doctors' consultations. In 1815, physicians could expect to earn an average of £300 per year, a comfortable income, especially with the possibility that one could gain land and other returns from a profitable marriage or inheritance. However, the profits from a successful book and the public recognition of his (rarely her) knowledge could have expanded a physician's practice.¹⁸⁰ General medical movements that garnered the public's attention could also prove profitable for

¹⁸⁰ Marcus Ackroyd, Lawrence Brockliss, Michael Moss, Kate Retford, and John Stevenson, *Advancing with the Army: Medicine, the Professions, and Social Mobility in the British Isles, 1790-1850* (New York: Oxford University Press, 2006), 255-256.

publishers, depending on how widespread and accepted the principles of a particular theory remained. Debates between practitioners of these different theories could also produce interest in the reading public. Homoeopathy represented one such faction in the nineteenth century.

As a movement, Homoeopathy—the administration of small doses of drugs to an ill person that would produce similar symptoms of illness in a healthy person—clashed with more “legitimate” medicine learned only at university or in textbooks.¹⁸¹ Debate between those physicians who believed in the British public’s ability to treat themselves to some degree with small doses of drugs that would produce ill effects and those who, like in the Early Modern period, saw movements like Homoeopathy as a threat to their careers and a danger to the less educated populace, was pronounced. The subject remained prevalent enough for practitioners in the medical field that the introduction to the 1843 Volume I of *The British Journal of Homeopathy* addresses the resistance directly when writing of homoeopathy:

“That the promulgation of an entirely new system of therapeutics should meet with an unusual amount of opposition, is precisely what we should have anticipated. It is an innovation of a strictly practical character, which necessitates nothing less

¹⁸¹ *OED* Online

than a total change in the practice of Medicine—a change which interferes with long established habit and the prejudices of education, and which threatens nearly to annihilate an extensive branch of trade.¹⁸²

Originally published in London around 1841, John Epps's

Domestic Homeopathy; or Rules for the Domestic Treatment of the Maladies of Infants, Children, and Adults, and for the Conduct and the Treatment during Pregnancy, Confinement, and Suckling had several successful editions in Britain and America. A reference work organized by complaint and by plants used during treatment, Epps's work concentrates on small doses and non-invasive tactics. Like his more conservative contemporaries who did not agree with the practice, he states that while the remedies provided treat "acute diseases," the attendance of a physician remains necessary. However, "...the means of the cure are detailed, because till the arrival of, or the communication with, the physician, danger may thus be warded off, or the progress of the disease may be stayed."¹⁸³ This reliance on a "professional" physician as part of homoeopathic practice also appears

¹⁸² Drysdale, 12.

¹⁸³ John Epps, *Domestic Homeopathy; or Rules for the Domestic Treatment of the Maladies of Infants, Children, and Adults, and for the Conduct and the Treatment during Pregnancy, Confinement, and Suckling* (Boston: Freeman and Bolles, 1845), PDF e-book, 6.

in Walter Williamson's *Diseases of Females* and Egbert Guernsey's *Homeopathic Domestic Practice*.

Likewise, the preface of Egbert Guernsey's 1857 work proclaims homoeopathy as a legitimate way in which to save lives and improve health when the services of a medical professional are unavailable. Guernsey sees no reason why an average Briton should not possess basic medical knowledge:

“There are cases...where disease presents certain symptoms so distinctly marked, that almost anyone possessed of an ordinary knowledge of the human system and of remedial agents, may by the careful administration of medicines, check in the commencement, a difficulty, which if allowed to progress for a few hours, might have gained such headway as to place the patient almost beyond the reach of aid.”¹⁸⁴

Although the procedures of Homoeopathy may appear ludicrous in the face of modern science, the movement constituted a significant portion within the home remedy genre. However, Homoeopathy was not the only popular focus in the medical remedy genre. Other authors physicians of home remedy focused their works on rooting out quackery or applying herbal remedies for cures.

Some medical men desired recognition of their scientific expertise and worked to ban medicine from non-licensed practitioners.

¹⁸⁴ Egbert Guernsey, *Homeopathic Domestic Practice, Containing also Chapters on Physiology, Hygiene, Anatomy, and an Abridged Materia Medica*, 7.

However, “orthodox” physicians were far from unified and were divided into different factions.¹⁸⁵ Some in favor of more medical education for the masses advocated Homoeopathy or lay medical reference, while other physicians—who feared that home remedy books would encourage the public to refrain from using physicians at all and thereby causing the medical profession to become obsolete—lobbied for less home remedy works on the market. However, a large portion of physicians bought into the home remedy genre because authorship of medical reference provided the opportunity to earn profits from book sales, publicize the superior level of their knowledge, and possibly obtain paid lecturing opportunities.

The types of medical reference available in print in the nineteenth century fell into two categories: medical textbook and reference for the increasing numbers of prospective physicians attending university and lay reference for use at home. Chapter 3 will explore a sampling of the latter category to demonstrate publishers’ incentives for printing home remedy and the objectives of the professional author-physician. A thorough examination of the authors’ purpose in writing the remedy, the types of conditions addressed, and the targeted audience will demonstrate key trends in nineteenth-

¹⁸⁵ Lawrence, 32-33.

century home remedy books and how authors addressed women in their work.

Chapter 3

AN ANALYSIS OF THREE HOME REMEDY BOOKS

As is the case with most terms long in the lexicon, the way in which the home remedy genre evolved from the sixteenth to the nineteenth century provides ample material for research. Whereas home remedy books were once constructed as a type of journal, or a combination of printed work and handwritten notations, the nineteenth century saw a shift to mass-produced professional medical advice. While this study does not set out to expressly document the specific use of these works by individual men and women (i.e. marginalia, etc.), analyses of Thomas John Graham's *Modern Domestic Medicine* (1827), W.B. Kesteven's *A Manual of the Domestic Practice of Medicine* (1856), and Ralph Gooding's *A Manual of Domestic Medicine* (1867), each published at various times in the nineteenth century, provide lens through which one might view British publishing and medical history.

The initial search for primary material occurred using the approximately 14 million books in the Google Books search engine. Titles were then chosen based upon the presence of "domestic medicine" in the title and a year of publication falling between 1800 and 1900. Additionally, each work was published in London and

authored by males with some sort of medical degree and credentials.¹⁸⁶ Although subsequent editions were referenced in two of the three examples, this was not a criterion for selection. Upon choosing several candidates for analysis, each work had to fit the following basic definition (as referenced in the introduction): it must be a published work that provides healthcare and treatment advice to a lay audience using herbal, pharmaceutical, hygienic, or physical remedies employing “professional” or “experienced” advice.

Other primary sources were obtained from Vintage Literature Reproductions—an Internet site from which I purchased a CD with twenty-five valid primary source “herbal books” spanning from 1801 to 1935 for the price of approximately fifteen dollars. In addition to the primary source case studies discussed, Google Books also provided supplementary primary source material, such as the “First Annual Report of the Registrar-General on Births, Deaths, and Marriages in England, in 1837-1838” and *The Hand-Book of Etiquette: Being a Complete Guide to the Usages of Polite Society* (1860). These PDF documents are searchable and allowed highlighting features, depending upon an individual’s version of Adobe software.

The use of Google Books provides a distinctive method for analysis. Although millions of public domain books have been scanned

¹⁸⁶ Women did author some remedy books during this period.

(and more are scanned every day), I uncovered far less home remedy books (as defined by this study) than I might have presumed. Of the many books that appeared within my searches for “domestic” and “remedy,” some were specifically meant for the use of physicians, some were for students, and only about fifteen were for actual domestic use. Of those that were for domestic use, fewer still were published between 1800 and 1900 in London. The process for determining books for analysis was limited to what appeared in searches on Google Books. However, had I researched home remedy books in the myriad collections across the United States and Great Britain, my ultimate choices for analysis would have still relied on a certain amount of random choice. Archive collections evolve as books come to the premises. Every archive is different and the popularity of a home remedy book in the nineteenth century does not necessarily mean it survived to the present to the same extent as other works.

Some problems did arise through the exclusive use of Google Books. For instance, although I could unearth a copy of the 1837-1838 First Annual Report of the Registrar-General, no other years were available for analysis. As a result, I could not compare the years 1856 and 1867 (publication dates of two case studies). Again, this does not preclude the same difficulty from occurring in a more traditional research setting, but it does present distinct challenges. Another

possible trouble was the tendency for book results to have been published in America, rather than Britain. Though this is unsurprising when considering Google's origin as a company in the United States, it did narrow the possibilities of my search still further.

Without access to the collections of remedy books at the British Library, within the Wellcome Collections, at University College London, and in universities around the United States, Google Books' millions of downloadable primary sources offered a way in which to research connections between the publishing industry, physicians, and female readers. The following case studies are legitimate and historical primary sources in a world that provides scholars with increasing amounts of digital research.

All three of the authors examined in the case studies below freely admit that they employ the writings of several other medical professionals within their featured works. Though not limited to the home remedy genre, this system demonstrates a general familiarity with popular treatments and the cultural practices of patients and their families. Although a more thorough survey of the authors' biographies would be necessary to confirm the types of patients they treated, books written by author-physicians probably reflected personal experiences with patients. By taking other physicians' experiences and compiling them with writing of their own, author-

physicians could claim more extensive knowledge than may have actually been the case.

Through the process of rewriting medical remedies with the contemporary cures in fashion or borrowing from the cures listed by other professionals, author-physicians like Graham, Kesteven, and Gooding reported on and reinforced medical attitudes toward domestic medicine. The analysis below outlines some physicians' fears, as well as the expectations of those suffering from illness or in the sickroom in the nineteenth century. Female caregivers are mentioned in all three works in terms that outline apparent frustration with meddling women in the home who took it upon themselves to care for family members without reference to professional physicians.

Case Study 1: *Modern Domestic Medicine*

Thomas John Graham's *Modern Domestic Medicine* was originally published in 1826; however this study will examine the third edition of the work, published in 1827. Intended as "a medical guide for the use of clergymen, heads of families, and invalids," according to the title page, Graham's remedy book garnered critical and popular acclaim. Although expectations regarding readers and reference to the procedures of polite society might have led to this type of address, the remainder of the book's remedies and prescriptions do not preclude women from engaging in medical treatment in the home. Domestic

ideology of the nineteenth century generally treated the reader as male. This allowed the author to address both sexes, women indirectly. If some women were beholden to men (i.e. fathers and husbands) for the purchase of remedy books by a lack of independent funds, addressing the work to males removed societal and financial impediment.

The importance of a medical title is paramount for credibility of the author-physician. The title page lists Thomas John Graham as a “Member of the Royal College of Surgeons, &c.” and an M.D. The work includes

“a domestic Materia Medica; a description of the virtues, and correct manner of using the different mineral waters of Europe, and the cold, warm, and vapour baths; a copious collection of approved prescriptions adapted to domestic use; ample rules of diet, and a table of the doses of medicines.”¹⁸⁷

In Part I, Graham alphabetically lists the remedy materials most commonly employed within medical treatments, with the diseases catalogued under each description in the first section. Later, an individual could reference specific ailments like gout, sore throat, or smallpox in Part II. In subsequent sections, Graham provides

¹⁸⁷ “Medica Materia” is defined by Graham as “...that department of the science of medicine, that treats of the nature and properties of the substances which are employed as remedies to restore health to diseased bodies.” Thomas John Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, 1827). PDF e-book.

information about common household accidents that might include burns, dislocations, or cuts. The inclusion of this section stems from the need for rapid treatment. Although the preface and reviews state that the intended audience for *Modern Domestic Medicine* was men, the rapid actions of women were necessary as well. Landed elite males would have been present at home more often. However, if one lived within middle-class means, female familiarity with medical action undoubtedly occurred more frequently than with their husbands.

Despite the availability of women in the home, the author's reluctance to provide them with cures is evident. Graham demonstrates his disdain for mothers who employ "hasty cures" throughout the work. However, in his discussion of the remedies they (in his view) incorrectly administer, he demonstrates that women did attempt to administer medical care in the home (whether they were successful or not). "At this time it is fashionable for mothers to give their children calomel, even in common and trifling occasions—a very mischievous practice, which cannot be too forcibly condemned."¹⁸⁸ His irritation that mothers and other non-professionals did not always follow procedures of professional medicine presumably inspired his

¹⁸⁸ "Calomel" was the term for mercurous chloride, which was made into a white powder with a yellow tinge for medical purposes. *OED*, Graham, 14.

wish to “state the *real truth* [italics in original]” about medical remedies, using the mode of *Modern Domestic Medicine*.

The worry that lay readers would circumvent professional physicians if given medical knowledge occurs throughout the genre.

Approximately twenty-five years later, Spencer Thomson’s 1852 preface in *Dictionary of Domestic Medicine* states:

“It is an objection frequently adduced against works, that they place a little dangerous knowledge in the hands of the public, in a form so apparently simple, as to make it a source rather of evil than of benefit; and undoubtedly, the allegation has in some respects been correct ... for without entering upon that difficult ground which correct professional knowledge, and educated judgment, can alone permit to be safely trodden, there is a wide and extensive field for exertion, and for usefulness, open to the unprofessional, in the kindly offices of a *true Domestic Medicine* ... [italics in original].”¹⁸⁹

In reality, physicians wrote remedy books in the first place *because* individuals were already providing medical care in the home. From this narrow study, it is clear that author-physicians in this period collectively established that they wrote their works to provide unprofessional readers with *professional* advice.

Graham’s description of his intended audience does not specifically list males as those in need of this advice: “My object in the composition of the following Treatise, has been to present the

¹⁸⁹ Spencer Thomson, *Dictionary of Domestic Medicine and Household Surgery* (London: Groombridge and Sons, 1852), 1. PDF e-book.

unprofessional reader with a clear and correct description of the nature, symptoms, causes, distinction, and most approved treatment of the diseases to which the human frame is liable...”¹⁹⁰ He does not seem to debate the point that the “unprofessional reader” may include females. Graham’s disparagement of mothers who give their children too large doses and expose them to illness nevertheless cites general examples of women practicing domestic medicine. When writing of his target audience, Spencer Thomson—a contemporary remedy author—notes that “‘The touch of a gentle hand’ will not be less gentle, because guided by knowledge, nor will the *safe* domestic remedies be less anxiously or carefully administered [italics in original].”¹⁹¹ Considered gentle and nurturing throughout domestic literature of the day, the term “gentle hands,” refers directly to females providing medical care in the home. Although Thompson states that medical knowledge “ought to be in the possession of every responsible man,” societal identification with specific gendered traits would have generally prevented a male from considering his hands gentle.¹⁹²

¹⁹⁰ Graham, Preface to the First and Second Editions, v.

¹⁹¹ Thomson, 1.

¹⁹² *Ibid.*, 1.

As remedy ingredients, opium and mercury feature prominently in many remedies. In his description of opium, Graham affirms that “the medicinal virtues of [the drug] are very great.”¹⁹³ He features it as an ingredient that

“...supports the actions of the system, in the advanced stages of typhus fever, and gangrene; allaying pain and irritation, in acute rheumatism, small pox, and many other diseases; relieving spasmodic action, in hysterics and epilepsy...”¹⁹⁴

Contemporary medicine contended that mercury also provided a cure for some nervous diseases. Chemists and physicians employed a “little blue pill,” with mercury as an ingredient to combat depression and “hysteria.”¹⁹⁵ Opium and mercury were employed for medical treatments through the 1860s. Ironically, considering the amount of remedies in which mercury is listed as an ingredient, Graham maintains that his chief reason for writing *Modern Domestic Medicine* is to discourage the “frequent and excessive use of mercury.”¹⁹⁶

Graham’s descriptions of exact remedies and the ways in which one would mix a cure are not always meant for the domestic reader.

¹⁹³ Graham, 53.

¹⁹⁴ *Ibid.*, 54.

¹⁹⁵ Graham, 11.

¹⁹⁶ Graham, Preface to the First and Second Editions, vii.

The need for the services of a chemist or surgeon in some cases is evident. For instance, when providing the cure for “mucus discharge from the bladder,” Graham prescribes the “balsam of capivi, the oxymuriate of mercury, and alkalies.”¹⁹⁷ These are not simple ingredients for a remedy. An individual would have needed to present to a chemist and then proceed with the cure: “The patient should take ten or fifteen drops of capivi balsam three times a day, on sugar, or in water ... if the disorder resist ... [employ] thirty drops of oxymuriate of mercury.”¹⁹⁸ Unlike the women who mainly employed garden herbs, with some purchases made at an apothecary shop in the Early Modern period, a great deal of the ingredients necessary for treating illness required external purchases.

The author’s section regarding the practice of bloodletting—the letting of blood to remove ill humors within the body causing disease—assumes the use of a surgeon’s skill. Graham mentions the practices of the surgeon several times after explaining the way in which the practice is completed: “On the part of the surgeon, it is necessary to have a good lancet or proper shape. He should never bleed with lancets, with which he has been in the habit of opening any kind of

¹⁹⁷ Graham, 238.

¹⁹⁸ *Ibid.*, 238.

abscesses...”¹⁹⁹ Both the sections giving specific prescriptions with ingredients beyond the common household and the procedure of bloodletting are included in the remedy book to give the reader a sense of the practice itself and to guard against “quackery” through legitimate medical knowledge. Graham’s treatment of specialized procedures alongside domestic treatments tells us that there is a continuing connect between the professional and the domestic in the nineteenth century—just as there was in the Early Modern period. However, the widespread knowledge of medical information that “everyone knows to be true” was different than in the sixteenth, seventeenth, and eighteenth centuries, where many different medical explanations and treatments existed simultaneously.

Graham’s description of wine as a remedy illustrates popular medical perceptions of the time. In the 1820s and earlier, individuals employed wine as a remedy for or an ingredient in curative mixtures for digestive problems, fevers, rheumatism, and skin problems, along with other ailments. Mixed with opium, wine could affect immediate relief.²⁰⁰ Although wine could provide curative effects, it was

¹⁹⁹ A “lancet” is a surgical instrument with two edges and a point. *OED*; *Ibid.*, 168.

²⁰⁰ Graham, 2, 34, 80.

recognized that it could also present its own health dangers. Graham also provides remedies for drunkenness.²⁰¹

Although wine remained a restorative tonic in the 1850s, social views vilifying over imbibing, readjusted medical attitudes toward the substance and held it in an increasingly negative medical light. For instance, W.B. Kesteven's 1856 *A Manual of the Domestic Practice of Medicine* refers to "drunkards" and "dead drunkenness" and the ways in which to combat alcohol's negative effects. However, the use of "spirits" and wine retained their use as antidotes for faintness, gunshot wounds, or the stemming of bloody noses.²⁰² The editor (also an M.D.) of *The Medical Advisor*, Alex Burnett, also disparages the drunkard in the December 1823 edition of the publication: "Habitual drunkenness is indeed an evil Spirit, the progenitor of diseases; and by far the most formidable that the physician has to encounter."²⁰³

While the reviews included in Graham's Third Edition of *Modern Domestic Medicine* positively reflect the remedy's worth, no

²⁰¹ Ibid., 175-176.

²⁰² W.B. Kesteven, *A Manual of the Domestic Practice of Medicine* (London: Longman, Brown, Green, and Longmans, 1856), 18-19, 25, 84, 175-176. PDF e-book.

²⁰³ Alex Burnett, ed. "Advice on Drunkenness," *The Medical Advisor and Guide to Health and Long Life* no.1 (December 6, 1823), 4. PDF e-book.

critiques would appear in a section meant to advertise the value of a work published by one's own house. However, the reviews do demonstrate the degree to which the author and publishers reached (or had the potential to reach) their intended audience. From the *Literary Chronicle*: "The arrangement of this work is of a very superior order, and peculiarly adapts it for the use of Families."²⁰⁴ *Imperial Magazine* stated: "This work will be found a very valuable acquisition to the family library."²⁰⁵ An obvious point to make is that as a useful guide for "Families," of which women are a part, women assuredly came into contact with and most likely employed home remedy books similar to Graham's. The author makes the case for the value of his work by stating that he differs from "the authors of those [other remedy] works in many points, both of arrangement and practice, and have thought there is sufficient room for the publication of another book of this description."²⁰⁶

²⁰⁴ Review in *Literary Chronicle*, October 7, 1826 in Thomas John Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, 1827). PDF e-book.

²⁰⁵ Review in *Imperial Magazine*, April 1827 in Thomas John Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, 1827). PDF e-book.

²⁰⁶ Graham, Preface to the First and Second Edition, viii.

Modern Domestic Medicine presumably produced considerable profits for the publishers Simpkin and Marshall because Graham states in his preface to the third edition that “the present work has gone through two editions, (consisting of a very large number of copies,) in little more than sixteen months ...”²⁰⁷ Although “a very large number of copies” is open for debate, the continued print runs point to a popular market for the work. Publishers printed remedy books as a genre since prior to the Early Modern period; however Graham’s acknowledgement in the preface to his first and second editions that “... [he is] aware that there are already two or three treatises on domestic medicine before the public,” illustrates the popularity of the remedy book before the late 1820s. While he underestimates the number of books similar to his, the acknowledgement that there are other works like his in print helps to approximate the genre’s acceptance in English society.

The work was well known throughout Britain and employed by at least one famous author’s family. Charlotte Brontë’s father had confidence in Graham’s treatment of nervous diseases in *Modern Domestic Medicine*. Brontë’s character Dr. John Graham Bretton in the 1853 novel *Villette* is named after the author-physician and the

²⁰⁷ Graham, Preface to the Third Edition, iv.

descriptions of medical ailments in the remedy book may have given Charlotte an understanding of hypochondria as an illness, which she employs in other works.²⁰⁸ Graham's *Modern Domestic Medicine* remains in the family effects.

The organization of Graham's *Modern Domestic Medicine* allows for both quick reference and extended study. He provides specific remedy mixtures and easy-to-follow detailed instructions for compiling mixtures and providing emergency relief. He also indirectly illustrates the way in which women could be a part of medical care in the home. The professional world and the domestic world collide in this remedy. Graham's work is the earliest of this analysis and provides a base for the following remedy books. While these examples are similar to Graham's in many ways, the cultural climate and medical awareness of each book demonstrates the slowly evolving nature of the genre.

Case Study 2: *A Manual of the Domestic Practice of Medicine*

A Fellow of the Royal College of Surgeons in England, W.B. Kesteven authored *A Manual of the Domestic Practice of Medicine* in 1856. Although published almost exactly thirty years after Graham's publication, Kesteven's preface also mentions the multitude of similar

²⁰⁸ Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (New York: Cambridge University Press, 1996), 222; Brian Dillon, *The Hypochondriacs: Nine Tormented Lives* (New York: Faber and Faber, 2009), 52, 271.

works on the market: “Some explanation may seemed called for from the author of a new treatise upon Domestic Medicine, so many having already been brought under the notice of the public.”²⁰⁹ England’s position as a nation had altered in those thirty years. The effects of international trade, industrialization, and increasingly advanced travel technology on the world stage increased the prosperity of the English populace as a whole. Wealthier families could afford and utilize home remedy books by the 1850s. Moreover, missionary work abroad and emigration led to socially displaced English families with no “civilised” medical care available. These people often looked to remedy books for cures. Kesteven remarks on the societal changes that would make his work useful to the general readership:

“The present locomotive age finds civilised and educated man rapidly spreading over regions hitherto occupied by uncivilised races. In the migrations of families and people—in this running to and fro on the face of the earth, which stamps the present age as the birthday of new empires and states—individuals are daily carried beyond the reach of scientific professors of medicine, but not beyond the reach of the ills that flesh is heir to.”²¹⁰

Similarly to Graham, Kesteven compiles medical knowledge from several professional sources. The works of “Copland, Latham, Abercrombie, Pereira, Taylor, Rees, Thomson, West, Druitt, South,

²⁰⁹ Kesteven, Preface to *A Manual of the Domestic Practice of Medicine*, vii.

²¹⁰ Kesteven, Preface, vii.

Wilson, Fuller, and others” aided the structure of Kesteven’s medical discourse. As the work in question is a reference, it stands to reason that the work’s publishers would attempt to instill in their readers confidence that the scientific information was collaborated by several professionals.²¹¹ Just as Graham chooses to target the overuse of mercury in his preface, Kesteven focuses on the topic of excessive bloodletting.²¹² However, in both cases, the authors continue to employ the practices they have listed as problem areas as remedies. Kesteven continues to utilize leeches in cures throughout his work, especially in his treatment of bunions, comas, convulsions, croup, eye inflammation, and typhus fever.²¹³

Kesteven does not mention women specifically as a possible audience in the preface. Just as Thomas John Graham only directly addresses a male audience, Kesteven writes that his work is intended for “the pastor, the missionary, the captain of a ship, [and] the head of a family ...”²¹⁴ However, the statement that his remedies may be entrusted to “any intelligent or discreet person,” without a medical

²¹¹ *Ibid.*, x.

²¹² *Ibid.*, ix.

²¹³ Kesteven, 39, 50-53, 69.

²¹⁴ *Ibid.*, vii.

background, could indirectly address women.²¹⁵ Moreover, in addition to remedies for ailments similar to Graham's, Kesteven's content regards an entire section (Section II) on the management of pregnancy, miscarriage, labor, infant care, childbed fever, something called "white leg," as well as other birth-related complications.²¹⁶ Other sections specifically give qualifications for nurses and the management of the sick room, as well as hygiene and diet; keeping a home and sick room clean fell mainly in the female province. Although middle-class households employed female servants, the sheer amount of housework and difficulty in the maintenance of societal standards of cleanliness, often meant that the lady of the household and her daughters participated in housework and childcare to some degree.²¹⁷

Although it is possible that Kesteven provides some of this advice to males of the household to regulate the domestic scene, he specifically addresses women on several occasions. In the Nursing, and the Management of the Sickroom section (Section VII), Kesteven fully supports the gendered ideology of the day. He begins the section on nursing qualifications with "Although every woman is naturally

²¹⁵ Ibid., viii.

²¹⁶ According to *OED*, "white leg" (or *phlegmasia dolens*) is an instance of inflammation in the leg of a post-partum woman.

²¹⁷ Davidoff and Hall, 388.

endowed with the highest qualities of a good nurse, nevertheless a few hints ...”²¹⁸ Kesteven goes on to assert that a nurse should be patient, “sober and cleanly,” as well as literate. To argue that a female providing domestic medical care should be literate helps to contextualize the argument of this study: namely that women read domestic medical manuals in the home to administer medical care. Kesteven’s statement is as follows: “A nurse should be able to read; otherwise she may make mistakes in the directions for administering medicines.”²¹⁹ Although the author is probably alluding to prescriptions from a physician or chemist in this case, this direct mention of the need for literacy in the sick room confirms that at least one medical source believed that nineteenth-century English women read and applied medical reference on a regular basis.

Kesteven’s sections on hygiene and diet also refer to women, though it is indirectly. A “head of household” would be unlikely to be held responsible for the cleanliness of furniture or an ill child’s diet. The author provides specific directions about both: “Carpets should be removable, so as to admit of the floor of the chamber being kept clean by sweeping or dry rubbing. In the diseases of children ... great care is

²¹⁸ Kesteven, 309.

²¹⁹ *Ibid.*, 309.

required not to overload the stomach: food should be given in small quantities frequently.”²²⁰ It is clear that female domestic servants or ladies of the household provided this care.

On the issue of diet, *A Manual of the Domestic Practice of Medicine* provides detailed tables of illness-appropriate foods, one from the recommendation of a Dr. Beaumont that includes rice, apples, stale bread, roasted potatoes, and salted beef, along with many others. However, a domestic servant or female family member would have been needed to prepare those meals for the sick family member. According to nineteenth-century cultural ideology, a man’s place was not in the kitchen.²²¹

Even as Kesteven admits that his work is for the “unprofessional,” he, like Graham, provides commentary on the procedures most commonly performed by a professional, especially within the Midwifery section (Section II). Detailed explanations regarding the appropriate manner of delivering the child and afterbirth, including references to the placement of one’s hands, was not intended for novices.²²² On the other hand, symptomatic

²²⁰ Kesteven, 311.

²²¹ *Ibid.*, 347.

²²² *Ibid.*, 142.

information found within the same section could provide useful information for a woman experiencing pregnancy or labor pains. Presumably, this tactic allows the unprofessional reader to inform himself or herself ahead of the physician's visit as to the procedures that might be likely to occur.

Kesteven's work approaches the needs of an unprofessional reader from several angles. One is first given a "Table of Symptoms and Diseases," which lists a possible symptom with corresponding diseases. For instance, if an individual has a sore throat internally or externally, Kesteven provides "quinsy, relaxed throat, scarlatina, mumps, and goitre ..." as possible conditions.²²³ The possible effects of such a table could lead to a patient's anxiety that he or she had contracted a serious disease if they suffered from such mild symptoms as a sore throat and headache. The need of a physician's expertise to demystify one's symptoms might be the real goal of such a table.

In the next section, diseases are then organized alphabetically with descriptions. Included in the depiction of the disease are any other names by which the ailment might be known. The review of distinctive symptoms, causes, and treatment follows within each

²²³ "Quinsy" refers to swelling of the throat or tonsillitis, while "scarlatina" and "goitre" indicate a milder form of scarlet fever and a morbid enlargement of the thyroid gland respectively, *OED*; Kesteven, 7.

definition. Under the description of “Asthma,” Kesteven writes that an individual suffering from the disease appears in the following manner: “The countenance, at first pale, becomes flushed; the eyes prominent; the pulse weak, irregular, and frequent. There is often a feeling of impending suffocation.”²²⁴ According to the entry, distinctive symptoms include: “spasmodic affections of the larynx, acute bronchitis, angina pectoris, and dropsy of the chest ...”²²⁵ He writes that the causes for the disease could be due to either “predisposing” or “exciting” causes like a “malformed chest” or “violent mental emotions.”²²⁶ The manual advises treatment during the “fit” and afterwards. One should “apply warm and stimulating substances to the surface of the chest” like mustard plasters or turpentine stupes (a piece of soft material rung out and medicated) and an “emetic ipecacuan should be given,” which would cause “cleansing” vomiting. After this has occurred, Kesteven advises that the reader combine “1 dr. of tincture of opium, 2 drs. of sulphuric ether, ½ dr. of spirits of camphor, 2 drs. of tincture of asafoetida, and 6 oz. of water” to form a remedy to

²²⁴ Kesteven, 20.

²²⁵ “Dropsy” refers to a morbid condition where fluids accumulate in body cavities, *OED*; Kesteven, 20.

²²⁶ Kesteven, 21.

be administered (two tablespoonfuls for each dose), every three to four hours.²²⁷

Sections on midwifery, nursing, accidents, poisoning, and medical doses follow direct treatments. Kesteven provides a table for chemical and herbal remedies beginning on page 189. Ingredients falling under the definition of something like a “caustic” would include “nitrate of silver, nitric acid, pure potash, sulphate of copper, and sulphuric acid.”²²⁸

As a symptom of the distinct medical concerns of the populace and British government of the 1850s, *A Manual of the Domestic Practice of Medicine* prominently features infectious diseases. The smallpox disease is the most discussed, with the dangers of inoculation versus the benefit of vaccination examined by the author with support from medical experts of the day. The death rates associated with infectious disease were by far the largest cause of death in 1837, as noted by the Registrar-General’s undoubtedly underreported results. The manual presents a variety of statistics that support vaccination; Kesteven argues that the number of deaths and severity of cases

²²⁷ “Asafoetida” was a resinous gum from Central Asia that was used as an anti-spasmodic medical ingredient; *Ibid.*, 21.

²²⁸ “Postash” was an alkaline substance consisting of impure potassium made from leeching the ashes of burnt plant material, *OED*; Kesteven, 191. See Figure 1 for measurement and dosages table from the original work.

lessened after widespread use of the vaccine.²²⁹ The author's efforts to encourage vaccination aligns with and actively supports governmental public health initiatives. This appeal is made to women readers due to their "naturally" more nurturing natures and regard for children, as well as informed men of the household. Kesteven provides an explanation for the actual vaccination procedure.²³⁰ If a local smallpox epidemic occurred, it is not far-fetched to propose that an emergency situation would require a man or woman to personally administer a vaccine; however, in most cases, a physician would complete the procedure.

The information included in *A Manual for the Domestic Practice of Medicine* clearly represents the English medical climate of the 1850s. W.B. Kesteven's work places women in the sick room and provides a window into the relationships between women and their physicians. Women read home remedy books to treat family members. Juxtaposed against the work of Thomas John Graham, one may see the changing domestic ideologies take shape. Kesteven's and Graham's work provide the prelude for Ralph Gooding. Acknowledging that the heads of household are not providing the majority of medical care in the home, Gooding's work demonstrates a cultural shift in tone.

²²⁹ Kesteven, 303.

²³⁰ *Ibid.*, 305-306.

Case Study 3: *A Manual of Domestic Medicine*

Almost ten years after the publication of W.B. Kesteven's *A Manual of the Domestic Practice of Medicine*, Ralph Gooding's 1867 remedy book, *A Manual of Domestic Medicine* expands on themes that connect domestic practice to professional knowledge. Gooding's work is "intended as a family guide in all cases of accident and emergency, and to give directions as to the proper method of proceeding in those cases where the surgeon's aid is obtained after difficulty and much delay."²³¹

Rather than providing treatments and cures for only accident-related and emergency situations, Gooding's manual includes similar medical definitions and organizational strategies to that of Graham and Kesteven. The author divides the manual by disease type, rather than by curative ingredients. For instance, descriptions of nearsightedness, hysteria, and asthma fall under sections titled Diseases of the Eye, Diseases of the Nervous System, and Diseases of the Organs of Respiration respectively.²³²

Despite the stated purpose of the remedy book, accidents and emergencies are not featured prominently within the work. However,

²³¹ Ralph Gooding, *A Manual of Domestic Medicine Describing the Symptoms, Causes, and Treatment of the Most Common Medical and Surgical Affectations* (London: Virtue and Co., 1867). PDF e-book.

²³² Gooding, Contents, iii.

considering the public interest in combating infectious diseases and other common, but life-threatening ailments, Gooding does include a section that individually describes treatment for diseases like mumps, typhus fever, typhoid fever, scarlet fever, measles, chicken pox, and smallpox, as well as boils, scurvy, shingles, ringworm, piles, in-grown toe-nail, and rickets.²³³

A Member of the Royal College of Surgeons in England, Gooding also held a license with the Society of Apothecaries in London. From a publishing perspective, this intimate association with remedy materials, in addition to their medical employment, might have given him an exceptional level of marketability with readers. Moreover, as the former resident surgeon to the Ipswich and East Suffolk Hospital and Dispensary and an associate of King's College in London, Gooding could claim knowledge of institutional procedures and the most up-to-date technologies and treatments. Overall, the author possessed impressive medical credentials.²³⁴

Unlike the previous case studies, Gooding's work does not include a preface. The readers of the publishing house Virtue and Co. were accustomed to "New Series of Educational Works" provided by

²³³ *Ibid.*, vii.

²³⁴ Gooding, Title Page.

the publishers on a wide range of topics, including grammar books and dictionaries, histories of England, Rome, and Greece, technical and scientific work, and other works for the education of “colleges, high and ordinary schools and self-instruction.”²³⁵ A catalogue advertising the publishing house’s other publications with prices demonstrates the ways in which the industry could have advertised its wares, as well as the type of market they appealed to with *A Manual of Domestic Medicine*. For the most part, the prices of advertised books ranged between 1s and 3s. If Gooding’s work was a comparable price—as is likely—the affordability of the work was reasonable for an increasingly diverse readership. Moreover, the emphasis on publications for education, a progressively profitable enterprise since the government began to officially allot funds for education in 1833, demonstrates that a new kind of remedy was on the market.²³⁶

The length of the manual is considerably shorter (by 100 pages) than Graham’s and Kesteven’s work; Gooding provides short, informative entries in the place of much longer descriptions with an expectation that a physician would be obtained for serious ailments.

²³⁵ Gooding, Back Matter Catalogue, 1-10.

²³⁶ Altick, 145; Jonathan R. Topham, “Publishing ‘Popular Science’ in Early Nineteenth-Century Britain,” in *Science in the Marketplace*, eds. Aileen Fyfe and Bernard Lightman (Chicago, London: The University of Chicago Press, 2007), 143.

However, prescriptive treatments using specific doses occur throughout the work, along with descriptions regarding why certain symptoms arise. This tendency differs from Graham and Kesteven. Both were concerned that a too in-depth knowledge of medical practice would spur unprofessional readers to disdain the use of a physician.

Continued contempt for the social stigma and the medical symptoms experienced by drunkards occurs in Gooding's work. He applies the term, "Delirium Tremens (Drunkard's Brain Fever)" to the disorientation, hallucination, and "weakness" caused by "the constant use or abuse of alcoholic drinks."²³⁷ Under Diseases of the Nervous System, this disease is described as an "inflammation of the brain."²³⁸ Gooding prescribes "A tincture of opium (laudanum), 30 drops" combined with "pure water, 1 ounce" to slowly wean the drunkard from the drink that caused his nervous (psychological) disease.²³⁹ Gooding refers to the patient as "he" throughout. Though this may be the result of contemporary linguistics, it is clear that the author did not expect "more naturally pure" women to fall prey to this particular disease. As

²³⁷ Gooding, 16.

²³⁸ Gooding, 17.

²³⁹ Ibid., 18.

the act of nursing generally denoted female care, Gooding writes that “good nursing is an absolute necessity ...”²⁴⁰

A specific section of *A Manual of Domestic Medicine* includes a recommendation of the smallpox vaccination, much in the same vein as Kesteven’s petition. It is clear from the author’s positive treatment of the vaccine’s life-saving attributes and the language of the section that women, specifically mothers, were considered the guardians of children’s medical care within the home. Gooding writes of the smallpox vaccine: “We think the subject of so great importance, that we again introduce it at the present point of this work as worthy of the consideration of mothers who are looking to the welfare of their children ...”²⁴¹ The medical appeal to women employed the domestic ideology that made females “naturally motherly” and interested in the welfare of their children. Unlike the chiding tone toward women in Graham’s and Kesteven’s remedy books, Gooding entreats and cajoles.

Within Gooding’s manual, the absence of herbal remedies is notable. While Graham’s cures included a combination of herbal and chemical—obtained from a chemist—Gooding’s are entirely dependent on chemical prescriptions. The author’s background as a licensed member of the Society of Apothecaries most likely accounts for this

²⁴⁰ Ibid., 18.

²⁴¹ Gooding, 195.

change; however changing ideologies about domestic care led to the general alteration in remedy recommendations as well. In the early nineteenth century, families living outside of a town large enough to contain a chemist, or without the means to procure one, relied mainly upon herbal cures. However, by the 1870s, the increased availability of chemists and physicians influenced the extent to which domestic medicine practiced autonomously.

At mid-century, fewer medical students apprenticed to experienced physicians—learning the majority of their medical knowledge from medical schools instead. A similar professional background served to unite physicians into academically-similar camps of medical knowledge.²⁴² While professional physicians remained dedicated to limiting non-licensed medical practice, the 1858 Medical Act did not prohibit unorthodox practitioners like herbalists and homoeopaths from practicing.²⁴³ The medical marketplace remained open for nineteenth-century Britons. If an individual contracted a disease, he or she had many options for remedies, including domestic self-treatment.

²⁴² W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (New York: Cambridge University Press, 1994), 178.

²⁴³ Bynum, 179.

However many choices an individual had for treatment, some cases required the services of a professional. Gooding's section on fractures echoes the work of Graham and Kesteven. All three authors maintained that they provided surgical information both for emergencies and to help the unprofessional detect faulty medical practice. Gooding states that in "most cases of fracture and dislocation, there is something peculiar requiring previous experience and surgical practice, so that the aid of the surgeon should, if possible, be obtained. We shall, therefore, only make a few practice remarks in reference to each of these subjects."²⁴⁴ The number of sentences for subsequent fracture and dislocation entries only ranged between one and three, versus pages-long explanations with graphics found in the other case studies.

Clearly, the reader of this remedy text was meant to employ the compiled medical knowledge only to supply superficial pain relief (still using opium and mercury ingredients) or cures for minor ailments, and then send for a physician's superior skills. The types of ailments and diseases included reflect changing medical prescriptions, as well as the social concerns of the late 1860s. Gooding's paramount concerns are vaccination and an understanding of when the services of a physician are crucial. Unlike the large and inclusive medical references discussed

²⁴⁴ Gooding, 189.

in previous case studies, Virtue and Co. published *A Manual of Domestic Medicine* for less affluent readers, or those who might have already possessed other medical reference because it was both shorter and cheaper than books meant to last decades.

These three examples of nineteenth-century home remedy offer a view at the cultural and ideological changes associated with medical treatment. Despite different techniques and differing variations of prescriptions, the books of Graham, Kesteven, and Gooding all support the idea that British nineteenth-century women employed remedy books in the home to some degree. While it might not have been the intention of the authors to support this practice, each admitted that women were already involved to some degree. How they individually dealt with this information differed, depending on the decade and personal style of the author. Graham disdainfully attempted to prevent mothers from negatively impacting their children's health, while Kesteven appealed to their nurturing instincts to intelligently nurse and allow their children to be vaccinated. Gooding's work, like both other examples, presumes that while some care is needed in the home, trained professionals should administer the majority of medical treatment. Gooding also dedicates his general treatment of several maladies and injuries to Britons living elsewhere, in need of a quick guide. All three works provide a glimpse into the world of the practice

of medicine by a lay audience at home. Knowledge of the types of injuries individuals were likely to face and the types of illnesses they contracted can be gleaned from the subjects chosen by these authors. Although different printers in London publish each book, they are all organized in a similar manner.²⁴⁵ The physicians expect caregivers to procure ingredients and care from outside the home using the services of an apothecary or surgeon to supplement their own abilities.

²⁴⁵ See Table 1 for a simple breakdown of the three case studies.

Chapter 4

CONCLUSION

Remedy books housed imperative information for nineteenth-century Britons. They lasted for decades, sometimes for generations, and helped to impose order upon the unknown forces of disease. Individualized remedies and the trial and error ministrations of women in the Early Modern period gave way to books authored by physicians, touting the newest remedies and procedures. Although women were socially expected to administer medical care within the home, male professional physicians warred with the gendered ideology that made women effective domestic medical practitioners. As medical treatment traditionally fell within the category of domestic concerns and women practiced informal medicine in the home anyway, the male-authored remedy book served to assert masculine dominance of the medical profession, while still contributing to improvement in the public's health. Within the genre, physicians could display their medical knowledge and experience, while simultaneously correcting domestic, female-run medical treatment. Women still maintained some medical agency in the home, however. They could pick and choose which remedies or prescriptions they felt were best suited, and did not always follow the author-physician's advice to the letter.

Tending to sickness held distinctly feminine associations because procedures and ingredients that traditionally developed from the socially-constructed female world often defeated illness. The kitchen housed the pots and pans, or “medical implements” used to combine herbal ingredients; women prepared the sick room and kept it clean; and cultural ideologies that asserted that women possessed naturally nurturing and heightened emotional capabilities led to a “mother’s intuition” that determined when a loved one was sick or needed a physician’s care. The ideological truth that women possessed “naturally nurturing” tendencies was not a new development in the nineteenth century; its roots trace back centuries. Despite ideological and printed claims that remedy books should be read by “the head of household,” women remained important caregivers in the home, much as they had for hundreds of years.

Dependence on professional treatises and in-person medical consultation allowed by the increased number of physicians, chemists, and surgeons in Britain, as well as the general acceptance of “popular science” created a distinct nineteenth-century home remedy market from that of the Early Modern period.²⁴⁶ The compilation edited by Jenner and Wallis described a relatively open marketplace to which patients could turn when ill. Depending upon one’s finances, station in

²⁴⁶ Topham, Publishing ‘Popular Science,’ 135.

life, or general preference, several diverse practitioners could be obtained to treat maladies. The difference between the open medical marketplace of the sixteenth and seventeenth centuries and the nineteenth stems largely from scientific advances accepted by society at large. Individuals had fewer options for treatment in the nineteenth century than they did in previous centuries. Although specialized medical practitioners like surgeons, general physicians, and chemists remained as viable treatment options, the power of the patient to choose treatment was diminished (but not extinguished). Individuals were limited to presenting to the aforementioned practitioners or treating themselves. Many chose both, depending on the severity of the illness or accident. Rather than record detailed remedies passed down through families, by acquaintances, or reference books, nineteenth-century women increasingly relied on books authored by credible physicians with the medical knowledge “everyone knew.” Telegraphs, trains, steamships, and speedy mail delivery affected changes in general medical practices by nonprofessionals. An individual could gather relatively up-to-date knowledge of treatment options in the nineteenth century, where personal records and passed down knowledge constituted the majority of domestic information in the Early Modern period.

Technological advances in paper and bookmaking undoubtedly spurred sales of home remedy during the nineteenth century. With higher turnover and a more literate populace, publishers could undertake profit-making ventures to a greater degree in the medical publishing field. The publishers' goal to reach consumers and the author-physicians' lofty aim to prevent unprofessional readers from taking personal medical care upon themselves worked in concert. The actual reader did not matter to the publisher so much as the sale. However, considerations of what would sell best meant that women were not often targeted as an audience directly by home remedy publishers because they were often dependents. Many women relied on husbands or fathers for reading material. As for the majority of physicians, provided that women remained in the home to administer medical treatment, physicians did not overtly mount an attack on domestic medicine.

Women held an ambiguous place in the home remedy genre. They were not considered the primary audience for books on serious, sometimes graphically anatomical treatises that would require advanced literacy to understand and carry out medical treatments and instructions. However, domestic and religious ideology demanded that women care for members of the household. The case studies support this dichotomy. Women fell into two categories: either they were

treated as ignorantly endangering their families by the belief that they knew the best methods of treatment, rather than relying on the administrations of a trained professional (as in Graham's examples), or they provided the nurturing female care necessary, but should also admit overall ignorance (i.e. call in a professional).²⁴⁷

In their prefaces, both Graham and Kesteven admitted that there were a number of home remedy books already on the publishing scene at the beginning of the nineteenth century. This is unsurprising because both refer to the ways in which they used the material of other physicians to supply their cures. If there were already a significant number of references to which they could consult, it is evident that the genre was well established prior to 1824. It is also apparent that while the authors and some subject matter changes from Graham to Gooding, the general format of the home remedy is the same. Presumably, books with similar formats and material, but with different packaging would continue to sell because an increased number of people needed or wanted the books. Cheaper books and increased literacy may explain the continued success of the genre, but scientific advances in medicine could explain why individuals

²⁴⁷ Although not a focus of this study, the attempt by women to step out of the home and into the professional medical sphere was met by significant barriers from the male medical community as well as society at large.

continued to purchase them. If there was a new cure or lauded medical advice in a volume, the middle and upper classes were willing to purchase health advice to a greater degree.

Medical knowledge leapt forward in the nineteenth century in ways that did not occur in the Early Modern period. While people had many options for medical care in the Early Modern period, the likelihood of treatment success could mostly be traced to luck. While some of the remedies in the nineteenth century were actually poisons, like mercury, some treatments improved health. While not a huge profit maker, money made from medical remedy amounted to enough gain for printers that a significant number printed the genre in London. Moreover, the large amount of home remedies still in existence around the world points to the number printed and the care with which individuals treated these books.

The core definition of nineteenth-century home remedy has remained popular since before the seventeenth century. Modern English-speaking countries continue to sell and profit from this “obsession” with health. There is something very personal about one’s physical well-being. Illness and pain prompt almost everyone to uncover the causes in the speediest possible manner and to actively combat their effects. British men and women living in the nineteenth

century had desires similar to all eras. They wanted to live long and healthily. Remedy books allowed them a way in which to do so.

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Table 1: Summary Analysis of Three Case Studies

Author	Title	Length	Purpose	Stated Audience	Price & Size
Thomas John Graham	<i>Modern Domestic Medicine</i> (1827)	619 pages	Medical Guides for heads of families and churches	Middle and Upper Classes	Approximately 9s & 12 mo
W.B Kesteven	<i>A Manual of the Domestic Practice of Medicine</i> (1856)	328 pages	Civilized men and families migrating out of the country needed a manual with professional advice	Missionaries, heads of households, “those carried beyond the reach of [physicians] ...”	Approximately 8s & 8vo
Ralph Gooding	<i>A Manual of Domestic Medicine</i> (1867)	204 pages	Accidents and Emergencies	Those in need of a quick medical guide before calling in the services of a physician.	Unknown

Figure 1: Table of Medical Weights and Measures from *A Manual of the Domestic Practice of Medicine* by W.B. Kesteven

TABLE of MEDICAL WEIGHTS and MEASURES mentioned in this work ; with their Equivalents in ordinary spoonfuls, the Abbreviations made use of herein, and the Signs used in medical works.

Solids . .	{	1 lb. = 1 pound	contains	12 ounces.
		1 oz. = 1 ounce = (ʒj.)	ditto	8 drachms.
		1 drm. = 1 drachm = (ʒj.)	ditto	3 scruples.
		1 scr. = 1 scruple = (ʒj.)	ditto	20 grains.
		1 gr. = 1 grain = (gr.)		
Liquids . .	{	0 = 1 pint = (Oj.)	ditto	16 ounces.
		1 oz. = 1 ounce = (ʒj.)	ditto	8 drachms.
		1 drm. = 1 drachm = (ʒj.)	ditto	60 minims.
		1 min. or dr. = 1 drop or minim = (mj.)		
A moderate sized	teaspoon	should hold about	1 drachm.	
ditto	dessertspoon	ditto	2 drachms.	
ditto	tablespoon	ditto	$\frac{1}{2}$ ounce.	
ditto	wineglass	ditto	$1\frac{1}{2}$ ounce.	
ditto	teacup	ditto	4 ounces.	

The debate on professionalization is summarized in Loudon, Irvine, *Medical care and the general practitioner* (Oxford, 1986), pp. 1-8. 19 For the attempts of the Scottish whig party to reform the legal system, see Phillipson, Nicholas, "The Scottish Whigs and the reform of the court of session 1785-1830", (Ph.D. thesis, Cambridge, 1967), pp. 187ff.