

**‘Without the Knowledge of the Nearest Friend’:  
Living with Venereal Disease during Britain’s Long Eighteenth Century**

Kate Cross  
BA (Hons) History (Open)

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## **Abstract**

This dissertation examines experiences of living with venereal disease during Britain's long eighteenth century, and argues that stigmatization of sexually transmitted diseases was omnipresent throughout the period and consequently impacted lives in disparate ways. Through the use of first-hand accounts of infected individuals found in correspondence and diaries, plus practitioners' case books and medical treatises, it proposes that venereal disease rarely prompted light-hearted responses as suggested by some historians. Instead, society's long-standing and widely-held negative perceptions of venereal disease are shown to have resulted in sufferers' concealment or denial of infection. Evidence from domestic recipe books, self-help books and domestic medicine chests is used to demonstrate how sufferers attempted discrete self-medication, whilst petitions and court records provide insight into provision of medical care for infected domestic staff and apprentices. It argues that sufferers employed desperate strategies to navigate life with venereal disease. The lower classes, unable to afford medical care, were particularly susceptible to financial hardship as a result of infection.

This study argues that venereal disease impacted not only the lives of those who knowingly courted infection through their sexual proclivities, but also the lives of individuals regarded as innocent and undeserving victims, such as wives and children. It shows that infection could have short- or long-term consequences, with a variety of physical, mental, and social implications. Social class, gender, the severity of the infection itself, and the ability of the sufferer to conceal their infection all impacted the experience of venereal disease. Research to date has tended to focus on institutional care of venereal patients whereas this study examines the experiences of living with venereal disease primarily in a domestic setting, thereby contributing original insight to the historiography of venereal disease.

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## **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 based on work I submitted for assessment as part of A883.

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## Introduction

‘Anti-Siphylicon [...] may be taken, and the Cure be accomplish’d, without the Knowledge of the nearest Friend.’<sup>1</sup>

So promised a press advertisement for a venereal disease remedy that appeared in the *General Evening Post* in 1748. It was not unique in offering a clandestine treatment; many venereal remedy advertisements offered discrete cures for what were perceived as embarrassing ailments. Venereal disease continued to be shrouded in secrecy throughout the long eighteenth century, even though rates of infection for syphilis had reached epidemical proportions by the 1700s.<sup>2</sup> Whether it was the clap, the itch, or the pox (what would today be recognised as gonorrhoea, genital scabies, and syphilis respectively), venereal disease was associated with prostitutes, sin and the ‘wrong’ kind of sex, and indiscriminately touched the lives of the young and old, the rich and poor, the debauched and innocent. Sufferers feared their reputations would be ruined should the true nature of their condition be discovered, with artwork, plays, literature and ballads fuelling the public’s negative perceptions of venereal disease. Stigmatization therefore determined how sufferers navigated their journey from infection towards cure, with varying degrees of success determined in some instances by availability of medical assistance and the ability to pay for it. For some, the consequences of a venereal infection were life-changing, for others, it was tragically life-ending.

This study asks three key questions. How was stigmatization of venereal disease perpetuated throughout the long eighteenth century? How did the infected live with venereal disease? What impact did venereal disease have upon the lives of sufferers? In answering

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<sup>1</sup> *General Evening Post*, 3 September 1748, p. 4.

<sup>2</sup> Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease in the Eighteenth-Century Imagination* (New Haven: Yale University Press, 2018), p. 5.

these questions, this study aims to illuminate the lived-experience of sufferers through first-hand accounts whilst further evidence is gained through top-down evidence read against the grain. Furthermore, this study will provide original research by focusing primarily on sufferers' experiences within domestic settings as opposed to those receiving treatment as institutional in-patients.

This study consists of three themed chapters. Chapter 1 focuses on the stigmatization of venereal disease. It explores the portrayal of venereal disease in the explicit lyrics of broadside ballads and the phrasing of venereal remedy advertisements in the press. How patients attempted to avoid disgrace is discussed and the ways in which accusations of venereal disease fuelled rumours and insults. Chapter 2 investigates how individuals responded to stigmatization whilst living with the disease. It investigates how patients attempted to cure themselves secretly via different methods. The experiences of domestic staff and apprentices are discussed along with the treatment options open to the lower classes, and how patients experienced physical symptoms and mercurial salivation. Chapter 3 looks at the consequences of venereal disease and how infection impacted the lives of the afflicted and others in a range of ways. It looks at the use of prophylactics to prevent transmission and the notion that infection could be cured through sexual intercourse with a virgin. Examples of marital breakdown are discussed and the long-term health implications of infection including reproduction.

Numerous primary sources have been used to produce this study covering the long eighteenth century, defined here as the period 1680 to 1830. Where possible, patients' first-hand accounts have been prioritized to give a history from below of venereal disease, however, some sources have required reading against the grain to establish the sufferers' experiences. Diaries and correspondence have been used to provide first-hand experience of venereal disease. The incoming and outgoing consultation letters of the physician William

Cullen are a rich resource, revealing patients' stories and experiences of venereal disease and the prescribed treatments. In some instances, however, only Cullen's response survives. The journals of James Boswell and his contemporary Syllas Neville provide elite male views of venereal disease. Unfortunately, in Neville's case, the published journal has been subject to censorship by the editor to exclude material 'too indelicate to be printed'.<sup>3</sup> It remains, however, an insightful source when used in combination with letters received from his apothecary, Mr Hill. In contrast, Boswell's journal offers a frank account of his many encounters with venereal disease. Studying the long eighteenth century enables the inclusion of an important source, Anne Lister's journal. Not only does it provide a detailed account of symptoms, emotions and subterfuge, it also offers a rare example of a first-hand female account of venereal disease and same-sex transmission. Whilst these sources provide elite perspectives, the experiences of the lower classes are notoriously difficult to locate but can be found in petitions and coroners' inquests. Although not first-hand accounts, such sources do indicate the degree of suffering and hardship caused by venereal infections. Case studies provided within the medical treatises of practitioners, such as Daniel Turner and John Profily, have been used to illustrate the experiences and treatments of patients. Such publications were a common and effective means of self-promotion for practitioners and their use as evidence must be approached with care, bearing in mind the potential for authors' self-aggrandizement in order to raise their professional reputations.

Broadside ballads and newspaper advertisements have been used to examine the stigmatization of venereal disease. The explicit lyrics of ballads can be seen to vilify prostitutes as spreaders of disease whilst ridiculing their male victims. The phrasing of press advertisements played on patients' anxieties regarding venereal disease throughout the long

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<sup>3</sup> Basil Cozens-Hardy, ed., *The Diary of Syllas Neville 1767-1788* (London: Oxford University Press, 1950), p. xv.



eighteenth century, with little change observed in the targeting of consumers during the period. Press advertisements promoted self-medication through questionable remedies, however, other sources including domestic recipe books, self-help books and ready-made domestic medicine chests suggest alternative methods of self-medication.

Venereal disease arrived in Europe in the late fifteenth century and how it was understood within early modern society has been the focus of much of the historiography produced from the 1950s onwards.<sup>4</sup> It has been suggested by Owsei Temkin that the diseased poor accepted the hazards of mercury therapy in retribution for sexual misdemeanours whilst their wealthier counterparts, able to afford less painful remedies, defied moral conventions in their attitudes towards infection.<sup>5</sup> This notion, however, does not take into account early modern religious beliefs and conduct. It has been argued by Raymond A. Anselment that shame, guilt, fear, and suffering cannot be disassociated with contemporary attitudes regarding venereal disease.<sup>6</sup>

Many historians of venereal disease have utilised James Boswell's journals, however, William Ober's medical biography of Boswell provides a painstakingly researched account of his nineteen episodes of gonorrhoea, how he contracted each infection, and how and who treated it.<sup>7</sup> Describing Boswell as an 'unconscious force' determined to self-destruct, Ober concludes that Boswell's 'courting (and receiving)' venereal disease was in expiation and

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<sup>4</sup> Kevin Brown, *The Pox: The Life and Near Death of a Very Social Disease* (Stroud: Sutton Publishing, 2006), p. v.

<sup>5</sup> Owsei Temkin, 'Therapeutic Trends and the Treatment of Syphilis before 1900', *Bulletin of the History of Medicine*, 29 (1955), 309-316 (p. 316).

<sup>6</sup> Raymond A. Anselment, 'Seventeenth-Century Pox: The Medical and Literary Realities of Venereal Disease', *The Seventeenth Century*, 4:2 (1989), 189-211 (p. 190).

<sup>7</sup> William B. Ober, *Boswell's Clap and Other Essays: Medical Analyses of Literary Men's Afflictions* (London: Allison & Busby, 1979), p. 37.

driven by mental health issues, a sense of guilt and need for punishment.<sup>8</sup> According to Lawrence Stone, Boswell's friends regarded his repeated infections as 'no more than a joke' although they urged him to take care.<sup>9</sup> Linda E. Merians has suggested that venereal disease had a 'light side' in Restoration and eighteenth-century Britain, evidenced by its metaphoric use by poets and pamphleteers to insult or satirize an individual or something, whilst rakish characters on stage spoke amusingly of infection.<sup>10</sup> Kevin Siena opposes such views and argues that evidence from medical texts does not support views that venereal disease was regarded with a 'cavalier light-heartedness'.<sup>11</sup> His own meticulous study of institutional archives resulted in the insightful *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards', 1600-1800* examining the resourcefulness of the poor in accessing an early modern healthcare system shaped by beliefs about gender and morality. It has been demonstrated by Rose Zimbardo and Leon Guilhamet that moralistic representations typically associating women with the devastation wreaked by venereal disease superseded satiric representations of venereal disease used in Restoration dramas.<sup>12</sup> Siena has argued that early modern origin stories regarding the source of venereal disease cultivated a blame culture with women, particularly prostitutes, believed to be spreaders of diseases.<sup>13</sup> In addition to his own

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<sup>8</sup> Ober, p. 39.

<sup>9</sup> Lawrence Stone, *The Family, Sex and Marriage in England 1500-1800* (London: Harper & Row, 1977), p. 599.

<sup>10</sup> Linda E. Merians, 'Introduction', in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. by Linda E. Merians (Lexington: The University Press of Kentucky, 1996), p. 5.

<sup>11</sup> Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards', 1600-1800* (Rochester, New York: University of Rochester Press, 2004), p. 31.

<sup>12</sup> Rose A. Zimbardo, 'Satiric Representation of Venereal Disease: The Restoration Versus the Eighteenth-Century Model', pp. 183-195, and Leon Guilhamet, 'Pox and Malice: Some Representations of Venereal Disease in Restoration and Eighteenth-Century Satire', pp. 196-212, in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. by Linda E. Merians (Lexington: The University Press of Kentucky, 1996).

<sup>13</sup> Kevin P. Siena, 'Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger', *Journal of the History of Sexuality*, 8:4 (1998), 553-574 (p. 574).

studies in infection rates in the city of Chester, Simon Szreter has collaborated with Siena to contribute further original research in the first quantitative estimate of the extent of syphilis infection in London during the 1770s.<sup>14</sup>

Other recent works include Noelle Gallagher's interdisciplinary study of the representation of venereal disease in the art and literature of eighteenth-century Britain. Although most relevant to historians with literary and cultural interests due to its focus on imaginative responses to venereal disease rather than lived-experiences, Gallagher's study concludes that venereal disease became a metaphor for deception, foreignness and other concerns of the time, and remained prominent in British culture throughout the eighteenth century and beyond.<sup>15</sup>

Dorothy Porter and Roy Porter examined the process of medicalization in eighteenth-century England including the use of 'family physick' and the dangers of self-medication.<sup>16</sup> It was a period of growth within the medical marketplace with both qualified and irregular medical practitioners competing for trade with numerous venereal disease treatments and treatises widely advertised. The main features of Georgian Britain's venereal disease trade have been explored extensively by W. F. Bynum whilst Roy Porter's examination of quackery has rejected the idea of deceiver and dupe.<sup>17</sup> Olivia Weisser's examination of medical cases

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<sup>14</sup> 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*, 32:2 (2017), 183-223; Kevin P. Siena and Simon Szreter, 'The Pox in Boswell's London: An Estimate of the Extent of Syphilis Infection in the Metropolis in the 1770s', *Economic History Review*, 74:2 (2021), 372-399.

<sup>15</sup> Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease in the Eighteenth-Century Imagination* (New Haven: Yale University Press, 2018), pp. 214-215.

<sup>16</sup> Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity Press, 1989).

<sup>17</sup> W. F. Bynum, 'Treating the Wages of Sin: Venereal Disease and Specialism in Eighteenth-Century Britain', in *Medical Fringe and Medical Orthodoxy 1750-1850*, ed. by W. F. Bynum and Roy Porter (London:

has shown how venereal disease patients attempted to deceive practitioners through lies and omissions due to the moralizing nature of the disease.<sup>18</sup> In a further study, Weisser has analysed incidents of venereal disease in early modern rape cases. She concludes that a venereal infection provided visible and tangible evidence of sexual violence and avoided shameful discussions about odious sexual acts.<sup>19</sup> Furthermore, perceptions of venereal disease articulated, manifested and morally condemned unspeakable sexual violence because they were so embedded by the turn of the eighteenth century.<sup>20</sup> Weisser has noted that since 1990 onwards, research has focused on how beliefs and attitudes shaped perceptions of venereal disease whilst very little is known about experiences of venereal disease outside of institutional environments.<sup>21</sup> This dissertation, therefore, contributes original research focusing on the experience of sufferers in domestic settings. It prioritises the voices of sufferers and overcomes the challenges of retrieving first-hand accounts by reading sources against the grain to explore the lived-experience of venereal disease in Britain's long eighteenth century.

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Routledge, 1986), pp. 5-28; Roy Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester: Manchester University Press, 1989).

<sup>18</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.

<sup>19</sup> Olivia Weisser, 'Poxed and Ravished: Venereal Disease in Early Modern Rape Trials', *History Workshop Journal*, 91 (2021), 51-70 (p. 66).

<sup>20</sup> Weisser, 'Poxed and Ravished', p. 66.

<sup>21</sup> Olivia Weisser, 'Histories of the Pox', *History Compass*, 19:8 (2021), 1-9 (p. 6).

## Chapter 1: Stigmatization of Venereal Disease

During the mid-1770s, it has been estimated that 21 per cent of Londoners would have received treatment for syphilis by the age of 35.<sup>1</sup> At a time when prophylactics were not widely used and reliable treatments did not exist, an even greater number had experienced other sexually transmitted diseases, such as gonorrhoea and chlamydia.<sup>2</sup> Venereal disease had reached epidemical proportions. Despite its apparent ubiquity, venereal disease was surrounded by secrecy. Even the colloquial terms ‘secret disease’ and ‘foul distemper’ point towards the shameful nature of infection.<sup>3</sup> Kevin Siena has argued that during the early modern period venereal disease was incredibly evocative and rarely elicited sympathy, with derision and sarcasm the more frequent responses.<sup>4</sup> Contemporary artwork, literature and medical advertising contributed towards the perpetuation of stigmatization throughout the long eighteenth century. Individuals employed numerous methods to conceal their illness as revealed in physicians’ case books and correspondence. Ecclesiastical court records show how accusations of venereal infections were used to damage reputations. Although some historians such as Linda Merians and Rose Zimbaro have argued that there was a ‘light-side’

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<sup>1</sup> Kevin P. Siena and Simon Szreter, ‘The Pox in Boswell’s London: An Estimate of the Extent of Syphilis Infection in the Metropolis in the 1770s’, *Economic History Review*, 74:2 (2021), 372–399 (p. 389).

<sup>2</sup> Siena and Szreter, p. 390.

<sup>3</sup> Anon., *The Practical Scheme Explaining the Symptoms and Nature of the Venereal or Secret Disease, A Broken Constitution, & a Gleet* (London: 1725); Ebenezer Sibly, *The Medical Mirror; or, Treatise on the Impregnation of the Human Female. Shewing the Origin of Diseases, and the Principles of Life and Death* (London: 1796), p. 145.

<sup>4</sup> Kevin P. Siena, ‘Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger’, *Journal of the History of Sexuality*, 8:4 (1998), 553-574 (p. 572).

to venereal disease, this chapter will demonstrate that overwhelming evidence points instead towards a very sombre view of venereal disease.<sup>5</sup>

Whilst contemporary art, such as William Hogarth's *A Harlot's Progress*, provided powerful visual moral tales portraying venereal disease as the consequence of immoral sexual conduct, broadside ballads were a more accessible and widespread means of communicating satirical and moral messages across the social classes. Costing just one penny, broadside ballads were the cheapest form of print media. Sold at printers' shops and on street corners, performed at markets and ale-houses, and pasted on street walls for all to see, the broadside ballad had a wide audience from young apprentices eager for entertainment to elite collectors who viewed ballads as a means of keeping abreast of public opinion and popular culture.<sup>6</sup> Through their woodcut images and oral performances, broadside ballads were able to communicate even to the illiterate. Ballads covered a wide range of material, from national news to politics, and tales of love to drinking songs. The balladeer's role was to provoke a reaction whilst entertaining, therefore ballads explicitly or implicitly featuring venereal disease can be seen to be comic or moralizing in nature. The ballad 'John the Miller', for example, tells the story of how John paid forty shillings to a supposed virgin only to find 'she had burnt his stones' and 'set his mill a blazing'; John's encounter left him unable to 'grind' having 'lost three inches off his P...k'.<sup>7</sup> The protagonist's venereal infection had seemingly resulted in erectile dysfunction. 'News from Hide-Park' is a cautionary tale regarding

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<sup>5</sup> Linda E. Merians, 'Introduction', pp. 3-4, and Rose A. Zimbardo 'Satiric Representation of Venereal Disease: The Restoration versus the Eighteenth-Century Model', pp. 183-195, in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. by Linda E. Merians (Kentucky: The University Press of Kentucky, 1996).

<sup>6</sup> Angela McShane, 'Ballads and Broadside', in *The Oxford History of Popular Print Culture: Volume One: Cheap Print in Britain and Ireland to 1660*, ed. by Joad Raymond (Oxford: OUP, 2011), p. 356.

<sup>7</sup> Anon., 'John the Miller', date unknown, Firth b.34 (157), Broadside Ballads Online (BBO) <<http://ballads.bodleian.ox.ac.uk/static/images/sheets/10000/07471.gif>> [accessed 12 November 2023].

infidelity in which a London prostitute's syphilitic condition is revealed to her client as he covertly observes her preparing for bed.<sup>8</sup> The lyrics describe how she has disguised her physical symptoms which include baldness, tooth loss, blemished complexion, and decayed nose through the use of a wig, false teeth, face paint, and false nose respectively. Venereal disease is only implicit in these two ballads, whereas the ballad 'A Hue and Cry After Beauty and Virtue' is a scathing attack on prostitutes, accusing the 'polluted bitches' of using 'Patches, Perfumes, and Painting'.<sup>9</sup> Patches were more than just a beauty accessory and were used to hide the facial sores and ulcers caused by syphilis; patches therefore became a symbol of whoredom and the pox.<sup>10</sup> The ballad specifically connects prostitutes with venereal disease:

We run our brittle Ships against those Rocks,

As if we long'd to slave them with the Pox.<sup>11</sup>

'Jennies Answer to Sawny' is a further example of a ballad connecting prostitutes with contagion in which a country lass recounts her Sawny's return from London where he was infected by a 'Miss o Th Town' who 'sent him home with a running Nagg' after 'he had emptied his bag'.<sup>12</sup> The lyrics more than allude to venereal disease, describing 'Harlets void of Grace, Poxd and Patchd with an Impudent face'; the accompanying image of a patched

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<sup>8</sup> Anon., 'News from Hide-Park', *c.* between 1736 and 1763, Douce Ballads 3 (67b), BBO <<http://ballads.bodleian.ox.ac.uk/static/images/sheets/20000/15681.gif>> [accessed 12 November 2023].

<sup>9</sup> Anon., 'A Hue and Cry After Beauty and Virtue', date unknown, 34408, English Broadside Ballad Archive (EBBA) <<https://ebba.english.ucsb.edu/ballad/34408/transcription>> [accessed 13 November 2023].

<sup>10</sup> 'Patches and Patch Boxes: You Must Get a Patch', Digital Museum of Dress Accessories <<https://dmda.york.ac.uk/the-patch-room/patch-02/>> [accessed 11 January 2024].

<sup>11</sup> Anon., 'A Hue and Cry After Beauty and Virtue', 34408, EBBA.

<sup>12</sup> Anon., 'Jennies Answer to Sawny', *c.* 1672-1696, 33992, EBBA <<https://ebba.english.ucsb.edu/ballad/33992/transcription>> [accessed 13 November 2023].

prostitute reinforces the connection between prostitutes, immoral sex and venereal disease.<sup>13</sup> Rejection by his country lass sees Sawney ‘forced to wander where he may’ and judged by society ‘he is despised by all’.<sup>14</sup> Ballads therefore played a role in the continued stigmatizing of venereal disease through their comical depictions of sufferers or moralizing on the transmission of disease through the use of prostitutes.

The shame of infection heightened the motivation behind self-medication and the pursuit of a quick and discreet cure before the true nature of one’s affliction could be detected. The demand for such products is reflected in the number of advertisements for venereal cures appearing in the press during the long eighteenth century; on 3 July 1731, for example, six of the twelve advertisements featured on the fourth page of *Fog’s Weekly Journal* promoted venereal cures.<sup>15</sup> Similarly, Kevin Siena identified 55 per cent of medical advertisements were dedicated to venereal treatments in a collection of 512 advertisements dated *c.* 1660 to *c.* 1715 held by the British Library.<sup>16</sup> An advertisement was often repeated in one publication over a number of subsequent editions making remedies such as the Grand Specifick, Leake’s Patent Pills and Wright’s Diuretick familiar to regular readers. Vendors exploited the public’s fear of venereal disease and the stigma surrounding infection with advertisements promising discretion and speedy cures. In 1720, an advertisement offered a ‘private cure’ for the ‘Secret Disease [...] without [...] hindring business [...] in a short time [...] with more Privacy than can be expected’.<sup>17</sup> In the same year, an advertisement for Philip Horneck’s practical discourse on venereal disease promised ‘such secrecy, that the nearest

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<sup>13</sup> Anon., ‘Jennies Answer to Sawny’, 33992, EBBA.

<sup>14</sup> Anon., ‘Jennies Answer to Sawny’, 33992, EBBA.

<sup>15</sup> *Fog’s Weekly Journal*, 3 July 1731, p. 4.

<sup>16</sup> Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London’s ‘Foul Wards’, 1600-1800* (Rochester, New York: University of Rochester Press, 2004), p. 41.

<sup>17</sup> *Original Weekly Journal*, 27 February 1720, p. 6.



Friend cannot know it'.<sup>18</sup> Appealing to a reader's desire to conceal knowledge of their infection from a spouse or another regular sexual partner was a well-established marketing technique. Dr Walker's Jesuit Drops claimed to be 'so secret, that even a bedfellow cannot make Discovery'.<sup>19</sup> The same surreptitious claim was still being used twenty years later.<sup>20</sup>

Advertisements highlighted the ease with which a purchase could be made. The Montpellier Little Bolus, for example, could be 'sent to anyone by the Penny Post'.<sup>21</sup> To spare embarrassment, purchasers of some products were encouraged to cite a less embarrassing complaint during their transaction, such as 'ask only for a six shilling Pot for the Scurvey'.<sup>22</sup> To purchase Dr Neeson's Anti-Venereal Compound, customers could send a messenger to request 'a 5s. Pot of the COMPOUND' from Mr Isted, a bookseller.<sup>23</sup> Similarly, purchasers of the Great Diuretick Cleanser need only ask for a 'Bottle of the Strengthening Elixir'.<sup>24</sup> Customer-friendly trading hours and accessibility frequently featured in advertisements, ensuring customers of the discretion they sought. According to his advertisement, Richard Rock was available for advice from seven o'clock in the morning until ten o'clock at night.<sup>25</sup> For those unable or unwilling to consult Rock in person, he would reply to 'all Letters Post-Paid'.<sup>26</sup> Those in search of Leake's Justly Famous Pill were directed to seek 'a back-door in the Court adjoining' in order to make their covert purchase; those preferring the anonymity that darkness offered were guided by 'lights in the passages'.<sup>27</sup>

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<sup>18</sup> *Daily Post*, 13 May 1720, p. 2.

<sup>19</sup> *Read's Weekly Journal or British Gazetteer*, 23 February 1760, p. 4.

<sup>20</sup> *British Chronicle or Pugh's Hereford Journal*, 30 March 1780, p. 4.

<sup>21</sup> *Weekly Journal or British Gazetteer*, 28 February 1730, p. 4.

<sup>22</sup> *London Evening Post*, 10 June 1760, p. 4.

<sup>23</sup> *Fog's Weekly Journal*, 11 April 1730, p. 5.

<sup>24</sup> *Universal Spectator and Weekly Journal*, 27 June 1730, p. 5.

<sup>25</sup> *General Advertiser*, 12 June 1750, p. 4.

<sup>26</sup> *Public Advertiser*, 1 January 1760, p. 4.

<sup>27</sup> *General Advertiser and Morning Intelligencer*, 4 January 1780, p. 4.

Vendors carefully phrased their advertisements to resonate with fearful and embarrassed individuals desperate to conceal and quickly cure their condition whilst protecting their reputation. Advertisers can therefore be seen to have used to their own advantage the stigmatization of venereal disease and helped perpetuate the shame of venereal disease through the phrasing employed, thereby ensuring a continuation of the market for their advertised remedies.

For many venereal disease sufferers, a consultation with a qualified medical practitioner became unavoidable despite the stigmatization as symptoms continued or worsened even with self-medication. Individuals feared their reputations would be ruined if their condition became public knowledge, and long periods of absence from public life necessitated by confinement could arouse suspicions among family, friends, neighbours, employers, and business associates. Mercurial salivation was the most common treatment used to fight venereal syphilis; significant doses of mercury were often used to induce patients to spit several pints of saliva per day in an attempt to excrete the disease from the body.<sup>28</sup> Charles Hales wrote in his treatise how a typical salivation took between forty and fifty days, during which time the patient must remain in their chamber despite this being ‘suspicious, especially for persons, whose Stations oblige them to have a more than ordinary regard for their Reputation’.<sup>29</sup> Patients wishing to avoid such confinement and its inherent risk of discovery are frequently encountered in the sources. The correspondence of the physician William Cullen demonstrates how privacy and secrecy were driven from below. Cullen received a letter from a gentleman who contracted a venereal infection and withheld

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<sup>28</sup> Siena, *Foul Wards*, pp. 22-23.

<sup>29</sup> Charles Hales, *Salivation Not Necessary for the Cure of the Venereal Disease, In Any Degree Whatever* (London: 1767), p. xv-xvi.

the true cause of his condition through embarrassment.<sup>30</sup> Having attempted, unsuccessfully, to cure himself privately he resorted to requesting ‘a regimen or course of gentle medicine which could be followed without confinement to the house’.<sup>31</sup> Cullen assured another correspondent that he understood the need to manage a female patient’s infection without confinement while suggesting that the prescribed mercurial ointment might be applied to the thighs at bedtime ‘with secrecy’.<sup>32</sup>

To add to patients’ anxieties, there was no doctor-patient confidentiality in place at the time. One of Cullen’s patients withheld details from his previous physician of a venereal infection contracted during his youth because the physician was ‘intimately acquainted’ with some of the patient’s own friends with whom he had never shared his ‘profound secret’.<sup>33</sup> In the patient’s view, the risk of ruining his reputation through the shame associated with venereal disease outweighed the medical risks associated with the nondisclosure of elements of his medical history. Cullen found it necessary to assure one patient ‘absolute Secrecy’ owing to Cullen’s use of a scribe to write his letters to patients; Cullen explained that the scribe ‘has neither seen your letter nor knows to whom I am to address my Answer’.<sup>34</sup> On revealing to a patient that he had discovered ‘the Nature of his Disease’, the physician Daniel Turner found his patient begging him to be ‘careful with his Reputation, which was considerable among his Party’.<sup>35</sup> Turner found another of his patients unwilling to undertake

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<sup>30</sup> Mr Edward Brown to Dr William Cullen, 18 November 1784, CUL/1/2/1592, RCPE  
<<https://www.cullenproject.ac.uk/docs/2543/>> [accessed 7 May 2024].

<sup>31</sup> Brown to Cullen, CUL/1/2/1592, RCPE.

<sup>32</sup> Dr William Cullen to Addressee Unknown, 4 June 1768, CUL/1/1/2/10, RCPE  
<<https://www.cullenproject.ac.uk/docs/389/>> [accessed 7 May 2024].

<sup>33</sup> Mr Alexander McCulloch to Dr William Cullen, 8 August 1781, CUL/1/2/1116, RCPE  
<<https://www.cullenproject.ac.uk/docs/2041/>> [accessed 7 May 2024].

<sup>34</sup> Dr William Cullen to Mr Edward Brown, 19 November 1784, CUL/1/1/17/141, RCPE  
<<https://www.cullenproject.ac.uk/docs/4947/>> [accessed 7 May 2024].

<sup>35</sup> Daniel Turner, *Syphilis: A Practical Dissertation on the Venereal Disease* (London: 1717), p. 160.

a course of medicine that would induce salivation as he feared discovery of his condition would risk his reputation upon which his living depended.<sup>36</sup> One patient was so determined that his condition remained secret he begged the recipient to burn his letter.<sup>37</sup>

Some patients went to great lengths to protect their reputation. Suspecting he had once again contracted an infection, Sylas Neville recorded in his diary how he made the ‘fatiguing’ and ‘expensive’ coach journey from Norfolk to London to seek advice discretely from a recommended apothecary rather than risk his reputation locally in Yarmouth.<sup>38</sup> That Neville was prepared to undertake such a journey to obtain treatment demonstrates the degree to which he perceived his reputation was threatened should his condition become public knowledge. His determination, however, to undergo a face-to-face consultation with the recommended apothecary suggests that venereal disease was specifically discussed between Neville and his associate, but it is not known whether the recommendation was in response to Neville revealing his own condition. Maybe the recommendation was acquired under the pretence of ‘asking for a friend’. This was certainly how Anne Lister obtained her first prescription when she suspected contracting a venereal infection from her married lover, Mariana, who had been infected by her own husband.<sup>39</sup> Fortunately for Mariana, as a married woman she was most likely viewed as the innocent party in contracting an infection. According to the physician John Profily the ‘disconsolate Female, whose Body is tainted with a loathsome Poison by the Embraces of a vicious Husband’ should receive ‘Pity and Relief’

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<sup>36</sup> Turner, pp. 163-164.

<sup>37</sup> Mr James Orr to Lord (Judge) Robert Cullen, 13 February 1778, CUL/1/2/582, RCPE <<https://www.cullenproject.ac.uk/docs/1488/>> [accessed 7 May 2024].

<sup>38</sup> Basil Cozens-Hardy, ed., *The Diary of Sylas Neville 1767-1788* (London: Oxford University Press, 1950), p. 72.

<sup>39</sup> Diary of Anne Lister of Shibden Hall, 4 August 1821, SH:7/ML/E/5, West Yorkshire Archive Service (WYAS).

and never ‘Reproach or Ridicule’.<sup>40</sup> As an unmarried woman, Lister’s motivation for concealing her own infection were two-fold: firstly, the women’s sexual relationship must remain secret. Secondly, the shame of contracting a venereal infection. Consequently Lister obtained the prescription by subterfuge from Mariana’s doctor, and recorded in her diary how she claimed it was for ‘someone in the same situation a young married woman poor who had tried much advice without relief’.<sup>41</sup> Lister continued to deceive when she consulted another physician sixteen months later, telling him she had contracted the infection having visited the toilet after a ‘married friend whose husband was a dissipated character’.<sup>42</sup> Furthermore she concealed the nature of her condition from those closest to her, lived ‘perpetually in horrors for fear of infecting’ a sexual partner, and misled her aunt that a prescribed lotion was to soften her hands.<sup>43</sup> She finally confided in her aunt two years later although omitted how she contracted the disease; Lister’s diary reveals her aunt took the news well as her understanding was that infection was possible as a result of simply using the same toilet or glass as a diseased person.<sup>44</sup>

Society’s negative perception of venereal disease forced some patients to attempt to conceal their symptoms from their own physicians. Initially this tactic may have worked until practitioners found their tried and tested treatments failed to cure as expected, leading to further diagnostic probing which resulted in patients finally revealing their secrets. Turner recorded how one patient claimed his swollen testicles were caused by ‘his lying cross-legg’d in his sleep’, whilst another patient preferred to explain his painful arm was caused by ‘lying

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<sup>40</sup> John Profily, *An Easy and Exact Method of Curing the Venereal Disease, in all its Different Appearances*, 2nd edn (London: 1748), p. 14.

<sup>41</sup> Diary of Anne Lister of Shibden Hall, 4 August 1821, SH:7/ML/E/5, WYAS.

<sup>42</sup> Diary of Anne Lister of Shibden Hall, 10 December 1822, SH:7/ML/E/6, WYAS.

<sup>43</sup> Diary of Anne Lister of Shibden Hall, 20 August 1821, SH:7/ML/E/5; 14 December 1822, SH:7/ML/E/6, WYAS.

<sup>44</sup> Diary of Anne Lister of Shibden Hall, 27 August 1823, SH:7/ML/E/7, WYAS.

on the Ground all Night in Drink’ rather than admit to the more humiliating cause of venereal disease.<sup>45</sup> Alexander Morgan’s case book demonstrates how some patients denied their complaints were venereal in nature. Noting his consultation with a gentleman with a swollen testicle, Morgan ‘supposed it venereal & rising from a suppression of a Gonorrhoea, but he denied it’; the patient only admitted the truth once his symptoms had worsened.<sup>46</sup> Risk of discovery was not limited to patients; a surgeon was forced to abandon treating his own ulcerated nose with mercurial ointment when he began receiving comments regarding the discoloration of his rings and watch.<sup>47</sup> Concealment of venereal disease resonates with Olivia Weisser’s view that some practitioners regarded their venereal patients as deceptive, evasive or untrustworthy in discussing their cases.<sup>48</sup> According to Polly Morris, a woman’s reputation was mainly characterised by her sexual conduct.<sup>49</sup> Alexander Morgan noted how he enraged a female patient by suggesting that she ‘had or was poxed’; the patient was attempting to maintain her reputation although she eventually admitted to having been salivated two years earlier.<sup>50</sup> Whilst an accusation of whoredom was an assured method of casting aspersions on a woman’s character, accusations involving venereal disease intensified the level of insult via accusations of impurity.<sup>51</sup> Accusations of having or passing on venereal disease were

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<sup>45</sup> Turner, p. 159 and p. 220.

<sup>46</sup> Medical Case Book of Surgeon’s Apprentice Alexander Morgan, 1714-1747, MS.3631, p. 19, Wellcome Collection (WC) <<https://wellcomecollection.org/works/p7kt48jz/items>> [accessed 15 October 2023].

<sup>47</sup> Case Note Regarding Anonymous Patient, 26 April 1773, CUL/1/2/111, RCPE <<https://www.cullenproject.ac.uk/docs/844/>> [accessed 7 May 2024].

<sup>48</sup> Olivia Weisser, ‘“Pox and Clapt Together’: Sexual Misbehavior in Early Modern Cases of Venereal Disease’, in *The Hidden Affliction: Sexually Transmitted Infections and Infertility in History*, ed. by Simon Szreter (Rochester, New York: University of Rochester Press, 2019), p. 73.

<sup>49</sup> Polly Morris, ‘Defamation and Sexual Reputation in Somerset, 1733-1850’ (unpublished doctoral thesis, University of Warwick, 1985), p. 7.

<sup>50</sup> Alexander Morgan, MS.3631, p. 17, WC <<https://wellcomecollection.org/works/p7kt48jz/items>> [accessed 15 October 2023].

<sup>51</sup> Morris, p. 7.

actionable under common law and the ecclesiastical courts provided a means for the affronted to attempt to retrieve their reputations.<sup>52</sup>

Court records reveal the variety of venereal related insults used against defamation victims. During a trip to the butchers with her servant in 1694, Mrs Hannah Culliford was accused in front of her neighbours of being ‘a filthy Pocky whore’ by George Cornish.<sup>53</sup> Accusations of venereal disease could harm an individual’s ability to trade as Eleanor Walker found when Elizabeth Webster caused her ‘a good deal of harm in her way of business’ in 1753.<sup>54</sup> Webster declared Walker had been a whore since birth, ran a bawdy house and was a ‘pox’d whore and [...] lying in of a Burn’d arse’.<sup>55</sup> In 1772 Joseph Moor declared the widow Susannah Sharp ‘had got the Burnt arse’ and he was willing to ‘lay five shillings to six pence he could prove it in five minutes’.<sup>56</sup> Their attempts to gain redress through the ecclesiastical courts through what could be a protracted and expensive process illustrates the extent to which these women felt their reputations were in tatters through accusations of venereal disease.

Whilst few were prepared to discuss their own sexual health, the health of others was frequently the subject of gossip. Whilst drinking in a public house in 1711, John Ager informed Goodwife Parsley’s nephew that his aunt had the French Pox.<sup>57</sup> Court records show

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<sup>52</sup> S. M. Waddams, *Sexual Slander in Nineteenth-Century England: Defamation in the Ecclesiastical Courts, 1815-1855* (Toronto: University of Toronto Press, 2000), p. 17.

<sup>53</sup> *Culliford v. Cornish*, Deposition Book, 1694-1695, D/D/Cd/106, Somerset Heritage Centre.

<sup>54</sup> *Webster v. Walker*, 1753, C.P.I.1325, Cause Papers in the Diocesan Courts of the Archbishopric of York, 1300-1858, Borthwick Institute for Archives (BIA) <<https://discover.york.ac.uk/causepapers/yorkcp-8580067>> [accessed 8 May 2024].

<sup>55</sup> *Webster v. Walker*, C.P.I.1325, BIA.

<sup>56</sup> *Sharp v. Moor*, 1772, C.P.I.1692, BIA <<https://discover.york.ac.uk/causepapers/yorkcp-8583338>> [accessed 8 May 2024].

<sup>57</sup> Deposition of Thomas Brewett, 1712, DN/DEP 56/60/280, Norfolk Record Office (NRO).

Ager, the one-man rumour mill, proceeded to inform two of his own customers of Parsley's condition, where she had acquired it and that she had infected her husband.<sup>58</sup> According to Horace Walpole, all the talk of the town in 1742 was that Sir Charles Hanbury Williams and his wife were suffering from venereal disease, informing a correspondent that 'all the old women are full of it, - I don't mean, of what he and his wife are'.<sup>59</sup>

Not all venereal patients were embarrassed by their condition. Williams and members of his libertine circle of friends were, according to Richard Butterwick-Pawlikowski, 'continually complaining' of the clap and their attitudes towards infection support the notion that some sufferers approached the disease with a dangerous bravado.<sup>60</sup> Richard Rigby, for example, described to a correspondent how his friend 'magnanimously laughs at the danger' having been intimate with an infected woman.<sup>61</sup> In his poem 'Of Marriage', John Wilmot, second earl of Rochester, appeared to regard the risk of infection from prostitutes as trifling because 'diseases, you know, will admit of a cure'.<sup>62</sup> Unfortunately for Rochester, his own infection could not be cured; he died at the age of 33 reputedly due to tertiary syphilis.<sup>63</sup> Daniel Turner recorded how one patient carried his own scabs in a box which the physician regarded as 'for a Show; rather glorying in his Shame, than endeavouring to conceal his

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<sup>58</sup> Deposition of Richard Todd, 1711, DN/DEP 56/60/281, NRO; Deposition of Ruth Todd, 1711, DN/DEP 56/60/282, NRO.

<sup>59</sup> W. S. Lewis, ed., *Horace Walpole's Correspondence, Volume 18* (New Haven: Yale University Press, 1954), p. 104, cited in Mary Margaret Stewart, "And Blights with Plagues the Marriage Hearse": Syphilis and Wives', in *The Secret Malady*, ed. by Linda E. Merians, p. 110.

<sup>60</sup> Richard Butterwick-Pawlikowski, "In the Greatest Wildness of my Youth": Sir Charles Hanbury Williams and Mid-Eighteenth-Century Libertinism', *Journal for Eighteenth-Century Studies*, 41:1 (2018), 3-23 (p. 11).

<sup>61</sup> Butterwick-Pawlikowski, p. 11.

<sup>62</sup> 'Of Marriage', in *John Wilmot, Earl of Rochester: The Poems and Lucina's Rape*, ed. by Keith Walker and Nicholas Fisher (Chichester: Blackwell Publishing Ltd, 2013), p. 128.

<sup>63</sup> Gallagher, p. 15.



Folly'.<sup>64</sup> Kevin Siena, however, has argued convincingly that early modern discussions around venereal disease were dominated by shame, opposing the suggestions by historians including Owsei Temkin, Linda Merians and Rose Zimbardo that venereal disease prompted attitudes of 'cavalier light-heartedness'.<sup>65</sup>

This chapter has demonstrated that although some took an audacious approach to venereal disease, stigmatization of venereal disease was embedded in the wider society. Ballads, gossip and sexual slander were oral vehicles for stigmatization, whilst the loaded language employed in newspaper advertisements for venereal remedies reinforced society's negative views of infection. Medical treatises, case books and correspondence have revealed patients' anxieties around discovery of their condition, doctor-patient confidentiality, and their efforts to conceal the truth. William Cullen's correspondence with patients has provided personal experiences of venereal disease and the ways in which individuals attempted to negotiate the associated stigma. The following chapter will examine how the infected lived with the disease whilst attempting to find a cure.

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<sup>64</sup> Turner, p. 205.

<sup>65</sup> Siena, *Foul Wards*, p. 31.

## Chapter 2: Living with Venereal Disease

Having established that throughout the long eighteenth century venereal disease was stigmatized, this chapter examines how people lived with the disease. Fear would have prompted many to seek immediate medical assistance, although embarrassment may have caused some to delay seeking treatment, whilst for others treatment was simply out-of-reach financially. Whilst Kevin Siena has produced extensive research into the experiences of the poor diseased in London's institutional foul wards, this dissertation aims to explore sufferers in a domestic setting.<sup>1</sup> This chapter therefore explores how individuals sought to treat themselves privately within the home to avoid arousing suspicions through the use of self-help publications and domestic recipe books, and through the use of domestic medicine chests. It will consider how domestic staff and apprentices received treatment when low incomes excluded them from the medical marketplace. The implications of costly medical treatment on sufferers in general will be examined. Finally, experiences of salivation will be discussed.

The first indication of a venereal infection was often a burning sensation. Although a period of sixty years separates their experiences, Anne Lister and James Boswell both found the initial symptoms worthy of recording in their diaries with Lister noting 'a queer hot[t]ish itching sensation' whilst Boswell felt 'a little heat in the members of my body sacred to Cupid'.<sup>2</sup> Within twenty-four hours both their fears were confirmed. Lister's next diary entry noted how 'the heat and itching I felt last night have been considerable today and I am persuaded of being touched with the complaint' and Boswell lamented that 'Too, too plain

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<sup>1</sup> Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards', 1600-1800* (Rochester, New York: University of Rochester Press, 2004).

<sup>2</sup> Diary of Anne Lister of Shibden Hall, 4 August 1821, SH7/ML/E/5, West Yorkshire Archive Service (WYAS); Frederick A. Pottle, ed., *Boswell's London Journal 1762-1763* (London: Heinemann, 1950), p. 149.

was Signor Gonorrhoea'.<sup>3</sup> Both proceeded to obtain treatment from a physician, however, a trained medical practitioner was too costly or too far away to be practical for many. Self-medication for most was therefore a necessity rather than a choice. People were expected to take care of their own health and that of their dependents, assisted by domestic recipe books plus the self-help medical books and treatises that had become widely available from the 1690s onwards as a result of cheap print and increased literacy.<sup>4</sup> Furthermore, the stigma associated with venereal disease prompted the prioritisation of self-help as a first port of call.

When venereal disease was suspected, the afflicted may initially have reached for a domestic recipe book in which culinary and medical recipes were recorded. Such recipe books were handed down within families to the next generation, who not only followed the advice but also added and adjusted recipes.<sup>5</sup> Despite the epidemic scale of venereal infections in the eighteenth century, evidence of venereal disease remedies are difficult to locate within domestic recipe books. Considering the stigma associated with venereal disease it is plausible that recipe book authors did not wish to suggest to future generations that family members had experienced shameful diseases. Some recipe books, however, demonstrate how this issue was circumvented and Olivia Weisser has suggested that some authors veiled or downplayed the connection between their remedies and venereal disease.<sup>6</sup> For example, amongst the seven hundred recipes recorded in one eighteenth-century manuscript, only two recipes explicitly mention venereal disease whilst other remedies refer to venereal symptoms such as

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<sup>3</sup> Anne Lister, SH:7/ML/E/5, WYAS; Pottle, p. 155.

<sup>4</sup> Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity Press, 1989), p. 33-35.

<sup>5</sup> Silvia De Renzi, 'Block 4A, Unit 3: The Skin: Recording Recipes, Collecting Knowledge'. A883 *MA History Part 1* (2022) <<https://learn2.open.ac.uk/mod/oucontent/view.php?id=2041798&section=4>> [accessed 13 February 2024].

<sup>6</sup> Olivia Weisser, 'Searching for Syphilis in Recipe Books', The Recipes Project <<https://recipes.hypotheses.org/8864>> [accessed 13 February 2024].

‘scalding of the urine’, ‘sore scaled heads’, and ‘ulcers of the [...] nose’.<sup>7</sup> The suitability of the remedies for the treatment of venereal disease are therefore only detectable through the listed symptoms. Recipes included native herbs and roots from the garden or hedgerows, and increasingly New World spices and medicaments available from apothecaries.<sup>8</sup> The recipe book features a diet drink remedy which includes the well-known venereal remedy ingredients guaiacum, sarsaparilla, and sassafras; the recipe advises ‘it takes away al maner of pain and soreness of wounds casts of al filth’.<sup>9</sup> Venereal disease is thereby implied by use of the term ‘filth’. The two recipes specifically advised for the treatment of venereal disease make this particular manuscript unusual. One entry was titled ‘For French pox plague feavor small pox measles or any infectious disease’ whilst the second entry recorded how boiled artichoke drunk with wine brings on ‘such an abundance of ill scented urine’ that ‘cures even inveterate gonorrhæas’.<sup>10</sup> Recipe books can therefore be seen to offer rare glimpses into the domestic healing of venereal disease even though difficult to locate.

Self-help publications provided an alternative to family recipe collections. In a letter to the physician William Cullen, Edward Brown described how his first course of action was to consult William Buchan’s *Domestic Medicine* in an attempt to cure himself privately having experienced ‘heat in the urine’ and ‘pain in the loins [...] with a pain in the Yard’ two days after he ‘playd the fool’.<sup>11</sup> Published in 1769, *Domestic Medicine* was one of the first

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<sup>7</sup> Eighteenth-Century Recipe Book, MS.7102, Wellcome Collection (WC)  
<<https://wellcomecollection.org/works/p5s6w3fv/items>> [accessed 8 May 2024].

<sup>8</sup> Porter and Porter, *Patient’s Progress*, p. 47.

<sup>9</sup> Recipe Book, MS.7102, WC.

<sup>10</sup> Recipe Book, MS.7102, WC.

<sup>11</sup> Mr Edward Brown to Dr William Cullen, 18 November 1784, CUL/1/2/1592, The Cullen Project: The Consultation Letters of Dr William Cullen (1710-1790) at the Royal College of Physicians of Edinburgh (RCPE) <<https://www.cullenproject.ac.uk/docs/2543/>> [accessed 8 May 2024], and 21 November 1784, CUL/1/2/1593, RCPE <<https://www.cullenproject.ac.uk/docs/2544/>> [accessed 8 May 2024].

domestic medicine books and the initial print run of five thousand copies quickly sold out; it remained the most popular health guide until the twentieth century.<sup>12</sup> Despite the willingness of patients to take medicine and remain at home, the need to continue with their everyday lives as normal, such as attending to business or avoiding discovery by eating and drinking as per the family, frequently acted as a deterrent to following a prescribed regimen.<sup>13</sup> In his letter, Brown explained how he attempted to follow Buchan's suggested regimen including the drinking of sassafras tea and decoction of sarsaparilla along with 'Salts & Manna', rubbing a teaspoon of mercurial ointment inside the thighs at bedtime, and taking mercurial pills for three or four nights.<sup>14</sup> Finding that the pills 'brought on gripes' and an 'inclination to Spit', Brown decided they did not suit his constitution.<sup>15</sup> Although he attempted to follow Buchan's advice over the course of a year, there was 'little effect' on Brown's condition.<sup>16</sup> With an impending alteration in his 'Situation in Life', presumably marriage, Brown grew increasingly concerned that if he was not cured, an infection could be transmitted.<sup>17</sup> Whether Brown's concern was driven primarily by a desire to protect the health of a future sexual partner or maintain his reputation is unclear, however, he clearly felt that after a year it was time to stop dabbling with self-medication and obtain professional help, paying Cullen two guineas for a postal consultation.<sup>18</sup> Cullen provided a prescription to wash out any venereal taint; the clearly written prescription could be prepared by a layman such as Brown with the

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<sup>12</sup> Christopher Lawrence, 'William Buchan (1729-1805), Physician and Author', *Oxford Dictionary of National Biography* <<https://www-oxforddnb-com.libezproxy.open.ac.uk/>> [accessed 25 March 2024].

<sup>13</sup> William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines. With an Appendix, Containing a Dispensatory for the Use of Private Practitioners* (Edinburgh: 1774), p. 575.

<sup>14</sup> Brown to Cullen, CUL/1/2/1592, RCPE.

<sup>15</sup> Brown to Cullen, CUL/1/2/1592, RCPE.

<sup>16</sup> Brown to Cullen, CUL/1/2/1592, RCPE.

<sup>17</sup> Brown to Cullen, CUL/1/2/1592, RCPE.

<sup>18</sup> Brown to Cullen, CUL/1/2/1592, RCPE.

required ingredients guaiacum, sarsaparilla, mezereon, sassafras, and liquorice root available from an apothecary.<sup>19</sup> New World drugs such as these frequently appeared in prescriptions and recipes for venereal disease treatments, and Katrina Maydom has noted that foreign drugs were regarded as necessary to effectively cure what was perceived to be a ‘foreign disease’.<sup>20</sup> Living outside a major conurbation did not necessarily prevent patients accessing medicines with some patients in remote locations able to purchase drugs from apothecaries supplied by London wholesalers.<sup>21</sup> Furthermore, Maydom has shown that the apothecary James Petiver couriered medicines from London to Hertfordshire.<sup>22</sup>

For those in possession of a ready-made domestic medicine chest, all the necessary medicines for treating the clap or pox may already have been to hand. Such chests became popular in the late eighteenth century; sold by apothecaries, chests could cost between two and thirteen guineas depending on their contents.<sup>23</sup> Printed directions for using the supplied medicines frequently accompanied the chests, such as those printed in 1795 by W. Kelley.<sup>24</sup> *Directions for the Medicine Chest* offered the layman a by-numbers approach to self-medication and with the exception of the oatmeal or biscuit dust required to make up a poultice, everything required to treat the clap and pox could be found within the chest. The contents of the chest were numbered from one for Linament to thirty-three for Blue Vitriol, plus medical implements including a syringe and lancet.<sup>25</sup> At the first sign of running, clap-

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<sup>19</sup> Dr William Cullen to Mr Edward Brown, 22 November 1784, CUL/1/1/17/142, RCPE, <<https://www.cullenproject.ac.uk/docs/4948/>> [accessed 8 May 2024].

<sup>20</sup> Katrina Elizabeth Maydom, ‘New World Drugs in England’s Early Empire’ (unpublished doctoral thesis, University of Cambridge, 2018), p. 141.

<sup>21</sup> Alun Withey, ‘Persons That Live Remote from London’: Apothecaries and the Medical Marketplace in Seventeenth-and-Eighteenth Century Wales’, *Bulletin of the History of Medicine*, 85:2 (2011), 222-247 (p. 245).

<sup>22</sup> Maydom, ‘New World Drugs in England’s Early Empire’, p. 219.

<sup>23</sup> *Oracle*, 4 April 1791, p. 4.

<sup>24</sup> Anon., *Directions for the Medicine Chest* (North Shields: W. Kelley, 1795).

<sup>25</sup> Anon., *Medicine Chest*, pp. 3-9.

sufferers were advised to take ‘one of the pills No. 27’ at bedtime followed by a ‘dose of No. 20’ in the morning, and to repeat both on the third and sixth days; the directions list ‘No. 27’ simply as ‘White Pills’ and ‘No. 20’ as ‘Salts’.<sup>26</sup> Instructions were given to dissolve the salts and once taken, drink barley water, water gruel, fresh broth or tea.<sup>27</sup> In the event that the testicles should swell, the directions advised to ‘take eight ounces of blood from the arm’.<sup>28</sup> Whilst it was not uncommon for lay people to undertake bloodletting, some self-help books such as Hugh Smith’s *The Family Physician* advised against it on grounds that it could ‘ruin the health of the patient and your own reputation’.<sup>29</sup> Leeches provided an alternative means of bloodletting with some physicians advocating their use in the treatment of venereal disease; John Hunter advised applying them to the scrotum in order to treat swollen testicles.<sup>30</sup> Anne Lister’s diary reveals she had twelve leeches applied to her back at home by the local ‘leechwoman’ in a process that took almost two hours, with a hot oatmeal poultice applied for twenty minutes after the leeches fell off.<sup>31</sup> The after-effects of leeching were further bleeding, fatigue and itching at the site of the leech-bites, with Lister recording soreness four days after the leeching.<sup>32</sup> Whilst the medicine chest directions prescribed the use of mercurial ointment for the clap, mercury pills were only prescribed for the pox, to be taken morning and night, stopping if any soreness of the mouth was observed and only resuming once the mouth felt ‘well’ again.<sup>33</sup> Six of the chest’s medicines were required to

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<sup>26</sup> Anon., *Medicine Chest*, pp. 13-14.

<sup>27</sup> Anon., *Medicine Chest*, pp. 13-14.

<sup>28</sup> Anon., *Medicine Chest*, pp. 13-14.

<sup>29</sup> Roy Porter, ‘The Patient in England, c. 1660 – c. 1800’, in *Medicine in Society: Historical Essays*, ed. by Andrew Wear (Cambridge: CUP, 1992), p. 97; Hugh Smith, *The Family Physician: Being a Collection of Useful Family Remedies* (London: 1770), p. 37.

<sup>30</sup> John Hunter, *A Treatise on the Venereal Disease*, 3rd edn (London: 1810), p. 98.

<sup>31</sup> Diary of Anne Lister of Shibden Hall, 3 July 1823, SH:7/ML/E/7, WYAS.

<sup>32</sup> Diary of Anne Lister of Shibden Hall, 7 July 1823, SH:7/ML/E/7, WYAS.

<sup>33</sup> Anon., *Medicine Chest*, pp. 14-15.

treat the clap: White Pills, Salts, Extract, Musilage, Solution, and Mercurial Ointment.<sup>34</sup> In addition to those medicines, treating the pox called for Diachylon Plaster, Mercurial Pills, Cerate and Præcipitate.<sup>35</sup> The directions accompanying Kelley's chest reflect much of the orthodox advice for treating venereal disease that was available in contemporary treatises and self-help publications. It is therefore reasonable to conclude that following Kelley's decidedly succinct directions did no more harm than, say, following that of Buchan's *Domestic Medicine*, and may have deterred sufferers resorting to the use of quack remedies.

Whilst medicine chests provided individuals the means to treat themselves privately, they could also be used to provide medical care for members of the household. This may have included servants and apprentices in addition to blood relations, with the head of the household, typically a male, legally and financially responsible for them.<sup>36</sup> Informing an employer of a venereal infection, however, could be problematic. Employers may have feared for their own reputations should their staff's shameful medical condition become public knowledge. Petitions reveal how masters responded to the venereal infections of apprentices. When 13 year-old Sarah Ball was taken on as apprentice to Thomas Griffith in 1713, she may have thought that her recent venereal infection was or soon would be cured, and therefore did not inform her new master.<sup>37</sup> Ball's symptoms worsened to such an extent that she was unable to perform her duties with Griffith regarding her as 'loose, idle [...] disorderly'; aware of his responsibility to maintain her but claiming he was too poor to do so, Griffith petitioned

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<sup>34</sup> Anon., *Medicine Chest*, pp. 14-15.

<sup>35</sup> Anon., *Medicine Chest*, pp. 14-15.

<sup>36</sup> Lisa W. Smith, 'Reassessing the Role of the Family: Women's Medical Care in Eighteenth-Century England', *Social History of Medicine*, 16:3 (2003), 327-342 (p. 330).

<sup>37</sup> Petition of Thomas Griffith, City of London Sessions: Sessions Papers - Justices' Working Documents SL/PS 29 January 1714 - 5 August 1715, London Metropolitan Archives (LMA), London Lives 1690-1800 (LL), LMSLPS150250002 <<https://www.londonlives.org/browse.jsp?div=LMSLPS150250002>> [accessed 25 January 2024].



successfully for the parish to provide medical care for her.<sup>38</sup> Thomas Camm petitioned to be discharged of his apprentice Elizabeth Hall in 1750 following several years of her suffering from venereal disease and three ‘ineffectual’ salivations since the previous Christmas.<sup>39</sup> Hall was ordered to be taken in by St Luke’s Workhouse and was subsequently sent to St Thomas’s Hospital ten days later to be treated for venereal disease.<sup>40</sup> Employment could be swiftly terminated and domestic staff made homeless; in 1754, the Surrey Quarter Sessions recorded that Elizabeth Everit had been turned out of her master’s household when she was found to have the itch.<sup>41</sup>

Male apprentices appear to have fared better than their female counterparts in receiving medical care from their masters, in some cases more than once. Court records show John Adamson had been in Mr Walgrave’s service less than a year when his master ‘paid for [...] being cured twice of the Foul Disease’.<sup>42</sup> Similarly, a petition reveals Michael Bell provided care for his apprentice Jacob Hall when he suffered infections on two occasions within a twelve-month period.<sup>43</sup> Whilst it is not known exactly what care Adamson and Hall

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<sup>38</sup> Petition of Thomas Griffith, LMSLPS150250002, LL.

<sup>39</sup> Petition of Thomas Camm, Middlesex Sessions: Sessions Papers - Justices' Working Documents, SM/PS December 1750, LMA, LL, LMSMPS504070038  
<<https://www.londonlives.org/browse.jsp?div=LMSMPS504070038>> [accessed 25 January 2024].

<sup>40</sup> Workhouse Admissions and Discharge Registers, 31 December 1750 - 9 January 1751, St Luke's Workhouse Registers, LL, sldswhr\_5\_503 <[https://www.londonlives.org/browse.jsp?div=sldswhr\\_5\\_503](https://www.londonlives.org/browse.jsp?div=sldswhr_5_503)> [accessed 25 January 2024].

<sup>41</sup> Surrey Quarter Sessions, Vagabonds Examinations and Passes, 1754, QS2/6/1754/EAS/73-75, Surrey History Centre.

<sup>42</sup> Trial of John Adamson, 17 January 1739, t17390117-11, Old Bailey Proceedings Online (OBPO)  
<<https://www.oldbaileyonline.org/record/t17390117-11>> [accessed 19 April 2024].

<sup>43</sup> Petition of Michael Bell, Middlesex Sessions: Sessions Papers - Justices' Working Documents SM/PS, 10 March 1742, LMA, LL, LMSMPS503960028  
<<https://www.londonlives.org/browse.jsp?div=LMSMPS503960028>> [accessed 25 January 2024].

received, the parson James Woodforde recorded in his diary the treatment prescribed by the doctor in 1781 for his servant Will's venereal infection:

Will had from Dr Thorne's for his complaint some Salts and some Pills. He took a dose of Salts yesterday morning and this evening took one Pill and is to take one every night till he has taken 8 and then to take another dose of Salts. Dr Thorne says that his complaint is nothing very bad and will do well soon.<sup>44</sup>

Neither Walgrave or Bell received gratitude from their apprentices, instead Adamson went on to rape and infect his master's infant daughter for which he was sentenced to death, whilst Hall drunkenly abused his master's family and absented himself from his employment.<sup>45</sup>

Although staff may have wished to treat their condition privately, apprentices and servants would have been priced out of the medical marketplace. Nostrums such as Richard Rock's Anti-Venereal Electuary could cost around six shillings whilst average wages of domestic servants, for example, were just two pounds per annum.<sup>46</sup> Irvine Loudon has provided further evidence of the costs of medical treatment; the Somerset surgeon William Pulsford recorded charging five shillings to treat a young woman with the itch, 10s. 6d. for treating a 'phymosis and gleet', and parish overseers were billed five guineas for parishioners' mercurial treatment.<sup>47</sup> Kevin Siena suggests that attempts by females to conceal infections from employers should be regarded as 'economic survival'.<sup>48</sup> Other survival

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<sup>44</sup> John Beresford, ed., *The Diary of a Country Parson: The Reverend James Woodforde, 1758-1781* (Oxford: OUP, 1924), p. 331-332.

<sup>45</sup> Trial of John Adamson, t17390117-11, OBPO; Petition of Michael Bell, LMSMPS503960028, LL.

<sup>46</sup> *General Advertiser*, 1 January 1750, p. 4; 'Currency, Coinage and the Cost of Living', OBPO <<https://www.oldbaileyonline.org/about/coinage>> [accessed 29 January 2024].

<sup>47</sup> Irvine Loudon, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History*, 29 (1985), 1-32 (pp. 18-19).

<sup>48</sup> Siena, *Foul Wards*, p. 40.

strategies were employed when concealment was not an option. Having been accused by a fellow servant of having venereal disease, William Frazier feared his master would turn him away unless he could provide an apothecary's certificate declaring he was free from infection.<sup>49</sup> Unable to afford the apothecary's fee, Frazier was forced to steal from his master but was apprehended, found guilty of theft and transported.<sup>50</sup> Frazier's failed survival strategy demonstrates the potency of an accusation of venereal disease regardless of the accusation's validity, and the anxiety it could induce. Even those who belonged to their local Friendly Society, which provided a form of mutual insurance, could find that when venereal disease struck, the society's rules deemed their membership cancelled and they were ineligible for support. The Cannock Friendly Society's rules, for example, specifically state exclusion will apply to anyone who brings upon himself a distemper or misfortune through whoring.<sup>51</sup> Sickness occasioned by lewdness resulted in the withholding of the seven shillings a week otherwise paid out in times of sickness.<sup>52</sup> In the Cornish borough of Fowey, the Friendly Society's rules were more specific, stipulating no benefits were to be paid to those 'disabled by the clap, or French pox'; the Society's chosen surgeon even faced dismissal if he took care of any members whose 'disorder is, or came by the clap or French pox'.<sup>53</sup> Unable to work due to illness and without their Society's financial support, the diseased were forced to find alternative means of support.

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<sup>49</sup> Trial of William Frazier, 16 October 1723, t17231016-10, OBPO

<<https://www.oldbaileyonline.org/record/t17231016-10?text=t17231016-10>> [accessed 29 January 2024].

<sup>50</sup> Trial of William Frazier, t17231016-10, OBPO.

<sup>51</sup> Articles and Rules of the Cannock Friendly Society, in Joan Lane, *The Making of the English Patient: A Guide to Sources for the Social History of Medicine* (Stroud: Sutton Publishing, 2000), p. 163.

<sup>52</sup> Lane, p. 163.

<sup>53</sup> Anon., *Rules and Orders, Agreed On By A Friendly Society of Tradesmen and Others, Meeting at the House of Mr. John Beard, the Sign of the Rose and Crown, in the Borough of Fowey; in the County of Cornwall* (Plymouth: 1796), p. 7-11.

In some cases, the diseased were the fortunate recipients of charitable care from physicians such as Daniel Turner. Having spent all she could afford or borrow on ineffectual quack medicines, a poor woman was reputedly cured by Turner ‘purely as an act of Charity.’<sup>54</sup> Turner considered her worthy of assistance because she received the infection from her husband and her suffering being exacerbated by the ‘ignorance’ and ‘avarice, of her Empirical Undertakers’.<sup>55</sup> Elizabeth Kirk was reduced to ‘extreme poverty’ and unable to care for herself having fought venereal disease unsuccessfully for twelve months; her parish petitioned St Thomas’s Hospital on her behalf, stressing that she was a ‘fitt object of charity’ and promising to collect and bury her body at parish expense should she die whilst in the hospital’s care.<sup>56</sup> The cost of treatment over prolonged durations could eventually become too much even for elite and middling patients. Over time the cost of physicians, nurses, medicines, additional fuel for heating, linen, and special diet could accumulate. Turner was contracted by one patient to dress his head every day at the physician’s house at a cost of fifty pounds per annum.<sup>57</sup> When the patient grew too weak to leave his own house, Turner agreed to visit every other day for the same fee.<sup>58</sup> Eighteen months later, with the patient’s finances considerably depleted, Turner reduced the fee to forty pounds per annum for two consultations a week at the physician’s house.<sup>59</sup> Limited financial means to access medical treatment could have tragic results. Whilst suffering with the itch, Margaret Latton proceeded to self-medicate with powder belonging to another woman; having taken the powder,

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<sup>54</sup> Daniel Turner, *Syphilis: A Practical Dissertation on the Venereal Disease* (London: 1717), p. 180.

<sup>55</sup> Turner, p. 180.

<sup>56</sup> City of London Sessions: Sessions Papers - Justices' Working Documents, SL/PS, 25 February 1699, LMA, LL, LMSLPS150090074 <<https://www.londonlives.org/browse.jsp?div=LMSLPS150090074>> [accessed 25 January 2024].

<sup>57</sup> Turner, p. 236.

<sup>58</sup> Turner, p. 236.

<sup>59</sup> Turner, p. 236.

Margaret was violently ill and languished for seven hours before she finally passed away.<sup>60</sup> The inquest found Margaret had been fatally poisoned by a lethal dose of yellow arsenic with neither woman seemingly aware of the substance's high toxicity.<sup>61</sup> Had Margaret been able to afford and access medical care, she may not have been tempted to self-medicate with what she must have believed was a trustworthy remedy.

Mercury was another metallic substance used to treat venereal disease. The effects of mercurial salivation were well known, so much so that Charles Hales's treatise claimed his motivation for finding an alternative to salivation was to be seen as a 'Friend and Benefactor, rather than as a *Tormenter*'.<sup>62</sup> Unsurprisingly some patients were not afraid to challenge practitioners by determining their own course of treatment. Despite suffering from pustules, a young merchant refused to be salivated by Turner, insisting 'he wanted only to be cur'd of his Clap' and suspecting the physician intended to make him slaver, declined to take further vomits.<sup>63</sup> One patient having experienced salivation previously, expressed to Turner that he would prefer death over another salivation.<sup>64</sup> Having taken lodgings near to Turner and been provided a nurse to assist with the salivation, the patient became unable to speak due to his swollen tongue and locked jaws, communicating instead via writing or gestures.<sup>65</sup> The amount and viscosity of his phlegm forced him to sit upright in his chair day and night, resting his head upon a pillow placed on a table if he slept.<sup>66</sup> Not all salivations were so traumatic. The practitioner Charles Peter suggested that salivation was not so bad as believed,

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<sup>60</sup> Coroners' Inquests 1711-1719, NCR 6a/4, Norfolk Record Office (NRO).

<sup>61</sup> NCR 6a/4, NRO.

<sup>62</sup> Charles Hales, *Salivation Not Necessary for the Cure of the Venereal Disease, In Any Degree Whatever* (London: 1767), p. 36.

<sup>63</sup> Turner, p. 154.

<sup>64</sup> Turner, p. 188.

<sup>65</sup> Turner, p. 188.

<sup>66</sup> Turner, p. 188.

claiming to have heard some patients sing during their flux ‘even when they Drivel’d three or four quarts a day. It should seem by this they did not pass their time so ill as some imagine’.<sup>67</sup> No stranger to confinement, Boswell’s journal reveals he made good use of his five-week confinement through ‘reading of different kinds, playing on the violin, writing, chatting with my friends’.<sup>68</sup> For patients inflicted with more severe infections than Boswell, however, venereal disease and salivation could be too much to bear and coroners’ inquests bring to light the depth of suffering some patients experienced. Having received medical treatment involving a salivation of six weeks, William Pearson was, according to his fellow servants, in ‘great agonies and pains’, displaying ‘wild looks and behaviour’ and ‘disordered in his senses’.<sup>69</sup> Advising his colleagues he was on his way to visit the doctor, Pearson slipped away from the house and took his own life.<sup>70</sup> Pearson’s actions demonstrate that in contrast to sufferers such as James Boswell and Edward Brown, for some living with venereal disease was agonizing and insufferable with death seemingly preferable over continuing to fight the disease.

This chapter has explored how the infected lived with the disease. Initially, perhaps driven by the desire to heal privately and avoid suspicions, sufferers may have sought remedies from within their domestic recipe books. Although difficult to locate venereal disease remedies in such manuscripts, evidence of recipes can be found by interpreting the language used and identifying well-known venereal disease remedy ingredients. Cheap print enabled the public to access professional advice through domestic self-help books, whilst

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<sup>67</sup> Charles Peter, *New Observations on the Venereal Disease, With the True Way of Curing the Same* (London: 1695), p. 100.

<sup>68</sup> Pottle, pp. 183-184.

<sup>69</sup> City of Westminster Coroners: Coroners’ Inquests into Suspicious Deaths, CW/IC, 4 January 1772 - 30 December 1772, Westminster Abbey Muniment Room, LL, WACWIC652120689 <<https://www.londonlives.org/browse.jsp?div=WACWIC65212IC652120689>> [accessed 25 March 2024].

<sup>70</sup> City of Westminster Coroners, WACWIC652120689, LL.

domestic medicine chests provided both the advice and medicines required to treat venereal disease discretely at home. For those able to afford it, professional medical care was available as soon as an infection was suspected or once alternative healing methods failed. For many sufferers on low incomes, revealing the nature of one's condition was a necessity in order to obtain medical assistance, such as the male apprentices who received care paid for by their masters. Employers appear to have been less inclined to cover the cost of treatment for their female apprentices, turning instead to the parish to assist with medical treatment. For those able to secure treatment, the physical effects of mercurial salivation could be horrendous, with some patients preferring to choose their own treatment path than undergo salivation. Although this chapter has looked at ways in which sufferers lived with venereal disease, some sufferers ultimately could not live with venereal disease and its associated medical treatment, sadly choosing to take their own lives instead. The following chapter examines the impact of venereal disease on the lives of sufferers and those around them.

### Chapter 3: The Consequences of Venereal Disease

Whilst the previous chapters examined stigmatization of venereal disease and how sufferers lived with infection, this chapter looks at the consequences of infection. For some, the experience of venereal disease prompted a change in behaviour namely the use of prophylactics in subsequent sexual encounters. Wives of sufferers were frequently the innocent victims of venereal disease and separation was an option but only for those women in a position to pursue life independently. Children could also be innocent victims, used by the infected in an attempt to rid themselves of disease, with tragic consequences. Concerns around infertility and healthy off-spring also resulted from infection. Other health implications, including mental health issues, can also be seen to have impacted the lives of venereal disease sufferers.

Despite stigmatization and the experiences of treatment such as salivation, recurrences of venereal disease were not uncommon, nor were infections seen as a deterrent to what some regarded as leading a sinful life.<sup>1</sup> Having experienced at least nineteen episodes of urethritis, which according to William Ober were most likely gonococcal in origin, James Boswell's journals detail his attempts to reduce his exposure to the possibility of infection.<sup>2</sup> Following his third bout of gonorrhoea, contracted during his brief affair with the actress Louisa, Boswell attempted to protect himself from further infections from new sexual partners through the use of condoms, even though such 'armour' provided 'but a dull satisfaction' on his initial usage.<sup>3</sup> Less than a week later, he was 'safely sheathed' again and

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<sup>1</sup> Daniel Turner, *Syphilis: A Practical Dissertation on the Venereal Disease* (London: 1717), p. 203.

<sup>2</sup> William B. Ober, *Boswell's Clap and Other Essays: Medical Analyses of Literary Men's Afflictions* (London: Allison & Busby, 1988), p. 1.

<sup>3</sup> Frederick A. Pottle, ed., *Boswell's London Journal 1762-1763* (Heinemann: London, 1950), p. 227



‘free from danger’ during his next encounter with a prostitute.<sup>4</sup> Boswell would almost certainly have been using an animal gut condom, used by those that could afford to purchase them, as a means of protection against venereal disease more than as a contraceptive.<sup>5</sup> Mrs Phillips was one notable eighteenth-century condom manufacturer with over thirty years of experience; not only did she manufacture and sell condoms, an advertisement shows she also exported to Europe and distributed to ‘Apothecaries, Chymists, Druggists’ indicating that there was a sizeable market for prophylactics.<sup>6</sup> Although designed to be reusable, the cost of condoms rendered them inaccessible to the lower classes including the common prostitute as Boswell discovered during another of his encounters. Intending to ‘enjoy her in armour’, Boswell had to satisfy himself with merely ‘toying with her’ for a shilling when it transpired neither party had a condom close at hand.<sup>7</sup> Having had the self-control to resist penetrative sex on that occasion, Boswell’s journal records how he ‘trembled at the danger I had escaped’ reflecting the widely-held belief that prostitutes were responsible for the transmission of disease.<sup>8</sup> Although condoms were used as prophylactics, according to Kate Stephenson eighteenth-century condoms were more effective as a contraceptive than preventing disease.<sup>9</sup> Despite his numerous infections, it is notable that Boswell’s wife appears to have avoided

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<sup>4</sup> Pottle, p. 231.

<sup>5</sup> Julie Peakman, *Lascivious Bodies: A Sexual History of the Eighteenth Century* (London: Atlantic Books, 2004) p. 25.

<sup>6</sup> Mrs Phillips [...] Machine Warehouse [...]: She Likewise has Great Choice of Skins and Bladders (London: 1785), Lisa Unger Baskin Collection, Rubenstein Rare Book & Manuscript Library, Duke University <<https://exhibits.library.duke.edu/exhibits/show/baskin/item/4441>> [accessed 29 February 2024].

<sup>7</sup> Pottle, pp. 49-50.

<sup>8</sup> Pottle, p. 50.

<sup>9</sup> Kate Stephenson, *From Lambskin to Latex: The History of Condoms*, online video recording, Royal College of Physicians of Edinburgh, 22 May 2022 <<https://www.rcpe.ac.uk/heritage/talks/history-condoms>> [accessed 29 February 2024].

contracting venereal disease from her husband.<sup>10</sup> Margaret Boswell's escape from infection was, according to Ober, the result of her knowledge of her husband's proclivities and infections, and his abstention from sexual intercourse with Margaret if there was a possibility of his infecting her.<sup>11</sup> Like Margaret Boswell, the diarist Hester Thrale escaped infection but recorded how her father's prophecy became reality when her husband became infected:

I am preparing Pultices as he said, and Fomenting this elegant Ailment every Night & morning for an Hour together on my Knees, & receiving for my Reward such Impatient Expressions as disagreeable Confinement happens to dictate.<sup>12</sup>

The example of Hester Thrale shows that some wives, although displeased about their situation, faced with a patriarchal society, rolled up their sleeves and took on the role of nursing their husbands back to health despite their transgressions.

Not all wives or partners were as fortunate as Margaret Boswell and Hester Thrale in avoiding infection. For some English couples, separation was a social consequence of a venereal infection particularly when deception of the innocent party had occurred. Published accounts of adultery trials were possibly regarded contemporaneously as little more than salacious titillating scandalmongering, however, the detailed accounts demonstrate the agency of infected wives. For example, having been infected at least twice by her husband, Martha Robinson sought a separation from her husband Samuel in 1775, after twelve years of

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<sup>10</sup> Ober, p. 21.

<sup>11</sup> Ober, p. 21.

<sup>12</sup> 'The Family Book', September 1776, in Mary Hyde, *The Thrales of Streatham Park* (Cambridge: Harvard University Press, 1977), pp. 165-166, cited in Mary Margaret Stewart, "And Blights with Plagues the Marriage Hearse': Syphilis and Wives", in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. by Linda E. Merians (Lexington: The University Press of Kentucky, 1996), p. 104.

marriage.<sup>13</sup> Martha claimed Samuel had contracted venereal disease ‘frequently’ through ‘carnal knowledge’ of ‘lewd, wicked, and debauched women [...] reputed to be common women of the town’.<sup>14</sup> Samuel had allegedly confessed to attempting to cure his wife’s venereal infection without her knowledge by giving her ‘some powder, mixed in a glass of wine’.<sup>15</sup> Samuel was found to have committed the crime of adultery and Martha was therefore legally ‘separated from bed, board, and mutual cohabitation with Samuel Robinson’.<sup>16</sup> Mary Margaret Stewart has studied the notable marriage breakdown in 1742 of Sir Charles Hanbury Williams and his wife, Frances.<sup>17</sup> Unaware that her husband had been undergoing treatment in Bath for syphilis since June, to her surprise Frances’s own health deteriorated over the course of the summer, details of which she included in letters to Charles who in turn failed to suggest the true cause of her condition.<sup>18</sup> Following her diagnosis in late August, Frances was enraged when her husband claimed he could not possibly have been infected, intimating she was the guilty party.<sup>19</sup> In September, Frances started treatment in London, which most likely involved salivation, and despite rumours of her impending death she was well enough to return to her aunt’s house in mid-November.<sup>20</sup> As a result of Charles’s duplicity, the couple agreed to separate with Frances receiving an allowance and caring for

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<sup>13</sup> Anon., Second Case: Martha Robinson Against Samuel Robinson, *Trials for Adultery: or, the History of Divorces. Being Select Trials at Doctors Commons, for Adultery, Fornication, Cruelty, Impotence, &c. From the Year 1760, to the Present Time. Including the Evidence on Each Cause. Volume IV* (London: S. Bladon, 1780), p. 1.

<sup>14</sup> Anon., Second Case, *Trials for Adultery*, p. 1-3.

<sup>15</sup> Anon., Second Case, *Trials for Adultery*, p. 7.

<sup>16</sup> Anon., Second Case, *Trials for Adultery*, p. 20.

<sup>17</sup> Mary Margaret Stewart, ‘“And Blights with Plagues the Marriage Hearse”: Syphilis and Wives’, in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. by Linda E. Merians (Lexington: The University Press of Kentucky, 1996), p. 106.

<sup>18</sup> Stewart, ‘And Blights with Plagues’, p. 106.

<sup>19</sup> Stewart, ‘And Blights with Plagues’, p. 107.

<sup>20</sup> Stewart, ‘And Blights with Plagues’, p. 109.

their two daughters.<sup>21</sup> Many infected wives, however, would not have been in a position to negotiate such a favourable separation from an adulterous husband. Unlike their English counterparts for whom divorce was not an option except by a private Act of Parliament, if Scottish women could prove their husbands had committed adultery, they were able to obtain a divorce, and remarry should they wish.<sup>22</sup> Leah Leneman has shown that venereal disease was progressively used as a form of evidence in eighteenth-century Scottish divorce courts, with cases involving wives infected by adulterous husbands, and adulterous wives infected by lovers.<sup>23</sup> When Isobell Thomson sought a divorce, her husband's lawyer argued that venereal disease was 'but a flimsy Foundation for pretending to dissolve the Marriage on the head of Adultery' owing to the possibility of infection via non-sexual transmission. Witnesses testified, however, to seeing her husband in bed with another woman who he admitted 'had given him the Clapp'; Isobel was granted a divorce.<sup>24</sup> Court records can therefore be seen to demonstrate the impact of venereal disease on the lives of married couples.

Whilst these women suffered unwittingly due to their husbands' infidelities, misinformation surrounding venereal disease led to the infection of innocent children. Since the Renaissance, an idea had circulated that a sufferer could cure themselves of venereal disease through sexual intercourse with a virgin.<sup>25</sup> Although it is impossible to know how widely believed this idea was, it was acknowledged by eighteenth-century authors such as William Buchan, who dismissed the notion as 'one of the most absurd' with 'infants [...]

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<sup>21</sup> Stewart, 'And Blights with Plagues', p. 110.

<sup>22</sup> Leah Leneman, 'Venereal Disease in Eighteenth-Century Scotland: Evidence from the Divorce Courts', *Proceedings of the Royal College of Physicians Edinburgh*, 27 (1997), 242-245 (p. 245).

<sup>23</sup> Leneman, pp. 242-243.

<sup>24</sup> Leneman, pp. 242-243.

<sup>25</sup> Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: 'London's Foul Wards', 1600-1800* (Rochester, New York: University of Rochester Press, 2004), p. 193.

abused, and the most flagitious crimes perpetrated'.<sup>26</sup> The Proceedings of the Old Bailey, however, provide evidence of offenders willing to test the notion, such as the apprentice James Booty.<sup>27</sup> Having contracted venereal disease from his first-cousin, Booty claimed he was afraid to reveal his condition to anybody, even his mother.<sup>28</sup> Being aware of the so-called virgin cure which he believed 'would ease his pains of Body', he raped and infected Ann Milton, the five-year-old daughter of a neighbour; he later confessed to infecting five or six children in total.<sup>29</sup> Booty was sentenced to death.<sup>30</sup> Kevin Siena has noted that although Winfried Schleiner found very little evidence of the virgin cure in sixteenth- and seventeenth-century sources, Randolph Trumbach has suggested its practice symbolised the violence that accompanied fresh patterns of sexuality that emerged in the eighteenth century.<sup>31</sup> Furthermore, according to Siena, of the forty-six rape trials reported in the Old Bailey Sessions Papers between 1714 and 1759, 84.7 per cent involved female victims under the age of 16 years, of which the average age was 8.9 years.<sup>32</sup> Notably, in rape trials involving adult females, only 13.2 per cent of the cases included accusations of venereal infection; in contrast, Siena found accusations of venereal disease transmission in 54.1 per cent of rape trials where the female victim was under 16 years of age.<sup>33</sup> Although it is an area requiring further research, these figures suggest the virgin cure was more widely believed than initially thought. Consequently, venereal disease can be seen to have impacted the lives of still more

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<sup>26</sup> William Buchan, *Observations Concerning the Prevention and Cure of the Venereal Diseases* (London: 1796), p. xvii.

<sup>27</sup> Trial of James Booty, 10 May 1722, t17220510-34, Old Bailey Proceedings Online (OBPO) <<https://www.oldbaileyonline.org/record/t17220510-34>> [accessed 19 March 2024].

<sup>28</sup> Trial of James Booty, t17220510-34, OBPO.

<sup>29</sup> Trial of James Booty, t17220510-34, OBPO.

<sup>30</sup> Trial of James Booty, t17220510-34, OBPO.

<sup>31</sup> Siena, *Foul Wards*, p. 193.

<sup>32</sup> Siena, *Foul Wards*, p. 193.

<sup>33</sup> Siena, *Foul Wards*, p. 194.

innocent victims and in Booty's case, the driving force for his abhorrent action appears to be the shame caused by the stigmatization of venereal disease.

Given that venereal disease impacted the reproductive organs, it is perhaps understandable that some sufferers feared their ability to produce healthy offspring would be impaired as a result of an infection or its associated treatment, such as mercury. Olivia Weisser has noted that although the association between venereal disease and infertility was probably well known in the eighteenth century, there is a lack of research to support this notion with evidence proving elusive.<sup>34</sup> She does, however, suggest that the connection is evident in practitioners specialized in treating both venereal disease and infertility, and some venereal disease remedies were also advertised as fertility treatments.<sup>35</sup> An advertisement for Balsamic Electuary, for example, claimed to cure the gleans that prevented sufferers 'propagating their species' or 'getting any other than puny, miserable, and short-liv'd issue'.<sup>36</sup> In his discussion of the possibility of fathering children after venereal disease, the surgeon Charles Peter noted that some would argue that the pox made men weak therefore rendering them 'not so fit for generation'.<sup>37</sup> He did, however, know healthy men who had venereal disease in their 'youthful Days' and went on to have 'as healthful Children as any of those who never knew what the Disease was'.<sup>38</sup> William Buchan warned that not strictly adhering

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<sup>34</sup> Olivia Weisser, "Pox and Clapt Together": Sexual Misbehavior in Early Modern Cases of Venereal Disease', in *The Hidden Affliction: Sexually Transmitted Infections and Infertility in History*, ed. by Simon Szreter (Rochester, New York: University of Rochester Press, 2019), p. 68.

<sup>35</sup> Weisser, 'Pox and Clapt Together', p. 68.

<sup>36</sup> *General Advertiser*, 1 October 1750, p. 4.

<sup>37</sup> Charles Peter, *New Observations on the Venereal Disease, With the True Way of Curing the Same* (London: 1695), p. 101.

<sup>38</sup> Peter, p. 102.

to the physician's advice could result in 'rotten progeny'.<sup>39</sup> Patients' own anxieties regarding healthy reproduction are revealed in physicians' correspondence. Edward Davies asked the physician Hans Sloane, for example, whether his young son's illness was a result of his own mercury treatments during his youth.<sup>40</sup> According to Noelle Gallagher, anxieties regarding the paternal transmission of venereal disease can be found in some eighteenth-century poetry, novels and caricatures with the figure of the infected patriarch the focus of many literary and visual satires.<sup>41</sup> Gallagher cites William Hogarth's *Marriage A-la-Mode* as frequently alluding to venereal disease with the father and son of the featured aristocratic family both exhibiting conditions contemporaneously connected with venereal disease, a gouty foot and scrofula; scrofula was thought (incorrectly) to be just one symptom of hereditary venereal disease.<sup>42</sup> Hogarth's series of prints concludes with the depiction of the infant son and heir to the family suffering from rickets and stunted growth, conditions both connected with hereditary infection.<sup>43</sup> Although a number of doctors wrote about syphilitic children in the eighteenth century, their concern was, according to Barbara Dunlap, focused mainly on the method of transmission rather than the health of the child.<sup>44</sup> John Profily did, however, advise treating infected infants with calomel, sarsaparilla and purging until the infection was

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<sup>39</sup> William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines. With an Appendix, Containing a Dispensatory for the Use of Private Practitioners* (Edinburgh: 1774), p. 575.

<sup>40</sup> Edward Davies to Hans Sloane, 8 July 1728, Sloane MS 4075 f.56, British Library, The Sloane Letters Project <<https://sloaneletters.com/letters/letter-0125/>> [accessed 13 May 2024].

<sup>41</sup> Noelle Gallagher, *Itch, Pox, Clap: Venereal Disease in the Eighteenth-Century Imagination* (New Haven: Yale University Press, 2018), p. 36.

<sup>42</sup> Gallagher, p. 37-38.

<sup>43</sup> Gallagher, p. 40.

<sup>44</sup> Barbara J. Dunlap, 'The Problem of Syphilitic Children in Eighteenth-Century France and England', in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. by Linda E. Merians (Lexington: The University Press of Kentucky, 1996), p. 115.

cured.<sup>45</sup> Not all infants could be cured. The man-midwife William Smellie recorded the safe delivery of a male child to an infected mother.<sup>46</sup> Initially the child displayed no symptoms of infection, however, after eight days the child developed ulcers and inflammation and his ‘whole body was soon covered with venereal blotches’; weakened by the venereal infection and unable to fight off a cough, the child died at just three weeks of age.<sup>47</sup>

Whilst the ability to produce healthy children was one concern, venereal disease could leave other physical effects on sufferers, of which some were very conspicuous. The excessive sweating, salivating and purging involved in mercury treatment could result in body odour and breath so bad that the surgeon Charles Armstrong described it as a ‘cadaverous stench’.<sup>48</sup> Buchan recorded how a young gentleman was advised by his previous physician that his new course of treatment ‘would make his breath stink like the devil, so that he could not go into genteel company’.<sup>49</sup> The use of sulphur in treatments for the itch caused patients to smell of brimstone, connecting the disease with its sinful origin.<sup>50</sup> Physicians’ treatises reveal further side effects included insomnia, and those kept awake by nocturnal pains in their limbs found diascordium (opiates) or brandy helped them to sleep.<sup>51</sup> Ulcers in the throat caused speech impairment and difficulty swallowing.<sup>52</sup> Richard Wiseman noted how a patient suffering from extreme ulceration of the tonsils and loss of the uvula was fitted

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<sup>45</sup> John Profily, *An Easy and Exact Method of Curing the Venereal Disease in all its Different Appearances*, 2nd edn (London: 1748), p. 215.

<sup>46</sup> Robert Woods and Chris Galley, *Mrs Stone and Dr Smellie: Eighteenth-Century Midwives and their Patients* (Liverpool: Liverpool University Press, 2014), p. 232.

<sup>47</sup> Woods and Galley, p. 232.

<sup>48</sup> Charles Armstrong, *An Essay on the Symptoms and Cure of the Virulent Gonorrhoea in Females* (London: 1783), p. 21.

<sup>49</sup> Buchan, *Observations*, p. xiii.

<sup>50</sup> William Tullett, *Smell in Eighteenth-Century England: A Social Sense* (Oxford: OUP, 2019), p. 101.

<sup>51</sup> Turner, p. 219; Peter, p. 59.

<sup>52</sup> Dr Ralph Irving to Dr William Cullen, 5 October 1786, CUL/1/2/1931, Royal College of Physicians of Edinburgh (RCPE) <<https://www.cullenproject.ac.uk/docs/2898/>> [accessed 8 May 2024].



with a removable plate of silver which enabled him to speak and drink.<sup>53</sup> Some physical effects could be resolved by surgery; Syllas Neville received a letter from his apothecary recommending circumcision due to scalding and chordee threatening to cause phimosis.<sup>54</sup> One patient wrote to William Cullen explaining he was forced to use a cane whilst walking due to the ‘tottering walk’ and unsteadiness he acquired following venereal disease.<sup>55</sup> The cumulative effects of repeated salivations can be seen in the case of a young man left with erectile dysfunction, described in a letter to Cullen. Having entered the navy at an early age, he ‘fell into dissolute company’ and was poked at just twelve years of age.<sup>56</sup> Despite frequent infections, taking ‘a great deal of Mercury’ and repeated salivations, the young man could not resist ‘opportunities of gratifying a Passion to which he was naturally inclined’.<sup>57</sup> In his early twenties, however, he was advised to wear a truss to support his ‘pendulous’ testicles, and cold bathing and numerous medicines failed to help his erectile dysfunction.<sup>58</sup> His suffering was evidently long-term as four years later he sought assistance from Cullen.<sup>59</sup> The repercussions of youthful folly could even be experienced much later in life. The memoirist William Hickey recorded suffering venereal taints for a period of two years during which he was ‘extremely ill’ at times, constantly medicating with mercury and inadvertently bringing on a salivation through his own inattention and intoxication.<sup>60</sup> He was warned by his surgeon

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<sup>53</sup> Richard Wiseman, *Several Chirurgical Treatises Containing Practical Observations*, 2nd edn (London: 1692), p. 539.

<sup>54</sup> R. Hill to Syllas Neville, 27 June 1769, MC 7/378, Norfolk Record Office (NRO).

<sup>55</sup> Mr William Duguid to Dr William Cullen, 7 April 1781, CUL/1/2/1076, RCPE <<https://www.cullenproject.ac.uk/docs/1999/>> [accessed 8 May 2024].

<sup>56</sup> Dr John Cairnie to Dr William Cullen, 13 January 1777, CUL/1/2/444, RCPE <<https://www.cullenproject.ac.uk/docs/1347/>> [accessed 8 May 2024].

<sup>57</sup> Cairnie to Cullen, CUL/1/2/444, RCPE.

<sup>58</sup> Cairnie to Cullen, CUL/1/2/444, RCPE.

<sup>59</sup> Cairnie to Cullen, CUL/1/2/444, RCPE.

<sup>60</sup> Peter Quennell, ed., *Memoirs of William Hickey* (London: Century Publishing, 1984), p. 160.

that in the unlikely event he should reach 40 years of age, his ‘unfortunate body and bones will pay most severely’; whilst the surgeon ‘proved a false prophet’ with regards to the length of his patient’s life, Hickey often recalled his prediction ‘when agonized with spasm and pain’.<sup>61</sup>

Nasal disfiguration could occur in the tertiary stage of syphilis and was, of all the pox’s symptoms, perhaps the most obvious.<sup>62</sup> Buchan recalled how a patient’s nose suffered ‘a gradual diminution’ until it was ‘totally disappeared’ and whilst the gentleman was eventually cured, his nose remained in a ‘mangled condition’.<sup>63</sup> The loss of nasal tissue was not only painful, but could according to Buchan cause a patient to be ‘a shocking spectacle’.<sup>64</sup> One satiric account referred to the syphilitic members of an imaginary members’ club as ‘Snuffletonians’ on account of the snuffling sound caused by their disfigured noses.<sup>65</sup> Emily Cock has argued that surgical reconstruction of the nose as described by Gaspare Tagliacozzi in the sixteenth century, was a procedure known professionally during the seventeenth century with a translation of the surgeon’s *De curtorum chirurgia* published in London in 1687 and 1696.<sup>66</sup> The publication described how a skin flap still attached to the arm could be sewn to the face for twenty days and after cutting it free, fourteen days later the nostrils and bridge of the nose could be formed.<sup>67</sup> Cock argues that the stigmatization caused

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<sup>61</sup> Quennell, p. 160.

<sup>62</sup> Gallagher, p. 161.

<sup>63</sup> Buchan, *Observations*, p. xii.

<sup>64</sup> Buchan, *Observations*, p. x.

<sup>65</sup> Edward Ward, *The Second Part of the History of the London Clubs. Particularly, The Farting Club, The No-Nos’d Club, The Misers Club, The Aesthetical Club. With a Comical Relation of the Devil in a Bear Skin* (London: 1720), p. 4.

<sup>66</sup> Emily Cock, ‘Lead[ing] ’em by the Nose into Publick Shame and Derision’: Gaspare Tagliacozzi, Alexander Read and the Lost History of Plastic Surgery, 1600-1800’, *Social History of Medicine*, 28:1 (2014), 1-21 (p. 1).

<sup>67</sup> Anon., *Chirurgorum Comes, or, The Whole Practice of Chirurgery Begun by the Learned Dr Read* (London: 1687), p. 694.

by the disfigured nose's association with venereal disease may have resulted in surgeons' reluctance to use and be connected with the procedure.<sup>68</sup> More attainable alternatives to early modern rhinoplasty included prosthetic noses for the elite and middling classes, and leather nose patches for the lower classes. Prostheses, made from materials such as ivory and plated metal, were fixed to any remaining nasal structure or like patches, secured to the face using straps.<sup>69</sup> Plate nine of William Hogarth's *Industry and Idleness* features a syphilitic woman wearing a patch to cover her disfigured nose as she goes about serving in a night-cellar.<sup>70</sup> Although she is a periphery character and not the image's main focus, her disfigured nose is used to symbolise the connection between moral corruption and the body. Whilst venereal disease was capable of wreaking life-changing physical damage to the body, venereal disease was also able to impact the mental health of sufferers.

Although the connection between syphilis and madness was not established until the early nineteenth century, there are well-known cases of syphilitics who it is believed succumb to mental illness as a result of tertiary syphilis. These include John Wilmot, second earl of Rochester and Sir Charles Hanbury Williams.<sup>71</sup> Lady Frances Williams was diagnosed as mad some thirty years after separating from her husband; Mary Margaret Stewart has suggested Frances's condition was possibly a result of the syphilis contracted from Charles or

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<sup>68</sup> Cock, p. 2.

<sup>69</sup> Silver Plated Prosthetic Nose, Wellcome Collection <<https://wellcomecollection.org/works/hgq8rjwm>> [accessed 12 February 2024].

<sup>70</sup> William Hogarth, *Industry and Idleness Plate 9*, 1747, etching and engraving, 26.2 x 34.4 cm, The Metropolitan Museum of Art <<https://www.metmuseum.org/art/collection/search/399842>> [accessed 11 January 2024].

<sup>71</sup> Frank H. Ellis, 'Wilmot, John, Second Earl of Rochester', and Mary Margaret Stewart, 'Williams, Sir Charles Hanbury', *Oxford Dictionary of National Biography* <<https://www-oxforddnb-com.libezproxy.open.ac.uk/>> [accessed 13 March 2024].

mercury poisoning as a consequence of treatment for syphilis.<sup>72</sup> Erethism, characterised by nervousness, irritability, a change in temperament and fits of temper, is a condition caused by chronic poisoning through small amounts of mercury taken over a long period of time.<sup>73</sup> Similar symptoms and more were displayed by a patient presented to William Cullen; Mr Mylred was a previously healthy 58 year-old male but ‘lived fully’ and had been self-medicating with mercury for some months.<sup>74</sup> His symptoms included ‘great lowness of spirits [...] Peevishness so that everything offended [...] habitual silence’ and following a number of seizures, he was ‘reduced to an entire state of idiotism as he paid no attention to what was done about him’.<sup>75</sup> Eventually Mylred’s impaired speech rendered him incoherent; his friends were advised to place him in a ‘Private Mad House’ to recover.<sup>76</sup>

This chapter has shown that the consequences of venereal disease were multifarious. Whilst some may have adapted their behaviour to safeguard against the risks of reinfection, lapses were not uncommon despite the known health implications. Innocent victims of venereal disease included spouses of adulterous partners and young children who fell prey to infected believers of the virgin cure. Whilst patriarchal society expected wives to nurse infected husbands, venereal disease was progressively cited as evidence for separation or divorce. Venereal disease caused both short- and long-term health implications of varying degrees, from the less conspicuous pendulous testicles to the glaringly obvious nasal

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<sup>72</sup> Mary Margaret Stewart, ‘Moving Upon Glass’: The Madness of Lady Frances Coningsby’, in *Women, Gender, and Print Culture in Eighteenth-Century Britain: Essays in Memory of Betty Rizzo*, ed. by Temma Berg and Sonia Kane (Bethlehem: Lehigh University Press, 2013), pp. 171-189.

<sup>73</sup> Fiona Tucker, ‘Kill or Cure? The Osteological Evidence of the Mercury Treatment of Syphilis in 17th to 19th-Century London’, *London Archaeologist*, Spring 2007, 220-224 (p. 220).

<sup>74</sup> Dr Patrick Scott to Dr William Cullen, 5 March 1774, CUL/1/2/149, RCPE  
<<https://www.cullenproject.ac.uk/docs/884/>> [accessed 8 May 2024].

<sup>75</sup> Scott to Cullen, CUL/1/2/149, RCPE.

<sup>76</sup> Scott to Cullen, CUL/1/2/149, RCPE.

disfigurement, with diverse solutions available such as trusses, nose patches, and even surgery to reconstruct the nose. Venereal disease can therefore be seen to have impacted not only the lives of those who courted infection, but also innocent parties who contracted disease through no fault of their own.

## Conclusion

The aim of this dissertation has been to explore experiences of living with venereal disease during Britain's long eighteenth century. Through the use of a diverse range of primary sources it has been possible to demonstrate how venereal disease was stigmatized throughout the period, how the infected responded to venereal disease particularly given the challenges presented by stigmatization, and how lives were consequently impacted following an infection. Notably, first-hand accounts, such as those of James Boswell, Edward Brown, and Anne Lister, have been used to illuminate the lived-experience of venereal infection, thereby contributing original research to the existing histories of venereal disease. Furthermore, Lister's journal has provided both a female perspective of venereal disease and an account of same-sex transmission, two important contributions to existing research.

Chapter 1 argued that there is overwhelming evidence demonstrating negative perceptions of venereal disease were both widely-held and long-standing during the long eighteenth century, despite some evidence of frivolous attitudes towards venereal disease. At a time when reputations were highly-regarded, venereal disease had the power to ruin an individual's standing in society. This study has shown that stigmatization of venereal disease was generated through a wide variety of channels. Dissemination of negative beliefs around venereal disease including its origins, transmission, and its sinful associations was therefore wide-reaching. The explicit lyrics of broadside ballads delivered moralizing or condescending stories of infection with prostitutes frequently vilified as spreaders of disease. Venereal remedy advertisements in newspapers emphasised the humiliating nature of infection through the marketing of treatments that could be used discretely to effect a cure. The wording of such advertisements left readers with little doubt that venereal disease was a shameful condition to be kept secret, treated quickly with remedies purchased under the guise of

innocent ailments, or even under the cover of darkness. Evidence has shown sufferers attempted to conceal the true nature of their infections by deceiving medical practitioners during consultations despite risking their health further through non-disclosure of their true medical history. Reputations could be ruined through association with venereal disease and the infected tried various methods to conceal disease. Whilst direct insults such as ‘pocky whore’ were not uncommon amongst the lower classes to attack a neighbour’s good name, gossip regarding the sexual health of notable members of society circulated amongst the elite. Stigmatization of venereal disease was a powerful social construct; it can be seen to have heavily-influenced the behaviours of sufferers and provided an ever-present backdrop to experiences of venereal disease.

Whilst some were driven to seek medical assistance immediately, chapter 2 explored self-medication of venereal disease with stigmatization motivating sufferers to initially attempt to cure themselves. It has been shown that domestic recipe books, self-help publications and domestic medicine chests would have provided sufferers the means to treat themselves privately. The lower classes were in effect priced out of the medical marketplace with some having to reveal their condition to their master or head of household in order to obtain treatment, with male staff seemingly receiving more favourable responses than their female counterparts. The costs associated with treatment could rapidly escalate and fighting venereal disease could cause considerable financial hardship. Even members of Friendly Societies could find themselves bereft of any anticipated financial assistance when they contracted venereal disease because of its association with lewd behaviour and whoring. Despite its questionable efficacy, mercury was the most commonly used treatment for cases of syphilis. It has been shown that mercurial treatment and salivation were extremely unpleasant experiences with some patients driven to extremes by its side effects.

Chapter 3 explored the consequences of venereal disease on the lives of sufferers. For some, their sexual encounters may not have abated as a result but steps to prevent future infection may have been taken in the use of condoms. It has been shown that whilst some wives nursed their infected husbands, others contracted venereal disease from their spouses and subsequently sought separation or divorce. Although it is an area requiring further research to establish how widely believed and actioned the notion was in the long eighteenth century, this dissertation has provided evidence of the belief in and use of the virgin cure and its ramifications. The case of James Booty demonstrates how the shame sufferers experienced could result in drastic action and tragic consequences.<sup>77</sup> The physical effects of venereal infection have been shown to be both short- and long-term, with nasal disfiguration arguably the most conspicuous. Frequently featured in contemporary artwork, literature and ballads, nasal deformity was used to symbolise moral corruption. There is no doubt that venereal disease took its toll on the mental health of some sufferers either as a result of tertiary syphilis or through mercury treatment which was suspected of poisoning rather than curing patients in some instances.

The experience of venereal disease undoubtedly varied depending on social class, gender, the severity of the infection itself and the sufferer's ability to conceal their affliction. Evidence of both short- and long-term physical, mental and social effects of venereal disease challenge the view of a light-hearted side to sexually transmitted disease. Whilst fear and misunderstanding of venereal disease contributed towards its stigmatization, the same may be true of the few individuals that put on a show of bravado when faced with their own infection. This dissertation has shown that treatment within the home, whilst often a necessity for any form of illness, offered the privacy which stigmatization of venereal disease rendered

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<sup>77</sup> Trial of James Booty, 10 May 1722, t17220510-34, Old Bailey Proceedings Online (OBPO) <<https://www.oldbaileyonline.org/record/t17220510-34>> [accessed 19 March 2024].



highly desirable and self-medication was initially attempted even by those eventually admitted to medical institutions for treatment. Self-medication did not always cure the problem and in some instances exacerbated it thereby leading to more serious health implications. Whilst society may have regarded venereal disease as self-inflicted justification for a sinful way of life, there were undoubtedly victims who were deemed undeserving, namely innocent wives and children. Sufferers such as Edward Brown and Anne Lister may have escaped serious infection and many of the multifarious consequences of venereal disease, but others were not so fortunate. This dissertation has shown that despite the use of strategic choices to navigate the challenges presented by stigmatization, living with venereal disease during Britain's long eighteenth century was, for many sufferers, disruptive and life-changing.

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