

HELPING HANDS: TWO SEVENTEENTH CENTURY RECIPE BOOKS AND THE  
DISTILLATION OF THE SCIENTIFIC REVOLUTION

A Thesis  
by  
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## **Abstract**

### **HELPING HANDS: TWO SEVENTEENTH CENTURY RECIPE BOOKS AND THE DISTILLATION OF THE SCIENTIFIC REVOLUTION**

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This study looks at two seventeenth-century medicinal recipe books, those of Anne Glyd and Lady Mary Dacres, that provide examples of how medical knowledge was recorded and used domestically after the revival of print recipe collections in the 1650s. The network evident in Anne Glyd's book provides one example of how communal social and familial networks influenced recipe collection and how medical knowledge was distributed among women. The recipe book of Lady Mary Dacres offers an example of the how recipe books could be collaborative instead of being authored in isolation. Dacres' work also reflects the domestic connection to the medicinal marketplace through its use of apothecaries. Because the study of recipe books is embryonic, my study provides two examples for future scholarship on the study of recipe book networks and connections to the medical marketplace.

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## **Dedication**

I dedicate this work to my husband, Patrick, whom I enjoy getting to know just a little bit better every day.

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## **Chapter 1: ‘*Probatum*’: Networks, Domestic Spaces, and Social Currency in Manuscript Recipe Books, 1649-1696**

The term “*probatum*” in Latin translates to “proven” in English. This term appears, in various forms, in many professional scientific texts throughout the early modern era.

“*Probatum*” appears as part of the title of this essay because it points to empirical scientific behavior, indicating that the author of the “proven” text took part in an experimental scientific process. One particular genre of domestic manual, the recipe book, is especially inclusive of this term due to the nature of the recipes found within. Recipe books contain collections of household knowledge including recipes concerning medicine, food preparation, and estate management. These compendiums of practical, often observational, information serve as a record of the primarily non-professional knowledge of men and women in the early modern era. The term “*probatum*” within these texts is indicative of an experimental process that appears in texts previously considered solely domestic instead of scientific. Recipe books serve as records of knowledge considered important, much as commonplace books did, and provide evidence of women’s empirical experimentation through marginalia and revision, frequently added by a network of close family. These familial networks often spanned generations and reflect changing cultural knowledge that is useful for tracking changes in medicine and cookery throughout the early modern era.

While the study of professional (i.e., masculine) medicine has been closely examined, the roles that men and women played in medicine in the domestic sphere is only lately becoming a

widely studied field. Monica Green has recently argued in *Making Women's Medicine Masculine* that as professional medicine gradually closed its doors to women in the Renaissance, these household recipe books afforded women a chance to maintain a foothold in healthcare as contributors, authors, and authorities (27). Thus, close study of these manuscript recipe books provides a unique glimpse into the role of women in everyday early modern medicine. Not only do recipe books reflect the empirical study of domestic medical recipes, but they also detail the way that home-based practitioners interacted with commercial medicinal knowledge and the growing medicinal marketplace. While scholars have long recognized women as domestic practitioners of medicine in their roles as midwives and nurses, until recently their participation in what we now consider the hard sciences has been largely ignored. This study hopes to continue making the connection between domestic practice and the emerging fields of chemistry and professionalized pharmaceuticals by providing an in-depth study of two recipe books from the last half of the seventeenth century.

In order to best understand how domestic practice is reflective of medicinal knowledge, I will first cover the contributing factors that shaped seventeenth-century medical practice and resulted in the recipe books of the 1650s. The split of the apothecaries from the Worshipful Company of Grocers was the first in a series of royal edicts that began to professionalize medicine in the seventeenth century through the regulation of the newly formed Society of Apothecaries. This split effectually stopped print recipe book production unless authorized through the Royal College of Physicians. The Royal College of Physicians' only approved recipe book was entitled *Pharmacopoeia Londinensis* and was published in Latin in 1618. There were almost no other print recipe books published until 1649 when Nicholas Culpeper printed an English translation, with improvements, of the *Pharmacopoeia Londinensis* designated *The*

*London Dispensatory*. As I will show, the publication of Culpeper's text established a new precedent for the publication of recipe books in the medical marketplace, and the 1650s saw a plethora of recipe book dissemination. Finally, I will conclude this chapter with an overview of the history of recipe books, which will help to contextualize recipe book networks and ingredient inclusion that I will consider in later chapters.

On the sixth day of December 1617, James I began to change the way that medicine was viewed in the seventeenth century with a proclamation that transformed the Company of Grocers:

out of Our Royal care for the health and preservation of Our Subjects, we thought fit, upon great advice, to separate the Apothecaries of London, from the Company of Grocers, and sundry others, whereof they had formerly been Members, for that it was convenient, that the Company should have a special relation and dependency upon the College of Physicians. (James I 1617)

This royal charter made the Worshipful Society of Apothecaries one of the twelve city livery companies in London, separating them from the Company of Grocers. Thereafter, apothecaries went from being lowly compounders of drugs to medical professionals, forming their own separate entity for filling the prescriptions of physicians and dealing directly with medicinal ingredients (Copeman 15). This split from the Company of Grocers, which was the second largest livery company in the city, shows a marked shift in the definition of medicine in the early seventeenth century. The separation was precipitated by the ongoing philosophical separation of philosophy and empirical science that concluded that pharmacology and culinary pursuits were necessarily separate. Margaret Pelling calls this separation the "tripartite division" of medical authorities, which began with the foundation of the College of Physicians in 1518, continued

with the merging of the Barbers' Company with the Surgeons in 1540, and ended with the splitting of the Apothecaries from the Grocers in 1617 ("Trade or Profession?" 235). In 1617, Francis Bacon recognized the need for reform and brought the dangerous actions of unregulated grocer-apothecaries to the attention of James I (Copeman 18). James signed the charter into law in 1617 and effectively separated culinary and medical pursuits in England forever.

The precipitating actions for the separation of the grocers and apothecaries in 1617 were created by the Tudors in the previous century. Grocer-apothecaries had gained authority over the caring for the sick because of a power vacuum left by the dissolution of the monasteries during Henry VIII's reign. The Catholic Church had previously cared for the sick and poor who were not wealthy enough to employ or hire physicians (Copeman 16). After the dissolution of the monasteries, there were few options left for the majority of the people in London. Surgeons, little more qualified than butchers, were craftsmen apprenticed to bleed the human body and had little medical skill to treat patients in need of anything other than body-part removal (Dingwall 25). The Company of Grocers slowly began to fill the affordable medical void in London and even took up residence in the former Hospice of Black Friars, which had previously provided this service for the City (Copeman 16). Over time, Grocer-Apothecaries became specialists within the Grocers Company and existed as a semi-independent organization for years without the direction of the Royal College of Physicians or any other coordinating body. Though more affordable than physicians and much more reliable than the quacks or barber-surgeons, who often offered little more than a quick death, grocer-apothecaries were sadly ill-educated, and their ability to fill the prescriptions written by physicians was unreliable at best. With a demand for increasingly complicated medicines from the continent, the unregulated Grocer-Apothecaries often made false and dangerous concoctions that endangered the citizens of London more than

they helped them (Copeman 17). Having lobbied for independence from the Grocers for years, the Grocer-Apothecaries began to appeal for their own independent charter and were successful in 1617. In reaction to this separation, the Royal College of Physicians took the opportunity to standardize the newly formed Society of Apothecaries.

In order to regulate the apothecaries under the auspices of public safety and autonomy, the Royal College of Physicians, with the approval of King James I, ordered the printing of a pharmacopoeia in May of 1618 that included pre-approved recipes for apothecaries to make for physician prescriptions (Spiller “Recipes for Knowledge” 55). This pharmacopoeia, entitled the *Pharmacopoeia Londinensis* to distinguish it from its predecessors like Pedanius Dioscorides’ *De Materia Medica* and Pliny’s *Pharmacopoeia*, standardized prescriptions in London (Wear 92-94). James I’s royal proclamation, addressed to the London Apothecaries on 20 April 1618, instructed all apothecaries to use the *Pharmacopoeia Londinensis* for “prescribing and directing...the severall forms, aswell of dispensing and compounding all sorts of Medicines, and Phisicall Reciepts, as distilling of Dyies and Waters, and such like extractions, together with the true Weights and Measures” (James I 1618). James I’s edict identified the audience for the *Pharmacopoeia Londinensis* as Latin reading members of the newly formed Society of Apothecaries. The edict, printed in English, informed those unliveried apothecaries practicing in the city of London that they needed to find new means of employ. That the *Pharmacopoeia Londinensis* was in Latin excluded all previously practicing apothecaries who could not read and write in Latin (Spiller “Recipes for Knowledge” 56-60). The apothecaries who were members of the Apothecary Company, displeased that their practice was being regulated, were nonetheless obliged to follow the recipes in *Pharmacopoeia Londinensis* if they practiced within seven miles of London.

The contents of the first edition of the *Pharmacopoeia Londinensis* were primarily composed of recipes taken from the works of Mezuca and Nicolaus de Salerno, though a few others like Avicenna and Galen are also mentioned by name (Urdang 79). Though many of the recipes were ancient in origin and written in Latin, the recipes were considerably altered to cater to a London audience, including the use of easily acquired ingredients like tobacco, sugar, and herbs. The recipes that were not based on ancient medicinal recipes were new recipes that the Royal College of Physicians had approved after frequent use, illustrating these new philosophical influences of the Renaissance on seventeenth-century physicians. Despite its combination of modern medicine and ancient knowledge, the first edition of *Pharmacopoeia Londinensis* was found to be so full of errors that it was almost completely discarded; a new edition was issued in December 1618, only eight months after the original publication (Copeman 26-28).

This newly edited pharmacopoeia fulfilled two purposes. First, it regulated the many apothecaries in London who had previously been able to practice many different and often outdated, forms of medicine. Second, the pharmacopoeia was also an effort to regulate the many residents of London, and those throughout the kingdom, who tried to practice medicine in their private homes without the education the Royal College of Physicians deemed necessary to diagnose illnesses and distribute medicine. In essence, the Royal College of Physicians wanted practitioners to be able to gauge whether a recipe was helpful or “poysonous” (James I, 1617). As a result, the profession of the apothecary followed a more formal method of education which involved apprenticeships that developed into the distinction of Yeoman or Journeyman after the application for “Freedom of the City” had been granted and the fees had been paid (Copeman 20-22). Professionalization of medical receipts through the *Pharmacopoeia Londinensis* effectively ended the publications of all other recipe books not authorized by the Royal College of

Physicians until the 1650s and, at least in London, attempted to enforce strict adherence to the recipes contained within it (Porter 214-215). After a slightly turbulent beginning, the *Pharmacopoeia Londinensis* became not only one of the landmark medical texts of the seventeenth century but also a benchmark of English medicine well into the nineteenth century, being revised and edited many times throughout the seventeenth century and beyond. The split between the Grocers and Apothecaries and the printing of the *Pharmacopoeia Londinensis* affected the way that medicine was distributed in the city of London, but it also impacted the format in which professional and domestic practitioners wrote and thought about medicine as distinct from culinary pursuits. Though *Pharmacopoeia Londinensis* professionalized the distribution of medicine and the Latin script was aimed at an educated audience in the early decades of the seventeenth century, the middle decades of the seventeenth century saw a push back against wealth-based knowledge. One of the first, and certainly one of the most influential, texts to do so was Nicholas Culpeper's rendition of the *Pharmacopoeia Londinensis*.

Another landmark text in the history of seventeenth-century medicine reveals the next shift in the way that medicine was perceived and practiced. Nicholas Culpeper revised, edited, and translated the *Pharmacopoeia Londinensis* into English in 1649, renaming it the *London Dispensatory*. The *London Dispensatory* was printed without the authorization of the Royal College of Physicians, and they saw this attempt to practice medicine in the common vernacular as deconstructing the hierarchy of medicine that the Fellows were trying to establish with the creation of the Apothecary Company and the publication of the *Pharmacopoeia Londinensis* (Furdell 43). Culpeper disagreed with the way that the Royal College of Physicians sought to keep secret their medical knowledge. The reason that Culpeper himself gives for his translation from the original Latin included the fact that "Ancient Physicians wrote in their own mother

tongues, and native language. Mesue, Avicenna, Averrois, Rhazis, Separio &c. in Arabick. Galen, Hippocrates &c. in Greek. Paracelsus in High-Dutch” (*London Dispensatory* Av2). Culpeper likens ancient citizens of Greece, Rome, and the greater known world to London’s citizens, re-emphasizing the need for the educated elite to speak in the same language as their people so that knowledge could be more readily obtained and applied. The translation of the *Pharmacopoeia Londinensis* into English set a precedent for a resurgence of print recipe books that reflected new natural philosophy. While Paracelsian philosophy had been used earlier in the *Pharmacopoeia Londinensis* of 1618, Culpeper’s English edition introduced Paracelsian recipes to a new audience (Spiller “Recipes for Knowledge” 65-66).<sup>1</sup> This new philosophy available in English arguably expedited the incorporation of new philosophies into domestic practice.

Elizabeth Spiller argues that the new genre of seventeenth-century recipe books also incorporated new forms of medical thought that focused on the body as a “site not of feeling but of knowledge,” necessitating that the entire literate population have access to that knowledge (Spiller “Recipes for Knowledge” 55-57). The Royal College of Physicians in *Pharmacopoea Londinensis*, a Paracelsian text itself that prized the standardization of weights and measures, railed against those who were “printing, selling, and buying books connected to the maker’s tradition,” accusing that those authors who printed recipe books as pretending medical knowledge as an insult to God’s work sacrilege (Spiller “Introduction” xxix).<sup>2</sup> Culpeper ignores this accusation and instead follows the same standardization of measurements as the Royal College but gives access to all of the literate body of medical practitioners.

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<sup>1</sup> Paracelsus was an early sixteenth century philosopher who encouraged observational, or empirical, science instead of relying on ancient texts. His works were often used by later sixteenth and seventeenth-century philosophers to refute Galenic medicine. For more information on Paracelsus see Charles Webster’s *Paracelsus: Medicine, Magic, and Mission at the End of Time*.

<sup>2</sup> Lynette Hunter also comments on the conservative nature of this suppression in “Women and Domestic Medicine: Lady Experimenters, 1570-1620.”

A second reason for creating the *London Dispensatory* was to address the multitude of non-professional practitioners dealing directly with medicinal administration. Culpeper saw the need for a pharmacopoeia for the common people who were practicing preventative care and curing simple ailments among their families (Furdell 43). Culpeper's translation into English brought about a fundamental change in medical knowledge and practice, allowing any literate person, including women and the middle class men, access to its remedies. While the *Pharmacopoeia Londinensis* sought to regulate the domestication and non-professional practice of medicine by separating the Grocers and the Apothecaries, taking medicine firmly out of kitchens and into formal medical spaces, Culpeper's English edition effectively brought practical care back into domestic spaces, legitimizing in print the practices of many domestic practitioners (Spiller "Recipes for Knowledge" 65). Culpeper's work had an audience made up of the often unacknowledged networks of men and women who practiced medicine in their homes even after 1618. Though the struggle between ancient practice and authority, empirical and domestic practice, continued throughout the rest of the seventeenth century, Culpeper was one of the first to address the professionally unacknowledged group of domestic medical practitioners who formed a body of work that is essential to understanding all levels of medical practice in the seventeenth century (Spiller "Recipes for Knowledge" 68).

The reason and timing of Culpeper's *London Dispensatory* was no coincidence. The *London Dispensatory* was published in 1649, the year that Charles I was executed and Oliver Cromwell's Interregnum began. Unwilling to keep the strict print laws of the Stuarts, Cromwell again allowed unauthorized printing of medical texts. One explanation for the expansion of the print marketplace was the eradication of the previously rigid social structure of the royalist aristocratic elite that either perished, or at least went into hiding, after King Charles I was

beheaded in 1649 (Ezell “Never Boring” 166). The medical marketplace of the 1650s, as a result, expanded, but this expansion can be attributed to more than just Cromwell’s political agenda. Literacy rose between the 1550s and 1640s among the urban middle class men and women who were the primary consumers of such vernacular medical texts (Wear 43). Books published in English, like Culpeper’s *London Dispensatory*, were targeted at this newly literate audience. Printed medical manuals participated in the immensely successful medical marketplace and were read by non-professional and professional practitioners alike.

The nonprofessional audience who made up the majority of practitioners in the seventeenth century will be the primary focus of this study. While it is clear that the *London Pharmacopoeia* had a specific agenda in attempting to organize the many apothecaries in London in 1618, Culpeper’s English edition was more clearly focused on a wider audience, addressing home practitioners who created familial medical texts based on a variety of print influences including Culpeper’s text. Domestic spaces benefited from Culpeper’s and other like-minded individuals’ view of medicine in the 1650s. The print marketplace catered to both professional and non-professional audiences and published many genres of informational texts in the middle of the seventeenth century. As Culpeper shows, there were medicinal texts that informed practitioners from domestic, or kitchen, practitioners to professional practitioners.

Kitchen practitioners were non-professionals who focused on the care of minor ailments and preventable illnesses in the nuclear family. These domestic practitioners used many genres of informative texts to run their households, from books of secrets to dietaries. The recipe book, one of these genres of informative texts, was particularly popular throughout the early modern era and, like the medical pharmacopoeia genre, went through extensive change from the sixteenth to the seventeenth centuries. Beginning in the 1570s, print recipe books began

targeting female readers but were primarily written by men (Archer “Poems and Recipes” 116). By the 1650s, however, recipe books were beginning to be patronized and authored by women.

Lynette Hunter and Elizabeth Spiller posit that the recipe book genre was the inheritor of three literary genres: men’s books of secrets, men’s books on husbandry and estate management, and works addressed to women on food and diet with Galenic undertones (Hunter “Women and Domestic Medicine” 95-96; Spiller “Introduction” xii-xxvii). The book of secrets genre was popular for intellectually minded men who traded knowledge among each other as a form of intellectual currency. Recipe books were the inheritors of the books of secrets through their circulation of medical and culinary knowledge. As the inheritors of this tradition, they offer one explanation why many familial receipt books were often published posthumously by members of the woman’s family: because the information was economically profitable (Leong “Medicinal Marketplace” 143). The medical and culinary recipes themselves were not remotely “secret” but represented a marketing scheme devised by printers hoping to sell supposedly exclusive knowledge (Hunter “Sweet Secrets” 52-57).

Recipe books as a genre are integral to understanding the practical application of medicine in the seventeenth century. From the print sources that originated from aristocratic and royal patrons and that established the print format to manuscript recipe books that were informed by and informed print culture, the study of recipe books truly highlights the medical networks of the middle to the late seventeenth century. In this study, a comparison between a print and a manuscript recipe book will help to illustrate how both mediums were linked to a cyclical network of information: author attribution and format.

The first group of women identified with recipe books in print were gentle practitioners. Culpeper’s 1649 *London Dispensatory* dedication to the reader addresses “Gentlewomen” who

“freely bestow your pains brains and cost, to your poor wounded and diseased neighbors” and shows that women were readers and practitioners of print receipt books. Culpeper’s dedication suggests the participation of women in the “much abused” art of “Physick” and identifies them as part of his intended audience (A4r). Thus, Culpeper confirms that women were participants in the medical marketplace. Very soon after the publication of Culpeper’s English edition of *London Dispensatory* in 1649, other unauthorized recipe books began to be printed again with an increasingly interactive audience and by vastly different authors than those before 1650 (Spiller “Introduction” xxxiv).

The first recipe books ostensibly authored by women and printed in the 1650s were associated with the names of royal and aristocratic women but were most likely authored by men. The presence of female authors in print during the 1650s directs the attention of the print audience towards feminine domestic practice that used commercial and private networks to gather knowledge (Leong “Making Medicines” 161). These texts became especially important to the public redefinition of medicinal practice in the 1650s with such prominent printed recipe books by Alethea Talbot Howard, Elizabeth Talbot Grey, and Queen Henrietta Maria who all wrote medicinal recipe collections in the wake of Culpeper’s *London Dispensatory*. From the printing of Elizabeth Talbot Grey, Countess of Kent’s “*A Choice Manual, or Rare Secrets in Physick and Chirurgery Collected and Practised by the Right Honourable the Countess of Kent*” in 1651 to Grey’s sister, Alethea Talbot Howard, Countess of Arundel’s *Natura Exenterata* and W.M.’s *The Queen’s Closet Opened* in 1655, attributed to Queen Henrietta Maria, recipe collections by aristocratic and royal women began to be accepted as worthy of publication alongside the collections of their male peers. Ten recipe books were published in England

between 1653 and 1658 that were attributed to women, eight of which were credited to members of the royal family (Bassnett 2).

The authorship of these pioneering recipe books has been brought into question in recent years, Queen Henrietta Maria being the most frequent author in this controversy. John B. Blake and Antonia Fraser have both written skeptically about Henrietta Maria's involvement with the recipe book or having actually experimented with any of the recipes that appear within *Queen's Closet*; however, not all scholars dismiss Henrietta Maria as author of the popular volume. Jayne Archer questions why the commercial allure of famous names precludes Henrietta Maria as the book's author. Many mid-seventeenth century publishers frequently identified the source for their publication as the manuscript receipt book of a "(usually anonymous and recently deceased) noblewoman," much as the printer of Henrietta Maria's recipe book did (Archer "Queen's Closet" 2-3). This ruse contributed to the sales of recipe books.

Despite their popularity, celebrity recipe books did not always advance current scientific knowledge. The success of celebrity recipe books depended on trustworthy attribution, which extended from their ostensible author's celebrity status, not current scientific information (Ezell "The Three Faces of Hannah Wooley" 175). As I will demonstrate in chapter two, the inclusion of specific recipes in the books suggests at least an initial trust of the source. While many of these celebrity recipe books were printed posthumously and did not always reflect the most up-to-date recipes or philosophy, these printed works do show that domestic practitioners were accepted as part of the medical marketplace after 1650.<sup>3</sup> As consumers of print recipe books, domestic practitioners included recipes from print sources in addition to their real community

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<sup>3</sup> For more information on the politicization of these political recipe books of the 1650s, see also Jayne Elizabeth Archer, "The Queen's Arcanum: Authority and Authorship in *The Queens Closet Opened* (1655)"; Lynette Hunter, "Women and Domestic Medicine: Lady Experimenters, 1570-1620"; and Laura Lunger Knoppers' "Opening the Queen's Closet: Henrietta Maria, Elizabeth Cromwell, and the Politics of Cookery."

and familial networks; however, the system of author attribution did not always indicate print recipe book sources, but the real network that provided the recipe. This point further complicates authorship in recipe books and illustrates that the formation of recipe books, both printed and private, was the work of a community, and not of a single individual (Ezell “The Three Faces of Hannah Wooley” 174). The inclusion of recipes in a recipe book, therefore, depended on the trustworthiness of the source, not on the ideological origins of the recipe, and came from both print and manuscript sources. Immediate identifiable networks, whether imagined or real, were the basis for the collection, recording, and use of a recipe more than professionalization. While print recipe books authors might not have always been cited as authors of their own work, they certainly established a formatting trend that is clearly visible.

The format of these aristocratic printed recipe books was a direct result of the creation of the Apothecaries Company, as the recipes were divided into sections based on culinary or medicinal purposes. These published celebrity books influenced manuscript recipe books in format and content. Like Culpeper’s *London Dispensatory*, the recipe books printed under the name of aristocratic women were also written in English to cater to the new audience of domestic practitioners. Finally, the contents of these recipe books reflected a plethora of philosophical origins from Culpeper to Paracelsus. Culpeper sets out to delete obsolete recipes from the original *Pharmacopoeia Londinensis* in his *London Dispensatory*, and these aristocratic print recipe books copy his format. Far from the long list of simples provided in the 1618 *Pharmacopoeia Londinensis*, the Culpeper *London Dispensatory* eliminates single component simples and only includes recipes for compound simples, revealing, however minutely, the

increasing complexity of recipes by mid-century.<sup>4</sup> Simples were recipes traditionally associated with Galenic herbal remedies that were anything but simple, often requiring complex distillation processes that were costly, which explains their inclusion in aristocratic print recipe books (Laroche *Medical Authority* 1). The significance of increasingly complex recipes and the inclusion of new medical ideologies from 1650 to the end of the seventeenth century are indicative of many events. The expansion of the networks of recipe book practitioners to increasingly exotic lands and the enculturation of medical print culture among all classes are suggestive of the effect of trade routes in a fifty year span. Because Culpeper incorporated new formats, these “aristocratic” publications did too. Thus, these 1650s printed recipe books “authored” by women integrated some new philosophies into their format (Tebeaux “Women and Technical Writing” 40). Manuscript recipe books copied the format of print recipe books and built on their work in the 1650s.

The distinction between manuscript recipe books and printed receipt books in the early modern era is subtle but important. As Jayne Archer notes, printed receipt books take their receipts from such prestigious names as Queen Elizabeth, Queen Anne, Queen Henrietta Maria, and the Countess of Arundel (“Women and Chemistry” 198). Yet, it would be too narrow to consider these prestigious women the only sources of recipes in the seventeenth century. Life writing by women in the seventeenth century is representative of many classes of literate women who were encouraged by religious culture to keep records of important moments in their lives (Ezell “Domestic Papers” 35). Since these recipe compilations helped them fulfill domestic, economic, and familial duties, women were encouraged to “collect, compose, and distribute recipes” (Archer “Women and Chymistry” 199). Nonetheless, print receipt books informed the

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<sup>4</sup> Simples were medicines that were composed of non-compound ingredients, like herbs, that would have been easy to make. For more information on seventeenth-century recipe types, see Keith Thomas’ *Religion and the Decline of Magic* (207).

manuscript receipt books of individual women. Print recipe books informed manuscript recipe books, which in turn were shared both orally and by hand in a cyclical manner, displaying that all of these forms informed each other and existed simultaneously (Lehmann 97). The printed origin of the receipt was, both in print and manuscript, almost always attributed in seventeenth-century receipt books lending ethos to the recipe in addition to giving the collector cultural knowledge through the possession of knowledge (Archer “Women and Chymistry” 204). While printers were the beneficiaries of print recipe books, domestic recipe collectors were the recipients of the social currency that they accrued through the collection of recipe books.

Private recipe books, as a whole, contributed to this definable genre in the middle of the seventeenth century in ways that were inclusive of the print marketplace and private networks, which informed each other. Manuscript recipe collections did not simply tell the “story of cookery” nor were recipe books the scribblings of “early modern domestic goddess[es]”; they were legitimate forays into empirical knowledge of the body (Pennell and DiMeo “Introduction” *Reading and Writing Recipe Books* 2). Private recipe books contained three types of knowledge: medicinal recipes, culinary recipes, and registers of family relations. As this study will discuss, they were often products of the entire family. These books are important for the study of the early modern era because they can reveal much about network connections between family members who shared recipes as well as family connections to other members of society, shedding light on class boundaries, trade networks, and ideological patterns. Above all, these domestic accounts are intensely personal records of individuals who endeavored ceaselessly to acquire effective recipes for their families against diseases and illnesses they often did not understand; who fed their families with recipes meant not only to please but to nourish bodies that were contending against pathogens that have almost been eradicated in our time; and who

grieved and took blame for those names recorded by death dates representative of family members or friends whom they could not save. Through the close examination of the networks, contributors, inheritances, and individual recipes in manuscript recipe books, the domestic medicinal practice of the seventeenth century becomes clearer.

Because manuscript recipe books were such intensely familial products, it is no wonder that the contents of the recipe book, in the form of the receipts themselves, were often provided by family members. Recipe book authors frequently attributed recipes to the person who gave them the recipe, despite the original author of the recipe. Like authorship of the recipe books themselves, recipe attribution is another subject within the recipe book genre that has garnered much attention. Michelle DiMeo argues that recipe attributions are not a reliable way to track the network of philosophical knowledge through recipe books because of the difference between modern and early modern intellectual property ideas. Despite this observation, DiMeo suggests that familial networks can occasionally help to positively identify the contributors to familial recipe books (“Medical Networks” 42). As this study will show in chapter two, the contributors can be from familial ties, networks of friends, or imaginary networks that can help scholars remap recipe networks, if not philosophical origins. External networks in manuscript recipe books make up much of the content while the recipe book simultaneously remained central to the nuclear family where future generations recorded their own experiments and recipes.

Tracing ideological networks helps to illustrate another kind of important domestic network: the nuclear family. One of the ways, aside from recipe attribution, for telling who contributed to recipe books within the nuclear family is different handwritings. Different hands, or handwriting, can tell the scholar much about how a recipe book was created and who was contributing to the final product. Frequently, recipe books contain multiple handwriting styles,

some linearly organized, the inheriting hands taking over for the author who has passed. One example of this style is the recipe book of Sarah Wigges whose family wrote in her recipe book for generations, noting their contributions along the way (Archer “Women and Chymistry” 191-192). Other times the hands intermingle, creating one document with many authors. Catherine Field notes the many ways that generations of women portrayed themselves within recipe books from the manner that each ordered the recipes to the ingredients that they used. These markers of individuality within the text help scholars to understand self-identity, authorship, and the cultural context for each ‘hand’ in the text (Field “Many Hands” 55-57).

Recipe books were not solely the products of women authors. Men also contributed to recipe books, whether they wrote in the recipe book themselves or shared recipes with their wives (Leong “Collecting Knowledge” 81-82). By looking closely at the two Fairfax family recipe books, Elaine Leong observes that it was the nuclear family located centrally in the house just as much as female networks that contributed to the recipe collection. What is clear from looking at archival manuscripts is that often minute markings are important. In the modern age, early modern manuscripts are being edited for conformity in digital archives; and while these digital archives provide access to many scholars, there is much to be said about physically being able to analyze the book. Margaret Ezell in her article “Editing Early Modern Women’s Manuscripts: Theory, Electronic Editions, and the Accidental Copy-Text” claims that it is easy to censor multiple familial handwritings and marginalia in digital editions (108). While it is crucial to provide broader access to these manuscript resources, we have to be careful not to take part in stripping early modern women of their voices through making the works accessible without reproducing the characteristics that make them unique. Dealing with manuscript recipe books in

the archive is important to this study because of the marginalia and physical history of the book that is all but impossible to determine through digital images.

Family contributions to recipe books are important to creating the heirloom product. Inheritance is essential to understanding the importance of recipe books in the familial network and their places within domestic spaces. While the focus of most scholarship emphasizes the matrilineal inheritance of recipe books, matrilineal inheritance is not exclusively the case. Recipe books could pass down from father to daughter, as Penny Bayer suggests (“Madame de la Martinville” 165-166). This French study also highlights the difference between European continental and British recipe ascription, noting that English sources edited out or significantly reduced the feminine role in scientific knowledge acquisition. For the purpose of this study, I will point out that some recipe books were handed down from mother to son, reflecting the holistic family product that recipe books represented.

The study of individual recipes and recipe groups can also help to provide information about the family network and will be discussed in chapter three of this study. Groups of recipes for the same illness also denote an illness within the family that the author is trying to cure. Anne Stobart examines the Boscawen family, particularly Margaret Boscawen in Cornwall and her daughter, Bridget Fortesque in Devonshire, and the way that their letters track the illness of Bridget. Their recipe book and series of letters track one illness, showing a different side of the commonplace recipe book (Stobart “Let Her Refrain From All Hott Spices” 203). Greensickness is a recipe group consistently associated with women and is most frequently associated with female contributors.<sup>5</sup> Likewise, the individual ingredient of rose water is also commonly associated with women and reproductive problems, as will be demonstrated later in this work.

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<sup>5</sup> Helen King notes the difficulty of pinning down one specific definition of greensickness in “Green Sickness: Hippocrates, Galen and the Origins of the “Disease of Virgins”” (372-373). However, it was generally understood to be a disease among young women caused by their virginity.

Ingredients, like networks, help to show how the medical marketplace and domestic practice changed between 1650 and 1696.

It is imperative to look at the history of recipe books between 1650 and the last decades of the seventeenth century to see how domestic practitioners developed their private collections after the reintroduction of print recipe collections, especially after the publication of recipe books authored by women in 1650. Manuscript and print texts after 1650 illustrate the role gender played in early empirical science, showing, as they do, women's increasing literacy during the period as well as the way networks of communication developed among women and their nuclear families. Unlike telling only the history of print recipe books, which covers only a small percentage of the recipe books written, manuscript recipe books illustrate the complex transmission of domestic medicinal knowledge in the seventeenth century. By putting two unpublished women into context and illustrating the networks that they created, as this study will do, it will be possible to see how two manuscript recipe books constructed their networks and gathered knowledge leading to applied scientific knowledge.

While recipe books have been used by scholars of food history and the history of science since the late 1900s, they have not been traditionally seen as important cultural documents. This has changed in recent years due to the work of scholars such as Catherine Field, Elaine Leong, Sara Pennell, Linda Pollock, and many others who have worked tirelessly with manuscript recipe collections and shown the potential of such rich source material. In response to the growing interest in the field of manuscript recipe books, the *Perdita Manuscripts, 1500-1700* and the Wellcome Library's collection of seventeenth-century recipe books have been digitized and made available online. This study seeks to contribute to this scholarship by examining two mid-

to-late-seventeenth century manuscript recipe books in great detail, bringing seemingly insignificant aspects of the recipe book genre into clear focus.

The focus of this project, as previously mentioned, will be a close reading of these books in order to illustrate author attribution, social and family networks, links between professional and domestic practice, and, finally, the importance of recipe groups, individual recipes, and recipe ingredients. For the purpose of this study, I am using “recipe book” and “recipe collection” interchangeably and defining recipe books broadly as more than simply a culinary collection of recipes but rather a series of recipes, printed or handwritten, that pertain to the domestic application of such texts. The terms “receipt” and “recipe” will be used interchangeably, though “receipt” was the most commonly used term in the seventeenth century (DiMeo and Pennell “Introduction” 10). The words “receipt” and “recipe” denote that something is being received, whether knowledge or advice, from a trusted source, suggesting that collections of receipts are sites of cultural exchange among networks. Sara Pennell and Michelle DiMeo note the problematic, often anachronistic, use of the term “author.” However, as this project primarily focuses on manuscript recipe books and the author, or owner, of the collection is repeatedly mentioned in both manuscripts, I will use the term “author” to denote both contributors and collectors alike.

Following the pioneering scholarship of Michelle DiMeo, this study will engage with seventeenth-century author citation methods used to form a collaborative sense of scholarship among networks and within families, as will be demonstrated in Mary Dacres’ and Anne Glyd’s recipe books respectively (“Authorship and Medical Networks” 42). The term “discourse colony,” brought to use in reference to recipe books by Francisco Alonso-Almeida, suggests that authorship is unreliable and, thus, unimportant in recipe books (“Genre Conventions” 82-85). It

is my hope that this study will show why authorship and attribution are extremely important to the network of practitioners of recipe books. The second chapter of this study will discuss how recipe attribution among members of a nuclear family is much more ambiguous than sources outside the immediate family network. Close examination of archival materials and the attribution of authorship allows a rare “glimpse into early modern medical, social and political networks” but requires a simultaneous widening of the definition of network to a series of connections, in person or through the medium of text in “imagined” communities, over the lifetime of a collector of recipes ( DiMeo “Authorship and Medical Networks” 42).<sup>6</sup> The role that the imagined and real communities of recipe books played in the narrative of the female writer in early modern England is well-documented and much commented upon in the field.

My research will fill a gap in scholarship within the study of recipe books. Various archives of manuscript recipe books offer a wealth of primary documents that have not yet been studied. These manuscripts show political connections, the importance of immediate and imagined communities for the circulation of knowledge, the complexity of class relations, and the conglomerate of gender roles in domestic environments. Rebecca Laroche discusses the importance of the medical marketplace for identifying the role of women in knowledge acquisition during the Scientific Revolution. She studies the economic, sociological, and textual factors that “inform women’s engagement with an authoritative herbal” (Laroche *Medical Authority* 10-11). While it seems, upon first glance, that manuscript recipe books would not contain much information on the medical marketplace since they are removed from the printing

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<sup>6</sup> The term ‘imagined’ community comes from Robert Mayhew’s article that attempts to address the discrepancy between the ideal community of the Republic of Letters between 1600 and 1800 and the real community among a number of authors who may never have heard of each other, much less ever met in person, but who commented on similar subjects (252-253). This ‘imagined’ community applies to recipe books because many of the authors and compilers of recipes never met but were part of the same discourse community through printed recipe collections or third party transference.

process, manuscript recipe books were informed by and informed printed recipe books. The medical marketplace, from printers to apothecaries, was drastically affected by both textual mediums and, in return, significantly affected recipe collectors. My study of networks, social and familial, will help to demonstrate the state of the medical marketplace from the 1650s to the 1690s through the close examination of two manuscript recipe books.

My study will also look at the empirical practice of domestic practitioners through the study of individual ingredients and the use of the Latin term “*probatum*.” Within the study of recipe books, there has been increasing work done on how and if women interpreted the practices of experimental scientists. This study examines individual ingredients to illustrate trade networks and social networks in London. By looking at ingredients that would have been procured from apothecaries as part of the recipe or for ease of use, I hope to establish exactly how some domestic practitioners experimented with and interacted with the professional medical marketplace. In addition, recipe books also reveal how trade, access to ingredients, knowledge of empirical processes, and wealth all affected the domestic spaces in the seventeenth century. Comparing recipe books from the middle of the seventeenth century to the last decade of the seventeenth century provides an opportunity to suggest how recipe books changed over time and how the practice of medicine evolved in the domestic space at this time. By looking closely at recipes, I will consider the social inheritance that influenced these recipes, innovations that added never before seen ingredients, the expense, and therefore the economic status of the familial recipe book practitioners, and how these recipes are reflective and informative of the domestic space as a result.

The first chapter of this study will concentrate on the recipe book of Anne Glyd, housed at the British Library, which begins in 1656 and covers the years of Glyd’s marriage until her

widowhood, focusing on familial recipes and suggesting a very intimate and traceable network. The class boundaries that are broken down in Anne Glyd's recipe books even further demonstrate the intimate network of collaboration on medical knowledge in the 1650s and 1660s. Finally, this chapter seeks to identify the role of women in continuing to improve recipes with new ingredients and philosophies through the re-recordings, and crossing out, of cures for common ailments.

The third chapter of this study will examine the contents of Lady Mary Dacres' recipe book in relation to handwriting, recipe groups, and individual ingredients. Mary Dacre's recipe book was begun in 1666 and continues throughout her marriage. Through this recipe book, I will examine the many hands in the book, showing that recipe books were not exclusive to men. This thesis seeks to illustrate that men and women communicated in recipe books in very different ways, from their handwriting to the content of their recipes. Not only did both men and women contribute to seventeenth-century recipe books, but individual ingredients reflect both local and national sources of trade. Furthermore, the networks that I will examine consider the use of apothecaries for specific ingredients for which they include preparation information. I have found that recipes for common ailments are constantly being reworked and updated with the most recent information and preferred ingredients of the time. For example, the recipes for green sickness are almost never identical within recipe books and are updated regularly with popular ingredients. Reflecting upon the new and popular ingredients, I will also estimate the approximate cost of creating, and experimenting with, the listed ingredients and see if they are cost prohibitive for certain classes or individuals.

My project will connect the social and familial networks of recipe books, illustrating the involvement of women in the Scientific Revolution, drawing connections between the medical

marketplace and feminine identity. The collaborative aspect of medicinal recipe books and the spread of scientific ideas have been only lightly discussed, and I intend to fill this void.

Beginning with a wide scope, I will show the collaborative nature of women's domestic medicinal writing by starting with the genre and scientific scene in general and working my way to the most basic aspects of these books that show a concerted network of people. This study intersects the popular fields of the history of science, domestic gender studies, material history, and women's writing in the intellectual marketplace. Working with little studied material, I will be able to make a significant contribution to the study of recipe books.

The wider implications of this study hopes to complicate Lynette Hunter's observation that, at the moment when philosophy and science began to become separate practices, women "could have introduced a written rhetoric more appropriate to their own practice," but that they did not ("Women in Science" 124). It is at this moment that I believe that women *did* instill a written rhetoric and oral rhetoric appropriate to their own practice. As Anne Glyd and Mary Dacre show in their recipe books, women communicated orally with well-educated men and women who were deeply involved in the practice of medicine and copied their knowledge into recipe books that account for failed and successful experiments. Hunter further develops her argument by positing that women were not excluded from mainstream scientific publication and participation due to status or theological concerns but because their traditional practice of science was social and tied to a community of practitioners ("Women in Science" 125). I hope to support this theory and expound on the way that networks informed domestic practice. While Hunter's work focuses on the work of gentle and noblewomen, she accurately speculates that all women were practicing in the same way based on the newly defined "proto-liberal social contract" in the aftermath of the Civil War and the Glorious Revolution that placed women

outside of the new definition of “democratic citizen” (“Women in Science” 125). While I agree that women operated outside of professional scientific citizenship, I think that, at least in this form of domestic practice, women engaged in empirical science and were informed by professional practice, even if they did not actively pursue the philosophical origins of their practice. That does not mean that women did not take advantage of the separation of philosophy and science, for, admittedly, many of the women who kept and circulated medicinal receipts were not wholeheartedly concerned with scientific philosophical debates but were primarily focused on creating a practical, experimental practice that allowed them to engage in the domestic sphere in ways similar to the ways that men were engaging with in philosophical scientific discourse.

## **Chapter 2: Trusted Network Connections and Recipe Attribution in the Recipe Book of Anne Glyd**

December 22, 1692 My Dear Daughter Ann Glyd was married to William Brockman Esquire. I Lord grant it may be to both their comforts in this life wholeheartedly much more let it conduct to the Good of their souls that may another in the way to heaven Bee suitable help meets Both for the good of their souls and Bodys (Anne Glyd, BL, Add MS 45196, fol. 84r).<sup>7</sup>

The medical section of Anne Glyd's recipe book begins in 1657 with the memorial of her children's births, seven years after her marriage to Richard Glyd of Bletchingley, Surrey.<sup>8</sup> The quote above shows the continuation of this genealogy throughout her life as a devoted mother and wife. Glyd added the dates of birth and death of her immediate family on the pages preceding her collection of medicinal recipes. This quote from the recipe book's pages of genealogy wholly encapsulates what was important to Anne Glyd and many of the other women who kept medicinal recipe books in the seventeenth century: family. Collecting, circulating, and refining recipes was not a hobby of a bored landed aristocrat but the only reliable defense of a matriarch whose duty was to care for her family in sickness and feed them in health. That Anne wishes her daughter Anne Brockman, the wife of William Brockman, Esq., whom she married in

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<sup>7</sup> The medicinal recipe section of this volume is inverted and written on the reverse pages, from the back of the book to the front. It is interesting to note that the genealogy section of Anne Glyd's recipe book introduces the medical section of the text, immediately connecting the history and health of the family to the recipes contained within.

<sup>8</sup> The culinary section of the book begins with an opening date of 1656, perhaps the year that Glyd received the volume and began to record culinary recipes. Glyd began to record the genealogical section, and likely the medical section, somewhere between 1657 and 1658 when her original list of past births ends, and she begins recording more recent births and deaths in the family.

1692, a marriage that was good for the body as well as the soul is an important addition. Being a woman of significant faith, Anne wishes not only for spiritual happiness but also a mutually beneficial physical happiness that remains firmly rooted in earthly flesh. The word “Bodys” also highlights the duties of Anne Brockman as the matriarch in her new household, a job that will demand both the spiritual and physical well-being of all the members of her household. In the role of maternal healer, Anne Brockman continued the work of her mother as the caretaker responsible for the bodies of her family culinarily, medicinally, and spiritually. As such, Anne Brockman contributes to the recipe book started by her mother and later, keeps one of her own. Thus, the placement of the genealogy in Anne Glyd’s recipe book outlines those who will inherit all of her knowledge on the health of the body. It is also of note, as I will later discuss, that it was not only Anne Brockman’s responsibility to do good for the bodies of the family but also her husband’s prerogative to protect Anne’s body. A mutually beneficial, not one-sided, protection of bodies is what Anne Glyd wished for her daughter. The network that Anne would use to complete this domestic duty will be the focus of this chapter.

The network that provides medical recipes for Anne Glyd’s recipe book is a spider web of relations and social contacts. Family relations include Glyd’s immediate nuclear family like her children and relations by marriage from her husband’s family like her mother-in-law, sisters-in-law, and various Glyd cousins. The social network, though more difficult to trace, is made up primarily of residents of Betchingley, Surrey, the parish in which the Glyd estate was built. This Betchingley network overlaps with the family network quite a bit, though the Betchingley network does include non-related residents from the Onslow and Clayton families who were prominent in the area. Finally, the most speculative sphere of influence relates to the political positions of the men in the Glyd family whose employment may have introduced Anne

Glyd to recipes of men and women outside of Bletchingley. The visible networks of Glyd's recipe book were composed of multiple classes and come from both sexes, demonstrating a variety of sources for medical information. The trustworthiness of the source is indicated by Glyd's experimentation with the recipe. If Glyd trusted the source implicitly, she often noted that the source was excellent; if the source of the recipe was questionable or she disliked the outcome of the recipe, she makes changes and notes that she proved the recipe through her own experimentation. The importance of tracking Anne Glyd's network is to highlight how medicinal recipe networks operated, from whom the recipes came and how ideas travelled between personal networks. This study will begin with the most immediate network, the nuclear family, whose origins begin in the genealogical information at the beginning of the medicinal recipes in Glyd's recipe book.

Anne Glyd's recipe book is an important cultural document in many ways. First, it contains a family genealogy that makes it possible for historians to trace the Glyd family and situate them in their social, economic, and political positions. Secondly, the Glyd recipe book notes the originating authors of almost every recipe, making it possible to connect and identify the network of medicinal communications through the participants themselves. While noting the networks and original authors of each recipe, Anne Glyd makes repeated amendments to her recipes, crossing out recipes that she has found ineffective and continually trying diverse remedies for the same illness. Glyd also notes if she or another experimenter had proven the recipe to be effective, making sure the information is reliable. This process of experimentation is reinforced by multiple recipes for the same ailment with strategically altered ingredients, a common practice in seventeenth-century recipe books. After effectively trying a recipe and being pleased with the results, Anne marks her experiments with her own "*probatum*" (i.e.,

“proved”) signature. Evidence of experimentation, instead of mere copying and recitation, is essential to understanding the way that women in the seventeenth century viewed and interacted with their medicinal recipes.

Anne Glyd was born to Anthony Stoughton and Agnes Pierce Stoughton in 1631 and baptized at the church of St. Mary in Worpleston, Surrey. She was the sister of Sir Nicholas Stoughton, who was admitted to the Inner Temple (one of the four Inns of Court in 1648), matriculated at Oxford through Exeter College in 1653, became a Bachelor of Civil Law in 1657, and held the office of the Sheriff of Surrey from 1662 to 1663. Nicholas Stoughton was made a Baronet on 29 Jan 1660 (Henning). Through this association and her father’s occupation, Anne was a very marriageable young woman. By 1649, Anne had become Anne Glyd when she married Richard Glyd, the second of his name. By the time that Anne Glyd began to record receipts in her recipe book, she had given birth to six of her eight children, who were born approximately one year apart: John, Elizabeth, Anne, Richard, Martha, and Lawrence (Glyd 85v). That Glyd did not begin her recipe book upon her marriage seems to suggest that she acquired a sudden and thereafter lifelong interest in both culinary and medicinal recipes due to some precipitating events before 1656. One potential reason for her sudden interest in medicine could be the death of two of her infants within a few months of their births, as will be discussed later in this chapter. Whatever the reason for Glyd beginning a recipe book, her book is representative of many of the common forms of recipe books in the seventeenth century and suggests the influence of print recipe books on manuscript collections. First, she keeps the culinary and medicinal recipes separate, and her recipe book reflects the format and style of printed recipe books from the 1650s, which categorized domestic receipts dealing with health separate from culinary enjoyment. The format of the print recipe books such as those of

Culpeper and the Talbot sisters reflects the separation of the Grocers and Apothecaries earlier in the century and the distinction between medicine and eating. As a manuscript and piece of domestic writing, Anne Glyd saw the need to differentiate culinary and medicinal recipes, one which seems to be focused on entertainment and health through culinary recipes and the other with the health of her family through remedial herbs and traditionally prescribed medicines. What is clear is that the genealogy and the medical section of this recipe book intertwine the lives of the Glyd family with the listed recipes irrevocably.

Anne's oldest son John was born in 1650 and continued in the profession of his uncle as a barrister at Grey's Inn in London after he attended St. Edmund's Hall at Oxford beginning when he was fifteen. At Gray's Inn, John Glyd was known as "a lawyer of sound judgment, good learning, and very fair reputation, as well for his morals as for his religion" (Malden). During his life, John lived in his chambers at Grey's Inn. Later, John served as an M.P. for Bletchingley, the parish in which the Glyd family resided and the parish in which he was born, from January 1689 until his death in November 1689. The burgage of Bletchingley was represented by two seats in parliament at the time that John Glyd served and was caught up in a rivalry between two major houses: the Evelyns and the Claytons. Each house elected one member as neither held a majority of the burgages, and there were still voters based on independent households in the borough which retained the right to vote for themselves (Hayton 22). In October 1679, John Glyd voted for George Evelyn II and John Morris. Later, John Glyd reconsidered his former alliance and voted for Tory Ambrose Browne in 1685, who was supported by Sir Robert Clayton, though John was a Whig (Malden). From 1685 until his death, John Glyd was aligned with the Clayton family. John Glyd's political ties suggest why the recipes of Lady Clayton appear in Anne Glyd's recipe book and illustrate the effect local

political connections and associations may have had on the content of her recipe book, as will be discussed later in the chapter. While this evidence could be circumstantial, that the Clayton and the Glyd families are both tied to Bletchingley, Surrey, is one potential explanation for the network of contributors to Glyd's recipe book.

John Glyd remained a bachelor and upon his death, split his entire estate, including properties left to him by his paternal grandfather Richard Glyd in Brightling and Burwash, Sussex, between his sisters, Martha and Anne, except for Pendell, which he left to his mother (TNA PROB 11/399/350). Though a lifelong bachelor, John Glyd's life reveals the connections of the Glyd family, even though Richard Glyd, John's father, died in 1658. The real network established by John's local political connections helps to explain some of the names in Anne Glyd's recipe book.

Martha Glyd was born in 1654 and married Ralph Drake in 1683 in Bletchingley, Surrey. Ralph was born in 1645 in Reigate, Surrey, and was styled esquire. Their six children were Ann, Martha, Ralph, John, Elizabeth, and Sarah. Through these children, the Glyd-Drake family was connected to the Northey family through Ann's marriage, the Griffith family through Martha's marriage, the Hayes family through John's marriage, and the Deeds family through Elizabeth's marriage. Martha preceded her mother in death in 1694 of smallpox, leaving behind her six children to her husband's care (52v). Ralph Drake, Anne Glyd records, died a year to the day after his wife, leaving their six children orphaned and in the care of their maternal grandmother and the author of the recipe book. Many of the documents that remain concerning Anne Glyd specifically are based on the custody battle that she faced trying to raise her grandchildren and

ensure their inheritance.<sup>9</sup> Martha and Ralph Drake's death is recorded in detail in Anne Glyd's genealogy just before the medical receipts. The section dealing with her daughter's death and the orphaned children demonstrates Anne Glyd's grieving in writing, where she states, "I came to hes hous to try what I could be assisting on for good the poor orphans my grandchildren, I was frustrated in my thoughts..." (82v). Sometime later she records that "My God hath wonderfully helped me this year and a halfe it being mon Nouember 1697" (Glyd 82v). Anne Glyd's continued recording of family events demonstrates that not only was she still actively using her recipe book, but also that she was writing her emotions down, indicating that the book was much more than simply an inactive collection of arbitrary medical scripts.

The remaining children born before 1656—Elizabeth, Anne, Richard, and Lawrence—all died before reaching their majority. Thus, out of six children, only two made it to marriageable age. Elizabeth and Anne both died within seven weeks of being born, in 1651 and 1652, respectively. Richard Glyd the younger was born in 1653 and died in 1662 at only eight years old. Lawrence Glyd, born in 1655, died at three years old in 1659. That two of Anne Glyd's infants had died shortly after childbirth could have been an impetus for her learning more about the medicinal arts. Childbirth in the seventeenth century was a dangerous affair and, unfortunately, death in childbirth was a relatively common occurrence.<sup>10</sup> The Company of Parish Clerks of London in the annual Bills of Mortality reported 539 abortive and stillborn infants, 235 chrisome (unbaptized) and infant deaths, and 224 childbed deaths between December 1692 and December 1693.<sup>11</sup> Thus, childhood deaths account for approximately six

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<sup>9</sup> These legal documents are housed at The National Archives, Kew (TNA) and are parts of many different collections. The bulk of the documents concerning Martha Drake's children that mention Anne Glyd are located in TNA E134/1AND2ANNE/HIL23.

<sup>10</sup> For more information on the definition of childhood in the early modern era see Margaret Pennell's collection of essays entitled *The Common Lot*. Chapter five deals specifically with child health.

<sup>11</sup> The Bills of Morality began in the early years of the seventeenth century to help as a method to warn again plague epidemics according to the Royal Society of Medicine.

percent of deaths that year (Company of Parish Clerks 1693). As Thomas Jordan illustrates in his work on infant mortality, children were most likely to die from birth to age six. In Jordan's study, he cites that 529 out of 991 children that were born in London in 1672, not counting deaths in utero, died before they reached sixteen (Jordan 14-15). This generally indicates that about half of children who were born, died before they reached majority. Anne Glyd's family accurately reflects these odds of survival. It is worth noting, then, that while Glyd's family seems to be on par with average rates of death among children, her foray into medicine could be explained by this precedence of loss. Anne Glyd would need all her knowledge of the body to protect her family from such overwhelming odds. Whatever her reason for practicing medicinal arts, Glyd soon needed her burgeoning skill as her husband Richard Glyd fell ill and died in November 1658, just one short month after her last child, Anne, was born.

Two more children were born after the beginning of the recipe book, daughters named after their deceased sisters: Elizabeth and Anne. Elizabeth Glyd, the second of her name, was born in 1657 and lived until she was twenty-four years old when she died in 1681. Her sister Anne Glyd, again the second of her name, like their sister Martha, lived to marriageable age. Anne Glyd was born in October 1658 and was the Anne Glyd mentioned in her mother's genealogy and her brother John's will. Despite, or perhaps because of her inheritance and the financial stability of her mother, Anne did not marry until she was thirty-four years old, in 1692 to William Brockman, Esquire. Together, Anne and William Brockman had three sons, William, James, and John, two of whom were born just before Glyd recorded her family history and are mentioned in her recipe book.

That John Brockman, born in 1698, was not mentioned suggests that Anne Glyd stopped recording genealogy between the years of 1696 and 1698 after her daughter Martha Glyd

Drake's death and before the birth of Anne Brockman's third son. The recipe book itself appears to have been passed down through Anne Brockman's family via James Brockman, Anne's second son, whose will in 1767 indicates he inherited much of the Glyd and Brockman family estates as he was the last Brockman and Glyd heir (TNA PROB 11/399/350). It was through James Brockman's family, the Beachborough Brockmans, who resided in Newington-next-Hythe in Kent where Anne Brockman was buried, that the recipe book was inherited through the generations until it came into the possession of the British Library as a donation by the Brockman family, still residing in Newington-next-Hythe in Kent, under the direction of Miss Phyllis Brockman in 1938. This trajectory shows that the recipe book was passed down first through the female line from Anne Glyd to her daughter Anne Brockman and then through the male line from Anne Brockman to her son James Brockman (BL Custodial History, Brockman Papers Add MS 45193-45220).

This line of acquisition signifies two things about the place of recipe books in the seventeenth and eighteenth centuries. First, these recipe books did not always pass down the maternal line but could also pass to sons. While Anne Glyd's recipe book did initially pass from mother to daughter, Anne Brockman gave Anne Glyd's book to her son James Brockman when there were no daughters to carry on the tradition. Elaine Leong spends a significant amount of time in her article "Collecting Knowledge for the Family" discussing the seventeenth-century inheritance of recipe books from the Fairfax and Johnson families, among many others (84-90). One particular example that Leong demonstrates within the Fairfax family shows a conscious choice for the family recipe book to pass to a male heir (87). Second, this trace displays that the recipes, or at least the memories of their relatives, were considered valuable enough to pass on to future generations. Often, in other recipe books, as we will see with Mary Dacre's book, this

transmission resulted in multiple hands contributing to the book, each successive generation making its own corrections or experimentations based on their own networks of information.

As I indicated in Chapter 1, recent scholars such as Elaine Leong, Helen Smith and Catherine Field have sought to reclaim a history representative of both sexes, complicating the earlier tendency to overinflate or oversimplify the perceived roles of men and women, endeavoring in particular to examine the previously ignored domestic space.<sup>12</sup> In the study of recipe books, as in other aspects of the domestic sphere, a precedent has been established that the world of recipe books only involved women and men were excluded from this sub-genre of medicinal practice. Nevertheless, as Elaine Leong has noted, both men and women had a hand in the recipe book practice of acquisition and recording (“Collecting Knowledge” 94-97). Anne Glyd’s recipe book is proof of this phenomenon in the first respect because her book, though originally handed down through the matrilineal line, was eventually inherited by a male son and his descendants. Likewise, men contributed recipes to Anne Glyd’s collection as is shown in the recipe attributions located in recipe titles. This masculine involvement does not negate women’s roles in recipe book practice. What this claim does emphasize is that this medicinal information from both sexes enhances and fully illustrates the importance of recipe books to early modern life. Though there is no evidence that James Brockman added to the recipe book, there is evidence that the recipe book as heirloom was valued by men as well as women. Recipe books held not only sentimental value but retained some of their cultural and literal value, as Elaine Leong demonstrates with her study of recipe books named specifically in wills during the early eighteenth century (Leong “Collecting Knowledge” 86). Networks of men and women, real and imagined, collaborated to create the knowledge in recipe books.

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<sup>12</sup> Helen Smith provides an excellent review of work done on collaborative authorship in recent years in *Grossly Material Things: Women and Book Production in Early Modern England* which should be viewed in addition to Elaine Leong’s and Catherine Field’s work specific to recipe books.

Proof that Anne Glyd's recipe book was an important family heirloom is evidenced, foremost, by its continued existence. It is true that it is impossible to tell whether or not the recipe book was in use after 1730. Yet, it is possible to trace the recipe book as a valuable hereditary possession until 1938, much more than the arbitrary obsolescence cut-off date that has been suggested in the eighteenth century.<sup>13</sup> Though the recipes might have been out of date, Anne Glyd's recipe book retained value for family members even after recipe books had gone out of fashion. This point reiterates the link between medical knowledge and the family in the early modern era. Like a family Bible, Anne Glyd's recipe book was first valued for its knowledge to protect the family. Then, the recipe book was valued as a reminder of family genealogy. The continued existence of the recipe book itself shows that even if the medical and culinary knowledge were outdated, these recipe books were important familial and cultural artifacts that many families kept, as the Glyd-Brockman family did for almost three centuries.

In essence, the Glyd family recipe book, in addition to containing prescriptions for health, tells the story of a family representative of the aspirational middling sort. The first Richard Glyd, the grandfather of Anne Glyd's husband, is noted as a tallow-chandler of Sussex origins, who married a Bletchingley heiress and built a fine house there in 1636 (Henning). The position of a tallow chandler suggests that Richard Glyd the first was a member of the Worshipful Company of Tallow Chandlers, one of the livery companies of London that was founded in 1462 by Royal Charter. The Tallow Chandler Company dealt not only in candle making but also in the trade of oils. Richard Glyd's will states that he was yeoman upon his death in 1618 (TNA PROB 11/132/377). Richard Glyd the second, Anne Glyd's father-in-law who died in 1666, was listed as a mercer and Treasurer of Christ's Hospital in *Smith's Obituary*, indicating a familial

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<sup>13</sup> The information concerning the inheritance history of Anne Glyd's recipe book was provided by the British Library's collection provenance.

occupation of both trade and public service (Smith 71). Richard Glyd the second likely belonged to the Worshipful Society of Mercers, as he is listed as a pupil in the register of scholars admitted to the Merchant Taylor's School, later to become known as the Mercer's School, in London on the eleventh of March, 1632 (Robinson 133). These positions associate the Glyd family with trade in London and their positions seemed to have been lucrative as evidenced by the building of Pendell, the family estate, in 1636.

The family house was named Pendell House and was designed by Inigo Jones in 1636. The house reflects the relative wealth the Glyd family had acquired by the time that Anne Glyd became a member (English Heritage 1029987).<sup>14</sup> After Richard Glyd's the second's death in 1666, the house and estate passed to John Glyd, Anne Glyd's son. The Glyd family were well connected in trade and politically and the family continued to expand in their medical knowledge based on these network connections. After John Glyd's death without issue in 1689, Pendell House and the rest of the Glyd estate passed to Anne Glyd and her only remaining unmarried daughter Anne Glyd, the younger. This association with a known property in Bletchingley reemphasizes the local connection to this specific area in Surrey where many of the attributions of the recipe book originate. Furthermore, as a member of the upwardly mobile prosperous middling sort, it also helps to explain how Anne Glyd and her children knew how to read and write in addition to engaging and experimenting with domestic scientific knowledge. This family information, perhaps more than any other piece of evidence, helps to segue into a

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<sup>14</sup> Though the name Glynn appears on the English Heritage register, a wealth of other sources attach the name Glyd with the house from Parliamentary archives concerning John Glyd's inheritance to the gravestones of the Glyds in Bletchingley that refer to Pendell House. Likewise, the name Glynn is the surname of the Master of the Tallow-Chandlers who built Pendell House connecting Richard Glyd's trade with the house (Gomme and Maguire 216). In the parish of Bletchingley, Pendell House was and remains one of the identifying structures as a Grade I listed building, though it has gone through many reiterations and most of the interior has been remodeled.

discussion of the social network of the Glyd family whose acquaintances are varied and, as the recipe book evidences, very medically informed.

Anne Glyd and her family left a visible trail of their networks. As previously established, the Glyd family was well connected in London and the greater area surrounding London, specifically Bletchingley, Surrey. Richard Glyd the second and his siblings were raised on Foster Lane and St. Michael de la Querne in London. By the time of Richard the third's death, the family also had property in Brightling and Burwash, Sussex, near Hastings and approximately an hour's automobile drive from Bletchingley in Surrey. Anne Brockman's married family resided in Newington-next-Hythe, Kent, where the Brockmans had a historic home. Anne Brockman's son James later moved to the nearby area of Beachborough, Kent, just in the next hamlet to his home parish. This route from the greater London area in Surrey to the southeastern coast near Hastings and Dover tracks the path of the recipe book and many of those people mentioned in it, such as James Glyd and his family. The Newington-next-Hythe Church, St. Nicholas where Anne Brockman and William Brockman were buried, still retains vestiges of their residence. William and Anne Brockman's family tomb, noted by the Kent Archaeological Society, illustrates the kind of people that the Brockmans were, stating their family motto as "*Sis Qvod Videri Velis*," roughly translated as "Be as you wish to be seen," and states the year of their marriage as 1692 and the venue, Lambeth Court Palace. The presence of these local and traceable networks reveals the importance of immediate community connections in the collection of medicinal recipes. As a means of identifying the network of contributors to Anne Glyd's recipe book, I will first look at the family members who appear in the recipe book

As I have already noted, Anne Glyd's recipe book is divided into two parts: culinary and medicinal. Of the eighty-four recipes recorded by Anne Glyd in the separate section on

medicinal recipes, twenty of them are specifically mentioned as having originated from family members. The Glyd family features prominently through Anne Glyd's mother-in-law, labelled Mother Glyd, Cousin R Glyd of Hamskit, and Elizabeth Glyd. Anne's mother-in-law, Elizabeth Evans Glyd, gave Anne a recipe for "sore eyes" (58r). Not only is this recipe given to Anne by her mother-in-law, but Anne Glyd notes that it is proven by her, showing Mother Glyd was a trusted source. Cousin R. Glyd of Hampstead remains unidentified but offers a recipe for "an Excelen pill to remove obstructions of the liver and spleen" that has been proven by Anne Glyd, as indicated by a series of marked out and added ingredients (69r). These two recipes depict experimenting women passing along their recipes to their younger, less experienced family members.

The Glyd family entries continue with a recipe proven by Elizabeth Glyd. Elizabeth Glyd is Anne's daughter, who was born in 1657 and survived until the age of twenty-four. Elizabeth Glyd suggests a cure to "disoulve the ague and take it out of a womans breast or elec. to brake it" to her mother (23v). This puts forward two ideas, that Elizabeth Glyd, who was born in 1657, was old enough to discuss such material and that Anne Glyd recorded medicinal recipes relatively slowly. The acquisition and recording of recipes, then, was a slow collection, suggesting a highly selective process which left time for experimentation. From the book's inception in 1656, Anne only records twenty-three recipes until the time that her daughter contributes this tried recipe. It is important to note that Elizabeth Glyd never married and died at twenty-four, so the recipe had to have been recorded in the years before 1681. Also of note is that both of Anne's married daughters married later in life at twenty-nine and thirty-four years of age, suggesting that the family was financially secure enough to support their daughters for longer periods of time. Elizabeth's entry, then, suggests that Anne Glyd practiced the art of

medical healing with her daughters and that she agreed with her daughter's assessment of this recipe.<sup>15</sup> That recipe experimentation and recording was a family event is obvious; it is also clear that the collection of recipes was a slow, methodical process. Each entry into Anne Glyd's recipe book seems to be from a trusted and peer-reviewed source, and perhaps this is why so many family members are the attributed authors of the recorded recipes.

Elizabeth Glyd was not the only daughter who contributed to her mother's recipe book. Anne Glyd records a recipe attributed to Martha Glyd Drake for scurvy. The book indicates in the recipe title that it was transmitted from Lady Clayton to Martha Glyd. John Glyd's association with Lord Clayton as a member of parliament for Bletchingley has already been established and might explain Martha Glyd's connection to Lady Clayton, at least by proximity. What is interesting is that Martha Drake did not include a recipe on her own but only contributed a recipe from Lady Clayton which, as the introductory chapter discusses, lends the recipe credibility for its association with class. As her mother and sister were proven practitioners, however, it seems odd that Martha Drake's only contribution is through the authority of another woman.

"Sister Chandler" is Elizabeth Glyd Bewley Chandler, and she appears early in the recipe book with a contribution for "a most soveryigne Oyle for any old or new Ache or Ague...For any bruise...good for the Gout" (72v). Elizabeth Glyd Chandler was Richard Glyd's sister, and her introduction early in the recipe book shows that she was important to Anne Glyd's early married life. It is of note that Elizabeth Chandler did not prove this recipe herself. Instead, Anne notes "*probatum* Anne Glyd" with a cross beside the recipe (72v). Though a cure all, the kind of recipe is noted as being an oil made for external application instead of ingestion and

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<sup>15</sup> It is also of note here that Anne Brockman kept a recipe book of her own during her marriage, and her account books and recipe book are available at the British Library.

would have been a common recipe in the seventeenth century. As a woman who had been married and lost one husband, William Bewley, and newly married another, Elizabeth Glyd Bewley Chandler was no stranger to loss or to the painful awareness of the need for medicinal recipes, which suggests one reason, aside from domestic duty, why she appears in the recipe book near its inception at a time when Anne Glyd herself was glaringly familiar with loss.

Many members of Anne's married family spent most of the last half of the seventeenth and into the eighteenth century contesting property rights in various locations, which makes them easy to connect to other family members and neighbors who witnessed these transactions. As a result, the remaining life documents attached to Anne Glyd's name are property litigations along with her husband's name. Like the rest of the documents pertaining to her life, Anne Glyd's recipe book is full of her husband's relations, shown through attributions located in recipe titles. Anne's recipe book demonstrates that recipes were primarily shared through the patrilineal married community of women and their unmarried daughters, who only infrequently shared recipes with the women from the family of their birth. There are no Stoughtons mentioned in Anne Glyd's recipe book or surnames connected with the Stoughtons. What remains, then, is Glyd's repeatedly reinforced connections with the Glyd family and their relatives. While Glyd's daughters continue to share recipes with her, Elizabeth Glyd's only recipe appears from her time at home. Likewise, Martha Drake's recipe appears shortly after her marriage, and only then, as a proponent of Lady Clayton's recipe. Much more frequently, Richard Glyd's mother, aunts, and cousins appear rather than Anne's maiden family or her married daughters. Recipes held value as cultural objects that could be passed between new family members to strengthen the family's intellectual currency. Yet, recipes did not simply hold value within one generation but frequently passed between generations as well. As Elizabeth Mazzola states, women looked at

domestic papers as part of what they owned and were allowed to pass down to their children (*Women's Wealth and Women's Writing* 22). Though Mazzola indicates that women's networks were diminishing in the seventeenth century, Anne Glyd's recipe book provides one instance in which it appears that women's networks were changing rather than disappearing (91-92). Instead of feminine networks collapsing in the middle decades of the seventeenth century, Glyd's recipe book shows that her network was made up of both social and familial connections to other women. Glyd's recipe book knowledge was accumulated among a variety of network connections, not exclusively shared with sisters and mothers but with a community of women after her married life had begun.

The second group of family recipes comes from the Evans family. As previously mentioned, Anne Glyd's mother-in-law was named Elizabeth Evans Glyd, daughter of Charles Evans and Jane Elphick in Surrey, England. She contributed a recipe relatively late in the text as an old woman, before she died in 1672. It is likely, though her mother-in-law's recipe book does not survive, that Anne Glyd acquired her recipe from Elizabeth Evans Glyd's recipe book. Whether this means that Richard's aunt had possession of his mother's recipe book or that she had merely copied down that recipe into her own collection before her sister died is unclear. What this recipe does show is that a recipe could survive and even be attributed to a woman who had died more than a decade earlier. The recipe was still considered valid and worth recording among her family members. The trusted source, and not the age, of the recipe is what gave a recipe cultural value. Mother Glyd's recipe also shows that there was recipe communication between sisters by marriage, further illustrating that recipes were traded among sisters-in-law, likely due to proximity and the definition of the family unit in early modern England. As Bernard Capp shows in his book *When Gossips Meet: Women, Family, and Neighborhood in*

*Early Modern England*, the proximity of female allies was crucial to networking and even protection against patriarchy (186). While Anne Glyd enjoyed a good marriage with Richard Glyd, that the closest and most informative contributors to her medical knowledge were the women of her husband's family, still located near the ancestral home or places of birth, is an important piece of information. The network of influence for Glyd's recipe book was not only women in her husband's family but also women who remained in the small community of Bletchingley, Surrey.

Of all of the relations, the Evans' family provides the most recipes numerically. Aunt Evans, likely the sister of Elizabeth Evans Glyd, provided three recipes over the course of the recipe book. First, she provides a recipe recorded at the inception of the recipe book for "a woeman in case she doe not to stool within 8 or 9 dayes after she is Brought a Bed" (63v). This womanly recipe dealing with childbirth seems an appropriate recipe for an older female relative to provide. Aunt Evans continues to provide recipes for womanly problems with a recipe "To Badie a sore breast if it be readie to Brake or to desolue it if it will also head it if it doe break" (63v). Though Anne Glyd provides her own version with slightly different ingredients on the next page in which she takes credit for the experimentation, it is clear that Anne followed much of the recipe that her Aunt prescribed. Finally, Aunt Evans gives Anne a recipe for "a woman in hard labor that cannot be delivered and to bring away the afterbirth exsilent" which is proved by Aunt Evans and "selfe" (52r). Experimenting together is an important aspect of recipe book keeping, and Anne and her aunt by marriage are no exception. Women were constantly trying to perfect recipes with combined knowledge, whether through the transfer of recipes or through experimentation. For women to experiment together also meant that, at least at some point,

Anne and her Aunt Evans were in close proximity to each other, and this fact furthers the conclusion that recipe book networks were locally based.

The final member of the Evans family who contributes to Anne Glyd's recipe book is "Cousin Ann Eauens," who provides a recipe against a "sore mouth in a fever or otherways or Canker" (57r). Cousin Ann Evans was most likely the granddaughter of William Evans and second cousin to Richard Glyd, Anne Glyd's husband. Ann Evans, one of three sisters, was brought to court, along with her sister Elizabeth Evans, by their sister Sarah Evans over the personal estate of their father, Charles Evans, in 1688 (TNA C 6/297/36). Approximately of an age with Anne Glyd, Ann Evans' contributions illustrate the connection between women of the home, like Anne Evans, who had not yet married and remained in the same location of her birth. After women married and moved to different locations, many of their recipe correspondences end.

Others listed as family by Anne Glyd have been much more difficult to uncover, though their names are worth mentioning. Anne cites Cousin and Miss Langton, Cousin Perses, Cousin Smith, Cousin Grail, and Cousin Green, in addition to the previously mentioned family names. Due to Anne Glyd being so conscious of her relations, it is unlikely that she ascribed these names and titles to anyone not directly related to the family. Unfortunately, the name Smith is extremely hard to track because of the sheer numbers of Smith records in archives due to the popularity of the surname. These untraceable family members contributed eleven recipes over the forty year span of Anne Glyd's recipe book. The entries of Cousins Grail, Green, Langton, and Smith represent some of the last entries in the book and are perhaps signs of the reconnections of family members during Anne's widowhood.

Having established and traced the familial networks of Anne Glyd from her recipe book, we must now turn to the rest of the entries, which reveal further information about the networks of the recipe book. The four remaining groups of authors of recipes left in the recipe book are all in conversation with each other by their presence in Glyd's recipe book. The first group consists of medical professionals, such as doctors, who inform Glyd's practice. The second group consists of men, who belong both to the medical professional group and personal network category. The next cluster consists of women who are not members of the family but are connected to Glyd through various social networks. Finally, the last grouping of entries is of noble women.

Medical professionals appear frequently in the book. The professional men who contributed appear in the form of doctors represented by Dr. Windybark and Dr. Edward Harris, with a Dr. Hampton's wife contributing a recipe as well. Dr. Windybark's recipe is an "excellent Glyster to take away the Gripes when a woman is with Child and to stope the looseness and prevent miscarrying" (78r). The name Dr. Windybark suggests less-than-serious intent and could have come from a variety of sources from a quack doctor in an advertisement to a circulated print manuscript with no author of note. Dr. Windybark provides the only glister, a paste applied to the body, in Glyd's recipe book. This glister is also one of the longest recipes with the most varied, and unusual, ingredients compounding the unusual appearance of the name and receipt itself. There are no clues that have proven substantive to speculate on the identities of Dr. Edward Harris or Dr. Hampton, although these names seem to be in earnest and could have come from a variety of print or local networking sources. Dr. Edward Harris provides two recipes, one for a pain in the side and an excellent "Diet Drink for the Evil or any sharp humors" (79v-80r). Surprisingly, the reference to humors is a Galenic trait and suggests that this recipe is

from an older source or a professional that retains medical recipes from older traditions. All of these recipes, even the recipe contributed by “Dr. Hamptons wife” for a medicine to “stoop any fluxe of Ruine from falling on the lungs,” appear sequentially, signifying that the recipes were recorded during a single gathering near the end of the recipe book (79r). This series of recipe trade and recording shows an educated middle-class and professional network of which Anne Glyd was a member. Like Dr. Windybark’s recipe, the recipes that originate from doctors are longer and much more difficult to brew than the recipes provided by familial and social networks. Ingredients and recipe origins will be discussed in chapter three, which will investigate the difference between male and female, educated and self-taught, recipe sources.

The third group of recipe contributors are women who were not related to Anne Glyd but participated in her social recipe network, consisting primarily of women in the parish of Bletchingley. According to parish reports, the families of Mrs. Betsworth, Mrs. Whitefield, and Mrs. Walker were prominent in Bletchingley, Surrey, though little information is known about the women themselves. What these local social networks show is what the family network also evidenced, that the recipes came primarily from local sources either through family members or social groups.

The noble women whom Anne Glyd mentions in her recipe book inhabit a unique niche within the domestic sphere. As discussed in the previous chapter, the recipe books of aristocratic and royal women were frequently printed in the 1650s; their collections generally appear under the guidance of a male authority like the King, the “author’s” husband, or a male relative who published the manuscript after their deaths, as is the case with the Talbot sisters. Recipe books that survive as archival manuscripts conveniently circumnavigate the need for social patriarchal approval and, therefore, are less guarded or conservative with their content. Another important

distinction between archival recipe books and printed sources is that many of the aristocratic women under whose names these works were published were not actually the authors of the works. Instead, a physician or other medical professional would write the book and either dedicate it to his patroness, in which case history has eventually erased, or at least diminished, the name of the actual author; or the peer would have the book written for her and her name would be the only pen ever associated with the recipe book at all (Knoppers 472). Archival sources give us a more realistic perspective on domestic writing and medical writing as a whole, displaying how different classes used and contributed to recipes and maintained recipe books of their own without the constraints of printing. Manuscripts show the recipes that women believed would work on their families. Ruthlessly, women frequently collected multiple recipes for the same illness and brutally edited out the recipes that their experimentations proved useless. As the following noble and aristocratic women will clarify, women of all classes were playing the same role and taking part in the same struggle to save their families from the occasionally incomprehensible and inexplicable deaths that seem so frequent and unnecessary to modern eyes.

The noblewoman who appears most frequently in Anne Glyd's recipe book is Elizabeth Tulse, Lady Onslow. Elizabeth Tulse, born in 1661, was the daughter of Sir Henry Tulse who was the Lord Mayor of London between 1683 and 1684. Henry Tulse became a member of the Grocers' Company in 1673 and was elected Master of the Grocers' Company in 1681. This could be one reason his daughter was so well informed about the healing arts. Elizabeth Tulse Onslow, hereafter referred to as Lady Onslow, married Richard Onslow, the first Baron Onslow, who was born in 1654, in 1676. Henry Tulse's death in 1689 made his daughter a very wealthy woman. That the Onslow family was heavily involved in politics in London (Richard Onslow was the Speaker for the House of Commons and Chancellor of the Exchequer later in his

political career) speaks of the various people who were a part of Anne Glyd's medical network, whether real as a direct personal connection, or imagined, as a trustworthy contributor to Anne Glyd's medical knowledge (Malden). The geographically close proximity suggests that it was possible that Anne Glyd could have personally known Lady Onslow. Whether or not Anne Glyd intimately knew Lady Onslow is less relevant than the point that Lady Onslow shows that the community that contributed recipes to Anne Glyd's book, real or imagined, was relatively local.

Lady Onslow's first recipe in the book appears just before Elizabeth Glyd's recipe, which dates the recipe sometime between 1676 and 1681 when Lady Onslow was a new bride in the Surrey community. Her recommendation is for "an Excelent medicin good to help the plurisi," which is a collection of fluid buildup in the lungs caused by various viral or bacterial origins (76r). The recipe calls for a "quart of ale and scum," which the user is supposed to "poure hot upon 7 or 8 balls of stone hors dung" (76r). This recipe is surprisingly antiquated, especially for a woman who was from such an influential London family and married into a well-educated family. Again, we assume Anne Glyd again included the recipe due to the trustworthiness of the source instead of the content of the recipe. Also, the pleurisy recipe does not claim that Lady Onslow is the experimenter, only that she recited the recipe. This suggests that Glyd experimented with the recipe and left her own mark of approval, stating that the recipe was "*probatum* Anne Glyd" rather than proven by Lady Onslow (76r). It is perhaps worth noting that more study needs to be done on the discrepancies between the antiquity of recipes based on class. Just as work has begun to be completed on the different ways that men and women viewed, conducted, and wrote about medicine, it is clear that the practices and origins of recipes varied between women of different social strata. An examination of recipe ingredients in the third chapter will help further uncover the role of socioeconomic status in these texts.

Anne Glyd's recipe book demonstrates three important aspects about mid-seventeenth century domestic medicinal networks. First, domestic medicine and the family were intricately tied together. The family was dependent on medicinal knowledge and medicinal knowledge was gained by experimentation with recipes. Next, the networks of recipe attribution included both men and women, professional and non-professional. These networks were also predominantly local, through close family connections or social networking in small borough communities. Finally, the success of the recipe depended on reliable knowledge that took not only experimentation on behalf of the domestic practitioners but also depended on a network of trusted real and imagined communities. The real communities, local networks of correspondents and family connections, were, at least in Anne Glyd's recipe book, the most valued sources of medical knowledge. Imagined communities, like third party recipes or those from print sources, generally had to be proven before they were trusted. If the recipe did not work satisfactorily, then the recipe was either crossed out, tested further, or a new series of recipes for the ailment were added by more trusted sources in order to cure the problem. In the next chapter, this study will look at the nuclear network that contributed to recipe books within the immediate household and the role that ingredients played in the network of knowledge.

### **Chapter 3: Collective Scripts and Expanding Domestic Spaces in the Medical Recipe Book of Lady Mary Dacres**

As I have observed through Anne Glyd's networks in the previous chapter, recipe books were compilations of work from many different sources. The pages within recipe books, however, also reveal a different kind of network. Authorship, as we conceive of it now, was ambiguous in the seventeenth century. Ideological claims, while important to attribute in immediate social and extended familial networks, seem less of an issue within a bound text. Many recipe books contain the hands of multiple authors, though many of the hands are not distinguished from the owner of note in the first pages of the books. One such work that has obvious multiple authors is the recipe book of Lady Mary Dacres. Mary Dacres' book, begun in 1666, is made up of three distinct scripts that exist concurrently within the text. While the identities of the individual authors cannot be absolutely determined, it is enough to note that the authors recorded recipes during the same period of time, demonstrating the way that some recipe books were created not by a single individual but by multiple authors.

Mary Dacres' recipe book also exemplifies a trend that links manuscript recipe books back to the medical marketplace. The increased use of apothecaries for compound ingredients, sometimes by name, shows how recipe books after 1650 began to incorporate progressively complex recipes and seek professional assistance outside the home. The commercialization of medicine in the latter half of the seventeenth century, identifiable through close analysis of ingredients, indicates a move toward more professional medicine. As Mary Dacres' recipe book

suggests, however, professionalization did not equal instantaneous acquisition of the most current knowledge.

The Dacre, also spelled Dacres, surname is well-known in English history. Primarily associated with the Dacre Barony in the Cumberland from the fifteenth century on, the Dacres were a prominent landholding family that repeatedly allied themselves with the Nevilles and the Cliffords throughout the fifteenth century (Arnold-Baker). During the reign of Henry VIII, the Dacre family was stripped of their titles after Thomas Fiennes, the 9<sup>th</sup> Baron Dacre, who was married to Mary Neville, was convicted of murdering a servant and hanged at Tyburn (MacMahon). After years of lobbying for her family's land, Mary Neville Fiennes was successful in having the family's land restored upon Elizabeth I's ascension to the throne in 1558 (Broadway). Particularly prominent in the Elizabethan era, the Dacre family clearly enjoyed the favor of Elizabeth herself. Lady Anne Dacre, born in 1557, was the wife of Philip Howard, Earl of Arundel, and daughter of Thomas Dacre, Baron Dacre of Gisland. Anne was a pious woman who defied Queen Elizabeth on religious matters and saw the family name again fall into question (Brown). Though the Dacres suffered instability during the reigns of the Tudors, their descendants fared well with the Stuarts. Thomas Howard, the aforementioned Lady Anne Howard's son, married Alethea Talbot Howard in 1605 and later published his mother's recipe book, *Natura Exenterata*, in the 1650s. Thomas Howard and Alethea Talbot Howard's grandson, Henry Howard, Duke of Norfolk and Earl of Arundel, became a Fellow of the Royal Society (Hunter "Women and Science" 128).<sup>16</sup> These Dacre family connections seem to link Lady Mary Dacres, the author of the manuscript medicinal recipe book I will consider in this chapter, to some of the most prominent scientific minds and one of the most well-known recipe

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<sup>16</sup> For another source that references the Alethea Howard's family and her role as a scientific experimenter, see Lynette Hunter's "Women and Domestic Medicine: Lady Experimenters, 1570-1620" (89-107).

books of the seventeenth century. It is unclear whether or not Mary Dacres' sphere of influence was this prestigious. What is clear is that the network of influence that surrounded Mary Dacres impacted the recipe book that she created, from her educated co-authors to the recipes she acquired through her social network. While Mary Dacres network is not the focus of the chapter, her family background, social status, and financial stability definitely had an overarching effect on the recipe book.

Lady Mary Brownwell Dacres was the daughter of Sir John Brownwell of London and his wife Susanna Brownwell. She was married to Sir Robert Dacres of Herfordshire sometime in the 1660s. Like many families of the time, as with the Glyd family discussed previously, the information on the activities of the Dacres family of the late seventeenth century exists primarily in notes of litigation contesting property rights and ownership. The details specific to this branch of the Dacres family are little known, making Mary Dacres' network challenging to trace. Nonetheless, Lady Mary Dacres' recipe book remains intact and displays her legacy of knowledge. This recipe book began in 1666, ten years after Anne Glyd began her recipe collection, and continued for approximately twenty years. Recent scholarship mentions Mary Dacre's book in connection with women's networks and participation in science.<sup>17</sup> Otherwise, Hannah Newton, a contributor to *The Recipe Project*, a blog that is made up of an "international group of scholars interested in the history of recipes ranging from magical charms to veterinary remedies," considers some of Dacres' recipes in several of her posts. Newton's monograph, which concerns the intersection of the history of medicine with the history of childhood in early modern England, briefly consults Mary Dacres' recipe book (*The Sick Child in Early Modern England* 226). Little else has been said about Mary Dacres as a historical figure or about her

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<sup>17</sup> The scholarship that mentions Mary Dacres' recipe book includes Amanda E. Herbert's *Female Alliances*; David B. Goldstein's *Eating and Ethics in Shakespeare's England*; and Sara Mueller's "Early Modern Banquet Receipts and Women's Theatre."

recipe book, except that her recipe attribution was not based on class deference but on trustworthiness of the sources (Goldstein 147). Though Mary Dacres' book corroborates my findings concerning Anne Glyd's recipe network from author attributions, Mary Dacres' book is particularly useful in signifying some late seventeenth-century recipe book attributes. The use of multiple scripts and apothecary ingredients in Mary Dacres' recipe book establishing the interaction between the professional and domestic spheres.

Dacres' medicinal recipe book exemplifies the many domestic practitioners in the nuclear family who could help to create a late seventeenth-century recipe book. The genre of the recipe book is generally considered a way for women to define the female self through a "domestic context" and one whose conventions were flexible enough to allow women to be experts through empirical practice alongside educated male family members and other men in their networks (Field "Many hands hands" 2).<sup>18</sup> The significance of multiple hands in a recipe book is that, while the primary author was the owner, recipe books circulated within local networks; recipes were written or provided by members of those networks; and recipe books were inherited by multiple generations of families, all of which tell scholars about the circulation of knowledge in the seventeenth century. This recipe book also provides evidence of how domestic practice was changing from simple herbal recipes to complex recipes that required the use of apothecaries and ingredients with foreign origins. As a result of this process, the class of compilers becomes increasingly evident. Even though the complexity of recipes is class restrictive, Mary Dacres' recipe book does not reflect an immediate switch to emergent remedies but rather is an example of how old and new knowledge existed concurrently in late seventeenth-century recipe books.

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<sup>18</sup> For more information about using the domestic spaces as a means of public writing see Helen Wilcox, "Literature and the Household" and Katherine Gillespie, "Anna Trapnel's Window on the Word: The Domestic Sphere of Public Dissent in Seventeenth-Century Non-Conformity."

In addition, Dacres' ingredients show how even rural women used some premade ingredients, such as London Treacle, that were imported from London apothecaries, as well as ingredients like citrus fruits and tobacco from farther climes such as Europe and North America. The use of specialized and imported ingredients reflects a significant change in recipe books from the middle of the seventeenth century. No longer did women solely depend on the products that they had on hand in their kitchens but imported ingredients into their homes for the specific purpose of creating medicinal concoctions. The recipes themselves, much more complicated and including more premade ingredients than did their predecessors, reflect the influence of printed medical knowledge and the increased professionalization of this traditionally domestic sphere.<sup>19</sup>

As the study of handwritings denotes, a close reading of a recipe book, much like the close reading of a poem or novel, can reveal information that cannot be detected in a contextual or holistic study of a recipe book. As Catherine Field has noted, early modern women's recipe books, especially those post-1650, were an unstable network of recipes that circulated from handwritten manuscripts to print and back to handwritten manuscripts ("Many hands hands" 51). Recipe books were an unstable network because there is no standard set of recipe transmission nor do all print or manuscript recipe books follow the same pattern. Manuscript recipe books can contain vastly different recipes, methods of transcription, and pull from and contribute to a number of informants, ideologies, and physical locations. The instability of recipe books and recipes themselves crucially demonstrates that it was not only the social and familial networks of manuscript recipes that influenced women but also print recipe collections, which were in turn recirculated within smaller social networks. While the instability of points of origin for recipes makes it difficult to track specific recipes through ideological networks of literate men and

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<sup>19</sup> For further reading on close studies of recipe ingredients see Rebecca Laroche and Steven Turner's "Robert Boyle, Hannah Woolley, and Syrup of Violets"; Annie Gray's "Chocolatada! Sensing the Past: Recreating a 17<sup>th</sup> Century Chocolate Recipe"; "A Practical Art': An Archaeological Perspective on the Use of Recipe Books".

women, the multiple authors of familial recipe books show how the unstable network can actually contribute information to the study of recipe books. Handwriting fits into this conversation perfectly because it reaffirms the instability of medicinal recipe books, showing on the page that recipe collections could be the efforts of many, many hands. The engagement of the entire household in the compilation of the book is apparent not just in the recipes themselves, but in the marginalia, glosses, and corrections that appear throughout. Mary Dacres' book contains many hands that appear concurrently, effectively demonstrating how the network that created the recipe book can be indicated through close reading of the recipes themselves.

There are many possible reasons for this collaborative authorship, but a few suggestions seem to be the most plausible. First, Lady Mary Dacres was just that: a lady. Ladies' recipe books, as previously discussed in conjunction with the recipe books of Aletheia Talbot Howard and her sister Elizabeth Talbot Grey, were not printed solely for the benefit of the populace but often had a public agenda. Recipe books being used for political purposes were not uncommon in the 1650s, often touting Royalist views. The *Queen's Closet Opened*, discussed in the introductory chapter, offers the best example of this appeal. Both the Talbot sisters' works were published near or after their deaths and were possibly written by the men mentioned on the frontispieces, not by the ladies themselves (Hunter "Lady Experimenters" 90-92). That the recipe books of ladies were not treated as private material suggests one reason for the multiple hands in Mary Dacres' recipe book. Recipe books are distinct from diaries or private letters; they were meant to be seen by an outside audience through contribution and circulation (Ezell "Domestic Papers" 34). Thus, the other hands in Mary Dacres' recipe book were not illustrative of a breach of privacy or as a commentary of Mary Dacres' knowledge, only evidence of a discourse community made up of domestic and professional practitioners. The discourse community that

recipe books were inherently a part of helps explain the multiple hands in Mary Dacres' recipe book. That Mary Dacres' book is begun well after 1660s provides an example of the way that recipe books were evolving based on the print culture that began in the 1650s. Recipe books were no longer strictly private affairs based on close-knit local networks, as Anne Glyd's demonstrated, but were evolving to become more production pieces influenced by printed or professional recipe books as evidenced through the use of complicated ingredients purchased instead of made at home and new extravagant ingredients from around the globe (Leong "Making Medicines 165). Multiple hands demonstrate different sources of knowledge and perhaps highlight the origins of ingredient groups and individual ingredients. The presence of many hands in late seventeenth-century recipe books reveals the place of the recipe book in a household: as repositories of empirical knowledge in domestic spaces and reflections of communal knowledge from both local and national networks (Leong "Collecting Knowledge" 83-85). Multiple hands, then, confirm Catherine Field's argument that authorship was a site of self-writing, but I add that the recipe book was a repository of self-writing for the whole family, and as Elaine Leong further suggests, not just for the identified author. Multiple hands also suggest empirical experimentation through the improving of recipes, reflecting the use of scientific knowledge through circulation.

The first hand that opens Mary Dacres' book identifies the book as belonging to "Mrs. Mary Dacres, Her Booke 1666" in heavy black ink. The second hand appears just below it in a much lighter writing stating, "Mary Lady Dacres her Booke 1686," with a line below in an even lighter hand intoning "idom q. pridom 1695/6." The Latin phrase, roughly translated to be "the same as before," seems to indicate that one of the co-authors who contributed to Mary Dacres'

recipe book identifies her as a lady in 1686. The Latin inscription notes that the identity of the aforementioned Mrs. Mary Dacres is the same person as the new Mary Lady Dacres.

Since culinary recipes make up the first section of the recipe book, it is necessary to discuss briefly the handwriting patterns within the first section, showing that the different hands occur interchangeably throughout the book. A third hand, much more cramped and with a vastly different cursive “e” and elaborate flourished “d’s” that appear in neither the first nor the second hand, appears for the first time halfway through the culinary recipes and reappears intermittently along with the second and first hands in the medicinal recipes section. The pattern of interchangeability made by the three hands highlights the fact that the recipes were recorded around the same time. These different authors had to have been members of the same household or in very close proximity to each other to have recorded recipes with such variation. For the purpose of studying Mary Dacres’ recipe book, it is essential to note how the different hands differ in order to be able to show how the different contributors are in conversation with each other concerning specific illnesses that are clearly a focus of the family or community at one point in time.

While the characteristics of handwriting are distinct, all of the hands in Mary Dacres’ recipe book record medicinal recipes in the same way. The culinary section of the recipe book has relaxed measurements that are not precise; however, the measurements in the medicinal section of the recipe book are recorded precisely with standardized units of measurement. For example, the first and second hands record ingredients as such “a pound of almonds” or “a spoonful of Sack” for medicinal recipes (60r, 72r). In the culinary section, the third hand records ingredients with less precise measurements, calling for “two handfuls” of dry ingredients such as licorice (4v). Recording of measurements more precisely in medical recipes than in culinary

recipes further reinforces the distinction between the two fields and illustrates that medicinal recipes were treated with much more caution than culinary receipts, even if many of the same ingredients were used in both fields. As Elizabeth Spiller states, recipe book authors were changing the way that they wrote recipes and were slowly distinguishing between culinary recipes as a separate genre from medicinal remedies (“Recipes for Knowledge” 517-519). As noted in the introduction, both the *Pharmacopeia Londinensis* and Culpeper’s translation of it called for more care in delineating ingredients; that this kind of precision enters into household recipes suggests how scientific progress became part of domestic practice as well. The record of multiple hands using the same format, which seems concurrent as previously noted, illustrates that the format of separating culinary and medicinal recipes had become a part of domestic practice in the last half of the seventeenth century.

Similarities between the hands denote common interests. The first, second, and third hands are preoccupied with many of the same recipes; all three, for instance offer recipes for “Lemon Aide,” the preservation of apricots, and “Damask Rose Water” (Dacres 4v, 8r, and 35r). Though rose water was a common ingredient in many recipes, especially those that dealt with women’s ailments including conception, childbirth, menstruation, and even birth control, the fact that there were so many recipes in different hands shows that the body of participants were not yet satisfied with the recipes they had thus far collected and wanted to experiment for better results. Multiple recipes for rose water suggest that rose water was an ingredient that all of the co-authors were interested in perfecting and, perhaps, that these individuals had different opinions as pertained to the best method for making it. Multiple recipes for the same ingredient could also suggest the influence of published sources on Mary Dacres’ recipe book. The presence of recipes for rose water in different hands definitively shows the collaborative aspect

of the recipe book; that the multiple hands seem open to a variety of sources for one ingredient suggests how medical knowledge spread. The increase in print recipe collections and the popularity of sharing recipes after 1650, as evidenced by the print recipe books noted above, would have given women exponentially more recipes to adopt, even for such common stock ingredients like rose water. Further, the variety of recipes and ingredients even within common recipes reveals a changing marketplace: more books were published from which recipe book authors could draw, and the greater variety of ingredients they utilized suggests increased trade outside of England.

The medicinal recipe section begins with the second hand for a recipe by “Mr. Peads” for a “weak stomach, & to create an apotite” (62v). The recipes recorded by the second hand in the medicinal half of the book almost exclusively are attributed to men. Male-authored recipes could indicate that a man was the owner of the second hand or simply that this recorder saw men as authorities on the topic in question and was copying these recipes from published sources or from medical professionals in her immediate network. Like commonplace books, or any space reflective of self-writing, as Catherine Field argues, recipe books were places in which their collective authors could record those receipts which were of interest to them (54-56). Regardless, the first hand appears concurrently with the second hand, tending to record recipes primarily by women. The third hand records recipes intended for human and animal consumption, lending credence to Elizabeth Spiller’s conclusion that recipe books were the descendants of and the inheritors of books of husbandry (Spiller “Introduction” xxxii). What is clear from observing different hands in this manuscript is that the authors did not distinguish based on gender, as all three distinct hands record recipes attributed to both genders, but that each hand focuses on topics of interest to them. Further evidence of similar interest from two

scripts is apparent in the recipes for the treatment of consumption. The second distinguishable hand records two recipes, one from Ann Norris's "Infallable cure for a consumption" and the second, Dr. Short's "Milk Water Excelent for a Consumption" (70v, 92r). While Dr. Short's recipe for consumption requires a large number of ingredients—"20 whites of eggs" and "six quarts" of cow's milk—Ann Norris's recipe calls for small amounts of herbs as a plaster for the chest (70v, 92r). Both of these recipes for consumption are recorded by the second hand, and neither is altered in any way, suggesting experimentation similar to that seen with some of the other recipes. The implication of this experimentation is that gender was not the primary concern for contributors to Mary Dacres' recipe book. Instead, the collection of knowledge to cure consumption was the end goal.

Perhaps the most interesting aspect of this recipe book is the type of ingredients recorded in the recipes that allude to the growing network of trade among England and foreign lands, as is evident in the increasing references to apothecaries who supplied rare ingredients. The ingredients of Mary Dacres' recipe book show a shift in the creation of recipes from simple recipes to the incorporation of recipes that need complex ingredients from apothecaries. Anne Glyd's recipe book indicates that all of her ingredients were produced from her own home and from products from her own garden or local community. Mary Dacres' recipe book, however, displays a vastly different method of recipe production. The ingredients in her recipe book grow increasingly complicated and would not, and indeed could not, have been made with simple kitchen ingredients. This combination of domestic and marketplace practice, as Patrick Wallis has discussed, is a result of the inability of domestic practitioners, even those with some disposable income, to make the more complex recipes in the home ("Apothecaries" 15-16).<sup>20</sup>

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<sup>20</sup> Elaine Leong has also discussed the effect of trade and the medicinal marketplace on domestic medicine most notably in "Making Medicines in the Early Modern Household."

While the incorporation of the medical marketplace through apothecaries allows domestic practitioners to engage with more professional medicine, garden practitioners without expendable wealth are excluded (Leong “Making Medicines” 165). Yet, this process of professional and domestic medicine working in conjunction assured the safety of the product, and the inclusion of an ingredient from an apothecary in a recipe reflected the good sense on the part of the domestic practitioner to use supplies from an expert for difficult, and time consuming, ingredients (Wallis “Consumption, Retailing, and Medicine” 42-43).

One of the first recipes in Mary Dacres’ recipe book is from Dr. Sloane, who offers a “Rare Medison for a great stuffing cold upon the Lungs” (65r). The author and ingredients show a standard recipe with one unusual ingredient, “London treacle.” Due to the fact that Dr. Sloane, or Sloane, is ostensibly a professional, one of the ingredients reflects his professional preference to include ingredients that could only be procured through the medicinal marketplace. Dr. Sloane suggests a “spoonful of sallet, or Lintseed oyl, a spoonful of sack, a spoonful of London Treacle,” beaten all together, taking a spoonful three nights in a row (Dacres 65r). “Sallet” is a measure of wine, which by the seventeenth century had become synonymous with the word “wine” itself (Baken “Folklore Plants” 134). Linseed oil is derived from the flax plant and, unlike the liquid oil that is produced from the flax plant, linseed oil is a solid at room temperature and was used as a part of many early modern culinary dishes. Sack, a red wine originating from Spain, Italy, or Portugal, was a common household ingredient and a cheap wine to use in medicinal recipes. All of these ingredients would have been common in the early modern kitchen (Bruce 230). The remaining ingredient, London treacle, however, was especially popular but required an experienced hand to produce. London treacle, also called “Venice Treacle” in early modern Europe and America, was originally known as theriac or mithridatium

by Galen after the Mithradates VI of Pontus. Although mithridatium had almost a mythical association in Europe for its purported efficacy as an antidote for certain poisons, in particular that Mithradates used to commit suicide, in the early modern era, mithridatium was not known as a cure-all against poisons but as a cure for the plague (Griffin 318). In Henry VIII's time, mithridatium was created by many charlatan apothecaries who made great sums of money from its sale. In an attempt to cease such production, Henry VIII wrote the "Pharmacy Wares, Drugs and Stuffs Act of 1540" requiring the sale of mithridatium and theriac, in addition to any potentially poisonous substances by apothecaries or grocers had, completed according to a physician's receipt (Griffin 320). By the seventeenth century, the Royal College of Physicians had created an official receipt for this ingredient within the *London Pharmacopoeia* that London apothecaries could safely follow. With the outbreak of plague in 1625 and 1636, London apothecaries were allowed by the Royal College of Physicians to make large quantities of the remedy and sell it to their customers (Griffin 321). As a result, mithridatium was a household item among the London elite, although it was extraordinarily expensive to produce as the compound had up to sixty-five ingredients (*London Dispensatory* 105). The number of ingredients and the difficulty of making it precluded domestic practitioners from making it in their homes and, as a result, they had to outsource from apothecaries to get this ingredient. The presence of London treacle in Mary Dacres' recipe book showed that she had considerable cash resources at her disposal and participated in the conflation of the domestic sphere and the medicinal marketplace. While Anne Glyd's recipe book exemplified domestic experimentation, Mary Dacres' recipe book reveals a very different kind of domestic medicine, one which utilized expensive and elaborate ingredients from apothecaries in London, supporting Wallis's claim that domestic practitioners increasingly sought commercial sources for their remedies ("Apothecaries

15). The affiliation of this recipe with a physician, whose professional association with apothecaries would have benefitted from a domestic practitioner's use of the medicinal marketplace, is representative of the interdependence of professional and domestic practice.

In some places, Dacres even mentions the use of an apothecary, stating, for instance, that the "sugar candy" called for in a recipe for "rare eye water" is "best made at the Apothecarys" (81). The sugar candy would not have been difficult to make, it being the result of caramelizing sugar and water and allowing it to dry into crystallized form, contrasted against some of the other ingredients that are listed in the recipe book like "Doble refined sugar" and "the chemical spirit of Nutmege" (65v, 74r). However, Dacres makes a note that it is best gotten from the apothecary. While it is evident that Dacres made some of these recipes—her experiments and additions are often recorded in the margins or under recipes of note—nonetheless, her use of more bought products than ingredients straight out of the kitchen shows the increasing influence of the marketplace in domestic medicine, an influence we also see in her culinary recipes. The further implication for such information is telling about the change in domestic life between the middle and last decades of the seventeenth century. Medicinal philosophies and discoveries, in addition to the ever-growing popularity of print recipe books, were making their way to increasingly domestic audiences and new ingredients were added to recipes as a result (Spiller "Recipes for Knowledge" 70-72). Moreover, the complexity of these new recipes had women, especially women of rank and wealth, purchasing parts instead of wholly concocting their recipes.

To illustrate the exclusivity of Mary Dacres' recipe book, I will examine the cost of producing a recipe to prove that some of her recipes, as well as those in other books in the latter half of the seventeenth century, were cost prohibitive to members of the lower classes, and perhaps even to some of the middling sort. Mary Dacres' receipt for "Worms or Stopage of ye

stomach, or green sicknes” is one of the most simple recipes in the book, with traditionally domestic culinary ingredients—wine, lemons and saffron (67v). Yet the white wine it requires would have been expensive and representative of social status (Sim 59). Though the consumption of wine was considered beneficial for the health, it was meant to be dealt out in moderation. There were strict instructions concerning the amount of wine that was to be ingested, thus Dacres warns the ailing individual against consuming too much in her recipe for “Worms or Stopage of ye Stomach” (67v). Finally, the recipe calls for a pennyworth of saffron, which the reader was to mix with the lemons and wine. As Samuel Pepys describes in his diary, citrus fruits, particularly oranges and lemons, were readily available in late seventeenth-century London. A far cry from the shilling per orange and three shillings a dozen for lemons in the middle of the century, oranges were six pence apiece when Samuel Pepys paid what he considered an exorbitant amount at a theatre in London (Wheatley 213 and Laroon 138), suggesting that any recipe calling for citrus fruit would have been beyond the means of many housewives. There are many examples in Mary Dacres’ recipe book where ingredients are measured in the cost of the ingredient rather than traditional methods of measurement like ounces, pounds, or drachams. This tradition emphasizes, if not celebrates, the expense of the recipe and the status that came with the ability to be able to make it. Therefore, the knowledge of the recipe was not the only social currency associated with recipe books; in the last decades of the seventeenth century, the cost of making the recipe was also cause for social notice. What is clear in some recipes is that they required an expense that only the aspirational middling sort and upper classes were able to afford, given that the average salary for a working man or woman was between six and ten pounds a year (Wallis “Consumption and Retailing” 33-36). Thus more complicated recipes, especially those containing apothecary-made ingredients, would have put

making more professional recipes out of the reach of many domestic practitioners. Despite the increasing cost of recipes, the incorporation of apothecaries into recipe books does demonstrate the absorption of the medical marketplace as a pseudo-domestic space.

In addition to London sugar, another famous ingredient, mercury, appears rather frequently in Mary Dacres' recipe book, and its presence sheds light on both the philosophical background of the recipes contained in the book and also has wider implications about the state of health in England during the seventeenth century. The use of mercury as a medicine, or as an ingredient in a medicinal recipe, goes back as far as the ancient Egyptians and Greeks. Mercury, as with much else in modern science, originated in ancient Egypt, where it was used for medicinal practice. Though mercury is a highly toxic substance, especially in its vaporous form, alchemists in the Renaissance considered it a purifying agent and thought of mercury as the "first matter," the origin from which all metals were formed (Stillman 7-9). Mercury was a favored ingredient for alchemists in the seventeenth century especially, who saw it as a purifying agent to cleanse both the soul and the body for the alchemical wedding that creates the Philosopher's Stone. While mercury has alchemical associations, it is impossible to know if Dacres was aware of the significance. Yet, it is possible to conclude that the use of mercury in a recipe would have ensured some awareness of the more popular understanding of its purifying properties from print recipe sources. Mercury was popular in alchemical manuals like *Atalanta Fugiens*, making it a widely known and highly prized material among medical practitioners both professional and domestic (Spiller *Seventeenth Century Recipe Books* 383). It is no wonder, then, that Mary Dacres' recipe book calls for this purifying ingredient frequently, as it was thought to be a cure for many ailments considered to stem from impurities, such as the plague and syphilis. The inclusion of mercury, which would have been procured from apothecaries, demonstrates the

continued commercialization of ingredients in recipe books and the inclusion of more advanced medicinal cures.

Social commentary on mercury as a cure for syphilis tended to revolve around bawdy and lewd remarks; however, mercury as a means of purification was more serious for ailments like syphilis (Wear 306). This could also be why mercury appears in Mary Dacres' recipe book in recipes addressing matters more personal than ague or coughing fits. Mercury first appears in Dacres' book in a recipe to make a "Conserve of Damaske Roses" (70v). This use, made as an external ointment instead of an ingested concoction, betrays Arabic roots, while the mixing of mercury with other oxides, like balsam, illustrates the permeation of iatrochemistry, begun by Paracelsus, into English culture (Spiller "Recipes for Knowledge" 57-60). The addition of mercury also indicates the need for commercial interaction for use in domestic spaces.

Although some of Dacres' recipes suggest a joint partnership with accredited apothecaries and place medical care beyond just the household, some of her recipes were antiquated and sound much more like spells than cures. One such recipe instructs the reader to write the word "Veronica" with "a pen & ink on both the palmes of the hands" to stop "the bleeding at the nose be it never so violent" (62r). Upon reflection, the name "Veronica" could reference the herb, also known as 'speedwell,' 'eye of Christ,' 'angel's eyes,' 'bird eye,' and 'St. Veronica,' which was known to be "effective against spells, with flowers said to resemble St. Veronica's kerchief, which was impressed with Christ's likeness" (Baker "Folklore Plants" 144). This kind of recipe reflects a much older form of medicine, one that counteracted bad thoughts without reference to knowledge of the body, which is so prevalent in the majority of Dacres' other recipes. The rationale for the word or recipe is not what is so significant about this recipe; rather what is significant is the fact that medical remedies that relied on unscientific practices

were still prevalent in the last decades of the seventeenth century. Unlike almost all of the other recipes, this recipe shows no trace of the empirical process, experimentation, nor the origin of the recipe. Though this cure may seem like a jest, this recipe is written in between other practical recipes for lime water and colic. There is no indication that this recipe is meant in a different tone than the other recipes that contain measurements, herbal ingredients, and the names of the contributors. The recipe shows that medicinal recipes transcended the date of their origin, even as curiosities, and that the incorporation of scientific knowledge was not linear in the unstable domestic practice of recipe books.

Other recipes also seem out of place among so many empirical ones in Dacres' book. A "charm for an agu," for example, asks the reader to "Rite these letters upon a piece of paper & soe it into a piece of silk & let the party wear it about the neck" (74v). The recipe then repeats the word "culummum" seven times with one letter subtracted from the end in every line until only the letter "c" remains. The origins for the cure, as with the previous recipe for a bloody nose, are not known. What is similar about the two recipes is they both concentrate on the written word and the power of the written word on the body. It seems a logical conclusion that any woman who was serious enough about the health of her family to keep a recipe book would be conscious of the power of the written word and the knowledge that it passed on. To include a recipe that she did not think would benefit her family would be unlikely. What the presence of this recipe shows is that recipes with no ostensible medical value were still being circulated, through quack advertisements or word of mouth, and that the domestic women who recorded these recipes, even though they went through the steps of the empirical process with some recipes, were willing to include any means necessary to keep their families healthy and were not wholly devoted to the most current or recent knowledge.

Given the nature of these books, which as previously mentioned, functioned in similar ways to commonplace books, it also seems possible that such antiquated recipes were included for their curiosity value. The inclusion of these recipes also connects them back to earlier forms of recipes compiled in “books of secrets,” which, as I showed in the introductory chapter, were precursors to the seventeenth-century recipe book and still held considerable sway over it.<sup>21</sup> Such “secret” recipes played a role in the commercialization of medicine by creating a vogue for certain mysterious ingredients. We witness a similar impulse in Dacres’ book.

Even though Mary Dacres’ recipe book contains some ingredients that we now know to be medically unsound, some of her cures would have worked for the diseases that she wanted to prevent or cure. For example, scurvy was treated with daily doses of citrus fruits, which we know to contain vitamin C and, thus, prevent scurvy. Dacres includes many recipes dedicated to the prevention or cure of scurvy. One such recipe calls for the ingredients that would likely have efficacy, such as juice of “lime,” “horseradish,” and “lemons,” all of which are either excellent or good sources of vitamin C. As scurvy is a disease caused by vitamin C deficiency, this recipe, if taken every morning for the duration the recipe indicates, would likely prove a successful cure. As Mary Dacres states in her book, this recipe is a “certaine cure for y(e) scurvy” (86v). Other aspects of this book also suggest its engagement with science in the day.

Another selection of recipes that provides evidence of genuine practical medical knowledge were those intended to heal wounds or infections. One such recipe is for someone who has been bitten by a “mad dog” (67). The recipe instructs the reader to both drink and apply a concoction of “salt and garlic pounded to the place bitten, or a great onion and vinegar” (67). Garlic has a high concentration of allicin, a known natural antibiotic (Ayaz and Goncagul 2).

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<sup>21</sup> See Eamon, *Science and the Secrets of Nature* and Leong and Rankin, *Secrets and Knowledge in Medicine and Science: 1500-1800* for more information on the connection between recipe books and books of secrets.

The ingestion of garlic is also known to be an effective medicine against viral and even fungal infections. The recipe, from Mrs. Robinson, likely actually did work on the bite victim if the preparation was sanitary and application to the wound frequent enough to prevent the accumulation of bacteria.

What these close analyses of Mary Dacres' recipes show is that despite much medical advancement in the seventeenth century, with recipes displaying evidence of the scientific process and proven medical knowledge for known diseases, it also held on to some archaic traditions which seem to focus on the power of the written word. Unlike women in the middle of the seventeenth century, women of the later seventeenth century depended on medical sources and ingredients that were not solely located within their immediate local community or able to be made in the home. Reflective of this trend are the many print recipe books of the last decades of the seventeenth century that circulated recipes both reflective and ignorant of breakthroughs in medicine.

Mary Dacres' recipe book shows that these books often were collective products, owned by one person but including recipes concocted and contributed by multiple authors and hands. These hands, from the medical professional to the domestic, demonstrate experimentation and the integration of scientific knowledge into recipe books of the latter half of the seventeenth century. Finally, the increasing use of scientific knowledge necessitated the use of apothecaries which, in turn, increased the cost of creating recipes. The integration of new information was not immediate, and it was a cyclical process that constantly used old recipes alongside newer recipes based on scientific theory and knowledge of the body. As shown above, the written word is powerful for domestic practitioners. Words alone could make up the contents of a cure. Mary Dacres' recipe book was an outlet of expression for herself and that used her domestic space as a

way to record powerful knowledge. Although the commodification of recipes occurred through forays into apothecary shops and increasingly professional recipes, authors of recipe books did not discontinue older recipes that came from trusted sources. The network within and without of recipe books reflects a growing awareness of the cultural and personal currency that written words held, whether attributed or unacknowledged, in the medicinal marketplace or in the domestic sphere.

### **Conclusion: Recipe Books: Writing, Knowledge, and Power**

The genre of the recipe book arguably evolved from other life writing such as books of secrets and commonplace books with a few distinct components: the attribution of knowledge and the empirical act of proving that knowledge to be true. These facets of recipe books that distinguish them from other varieties of life writing highlight the emerging connection between domestic practice and the medicinal marketplace. The suppression of domestic practice of medicine began with the split of the apothecaries from the Society of Grocers in 1617. This suppression was compounded by the subsequent edict from James I that declared the Royal College of Physician's *Pharmacopoeia Londinensis* to be the only recipe book allowed to be printed within seven miles of London, effectively forbidding the printing of any other recipe book in all of England, preventing all forms of printed domestic experimentation between 1618 and 1649. Culpeper's English vernacular edition of the *London Dispensatory* in 1649 had the result of reopening the print medical market for recipe books with an interesting result: women as authors of print recipe books. Not only was the genre directed towards a female audience, but women were appearing as authors in the 1650s. The texts that were popular during the 1650s were celebrity texts guaranteed to draw an audience; Henrietta Maria, Alethea Howard, Elizabeth Grey, and Elizabeth Cromwell all authored, or were figureheads, of printed recipe books. While the actual authorship of these books has been questioned, the authorship of these recipes demonstrates the association between female practitioners and medicinal domestic practice in the mid-seventeenth century.

At the same time that women were becoming recognized as authors of print recipe books, domestic practitioners began to circulate in manuscript increasingly complex recipes that required ingredients that necessitated the use of apothecaries. These recipe books did not systematically forward current scientific knowledge but placed new Paracelsian knowledge side-by-side with traditional Galenic herbals. The presence of mixed formats reveals the body of knowledge practiced in the second half of the seventeenth century and how recipes cycled through networks of both print and manuscript collectors, who gave preference to trustworthy sources above advanced theories of untested origin.

As Anne Glyd's network of recipe attributions suggests in chapter two, recipe books were repositories that reflected the knowledge of familial and social networks. Glyd's network of author attributions was heavily influenced by her husband's family and the parish of Bletchingley, Surrey, where she lived. Professional men and women of all classes contributed to Glyd's recipe book, as well, marking domestic practice, at least in the case of Anne Glyd, as a relatively inclusive aspect of medicinal practice. Glyd's experimentation with recipes she was given, noted by the term "*probatum*" and the name of the person who proved the effectiveness of the recipe, further exemplifies whose sources were trusted enough to be used without further investigation and which sources needed to be tweaked in order to be used on relatives. Thus, prized recipes did not include only new ingredients or ideologies but came from reliable networks, from actual, or real, network connections, and imagined, or print, sources.

The method of attributing recipes to authors as shown in Anne Glyd's text also demonstrates the temporality of long-term author attribution for recipes that were passed through multiple networks. Authorship differs from ownership within recipe books and is a different construct from recipe attributions altogether. Without the need to identify an outside source as

trustworthy within the owner's household, multiple family members contributed recipes to the book without self-identification. The multiple hands that are present within recipe books, Lady Mary Dacres book being the focus of this study in chapter three, illustrate that recipes within the household were recorded concurrently and were not the work of successive generations, though multiple generations could have been involved in Mary Dacres' book if they were present in the same household at the same time. Thus, Mary Dacres' collection of recipes was the work of many individuals who wanted to record knowledge of interest to them within the family knowledge repository.

The presence of multiple authors only strengthens the point made by Anne Glyd's networks that recipe books were not solely the province of female domestic practitioners but the products of two distinct networks: within and outside of the household. Recipe books should not be demarcated as exclusive of gender, class, education, or ideology but should be considered as evidence of the complexity of the domestic and medicinal marketplaces. Instead, recipe books were inherited objects that provided intellectual currency in an increasingly commercialized medical marketplace of the last decades of the seventeenth century. Further evidence of this claim can be seen in the inclusion of apothecary ingredients in Mary Dacres' recipe book, which were included in progressively more complicated recipes reflective of trade ingredients and more current information. Externally sourced ingredients were more expensive and could have been prohibitive for many domestic practitioners; however, the expense of new recipes could explain why antiquated Galenic herbal recipes and charms established on the power of the written word were included in late seventeenth-century recipe books.

The inheritance of recipe books exhibits the value of written knowledge from trusted external networks and internal household contributors. Written knowledge for owners and

authors of recipe books represented the power to heal sick family members, record information of interest, and establish authority in a world that constantly reinforced the connection between writing and knowledge, and between knowledge and power. Thus, recipe books of the seventeenth century represented the power of late seventeenth-century domestic practitioners.

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