

2. Specific treatises

C. Therapeutic substances

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1. Chronological coverage

The subcategory of THERAPEUTIC SUBSTANCES consists of fourteen texts. The first is from 1712 (Anonymous, *The virtues and excellency of the American tobacco plant*) and the last from 1797 (by William Trinder, *An essay concerning the outward and salutary application of oils*). Of the texts, ten (71 per cent) come from the second half of the century.

These proportions reflect the textual reality: the regimen genre was revived and renewed in the latter half of the century, and so more numerous texts were produced. Between 1700 and 1750, no more than four new medical titles were published annually, whereas in the second half of the eighteenth century the corresponding number was almost consistently between three and ten (Smith 1985: 282). The selection exemplifies the preoccupation with self-help for various ailments, which is closely tied with the emerging consumer society and the role of fashionable treatments. In addition, the sales of patent medicines endorsed by medical men flourished in the eighteenth-century medical marketplace (Barry 1985: 145; Porter 1989b, Jenner and Wallis 2007).

2. Overview of the category

The texts in this subcategory are all concerned with specific substances intended to be used as cures for various ills and conditions. They are of two sorts. The first main group contains writings about natural raw materials, such as tobacco or hemlock, but they do not give instructions for preparation as recipes do; this is the main difference between this subcategory and MEDICAL RECIPE COLLECTIONS. The second group deals with finished products such as pills, aethers, and lotions. Another way of differentiating between the medical substances described in this subcategory is their availability. Preparations made from tobacco, mistletoe, or hemlock, as well as medicinal oils, opium and Tewkesbury water, could be prescribed by any medical professional, but proprietary medicines such as *pilulae polychrestae*, Mr. Goulard's extract of lead, electrical aether, or Gowland's lotion had secret recipes and were only available to the public through specific retailers.

In the late modern period, regulation of the medical profession was limited, and it was possible to seek preventive medicines and cures for diseases concurrently from multiple sources ranging from professional physicians to quacks on street corners. Opportunistic medical practitioners bought royal licenses and patents and used them as authorizations and stamps of approval when marketing their products (Porter 1995: 14). David Hartley's *An account of the contribution for making Mrs. Stephen's medicines public* (1738) demonstrates how the practices in the medical marketplace intersected with financing and investment schemes: the author argues for the excellence of Mrs. Stephen's cure for bladder stones and solicits financial contributions from readers for the purpose of buying the secret recipe and making it public. The donations are to be invested in South Sea annuities by trustees, and when Mrs. Stephen's price of 5,000 pounds has been raised, she will reveal her recipe. However, she will only get the money if rigorous testing of the recipe in hospitals shows that the medicine works; if the trustees are not convinced of its value, the collected money will be returned to the contributors.

Fashionable medicines, such as the extract of hemlock, were used by royalty and the highest layers of society, and they were also widely discussed in *The Gentleman's Magazine* (see Chapters 8 and 9 in this volume); thus, they received a great deal of publicity, which made them all the more sought after. Fashionable society attended James Graham's medical lectures, bought the medicines he described in his 1780 treatise (*The guardian goddess of health*), and visited his Temple of Health, where he gave treatments based on electricity, magnetism, and pneumatic chemistry (see ODNB 2004; Roy Porter, s. v. James Graham). Fashion and polite society also dictated a basic awareness of medical knowledge, and many of the texts in this category catered to this need by explaining the effects and virtues of the medicines using medical terminology and concepts.

Appealing to the general good is a common trope in this period. Thus, for example, Robert Hamilton warns the public of the dangers of keeping opium and other dangerous drugs unmarked in household medicine cabinets. His treatise, *Practical hints on opium considered as a poison* (1790), describes the symptoms of an overdose and advises on treatments. "When, unhappily, this drug has been swallowed to this quantity, our first enquiry should be, how long it has been in the stomach, and in what form it was administered, whether in a liquid, or solid form" (Hamilton, *Practical hints on opium considered as a poison*, 1790: 40). Hamilton carefully summarizes the experiments by various professionals that prove the value of the treatments. This text also gives instructions on how to handle an overdose, as above. Such first aid advice is an innovative feature of this century and, for example, the GM medical news on accidents shows the same tendency.

3. Authors and audiences

The plurality of medical practitioners in the eighteenth century is reflected in the authors of the texts in this category. The following list shows the range of people that could be consulted when needed. It was originally composed in Austria, but is valid for the English scene, too: “Physicians, surgeons, quacks, and old women, had tried all their skill, without any amendment of the disorder...” (Störck, *A necessary supplement to the former essays on the medicinal virtues of hemlock*, 1762: 7). Anton Störck (fl. 1731–1803) was chief physician of the Empress of Austria, and had received the highest possible education. Seven other authors were university-trained physicians and members in various learned societies, such as the College of Physicians and the Medical Societies of London or Edinburgh. In addition, the authors include two surgeons, an apothecary and a practitioner best described as a charlatan. James Graham (fl. 1745–1794) started medical school but did not finish it. Two of the texts were written anonymously and no clues are provided of the medical background of the writers; this may mean that they had no formal training. Interestingly, just over half of the medicines described in the texts in this category were proprietary medicines, which shows that physicians, even eminent ones, were aware that in order to succeed as medical professionals, they needed to be active participants in the medical marketplace.

In recognition of the wide range of non-professional potential buyers of their medicines, authors generally claimed to write for general audiences rather than their peers, but the mention of the “poor” was another conventional trope that should not perhaps be taken at face value. An alchemically biased text by Georges Arnaud de Ronsil declares his purpose to be “to assist the poorer part of mankind” (*Remarks on the composition, use, and effects of the extract of lead*, 1770: 11). For this reason, he will endeavor to use plain language and express himself in the plainest terms, but whether he succeeds can be judged e.g. by the following example, where de Ronsil claims to provide explanations that are “easily understood by the meanest capacity”, but soon reveals that his true audience consists of doctors. Furthermore, he uses attitudinal stance expressions like “the opinion of the vulgar” (*Remarks on the composition, use, and effects of the extract of lead*, 1770: 10):

- (1) [A] wise and cautious practitioner must always attend to the progress of the complaint, when either putrefaction or a degree of malignity is apprehended; and care should be always taken to mix this with digestives, for critical discharges, as by abating their heat it will prevent the

neighbouring parts from being affected, and secure the patient against a too copious discharge which frequently attends these cases.

(Arnaud de Ronsil, *Remarks on the composition, use, and effects of the extract of lead*, 1770: 7–8)

Philip Stern (*Medical advice to the consumptive and asthmatic people of England*, 1767) addresses consumptive and asthmatic patients rather than the physicians treating them, assuming that his claim on the title page concerning errors in current methods would mean that physicians would look unfavourably on him. However, doctors are nonetheless included in the potential readers of his treatise: “If the Doctor chuses, whilst I am conversing with my Patient, to look another way, yet *squint* an ear to my babbling, he is very welcome; provide he will not condemn my practice, till he hath proved its futility by experience” (Stern, *Medical advice to the consumptive and asthmatic people of England*, 1767: 3–4). Many of the writers assert that they write in plain and simple language so that their texts can be of more public use. In his essay titled *The poor man’s medicine chest*, John-Weeks Thompson (1795) explicitly includes people of “the lowest capacity” and the illiterate in his audience by only using technical terms that can be found in a dictionary:

- (2) The title of this pamphlet required that it should be written in the plainest and most simple language, which I have endeavoured to do by avoiding as much as possible all technical words, a few excepted, (and those by no means essential to many whether they understand them or not, as they cannot be embarrassed for want of knowing them in the use of the pills, the directions for which are clear and intelligible to the lowest capacity) but what may be found in an English dictionary, to which such as read can have recourse, and they who are so unfortunate as not to be able will receive information from those that can, which I am certain every truly generous mind will be happy to give them.

(Thompson, *The poor man’s medicine chest*, 1791: 6)

The wealthier class of people were also the only ones able to enjoy the medicinal water at Tewkesbury as well as partake in “the salutary Exercise of riding” in the “most Picturesque Country” surrounding it, as described by James Johnstone (*Some account of the medicinal water, near Tewkesbury*, 1790: iv). This part of the text is clearly targeted at potential tourists and visitors and points towards the advent of consumer society. In fact, the price of the proprietary medicines often rendered them outside the reach of the less affluent members of society, despite altruistic authorial claims of working for the public good. Sales talk culminates in an eloquent cumulative list in de Ronsil’s treatise:

- (3) This topic, which properly speaking is a universal chirurgical medicine and easily procured, has this triple advantage over others. First it costs but little; secondly, it is prepared in an instant; and thirdly, it may easily be conveyed from place to place.

(Remarks on the composition, use, and effects of the extract of lead, 1770: 11)

Often enough the claims of plain language and general audiences found in the texts in this category are combined with textual references to ancient and contemporary authorities such as Pliny and Boyle, and alchemical references, which imply that a certain level of education is expected of the audience. Eloquent argumentation strategies and polite language use give evidence of a target audience consisting of the top levels of society or those aspiring to reach them. The anonymous text from 1719 addresses the reader thus:

- (4) Let not this seem a bold and emperical Assertion, but suspend your Verdict till you have perused the following Account; which before we proceed to give, it will be requisite to tell you, that the Author has used them with admirable yea almost incredible Success, above these Thirty Three Years, not only in this Metropolis but in most Parts of *Great Britain*...

(An account of the vertues, use, dose, and wonderful manner of operation of the pilulæ polychrestæ, 1719: 4)

4. Discourse forms and genres

Emphasis on experimentation, observation and experience is an important aspect of all medical writing in the eighteenth century. James Johnstone's description of the medicinal properties of the water at Tewkesbury is accompanied by detailed descriptions of the various chemical experiments run on the water (*Some account of the medicinal water, near Tewkesbury, 1790*). Case studies, a common component in all texts in this category, were accounts of first-hand observation as well as testimonies used as marketing ploys. The experience of the practitioner is often given as the means that allowed him to discover the ancient secrets or true cures subsequently sold as proprietary medicines to benefit the population at large. Experience also gave credibility to those authors who dispensed free advice on the properties of medicinal plants and preparations.

John Colbatch's *A dissertation concerning misletoe* (1719) contains a highly personal narrative that runs in the first person, recording his thoughts on the value of mistletoe. He concludes referring to experience as the source of knowledge:

(5) that the Misletoe of the Crab, the Lime, the Pear, or any other Tree, were of equal Virtue with that of the Oak, for the following Reasons; and which has been confirm'd to me since by large Experience, which is beyond every thing else, ... (Colbatch, 1719: 5–6)

The text is called a dissertation, a label which in the eighteenth century did not have the present-day connotations. A more common label, however, is the essay with the meaning of 'a draft' in this period (see Taavitsainen 2017). It is used e.g. by Störck (*A necessary supplement to the former essays on the medicinal virtues of hemlock*, 1762), though a large part of his essay is taken up by case reports. Texts describing the medicinal uses of certain plants expound on their preparation, virtues and effects as general panaceas or cures for specific conditions in accordance with the vein of traditional *materia medica* texts (see also MEDICAL RECIPE COLLECTIONS description). They are often accompanied by case studies as proof of effectiveness: successful cures could be anecdotal, as in the anonymous description of the health benefits of American tobacco (*The virtues and excellency of the American tobacco plant*, 1712), or they could take the form of elaborate case histories, as in Colbatch's *A dissertation concerning mistletoe* (1719). Most of the texts on proprietary medicines also include descriptions or at the very least mentions of successful cures that make an important part of the marketing strategy.

The first part of the anonymous *An account of the vertues, use, dose, and wonderful manner of operation of the pilulæ polychrestæ* (1719) follows an enumerative text strategy by listing fifteen points of various diseases that the pill can cure. As an efficacy statement the text declares "these Pills are never given without the desired Success" (1719: 9). The text continues with an imaginary dialogue with the reader in colloquial style (interrupted by a Latinate verb *eradicate*) "I have by this time ('tis suppos'd) a little startled you, by citing such a Scroll or Catalogue of direful Diseases...I say, no doubt but you'll wonder, that they should be eradicated by a Dose or Two, of one only Medicine" (1719: 9). Störck produces a similar list of the virtues of hemlock under thirteen points. This part is written in an affective style with vocatives like "O hemlock! the praise is due to thee" (*A necessary supplement to the former essays on the medicinal virtues of hemlock*, 1762: 31). A part of this text called "Admonitions" continues in the same vein with exclamations like "Happy me!" and rhetorical questions (1762: 36). The contents enhance experience, but admit that hemlock does

not work in all cases. Polemical eloquence with a dramatic effect is offered by John-Weeks Thompson: “Here stop for a moment, Humanity!” (*The poor man’s medicine chest*, 1791: 4). Direct address to the reader is also found in Graham’s work with flattering attributes “Behold, here, in a few words, my courteous and intelligent reader” (*The guardian goddess of health*, 1780: 5). The text is full of superlatives and emotive language, rhetorical devices like exclamations, vocatives, rhetorical questions, and cumulative lists; at places these features occur in excess and make the text resemble a parody.

Advertisements for proprietary medicines can be considered a genre of its own, with elements borrowed from *materia medica* texts as well as alchemical treatises. Like the texts described above, they contain mixtures of different text types. Ancient secrets are unveiled through the author’s experience as well as hyperbolic assertions of the excellence of the medicine, followed by a description of its virtues and effects in basic expository prose. Medical information, in the form of descriptions of anatomy and definitions of medical terms, are also provided in a similar fashion. Detailed instructions for use are didactic in style. Finally, expository prose is used to indicate details on price and retailers. A more argumentative stance may appear in warnings about impostors and rebuttals of opponents’ claims. Most texts attempt to persuade their readers of the excellence of the medicines that they discuss. Philip Stern’s *Medical advice to the consumptive and asthmatic people of England* (1767) discusses consumption and asthma and John Gowland’s *An essay on cutaneous diseases* (1792) deals with skin diseases. Both claim that current treatment methods are erroneous, while their balsamic aether and lotion provide successful cures because they have discovered the true methods. Gowland juxtaposes the “humorists”, i.e. supporters of the humoral theory, and “modern” practitioners in the following fashion:

- (6) It is another argument of the absurdity of the treatment employed by the humorists, and is also, equally a proof, that they have not an idea, nor just nor false, of the acrimony which they undertake, and pretend to destroy, and, that they exercise the art blindly. The good practitioners, instead of occupying themselves, to correct an imaginary vice of the blood, direct their thoughts to the skin, as there is the focus and seat of the disorder.

(Gowland, *An essay on cutaneous diseases*, 1792: 22)

A third text argues strongly for the excellence of Mrs. Stephen’s cure for bladder stones and systematically addresses the points his opponents have made, as in the following example:

(7) It is said, That these Medicines are nothing more than Soap. That Soap is one Part is very plain, but it is as plain, that there is another Part which is not Soap. Besides, Soap will not dissolve Stones, and if it would, this would be the Invention of Mrs. *Stephens*, for which she deserves the same Reward as for inventing any other Solvent.

(Hartley, *An account of the contribution for making Mrs. Stephens's medicines public*, 1738: 3)

References to various sources, ranging from the Scripture and ancient authorities to contemporary ones are common ways of bolstering the arguments. Case studies are also used to prove the points under consideration in argumentative texts.

Authors frequently use the first person to place themselves in dialogue with the audience that they explicitly address. Polite society style is present throughout the century, e.g. in pleas like “If any one will be so good, as to communicate to me ...they shall not fail of my most Grateful Acknowledgements” (Colbatch, *A dissertation concerning misletoe*, 1719: 30). Imaginary objections from the reader are recorded in some texts: “Here I shall be interrupted with an objection...I answer...” (Stern, *Medical advice to the consumptive and asthmatic people of England*, 1767: 12). Finally, the interactive quality of a number of the texts is worth noting in this category. Direct address, exclamations and the question-and-answer format in some texts express intense involvement with the audience, and colloquialisms are found at places alternating with polite phrases, like the ones quoted above. An extreme example of a text with affective and interpersonal expressions is provided below:

(8) As to WARS — I will not mention them; for my whole frame quivers with horror even at the thought of them. —Carnage!— bankruptcies, poverty! — devastation! —hunger and thirst, — horrible apprehensions! —forced from our native land; — and all these for what? why, for the honor and Glory of the God of mercy and peace — for a punctilio of what is called national honor ... (Graham, *The guardian goddess of health*, 1780: 5)

5. Original compositions and translations

Almost all texts in this category are original compositions. Since many of the texts deal with proprietary medicines developed and sold by the authors themselves, this is not surprising. However, the choice of English as the language of composition shows how well established the

vernacular had become as the language of medical writing in eighteenth-century England. Of the fourteen texts included in this category, only one text is explicitly identified as a translation. This text is Anton Störck's *A necessary supplement to the former essays on the medicinal virtues of hemlock* (1762), originally published in Latin in 1761. The translator of the text is not named and is only identified as "a physician" on the title page. Another text is not a translation *per se*, but it relies heavily on a text originally written in French. The original author, Thomas Goulard, described his remedy, the "extract of Saturn", in his *Traité des effets des préparations de plomb et principalement de l'extrait de Saturne employées sous différentes formes et pour différentes maladies chirurgicales* (published in 1760 and again in 1766). His fellow student Georges Arnaud de Ronsil later moved to England, where he had the sole license to sell Goulard's extract, and where he published his *Remarks on the composition, use, and effects of the extract of lead of Mr. Goulard, and of his vegeto-mineral water* (1770). Arnaud de Ronsil makes it very clear that he is not simply copying Goulard's text or his medicine, but that he has been active in improving the remedy based on his own experiences, and that his improvements are sanctioned by Goulard himself:

(9) I have applied to Mr. Goulard for this purpose [to acquire bottles of the remedy to sell in England], to whom I have likewise communicated my thoughts on the farther improvement and use of this remedy, which I have the satisfaction to know entirely coincide with his. This concurrence of Ideas, which originally sprung from a fifty years acquaintance, having been fellow-students together, has induced me to imitate him on other occasions, and has been the means of his allowing me to be the sole vender in this country of the extract he himself made.

(Arnaud de Ronsil, *Remarks on the composition, use, and effects of the extract of lead*, 1770: 9)

While the sections discussing the composition and effects of Goulard's extract of lead draw on the original text, Arnaud de Ronsil takes pains to clarify that the dosage has been adjusted by him (with Goulard's approval), and that the case studies used as evidence of successful cures are his own rather than copied from Goulard.

6. Continuity versus new trends

The texts in this category often combine conventions from well-established traditions such as *materia medica*. Likewise, alchemical writings have long roots and some texts overlap with the alchemical text tradition. Case studies are integrated for efficacy, and accounts of experiments with personal observations enhance the truth value. The secrecy of the real quality and nature of the therapeutic substance is concealed by vague and elusive definitions in negative terms. The abundant use of superlatives in praising the medical effects of the substances contributes to an exalted tone, also typical of alchemical writing. Proprietary medicines became fashionable already in the late seventeenth century but proliferate in the eighteenth century (see e.g. Jenner and Wallis 2007: 8–9). They form a significant part of the texts of this category.

Alongside the old, some new trends can also be distinguished. The idea of public good is present as “the poor” and the unprivileged are mentioned as the supposed target audience. The first-aid advice at the end of the century is also worth noting as it gives concrete evidence of the common good emerging as authors’ motivation. But above all, what is new in these texts is the strong emphasis on consumerism in marketing medicines, which demonstrates the peculiarities of the English medical scene. The plurality of practitioners and the intense competition between them for customers willing to buy their universal medicines is evident. People were not just passive patients but were perceived as active consumers, who picked and chose the medicines that most appealed to them.