

To what extent did the medical understanding, experience and treatment of venereal disease change between 1500-1800?

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### Abstract

Venereal disease was seen as the great epidemic of the early modern period. A new disease that swept across Europe with blistering speed, it became recognised in England from the late fifteenth century. The disease was particularly malignant, infecting large proportions of the population, causing great anxiety and fear across society.

This study focuses on changes in venereological theory. It primarily examines medical treatises, written by physicians and surgeons, and printed between 1500-1800 to analyse the extent to which the medical understanding, experience and treatment of venereal disease changed between 1500-1800. The study will chart these changes and continuities across the period while setting them within the wider medical context of the period.

This dissertation, firstly, analyses how society made sense of the disease, through a detailed analysis of medical treatises produced across the period, it charts the multiple explanations surrounding the origins and causes of the disease, while highlighting how the disease was understood to transmit between individuals. Then, using treatises, patient case-studies and physician advertisements, the experience of venereal disease, including the interpretation, attitudes and response to venereal infection, will be considered. Finally, it outlines the varying treatment methods employed by physicians and surgeons to treat venereal patients.

The study concludes that although important continuities remained throughout the period, particularly in terms of the patient experience and treatment of the disease, there were clear changes in the medical understanding, experience and treatment of venereal disease overall in England between 1500-1800.

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List of Abbreviations

Anonymous, 'New Method'	Anonymous, 'A New method of curing the French-pox written by an eminent French author; together with the practice and method of Monsieur Blanchard. (1690)'
Blegny, 'Curious observations'	Blegny, Nicholas de, 'New and curious observations on the art of curing the venereal disease and the accidents that it produces in all its degrees. (1676)'
Brown, 'A Letter'	Brown, Richard, 'A Letter From A Physician in London To His Friend in the Country; Giving an Account of the Montpellier Practice In Curing the Venereal Disease. (1730)'
Bullein, 'Bulleins bulwarke'	Bullein, William, 'Bulleins bulwarke of defence against all sickness...that dooe daily assaulte mankind. (1562)'
Bunworth, 'A new discovery'	Bunworth, Richard, 'A new discovery of the French disease and running of the reins their causes, signs, with plain and easie direction of perfect curing the same. (1666)'
Cam, 'A short account'	Cam, Joseph, 'A short account of the venereal disease: with observations on the nature, symptoms, and cure. (1717)'
Clowes, 'Profitable treatise'	Clowes, William, 'A short and profitable treatise touching the cure of the disease called (Morbus Gallicus). (1579)'

Harvey, 'Little Venus'	Harvey, Gideon, 'Little Venus unmask'd. (1670)'
Hester, 'French-pockes'	Hester, John, 'An excellent treatise teaching howe to cure the French-pockes. (1590)'
Lowe, 'An easie'	Lowe, Peter, 'An easie, certaine, and perfect method, to cure and preuent the Spanish sickness Wherby the learned and skilfull chirurgian may heale a great many other diseases. (1596)'
Marten, 'A Treatise'	Marten, John, 'A Treatise Of all the Degrees and Symptoms Of The Venereal Difeafe In both Sexes. (1707)'
Peter, 'Venereal Disease'	Peter, Charles, 'Observations on the venereal disease with the true way of curing the same. (1684)'
Sennert, 'Two Treatises'	Sennert, Daniel, 'Two treatises the first of the venereal pocks...the second of the gout.../written in Latin, by Daniel Sennertus...in English, by Nicholas Culpepper. (1660)'
Sintelaer, 'The scourge'	Sintelaer, John, 'The scourge of Venus and Mercury, represented in a treatise of the venereal disease. (1709)'
Smyth, 'Practical essay'	Smyth, J., 'A practical essay on the venereal disease. (1798)'
Spilsbury, 'Advice to those'	Spilsbury, F. B., 'Advice to those afflicted with the venereal disease. Containing the symptoms at large, with practical notes, and advice to them while under cure. (1789)'

Turner, 'Siphylis'	Turner, Daniel, 'Siphylis A Practical Dissertation On The Venereal Disease. (1732)'
Von Hutten, 'De morbo'	Von Hutten, Ulrich, 'De morbo Gallico. (1533)'
Watson, 'Alterative Medicine'	Watson, John, 'An Account Of The Effects of Mr. Hauksbee's Alterative Medicine, As Applied in the Cure of the Venereal Difeafe. (1742)'
Wynell, 'Lues venera'	Wynell, John, 'Lues venera wherein the names, nature, subject causes, signes, and cure, are handled, mistakes in these discovered, rectified, doubts and questions succinctly resolved. (1660)'

Personal statement

I declare that this dissertation is my own, unaided work and that I have not submitted it, or any part of it, for a degree at The Open University or at any other university or institution. Parts of this dissertation are built on work I submitted for assessment as part of A883.



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## Introduction

Venereal disease was viewed as the great epidemic of the early modern period. A new disease, its first large-scale outbreak occurred in 1494 in Charles VIII's French army during its siege of Naples. The disease hit Europe with blistering speed, with Claude Quétel noting that the disease 'spread across the whole of Europe within five years.'<sup>1</sup>

The disease reached, along with the concept of venereal disease first becoming recognised, England in 1497 and its novelty and nature meant medical treatises, written by physicians and surgeons, proliferated during the period. These treatises dealt with varying aspects of the disease, informing readers of its nature, causes, symptoms, and signs of the disease, while also highlighting the best treatment practices for infected persons.

This dissertation focuses on changes in venereological theory, it will examine the medical understanding, experience and treatment of venereal disease in England between 1500-1800. Recent historiography has focused on the extent of venereal infection during the period, with Simon Szreter and Kevin Siena arguing that in 1770s London an individual would have had a '20 per cent chance' of infection.<sup>2</sup> While there has been some work on changes in venereological theory, traditionally, studies of venereal disease have focused on how individuals and societies made sense of the disease, by focusing on aspects such as understanding and treatment. However, there has been little work on whether these aspects changed or largely remained the same during the period.

Therefore, the central aim of this study is to provide insight into what extent the medical understanding, experience and treatment of venereal disease changed in England

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<sup>1</sup> Andrew Cunningham and Ole Peter Grell, *The Four Horsemen Of The Apocalypse: Religion, War, Famine and Death in Reformation Europe* (Cambridge: Cambridge University Press, 2000), p.249.

<sup>2</sup> Simon Szreter and Kevin Siena, 'The Pox in Boswell's London: an estimate of the extent of syphilis infection in the metropolis in the 1770s', *Economic History Review*, 74 (2021), 372-399 (p.374); Simon Szreter, 'Treatment rates for the pox in early modern England: a comparative estimate of the prevalence of syphilis in the city of Chester and its rural vicinity in the 1770s', *Continuity and Change*, 32 (2017), 183-223.

between 1500-1800, by examining a range of medical writing, such as medical treatises, physician advertisements, letters and diaries including physician and patient case-studies. Thus, this dissertation attempts to address a gap in knowledge regarding the continuity and change of venereal disease, while more generally, furthering our knowledge on the understanding and experience of the disease during the early modern period.

Early scholarship on venereal disease focused on how early modern societies made sense of their bodies, health and illnesses. Historians were primarily concerned with recovering past understandings of venereal disease and this is evident in the works of Peter Allen, Claude Quétel and Owsei Temkin.<sup>3</sup> These works examined past understandings by focusing on particular aspects of the disease itself, 'including its origins, [causes], transmission, symptoms, [and] treatments.'<sup>4</sup> This historiography prioritised the disease itself, for example, in 'The Source of This Distemper' and 'A Much-disputed Origin', Allen and Quétel both outline the variety of explanations, competing origin stories and causes surrounding the disease, while Temkin analyses the treatment available during the period.<sup>5</sup>

These traditional studies framed venereal disease in the prevailing medical context of the time, for example, Quétel's study rightly recognises that early modern medicine was governed by the 'Hippocratic-Galenic theory of the humours.'<sup>6</sup> While Allen notes how 'the balance of the humours' was the 'foundation' on which the understanding of medicine, health and illnesses, such as venereal disease, was understood.<sup>7</sup> These studies analysed venereal disease within the humoral model of the body. For example, Temkin analyses medical literature to argue how the humoral paradigms emphasis on the 'elimination of the morbid humors', by encouraging excretion such as 'salivation' and 'sweating', highlights the

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<sup>3</sup> Peter Lewis Allen, *The Wages of Sin: Sex and Disease, past and present* (London: The University of Chicago Press, 2000); Claude Quétel, *History of Syphilis*, (Cambridge: Polity Press, 1990); Owsei Temkin, 'Therapeutic Trends and The Treatment of Syphilis Before 1900', *Bulletin of the History of Medicine*, 29 (1955), 309-316.

<sup>4</sup> Olivia Weisser, 'Histories of the pox', *History Compass*, 19 (2021), 1-9 (p.1).

<sup>5</sup> Allen, pp.43-45; Quétel, pp.33-49; Temkin, pp.309-316.

<sup>6</sup> Quétel, p.53.

<sup>7</sup> Allen, p.6.

‘profound influence’ of humoralism upon the treatment used for venereal disease.<sup>8</sup> Therefore, traditional scholarship, suggests a strong relationship between humoral theory and venereal disease, supporting what Mary Lindemann calls the dominance of ‘environmentalism and humoralism’ in interpreting sickness, and disease during the early modern period.<sup>9</sup>

This work followed traditional medical historiography, where studies were often ‘physician-centered’, in which the evidence consulted was primarily drawn from the testimony of great doctors, like treatises and casebooks.<sup>10</sup> These studies enhanced our understanding of venereal disease, however, they provided limited insight into its lived experience and its interactions with other factors. In the latter half of the twentieth-century this historiography shifted following the development of new ‘social movements’, such as working class movements and feminism, to focus on a medical history from below.<sup>11</sup> Roy Porter championed this new approach arguing for an ‘atlas of sickness experience’ that reorientated the focus, from physicians to the experiences of ordinary patients, and analysed and interpreted medical history within and alongside a variety of contexts, such as gender, religion and cultural.<sup>12</sup>

Porter’s call for a variety of experiences has led to a revision in the historiography of venereal disease. Kevin Siena and Olivia Weisser have built on traditional scholarship to examine the role of gender in the experience of venereal disease. Siena and Weisser highlight the ‘demand for privacy’ by patients, with venereal disease dubbed ‘the “secret

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<sup>8</sup> Temkin, p.313.

<sup>9</sup> Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010), p.9.

<sup>10</sup> Roy Porter, ‘The Patients View: Doing Medical History from Below’, *Theory and Society*, 14.2 (1985), 175-98 (p.175).

<sup>11</sup> Silvia De Renzi, ‘Block 4A, Unit 1: Historicising bodies and health, 1.2 The emergence of a field’. *A883 MA History Part 1* (2022) <<https://learn2.open.ac.uk/mod/oucontent/view.php?id=2041796&section=3>> [accessed 17 October 2023].

<sup>12</sup> Porter, ‘The Patients View’, p.181.

disease” by those afflicted.<sup>13</sup> Their work examines physician advertisements to argue that privacy was a key aspect of the patient experience. Furthermore, Siena outlines how physicians adopted certain tactics to ensure patient confidentiality in ‘the doctor-patient exchange.’<sup>14</sup>

Historians, focusing on the treatment of the disease, have concentrated their efforts on the role and dominance of mercury during the period. Claude Quetel and Andrew Cunningham both emphasize its important role, ‘Mercury is king’ and ‘Mercury and the pox’, in the development of cures and its impact on venereal patients.<sup>15</sup> However, little work has been completed measuring the extent to which mercurial treatment, including its use and the methods employed by physicians, changed throughout early modern England.

Recent works have outlined the variety of experiences and aspects of venereal disease. Trevor Burnard, Richard Follett and Katherine Paugh take a cultural approach.<sup>16</sup> They assess differences in understanding and response to venereal disease between England, and later Britain, and its colonies. Paugh argues that there was a ‘dynamic interplay’ between Britain and West African medical knowledge, demonstrating how the experience of venereal disease was ‘embedded within the...discourse of... [gender], masculinity and empire’.<sup>17</sup>

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<sup>13</sup> Kevin Siena, ‘The “Foul Disease” and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London’, *Bulletin of the History of Medicine*, 75 (2001), 199-224 (p.223); Olivia Weisser, ‘Treating the Secret Disease: Sex, Sin, and Authority in Eighteenth-Century Venereal Cases’, *Bulletin of the History of Medicine*, 91 (2017), 685-712 (p.685).

<sup>14</sup> Siena, ‘The “Foul Disease”’, p.224.

<sup>15</sup> Quetel, p.83; Andrew Cunningham, ‘Chapter 10 Mercury “One of the Most Valuable Drugs We Have” (1937)’, in *“It All Depends on the Dose” Poisons and Medicines in European History*, eds by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Abingdon: Routledge, 2018), pp.173-190 (p.175).

<sup>16</sup> Trevor Burnard and Richard Follett, ‘Caribbean Slavery, British Anti-Slavery, and The Cultural Politics of Venereal Disease’, *The Historical Journal*, 55 (2012), 427-451; Katherine Paugh, ‘Yaws, Syphilis, Sexuality, and the Circulation of Medical Knowledge in the British Caribbean and the Atlantic World’, *Bulletin of the History of Medicine*, 88 (2014), 225-252.

<sup>17</sup> Paugh, p.252; Burnard and Follett, p.430.

The revision in secondary literature, following Porter's call, has highlighted the variety of experiences and contexts in which venereal disease operated in. It has also broadened our knowledge of how early modern society understood and reacted to the disease. However, there has been little work analysing to what extent this understanding and response changed during the early modern period. This question will be tested against primary evidence, like medical treatises, physician advertisements and patient case-studies, to discover how far the medical understanding, experience and treatment of venereal disease changed during the period.

This dissertation uses the term venereal disease, instead of syphilis, to avoid applying a modern understanding and diagnosis to historic illnesses and disease. The term, 'venereal disease', encompassed a variety of conditions and symptoms during the period that are now considered different and 'separate'.<sup>18</sup> For example, Noelle Gallagher notes how during the period the 'two infections', syphilis and gonorrhoea, were understood 'to be different phases' of the same infection, with gonorrhoea developing into a "'confirmed pox'" if not 'swiftly or properly treated.'<sup>19</sup> Furthermore, this approach to definition complements the methodology of the dissertation. By considering and using the language and terms, employed during the period, helps frame how society and individuals understood and thought about venereal disease during early modern England.

The principal source for this dissertation is the close analysis of medical treatises, such as William Clowes's 1579 treatise, *A short and profitable treatise touching the cure of the disease called (Morbus Gallicus)*, concerning venereal disease.<sup>20</sup> Although, primarily written by physicians and thus offering a 'top-down' perspective, the treatises deal with various aspects of the disease itself. Many of the treatises are divided into sections, such as the origins, causes, symptoms and treatment of the disease, and thus provides important

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<sup>18</sup> Kevin P. Siena, *Venereal Disease, Hospitals And The Urban Poor: London's "Foul Wards", 1600-1800* (Rochester: The University of Rochester Press, 2004), p.15.

<sup>19</sup> Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease In The Eighteenth-Century Imagination* (New Haven: Yale University Press, 2018), p.2.

<sup>20</sup> Clowes, 'Profitable treatise', EEBO.

insights into how physicians and society understood, explained and treated venereal disease during the period.

Methodologically this dissertation follows the approach and work of Andrew Cunningham in analysing venereal disease. Cunningham notes that diseases are not constant 'historical entities' but 'changing socio-cultural constructions.'<sup>21</sup> Therefore, historic illness and disease did not exclusively operate within biological and medical spheres, but were also influenced, shaped and understood within a variety of different concepts, such as social, religious and cultural factors. Consequently, Cunningham argues that historians must adopt an approach that focuses on 'disease concepts in action', by examining 'how diagnosis happens', through an analysis of how early modern individuals thought, understood and responded to illness and disease.<sup>22</sup> Therefore, this dissertation aims to undertake a qualitative analysis of a range of medical writings, such as medical treatises, physician advertisements, and patient case-studies, to examine the multiple ways in which individuals understood (the origins, causes and modes of transmission) and responded (the experience and treatment) to venereal disease during early modern England. By adopting this approach, and analysing individual's thoughts and actions, this dissertation aims to provide a 'historical view' of venereal disease.'<sup>23</sup>

The multiple ways in which individuals understood and responded to venereal disease between 1500-1800 will be extracted. The dissertation will chart whether these explanations and responses became more or less prominent during the period. Moreover, the varying explanations and responses will be analysed qualitatively, highlighting how these ideas linked to changing medical understanding and practice more generally during the period. Overall, evidence drawn from the medical treatises will be assessed to see how far changing ideas about venereal disease fit within the wider medical context of the early modern period.

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<sup>21</sup> Claudia Stein, *Negotiating the French Pox in Early Modern Germany* (Abingdon: Routledge, 2016), p.14.

<sup>22</sup> Stein, p.14; Andrew Cunningham, 'Identifying disease in the past: cutting the gordian knot', *Asclepio*, 54 (2002), 13-34 (p.16).

<sup>23</sup> Cunningham, 'Identifying disease', p.16.

Research on *Reading Early Medicine (REM)*, *English Short Title Catalogue (ESTC)*, *Early English Books Online (EEBO)* and *Eighteenth-Century Collections Online (ECCO)* indicated a range of treatises throughout the early modern period. Due to the chronological scope of the dissertation, and the vast number of medical treatises produced, a select number of treatises have been chosen for analysis. This study has prioritised printed treatises, specifically medical writing that was republished and ran into multiple editions, such as Gideon Harvey's *Little Venus Unmask'd*, which by 1685 had published its fifth edition, and *A Practical Essay On The Venereal Disease*, by J. Smyth which in 1798 had printed its 'Twenty Eight Edition.'<sup>24</sup> Moreover, the author was also considered in selecting which treatises to examine, with noted and distinguished physicians and surgeons, who had experience of treating venereal patients, chosen for analysis. For instance, William Clowes was an English surgeon, who became one of the permanent surgeons at St Bartholomew's Hospital, one of the main hospitals in London treating venereal patients. Furthermore, in 1569 Clowes became a member of the Company of Barbers and Surgeons and in 1586 was appointed as 'surgeon of the fleet', including surgeon to Queen Elizabeth I.<sup>25</sup>

This selection and examination of works by prominent and respected physicians and surgeons, who had experience of treating venereal patients, ensured that the treatises examined were an accurate reflection of medical opinion and understanding at the time. Furthermore, the high publication rate, including the running into multiple editions, suggests that the chosen treatises were influential, popular, and struck a high readership amongst the population, alluding to their wide circulation across early modern England.

To ensure change and continuities could be traced accurately, this dissertation has examined medical treatises throughout the period 1500-1800, with a relative number of treatises sampled in each century. Four treatises have been examined from the sixteenth

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<sup>24</sup> Harvey, 'Little Venus', EEBO; Smyth, 'Practical essay', ECCO.

<sup>25</sup> I. G. Murray, 'Clowes, William (1543/4-1604)', *Oxford Dictionary of National Biography*, <<https://www-oxforddnb-com.libezproxy.open.ac.uk/display/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-5716?rskey=DEhxCH&result=4>> [accessed 16 May 2024].



century and five treatises have been examined from the seventeenth and eighteenth centuries, to ensure that the evidence analysed covers the entire timeframe of early modern England. Moreover, the treatises will be supplemented by consideration of additional evidence, such as physician advertisements, physician and patient case-studies, letters and diaries, to establish the wider context of the experience of venereal disease during early modern England.

This dissertation is structured thematically with each chapter examining a specific aspect of venereal disease. Chapter One provides an outline of how the medical understanding of venereal disease changed during the period. It analyses the multiple ways in which early modern society explained the origins and causes of the disease, while also analysing how individuals understood the disease to spread through society. The chapter will assess how far changing ideas about venereal disease fell in-line with overarching medical developments during the period. Chapter Two focuses on the experience of venereal disease, analysing the perception, interpretation, attitudes and response by individuals to the infection and the disease itself. It will outline the range of experiences, evident across early modern England, measuring to what extent this experience changed during the period. Finally, Chapter Three, charts the treatment methods employed by physicians between 1500-1800. It shows, that although the use of mercury was prominent, mercurial treatment developed and changed throughout the period, while alternative treatment methods were available to venereal patients.

## Chapter One: The origins and causes of venereal disease

The historiography of medical history highlights the dominance of humoral theory to early modern understanding of sickness and health. In his *History of Syphilis* Claude Quétel acknowledges this importance writing that the historiography from the nineteenth century onwards ‘scarcely distinguish’ between the early modern and medieval period, as being ‘dominated by the Hippocratic-Galenic theory of the humours.’ Although Quétel does recognise the developments in medical theory during the period, he argues that in this context, the history of venereal disease is ‘the object of medical attention whose importance has too often be underestimated.’<sup>1</sup>

This chapter will attempt to address this shortcoming by analysing the extent to which the medical understanding of venereal disease changed in-line with wider medical developments between 1500-1800. Through the analysis of fourteen medical treatises, alongside supporting medical writings, this chapter will chart the various explanations and causes of venereal disease during the period. Table 1 outlines the presence and absence of ten causes and key modes of transmission discussed in the medical treatises.

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<sup>1</sup> Claude Quétel, *History of Syphilis* (Cambridge: Polity Press, 1990), p.53.

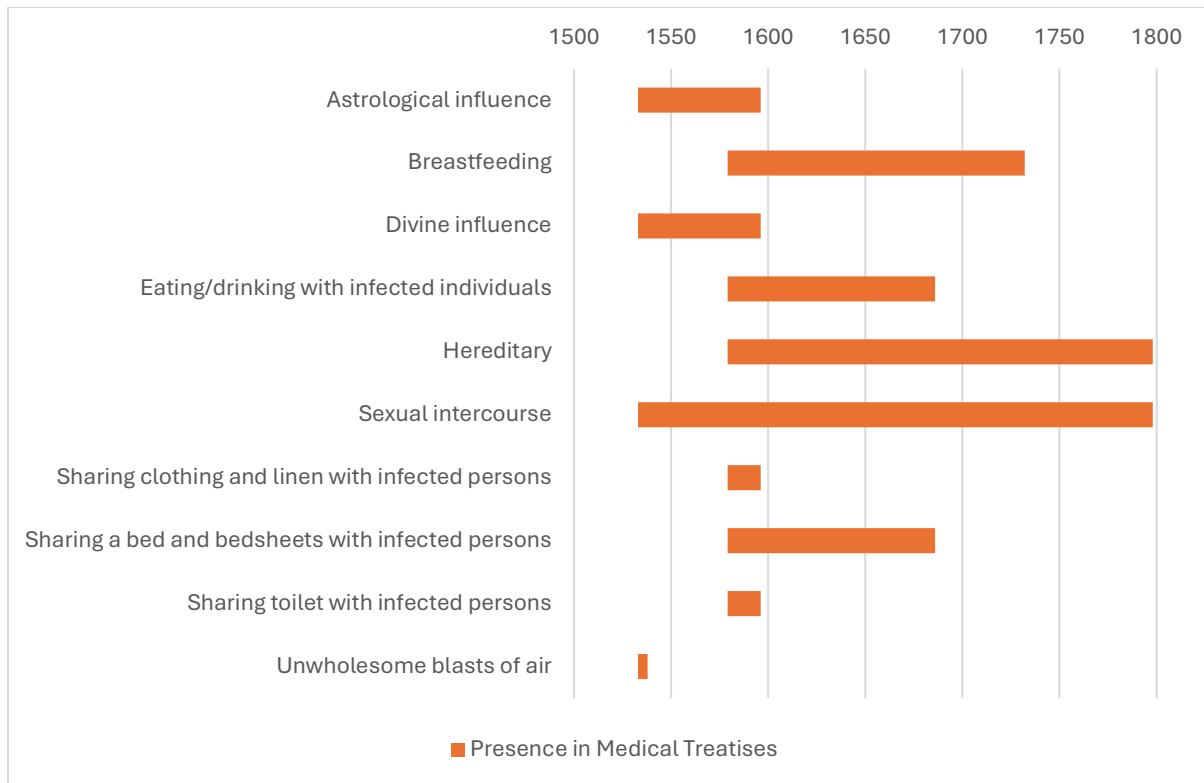


Table 1: The presence/absence of causes and key modes of transmission of venereal disease between 1500-1800.<sup>2</sup>

During the late fifteenth century, when the concept of venereal disease first became recognised in England, and throughout the sixteenth century ‘providential and astrological theories’ surrounding the cause of venereal disease were prominent.<sup>3</sup> Ulrich von Hutten, a German soldier and poet-laureate, wrote extensively on his own experiences of venereal disease. His 1533 treatise, *De morbo Gallico*, was in circulation throughout early modern England, with Thomas Paynell translating the treatise in 1533. Furthermore, London physician, Daniel Turner had read the text early in his surgical career and so impressed he noted, ‘no Physician, has given us...a better and more graphical Account of the Disease’,

<sup>2</sup> Von Hutten, ‘De morbo’, EEBO; Clowes, ‘Profitable treatise’, EEBO; Hester, ‘French-pockes’, EEBO; Lowe, ‘An easie’, EEBO; Sennert, ‘Two treatises’, EEBO; Wynell, ‘Lues venera’, EEBO; Bunworth, ‘New discovery’, EEBO; Harvey, ‘Little Venus’, EBBO; Peter, ‘Venereal Disease’, EEBO; Sintelaer, ‘The scourge’, ECCO; Cam, ‘Short account’, ECCO; Turner, ‘Syphilis’, Wellcome Collection; Spilsbury, ‘Advice to those’, ECCO; Smyth, ‘Practical essay’, ECCO.

<sup>3</sup> Kevin Siena, ‘Pollution, Promiscuity, and the Pox: English Venereological and the Early Modern Medical Discourse on Social and Sexual Danger’, *Journal of the History of Sexuality*, 8 (1998), 553-574 (p.562).

before going onto republish the work in the “modern’ English vernacular’ in 1730, thus highlighting its longevity and influence in the English medical sphere.<sup>4</sup> Writing in 1533, von Hutten refers to how early modern society interpreted venereal disease as ‘the wrath of god.’<sup>5</sup> This demonstrates how illness and disease were situated within a religious context. Claudia Stein stresses how early modern individuals did not view illness and disease as ‘random or coincidental’ but rather within ‘the context of divine will.’ This meant that diseases were often viewed by society as embodying ‘a higher purpose’, such as a sign or message from God, in which it was an individual’s ‘duty to decipher and interpret’ its meaning.<sup>6</sup> Stein’s argument is supported by a 1562 medical text by William Bullein. Bullein writes how society became ‘smitten with the plague, called the French Pox’ because of God’s ‘disobedient children’ who ‘haue liued in most shamles lust and lechery.’<sup>7</sup> This emphasises the belief that venereal disease was interpreted as a ‘divinely ordained tool’ sent by God as a punishment to cleanse and ‘purify a world of sin.’<sup>8</sup> This dominance of a providential understanding, surrounding the origins and cause of venereal disease, during the sixteenth century can partly be explained by examining the broader context of the period. To explain, Cunningham and Grell argue how venereal disease appeared within a culture that was characterised by ‘apocalyptic expectations, eschatological speculations and millenarian dreams’ and this culture was intensified with the political and religious turmoil of sixteenth century England.<sup>9</sup> Therefore, sixteenth century views and ways of thought were often ‘hardwired to interpret major phenomena’, like venereal disease, as signs of ‘divine displeasure.’<sup>10</sup> Thus, highlighting the importance and prominence of providential

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<sup>4</sup> Philip K. Wilson, *Surgery, Skin and Syphilis: Daniel Turner’s London (1667-1741)* (Amsterdam: Editions Rodopi: 1999), p.165.

<sup>5</sup> Von Hutten, ‘De morbo’, p.2.

<sup>6</sup> Claudia Stein, *Negotiating the French Pox in Early Modern Germany* (Abingdon: Routledge, 2016), p.23.

<sup>7</sup> Bullein, ‘Bulleins bulwarke’, fol.LX.

<sup>8</sup> Kevin Siena, ‘Chapter 25 ‘The Venereal Disease’ 1500-1800’, in *The Routledge History of Sex and the Body*, eds by Sarah Toulalan and Kate Fisher (London: Routledge, 2013), pp.463-478 (p.468).

<sup>9</sup> Andrew Cunningham and Ole Peter Grell, *The Four Horsemen Of The Apocalypse: Religion, War, Famine and Death in Reformation Europe* (Cambridge: Cambridge University Press, 2000), p.1.

<sup>10</sup> Siena, ‘Chapter 25 ‘The Venereal Disease’’, p.467.

understandings, as shown in Table 1, surrounding the origins and causes of venereal disease during sixteenth century England.

Although, divine influences were not the only explanation for venereal disease in sixteenth century England, with Stein arguing that divine theories were ‘closely connected’ to astrological explanations during the period.<sup>11</sup> Sixteenth century medical treatises reveal the ascendancy of astrological explanations with several of the treatises referring to the ‘influence of the stars’ in causing venereal disease.<sup>12</sup> Von Hutten’s 1533 treatise describes how the ‘conjunctions of Saturn and Mars’ caused ‘[unwholesome] blastes of ayre’, that released, ‘venomous vapours’ in which living ‘creatures (in drawyng the breth) receyued.’<sup>13</sup> This passage not only emphasises the importance of astrological explanations but demonstrates how this understanding was framed within contemporary medical knowledge and theory. To illustrate, von Hutten’s writings, with its focus on the ‘corruption (or rotting) of the air’ exemplifies the early modern theory of miasma.<sup>14</sup> This linked sickness and health to the environment, arguing that illness and disease resulted from a ‘putrefaction of the air’, in which the air turned bad and acted as a ‘polluting agent’ corrupting the natural environment and subsequently individuals.<sup>15</sup> This link is evident in von Hutten’s treatise, which details the impact of rotting air on the environment, ‘the lakes, fountains, flodes, and also the sees were corrupted.’<sup>16</sup> Therefore, von Hutten’s treatise illustrates the importance of astrological explanations in understanding the cause of venereal disease, while demonstrating how these explanations were framed within contemporary medical knowledge, such as humoralism and miasma.

However, by the turn of seventeenth century providential and astrological theories started to decline in favour of what Siena calls ‘the putrefaction theory.’ This attributed

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<sup>11</sup> Stein, p.30.

<sup>12</sup> Hester, ‘French-pockes’, p.1.

<sup>13</sup> Von Hutten, ‘De morbo’, p.3.

<sup>14</sup> Cunningham and Grell, *The Four Horsemen*, p.253.

<sup>15</sup> Caroline Hannaway, ‘Chapter 15 Environment and Miasmata’, in *Companion Encyclopedia of the History of Medicine*, eds by W. F. Bynum and Roy Porter (Abingdon: Routledge, 1993), pp.292-308 (p.295).

<sup>16</sup> Von Hutten, ‘De morbo’, p.3.

'agency to the womb', placing the cause of venereal disease in women's bodies.<sup>17</sup> This is illustrated in the 1690 medical treatise, *A New Method of Curing the French Pox*, which details the role of the womb in causing venereal disease. The treatise details that the disease is caused by 'Seed that is much corrupted' and outlines where these corrupted seeds are found and developed, 'nor is there any Seed that is corrupted, but in the Wombs of common Women which keep company with many Men.'<sup>18</sup> This suggests, that by the mid seventeenth century, the cause of venereal disease became linked with women's bodies and female sexual behaviour. Moreover, the treatise explains how the disease is caused in the womb. The author refers to the womb as 'naturally fitted to preserve the Seeds with all their Spirits', arguing that a womb with a mixture of seeds results in them 'forcibly justle against one another.' This mixture of seeds in the womb is defined as a 'Ferment', which the author argues is, 'capable of corrupting other Seeds, and all the Parts of the Body.'<sup>19</sup> The womb was understood as the organ responsible for this putrefaction because of its qualities and properties, for example, early modern physicians believed that the 'heat and moisture' of the womb was what triggered the seeds putrefaction causing them to become 'venemous.'<sup>20</sup> Kevin Siena highlights the central role of heat in early modern theories of venereal disease. He writes how venereologists understood individuals of a hotter constitution as more transmittable of venereal disease as 'heat "agitated" the venereal poison.' This is evident in a medical treatise dating from 1673 which refers to venereal disease as 'very malignant in a cholorique, hot and dry Constitution.'<sup>21</sup> This is because in bodies which were hot and moist the venereal venom was thought to be 'active, spiritous and quick' because of the heat and moisture which 'increase Putrefaction and Corruption of Humours' which 'being *diffusive qualities* soon communicate the Venom.'<sup>22</sup> Therefore, by the mid seventeenth century the medical understanding surrounding the cause of venereal disease became firmly rooted in the female body. Compared to the sixteenth century, when providential and astrological explanations were prominent, by the 1660s the cause of the disease became associated with

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<sup>17</sup> Siena, 'Pollution, Promiscuity, and the Pox', p.564.

<sup>18</sup> Anonymous, 'New method', p.29.

<sup>19</sup> Anonymous, 'New method', pp.29-30.

<sup>20</sup> Blegny, 'Curious observations', p.14.

<sup>21</sup> Siena, 'Pollution, Promiscuity and the Pox', p. 563.

<sup>22</sup> Siena, 'Pollution, Promiscuity and the Pox', pp.563-564.

the 'female reproductive organs', specifically the womb, and its role in the putrefaction of seeds from 'their fermentation to corruption.'<sup>23</sup>

This change in venereological theory and understanding during the seventeenth century can partly be explained by the rise of several new branches of medicine, such as Paracelsianism and Helmontian. Paracelsianism and Helmontian medicine were based on the ideas of Paracelsus (1493-1541) and his follower Johannes Baptista van Helmont (1579-1644). They challenged Galenic medicine and humoral theory, by creating a natural philosophy based on 'chemical principles.' These approaches understood the inner workings of the human body and medicine within a chemical framework and identified, salt, sulphur and mercury as the 'primary substances', instead of the Galenic system of 'qualities, elements and humours.'<sup>24</sup> By the 1660s these new approaches became firmly established with Andrew Wear arguing that the latter seventeenth century witnessed the 'height of Helmontian influence.'<sup>25</sup> England was at 'the centre' of this 'new science' in medicine, where the epistemological framework shifted from Galenism and the study of renaissance texts to a medical understanding and knowledge built 'from observation and experimentation.'<sup>26</sup> The combination of these approaches, Paracelsian and Helmontian, with chemistry and the new sciences during the seventeenth century was labelled iatrochemistry and this change in medical theory is reflected in the wider change in venereological understanding during the period. For example, the change in venereological theory, with its focus on the womb and the putrefaction of seeds, reflects the new medical theory iatrochemistry and this is evident in the language employed, in many of the seventeenth century medical treatises, with its emphasis on 'putrefaction, fermentation, acidic particles, and salts.'<sup>27</sup>

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<sup>23</sup> Siena, 'Pollution, Promiscuity and the Pox', p.564; Blegny, 'Curious observations', p.13.

<sup>24</sup> Andrew Wear, 'Chapter 6: Medicine in Early Modern Europe. 1500-1700', in *The Western Medical Tradition 800 BC To AD 1800* eds by Lawrence I. Conrad, Michael Neve, Vivian Nutton, Roy Porter and Andrew Wear (Cambridge: Cambridge University Press, 1995), pp.207-362 (p.313).

<sup>25</sup> Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680*, (Cambridge: Cambridge University Press, 2000), p.353.

<sup>26</sup> Wear, 'Chapter 6: Medicine in Early Modern Europe. 1500-1700', p.341.

<sup>27</sup> Siena, 'Pollution, Promiscuity and the Pox', p.565.

This change in venereological understanding is clearly evident in Richard Bunworth's 1666 treatise, *A new Discovery Of The French Disease*. For example, Bunworth notes that the 'Chymists' define venereal disease as a 'venemous ferment...that...seizeth upon the solid and liquid parts of the body.'<sup>28</sup> This suggests a medical understanding based upon the theories of iatrochemistry. To illustrate, the absence of discussion regarding the humours and the medical texts emphasis on processes, such as fermentation, alludes to a medical understanding based on scientific principles. To explain, the focus on processes, such as fermentation and putrefaction, supports the notion of 'the body as a machine or...chemical distillery' providing evidence of how the human body was understood within an iatrochemical framework.<sup>29</sup> This is also evident in the 1690 treatise, *A New Method Of Curing The French Pox*, in which the author writes how the process of fermentation, 'that proceeds from the corruption of Seeds', results in the seeds exalting 'their own Salt' which is 'also of the nature of an Acid.'<sup>30</sup> This focus on processes, like putrefaction and fermentation, and the discussion of seeds, salts and acidic particles, suggests a medical understanding based on chemical principles. Thus, providing evidence how the medical understanding of venereal disease shifted, during the mid-seventeenth century, towards and based upon an iatrochemical understanding of the human body.

However, Bunworth's treatise also illustrates important continuities in the understanding of venereal disease. The treatise writes how the 'Galenists affirm' that the cause of venereal disease is a 'certain venom which preys upon the blood', thus suggesting the continued significance of humoral theory during the seventeenth century.<sup>31</sup> For instance, in humoralism blood, alongside the other three humours, were understood to be made-up of 'ingested food' that was turned into a 'nutritious fluid (chyle) in the stomach', before being transformed and 'concocted' by 'the liver' into 'the four humours.' Which was then circulated throughout the body by the liver 'to nourish its various parts and organs.'<sup>32</sup>

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<sup>28</sup> Bunworth, 'New discovery', p.3.

<sup>29</sup> Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010), p.12.

<sup>30</sup> Anonymous, 'New method', p.31.

<sup>31</sup> Bunworth, 'New discovery', p.3.

<sup>32</sup> Stein, p.40.



Therefore, the treatises emphasis on the corruption of the blood and its impacts on the human body, for example Bunworth mentions how the corruption is 'hurtful to the liver', demonstrates the continued importance of humoralism in individual's understandings of illnesses such as venereal disease.<sup>33</sup>

It is also important to consider how individuals understood the disease to spread across society. The transmission of venereal disease fell broadly into two main types, mediate and immediate contact. Mediate contact refers to transmission through indirect means and Table 1 illustrates its prominence during the first half of the early modern period. Clowes's 1579 treatise outlines several ways in which venereal disease could be caught indirectly, for example, 'eating, and drinking with infected persons' and 'by wearing the clothes of infected folkes.'<sup>34</sup> This is supported by Lowe's 1596 treatise which details how the disease is spread, by 'lying in uncleane linnen...or receiuing the breath of such as are infected, and by sitting on the priuie after them.'<sup>35</sup> This demonstrates that physicians during the sixteenth- to mid-seventeenth century understood venereal disease to be transmittable by indirect contact and this coincides with the providential and astrological explanations for venereal disease. To explain, the astrological explanations, situated within the framework of miasma, exemplifies transmission through indirect means such as the air.

Therefore, mediate modes of transmission were an integral part of the medical understanding of venereal disease during the fifteenth- to mid-sixteenth century. However, this understanding was not static and one key change was the discrediting and rejection of mediate transmission during the seventeenth and eighteenth centuries. This change is chiefly illustrated in a 1660 treatise by Wynell, which argues, 'all mediate contact being rejected, it followes, that onely by immediate and corporeall contact, this disease is conveyed.'<sup>36</sup> Moreover, Wynell provides reasoning for this rejection by employing a comparison with plague epidemics. For example, Wynell notes the absence of mass infection

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<sup>33</sup> Bunworth, 'New discovery', p.3.

<sup>34</sup> Clowes, 'Profitable treatise', Ch.2 B.iii.

<sup>35</sup> Lowe, 'An easie', Ch.2 B2.

<sup>36</sup> Wynell, 'Lues venerea', p.28.

in areas with sufferers of venereal disease, unlike 'in times of pestilent contagion', when large swathes of the population 'would daily be infected, (especially they that domestically cohabit).'<sup>37</sup> Furthermore, Wynell discredits the understanding that objects could transmit the disease, like sharing clothing, bedsheets and cutlery, writing, 'if the aire cannot receive it', to transmit the disease between individuals, then 'other externall bodies' are unable to communicate the disease.<sup>38</sup> Wynell proves this understanding by suggesting that if mediate transmission were possible, then venereal disease would 'be much more spreading', with 'cohabitants with the Venereous; unavoidably be infected'.<sup>39</sup> So, Wynell's treatise, emphasising the decline and rejection of mediate transmission, provides evidence that the medical understanding of venereal disease changed during the early modern period.

Immediate contact, however, remained an important feature in the understanding of venereal disease throughout the early modern period. It consisted of three main modes of transmission, sexual intercourse (with an infected individual), hereditary (infection passed to a child from infected parents) and finally, through lactation (by being breastfeed from an infected women). Table 1 displays the longevity of these explanations surrounding the transmission of venereal disease. For example, Table 1 illustrates that transmission by sexual intercourse is evident from the 1530s – 1800, whereas, hereditary and transmission via lactation were prominent from 1580s-1800 and 1580-1730s respectively. This continuity is evident in the medical treatises, in which immediate transmission, is discussed throughout the period. To explain, von Hutten's 1533 treatise highlights how early the transmission of venereal disease became linked to sexual intercourse, 'through infection...especially happeneth by copulation.'<sup>40</sup> While, a treatise from 1789 outlines only three ways of infection, 'first by impure connection', alluding to sexual intercourse with an infected individual. Secondly, 'by contact of parts', emphasising immediate contact, and thirdly

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<sup>37</sup> Wynell, 'Lues venerea', p.27.

<sup>38</sup> Wynell, 'Lues venerea', pp.32-33.

<sup>39</sup> Wynell, 'Lues venerea', p.33.

<sup>40</sup> Von Hutten, 'De morbo', p.3.

'hereditary.'<sup>41</sup> This demonstrates how immediate transmission remained an integral part of the understanding of how venereal disease spread throughout the early modern period.

Overall, the medical understanding of venereal disease did change in England between 1500-1800. While providential and astrological explanations and theories, alongside mediate modes of transmission, surrounding the cause and transmission of the disease were prominent in the late fifteenth and sixteenth centuries. By the mid seventeenth century this understanding declined, with the rise of chemical medicine and the influence of theories and practices such as iatrochemistry, venereal disease became rooted in the female body. The womb, alongside female sexual behaviour, became viewed as responsible for the cause of the disease, with the treatise's emphasis on the putrefaction and fermentation of seeds. Although, immediate modes of transmission were an important continuity throughout the period, with venereal disease quickly becoming recognised as transmittable from sexual intercourse and hereditary infection which was understood throughout the period.

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<sup>41</sup> Spilsbury, 'Advice to those', pp.5-6.

## Chapter Two: The experience of venereal disease

Venereal disease was 'characterised by heterogeneity' and this is proven by the diverse and changing medical understanding during the period.<sup>1</sup> Chapter One argued that, despite several continuities running throughout the period, the medical understanding of venereal disease did change throughout the early modern period. However, this heterogeneity is also evident in the 'range of responses' and differing experiences of infection.<sup>2</sup> The experience of venereal disease is defined broadly to include the perceptions, interpretations, attitudes and response by individuals to infection and the disease itself. This chapter will outline the range of experiences to venereal disease and assess to what extent this experience changed during the period.

The perception and how individuals interpreted the disease provides evidence of how the experience of venereal disease changed during the early modern period. When venereal disease was first recognised in England, during the fifteenth century, until around the 1520s; it was perceived by individuals as a 'pestilence', like the plague, which impacted society, in which 'the single individual was not responsible for contracting' the infection.<sup>3</sup> This is supported in von Hutten's 1533 treatise, *De morbo Gallico*, which refers to the disease as a 'pestilent disease', in which venereal disease was understood as being inflicted upon humanity by the heavens that 'befell all alike.'<sup>4</sup> Moreover, the treatise also alludes to how the disease perceived to impact society rather than specific individuals, for example, von Hutten writes how venereal disease was interpreted as 'the wrathe of God' who had sent the disease as punishment for 'our euyl lyuyng (our evil living).'<sup>5</sup> Thus, emphasising how venereal disease was interpreted as divinely sent to punish society and collective sin rather

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<sup>1</sup> Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease In The Eighteenth-Century Imagination* (New Haven: Yale University Press, 2018), p.8.

<sup>2</sup> Gallagher, *Itch, Clap, Pox*, p.8.

<sup>3</sup> Owsei Temkin, 'Chapter 32: On the History of "Morality and Syphilis"', in *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The Johns Hopkins University Press, 1977), pp.472-484 (p.472).

<sup>4</sup> Von Hutten, 'De morbo', p.1; Temkin, 'On the History of "Morality and Syphilis"', p.476.

<sup>5</sup> Von Hutten, 'De morbo', p.2.

than specific individuals. This perception supports and concurs with the prevailing medical understanding, examined in Chapter One, of the sixteenth century in which the origins and causes of venereal disease were set within a religious framework.

Although, societies perception of venereal disease was not static during the period and one key shift was the decline of religious interpretations. Owsei Temkin argues that this perception started to change after the 1520s when the disease's 'venereal etiology' became recognised, and this is evident when the connection between venereal disease and sexual intercourse became established.<sup>6</sup> Traditionally, venereal disease was framed within a divine context, however this perception shifted to an interpretation focusing on individuals and their behaviours and actions. William Clowes writing in 1579, refers to how the disease was first thought to be 'engedred by the accompaning with uncleane women.'<sup>7</sup> Similarly, writing in 1590, Hester outlines how infection is transmitted 'through companying with women, where through the fecret parts are firft infected.'<sup>8</sup> Therefore, Clowes and Hester's treatises, accentuate the link between venereal disease and sexual intercourse during the sixteenth century. Furthermore, this shift continued throughout the period, with a patient case-study in the 1686 medical treatise, *Observations On The Venereal Disease*, by Charles Peter explicitly referring to how the patient acquired venereal disease, 'A Gentlemen about 25 years of age, having lain with a young Las...was so excessive in the use of Venery with her...a violent Fever seized them both.'<sup>9</sup> Likewise, Daniel Turner, writing in the eighteenth century, frequently records how his patients acquired venereal disease, 'Young Lad being carried to a scandalous house...complained next Day of a Dysuria.'<sup>10</sup> Moreover, the case-studies stress the behaviour and actions of the venereal patient, with Turner recording how one patient was 'much given to the tipling of *ftrong Waters*' he was so 'intoxicated' that after having sex with a prostitute 'he was feized next Morning with a *fhivering Fit*, a *Fever* enfuing.'<sup>11</sup> Turner's focus on the individual and his actions, such as his heavy drinking and use of prostitutes,

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<sup>6</sup> Temkin, 'On the History of "Morality and Syphilis"', p.476.

<sup>7</sup> Clowes, 'Profitable treatise', Ch.2. B.iii.

<sup>8</sup> Hester, 'French-pockes', p.2.

<sup>9</sup> Peter, 'Venereal Disease', p.3.

<sup>10</sup> Turner, 'Syphilis', p.228.

<sup>11</sup> Turner, 'Syphilis', p.248.

supports Temkin's argument and highlights how venereal disease became increasingly linked to individuals and their behaviours and actions and away from supranational interpretations.

This change in perception also led to a marked change in attitudes towards venereal disease, specifically infected persons. During the sixteenth century patient case-studies tended to focus on the male experience with men, specifically soldiers, being attributed to the spread of the disease. For instance, writing in 1579 William Clowes notes how the disease 'happened amongst the fouldyers [soldiers], while similarly, in 1596 Peter Lowe records how during his time as a regimental surgeon, he 'knew 35 fouldiers had earnally to doe wyth a woman infected, yet of fayde 35. onely feauen were infected.'<sup>12</sup> Furthermore, Lowe's treatise also details the understanding of how the soldiers caught the disease, writing the 'feauen were cold and weake men of complexion, and long in performing that act', whereas the others, 'were hote and robust, soone difpatching the act, hauing the faculty frong to withftand the venim.'<sup>13</sup> The primacy of the male experience, during the sixteenth century, suggests that men and specifically soldiers, were viewed as key in spreading venereal disease. Moreover, Lowe's focus on the humoral complexion and constitution of the men, suggests that society was more concerned with understanding what caused venereal disease and encouraged its spread.

Prostitution was linked to the spread of the disease throughout the Middle Ages and the extent of the disease, including its extreme virulency, led to authorities taking action to contain its spread. For example, as early as 1497, the Aberdeen authorities ordered prostitutes 'to be charged and ordained to decist [desist] from their vices and sin of venery', in an effort, to avoid the 'infirmity [that] come out of France and strange parts.'<sup>14</sup> However, one key change in attitudes was the notion that women, specifically prostitutes, by the eighteenth century became increasing seen as responsible and culpable for spreading the disease. This is evident in the thirty-patient case-studies recorded in Daniel Turner's 1732

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<sup>12</sup> Clowes, 'Profitable treatise', B.i.; Lowe, 'An easie', Ch3. B2.

<sup>13</sup> Lowe, 'An easie', Ch3. B2.

<sup>14</sup> K. Jillings, 'Plague, pox and the physician in Aberdeen, 1495-1516', *The Journal of the Royal College of Physicians of Edinburgh*, (40) 2010, 70-76 (p.70).

edition of *Siphylis A Practical Dissertation On The Venereal Disease*. In the thirty case-studies twelve directly refer to a mode of transmission. Of which, five cases indicate men receiving the infection from women, compared to six cases of men infecting women, and a single case citing hereditary infection.<sup>15</sup> Therefore, differing from patient case-studies from the sixteenth century, these statistics suggest that in almost half of venereal cases, examined by Turner, women were understood and seen as the agent in terms of spreading and transmitting the disease across society.

Moreover, the increasing link and association between venereal disease and prostitution also led to a change in attitudes towards women who had venereal disease. All five, of Turner's patient case-studies, that directly refer to women infecting men, not only attributes the transmission of venereal disease to prostitution but reveals that women became blamed and held responsible for spreading the disease. For example, in *History VIII* Turner writes, in 1732, how a man 'became Prey to one of the Night-Walkers in *Cheapfide*' who 'having pick'd him up, and carried him to the Tavern, not only emptied his Pocket of his Money, but clap'd him also.' The language employed by Turner, such as 'Prey', 'pick'd him up' and 'carried him', signifies actual agency to the infected woman, while depicting the man as helpless and vulnerable, suggesting that she took advantage of the man and acted knowingly.<sup>16</sup> This suggests that eighteenth century England viewed prostitution as dangerous and pivotal in the spread of venereal disease and supports Noelle Gallagher's argument that transmission, from prostitutes to men, became viewed as a 'malicious and deliberate' act by women, in which men were seen as the innocent victims of the dangerous prostitute.<sup>17</sup>

However, it is important to consider the experiences of married women, when analysing attitudes towards women who had venereal disease generally, during the period. The treatises reveal a clear difference in attitudes by physicians towards married women, who had the disease, compared to prostitutes. John Marten, writing in 1707, refers to the

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<sup>15</sup> Turner, 'Siphylis', pp.228-380.

<sup>16</sup> Turner, 'Siphylis', p.253.

<sup>17</sup> Gallagher, *Itch, Clap, Pox*, p.68.

case of a thirty-year-old women, in which he makes no claims or references to the married women's behaviour or actions that may have caused her to acquire the disease. Rather, Marten focuses on the patients symptoms, recording that the married women 'was grievouly afflicted with a hard Tumour over againft her Womb', before highlighting the treatment he provided, 'I adminiftred an Anti-venereal Apozem thrice every Day.'<sup>18</sup> Furthermore, what is clear is how Marten attributes the cause of the disease to her husband, writing 'I admonifh'd the Husband privately, and in his Ear, concerning the Difeafe his Wife had.'<sup>19</sup> Similarly, Marten, again writing in 1707, recalls his experiences with another 'Gentlewoman' who was 'greatly troubled' and 'after enquiring into her Cafe' he 'privily admonifh'd her Husband concerning her Diftemper, which he took very heinoufly, but willingly confefs'd.'<sup>20</sup> Marten's case-studies highlight how in the case of married women, the husband's actions and behaviour was a the centre of the disease's transmission, with physicians often attributing the cause of the disease in married women to their husbands. This presents a stark contrast to the attitudes directed towards female prostitutes during the period, who became increasingly blamed for the spread of the disease, in which transmission was often viewed as a deliberate and malicious act. This is supported by Olivia Weisser, who in analysing Marten's thirty patient case-studies, refers to how 'eleven involve men' like the ones above secretly infecting 'their unsuspecting wives.'<sup>21</sup>

This change in attitude can partly be explained by the shift in medical understanding, examined in Chapter One, from the mid-seventeenth century. This understanding rooted the cause of venereal disease in the female body, specifically the reproductive organs, and suggested that venereal disease originated in the wombs of women. For instance, the 1690 medical treatise, *A New Method of Curing the French Pox*, outlines how the disease is caused by corrupted semen. Furthermore, the treatise outlines where these corrupted seeds are found and developed, 'nor is there any Seed that is corrupted, but in the Wombs of common

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<sup>18</sup> Marten, 'A Treatise', p.102.

<sup>19</sup> Marten, 'A Treatise', p.103.

<sup>20</sup> Marten, 'A Treatise', p.103.

<sup>21</sup>Olivia Weisser, 'Treating the Secret Disease: Sex, Sin and Authority in Eighteenth-Century Venereal Cases', *Bulletin of the History of Medicine*, 91 (2017), 685-712 (p.704).



Women which keep company with many Men.'<sup>22</sup> Therefore, it is clear from the treatise, that the author is making a stark and undeniable comparison between the cause and transmission of venereal disease and prostitution. This shift in medical understanding in which women became increasingly blamed for the transmission of the disease, partly explains the change in attitudes towards prostitution, from the mid seventeenth century.

Attitudes towards men with venereal disease had also changed by the eighteenth century. The six-patient case-studies, from Turner's 1732 edition of *Siphylis*, that refer to men infecting women with venereal disease, present a stark contrast to both the patient case-studies from the sixteenth century and attitudes towards infected women during the eighteenth century. Only one of Turner's cases, *History IV*, openly blames and attacks an infected male for transmitting venereal disease to a girl, 'A Girl about fifteen, very forward of her Age...betrayed into the Company of a Beaft.'<sup>23</sup> The fierce and emotive language used by Turner, 'Company of a Beaft' and the 'vile Monfter having fatisfied his Luft', does suggest that men were attacked and blamed for spreading venereal disease during the eighteenth century.<sup>24</sup> However, *History IV* is not representative of the majority of Turner's cases, with the remaining five, illustrating a different attitude towards the infecting male. While case-studies from the sixteenth century sought to understand and explain how these men contracted venereal disease. Turner's account illustrates that by the eighteenth-century men, whose wives had venereal disease, were approached confidentially by Turner to ascertain whether they had the disease themselves and potentially transmitted it. For example, Turner writes how he spoke to one husband 'in private...who readily acknowledged he was clap'd fome Months before.'<sup>25</sup> The language employed by Turner, including his actions and behaviour towards the husband, mark a contrast to the views taken towards women, specifically prostitutes, who infected men with the disease. Where women were openly blamed for the spread of the disease and the transmission seen as a deliberate and

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<sup>22</sup> Anonymous, 'New Method', p.29.

<sup>23</sup> Turner, 'Siphylis', p.236.

<sup>24</sup> Turner, *Siphylis*, pp.236-37.

<sup>25</sup> Turner, 'Siphylis', p.361.

malicious act, eighteenth century men, were often consulted privately by the physician and their actions and the knowledge of transmission kept secret.

The shame associated with venereal infection was a constant aspect of its experience during the period. Kevin Siena argues how the names attributed to the disease, like 'shameful difeafe', allude to the stigma and societal judgement that came with venereal infection, and this is evident in the diary of Samuel Pepys.<sup>26</sup> Writing in 1664 Pepys records a visit from a Will Joyce who desired 'to speak with me alone,' during the visit, Joyce informed Pepys that his brother Tom was 'deadly ill.'<sup>27</sup> The fact that Joyce wished to speak with Pepys alone suggests that he wished to keep the news about Tom's particular illness private. This view is supported in Pepys's diary, as Pepys notes not only how Joyce's 'chief business of coming was to tell me', of his brother's illness, but 'which is worse, that his disease is the pox.'<sup>28</sup> Pepys's focus on the nature of Tom's illness suggests that specific diseases were viewed differently by society during the early modern period. Moreover, it emphasises the notion that venereal infection carried a stigma, with society viewing the disease as shameful and embarrassing during the period. For instance, Pepys, writing about Tom's venereal infection and receiving news that 'Mrs Turners', Pepys cousin, 'is full now of the disease', writes 'the shame of this very thing, I confess, troubles me as much as anything.'<sup>29</sup> This suggests that individuals who had venereal disease were the focus of gossip during the period. For instance, Pepys notes the relief, after the Doctor had examined his brother Tom and 'disclaim[ed] that ever he had that disease', noting 'all which did put me into great comfort as to that reproach which was spread against him.'<sup>30</sup> This supports Anselment's argument that the disease was the subject of gossip, as Pepys's diary highlights how he took interest and 'pleasure' in discussing the 'venereal afflictions' of others, however once the

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<sup>26</sup> Blegny, 'Curious observations', p.2.

<sup>27</sup> Samuel Pepys, *The Diary of Samuel Pepys. Vol. 5: 1664*, eds by Robert Latham and William Matthews, (Oxford Scholarly Editions Online, 2016), <<https://www-oxfordscholarlyeditions-com.libezproxy.open.ac.uk/display/10.1093/actrade/9780004990255.book.1/actrade-9780004990255-div2-3#actrade-9780004990255-milestone-529>> [accessed 22 February 2023].

<sup>28</sup> Pepys, *The Diary of Samuel Pepys. Vol. 5: 1664*, p.81.

<sup>29</sup> Pepys, *The Diary of Samuel Pepys. Vol. 5: 1664*, p.84.

<sup>30</sup> Pepys, *The Diary of Samuel Pepys. Vol. 5: 1664*, p.85.

disease seemed to impact his own family, he 'recognised the social...[and] moral...damage of any association' with the disease.<sup>31</sup> Thus, supporting Siena's views and highlighting how the experience of venereal infection was characterised by feelings of shame and embarrassment by both venereal patients and their families.

This experience is evident throughout the early modern period. For example, writing in 1732 Daniel Turner outlines how one female patient 'fent her Friend' to him, to request a 'Vifit from me.'<sup>32</sup> This suggests that the female patient had confined herself to her house, probably due to the pain and resulting ill-health following the venereal infection, as Turner notes upon inspection, 'fhe had a very fordid Ulcer' and 'Pains of which, fhe had not been able to lie in her Bed.'<sup>33</sup> However, it is clear from Turner's account that the pain and resulting sickness from the disease was not the only reason why the patient initially sent a friend to visit Turner and confine herself to her lodgings. Turner writes how upon visiting, 'When I came, I found her mafk'd, but was admitted to infect her Groins.'<sup>34</sup> Therefore, the action of the female patient indicates her wish to remain anonymous. While the act of wearing a mask, to conceal her identity from Turner, alludes to how shame and embarrassment were key aspects of the experience of venereal infection. So, Pepys's diary and Turner's patient case-study support Siena's argument that a stigma accompanied venereal disease during the period. Both case-studies highlight how feelings of shame and embarrassment, by both venereal patients and their family members, characterised venereal infections and consequently formed a key aspect of the disease's experience throughout the early modern period.

Although, the experience of shame was not uniform, with the level of shame experienced by venereal sufferers shaped by a variety of factors during the period. One clear difference is evident in the experiences of men in the British colonies, specifically plantation

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<sup>31</sup> Raymond A. Anselment, 'Seventeenth-Century Pox: The Medical and Literary Realities Of Venereal Disease', *The Seventeenth Century*, 4 (1989), 189-211 (p.202).

<sup>32</sup> Turner 'Siphylis', p.319.

<sup>33</sup> Turner, 'Siphylis', p.319.

<sup>34</sup> Turner, 'Siphylis', p.319.

colonies, such as the Caribbean. The diaries of Thomas Thistlewood, an eighteenth-century plantation owner in Jamaica, alludes to how the level of shame was not as strong in the colonies compared to life at home. Writing in December 1768, recording his experiences of conducting Jury Service, Thistlewood notes how 'Mr John Panther affirmed...that he has had the clap 17 times' and 'Billy Hartnole has had it 14 times he says.' Similarly, in June 1752 Thistlewood records a conversation he had with George Williams, who told Thistlewood, that having 'not known above a dozen different Women had been Clapp'd three times, and Pox'd once.'<sup>35</sup> Thistlewood's account suggests that men in the colonies discussed openly and freely their experiences of venereal infection, and the disease itself, highlighting a stark contrast to the experience, the shame and embarrassment shown by venereal patients and their families, at home as evident in Pepys and Turner's accounts. This difference in experience can be understood by framing venereal infection within a colonial context, with Thistlewood's behaviour and actions, including his 'aggressive sexuality' towards enslaved women, partly reflecting the characteristics of imperialism and empire.<sup>36</sup> For instance, the mark of venereal infection became 'visual and corporeal evidence' of masculine power, in which through discussing their experience, British peers in the colonies demonstrated their 'fortitude' and 'courage' to the infection.<sup>37</sup> Therefore, venereal infection joined and unified British men, by becoming a common and 'shared life-experience' in the colonies, illustrating how the shame of venereal infection in men differed in the colonies from home. Thus, highlighting how ideas around empire, imperialism and gender shaped the experience of venereal disease in the colonies during the period.<sup>38</sup>

The shame associated with venereal disease meant that privacy became a key aspect of its experience throughout the period. Kevin Siena notes how in one collection of physician advertisements alone, 'more than [thirty-two] percent' refer to physicians providing

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<sup>35</sup> Trevor Burnard and Richard Follett, 'Caribbean Slavery, British Anti-Slavery, And The Cultural Politics Of Venereal Disease', *The Historical Journal*, 55 (2012), 427-451 (p.435).

<sup>36</sup> Burnard and Follett, p.435.

<sup>37</sup> Burnard and Follett, p.435.

<sup>38</sup> Burnard and Follett, p.436.

confidential treatment.<sup>39</sup> Most of these advertisements were printed handbills, designed to be distributed by hand, and often varied in sizes from '12 cm × 8.5 cm to 16 cm × 23.5 cm.'<sup>40</sup> Often these advertisements were printed in periodicals, such as newspapers, however, some of them are single-sided and probably 'intended for posting on walls' or being distributed in popular areas with high footfall, like ale-and-coffeehouses, and 'read in hand.'<sup>41</sup> Thomas Saffold's seventeenth century advertisement outlines 'he hath cured many with Privacy, without hindering of business, in a little time.'<sup>42</sup> Furthermore, these advertisements highlight how physicians took measures, with Siena arguing medical practitioners strategically used space and time, to ensure patient confidentiality. Physicians often based themselves in discrete places, often providing 'back-door entrances', to encourage embarrassed patients to visit them for treatment.<sup>43</sup> To illustrate, a 1685 advertisement for *The Green Ball and Lamp* informs venereal sufferers that 'There is also a Green Ball at the Back-Door' to assist patients in finding the secluded and correct entrance to the physicians lodgings.<sup>44</sup> Similarly, physicians also used time to ensure privacy, with many advertisements illustrating the early and late opening hours of practitioners. An advertisement from 1680 details that the physician can be 'spoken with alone from Eight in the Morning, till Noon; and in the Afternoon from Four, till Ten at Night', meaning that venereal patients had the option to attend physicians 'under [the] cover of darkness' to avoid being spotted and drawing attention to themselves.<sup>45</sup>

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<sup>39</sup> Kevin Siena, 'The "Foul Disease" and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London', *Bulletin of the History of Medicine*, 75 (2001), 199-224 (p.206).

<sup>40</sup> Siena, 'The "Foul Disease" and Privacy', p.201.

<sup>41</sup> Siena, 'The "Foul Disease" and Privacy', p.201.

<sup>42</sup> Thomas Saffold, 'Thomas Saffold, an approved and licensed physisican. (1674-1691)', *Early English Books Online*,

<<https://www.proquest.com/eebo/docview/2269048721/99840068/E0071B2512194B90PQ/6?accountid=14697&tocViewMode=tocViewModeSearch&sourcetype=Books>> [accessed 15 January 2024].

<sup>43</sup> Siena, 'The "Foul Disease" and Privacy', p.207.

<sup>44</sup> Anonymous, 'Removed from Brown's Court. (1685)', *Early English Books Online*,

<<https://www.proquest.com/eebo/docview/2240899716/99888721/80318FBC398444FPQ/1?accountid=14697&tocViewMode=tocViewModeSearch&sourcetype=Books>> [accessed 15 January 2024].

<sup>45</sup> Anonymous, 'Without Temple-Bar. (1680)', *Early English Books Online*,

<<https://www.proquest.com/eebo/docview/2240901781/pageLevelImage/C5B4EA6E2F924E6FPQ/1?accountid=14697&tocViewMode=tocViewModeSearch&sourcetype=Books>> [accessed 15 January 2024].

Therefore, privacy was a pivotal issue to venereal patients, with seventeenth century advertisements highlighting how physicians employed tactics to ensure their patients confidentiality while seeking treatment. This is illustrated in an advertisement from 1680 in which the physician claims, 'his House is so private, that no notice can be taken of your coming to him.'<sup>46</sup> However, it is important to analyse a range of sources throughout the period to ascertain whether privacy remained a key aspect of the experience of venereal disease. A letter from Dr William Cullen to Mr Edward Brown in the eighteenth-century indicates that privacy remained a key aspect of its experience. Writing to Mr Brown in 1784 Dr Cullen discusses his promises of patient confidentiality, 'you may depend upon my absolute Secrecy in the Affair.' Furthermore, the letter alludes to the fact that Mr Brown, the patient, requested this confidentiality, with Dr Cullen writing and confirming he would carry out 'your desire of Secrecy.'<sup>47</sup> This demonstrates that privacy remained a 'crucial issue' to venereal patients and an important aspect of its experience throughout the period, while supporting Siena's argument that physicians adopted strategies to meet patients demands of confidentiality.<sup>48</sup>

Overall, venereal disease was characterised by a range of responses throughout early modern England. One key change is evident in the perception of venereal disease, while fifteenth and early sixteenth century individuals interpreted the disease within a religious framework, as a pestilence inflicted by God. By the mid-sixteenth century, once the disease's transmission had been associated with intercourse, this interpretation shifted to focus on the role of individuals and their behaviours and actions. Although, important continuities ran throughout the period, the shame associated with infection coincided with patients wishes

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d=14697&tocViewMode=tocViewModeSearchOther&sourcetype=Books&imgSeq=1> [accessed 16 January 2024]; Siena, 'The "Foul Disease" and Privacy', p.208.

<sup>46</sup> Anonymous, 'In Bartholomew-close. (1680)', *Early English Books Online*, <<https://www.proquest.com/eebo/docview/2240902060/99889023/1?accountid=14697&tocViewMode=tocViewModeSearch&sourcetype=Books>> [accessed 16 January 2024].

<sup>47</sup> Dr William Cullen, '[ID: 4947] From: Dr William Cullen / To: Mr Edward Brown. 19 November 1784', *The Cullen Project*, <<https://cullenproject.ac.uk/docs/4947/>> [accessed 16 January 2024].

<sup>48</sup> Siena, 'The "Foul Disease" and Privacy', p.206.

for privacy which saw physician's adopting tactics to ensure confidential treatment. Furthermore, attitudes towards infected persons also changed during the period. While treatises from the sixteenth century focused on the male experience, specifically soldiers, and understanding how disease spread across society. By the eighteenth-century prostitution became increasingly seen as responsible for spreading the disease, marking a clear difference in attitudes towards infected men and women by physicians during the period.

## Chapter Three: The treatment of venereal disease

Mercurial treatment has become synonymous with venereal disease, with the saying ‘a night with Venus, a lifetime with Mercury’, alluding to the harsh and expected reality for a venereal sufferer.<sup>1</sup> Historiography has long drawn attention to the dominance of the use of mercury in the treatment of the disease, with Claude Quetel and Andrew Cunningham both emphasising its important role, ‘Mercury is king’ and ‘Mercury and the pox’, in the development of cures.<sup>2</sup> However, treatment options for venereal disease were diverse during early modern England.

This chapter will chart the various treatment methods in use, built upon the analysis of medical treatises printed during the period, to analyse the extent to which the treatment of venereal disease changed in-line with wider medical developments between 1500-1800. It will argue that although mercury was a near continuous form of treatment, the ways in which it was administered to patients changed and developed throughout the period. Moreover, it will highlight how mercury, although important, was not the only form of treatment during early modern England, with Table 2 outlining the presence and absence of five key treatment methods discussed in the medical treatises.

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<sup>1</sup> Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010), p.57.

<sup>2</sup> Claude Quetel, *History of Syphilis* (Cambridge: Polity Press, 1990), p.83; Andrew Cunningham, ‘Chapter 10 Mercury “One of the Most Valuable Drugs We Have” (1937)’, in *“It All Depends on the Dose” Poisons and Medicines in European History*, eds by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Abingdon: Routledge, 2018), pp.173-190 (p.175).



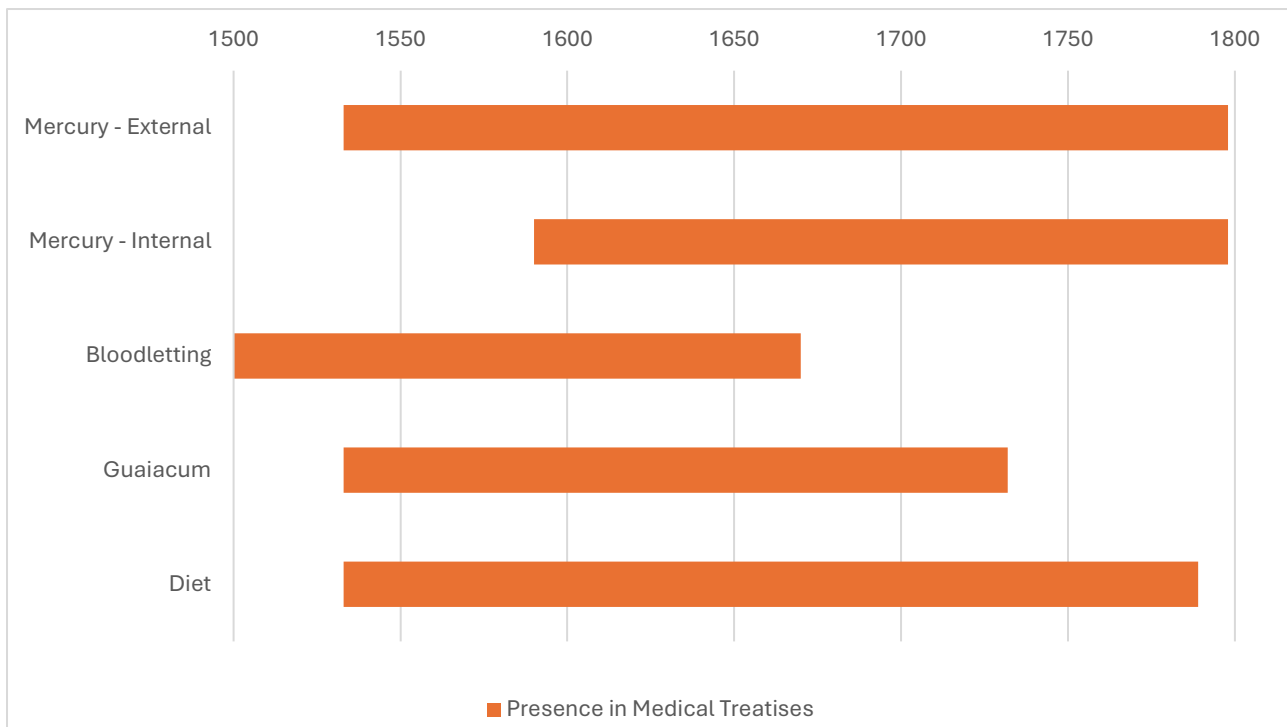


Table 2: The presence/absence of treatment methods for venereal disease between 1500-1800.<sup>3</sup>

Mary Lindemann argues that, during the sixteenth century, physicians and surgeons first employed favoured and long-established treatments, such as bloodletting, to treat venereal disease and this is illustrated in Table 2.<sup>4</sup> English surgeon William Clowes's 1579 treatise, *A Short and Profitable Treatise touching the cure of the disease called (Morbus Gallicus)*, alludes to the importance of bleeding in treating the disease. Clowes identifies three main methods of treatment, 'Euacuation, Diet, and the vfe of Vnctions', under evacuation of which Clowes gives a degree of primacy, identifying it as 'the firft of the three', he dedicates a whole chapter to 'The order of bloodletting.'<sup>5</sup> He describes the process of

<sup>3</sup> Von Hutten, 'De morbo', EEBO; Clowes, 'Profitable treatise', EEBO; Hester, 'French-pockes', EEBO; Lowe, 'An easie', EEBO; Sennert, 'Two treatises', EEBO; Wynell, 'Lues venera', EEBO; Bunworth, 'New discovery', EEBO; Harvey, 'Little Venus', EBBO; Blegny, 'Curious observations', EEBO; Peter, 'Venereal Disease', EEBO; Anonymous, 'New Method', EEBO Sintelaer, 'The scourge', ECCO; Cam, 'Short account', ECCO; Brown, 'Montpellier Practise', ECCO; Turner, 'Syphilis', Wellcome Collection; Spilsbury, 'Advice to those', ECCO; Smyth, 'Practical essay', ECCO; Lindemann, p.57.

<sup>4</sup> Lindemann, p.57.

<sup>5</sup> Clowes, 'Profitable treatise', Ch.3 b.vii; Clowes, 'Profitable treatise', Ch.4.

treatment writing, 'it is the opening of a vayne' to allow the removal of blood from the body, and this focus on the venereal patient's blood to an extent reflects the contemporary medical understanding.<sup>6</sup> For example, writing in 1533 von Hutten refers to how some physicians argue that venereal disease was caused from, and resulted in, 'corrupt, burnt & infect[ed] blode', and von Hutten's emphasis on the venereal patient's blood reflects the contemporary medical theory humoralism.<sup>7</sup>

Claudia Stein stresses the importance of blood in the early modern understanding of humoralism and the human body, arguing how the term 'blood', was understood as two separate functions. Firstly, as one of the four bodily humours that were pivotal to the proper functioning of the human body. And secondly, as 'nutritional blood', the idea that these four humours combined in the blood, the red liquid that circulates in the arteries and veins, and sent throughout the body by the liver 'to nourish its various parts and organs.'<sup>8</sup> This understanding is evident in Clowes's treatise, in which Clowes writes that once an individual is infected, 'the difeafe immediatly entereth into the bloud...until it commeth to the Lyuer.' Where, 'being once entered, it corrupteth the fountayne of bloud' and sets forth 'the infectio[n] by the vaines, into euery part of the body.'<sup>9</sup> Therefore, Clowes's recommendation of bloodletting, as a treatment method, coincides with his medical understanding of venereal disease. His writings, centred on the impacts of venereal infection on the blood, and consequently the liver and wider human body, demonstrates an understanding based upon humoral theory. For instance, Clowes notes how the process of letting blood encouraged a 'uniuerfal Euacuation...of all the humors of the body.'<sup>10</sup> Thus, bloodlettings prominence during the sixteenth century was supported by the dominance of humoral theory and understanding of the human body, in which physicians drained blood from the body, to remove any bad humours and restore balance to an individual's humoral equilibrium to prevent illness and maintain health.

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<sup>6</sup> Clowes, 'Profitable treatise', Ch.4.

<sup>7</sup> Von Hutten, 'De morbo', p.4.

<sup>8</sup> Claudia Stein, *Negotiating the French Pox in Early Modern Germany* (Abingdon: Routledge, 2016), p.40.

<sup>9</sup> Clowes, 'Profitable treatise', Ch.2. b.v.

<sup>10</sup> Clowes, 'Profitable treatise', Ch.4.

Mercury has long been associated with venereal disease and Table 2 highlights its near continuous presence throughout early modern England. Mercurial treatment broadly fell into two main methods, external and internal use, and Table 2 illustrates how mercury was initially applied externally, during the early sixteenth century, to treat venereal disease. Writing in 1533 and detailing ‘howe men at the begynnyng refyfted this infyrmitie’, von Hutten outlines how physicians treated venereal patients by ‘adnoyde them by oyntements.’ Moreover, von Hutten alludes to the primacy of mercury during the period, writing that ‘dyuerfe men ufed dyuers oyntements’, but noting that these diverse ointments were used ‘all in vayne, except...quicke filuer.’<sup>11</sup> Furthermore, John Hester’s 1590 medical treatise, *An excellent Treatife teaching howe to cure the French-Pockes*, provides guidance to physicians on how to ‘prepare your mercurie that it may outwardlie be ministred without perrill to the patient.’<sup>12</sup> In the treatise, Hester details the process of anointing the patient, ‘warme them [the mercurial ointment] a little upon the fire, and therewith annoint the difeafed parts of the patient’, especially, ‘in euery part or ioynt, and if there be any holes or blaines.’ Hester recommended that the mercurial ointment should be applied ‘in the euening’, just before the patient ‘goeth to bed’, where the physician should ‘couer’ them to ensure they are ‘very warme’ that they ‘may sweat’.<sup>13</sup> Therefore, von Hutten and Hester’s treatises reveal the primacy of mercurial ointments in treating venereal disease, supporting how mercury was initially applied externally during the early sixteenth century.

The initial use of mercury by external means, in the form of ointments and unctions, can partly be explained by analysing how physicians approached treatment during the period. Owsei Temkin argues that physicians frequently treated by analogy, often comparing the symptoms of perceived new illnesses, with the knowledge gained from known illness and disease.<sup>14</sup> Medical treatises, from the sixteenth century, detail this approach with

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<sup>11</sup> Von Hutten, ‘De morbo’, p.6.

<sup>12</sup> Hester, ‘French-pockes’, p.7.

<sup>13</sup> Hester, ‘French-pockes’, pp.7-8.

<sup>14</sup> Owsei Temkin, ‘Therapeutic Trends And The Treatment Of Syphilis Before 1900’, *Bulletin of the History of Medicine*, 29 (1955), 309-316 (p.309).

Clowes remarking in 1579 how the disease caused ‘venemous puftules with a certayne hardnes...efpecially about the fecret partes.’ He describes the pustules as ‘moyft fcabbes’, which often ‘appeare[d] red, puffed up, and fwelled.’<sup>15</sup> Therefore, for sixteenth century physicians like Clowes, venereal disease was perceived as a skin related illness, consequently physicians turned to similar illnesses that affected the skin, such as leprosy, to inform treatment practices. This thought process is evident in Peter Lowe’s 1596 treatise, in which Lowe associates venereal disease with leprosy, writing ‘vlcers maligne in diuers parts, the bodie...full of euill humors, and fcabbs of diuers forts, like vnto leprofie.’<sup>16</sup> Moreover, Lowe makes explicit reference to how the use of mercurial ointments was influenced by treatment practices for leprosy, writing how physicians often ‘take vpon them to-cure the fame, vfiing onely one remedie’, namely the ‘rubbing with quick filuer.’<sup>17</sup> Therefore, Clowes and Lowe’s treatises highlight how physicians compared venereal disease to similar skin conditions to inform treatment practices. Thus, supporting Temkin’s argument that the prominence and initial use of mercury, by external means, reflected traditional treatment practices of the period.

However, mercurial treatment was not static, and Table 2 illustrates one key change in how mercury was used to treat venereal disease. By the late sixteenth century mercury started to be administered internally, as well as applied externally, to venereal patients, with Hester writing in 1590 how physicians started using techniques, such as ‘fumeigation or fmoking’ to administer the mercury internally. These techniques often involved heating the mercury in a bowl with the patient inhaling the vapours, for example Hester notes how physicians ‘found out a deuice to perfume or fmoke the patient’, by placing ‘the patient under a tent or canopie naked, with a chafingdifh of coals between his legges.’<sup>18</sup> The chafing-dish, containing the mercurial remedy, being heated by the coals and with the patient enclosed, either by a sheet or contained in a heated room, ensured the patient could breathe in the vapours, where the patient would begin ‘to sweat’ as ‘the mercurie with his

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<sup>15</sup> Clowes, ‘Profitable treatise’, Ch.2.

<sup>16</sup> Lowe, ‘An easie’, Ch.6.

<sup>17</sup> Lowe, ‘An easie’, Ch.6.

<sup>18</sup> Hester, ‘French-pockes’, pp.9-10.

whole subftance creepeth into him.'<sup>19</sup> The adoption of the internal use of mercury by physicians can partly be explained by the experience of treatment. For venereal patients, mercurial treatment was an intensive, painful, and often dangerous experience, with treatment extending over long periods of time, typically 'from about five to thirty...[plus] days.'<sup>20</sup> Von Hutten, writing in 1533, details this experience noting the deadly side-effects of the use of mercurial ointments on venereal patients, 'theyr tethe fell out, all theyr throtes, theyr tonges / their roffes of the mouthes, were full of fores', and this experience partly explains the rise of the internal use of mercury by physicians.<sup>21</sup> To illustrate, John Hester's 1590 treatise alludes to how venereal patients became increasingly reluctant to be treated with mercury. Hester writes, how the 'common people, perceiuing fo manie to be fpoiled and killed with Quicke filuer,' meant individuals infected with the disease, 'woulde not willinglie be cured therewith.'<sup>22</sup> This suggests that the painful and often deadly side-effects of mercurial treatment led many patients seeking alternative treatment for the disease, as a result Hester argues that physicians had to adopt new methods of using mercury 'without any anointing...becaufe anointing was become odious to the patient'.<sup>23</sup> Therefore, Hester outlines how physicians started to administer mercury internally, particularly by 'fumigation or fmoking', in response to the patients reaction to the painful and dangerous experience of the external use of mercurial ointments in treating venereal disease.<sup>24</sup>

The harsh and often dangerous experience of mercurial treatment assisted the rise and adoption in the use of guaiacum during the early sixteenth century. Robert Munger notes how compared to mercurial treatment, guaiacum was 'inocuous', producing few of the 'disastrous side-effects' associated with mercury.<sup>25</sup> For example, von Hutten writing in 1533 refers to how guaiacum treated by 'lyttell and lytell, and not fodaynly', while it worked 'fayre

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<sup>19</sup> Hester, 'French-pockes', p.10.

<sup>20</sup> Temkin, 'Therapeutic Trends', p.311.

<sup>21</sup> Von Hutten, 'De morbo', p.7.

<sup>22</sup> Hester, 'French-pockes', p.9.

<sup>23</sup> Hester, 'French-pockes', p.9.

<sup>24</sup> Hester, 'French-pockes', p.9.

<sup>25</sup> Robert S. Munger, 'Guaiacum, the Holy Wood from the New World', *Journal of the History of Medicine and Allied Sciences*, IV (1949), 196-229 (p.211).

and eafely, and not violently' on the venereal patient.<sup>26</sup> Moreover, von Hutten outlined the variety of ways in which guaiacum was used by physicians, noting how the wood was primarily administered by decoction, with the physician finely grating the wood, to ensure it is as 'fmalle as maye be', with the 'fhauynges' (shavings) 'putte...into water' to boil. While 'the fkome [scum] that floweth aboue', during the boiling and preparation, was used to 'anoynt the fores' of the patient.<sup>27</sup> Therefore, guaiacum, like mercury, was administered both externally and internally during early modern England, with von Hutten recommending that the guaiacum decoction 'muft be miniftred...twife a day...ones in the morning...and again at nyght' to the venereal patient.<sup>28</sup> The treatment was a form of sweating cure, with von Hutten noting how after drinking the decoction, the patient was 'kepte in a clofe chambre without ayre or wynde', where a 'fyre muft be nonryffhe contynually' to help induce sweating in the patient and assist the treatment.<sup>29</sup> Moreover, Daniel Sennert writing in 1660 details how the guaiacum decoction worked, writing how the decoction triggered the body to 'cleanfe clammy humors' by 'open[ing] obftructions...to move fweat and urine', and thus 'diffipate and waft fuperfluous humors.'<sup>30</sup> Furthermore, Sennert writes how although 'the pains of fweating' can 'caufe fome trouble' to the patient, the use of guaiacum, is 'far fafer than thay way,...which is by quicksilver.'<sup>31</sup> The continued use of Guaiacum is evident in medical treatises from Charles Peter and Daniel Turner. Peter, writing in 1686, details the importance of using the correct quantity of guaiacum in the decoction, emphasising the dangers of using too much 'Guacum, both Wood and Bark, which not only too much exficcate, but often inflames the Body by its exceffive heat.'<sup>32</sup> While, writing in 1732 Turner notes how amongst some physicians the 'hot Regimen of Guaiacum only extoll'd and [was] highly recommended.'<sup>33</sup> Therefore, the treatises reveal that guaiacum was viewed as both, a safer alternative, compared to mercury, and an important form of

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<sup>26</sup> Von Hutten, 'De morbo', p.60.

<sup>27</sup> Von Hutten, 'De morbo', pp.12-13.

<sup>28</sup> Von Hutten, 'De morbo', p.16.

<sup>29</sup> Von Hutten, 'De morbo', p.15.

<sup>30</sup> Sennert, 'Two Treatises', p.35.

<sup>31</sup> Sennert, 'Two Treatises', p.36.

<sup>32</sup> Peter, 'Venereal Disease', p.35.

<sup>33</sup> Turner, 'Siphylis', p.29.

treatment, in itself, for venereal disease in England during the early sixteenth to the mid-eighteenth century.

However, despite its use across three centuries, attitudes towards guaiacum, by physicians and society, changed throughout the period. During the sixteenth century, when guaiacum was first used in England to treat venereal disease, it was viewed within a religious context and this is evident in von Hutten's 1533 treatise, in which he writes how society should 'giue thanks upwarde unto god' for providing the 'gyfte of Guaiacum.'<sup>34</sup> This supports Andrew Cunningham and Ole Peter Grell's argument that guaiacum was viewed as a 'miracle cure' by physicians during the sixteenth century.<sup>35</sup> For instance, von Hutten alludes to how God gave society the cure of guaiacum, writing how society is 'bounde...[by] his benigntie towarde us' in providing a cure that removes 'the forow and peyn of that infirmitie.'<sup>36</sup> This religious view of guaiacum coincides with the prominence of providential understandings during the sixteenth century, as argued in Chapter One, in which the cause of venereal disease was interpreted as 'divine punishment.'<sup>37</sup> This religious view shifted, by the seventeenth century, with the medical treatises focusing on the close analysis of the properties, qualities and use of guaiacum, for example Daniel Sennert writing in 1660 highlights how guaiacum was thought to possess 'hot and dry' qualities that were 'opposite to the Veneral virulency.'<sup>38</sup> Despite this shift, guaiacum was still praised with Temkin arguing that 'medical men', like physicians, its most 'ardent advocates and supporters' and this is evident in the writings of Sennert. Who, commenting in 1660, on the 'vertues of Guaiacum' writes how 'truly al phyicians almoft doe agree that pockwood doth deferue the firft place amongft the alexiplarmaca [alexipharmic/antidote] of the veneral difeafe.'<sup>39</sup>

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<sup>34</sup> Von Hutten, 'De morbo', p.10.

<sup>35</sup> Andrew Cunningham and Ole Peter Grell, *The Four Horsemen Of The Apocalypse: Religion, War, Famine and Death in Reformation Europe* (Cambridge: Cambridge University Press, 2000), p.261.

<sup>36</sup> Von Hutten, 'De morbo', p.10.

<sup>37</sup> Cunningham and Grell, p.261.

<sup>38</sup> Sennert, 'Two Treatises', p.35.

<sup>39</sup> Owsei Temkin, 'Chapter 32: On the History of "Morality and Syphilis"', in *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The John Hopkins University Press, 1977), pp.472-484 (p.475); Sennert, 'Two Treatises', p.35.

Although, despite this praise and its prominent use during the sixteenth and seventeenth centuries, as illustrated in Table 2, Robert Munger argues that guaiacum remained second-place, to mercury, in the treatment of venereal disease.<sup>40</sup> This is evident in the increasing ‘reliance upon mercury’, by most physicians during the period, with all the medical treatises emphasising some form of mercurial treatment.<sup>41</sup> For example, writing in 1666 Richard Bunworth not only details the correct preparation of a mercurial unction but argues that ‘The Cure of the French difeafe by falivation or fpitting furpaffeth any other cure.’<sup>42</sup> Table 2 illustrates the absence of guaiacum from the 1730s, and this is supported by Munger, who notes how by the ‘middle of the eighteenth-century mercury had almost completely replaced guaiacum’ in the treatment of venereal disease.<sup>43</sup> This is evident in the writings of Daniel Turner, who writing in 1732, argued that ‘any mercurial Preparation’ was the ‘Antidote’ or ‘Specifick’ cure for venereal disease, highlighting the continued primacy placed on mercury by physicians during early modern England.<sup>44</sup> Moreover, Turner also questioned the efficacy of guaiacum, remaining ‘sceptical’ writing ‘whether it would actually ‘succeed where Mercury will not.’<sup>45</sup> So, guaiacum was a prominent form of treatment during the sixteenth and seventeenth centuries. However, attitudes did change throughout the period and although physicians praised its use, as both a miracle cure and a milder form of treatment, guaiacum remained secondary to mercury throughout the period, before being completely replaced by the mid-eighteenth century.

The dominance and continuing use of mercury, throughout early modern England, can partly be explained by framing its use within the wider medical understanding. Temkin argues that mercurial treatment, both external and internal, was understood within humoral theory, in which physicians used mercury to trigger the body into expelling ‘infectious

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<sup>40</sup> Munger, p.218.

<sup>41</sup> Munger, p.218.

<sup>42</sup> Bunworth, ‘A new discovery’, p.35.

<sup>43</sup> Munger, p.221.

<sup>44</sup> Turner, ‘Siphylis’, pp. 147, 154.

<sup>45</sup> Philip K. Wilson, *Surgery, Skin and Syphilis: Daniel Turner’s London (1667-1741)* (Amsterdam: Editions Rodopi, 1999), p.166.



matter.<sup>46</sup> This infectious matter, alongside humours, could be removed via any bodily excretion, such as urine, stool, sweat, saliva, vomit and blood, with Kevin Siena arguing that salivation quickly became ‘the evacuation of choice’ alongside sweating and purging.<sup>47</sup> This understanding is evident in the medical treatises throughout the period, for example writing in 1579 Clowes notes how ‘these [mercurial] unctions’ ‘purged [the]...infection’ with ‘all the parts of the body...clenfed from superfluous humors.’<sup>48</sup> Similarly, Turner writing in 1732 records his experiences with one patient referring to how he ‘vomited him’, which ‘gave him feveral Stools’, alongside administering ‘Calomel’ to keep the patient ‘under a Salivation’ and ‘raifed a light Spitting.’<sup>49</sup> Therefore, the primacy of purging the body, by Clowes and Turner, suggests how humoral theory influenced mercurial treatment. Their emphasis on ‘an elimination of the morbid humors’ and infectious venereal matter in the body, ‘through salivation’ and other bodily excretions, not only support Temkin’s arguments, but illustrate how physicians approach to treatment, including the use of mercury, reflected the principles of humoralism.<sup>50</sup> Thus, highlighting the continuing influence of humoral theory, in the treatment practices for venereal disease, throughout early modern England.

Therefore, mercury was the primary treatment for venereal disease throughout early modern England. However, despite its near continuous presence, mercurial treatment was criticised during the period. Andrew Cunningham argues that individuals who opposed the use of mercury tended to focus their arguments on two key strands. Firstly, on its inefficacy in treating the disease and secondly, arguing that mercury in fact caused many of the symptoms it was designed to cure.<sup>51</sup> This is evident in the writings of one of the fiercest proponents against the use of mercury, Dr John Sintelaer, who in 1709 published *The scourge of Venus and Mercury*, which not only attacked mercury, but argued its use caused a

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<sup>46</sup> Kevin P. Siena, *Venereal Disease, Hospitals And The Urban Poor: London’s “Foul Wards”, 1600-1800* (Rochester: University of Rochester Press, 2004), p.22; Temkin, ‘Therapeutic Trends’, p.313.

<sup>47</sup> Siena, *Venereal Disease, Hospitals And The Urban Poor*, p.22.

<sup>48</sup> Clowes, ‘Profitable treatise’, Ch.7. D.v.

<sup>49</sup> Turner, ‘Siphylis’, pp. 254-255.

<sup>50</sup> Temkin, ‘Therapeutic Trends’, p.313.

<sup>51</sup> Cunningham, ‘Chapter 10 Mercury’, p.179

new disease in the patient, which he termed the 'Mercurial or Symptomatical Pox.'<sup>52</sup> Sintelaer argued it was the 'Intermixture of the Mercury' with 'the Pocky Ferment', the contagious venereal matter, in the patient that caused this new disease. For Sintelaer, the use of mercury not only induced the 'Salivations...[and] violent Vomitings' in the patient but produced 'much more violent, and much more dangerous symptoms' than the venereal disease itself.<sup>53</sup> For example, Sintelaer observes that often, following a cure with mercurial medicine, 'fome frefh Pocky Symptoms' appear in the venereal patient, such as 'Ulcers in the Mouth and Palate...and violent and continual Pains in the Bones'.<sup>54</sup> He notes the experiences of a 'certain Gentlewoman', who having been infected for some time and after receiving treatment for the 'Pox by Salivation', suffered 'with a violent Head-ach' and 'found an Ulcer to break out on her Nofe'. Furthermore, Sintelaer notes how the treatment 'caus'd an Inflammation and Putrefaction' causing 'a great many fmall Ulcers, on and near the upper Lip.'<sup>55</sup> Sintelaer notes that the Gentlewoman, 'had two or three found Children, and her Husband who cohabited with her frequently had not the leaft Symptoms of an Infection.'<sup>56</sup> By stressing the absence of transmission, either through sexual intercourse or hereditary infection, within the household, Sintelaer alludes to the role of the mercurial salivation in causing these new symptoms in the Gentlewoman. Therefore, Sintelaer notion of the Mercurial Pox, in which 'the Malignity and Virulency' of mercurial remedies exacerbate and engendered venereal symptoms, not only stress the dangerous side-effects of mercury use but provides evidence of how mercurial treatment was criticised during the period.<sup>57</sup>

The adoption of the internal use, alongside external, was not the only change in mercurial treatment during the period. The eighteenth century witnessed the rise of a milder form of treatment, known as The Montpellier Practice, and a letter printed in 1730 and written by Richard Brown explains this new method of mercurial treatment. Brown writes that the practice involves 'rubbing a lefs Quantity of Mercury into the Body, and at

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<sup>52</sup> Sintelaer, 'The scourge', p.221.

<sup>53</sup> Sintelaer, 'The scourge', p.220.

<sup>54</sup> Sintelaer, 'The scourge', p.221.

<sup>55</sup> Sintelaer, 'The scourge', p.223.

<sup>56</sup> Sintelaer, 'The scourge', p.223.

<sup>57</sup> Sintelaer, 'The scourge', p.220.

greater Intervals of Time' with the purpose of creating a more 'certain, eafy and fafe way' of curing the disease.<sup>58</sup> Brown's letter suggests a stark difference in approach to administering mercury between 1500-1800. While sixteenth and seventeenth century physicians stressed the importance of sweating and salivation in treating the disease, with Clowes recommending, after anointing the patient, 'let him fwete, 2. or 3. or 4. howers...and doe this 2. or 3. dayes, or more as occafion fhall ferue.'<sup>59</sup> While, seventeenth-century physician Thomas Sydenham advised, when salivating a venereal patient, the physicians should aim to discharge "'about four pints in the twenty-four hours"' until the symptoms had disappeared.<sup>60</sup> The Montpellier Practice argued that venereal disease could be treated without salivation and this evident in Brown's letter, 'all I contend is, that a falival Evacuation is not neceffary to the Cure of this Distemper'.<sup>61</sup> Moreover, the period following 1730 not only witnessed the distancing of salivation by physicians. For example, a 1742 account regarding *Mr Hauksbee's Alterative Medicine* makes explicit reference to his readers 'that my Medicine for the Cure of the Venereal Difeafe, without Salivation or Confinement'.<sup>62</sup> It also witnessed the total rejection of salivation, with physicians stressing its dangers as a form of treatment. To illustrate, writing in 1789 F. B. Spilsbury makes explicit his rejection of salivation, writing 'I do not agree with Falivation, even in the woft of cafes', while writing in 1798, J. Smyth argues that salivation is 'the moft deftructive' form of treatment.<sup>63</sup>

The growing rejection of mercurial salivation by physicians, during the eighteenth century, and the absence of bloodletting, as illustrated in Table 2, as a form of treatment from the 1670s can partly be explained by the growing influence of iatrochemical medicine from the mid-seventeenth century. Iatrochemistry, including its two main branches Paracelsianism and Helmontian medicine, attacked the 'evacuative procedures' and

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<sup>58</sup> Brown, 'Montpellier Practice', p.12.

<sup>59</sup> Clowes, 'Profitable treatise', Ch.6.

<sup>60</sup> Temkin, 'Therapeutic Trends', p.313.

<sup>61</sup> Brown, 'Montpellier Practice', p.12.

<sup>62</sup> Watson, 'Alterative Medicine', p.iv.

<sup>63</sup> Spilsbury, 'Advice to those', p.26; Smyth, 'Practical essay', p.27.

treatments methods of humoral medicine.<sup>64</sup> They challenged humoral theory's insistence on bloodletting and purging, through bodily excretions such as salivations and sweating, as 'cruel, un-Christian and harmful' to patients, arguing that treatment should be based upon 'chemical remedies.'<sup>65</sup> The primacy of chemical remedies, by iatrochemists, coincided with their new chemical understanding of the human body, as discussed in Chapter One, in which mercury formed one part of the new primary substances. Their belief that 'specific diseases needed specific remedies', for instance the use of mercury for venereal disease, helped ensured mercury remained the dominant form of treatment throughout early modern England.<sup>66</sup> Furthermore, iatrochemists differed from humoralists in their understanding of illness, arguing that diseases 'had an essential nature', believing that every disease had a 'specific external cause' and an 'entity in its own right.'<sup>67</sup> Consequently, iatrochemistry did not equate illness and disease with morbid humours or humoral imbalance, but rather as an entity itself that impacted 'the 'archeus', the chemical and spiritual governor of the body.'<sup>68</sup> Therefore, the adoption of practices, such as the Montpellier Method, in which mercury was administered without inducing a salivation in the venereal patient, reflected the gradual decline of humoralism, during the later early modern period, and an iatrochemical approach to treatment. Whereby physicians no longer expected 'to see the discharge of the vicious humors' in venereal patients.<sup>69</sup>

Treatment practices were not mutually exclusive, with venereal patients often undertaking several forms of treatment simultaneously to cure themselves. Claudia Stein

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<sup>64</sup> Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), p.353.

<sup>65</sup> Wear, *Knowledge and Practice*, p.353; Andrew Wear, 'Chapter 6: Medicine in Early Modern Europe. 1500-1700', in *The Western Medical Tradition 800 BC To AD 1800* eds by Lawrence I. Conrad, Michael Neve, Vivian Nutton, Roy Porter and Andrew Wear (Cambridge: Cambridge University Press, 1995), pp.207-362 (p.313).

<sup>66</sup> Roy Porter, 'Chapter 7: The Eighteenth Century', in *The Western Medical Tradition 800 BC To AD 1800* eds by Lawrence I. Conrad, Michael Neve, Vivian Nutton, Roy Porter and Andrew Wear (Cambridge: Cambridge University Press, 1995), pp.363-475 (p.415).

<sup>67</sup> Wear, 'Chapter 6', p.313.

<sup>68</sup> Wear, *Knowledge and Practice*, p.370.

<sup>69</sup> Temkin, 'Therapeutic Trends', p.314.

argues that diet was an important branch of treatment, with physicians strictly monitoring patients' daily food and drink intake while they underwent other venereal treatments, such as bloodletting and guaiacum or mercurial cures.<sup>70</sup> Writing in 1579 Clowes recommends that venereal patients 'weake of bodye' should consume a 'caudle of aleberry', which contained 'Ale, fuger, the yelke of an egge or two, and the cruft of white bread boyled together', prior to receiving treatment by 'unction' (typically a mercurial or medicinal ointment). The caudle was designed to 'ftrengthen the fick patient' and assist the body in its treatment, with Clowes noting how once the patient had drunk the caudle it would 'procure fweat the foner.'<sup>71</sup> This highlights how different venereal treatments coexisted and complemented each other during early modern England, for example Clowes's writings suggest that the aleberry caudle assisted the unction by opening-up the pores of the skin, allowing sweat to reach the surface of the skin quicker once the unctions had been applied.

A humoral understanding of diet is evident in the medical treatises throughout early modern England. Charles Peter, writing in 1686, refers to how the diet should be 'aptly fitted to the Conftitution of the Patient', stressing the importance of administering the right treatment in accordance with the humoral complexion of the individual and the natural world.<sup>72</sup> Similarly, writing in 1789 F. B. Spilsbury advises that the patients 'diet muft be moderate', alluding to the importance of balance and moderation in maintaining an individual's humoral equilibrium and health.<sup>73</sup> Diets continuing importance can be interpreted by analysing its role in humoral medicine. Stein outlines how all foodstuff was understood to influence the mixture of humours, located in the individual's blood, which could alter an individual's humoral equilibrium both positively and negatively.<sup>74</sup> Therefore, physicians and individuals often used food and drink as a mechanism to ensure wellbeing and prevent illness and this understanding is evident in the medical treatises. Writing in 1579 Clowes outlines how individuals infected with venereal disease should avoid

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<sup>70</sup> Stein, p.161.

<sup>71</sup> Clowes, 'Profitable treatise', Ch.5 c.v.

<sup>72</sup> Peter, 'Venereal Disease', p.34.

<sup>73</sup> Spilsbury, 'Advice to those', p.15.

<sup>74</sup> Stein, p.162.

consuming 'All rawe, watrifh, and cold fruites.'<sup>75</sup> This rejection of foodstuff with wet and cold qualities by Clowes, illustrates how specific foods were linked to the 'complexional composition' of both the human body and illnesses by physicians.<sup>76</sup> For example, wet and cold foods were interpreted by physicians, like Clowes, as identical to the qualities attributed to venereal disease. Their consumption by venereal patients could exacerbate their illness, increasing the extent of the disease and worsening their symptoms, to illustrate in the treatise Clowes refers to how a wet and cold diet could 'engender rawe humors' in individuals and trigger 'putrifactious' processes in the body.<sup>77</sup> Therefore, physicians often treated by contrary quality, in which an individual's diet should contain foodstuff that was 'diametrically opposed' to the qualities and properties attributed with the disease and this approach is evident in Richard Bunworth's 1666 treatise, *A new discovery of the French Disease*, in which Bunworth outlines how the patients diet 'muft be always drying.'<sup>78</sup> So, Clowes, Peter, Bunworth and Spilsbury's medical treatises highlight the importance of humoral theory in physicians understanding of diet and its influence on the treatment of venereal disease. The treatises demonstrate the application of humoral thinking throughout the period 1500-1800, while alluding to how diet played a fundamental role in the treatment of the disease throughout early modern England.

Overall, mercury was the main form of treatment for venereal disease, and in near continuous use throughout early modern England. Although, the ways in which it was administered, from external to internal use including the adoption of the Montpellier Method, did change throughout the period. However, it was not the only form of treatment, with bloodletting and guaiacum cures prominent during the sixteenth and seventeenth centuries, with diet also playing an important role, as both in itself and complementing other forms of treatment, throughout the period.

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<sup>75</sup> Clowes, 'Profitable treatise', Ch.5 c.v.

<sup>76</sup> Stein, p.42.

<sup>77</sup> Clowes, 'Profitable treatise', Ch.5 c.v.

<sup>78</sup> Stein, p.162; Bunworth, 'A new discovery', p.24.

## Conclusion

This dissertation has conducted an analysis of a selected number of medical treatises, printed between 1500-1800, to analyse the extent to which the medical understanding, experience and treatment of venereal disease changed in England during the early modern period. The medical treatises, supported by a range of medical writings, such as physician advertisements, physician and patient case-studies, letters and diaries, have been analysed qualitatively to examine how far changing ideas about venereal disease fit within the wider medical context. This study has charted the various explanations and responses to the disease and shown that although important continuities have run throughout the period, all three aspects witnessed clear change between 1500-1800.

The treatises reveal a clear change in venereological theory between 1500-1800. During the late fifteenth and sixteenth century providential and astrological explanations surrounding the cause of the disease were prominent. Von Hutten's and Bullein's treatises provide evidence of how physicians understood the disease within the context of divine will, and this religious understanding coincided and intensified with the religious turmoil of the sixteenth century. While, astrological explanations were framed within contemporary medical knowledge, with the treatises focusing on the corruption and rotting of air, and its impact on the environment and the human body, exemplifying the early modern theory of miasma and humoralism.

These theories started to decline by the turn of the seventeenth century, to what Kevin Siena labels 'the putrefaction theory' which rooted the cause of the disease in the female body.<sup>1</sup> This understanding attributed the cause of the disease, away from religious and astrological explanations, to the female reproductive organs (specifically the womb) and female sexual behaviour. It argued that women, who engaged in sexual intercourse with multiple men, and the resulting mixture of seeds inside the womb triggered a putrefaction

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<sup>1</sup> Kevin Siena, 'Pollution, Promiscuity, and the Pox: English Venereological and the Early Modern Medical Discourse on Social and Sexual Danger', *Journal of the History of Sexuality*, 8 (1998), 553-574 (p.564).

and fermentation that caused the disease. This change in medical understanding coincided with the rise and influence of iatrochemistry, in which the human body was understood within a chemical framework.

The knowledge surrounding the transmission of the disease highlights both a continuity and change in medical understanding. Immediate modes of transmission are evident in treatises throughout the period, with the disease's 'venereal etiology' quickly becoming recognised from the 1520s.<sup>2</sup> Table 1 illustrates the longevity of these explanations, demonstrating how immediate transmission remained an integral part of the understanding of how venereal disease spread throughout the early modern period. Whereas, mediate modes of transmission were prominent during the first half of the early modern period, with Clowes and Lowe's treatises detailing how physicians understood the disease to be spread by a variety of indirect means, such as the sharing of cutlery, clothing, linen and inhaling the breath of an infected person. Although, as exemplified in Wynell's treatise, the seventeenth and eighteenth centuries witnessed the discrediting and rejection of mediate transmission, with physicians comparing the transmission of venereal disease with recent plague epidemics.

The experience of venereal disease was characterised by a range of responses during the period and witnessed several continuities. The diaries of Samuel Pepys and the patient case-studies of Daniel Turner, highlight how feelings of shame and embarrassment characterised the lives of venereal patients and their families throughout early modern England. Although, the diaries of Thomas Thistlewood reveal that feelings of shame were not uniform, with the level of shame affected by a variety of factors such as gender and cultural factors.

The shame associated with venereal disease meant privacy became a key aspect of its experience also. An analysis of physician advertisements, produced during the seventeenth century, reveal how physicians employed a variety of tactics, specifically

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<sup>2</sup> Owsei Temkin, 'Chapter 32: On the History of "Morality and Syphilis"', in *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The John Hopkins University Press, 1977), pp.472-484 (p.476).



involving space and time, to ensure patient confidentiality. While an analysis of correspondence between Dr Cullen and Mr Brown demonstrates how privacy remained a key aspect of the experience of venereal disease right through to the eighteenth century.

Despite these continuities, there were changes in the perception of the disease. The medical treatises reveal how once the disease became linked to sexual intercourse, the perception of the disease shifted from a pestilence to a focus on the role of individuals and their behaviours and actions. Furthermore, attitudes towards infected persons also changed during the period. While treatises and patient case-studies from the sixteenth century focus on the male experience, specifically the role of soldiers in spreading the disease. By the eighteenth century women, specifically prostitutes, became increasingly seen as responsible and culpable for spreading the disease, with the patient-case studies and treatises marking a clear difference in the physician's approach and language used towards infected prostitutes, married women and husbands.

Chapter Three argued that the treatment of venereal disease was dominated by the use of mercury throughout early modern England. However, despite its near continuous presence, as illustrated in Table 2, the ways in which it was administered and used by physicians changed during the period. Initially, mercury was applied externally, in the form of ointments and unctions, before being administered externally and internally, with the patient often either inhaling mercurial vapours and or consuming mercurial pills. This change was prompted by the dangerous and often deadly side-effects of treatment, and this experience also witnessed the rise and adoption of a new form of treatment, guaiacum, during the period.

Although, despite this dominance, the chapter argues that mercury was not the only form of treatment available to venereal patients. The chapter highlights how treatment was often influenced by humoral theory during early modern England, arguing how physicians first turned to long-favoured treatments such as bloodletting to treat the disease. Furthermore, it argues how diet was an important tool, as both a form of treatment itself and complementing other treatments throughout the period. Treatment was often

understood within the humoral framework, with its prominence on the removing of bad humours, via bodily excretions, and restoring an individual's humoral equilibrium.

However, despite mercury's dominance, and its near continuous presence throughout the period, it was criticised with Dr John Sintelaer arguing its use caused a new disease, the 'Mercurial or Symptomatical Pox', in the venereal patient.<sup>3</sup> Moreover, the chapter identifies a key change in physicians' approach to treatment from the eighteenth century. While physicians from the sixteenth and seventeenth century, placed primacy on the removal of bad humours via bodily excretions, the eighteenth century witnessed the adoption of a milder form of mercurial treatment known as the Montpellier Method. This method advocated the use of mercury without triggering a salivation in the patient, and reflected the gradual declining influence of humoralism, during the later early modern period, and the rising influence of iatrochemical medicine from the mid-seventeenth century, in which physicians no longer expected to see the discharge of vicious humours.

Overall, this dissertation has attempted to address a gap in knowledge regarding the continuity and change of venereal disease during the early modern period. It has charted the various explanations and responses to the disease, and the infection itself, to highlight whether explanations and responses became more or less prominent over time. This study has highlighted that despite several continuities running throughout the period, there were clear changes in the medical understanding, experience and treatment of the disease during early modern England.

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<sup>3</sup> Sintelaer, 'The scourge', p.221.

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