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Medical Methods & The Transmission of Knowledge in Early Modern Wales: The Lady of Ystumcolwyn's Medical Recipe Book

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Introduction

Whilst reviewing a relatively new work on Welsh Medical History, *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750* by Allun Withey, Robert Houston likened the available medical historiography on pre-industrial Wales to an intellectual Africa; largely unexplored. (Houston, 2012, p. 749-748)

Until the last decade, Welsh medical history has typically fallen into one of two trends. Firstly, scholarship focused on the evolution and practice of public and institutional medicine in the 19th and 20th centuries following industrialisation. Secondly, scholarship with a predilection to portray Welsh medical beliefs as being inherently based on folkloric, magical and religious beliefs placing the principality firmly on the Celtic Fringe. These trends have grown, perhaps inevitably, due to the greater availability of source material that have survived from the modern period. Indeed, the proliferation of data and source material from the twentieth century alone encourages the continuation of the first trend. In the last two years of *The Social History of Medicine* journal, only four articles have been published concerning Wales specifically, all of which have focused their efforts on the 19th and 20th centuries. (Hulonce, 2017, pp. 839–840) (Mantin, 2017, pp. 727–747) (Waddington, 2017, pp. 590–611) (Jones, 2016, pp. 734–756) Of the second trend; a remarkable focus has been placed on the Physicians of Myddfai, a family of Physicians with supposed healing powers shrouded in mythical beginnings and a lineage dating from the 17th back to the 14th century (Cule, 1963, pp. 326-327). Even national histories, such as Geraint Jenkins' *A Concise History of Wales* refers to the Physicians of Myddfai, using them to explain the helplessness of the emerging nation during a very brief interlude into the limited medical options available during the Black Death. (Jenkins, 2007, p. 98) The apparent skill and semi-magical foundation of the Physicians of Myddfai has troublingly lent itself to the perpetuation of a folkloric and herbalist domination over Welsh medical history.

Equally troubling, is the lack of scholarship concerning the early modern period. Generally, scholarship focusing on the early modern period has been tied to the magical and folkloric stigma that has been placed on pre-industrial Welsh medicine. However, such scholarship does provide benefits. Owen Davies (1996) highlighted the use of charmed objects as a healing method and the charmers who utilised them, drawing out social nuances such as gender roles and class divisions. Kathryn Chadbourne (1995) emphasised the folk element of Welsh healing and established the agency people could have with regards to their

own health. Neil Hultin (1975) provides one of the earliest examples of a nuanced approach. By explicitly drawing upon one source Hultin balanced the mix of scientific and folkloric practices that were alive in Wales at the same time. Despite the recent surge of effort by some historians to explore the nuances of medical practices in early modern Wales, the overall historiography of the field is restricted by the pre-existing limitations set by pre-dominant trends.

Houston, acknowledging these limitations in his review, praised Withey for building on the best of the established historiographical traditions and drawing Welsh medicine into a wider continental medical community. Withey displayed a country not as wholly unconnected and unsophisticated as previously perceived. In order to further understand the nuances present in the potential medical methods utilised by people from region to region, or even village to village, a more dynamic approach is required (Withey, 2008, p.168). By focussing research to a regional level the details of a sophisticated medical culture arise through commonplace books, recipe books, parish records and inventories that belie a system of information transmission between cores and peripheries on a regional, national and international level. (Withey, 2009) This field will benefit from studies into connecting English and Welsh medical practices as opposed to treating them exclusively as one or the other. For example, as of yet, there have been few attempts to distinguish the differences or similarities in medical language and the spread of information between the two. Similar studies aimed at determining similarities between the indigenous medical beliefs of Scotland, Ireland and Wales and how they interplayed with England could result in an understanding of broader Celtic or even British medical histories. (Withey, 2008, p. 171)

This dissertation will seek to contribute to this field of scholarship by addressing the potential transference of knowledge between England and Wales whilst also addressing the imbalance of folkloric dominance over early modern medical historiography. The 17th century for the majority of Europe was a period of time where functionalist styles of medical thinking like Galenic or folkloric started to meld with more scientific ontological methods of thinking. Prior to the Enlightenment many of the theories about medical cures and practices in Europe were functionalist and stemmed from Galen of Pergamum (C.E. 129 - c .200), a Greek physician who lived during the height of the Roman Empire. Galenic medicine was based upon the humoral system of the body which tied disease to environmental factors as well as ideas of impurity and pollution (Lindemann, 1999, p. 9). Traditional Welsh medical thought was rooted in the Galenic humoral system, the herbal and holistic medical methods

incorporated where concerned with purging or transferring the disease from the body and often reliant on religious or magical belief (Davies, 1998, p. 46). Today such an approach is synonymous with the occult, witchcraft, holistic or folkloric medicine due to our inclination to view medical practices as being a scientific pursuit. However, it is perhaps an anachronism to not see the Galenic methods as being a scientific pursuit for the people who lived in that time. The dominance in folkloric and Galenic beliefs in the historiography of pre-industrial Wales fuelled by a Whiggish understanding of progress, has generated a belief that Wales was a land where ‘medicine failed to penetrate’. (Newton, 2013, p. 131) However, throughout the 17th century other more ontological forms of medical theory emerged as views began to harden against the hardline Galenic doctrine which strictly prohibited the treatment of the poor. Paracelsian medical theory postulated that illness came from without the body and should be treated through ‘scientific’ medicines, as opposed to redressing an imbalance within the body. (Withey, 2006, pp.55-56) The transmission of new forms of medical knowledge was similar to any transmission of knowledge, between the core and the periphery, however in the case of Wales, London was not necessarily the core. Marcher towns like Bristol, Chester and Shrewsbury acted as the core urban area that transmitted knowledge, ingredients and individuals to the peripheral villages that they were aligned with. (Waddington, 2014, p. 53)

The recipe book of Lady Merryell Williams, born in Shrewsbury, contains recipes for every day usage in the management of the Ystumcolwyn Estate which she married in to in the 17th century. The Ystumcolwyn Estate of Montgomeryshire held lands in several parishes, including Welshpool, close to the border and Shrewsbury (The National Library of Wales, n.d). This recipe book provides a singularly unique opportunity to determine the level of knowledge transmission across the border between areas like Welshpool and Shrewsbury. The recipe book of Merryell Williams, a five hundred and seventy seven page volume containing mostly cooking recipes, but also many recipes for medicines, has been so far only utilized by culinary historians and its’ worth as a medical history source has been largely unrecognized. The recipe book itself provides several points to consider. Firstly, that the medical knowledge contained within the recipes are written in English, by an English born upper class woman and therefore provide first hand evidence of the transmission of medical knowledge across the border as well as the translation of indigenous Welsh medical recipes into English. Secondly, the inclusion of several medical recipes for the same affliction may hint at a scientific approach as knew knowledge is incorporated in order to determine the

efficacy of the remedies. Covering potentially many years of authorship, the book offers the opportunity to witness the evolution of medical thought used in household remedies as more ontological forms of medicine, such as Paracelsianism, began to penetrate the traditional functionalist Galenic thought. Several questions arise when considering Williams' book, the pursuit of answering these questions will compose the structure of this dissertation. Firstly: how many medicinal recipes does Williams incorporate, where they predominantly Galenic in nature or did they follow newer scientific trends? In order to answer these questions, I will compile all of the medical recipes that Williams has incorporated into her book and evaluate their methodology against Galenic and Paracelsian principles as well as traditional folk beliefs across England and Wales. Secondly: did Williams transmit new knowledge over time and was there evidence of a scientific approach? Again, this will be judged over the course of her recipe book, specifically looking to answer whether there were different variations of recipes over the years that could indicate the transmission of new knowledge or a scientific approach to their efficacy. This research, will provide insight into the myriad of medical knowledge both functionalist and ontological in nature that transmitted across the border, proving that Wales was not a land where medicine failed to penetrate.

Chapter One: Recipes as a Medical Patchwork

Welsh medical practices in the 17th century resembled a patchwork of varying disciplines and systems coloured by Welsh folk tradition and doctrines of Christian belief (Withey, 2006, p. 51). Yet, the herbal and traditional folk medicinal practices of the famed Meddygon Myddfai of Carmarthenshire are frequently referenced in Welsh medical historiography as typifying the scope and type of medical knowledge available in Wales from the medieval to modern periods. The predilection to reference the Meddygon Myddfai whilst providing evidence of a lack of willing from earlier historians to research beyond what amounts to a small section of the available medical knowledge within Wales, also places a heavy emphasis on the folk myths surrounding the physicians' genesis (Gwyndaf, 1992/3, pp. 241-243). Yet, even the apparent mythical practices of the Meddygon Myddfai actually resemble a patchwork of medical belief systems coming together as one. The sourcebook of the physicians, *The Red Book of Hergest*, mainly consists of herbal remedies as well as evidence of remedies that were part of the *materia medica* of Wales before the formation of the Meddygon Myddfai themselves. Alongside these traditional Welsh remedies were examples that took inspiration

from Galenic and Hippocratic medical beliefs (Cule, 1963, p. 327) which were to predominate European and Welsh medical beliefs up till the late 18th century.

Heavily based on Hippocrates, Plato and Aristotle; Galen's natural philosophy and emerging medical system was founded on the principles of the universe being constructed from four base elements; earth, fire, water and air (Hankinson, 2008, p. 210-214). Galen linked the four humours which 'compose the nature of the human body' with the four qualities associated with the elements (Hankinson, 2008, p. 217). Imbalances of phlegm, blood, yellow bile and black bile resulted in illness and disease; the resulting remedies were based upon the premise that certain drugs will purge the body of humours that it is attracted to and thus restore balance. Galen collected and merged the beliefs of his forebears and left most of his own thinking loosely finished. Galenism as a finished medical doctrine was established by Alexandrine writers and Arab physicians such as Ibn Sīnā. Known in Europe by his Latinised name Avicenna, Sina's *Al-Qanun fil Tib* (Cannon of Medicine) provided a comprehensive collation of Galen's original works and was later translated from Arabic into Latin. Galen's loose medical doctrine was thus defined by later scholars as it was transmitted, from the East and to Western Europe where it dominated medical belief systems (Gilleard, 2015, p. 490). As the remedies of the *Meddygon Myddfai* suggest the transmission of Galenism to Western Europe did not stop at the English border but also began to penetrate Wales itself.

Galenic practices were synonymous with the methods of the upper echelons of medical practitioners and provided the bases for many lay-peoples home remedies throughout Europe. Remedies were based on the purging of imbalanced humours and were often prescribed by physicians based on their knowledge of an idealised patient's normal humoral balance, instead of combatting the disease directly. (Wear, 2000, pp. 36-37) This was no different in Wales, yet the legacy of the *Meddygon Myddfai* also encouraged the continuation of traditional and herbal remedies (Withey, 2006, p. 53). As Christianity in Europe split during the Reformation so too did medical beliefs. Galenic methodology became unpopular with the reformers as its purgative and distasteful remedies were seen to be unchristian as they caused further discomfort. Similarly, Galenic physicians were increasingly seen as upholding non-Christian beliefs, typically avoiding charitable treatment, preferring instead to extort a profit from those who could afford their services. (Wear, 2000, pp. 20-21))

With the reformation came the rise of Paracelsianism, a medical doctrine based on the works of Theophrastus von Hohenheim, known as Paracelsus. Postulating that disease came from without the body, Paracelsus argued that physicians should treat with the aim of

attacking the disease with chemically based remedies based on the aspects of a particular ingredient that shared qualities with the disease (Lindemann, 2000, p. 11). Underlined by a scientific approach of understanding the disease and the chemical makeup of ingredients in order to treat the disease, Paracelsianism began to take with the upper echelons of society that had access to the equipment needed to replicate the remedies. By the middle of the 17th century Wales was indeed a patchwork of complex medical belief systems and not simply a land of herbalists with a predilection for magical folk remedies. Indeed, the varying medical options available to the sick in Wales are evidenced in the myriad of medical recipes copied into personal cookbooks, diaries and even copies of printed texts.

Merryell Williams recipe book contains 764 recipes that instruct the reader on the preparation of foodstuffs for cooking & preserving, the crafting of cosmetics and household items, the distillation and brewing of beers and wines as well as the crafting and distilling of medicines and everyday remedies. The book itself has been written by a series of hands, presumably the dominant hand is that of Merryell herself, and follows a sectional formation. The collection begins with cookery recipes, followed by recipes for the distilling of ‘watters’ that could be used for general consumption or medicinal purposes, followed by remedies for purely medical purposes followed by cosmetic and a final index. It is clear that Merryell took pride in this collection book and put thought into its production and layout, it stands to reason that such a planned approach also suggests a prior knowledge of medical recipes and their efficacy. Of the total recipes, found in the book, 49% are cookery recipes, 34% medical related recipes and 17% related to distilling, cosmetics and household recipes (Fig. 4) It is clear through the large proportion of medical recipes that health was an important factor in the life of Merryell Williams and also emphasises the sheer scale of potential medical knowledge that was available in Wales. The recipes utilised in the book often appear to follow the herbal Galenic tradition that evolved from the practices of the Meddygon Myddfai. A large quantity of traditionally used herbs are found in conjunction with ingredients that have a humoral effect; such as inducing vomiting or changing temperature. Williams’ An excellent remedy for the cold to prevent the consumption which was noted to have been the same recipe used by Queen Elizabeth; utilises the herbal dominance of the Myddfai recipe variant as well as incorporating Galenic principles in the selection of ingredients.

‘Take 3 pints of strong ale and as much conduit water put them into a new pipkin never used, put to them an ounce of liquorish scraped & sliced, an ounce of Elacampaine roots sliced into thin slices of

Equimony maiden hair harts tongue liver wort lungwort Betony, Colts foot of each a little handfull, & of scurvygrasse a great handfull. A quarter of an ounce of Chinney roots sliced in thin slices and put into a pint of conduit water, & sett on hott embers all night in the morning put both watter and roots to roast in ye pipkin and 2 ounces of Harts Horne shaved, a quarter of a pound of Raisins stoned, a quarter of a pound of ffiggs slices, yn covering the Pipkin close, sett it on to the fire to Boyle gently till almost half the liquor be wasted, then strain out the liquor very hard and put into it 2 penny worth of butter, sett all on the fire to melt and incorporate together and keep it carefully fore your self.’

(Williams, n.d.,p. 445)

The use of elecampane in this recipe would induce sweating in the patient, increasing hot and dry humoral qualities and as such purge the body of the cold and wet humoral qualities that were out of balance within the body. The use of butter is an interesting addition as it was avoided by the Meddygon Myddfai particularly in November, a prominent time for colds, as ‘the blood of all men has a tendency to coagulation’ (Owen, 1961, p. 908), yet it is more likely incorporated to mask the taste of the Galenic medicine which was notoriously bitter (Figure. 1).

IMAGE REDACTED

Fig. 1 Brouwer, A. (1636-38) The Bitter Potion [Oil on oak]. Strädel Museum

Williams recipe book contains 164 entries that conform to the use of humoural ingredients that counteract the humoural imbalances that were presented in their prescribed ailment. Whereas there are only ten entries that conform to a purely herbal or folk remedy that the Meddygon Myddfai would typically have utilised. It is clear from the entries in the recipe book that a Galenic herbal tradition predominated the medical knowledge available to Williams, indeed, the two doctrines together accounted for 60% of the medical recipes contained within the book (Figure. 5). Whilst the recipes that Williams compiled in her recipe book would suggest that Galenic herbalism was dominant in the materia medica of Wales there is also profound evidence of more modern, European influences.

Moving away from the Galenic principles of curing by opposites, ‘Paracelsus coined the phrase *similia similibus curantur*, ‘like treats like’ (Wood, 2000, p. 21). Building on traditional herbal remedies that selected ingredients in correspondence to the affliction based on qualities of colour and shape, Paracelsus instead based their correspondence on the

qualities of its inherent vital force, or Archeus. Paracelsus' Doctrine of Signatures and Doctrine of Correspondence stipulated that the inherent vital force of the corresponding ingredients had to be extracted in order to treat the affliction (Wood, 2000, p. 17-24). The prospect of the Archeus and the requirement to extract the vital forces of medicinal ingredients allowed for the introduction of alchemy into herbal medicine as well as scientific observation based on chemistry. As previously mentioned, the Paracelsian system was popularised within the upper classes due to a split in fundamental Christian beliefs and the increased likelihood of owning the necessary alchemical instruments required to extract the vital force (Withey, 2009, p. 148). Many of the recipes contained in Williams' book require the reader to use alchemical equipment, usually a limbeck, in order to concoct watters that could be used for general consumption, medicinal purposes, or as ingredients to more complicated medical recipes. Indeed, 15% of the total recipes in the book are related to distilling alone and 28% with the inclusion of medical distilling (Fig. 4). However, this does not necessarily provide evidence of the use of Paracelsian medicine doctrine in the book alone. It is also evident that the Paracelsian process of distilling could also be incorporated into Galenic and herbal recipes. Out of a series of 88 selected medical recipes that conformed to herbalism, Galenism and Paracelsian doctrines there were 150 references to distilling equipment, processes or subsequent ingredients (Table. 1) Clearly the various doctrines of the available medical knowledge that Williams could draw upon were not independent of one another and could be merged or incorporated into one another such as in the recipe: A water to digest melancholy:

'Take Burrage, lang de beefe, harts tongue, Calamint, centory, scabius, thyme, hysop, savory, mugwort, Rosemary, the flowers of the tenderest of woodline, of each a like quantity distill them, & drink the water morning & evening' (Williams, n.d., p.404)

The inclusion of distillation in what is a mostly herbal remedy for a galenic ailment shows the degree to which doctrines could be merged as well as showing that traditional Galenic beliefs did not necessarily attenuate to new ideas wholly. Further recipe entries attributed to doctors also conformed to both Galenic and Paracelsian doctrines. Of the twenty-two recipes attributed to doctors, eight are Paracelsian in nature, twelve are Galenic and two are recipes for the cloning of well-known commercial medicines such as Dr Radcliffe's Cordial Drops which was marketed throughout Britain (Porter, 1989, p. 45). Further conclusive evidence of Paracelsian recipes are provided by the use of medicinal characters and references to

astrological bodies that represented the link between the macrocosm (universe) and the microcosm (man) that acted as basic tenets of Paracelsus' understanding of nature (Pagel, 1898, p. 65). On page 468 of Williams' book there are two entries from 'Dr. P' and 'Knight' who is also most likely a physician. 'Dr. P' is presumably a Dr. Pugle, who has a further four recipes attributed to himself throughout the book and is the most frequently referenced doctor within the book, he was likely the Williams family physician. Knight is a somewhat more mysterious entry, having only one recipe attributed to himself in the book. Both recipes utilise medicinal characters (Fig. 2) that were prevalent with apothecaries and alchemists and later generations of physicians that had took on Paracelsian and later iterations of chemical medicinal doctrines.

IMAGE REDACTED

Fig. 2 Medicinal Characters in Merryell Williams (1701-1800) 'Recipes, [18 cent.]' [Digitised Book] The National Library of Wales, Peniarth MS 513D

The characters were most likely found in books such as the *Pharmacopœia Londinensis* or learned during their medical education (Fig. 3).

IMAGE REDACTED

Fig. 3 The Medicinal Characters sourced from Royal College of Physicians of London (1682) 'Pharmacopœia Londinensis. Or, the New London dispensatory.'

It is clear that Williams' recipe book does contain examples of a Paracelsian doctrine being utilised by seemingly medical professionals in Wales. There is also further evidence of Williams herself utilising Paracelsian medical doctrines in her recipe for Laudenum, perhaps the most famous medicine that Paracelsus has been attributed with the creation of. Williams' recipe however is for Liquid Laudenum, a version of Laudenum created by the famous English doctor Thomas Sydenham. Sydenham's recipe called for two ounces of opium, one

ounce of saffron, a dram of cinnamon and cloves dissolved in a pint of Canary wine (Miller, 2012, p 167). Williams' recipe bears some striking similarities.

'Take a quart of Sack & half a pound of spirits of wine 4 ounces of opium 2 ounces of saffron: slice ye opium pull ye saffron and put it in a bottle with ye sack & spirits of wine once ounce of pith of Jarton & of Cinamon Cloves & mace of each a dram. Cork & tap down ye bottle and set in in ye Lan or by ye Fire 24 days then pour it of ye dregs and tis fit to use

10=15=20 or = 25 drops in a dose'

(Williams, n.d., p. 482)

Whilst Williams does add one or two more ingredients her recipe has the same basic principles of Sydenham's methodology as well as the correct weight ratios for the opium and saffron. Clearly she had access to some commercial Liquid Laudenum at some point in order to adapt a cloned recipe for it her own version.

Throughout Williams' recipe book it is clear that she had access to a myriad of medical remedies to treat illness as well as prevent it. The doctrines that these recipes were drawn from were definitely not simply herbal or folkloric but represent a patchwork of different schools of thought working in tandem with one another and often overlaying with each other. Williams' book shows that Galenic medicine had blended with native herbal medicine to become the predominant medicine within Wales. However, it is also clear that more modern medicine, either through blending with traditional thoughts and practices or through medical cloning was beginning to penetrate Wales.

Chapter Two: The Transmission and Evolution of Knowledge

The Act of Union of 1536 legally bound the territories of the Welsh principalities, marcher counties and crown lands with England. Of the 7,500 words in the act, 150 dealt with the use of the Welsh language, a section that has received more comment than any other (BBC Wales, 2014). One such commenter, Geraint Jenkins has suggested that the Act was the beneficiary of 'civilizing' celtophobes who would have been irritated by the fact of a hot-

blooded, leek-eating and rebellious people clinging to the use of their native language (Jenkins, 2007, p. 136). Whilst nine out of ten people in Wales were Welsh monoglots in the early modern period, it is true that if an individual in Wales wished to have any form of position or influence within society they needed to speak English, and most importantly write in English. Williams' recipe's, as one would naturally expect for an English born editor, are written in English. It is interesting to note however, that entries by other hands; relatives, neighbours, doctors and friends of the family are, with the exception of one or two Latin entries, also written in English. The accepted use of the English language for writing among the upper classes of Wales encouraged a system of information exchange between family and acquaintances. This in turn engendered a system of medical experimentation and evolution as newer recipes were tried; those deemed to be effective were sufficiently noted with the suffix *probatum est*, 'it is tried, tested, or proved' (Oxford Reference, 2011). Similarly, the use of English encouraged a burgeoning and increasingly sophisticated medical market situated around market towns such as Wrexham, Carmarthen, Haverfordwest and also Welshpool. (Withey, 2011, p. 244)

Merryell Williams' recipe book was written towards the end of the 17th century and culminated shortly after the beginning of the 18th century, covering at least fifty years of authorship. The National Library of Wales states that the majority of the recipes were written by Williams herself with the addition of at least two other hands which suggests additional authors added recipes to the collection (The National Library of Wales, n.d). On closer inspection there are a total of sixty-three attributed authors in addition to Merryell Williams and her heirs which accounts for 16% of all the recipes found within the recipe book (Fig. 7). The additional authors names often appear as a suffix to recipe titles, such as 'To make Palsie watter Mrs Strangways way' (Williams, n.d., p. 412) or as a prefix such as 'Dr Kirckmans for Cholick' (Williams, n.d., p. 448). Of the sixty-three additional authors only fifteen have multiple recipes attributed to them (Table. 2). William's knowledge exchange was not restricted to her social class or physicians alone, indeed 9% of the recipes contained within the book are attributed to non-aristocratic authors (Fig. 7), the most prolific of which being a Mrs Vaughan who contributed 29% of the recipes attributed to additional authors (Fig. 6). Vaughan is an elusive woman, but is potentially a common ancestor, of Merryell Williams' great grandson, Sir Robert Williams Vaughan, 3rd baronet, of Hengwrt, Rûg, and Nannau, who had acquired the book by 1859 (National Library Wales, n.d.) Through Mrs Vaughan, Williams received ten cookery recipes, seven recipes based on distillation and five Galenic

recipes such as ‘To make ye red powder Mrs Vaughan’s way’ (Williams, n.d., p. 410). With recipes such as ‘To Make Palsy water Mrs Vaughan’ (Williams, n.d., p.407) Vaughan introduced Williams to six Paracelsian recipes. It was through Williams’ network of friends

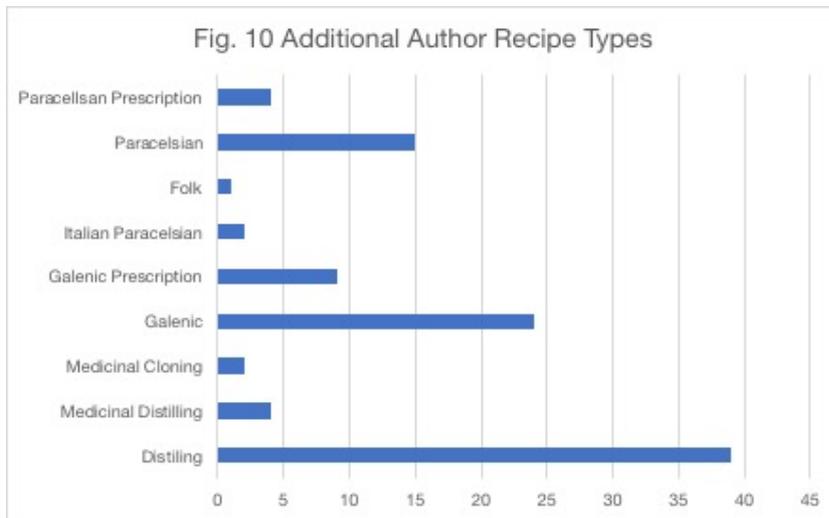


Fig. 10 Additional Author Recipe Types sourced from Merryell Williams (1701-1800) ‘Recipes, [18 cent.]’ [Digitised Book] The National Library of Wales, Peniarth MS 513D

that new recipes were introduced, along with newer schools of thought. Indeed, Williams’ social network contributed recipes that conformed to Galenic, Paracelsian and purer distilling, often providing some mixture of the three (Fig. 10).

The second most prolific additional author is

simply known by the prefix E.P. This author is most likely Elizabeth Powell, Merryell Williams’ mother who along with her husband, Richard, lived in Worthern Manor some twelve miles south-west of Shrewsbury (National Library Wales, n.d.) E.P contributed 24% of the recipes attributed to additional authors (Fig. 6). Her recipes were predominantly based on the distillation of wine, however such recipes as ‘To make Balme Wine, or Clarry Wine’ (Williams, n.d., p. 288) would have been useful for Williams in the formulation of base ingredients used in medical recipes. E.P also contributed a Galenic recipe for lozenges that she had attributed to a ‘Mrs Gibbons’ (Williams, n.d., p. 288) who was likely an acquaintance of the Powells’ in England. E.P’s recipes display the formulation of the recipe book itself with her contributions taking up pages 284 to 289 and introducing the distillation section of the book. This opening section acts as an introduction to distilling and medicine, passing on familial recipes that would aid Williams in the formulation of further recipes. In this way the basis for many of Williams’ recipes can find their roots in recipes that have originated in England, having been transmitted across the border through her mother.

Further knowledge transmission from England is seen through the contributions made by both non-aristocratic acquaintances. There are four cooking recipes attributed to a Mrs Millard of Shrewsbury (Williams, n.d., p. 142 & 208) showing continuing knowledge transmission between Ystumcolwyn and Shrewsbury. English authorship for specifically medical recipes is found through cloning recipes for commercially successful English cure-

alls' such as, 'A water for the stone, devised by Jon of Kentall' (Williams, n.d., p.406), 'Dr Stevens Watter called Aqua Vita Perfectisimus' (Williams, n.d. p.396), and 'The Palsey Watter by Doct Mathews' (Williams, n.d. p.398). The transmission of English knowledge could even be transmitted from within Wales itself. Dr. William Beveridge the Bishop of St Asaph from 1704 was born in Leicester, educated at Oxford (Cowie, 2008) and apparent acting physician with 'Elixer Salutis Dr. Beveridg Biss :St Assaph' appearing on page 451 of the book (Williams, n.d.). Beveridges' entry is a recipe for formulation of a commercially popular medicine known as Daffy's Elixir that had achieved success in England, being sold as far away from its origins in Leicestershire as London (Worling, 2005, pp. 60-62). Dr. Beveridges entry presents a peculiarity in that, his attribution of Biss: St Assaph would suggest that the recipe was entered after 1704, the year following the death of Merryell Williams. This indicates two points; firstly, the recipe was entered at a time when Beveridge was living in Wales meaning it had undergone transmission from Leicester to Asaph and then to Ystumcolwyn through the Bishop. Secondly the recipe was entered at least in the year following Merryell Williams' death (National Library of Wales, n.d.) suggesting that it was probably entered by a family member, thus ensuring that the transmission of new knowledge from external areas became generational.

Generational knowledge transmission is also seen through the additional authorship of the Herbert family of Powis. Throughout the recipe book there is reference to a Lady Herbert, Lady Maurice and Lady Williams, it is highly likely that these recipes can claim authorship from Lady Mary Herbert Marchioness of Powis and her daughter Lady Charlotte Williams nee Herbert who was Lady Charlotte Maurice during her first marriage (Williams, n.d., p. 384, 478 & 26) (Hopkins, 2011). Lady Herbert contributed nine cookery recipes and one medical recipe of a Galenic nature; 'Lady Powis most excellent plaistr for ye back'. Lady Charlotte on the other hand contributed four recipes, two distilling recipes and two Paracelsian medical recipes. Lady Charlottes recipe for 'A stryptich powder Lady Chorlote Maurice' utilises Paracelsian thought processes by using ingredients that have already been processed in order to achieve their fullest potential such as lemon vitriol. It is interesting to note that the younger Lady placed a preference on Paracelsian medicines and her mother seemingly Galenic, further research into any further recipe collections of their own could draw out generational differences in belief systems. Whilst both mother and daughter took part in knowledge transmission, Lady Charlotte went further by attesting to the efficacy of her recipe and signing it.

With the inclusion of additional authors, several writing styles and hands different in appearance to the three predominant styles that have been acknowledged by the National Library, it is clear that that Williams' collection was more than a familial collection, rather a collaborative social collection. The presence of a multitude of hands also indicates the writing process undertaken by the authors themselves; a scribbled hand indicating a hurried exchange of knowledge or the formulation of recipes as they are concocted, whereas neater writing represents recipes drawn from a bank of familial knowledge (Leong, 2013, p. 91). Further to this, the collaborative efforts involved in this collation of knowledge indicates a social construct in effect whereby people would actively engage in a proto-scientific exchange of ideas, their testing and results (Withey, 2009, p. 131). Indeed, the addition of comments abridged to the main body of the recipes denotes the methodological testing of medicines. 'Pro Batum' (Williams, n.d., p. 488) a shortened derivative of probatum est often appears immediately after the main body of the recipe entry, often in the case of recipes with no attribution to additional authorship. Recipes that have additional authorship bear evidence of methodological testing through the addition of comments to improve upon or confirm the efficacy of the original recipe. Following the recipe 'To Make a Surfeit Watter – Mrs Vaughan' was in a thicker slightly bolder hand the addition of, 'If you make the surfeit water when the poppeys are not in blow it is as well for I seldom make it but In water co th a spoon in a porringer' (Williams, n.d., p. 407). By actively going back and adding comments on the recipes, Williams actively engages with them as well as engaging in a proto-scientific system of testing, observing results and commenting in order for greater efficacy to be ensured by later usage of the recipe. This is a common occurrence throughout the book, 'To make Lucatelas Balsome Lady Hayfords' had the additional comment of 'This is good & tryd by Wlms' (Williams, n.d., p. 517). It is clear that Williams engaged with the recipes and did not simply collect them, healing sickness and preventing it was an ongoing task, and ineffective medicines were not desirable. Through testing the efficacy of recipes and making additions, Williams' recipes evolved and so did the materia medica of Wales as other family units committed to the same operation (Leong, 2013, p. 91).

The evolution of recipes is perhaps most discernible through the sheer scale in possible remedies for one particular ailment. With over nine medicinal treatment types in place Williams could make medicines in many different ways, through distilling to create medicinal watters, ointments and compounds or through galenic and herbal boiling methods to create orally taken medicines or plasters. The most common treatment type found in the recipes was that of medicinal watters such as surfeits or balsame watters, which accounted for

34% of the treatment types that could be discerned. This is likely due to their requirement for general consumptive issues and their use as base ingredients in more complex medicines. Oral administration composed 28% of the recipes found within the book and correlates to the dietary medical doctrines of Galenism which dominated the recipes found within the book (Fig. 8) Paracelsian styles of medicine usually fell into ointment and compound types of treatment but were not solely found within these fields. The scale of possible medicines available through these treatment types appears when dissecting the most frequently entered ailment types; Stomach (9%), Kidney Stones (8%) and wounds (7%) (Fig. 9). Of the twenty recipes for stomach related medicines, two are water based, two are compound based, eleven are oral based and five are not discernible. It is apparent that Williams was willing to experiment with different recipes in order to find the best recipe available, however it is not wholly clear if a finalised form of any recipe was decided upon. This is a similar case for Kidney Stone medicines being made up of a mixture of treatment types, as are wound ailments. It is clear that beliefs on the best form of treatment had yet to be fixed on one particular doctrine and were nominally selected on the basis of personal experience or suggestion. It is perhaps difficult to define the best treatment type and therefore recipe when the authors of such recipes are dealing with concepts of medical thought from several different doctrines, especially when considering that there are twenty-eight commonly discernible ailments found within Williams' recipe book. However, it is clear that the authors took part in an active socio-scientific approach to health; they exchanged knowledge and evaluated recipes in order to evolve them into something more effective and complex.

Conclusion

Merryell Williams' recipe book does not bring to mind a Welsh medical materia of folk quackery and herbal potions bordering on the magical. Williams, aristocratic relations, non-aristocratic relations and physicians all had their hand in writing the recipes contained within the book and as such all had a hand in shaping the makeup of the medical doctrines available to Williams. Throughout the book there is evidence of a complex web of interlaying medical knowledge to be found in Wales in the early modern period. Whilst conforming to the

general Galenic dominance, there are underlying roots to be found in traditional Welsh herbal medicine that has simply conformed the diagnosis and theoretical concepts of medicine to the Galenic humours. Yet, available medical knowledge found in Wales is made more complex through the filtering of newer Paracelsian theories and practices into the more traditional core. As doctrines became interchangeable and mutually beneficial, the available treatments and knowledge became a medical patchwork that was knitted together through a system of socio-scientific knowledge exchange and transmission. Williams book bears the evidence of a social circle that crossed counties and nationalities which actively engaged with one another to compile recipe collections in order to find more effective medicines or indeed make known recipes more effective. It is through recipe books like Williams' that the picture of medicine in early modern Wales becomes much more complex and it is most apparent that medicine did penetrate.

Word Count: 6370

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Appendices

Figures

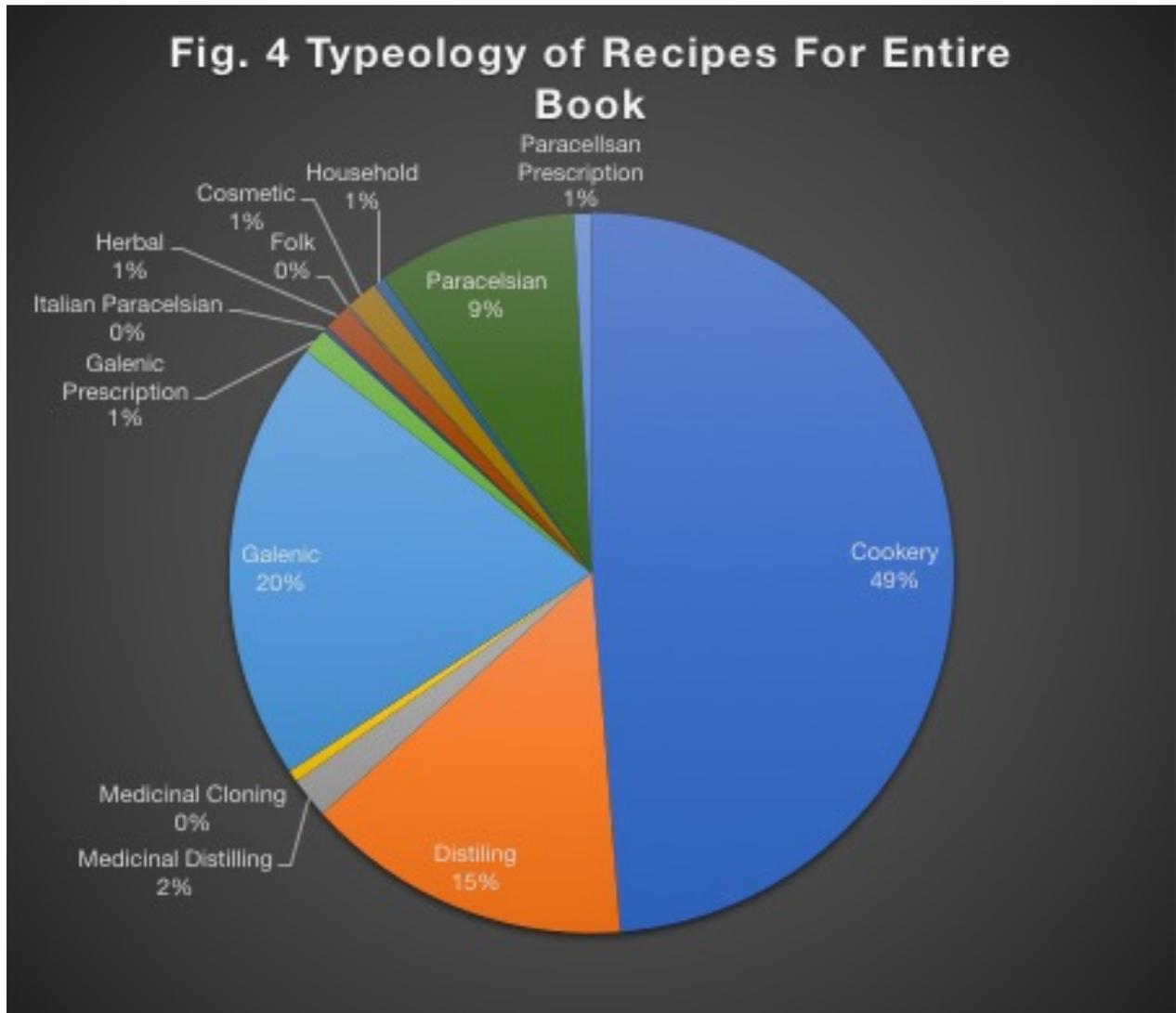


Fig. 4 Typeology of Recipes For Entire Book sourced from Merryell Williams (1701-1800) 'Recipes, [18 cent.]' [Digitised Book] The National Library of Wales, Peniarth MS 513D

Fig. 5 Medical Recipe Typeology

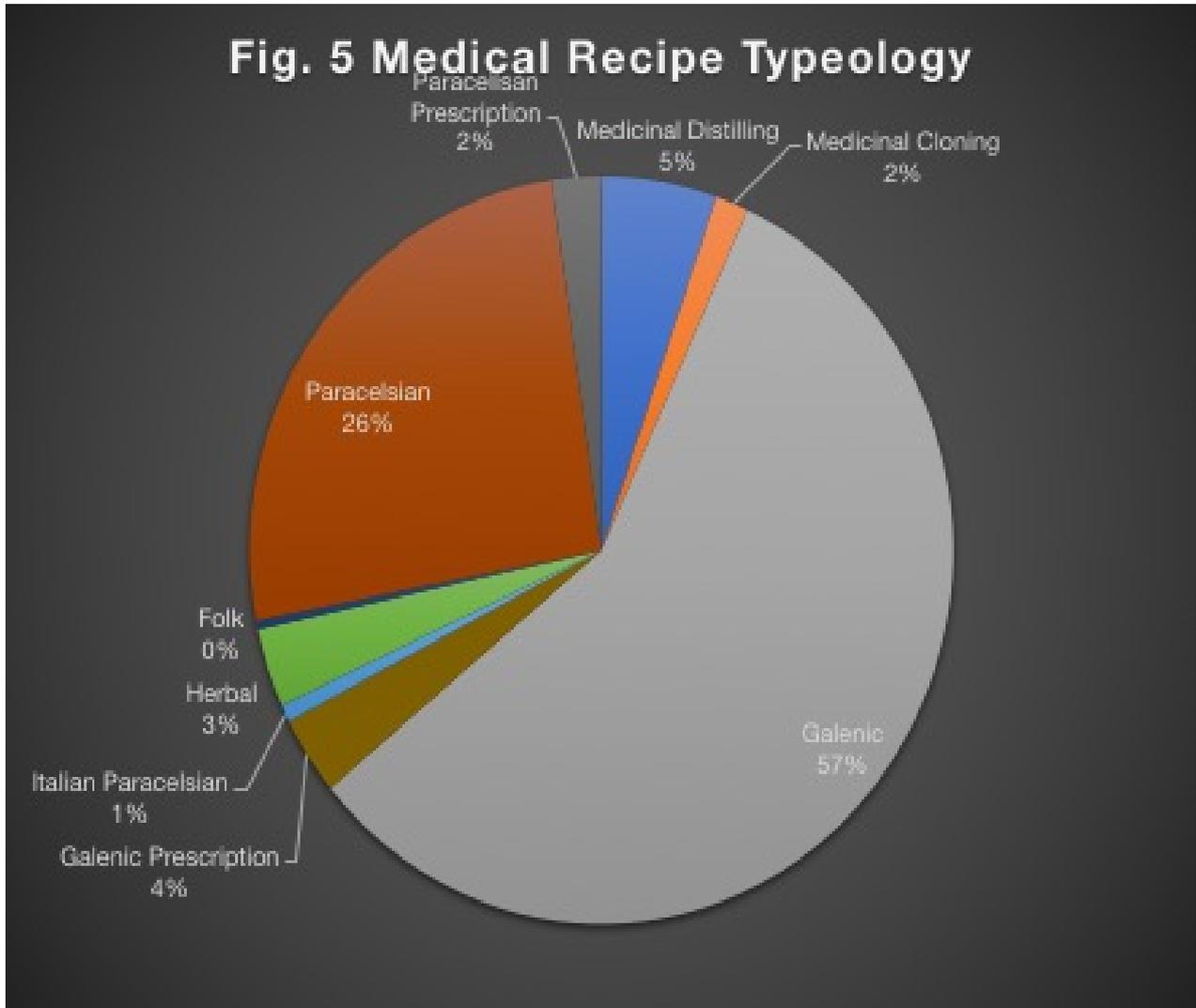


Fig. 5 Medical Recipe Typology sourced from Merryell Williams (1701-1800) 'Recipes, [18 cent.]' [Digitised Book] The National Library of Wales, Peniarth MS 513D

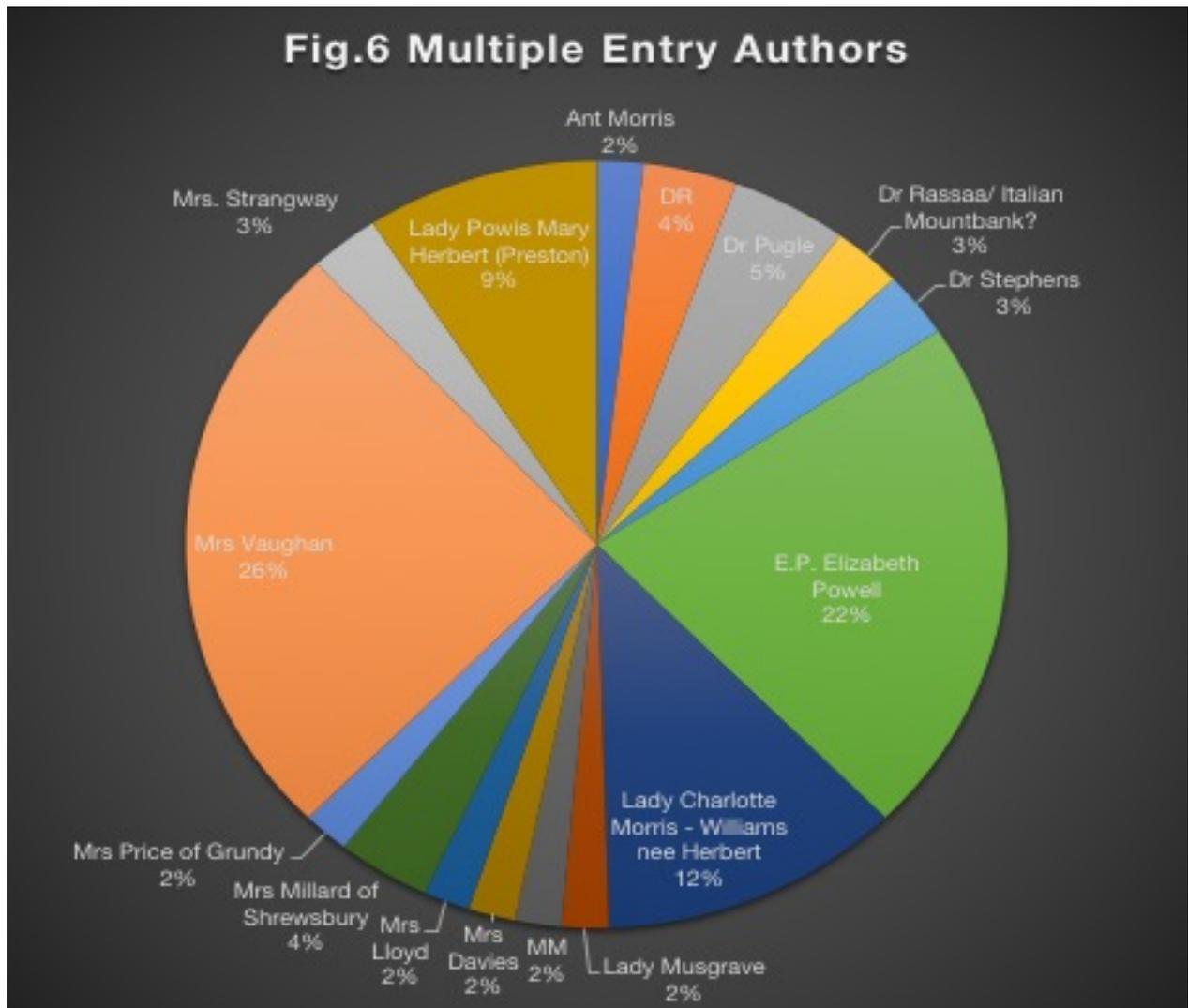


Fig. 6 Multiple Author Entries sourced from Merryell Williams (1701-1800) 'Recipes, [18 cent.]'[Digitised Book] The National Library of Wales, Peniarth MS 513D

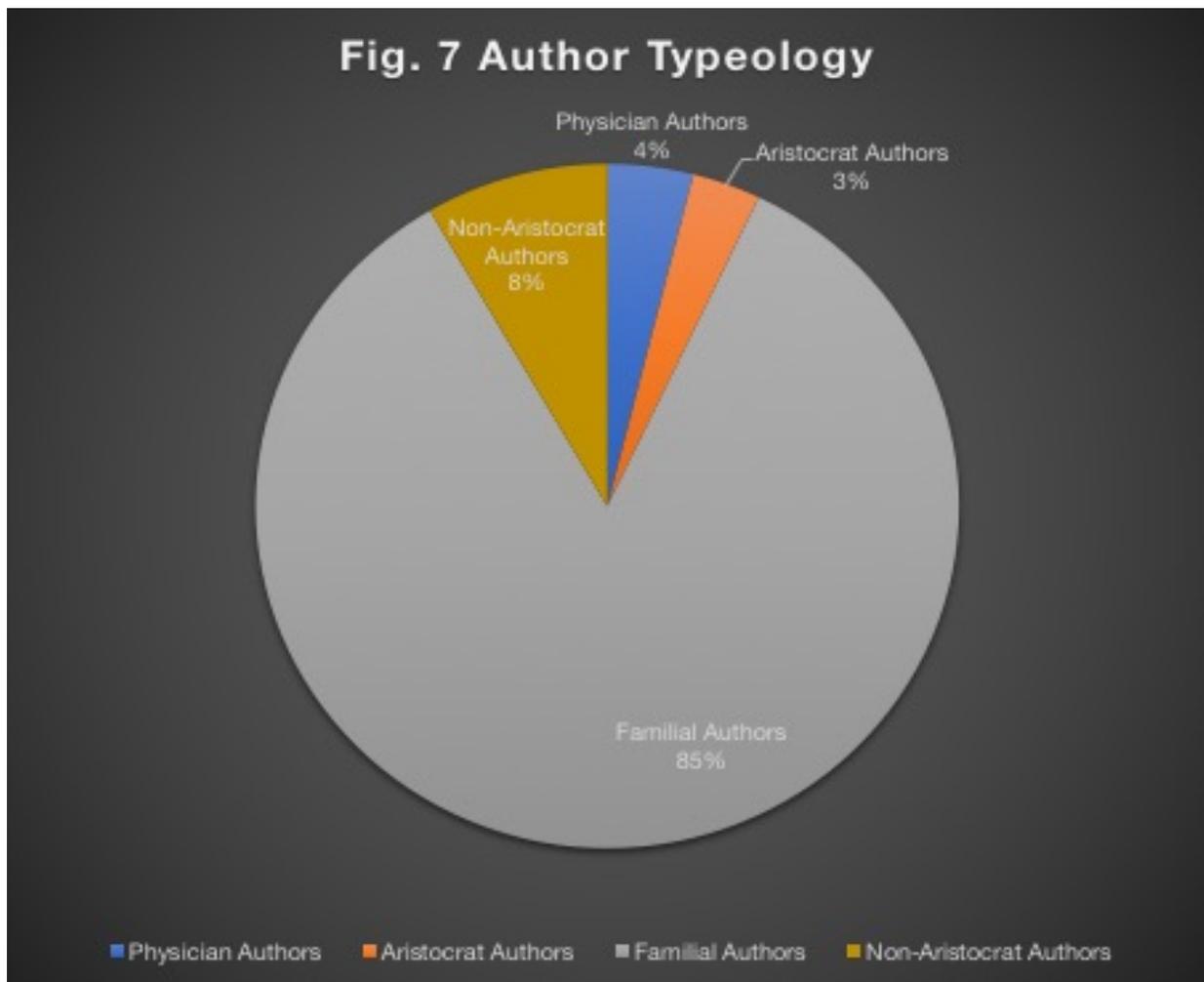


Fig. 7 Author Typeology sourced from Merryell Williams (1701-1800) 'Recipes, [18 cent.]' [Digitised Book] The National Library of Wales, Peniarth MS 513D

Fig. 8 Treatment Types

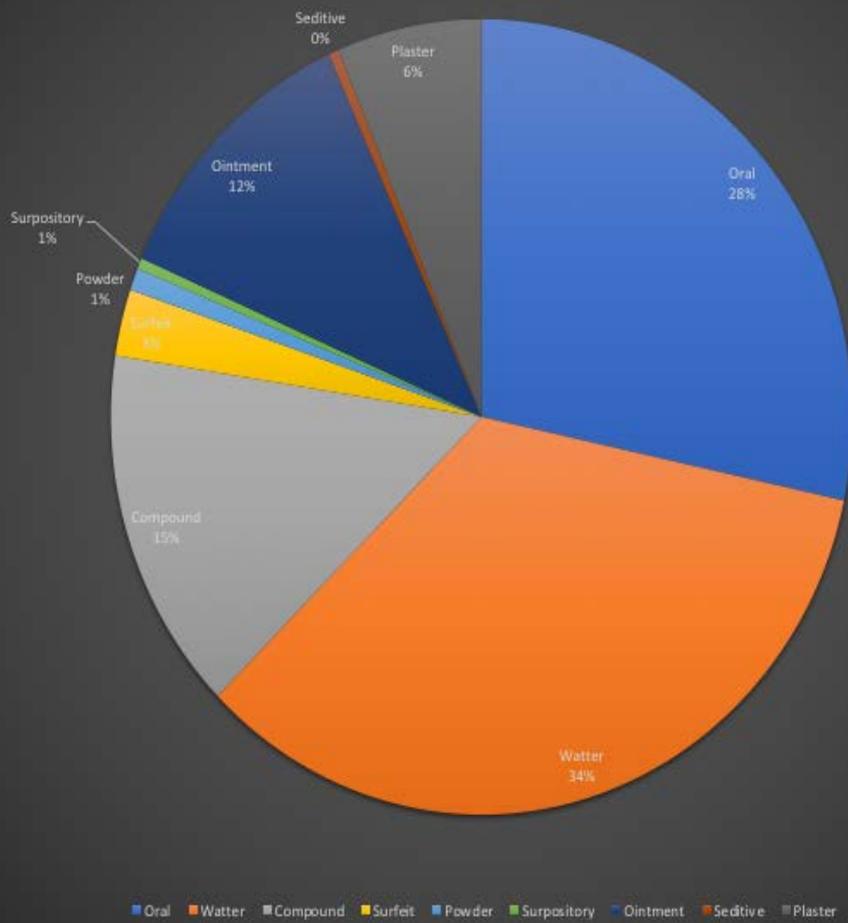


Fig. 8 Treatment Types sourced from Merryell Williams (1701-1800) 'Recipes', [18 cent.][Digitised Book] The National Library of Wales, Peniarth MS 513D

Fig. 9 Ailment Types

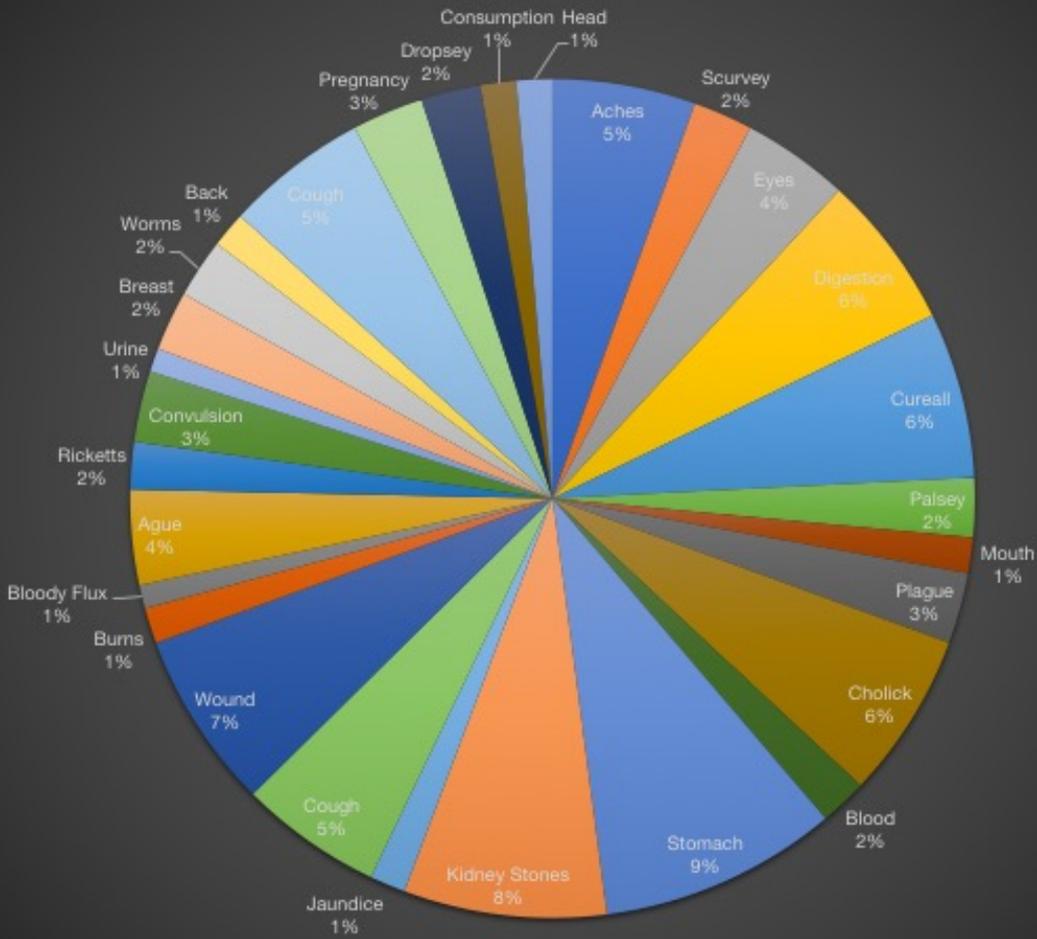


Fig. 9 Ailment Types sourced from Merryell Williams (1701-1800) ‘Recipes, [18 cent.]’[Digitised Book] The National Library of Wales, Peniarth MS 513D

Tables

Table 1 Specific Word Frequency in 88 Recipes sourced from Merryell Williams (1701-1800) ‘Recipes, [18 cent.]’[Digitised Book] The National Library of Wales, Peniarth MS 513D

| | |
|---------|----|
| Limbeck | 12 |
| Still | 68 |
| Distill | 24 |
| Watter | 46 |

Table 2 Adittional authors with multiple entries sourced from Merryell Williams (1701-1800) ‘Recipes, [18 cent.]’[Digitised Book] The National Library of Wales, Peniarth MS 513D

| | |
|-------------------------------|---|
| Ant Morris | 2 |
| DR | 4 |
| Dr Pogle | 5 |
| Dr Rassaa/ Italian Mountbank? | 3 |

| | |
|---|----|
| Dr Stephens | 3 |
| E.P. Elizabeth Powell | 24 |
| Lady Charlotte Morris - Williams nee Herbert | 13 |
| Lady Musgrave | 2 |
| MM | 2 |
| Mrs Davies | 2 |
| Mrs Lloyd | 2 |
| Mrs Millard of Shrewsbury | 4 |
| Mrs Price of Grundy | 2 |
| Mrs Vaughan | 28 |
| Mrs. Strangway | 3 |