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The effect on family life during the late Georgian period of indisposition, medication, treatments and the resultant outcomes.

Roger Michael James

This thesis is submitted in partial fulfilment of the requirements of Oxford Brookes University for the award of
Doctor of Philosophy

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Abstract

This thesis addresses the dearth of published scholarship relating to the effect of ill health upon the late Georgian family. While historians of medicine have failed to adequately address questions relating to the family, so family historians have not fully considered the effects that ill health had upon family life. To deal with such intimate questions about the person, the individual voices of the dead must be heard through the manuscripts and memorials that have been left. Critically, the integrity of such extant material needs to be debated and confirmed.

Rationally, therefore, this thesis seeks to conflate the histories of medicine and the family while comprehending critical subtexts that emerge on gender and intergenerational relationships. Such a micro-research study demands a broad spectrum of archival material, by region, class, age and family member, from which the single voice may be heard. Axiomatically, cognisance has been taken of relevant debates regarding the integrity of such material, diaries, journals and correspondence, while ensuring that the emerging evidence may be perceived as representative, relevant and reliable.

From such diverse sources, rigorously analysed and synthesised, this thesis presents new perspectives on the manner in which indisposition within the household was managed, practitioner and family relationships across the generations evolved and behaviours were effected by the diverse exigencies of sickness, accident, childbirth and death. Such original insights into the medical landscape within the close bounds of the sick household are essential if the lack of published scholarship on the effect of ill health on the late Georgian family is to be rectified.

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Apart from those directly involved in supporting me with my studies, I have above all to thank my wife, Mary, for her unfailing support. She has now been my close companion for some fifty-six years in which time she has seen me as a schoolboy, a national serviceman, an apprentice, a professional and then as a business executive before reverting back to the class room during my retirement. Thus, she has seen me evolve through life's many "ages" from a very poor scholar, whose thoughts were firmly focused upon the playing field, to one who now, belatedly, seeks to enter the courts of academia.

Appropriately therefore, for one who is now in what may be referred to as "one's declining years", acknowledgements will relate to those who have enabled me to change from the pastimes of yore, rather than that which is usual, to enable one of comparative youth to acquire the necessary skills for a future career in academia. Specifically, many thanks must go to my supervisors who are younger than my eldest children. Professor King, under whose tutelage I have been since 2002, Dr Hurren, since 2005, and in recent days, Dr Bailey; all deserve my thanks. Each in their own way have made most valuable contributions in enabling me to articulate my perceptions of the past. Those contributions have included supporting my struggle to leave behind the rigours and immediacy of commercial life in a global enterprise in order to embrace the disciplines of research and achieve clarity in the written word demanded of published scholarship. Further, I should mention that it was Professor King, with whom I studied for an MA, who in 2004 encouraged me to take up the labours of researching for a PhD. While on occasion being necessarily and appropriately critical, he has always expressed his confidence that I would eventually prevail. For his initial confidence in me and his subsequent insights, judgements and tutelage I am particularly appreciative.

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Research Degree Regulations – Section 19.6

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Abbreviations, glossary, style and compliance

Abbreviations

BRO	Berkshire Record Office
CRO	Cornwall Record Office
LRO	Lancashire Record Office
NR	National Record Office
NRO	Norfolk Record Office
DC	Private collection
CH	Chawton House

Glossary

Bowel infarction	where the blood supply to the bowel is interrupted or cut off and the bowel effectively dies
Craniopharyngioma	tumour in the pituitary gland. Pinches nerves including the optic nerve. There is no effective chemotherapeutic treatment. (Nelson Text Book of Paediatric medicine 14 th edition p.1534).
Glioma	type of tumour that starts in the brain or spine
Intussusception	where the gut inverts into itself -- invaginated
Meningioma	tumour in the lining of the brain
Mesentery glands	fold of the peritoneum sack which feeds the intestines with blood and linked to drainage (Grays 15 th edition – p.902)
Retrocaecal appendicitis	an inflamed appendix behind the caecum (or abscess) which can recover
Scombroid	reaction to excessive histamine
Volvulus	where there is a twist in the gut

Style and compliance

1. Basic script – Times New Roman - Font size 12 – double spaced – page “justified”.
2. Margins – left 4cm, script 15cm, right 2cm.
3. Use emboldened script, font size 16 for chapter headings. Underlined script, font size 12 for headings within chapters.
4. Use footnotes NOT endnotes for references and notes. All references will be separately identified in the footnotes irrespective of the number of items referenced within any sentence.
5. Full source name to be used when first referred to in each chapter - comply with MHRA standards.
6. Second reference to a book - use identification by - surname/short title/page number.
7. Second reference to a chapter from a book - as 6 above.
8. Second reference to an article in a journal – as 6 above.
9. In references, capitals used for initials and surnames. Capitals will apply to the first word of each title, sub-title and proper names.
10. For quotations above 30 words, indent to 1 cm from the left alignment and single space.
11. Dates – do not use “st” - “nd” i.e. - 5 January 1773.
12. Numbers written in full when under 100 except when quoting dates, ratios or percentages.
13. When quoting from a diary with many entries, quote the archive reference on the first occasion and then confirm that all other quotations which use a date will not be separately referenced. This would apply within each chapter.

Chapter One – Historiography, aims, sources, methodology and contributions to knowledge

Historiography

Published scholarship has yet to adequately address the effect of ill health on the family, or household¹, during the late Georgian period in England from 1760 to 1830. In recent years historians have identified this lack of scholarship in both generic and specific terms. In 2000, for instance, it is noteworthy that Steven King and Alan Weaver, when considering regional aspects of the medical landscape in Lancashire, suggested that, ‘we have hardly scratched the surface of the English medical landscape in the eighteenth and nineteenth centuries’². In 2003, Lisa Smith commented that,

historians have not taken much interest in the family’s role in medical care. None the less, eighteenth-century medical casebooks, medical consultation letters, and personal correspondence abound with such narratives, suggesting a potentially rewarding area for historical research.³

Smith concerned herself mainly with the role of the family when related to women’s healthcare. Despite this important work, little consideration appears to have been given by her to the manner in which indisposition, in all its diversity, affected family life. Although in 2004, when commenting on grandparents and grandchildren⁴, Susannah Ottaway referred to examples of close intergenerational relationships, particularly among landed gentry, Joanne Bailey, when discussing eighteenth-century parenting in England, suggested in 2007 that, ‘questions about interaction across generations raise

¹ The contemporary meaning of “family” is considered later where reference is made to Samuel Johnson’s 1775 definition of a family as, ‘those that live in the same house’.

² S. King and A. Weaver, ‘Lives in many hands: The medical landscape in Lancashire, 1700-1820’, *Medical History*, 44 (2000), 173-200 (p.199).

³ L. W. Smith, ‘Reassessing the role of the family: Women’s medical care in eighteenth-century England’, *Social history of medicine*, 16 (2003), 327-342 (p.327).

⁴ S. R. Ottaway, *The decline of life: Old age in eighteenth-century England* (Cambridge: The Press Syndicate of the University of Cambridge, 2004).

the almost entirely neglected subject of grandparenting'⁵. As recently as 2010, Bailey has asserted that the 'lack of research into men's domestic lives in the long eighteenth-century is a barrier to assessing patterns of continuity and change'⁶. Accordingly, little published scholarship may be found relating either to the role of fathers in family healthcare or to the part played by grandparents and the influences they exerted on healthcare within the household. This is, therefore, an important and ongoing neglected aspect of research, resulting in limited historiography. Yet, a combination of factors, in particular the abundance of archival material identified by Smith and the general paucity of published scholarship identified by historians referred to above, would suggest that the wider aspects of family healthcare during the late Georgian period should prove a fruitful field for research.

Although historiography focused specifically upon family health-care is rare, aspects of the subject may be found in three genre, those of the histories of medicine, family and gender. The evolution of these three genre over the last fifty years or so has of necessity resulted in a focused approach to clearly defined areas of research which have tended to overlook those matters, such as the topic of this discourse, which cross boundaries. Nonetheless, in recognising the value of such specialised research to the subject of this thesis, relevant literature emanating from these three genre will each be reviewed later in the chapter and the implications of such specialisation discussed.

While relevant historiography remains limited, two important studies of eighteenth-century women and their experiences of indisposition within the family have been published, firstly, Amanda Vickery's extensive dissertation on the lives of

⁵ J. Bailey, 'Reassessing parenting in eighteenth-century England', in *The family in early modern England*, ed. by H. Berry and E. Foyster (Cambridge: Cambridge University Press, 2007), pp.209-232 (p.230).

⁶ J. Bailey, "'A very sensible man": Imagining fatherhood in England, c.1750-1830', *History*, 95 (2010), 267-292 (p.272).

Georgian women⁷ and secondly, Mary Hyde's exposition of the Thrale family and in particular the revelations contained in Mrs Thrale's Family Book⁸. In the Introduction to her study, Vickery referred to the Mrs Average of Georgian society who was 'prey to invalidism and hysteria'⁹, yet, she failed to develop that assertion within the context of family healthcare. Specifically, Vickery's most important primary source in *The Gentleman's daughter* was Mrs Elizabeth Shackleton (1726-1781) who, apart from suffering many clinical episodes, was well known for the manufacture of her own medicaments. However, Vickery made little comment regarding Mrs Shackleton's illnesses, her medication, her relationship with doctors or the effect such indispositions had on her or that of her family. For example, none of the three doctors who attended Mrs Shackleton during the last months of her life are even indexed. Regarding Hyde's study of the Thrale family, and in particular Mrs Thrales' Family Book (an extant manuscript of which is held in the Houghton Library of Harvard University), the narrative is largely biographical and centred on Mrs Thrale's early years of marriage, childbirth and the trauma of the loss of eight of her twelve offspring during childhood. Evidence of the resultant distress is abundant, yet within a limited contextual historiography, few qualitative interpretations were drawn by Hyde from Mrs Thrales' own indisposition, the suffering and premature death of her offspring, her relationship with medical practitioners and the effects such experiences had on family life. While Vickery and Hyde may well have achieved their own literary objectives, why have historians in general failed to adequately address such a fundamental aspect of social history as the effect of indisposition on the family?

⁷ A. Vickery, *The gentleman's daughter: Women's lives in Georgian England* (New Haven & London: Yale University Press, 1998).

⁸ M. Hyde, *The Thrales of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1976). This publication includes the full transcript of the manuscript of the "Family Book".

⁹ Vickery, *The gentleman's daughter*, p.3.

There appear to be three main reasons why historians have failed to engage in this regard: firstly, the evolution of specialisation, secondly, concerns relating to the veracity of ‘voices from the grave’ and thirdly, an apparent conflict between micro and macro approaches to historical discourse. Each will be considered in turn while the neglect of any substantive dissertation on grandparents and their influence in family healthcare appears to be an unexplained aberration from within the faculty of modern historians.

The evolution of new specialist disciplines over the last fifty years, those of the histories of medicine, family and gender, have, as Smith implied above, fractured the historical narrative. The deeper insights gained by such specialisation have largely been achieved without reference to wider aspects of the human story. Accordingly, despite the extensive scholarship of such eminent historians of medicine as Anne Digby, Steven King, Joan Lane, Dorothy Porter, Roy Porter and Andrew Wear, little discourse has been forthcoming in relation to the effect of indisposition on family life. Likewise, family historians such as Michael Anderson, Will Coster, Leonore Davidoff, Catherine Hall, Rosemary O’Day, Laurence Stone and Naomi Tadmor have dealt with many aspects of the evolving institution and construction of the family, or household, as a primary social unit without investigating the influences that indisposition had on family life. In order to deal with those issues yet to be adequately addressed, this thesis will seek to conflate the complementary historical narratives of medicine and family while recognising the influences of gender and intergenerational relationships.

For many modern historians, the evidence from a single pen or an individual ‘voice’ raise concerns of reliability, representation and relevance. Such anecdotes, stories, or what Digby referred to as ‘history from below’¹⁰, may not give a coherent

¹⁰ A. Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: The Press Syndicate of the University of Cambridge, 1994), p.1.

account of the past. Coster, in his study of family and kinship has concurred, suggesting that history based on such anecdotal evidence, ‘tells us nothing about the frequency of circumstances or the nature of social change’¹¹. Nonetheless, Lucinda Beier emphasised, when referring to the diary of Ralph Josselin written between 1641 and 1683, that,

such records of unique, personal experience are invaluable to the historians, providing, as they literally do, a voice from the grave which can make the past live as no other source can¹².

Likewise, when referring to Ralph Josselin’s diary, Alan Macfarlane quoted Robert Redfield who opined that while such personal and often private records are immensely complex and difficult to know; ‘it is humanity, in its inner and more private form; it is in the most demanding sense, the stuff of the community’¹³. Interestingly, P D James opened her Forward to Olga Kenyon’s study entitled *800 Years of Women’s Letters* with the sentence, ‘No literary form is more revealing, more spontaneous or more individual than a letter.’¹⁴ Pertinently, it is relevant to question, to what extent modern historians’ understanding of London during the 1660s are largely dependent upon the pen of Mr Pepys? The evidence supporting the assertions made in this thesis are derived from many ‘voices from the grave’ which, it is believed, are substantially reliable, representative and entirely relevant.

The final factor relates to concerns about the utility of micro-history when compared to the traditional grand narrative, or macro-history.¹⁵ It was the pre-Socratic philosopher Protagoras who declared that “Man was the measure of all things”. In

¹¹ W. Coster, *Family and kinship in England 1450-1800* (Harlow: Pearson Education Ltd, 2001), p.9.

¹² L. Mc. Beier, *Sufferers and healers: The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd., 1987), p.182.

¹³ A. Macfarlane, *The family life of Ralph Josselin: A seventeenth-century clergyman – An essay in historical anthropology* (London: Syndicate of the Cambridge University Press, 1970), p.4.

¹⁴ *800 years of women’s letters*, ed. by O. Kenyon (Stroud: Alan Sutton Publishing Limited, 1994 [First published in 1992]), p.vii.

¹⁵ Which Porter, Digby, Lane and other medical historians or Anderson, Coster, Laslett and other family historians do so well.

recent times, M. A. Screech in his introduction to Michel de Montaigne's *Complete Essays* argued that,

All individual human beings (as the scholastic philosophers put it) bore in themselves the entire "form" of the human race. To study one man is in a sense to study them all. Not all are identical but all are inter-related by species.¹⁶

Such an insight into the importance of individual identity within various societal groupings has recently been advocated by Pat Hudson and Steven King who, in a forthcoming publication, assert that,

Unlike much modern social science, microhistory takes individuals rather than society as its starting point and is much less concerned with the generalised behaviour of large groups as a way into understanding human behaviour.¹⁷

Micro-history, in contrast to macro-history, focuses on those small episodes often lost in the long grass of the past which, when discovered, and used judiciously, can enlighten and extend knowledge into areas otherwise untouched. Specifically, Pat Hudson has suggested that, 'What all micro-history has in common, the hallmark if you like, is the use of small scale research to ask, and answer, big questions.'¹⁸ Nonetheless, it is important to distinguish micro-history from biography and local history. While micro-history may well be based on the biographical details of those within a specific location, a household, a village or a town, such a discourse seeks to come to grips with the macro-historical implications of those findings, specifically in this study, a deeper and wider understanding of the effect of indisposition within the late Georgian domestic setting.

The genre of micro-history became evident in England through the demographic reconstruction of the population of the parish of Colyton in Devon by E. A. Wrigley in

¹⁶ M. de Montaigne, *The Complete Essays*, Translate and edited with an introduction and notes by M. A. Screech (London: Penguin Books, 1987), p.xvii.

¹⁷ P. Hudson & S. King, *Industrialisation, material culture and everyday life*, (forthcoming in 2011), p.7.

¹⁸ P. Hudson, 'Industrialisation in Britain: The challenge of micro-history', *Family and community history*, 2 (1999), 5-16 (p.5).

the 1960s, following the French model.¹⁹ Thereafter, the parish of Colyton has been the subject of close scrutiny by many historians which resulted in work on the reconstruction of the populations of other locations, in particular those led by the Cambridge Group. This emerging genre has continued to develop internationally since the 1960s and may be exemplified by Carlo Ginzburg's 1976 study of Domenico Scandella, known as Menocchio, the sixteenth-century miller and citizen of Montereale in Italy.²⁰ In this developmental study, the focus of attention moved from the locus of a place, Montereale, to the centrality of the individual, Menocchio. Of this publication Ginzburg commented,

At a time when virtual teams of scholars have embarked on vast projects in the *quantitative* history of ideas or *serialised* religious history, to undertake a narrow investigation on a solitary miller may seem paradoxical or absurd, practically a return to handweaving in an age of power looms.²¹

Notwithstanding such an apparent deprecation of his own study, in the subsequent Preface to the English Edition of *The Cheese and the Worms*, Ginzburg referred to the abundant documents from which he was able to learn of the sixteenth-century miller's discussions, thoughts and sentiments: 'Every now and then the directness of the sources brings him very close to us: a man like ourselves, one of us.'²² These two comments made by Ginzburg (some four years apart) illustrate an important development in both historical thought and resultant discourse, specifically, an appreciation of the value of the interrogation of the life of an individual, not as a biography which may have been unrepresentative, but to seek to understand the context in which that life was lived. As Ginzburg discovered,

¹⁹ E. A. Wrigley, 'Mortality in pre-industrial England: the example of Colyton, Devon, over three centuries', *Daedalus*, 97 (1968), pp.546-80.

²⁰ C. Ginzburg, *The cheese and the worms: The cosmos of a sixteenth-century miller* (London: Penguin Books, 1992 [First published by Giulio Einaudi Editori in 1976]).

²¹ Ginzburg, *The cheese and the worms*, p.xx.

²² Ginzburg, *The cheese and the worms*, p.xi.

An investigation initially pivoting on an individual, moreover an apparently unusual one, ended by developing into a general hypothesis on the popular culture (more precisely, peasant culture) of preindustrial Europe in the age marked by the spread of printing and the Protestant Reformation – and by the repression of the latter in Catholic countries.²³

Unlike the inward looking identification by a descendant with their long deceased ancestor through familial characteristics, the interrogation by a historian of a single life results in the discovery of a footprint left within the curtilage of a particular social setting from which new insights may be gained and wider implications drawn. In support of this hypothesis, Barbara Caine has recently pointed out that,

Detailed study of the lives of individuals and of families and other groups offers extraordinary insights into the ways in which institutions and events and large-scale social, economic and political developments were felt, experienced and understood by those who lived through them.²⁴

Such was the case of *Montaillou*, which was the last village in France that supported the Cathar heresy, a heresy which occurred during the Middle Ages and which was wiped out during the early decades of the fourteenth-century. Of this account, based on the direct testimony of the peasants themselves, Lawrence Stone wrote,

Sheer brilliance in the use of a unique document to reconstruct in fascinating detail a previously totally unknown world, the mental, emotional, sexual life of late thirteenth-century peasants in a remote Pyrenean village.²⁵

While these two significant works from the 1970s illustrate the evolution of continental historiography, British historians have been slower in appreciating the value of direct voices emanating from small groups or individuals.

In the continuing development of micro-history, Barry Reay has illustrated the widening spectrum of insight from beyond a place's reconstruction, demonstrated by the work on Colyton, to the broader implications of studying people's everyday lives,

²³ Ginzburg, *The cheese and the worms*, p.xii.

²⁴ B. Caine, *Biography and history* (Basingstoke: Palgrave Macmillan, 2010), p.1.

²⁵ E. Le Roy Ladurie, *Montaillou* (London: Penguin Group, 1980 [First published in Paris by Editions Gallimard, 1978]), *New York review of books*.

for example, those of health, class, families and cultures.²⁶ Illustrative of the rich reserves of information present within the Colyton records, Pamela Sharpe has expanded the discourse, both in the particular and the general, relating to the town's past, a period of three centuries. Specifically, as a stronghold of Dissent the parish maintained a strong tradition of independent thought such that, 'Overall the degree of non-conformity casts doubt on the reliability of the reconstitution results.'²⁷ More generally, due to the culmination of some forty years of collective endeavour, Sharpe has suggested that,

a deep interest in one community is justified by the discovery of historical change that was certainly of more than local importance, and is perhaps of regional, national and even international significance²⁸.

Reay has further stated that, 'all the topics covered in *Microhistories* depend on analysis of wider economic, social and cultural developments. It is not local history written in isolation from wider process.'²⁹ Consistent with that perspective, in *Rural England* he has demonstrated that by deep interrogation into the lives of rural populations wider insights may be gained. These included, but not exclusively,

the sheer range of work engaged in by rural workers; the centrality of the work of women and children in rural history; the incredible range of strategies involved in household survival; the localisation of the experience of life and death; the richness of rural leisure pursuits³⁰.

The genre has continued to evolve and in 2003 Ronald Hoffman stated that "Microhistory scrutinizes isolated topics to come to grips with the larger universe of historical circumstances and transformations"³¹, while Sigmundur Magnússon

²⁶ B. Reay, *Microhistories: Demography, society and culture in rural England, 1800-1930* (Cambridge: The Press Syndicate of the University of Cambridge, 1996)

²⁷ P. Sharpe, *Population and society in an east Devon parish: Reproducing Colyton 1540-1840* (Exeter: University of Exeter Press, 2002), p.65.

²⁸ Sharpe, *Population and society*, p.317.

²⁹ Reay, *Microhistories*, p.261.

³⁰ B. Reay, *Rural England: Labouring lives in the nineteenth century* (Basingstoke: Palgrave Macmillan, 2004), p.204.

³¹ W. Woodward, 'Historians to debate value of new historical approach – Oct. 11, 1999' *UConn Advance*, 2003.

considered the cultural context and personal relationships within the place in which a person or persons lived. Magnússon argued that,

It is precisely the complex interrelationship between human beings and their environment that makes it necessary to reduce the scale; only in this way can we avoid the temptation to simplify the relations among people, phenomena and events.³²

Most recently, Steven King has sought to address the relative dearth of literature relating to courtship and marriage motivations for the early nineteenth-century.³³ In order to do so he used evidence from a diary and love-letters of a couple who had a protracted courtship before marriage. While King questions how far one may generalise from a single courtship, nonetheless, in this case he argued that,

there is wider evidence that the thickening of population in the industrial countryside and rapid urbanisation made courtship in this period both relatively rapid and very uncertain. It is, therefore appropriate to generalise from this single case-study.³⁴

This insistence of the importance of the individual has been supported by Barbara Caine in 2010 who asserted that,

The interest of the microhistorians in individual lives derives from their concern to gain access to the inner lives, the patterns of thought and belief, the emotions and the voices of ordinary people, especially the peasants and workers of the past whose voices are usually silent.³⁵

Currently, Hudson and King are developing the argument further such that,

micro-history is distinctive in scale and scope but it is also distinctive in method. It tackles the problem of describing complex social structures through the aim of *getting closer* to the realities of people's lives in the past and how individuals saw and understood themselves.³⁶

The implication of these two recent opinions is that in order to comprehend wider aspects of the historical narrative, one must interrogate the record of those who played

³² S. G. Magnússon, “‘The singularisation of history’: Social history and microhistory within the postmodern state of knowledge”, *Journal of social history*, 36 (2003), 701-735 (p.723).

³³ S. King, ‘Love, religion and power in the making of marriages in early nineteenth-century rural industrial Lancashire’, *Rural history*, 21, (2010), 1-26.

³⁴ King, ‘Love, religion and power’, p.21.

³⁵ Caine, *Biography and history*, p.111.

³⁶ Hudson and King, *Industrialisation*, p.8.

their parts upon the contemporary stage. Rationally, therefore, the primacy of the individual posited by the ancient philosophers, exemplified by the studies of Ginzburg and Ladurie, and the importance of an individual's relationships within the social groups in which the individual resided, posited by Caine, Hudson, King and Magnusson, strongly suggests that any discourse relating to the manner in which the family, or household, managed sickness, accident, child bearing, old age and death, demands the interrogation of what has been recorded of those that observed, cared for and suffered from such experiences. Such an interrogation inevitably exposes the complex web of relationships both within and without the household. Appropriately, this thesis seeks to reveal the manner in which late Georgian households dealt with the many vicissitudes of life which have confronted human mortality through the ages, including the raw realities of fear, misery and hopelessness, and in so doing, present new contributions to knowledge relating specifically to household health care during the late Georgian period.

In this regard, the five key primary sources used in this study were chosen, not only for their diverse representations of class, region, relationship and age, but the particular cultural context of each of those sources. While descriptions of pain, expressions of distress on bereavement and the state of personal relationships when sickness struck are by definition a property of individuality, micro-historical interrogation of these sources, each illuminated by a motif³⁷, has sought to penetrate the contextual web of relationships, attitudes, values, beliefs and behaviours in which, for example, Mrs Thrale managed a household severely depleted by early child mortality; the aging, sickly Mrs Shackleton became increasingly isolated from her immediate

³⁷ The motifs used in this study may be seen as the architecture of the window through which light shines upon the curtilage of a particular social setting. It establishes the context in which the script of an individual, or individuals, may be seen as credible evidence within the wider social setting which is being interrogated.

family; the elderly Readings supported the arrival of the next generation; Lady East managed her large household staff when sickness struck and finally, how John Tremayne related to the developing medical market place during his young son's terminal illness.³⁸

While only the Leathes' correspondence relies upon more than a single direct voice (four of significance), all other key sources present evidence of the attitudes, values, beliefs and behaviours of the many. For example, the Thrale record presents, apart from those of family members, the attributes referred to above of the polymath, Samuel Johnson, the tutor, Baretti, and the school mistress, Mrs Cumyns. Through the pens of just four people, Mrs Thrale, Mrs Shackleton, Lady East and John Tremayne, evidence of the attributes of the greater part of the social spectrum have been revealed whether aristocrat, well-to-do, middling sort, artisan or servant. Through these many voices, some more mute than others, the often intangible web of relationships within these diverse households when sickness struck may be variously evidenced through the interrogation of those households' records of everyday life.

The formal study of Everyday Life through micro-level ethnography (the scientific description of individual human societies) and Thick Description (an explanation of both behaviour and its context), has been described as 'sociological impressionism'³⁹. However, this study seeks to understand the everyday experiences of the Georgian household when visited by sickness, accident, childbearing, old age and death, with Pre-Raphaelite penetrative insights in order to gain a new understanding of late Georgian household health care.

³⁸ See - R. Michael James, 'Healthcare in the Georgian household of Sir William and Lady Hannah East', *Historical research*, 82 (2009), 694-713. Michael James, 'A Georgian gentleman: Child care and the case of Harry Tremayne, 1914-1823', *Family and community history*, 9/2 (2006), 79-90.

³⁹ Hudson and King, *Industrialisation*, p.18.

Micro-history, in contrast to grand historical narratives, focuses on those small episodes often lost in the long grass of the past. However, when discovered, such episodes often enlighten and extend knowledge into areas otherwise untouched. Within the ongoing development of this discipline, Sigmundur Magnússon has argued that,

It is precisely the complex interrelationship between human beings and their environment that makes it necessary to reduce the scale; only in this way can we avoid the temptation to simplify the relations among people, phenomena and events.⁴⁰

On reflection, however, these two apparently conflicting positions – the macro and micro approaches to historical discourse - would suggest that historians have been seeking to answer different questions, which were dependent upon diverse forms of data. The debate is, to some extent, a false one in that both approaches seek to interrogate the past, albeit from different starting-points, in order to address different questions. This thesis, as Hudson has suggested, has used small scale research in order to answer important questions which have yet to be adequately addressed.

Irrespective of the nature of research undertaken, the integrity of the data as the foundation for any discourse is of great importance. Over fifty years ago Sir George Clark ‘contrasted the “hard core of facts” in history with the “surrounding pulp of disputable interpretation”⁴¹. Critically, therefore, when undertaking a qualitative analysis, or what Beier refers to as ‘impressionistic rather than quantitative’⁴² interpretation, the danger of generating a ‘disputable interpretation’ of a manuscript remains a methodological conundrum. To ensure analytical integrity in the micro-history of those ‘voices from the grave’, it is essential to appreciate the origins of the

⁴⁰ S. G. Magnússon, “‘The singularisation of history’: Social history and microhistory within the postmodern state of knowledge’, *Journal of social history*, 36 (2003), 701-735 (p.723).

⁴¹ E. H. Carr, *What is history?* (London: Penguin Books, 1987 [first published by Macmillan in 1961]), pp.9/10.

⁴² Beier, *Sufferers and healers*, p.4.

many influences (social, political, religious and scientific) that were exerted on those who put pen to paper during the period under consideration.

Social and cultural context

In order to fully appreciate the many social and cultural influences during the period under review, reference has been made to a number of factors including the contemporary voices of such luminaries as Jonathan Swift (1667-1745), Samuel Johnson (1709-1784) and William Hazlitt (1778-1830). Consideration has also been given to attitudes towards health expressed by the female *literati* of the late Georgian period such as Jane Austen, Fanny Burney and Amelia Opie. These many dynamic influences, often originating in the seventeenth century, covered a period which evolved into an era often referred to as ‘the long eighteenth century’.

The very term, ‘the long eighteen-century’, recognises that the evolving story of medical care in the family does not fit conveniently into fixed time periods. But why is such a vague term used at all and how does such a concept help in elucidating aspects of late Georgian society? Historians have defined the concept of ‘the long eighteenth-century’ in various ways, often to suit their own ends, from within a period from ‘the Civil War of the 1640s to the accession of Victoria in 1837’⁴³. Frank O’Gorman’s use of the period from the Glorious Revolution of 1688 to the Great Reform Act of 1832 has much to recommend it and illustrates the importance of certain continuities from the late seventeenth-century which influenced the period throughout the eighteenth and early nineteenth-centuries. O’Gorman argues that the Glorious Revolution of 1688 was a watershed; ‘Indeed, during the eighteenth century contemporaries were in no doubt that the political structures and the religious order with which they were familiar had

⁴³ P. Baines, *The long 18th century* (London: Arnold Publishing, 2004), p.ix.

their origins in 1688.’⁴⁴ Likewise, while those that instigated legislative reform sought to retain as much of the old order as they could, ‘Nonetheless, the Reform Act was a sign that this old order was coming to a close.’⁴⁵ The Glorious Revolution with the subsequent crowning of William and Mary was the nation’s affirmation of the central duality of Protestantism and Constitutional Monarchy. Both these aspects of national life, religion and politics, contained within them strong paternalistic aspirations. Importantly, ‘The central unit of British society was the family. Its importance as the foundation of all social life and order cannot be over stated.’⁴⁶ If the family was the corner stone of late Georgian society, what were the key religious and scientific influences which inculcated such a society?

The Church of England remained dominant despite the continuity of a small but intellectually influential cadre of Independent Dissenters. The Dissenters had defied the strictures of the 1662 Act of Uniformity which was later eased by the Toleration Act of 1689. The eighteenth century saw increasing disaffection with the Established Church and the rise of Methodism, strongly represented in the lower classes. Catholicism retained its vigour through the staunch loyalty of its communicants, particularly in the North of England, although limits on their freedoms, specifically their ability to hold public office, remained throughout the period. While religious practise flourished and was central to the evolution of society, the rise of science became increasingly influential. The foundation of the Royal Society in 1660 encapsulated the new spirit of the age of science. Wilkins (1614-1672), Boyle (1627-1691), Hooke (1635-1703) and later Newton (1642-1727), developed new experimental techniques and postulated new theories. Knowledge was to be gained by scientific, empirical methodology. David

⁴⁴ F. O’Gorman, *The long eighteenth century: British political & social history 1688-1832* (London: Arnold Publishing, 1997), p.xi.

⁴⁵ O’Gorman, *The long eighteenth century*, p.xii.

⁴⁶ O’Gorman, *The long eighteenth century*, p.9.

Goodman and Colin Russell observed that ‘There was to be no mystery. “The unknown” signified only that which had not yet been understood: the Enlightenment recognized no category of “the unknowable”’⁴⁷. However, the Royal Society, being single-mindedly focused on science, was tolerant of diverse religious and philosophical views among its members. For example, Isaac Newton, despite his doubts about the conventional orthodoxy of the Trinity, ‘saw science as the servant of religion and an antidote to atheism’⁴⁸. ‘Newton insisted that God was involved *continuously* in preserving his Creation; space, the sensorium of God, and time were part of the Divine Presence.’⁴⁹ Notwithstanding such unorthodox religious convictions emanating from the scientific community, the Puritan ideal of Christianising every part of life remained a source of inspiration. ‘Reason being in accord with divine truth, learning must lead to “sublime knowledge”’⁵⁰. Despite the new developments of thought, the rise of science and the rapid evolution from agrarian rural society to an increasingly urbanised industrial society, ‘religious belief adjusted itself to the new realities of social life’⁵¹. Yet, although there were significant advances in medical science during the seventeenth-century, the most durable being the discovery of the circulation of the blood by William Harvey (1578-1657) and the foundation of clinical neuroscience by Thomas Willis (1622-1675), the ancient concept of ‘humours’ remained well into the nineteenth-century. Medicine was an immature science and remained impotent in the face of most diseases. Predictably, for the legions of the sick and dying, Christian faith remained strong, giving succour to the many, irrespective of region or class. An important matter addressed by this thesis is to investigate how these diverse influences

⁴⁷ *The rise of scientific Europe 1500-1800*, ed. by D. Goodman and C. A. Russell (Milton Keynes: The Open University, 1991), p.279.

⁴⁸ *The rise of scientific Europe*, ed. by Goodman & Russell, p.257.

⁴⁹ *The rise of scientific Europe*, ed. by Goodman & Russell, p.223.

⁵⁰ *The rise of scientific Europe*, ed. by Goodman & Russell, p.210.

⁵¹ O’Gorman, *The long eighteenth century*, p.xiii.

were manifest in the every day lives of the *family* when sickness, pain and death so often came to reside. Cognisant of the impotence of medical intervention in a pervasively religious environment, the manner in which healthcare was perceived and practiced during the late Georgian period will now be discussed.

The History of Medicine during the late Georgian Period

The lack of substantive studies into the various aspects of ill health, already referred to, make it difficult, if not impossible, to understand the changing dynamics of family life, and gender responsibilities when indisposition (whether from sickness, accident, childbirth or old age) struck the household. Helen Berry and Elizabeth Foyster have observed that,

It is a surprising feature of much recent work on the subject that many historians working in the fields that might be thought to have much in common, particularly women's and gender history, can remain distanced from family history.⁵²

Accordingly, with little, if any published scholarship which brings these new disciplines together in the context of the manner in which healthcare was managed in the privacy of the household, this thesis will investigate the conflation of those three genre. While there is substantial literature in these areas of scholarship, the following publications have in particular been referred to, those of the History of Medicine⁵³, the History of the

⁵² H. Berry and E. Foyster, 'Introduction' in *The family in early modern England* ed. by H. Berry and E. Foyster (Cambridge: Cambridge University Press, 2007), p.14.

⁵³ L. Mc. Beier, *Sufferers and healers: The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd, 1987); A. Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: The Press Syndicate of the University of Cambridge, 1994); *British medicine in the age of reform*, ed. by R. French & A. Wear (London: Routledge, 1991); D. Porter & R. Porter, *Patients progress: Doctors and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989); R. Porter, whose many works include, *Doctor of society* (London: Routledge, 1992), *Disease, medicine and society in England, 1550-1860* (Cambridge: The Press Syndicate of the University of Cambridge, 1995, [first published by Macmillan Press Ltd., 1987]); as editor, *Patients and practitioners: Lay perceptions of medicine in pre-industrial society* (Cambridge: The Press Syndicate of the University of Cambridge, 1985); and *Medicine in society* ed. by A Wear (Cambridge: The Press Syndicate of the University of Cambridge, 1992).

Family⁵⁴ and Gender⁵⁵. Cognisant of the complex and intricate linkages between family and gender issues, the extensive historiography of each of these three genre are an integral part of the core arguments of this thesis.

With God in His Heaven and early Georgian England beginning to acquire the ‘advantages of industry, wealth, liberty and moderation’⁵⁶, the shadow of death persistently stalked the living. It is noteworthy that, ‘A substantial proportion – probably over one-fifth – of new-born babies did not even survive infancy.’⁵⁷ Whether aristocrat, gentleman, artisan, yeoman or pauper, the spectre, if not the reality, of ill health and death were ever present. For many, suffering, pain and the visitation of death was merely the manner in which ‘The Almighty’ tested ‘His children’ as they prepared themselves for ‘Eternal Life’. Predictably, ‘the sick were enjoined to “mix Stoicism with Christianity”’⁵⁸, although such exhortation should ‘not imply that people were fatalistic or apathetic’⁵⁹. In such an apparently debilitating situation, what could be done, if anything, to ameliorate day-to-day suffering?

⁵⁴ M. Anderson, *Approaches to the history of the Western family 1500-1800* (Basingstoke: Macmillan Publishers Ltd., 1980); W. Coster, *Family and kinship in England 1450-1800* (Harlow: Pearson Education Ltd., 2001); H. Cunningham, *Children and childhood in Western society since 1500* (Harlow: Pearson Education Limited, 2005); L. Davidoff and C. Hall, *Family fortunes: Men and women of the English middle class 1780-1850* (London: Routledge, 2002 [first published by Hutchinson Education, 1987]); C. Flint, *Family fictions: Narrative and domestic relations in Britain, 1688-1798* (Stanford, California: Stanford University Press, 1998); *Family life in early modern times 1500-1789* ed. by D. Kertzer and M. Barbagli (New Haven and London: Yale University Press, 2001); R. O’Day, *The family and family relationships 1500-1900* (Basingstoke: Macmillan Press Limited, 1994); L. Stone, *The family, sex and marriage in England 1500-1800* (London: Weidenfeld and Nicolson, 1977) and N. Tadmor, *Family and friends in eighteenth-century England: Household, kinship and patronage* (Cambridge: The Press Syndicate of the University of Cambridge, 2001).

⁵⁵ *The Cambridge companion to Mary Wollstonecraft*, ed. by C. L. Johnson (Cambridge: Cambridge University Press, 2002); Mary Wollstonecraft, *The vindication of the rights of women* (1792), ed. with an introduction by Miriam Brody (London: Penguin Books, 1971); L. Gordon, *Mary Wollstonecraft: A new genus* (London: Little, Brown, 2005); R. Perry, *The celebrated Mary Astell: An early English feminist* (Chicago & London: The University of Chicago, 1986); B. Taylor, *Eve and the New Jerusalem* (London: Virago Press 1983) and A. Vickery, *The gentleman’s daughter: Women’s lives in Georgian England* (New Haven & London: Yale University Press, 1998).

⁵⁶ A. Briggs, *The age of improvement 1783-1867* (Harlow: Person Education Ltd., second edition 2000 [first published in 1959]), p.7.

⁵⁷ Porter & Porter, *Patients progress*, p.5.

⁵⁸ Porter & Porter, *Patients progress*, p.6.

⁵⁹ Porter & Porter, *Patients progress*, p.6.

One important factor was the ancient heritage of preventative medicine or regimen. This offered, to some extent, the possibility for achieving good health through one's own efforts. Its importance is emphasised by Andrew Wear⁶⁰ in his description of the nature of medical knowledge between 1550 and 1680. Preventative medicine involved an appreciation of how to achieve good health by balancing each individual's mixture of humours through a set of rules or regimen. The concept of humours and the need to maintain a balance within the human frame had originated from Aristotelian concepts of human physiology. These concepts and the specific elements deemed essential to health which were articulated in 1724 by George Cheyne will be discussed in detail in Chapter Four. Good health to a large extent rested on the elements of fresh air, balanced diet, exercise and sufficient sleep, a perennial truism. That said, according to Ginnie Smith, there is no comprehensive account from British sources 'of hygienic preventative medicine known as "regimen"'⁶¹. However, this assertion seems to undervalue the idea of living a sound, sober and religious life that had persisted for generations. Curiously, Smith recorded that in 1770 the statement of a full-time women practitioner read, "To conclude, those who live philosophically, temperately, religiously, and wisely, seldom want a physician."⁶²

Such perceptions from an earlier age had not been lost on Jonathan Swift (1667-1745) whose ironic comment on the subject was that: "The best doctors in the world are Doctor Diet, Doctor Quiet, and Doctor Merryment."⁶³ Importantly, cleanliness was closely connected with the purity of spirit, being seen as an outward manifestation of piety. However, while medical self-help continued, as faith in medical science grew,

⁶⁰ A. Wear, *Knowledge & practice in English medicine, 1550 – 1680* (Cambridge, The Press Syndicate of the University of Cambridge, 2000).

⁶¹ G. Smith, 'Prescribing the rules of health: Self-help and advice in the late eighteenth-century' in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society* ed. by R. Porter (Cambridge: The Press Syndicate of the University of Cambridge, 1985), pp.249-282 (p.250).

⁶² Smith, 'Prescribing the rules of health', p.267.

⁶³ Digby, *Making a medical living*, p.201.

patients increasingly handed themselves over to medical practitioners for treatments. In 1781 William Buchan, a critic of his own profession, giving advice on self-help or the application of regimen opined that, “Had men been more attentive to it, and less solicitous in hunting after secret remedies, Medicine had never become an object of ridicule.”⁶⁴ Many years later, having been accused of giving away trade secrets, he noted, ‘that the “many prejudices” against his belief in preventative medicine were “now overcome”’⁶⁵.

Despite such positive opportunities for managing one’s own health, by the time King George III was crowned, the inexorable forces of change in English society were moving a-pace, having a direct effect on the nation’s health. From the middle of the eighteenth-century the population grew rapidly, almost doubling during the reign of George III⁶⁶, which, with the effect of industrialisation resulted in a substantial increase in urbanisation, an evolution over which there was very little central control. The resultant over-crowding, poor housing, lack of clean water and inadequate sewage ensured a population with a propensity to suffer from infections and digestive disorders. Rising international trade saw an expansion of ports, which in turn, became hot beds for foreign-borne diseases, specifically malaria. Additionally, cholera, typhoid and diphtheria persisted whilst cancer, cardiac failure and tuberculosis were common. Another major killer of the eighteenth-century, smallpox, was increasingly being controlled by the nineteenth-century. While sickness and premature death pervaded all classes, to what extent did the class structure effect the management of healthcare in the household?

⁶⁴ Smith, ‘Prescribing the rules of health’, p.276.

⁶⁵ Smith, ‘Prescribing the rules of health’, p.276.

⁶⁶ J. S. Watson, *The reign of George III 1760-1815* (London: Oxford University Press, 1964) within, *The Oxford history of England*, edited by Sir George Clark, p.10.

At the accession of George III, English society seemed to be based upon a reasonably stable class structure where landed interest was dominant.

The squire looked upon his business acquaintances in town – as he did upon his solicitor, his parson, or his steward – as members of a different order with whom it was possible to be on good terms because they knew and did not question their places: easiness of manners, in fact, was the consequence of unquestioned social distinctions.⁶⁷

However, the long reign of George III from 1760 to 1820 was to see dramatic social changes in England through diverse influences. These included ideas from the Enlightenment; opportunities arising from the Industrial Revolution; the disruption of war with France and a fear of social upheaval similar to that sparked by the French Revolution. Inevitably, the stable ‘class’ structure of the mid-eighteenth-century began to evolve into a more fragmented and diverse ‘class’ spectrum. It was noteworthy that the eighteenth-century saw the rise of the ‘middling-sort’, those of middle or medium rank in society, many the beneficiaries of the Industrial Revolution, who could afford and sought more regular medical care. This increasing demand in conjunction with the effects of the extensive mid-eighteenth-century hospital building programme⁶⁸ and increased spending on medical care under the Poor Law⁶⁹, created a significant rise in doctoring. Demand created opportunity - opportunity spawned diversity. Thus, in the medical sphere, those that made a living from sickness varied from ‘regulars’, the ancient profession of physician, surgeon and apothecary, to the ‘irregulars’, empirics, usually referred to as quacks, [those with no formal training] and cunning-folk. Yet terms such as ‘Quackery’ remain difficult to define both contemporaneously and subsequently. For example, Michael Neve has claimed that Quackery ‘was a product of

⁶⁷ Watson, *The reign of George III*, p.36.

⁶⁸ Porter, *Disease, medicine and society*, pp.30-32.

⁶⁹ S. King, *A Fylde country practice: medicine and society in Lancashire, circa 1760-1840* (Lancaster: Centre for North-West Regional Studies at the University of Lancaster, 2001), p.39. The graph, 3.5 on p.39, illustrates that in five Lancashire towns the increase in proportion of medical and medical-related expenditure as a proportion to total Poor Law expenditure had increased from below 5% in 1788 to over 20% by 1818.

consumer self-help⁷⁰ and that such medical remedies ‘were actually being sought by the patients themselves’⁷¹. Patients would demand whatever treatments they believed worked from whoever offered such treatments. Porter has suggested that, ‘the best way to approach quackery is to view it as the most entrepreneurial sector of medicine’⁷². While Irvine Loudon has suggested that the period between the late eighteenth-century and the middle of the nineteenth-century earned the title ‘The period of medical reform’⁷³, it was not until toward the end of the reign of George III that central government attempted to control, albeit with very limited success, the supply of medical services, initially through the Apothecaries Act of 1815. Thus the ‘profession’ of doctoring slowly began to emerge from its more informal eighteenth-century roots. The complex nature of the medical landscape forms an important backdrop to this study and sets in context why healthcare within the household was influenced by both continuities and change, a theme developed throughout this thesis. Importantly, the professionalisation of doctoring, especially in the provinces, would prove to be an important aspect of the medical landscape that will now be considered.

The Development of the Profession of Doctoring and the Place of Doctoring in their society

Medicine was in a state of some stagnation during much of the early Georgian period for two key reasons. Firstly, the number of medical graduates from Oxford and Cambridge fell compared to the previous century and ‘Overall, Georgian England failed to provide medical training adequate to its needs.’⁷⁴ Accordingly, many sought their medical education elsewhere, in Paris or Edinburgh, particularly for surgery. Secondly,

⁷⁰ M. Neve, ‘Orthodox and fringe: Medicine in late Georgian Bristol’, in *Medical fringe & medical orthodoxy 1750-1850*, ed. by W. F. Byrum and R. Porter (London: Croom Helm, 1987), pp. 40-55 (p.44).

⁷¹ Neve, ‘Orthodox and fringe’, p.44.

⁷² Porter, *Disease, medicine and society*, p.41.

⁷³ I. Loudon, ‘Medical practitioners 1750-1850 and the period of medical reform in Britain’ in *Medicine in society*, edited by A. Wear (Cambridge: Cambridge University Press, 1992), pp.219-247 (p.219).

⁷⁴ Porter, *Disease, medicine and society*, p.29.

medicine in England during this period ‘remained formerly straightjacketed in its traditional, three-tiered, hierarchical structure’⁷⁵, physician, surgeon and apothecary. Although the Apothecary Act of 1815 brought some order to an element of the profession, even the Medical Act of 1858 failed to fully exclude so-called Quacks from what were deemed to have been inappropriate practises but which, as Neve observed, were in demand by patients⁷⁶.

Despite these two limiting developments, certain aspects of professionalisation began to emerge from the mid-eighteenth-century. For example, while ‘the Georgian doctor deployed a lexicon fairly close to common speech’⁷⁷, there was an increasing propensity for physicians to generate their own language⁷⁸. This form of language used Latin and hieroglyphics, unintelligible to the lay person. In addition to the use of elite language, suitable behaviours and appropriate symbols were developed. An increasing awareness for the necessity of confidentiality resulted in doctors usually being soberly dressed, discreetly behaved and evolving a ‘bed-side manner’ appropriate to being able to communicate effectively with the wealthier patients without exceeding the bounds of polite society. The emerging ‘professional’, apart from being respectable and conformist with a fine house in which to entertain, would carry a leather bag with his instruments in it and avoid being tarnished with ‘being in trade’. Anthony Trollop’s hero, Dr Thorne, seems atypical and individualistic in mixing and prescribing his own medicaments. However, ‘medicine – despite the genteel pretensions of its upper echelons – was essentially determined by market forces’⁷⁹ and medical professionals would tend to establish behaviours appropriate to the market segment in which they

⁷⁵ Porter, *Disease, medicine and society*, p.29.

⁷⁶ Neve, ‘Orthodox and fringe’, p.44.

⁷⁷ *Language, self, and society: A social history of language*, ed. by P. Burke & R. Porter (Cambridge: Polity Press, 1991), p.278.

⁷⁸ King, *A Fylde country practice*, p.51.

⁷⁹ *Language, self and society*, ed. by Burke & Porter, p.279.

served. The supply of medical services during the Georgian period was essentially a consumer market place. Even the poorest became consumers as illustrated by rising expenditure on medical care under the Old Poor Law. Additionally, as a result of the continued diversity of the medical practitioners offering various services, consumers could ‘shop around’. Thus, there was considerable price elasticity such that for some practitioners, ‘the better-off patients effectively subsidised the less affluent’⁸⁰.

The national market place, with uncertainty of supply, variable pricing and the questionable clinical value of an immature science, was diverse and multifarious. A further variation was that national developments ‘do not necessarily translate easily or completely to the local and regional context’⁸¹. Thus, the complex evolving market place during the late eighteenth and early nineteenth centuries may be seen as a reflection of many factors. These included, firstly, the changing dynamics between urban and rural communities through industrialisation, to which Fee and Porter have referred⁸², secondly, the diverse geographical health environments illustrated by King⁸³, and thirdly, a varying regional supply of physicians, for example, by more than 1 to 4 between London and the North Midlands⁸⁴.

On the supply side, doctor/patient ratios varied considerably from region to region. According to Simmons’s *Medical Register* of 1783⁸⁵, ratios could range by county from less than 1 in 1000 to over 1 in 3000, outside London. Despite rising demand in general, many doctors struggled, ‘first to create and then maintain an

⁸⁰ Digby, *Making a medical living*, p.49.

⁸¹ King, *A Fylde country practice*, p.33.

⁸² E. Fee and D. Porter, ‘Public health, preventative medicine and professionalisation: England and America in the nineteenth century’ in *Medicine in society*, ed. by A. Wear (Cambridge: The Press Syndicate of the University of Cambridge, 1992), pp.249-275 (p.250).

⁸³ King, *A Fylde country practice*. This work raises the issue of regionality in sickness, medication and the practice of medicine.

⁸⁴ Digby, *Making a medical living*, p.189, table 6.2.

⁸⁵ Digby, *Making a medical living*, p.22.

economically viable practice'⁸⁶. It was usually only those doctors who understood the nature of the market place that succeeded. Specifically, they needed to establish a territory, stabilise and extend the patient base, court the middling families and marginalise the opposition if possible. In *Middlemarch*, for example, George Eliot demonstrated the nature of such competition in the medical marketplace of the late 1820s through the conflict between Drs Wrench and Lydgate in their desire to serve the Vincy family. Pertinently, in an anonymous article of the 1840s, 'Our Doctor' published in the *Ladies' Cabinet*, the writer commented that, 'our doctor is seldom long absent if he once obtains footing in a family'⁸⁷. Further, the demand for medical care was not for many an act of patronage, 'since an economic transaction between doctor and patient was infused with cultural assumptions and expectations'⁸⁸. Untypically, the secular spirited Thomas Beddoes (1760-1808), imbued with the Enlightenment, sympathetic to the ideas of revolution and regarding religion as the phantom of the brain, believed that,

Doctors made people sick. Beddoes saw that was true, both thanks to their gross ineptitude, malpractice, and unsafe therapeutics, but also because it was the medical profession that "trained" people to be conventional patients.⁸⁹

'People talked themselves sick; Beddoes wanted to talk them well.'⁹⁰ According to Beddoes, the medical profession needed to be cured of its avarice; doctors to be trained for six years; quacks to be banished and the patient to stop self dosing in order to be cured by well trained doctors. Apart from Beddoes, William Buchan and James Parkinson, most 'railed against the Old Corruption', claiming that the professional

⁸⁶ Digby, *Making a medical living*, p.6.

⁸⁷ Anonymous, 'Our doctor' in *Ladies' cabinet* (London: George Henderson, 1844), p.385.

⁸⁸ Digby, *Making a medical living*, p.6.

⁸⁹ Porter, *Doctor of society*, p.4.

⁹⁰ Porter, *Doctor of society*, p.4.

environment ‘was symptomatic of the rottenness of the *ancien regime* body politic’⁹¹.

Despite the pessimism of these reformers, Porter has suggested that

Improvement was in the air, “Many peasants at present know better how to use some of the most important articles in the *materia medica* than physicians did a century ago.”⁹²

While contemporary evidence would suggest that lay medical knowledge had improved during the eighteenth-century, largely through greater dissemination, how well do modern historians understand the medical environment in England during that century?

In such a changing medical environment in which, as already suggested, suffering, pain and the visitation of death were often perceived within the religious context of a pathway to ‘Eternal Life’, the patient’s understanding of the medical practitioner’s role needs to be considered.

From the heritage of the seventeenth-century Puritans, ‘for both religious writers and laymen there was a close connection between religion and medicine’⁹³. While medical remedies improved during the eighteenth-century, often at the expense of religious or magical means, the heritage of the Puritans remained strong. Furthermore, ‘Few people thought that medicine and the Divine Will were at odds’⁹⁴. Religious language and behaviours often dominated those who suffered ill health. Dr Dyer of Bristol was a prime example of the conflation of belief and medical practise; ‘When Dyer took medicine, or decided what to prescribe for others, he sought God’s guidance and blessing.’⁹⁵ In matters of the ‘amorous twins’⁹⁶ of body and soul, Wesley, ‘The

⁹¹ Porter, *Doctor of society*, p.158.

⁹² Porter, *Doctor of society*, p.160.

⁹³ A. Wear, ‘Puritan perceptions of illness in seventeenth-century England’ in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge: The Press Syndicate of the University of Cambridge, 1985), pp.55-99 (p.67).

⁹⁴ Porter, *Disease, medicine and society*, p.22.

⁹⁵ J. Barry, ‘Piety and the patient: Medicine and religion in eighteenth-century Bristol’, in *Patients and practitioners: Lay perceptions of illness in pre-industrial society*, ed. by R. Porter, pp.145-175 (p.151).

⁹⁶ A. Wear, ‘Puritan perceptions of illness in seventeenth-century England’, p.67.

Divine’, wrote ‘the century’s most popular medical self-help text, *Primitive Physick*’⁹⁷. Consistent with Wesley’s advice, traditional herbal cures and quack remedies, particularly in rural areas, would have been the order of the day for many.

However, there were developments in both facilities and practical skills during the eighteenth and nineteenth centuries. For example, the number of English voluntary hospitals had grown substantially from just one, in 1720, the Westminster Infirmary, to thirty three in 1800⁹⁸, expanding again to 150 general hospitals by 1861⁹⁹. But, hospitals were often seen as dangerous places, becoming ‘establishments of last resort, the feared “gateways to death”’¹⁰⁰.

The establishment of lying-in hospitals in the seventeenth-century, and many more in eighteenth-century London, had led to epidemics of childbed fever. Everyone knew that many more women died in hospital – now and then as many as eighty per cent.¹⁰¹

Notwithstanding the fears of many, ‘For some, epistemological changes explain the rise of the hospital.’¹⁰² And, from the end of the eighteenth-century, ‘A radically new approach was taken to medicine, which placed the hospital as the centre of healthcare.’¹⁰³ The practical skills of the surgeon improved during the latter part of this period from the surgical procedures developed and practised by those who served in the army or navy during wars with France. Yet, it was not until the Medical Act of 1858 that the medical profession focused on improving its training techniques and even then the effect was mixed. Although by the early nineteenth-century the market place had developed considerably, there was little more understanding of the origins of disease

⁹⁷ R. Porter and D. Porter, *In sickness and in health: The British experience 1650-1850* (London: Fourth Estate Ltd., 1988), p.26.

⁹⁸ Digby, *Making a medical living*, p.233.

⁹⁹ Digby, *Making a medical living*, pp.32/33.

¹⁰⁰ G. B. Risse, ‘Medicine in the age of enlightenment’ in *Medicine in society*, ed. by A. Wear (Cambridge: The Press Syndicate of the University of Cambridge, 1992), pp.149-195 (p.186).

¹⁰¹ Gordon, *Mary Wollstonecraft*, p.356.

¹⁰² L. Granshaw, ‘The rise of the modern hospital in Britain’ in *Medicine in society*, edited by A. Wear (Cambridge: The Press Syndicate of the University of Cambridge, 1992), pp.197-218 (p.199).

¹⁰³ Granshaw, ‘The rise of the modern hospital in Britain’, p.199.

than in 1700. Digby has quoted Benjamin Franklin (1706-1790) as saying that, “God heals and the doctor takes the fee.”¹⁰⁴ Specifically, King has presented evidence from Lancashire’s rich collection of commonplace books which suggest that the development of increasingly sophisticated remedies, including non-herbal substances, coupled with their very retention implied that, ‘many of the traditional remedies ... were soundly based and reasonably efficacious’¹⁰⁵. The impact of this long term consumer-led trend was that the middling classes ‘in particular became well informed and grasped the belief that illness could and should be cured rather than simply being borne with resignation’¹⁰⁶. Accordingly, ‘By the 1820s, middling patients and the poor were spending more of their medical lives under supervision of the doctor than had been the case in 1750.’¹⁰⁷

Yet, a synthesis of contemporary literature presented in this chapter strongly suggests that medical knowledge, therapeutic efficacy and the availability of effective medical services failed to meet basic clinical needs during the period 1760 to 1830 and such services were little better than a century earlier. Notwithstanding such an assessment, trust in doctors, if patchy, was improving, hospitals, if still feared, were increasing in numbers, and there was an increasing appreciation among some medical practitioners of the value of regimen to good health. But the vast majority (the sick, the injured and the dying) had no choice but to be cared for by members of the family in their home or the household where they resided. Importantly, it has been argued by King and Timmins that an effect of the Industrial Revolution ‘was an enhanced role for the family and kin in acting as a welfare insurance policy against life-cycle and trade-

¹⁰⁴ Digby, *Making a medical living*, p.310.

¹⁰⁵ King, *A Fylde country practice*, p.57.

¹⁰⁶ King, *A Fylde country practice*, p.33.

¹⁰⁷ King, *A Fylde country practice*, p.33.

cycle vagaries'¹⁰⁸. Further, Joan Lane has contended that, 'Most illnesses were treated in the home and children were rarely attended by a medical practitioner.'¹⁰⁹ The implication of Lane's contention is that the contemporary social unit, family or household, was not just a recipient of medical services from external practitioners but was itself a provider of medical care, most importantly for children. This combination of necessity on the one hand and increasing importance of the family as a centre of welfare on the other, raise important questions of the nature, function and effectiveness of the 'family', which bore the burden of sickness, injury and death during this period. Accordingly, the importance of an understanding of the nature of the late Georgian family unit, or household, is critical when assessing contemporary healthcare.

The History of the Family during the late Georgian period

Although earlier historians discussed the nature, structure and development of the family, the history of the family as a distinct discipline is comparatively new¹¹⁰. While published scholarship related to this discipline is now very extensive, the current literary review will be limited to that which enables an appreciation of the late Georgian social unit, the family, within which indisposition was suffered and the burden of care borne.

Historians have approached this new discipline in various ways, whether from the reconstruction of the contemporary social unit through demographics, gaining an understanding of evolving social relationships, examining the influences of household economics or appreciating the nuances of language and usage. Not surprisingly, early attempts to establish this pioneering discipline has been subject to some contention. In

¹⁰⁸ S. King and G. Timmins, *Making sense of the industrial revolution: English economy and society 1700-1850* (Manchester: Manchester University Press, 2001), p.276.

¹⁰⁹ J. Lane, *A social history of medicine: Health healing and disease in England, 1750-1950* (London: Routledge, 2001), p.2.

¹¹⁰ Anderson, *Approaches*, p.17.

1977 Lawrence Stone published a seminal, if much contested work¹¹¹, based largely on the elite. He opined that during the period 1450 to 1800, there had been three distinct phases of development, the open lineage family, the restricted patriarchal family, and the closed domesticated nuclear family¹¹². One of Stone's most contentious assertions was that 'parents were indifferent or neglectful until a "turning point" (generally post Locke or post Rousseau) after which the child-centred family gained predominance'¹¹³. In contradiction, revisionists, having analysed parents responses to their children during this time, have demonstrated 'continuity in parental love'¹¹⁴. Most recently, Antony Fletcher has suggested that,

There is no other subject which provides us with such heartfelt outpouring of the emotions of parenthood as the death of children. Cumulatively, this evidence, in diaries, journals and correspondence, is the bedrock of the argument that parental love and affection was constant, powerful and virtually invariable from 1600 to 1914.¹¹⁵

Against this contentious background, what may be learnt from recent literature about the household environment in which the sick and dying were cared for?

While Stone and others have given insights into the structure, function and meaning of the term 'family', it must be recognised that the period under consideration saw rapid social change. Specifically, King and Timmins, when considering the period from 1700 to 1850, have claimed, 'that the Industrial Revolution had a profound effect on the form and function of English families and households'¹¹⁶. Further, Berry and Foyster have claimed that 'The family mutates, and the writing of family history must

¹¹¹ L. Stone, *The family, sex and marriage in England 1500-1800* (London: Weidenfeld and Nicolson, 1977).

¹¹² Stone, *The family, sex and marriage*, pp.4-9.

¹¹³ J. Bailey, 'Reassessing parenting in eighteenth-century England' in *The family in early modern England*, ed. by H. Berry and E. Foyster (Cambridge: Cambridge University Press, 2007), pp.209-232 (p.210).

¹¹⁴ Bailey, 'Reassessing parenting', p.210.

¹¹⁵ A. Fletcher, *Growing up in England: The experience of childhood 1600-1914* (New Haven and London: Yale University Press, 2008), p.81.

¹¹⁶ King and Timmins, *Making sense of the industrial revolution*, p.275.

do so too.’¹¹⁷ Accordingly, if the environment in which indisposition was endured and death suffered is to be understood, the diverse and often contentious insights about the family unit must be appreciated within the context of a profoundly changing social environment. The principle analytical methodologies established for family history will now be briefly considered.

‘Demography offered (and in many respects still presents) the least parochial approach to the study of the English family’¹¹⁸. Resultant analysis established ‘family reconstruction’¹¹⁹ through the use of data from relevant records including those of baptisms, marriages and burials. Reconstruction and analysis of the household facilitates measurement but fails to generate understanding of familial dynamics or personal relationships within the household, or family.

Recognising the shortcomings of demography, four writers, Ariès, Flandrin, Shorter and Stone¹²⁰, using diverse methodologies, have suggested that the modern family is increasingly seen ‘as a web of symbols and ideas’¹²¹. It has been suggested that the eighteenth and nineteenth centuries witnessed the changing meaning of the term ‘family’, notably an increasing discreteness of the conjugal unit. ‘Flandrin concludes that “the concept of the family, as it is most commonly defined today, has only existed in western culture since a comparatively recent date.”’¹²² Shorter contended that a conjugal, or nuclear, family, “is a state of mind rather than a particular kind of structure or set of household arrangements”¹²³. Such a family unit embraced segregation, ideas of privacy and domesticity. The home became a haven of privacy and security in which an increase in family autonomy was matched by the rise of the

¹¹⁷ Berry and Foyster *The family in early modern England* p.7.

¹¹⁸ Berry and Foyster *The family in early modern England* p.5.

¹¹⁹ Anderson, *Approaches*, p.17.

¹²⁰ Anderson, *Approaches*, p.39.

¹²¹ Anderson, *Approaches*, p.39.

¹²² Anderson, *Approaches*, p.41.

¹²³ Anderson, *Approaches*, p.45.

individual. Contentiously, for Shorter, changes in the family were, ‘a reflection of the replacement of a traditional “moral” economy by “market capitalism”¹²⁴, while for Stone, changes from the late sixteenth century to the eighteenth century were bound up with ‘changes in religious, philosophical and political thought and also with popular attitudes to the role and rights of individual rights in society’¹²⁵. Yet the common thread of these two ideas is the critical factor of the rise of the individual. Increasing individuality, it is suggested, would inevitably have influenced the manner in which the sick and dying were treated. While Anderson has argued that,

we still lack any really satisfactory account of the relationship between the emergence of ideas like privacy, domesticity and of any change in emotion on the one hand, and the economic transformations of the period 1700 to 1870 on the other¹²⁶,

the significance of household economics needs to be considered.

Writers such as Berkner, Goody, Goubert and Flandrin sought to interpret households and families through ‘the context of the economic behaviour of their members’¹²⁷, being strongly influenced by ‘the methodology (as opposed simply to the techniques) of the social sciences’¹²⁸. The issues revolve around resources which

become available to the family and to its members, on strategies which can be employed to generate and exploit resources, and on the power relationships which arise as a by-product of these activities¹²⁹.

As illustrated by Goody, inheritance and the manner in which property was transmitted had a critical influence not only on the manner in which the ‘reproduction of the social system is carried out’¹³⁰ but also the quality of relationships, family structures and alternative social arrangements including levels of migration and age of marriage.

¹²⁴ Anderson, *Approaches*, p.61.

¹²⁵ Anderson, *Approaches*, p.62.

¹²⁶ Anderson, *Approaches*, p.64.

¹²⁷ Anderson, *Approaches*, p.65.

¹²⁸ Anderson, *Approaches*, p.65.

¹²⁹ Anderson, *Approaches*, p.66.

¹³⁰ Anderson, *Approaches*, p.67.

Importantly, strategies often employed unconsciously by families to maintain their standard of living through the family's ability to generate value were often constrained by a number of factors. These included, apart from the size of the family, growth in the number and longevity of the household, the mode of production in which the family was employed, the income generating potential there from, the law and custom and practice under which the assets were managed, the intervention of external influences and the innate ability of family members to manage such diverse influences. As an example, poor households, and paupers in particular, would often regulate the size of household 'by sending "surplus" children into service at an early age'¹³¹. The landless often became migrant workers moving where ever they could find work, often in agricultural labour and being subject to the vicissitudes of the seasons. Further, many markets were inherently unstable often resulting in rises in the unemployed and increased pauperism. Further, this was a period of increasing longevity which inevitably gave rise to three generational households and raises issues of those under-researched questions of the part played by grandparents in family life and, also an important theme of this thesis, their participation in family healthcare. Additionally, Naomi Tadmor has raised a number of issues related to language and specifically the contemporary meaning of the 'family' within which healthcare was largely managed.

In her 2001 publication¹³² Tadmor aimed to achieve three objectives; 'to discuss anew historical concepts of family and household, kinship, friendship and patronage', to offer a new 'systematic analysis of historical linguistic usages' and finally, to explore 'new links between the history of the family and eighteenth-century social and cultural history'¹³³. All three contributions facilitate comprehension of the nature of the primary

¹³¹ Anderson, *Approaches*, p.71.

¹³² N. Tadmor *Family & friends in eighteenth-century England: Household, kinship, and patronage* (Cambridge: The Press Syndicate of the University of Cambridge, 2001).

¹³³ Tadmor, *Family & friends*, p.17.

social unit, the family or household, within which sickness and disease were managed. Tadmor's contribution to an improved understanding of the family was that her analysis related to "contemporaneous comprehension and usage". For example, Tadmor used Samuel Johnson's primary 1775 definition of a family as "those who live in the same house"¹³⁴. Tadmor illustrated the importance of this concept with a quotation from the diary of an eighteenth-century shopkeeper, Thomas Turner, when he, a childless widower, wrote of 'his family'¹³⁵. She also gave examples of such usage in eighteenth-century novels. In Samuel Richardson's novel *Pamela*, Mr B complained that, "I would be little justified to *my Family*, that you have no reason to complain of hardships from me."¹³⁶ Mr B was both an orphan and a bachelor. Another phrase which is evident in contemporary texts is the phrase, '*to be taken into the family*'¹³⁷. In Samuel Richardson's treatise *The Apprentice's Vade Mecum*, an apprentice-boy was said to be, "taken into a Family in so intimate a Relation as that of an Apprentice"¹³⁸. In contrast, in Haywood's *Betsey Thoughtless*, 'Mr Thomas Thoughtless objects to "taking[his sister] into his family"'¹³⁹. The evidence suggests that during the eighteenth-century, 'family' was not dependent upon conjugal relationships. Accordingly, during a period when the concept of 'family' was based upon the idea of a 'household community', it raises the issue of whether the term 'extended family' has any historical relevance when researching eighteenth-century records. Specifically, when referring to the eighteenth-century social alignments of family and friendship relationships and the importance of kinship, whether corresponding directly to blood ties or not, Tadmor argued that,

It was the focus on the nuclear family as the prototype of household and family relationships, and the anachronistic demarcation of familial and non-familial

¹³⁴ Tadmor, *Family & friends*, p.19.

¹³⁵ Tadmor, *Family & friends*, p.21.

¹³⁶ Tadmor, *Family & friends*, p.21.

¹³⁷ Tadmor, *Family & friends*, p.23.

¹³⁸ Tadmor, *Family & friends*, p.23.

¹³⁹ Tadmor, *Family & friends*, p.23.

relationships, I suggest, that has led historians to overlook the significance of historical alignments such as these.¹⁴⁰

Moreover, she claimed that the evidence in her publication, ‘makes it impossible to regard “the nuclear family” as the abiding organisational and cultural epitome of domestic and familial relationships in seventeenth and eighteenth-century England’¹⁴¹. While recognising Tadmor’s contribution to the contemporary meaning of ‘family’, critical aspects of family life, which had a direct influence within the sick household, remain under researched and ill defined.

In a 2007 publication¹⁴² celebrating the thirtieth anniversary of Stone’s seminal work, nine writers undertook ‘a survey of the terrain that has been charted since then, through which Stone forged a pioneering trail’¹⁴³. Of the various aspects of the family in early modern England dealt with by these historians, Bailey’s reassessment of parenting in the eighteenth-century is most pertinent to this study. Critically important are her assertions that while ideas about childhood tended to mutate, it is important to understand ‘definitional boundaries to include a variety of parenting relationships across life-courses, across generations, and (where servants were concerned) across class’¹⁴⁴.

Bailey has claimed that parent-child relationships have not been taken beyond the revisionist stage¹⁴⁵. Further, she has asserted that, ‘the role of gender in shaping the experience and representation of parenting is in its infancy, especially where fatherhood is concerned’¹⁴⁶. Bailey also sought to deal with, ‘the tensions that parenting caused between spouses and the ways in which ideas about gender influenced parenting as the

¹⁴⁰ Tadmor, *Family & friends*, p.273.

¹⁴¹ Tadmor, *Family & friends*, p.275.

¹⁴² *The family in early modern England*, ed. by H. Berry and E. Foyster, (Cambridge: Cambridge University Press, 2007)

¹⁴³ *The family in early modern England*, ed. by Berry and Foyster, p.1.

¹⁴⁴ Bailey, ‘Reassessing parenting’, p.232.

¹⁴⁵ Bailey, ‘Reassessing parenting’, p.210.

¹⁴⁶ Bailey, ‘Reassessing parenting’, p.211.

eighteenth century progressed'¹⁴⁷. Specifically, attitudes were evolving during the course of the century from the puritan idea that each new-born was stained with 'original sin', through the Lockean concept of the new-born 'clean slate' to the Rousseauian 'celebration' of childhood itself. Yet, such successive ideas did not replace one idea with the next one, rather they tended to mutate. Accordingly, to illustrate contemporary perceptions, particularly relating to fatherhood, Bailey reviewed a number of legal cases in addition to eighteenth century publications. A letter in the *Gentleman's Magazine* of 1732 from one, Mrs Heatfelt, reflected her view of good fatherhood; "the Care of his Family, and feeding his children [which] is more reputable and prudent than the Care of his Hunters, and feeding his Cocks and other Animals"¹⁴⁸. Yet, Isabella Ettrick's deposition of 1767 at the proceedings for separation between her son and her daughter-in-law observed that her son, William, had seen his own daughter while being nursed, "and took as much Notice of it as parents generally do of children that age"¹⁴⁹. However, by the end of the century, as illustrated by a letter from J. G. Stedman to his son published in the *Gentleman's Magazine* in 1793, private expressions of loving parental involvement abounded¹⁵⁰. Contemporaneously, legal cases demonstrated the 'growing importance of idealised motherhood in symbolising domestic and marital harmony'¹⁵¹. The 'good mother' was nurturing and self-sacrificing while fathers were expected to move closer to the model expected of their spouses, specifically, so that both parents should, 'put their children's individual interests ahead of their own'¹⁵².

¹⁴⁷ Bailey, 'Reassessing parenting', pp.212/213.

¹⁴⁸ Bailey, 'Reassessing parenting', p.220.

¹⁴⁹ Bailey, 'Reassessing parenting', p.218.

¹⁵⁰ Bailey, 'Reassessing parenting', p.222.

¹⁵¹ Bailey, 'Reassessing parenting', p.224.

¹⁵² Bailey, 'Reassessing parenting', p.232.

In summation, the History of the Family has evolved rapidly, with many historians examining diverse aspects of a complex subject. Much remains under researched, in particular that related to fatherhood, while the place of grandparents has largely been ignored, only one limited discussion on the subject having been quoted by Bailey. Importantly,

the study of parenting needs to explore the role of gender in moulding mothers and fathers in their interaction with their children, and must recognise that children influenced parents as well as vice versa¹⁵³.

Appropriately, therefore, in recognition of the importance of the locus of the family in the management of healthcare and the fundamental importance of gender to the dynamic of the family, consideration will now be given to aspects of gender during the late Georgian period, thus enabling a greater understanding of the manner in which the family unit dealt with the traumas of indisposition and death.

Gender and the late Georgian period

How shall I be a Peter or a Paul?
That to the Turk and Infidel,
I might the joyful tidings tell,
And spare no labour to convert them all:
But ah my sex denies me this,
And Mary's Priviledge I cannot wish,
Yet hark I hear my dearest Saviour say,
They are more blessed who his Word obey.¹⁵⁴

It was thus that the celebrated Mary Astell (1666-1731) saw her dilemma; on the one hand, her determination to live an independent, productive and devoutly religious life, yet, on the other hand, her recognition of the constraints placed upon her due to her sex. A conservative High Churchwoman who 'staunchly declared that women, too,

¹⁵³ Bailey, 'Reassessing parenting', p.232.

¹⁵⁴ M. Astell, 'Rawlinson Manuscript of Mary Astell's Poetry, 1689' in R. Perry, *The celebrated Mary Astell: An early English feminist* (Chicago & London: The University of Chicago Press, 1986), p.403, v. IV.

were pre-eminently rational¹⁵⁵, she was learned, eloquent and her theological position was unimpeachable. By the end of the century, Astell's voice, 'arguably the first systematic feminist theoretician in the West'¹⁵⁶, was both heard and celebrated. However, she last wrote for public consumption in 1709¹⁵⁷ and despite her celebrated reputation, the influence of her written word soon declined and was eventually lost to view. Yet, the social, political and religious constraints on women during the seventeenth and early eighteenth centuries, so assiduously articulated by Astell, were to remain well into modern times. Although Astell's voice fell silent, other women's voices were increasingly heard and eventually established by the feminist movement of the twentieth century. Yet, constraints on women's behaviour must have been established, maintained, or at least tolerated by the behaviour of men. Importantly, therefore, during the period under consideration, 1760-1830, when members of the household faced the common experiences of sickness, childbearing, and death, what influences did such diverse gender behaviours have on the management of healthcare within the household? To address such a question, it is necessary to briefly consider the origin of gender studies, its historiography and the resultant evolving understanding of representation, relationships and responsibilities.

Traditional historical narrative has been conceived basically as the history of men. The modern response to such an apparently prejudicial view of the past has been two fold. Firstly, was the desire, particularly among women, to write the history of women, which emerged as a significant category of historiography in the 1960s; secondly, and concurrently, there was an imperative to confront and reassess the traditional perceptions of the constraints on women's behaviour by reconsidering the narrative of the past as seen through a feminist prism. In the event, the focused study of

¹⁵⁵ Perry, *The celebrated Mary Astell*, p.xi.

¹⁵⁶ Perry, *The celebrated Mary Astell*, p.xi.

¹⁵⁷ Perry, *The celebrated Mary Astell*, p.5.

women exposed the inadequacy of the manner in which men had been represented in the traditional historical narrative. Further, it also raised questions about the complex social dynamics between the sexes and to what extent such diverse gender perceptions were social, political or religious constructions. Accordingly, questions were raised about the generic place of 'manhood' in the historic narrative and to what extent traditional historical narrative failed to present a cogent representation of man. Logically, the establishment of gender history, 'takes as its premise that ideas of "manhood" were as much social and cultural constructions as those of "femininity"'¹⁵⁸. Importantly, 'One reason why feminists have come to feel happier with the study of masculinity is that its full subversive potential is becoming visible'¹⁵⁹. Chronologically, 'Gender as a category of historical analysis first appeared in the writing of American feminists in the 1970s.'¹⁶⁰ Subsequently, gender as a separate category appeared in the United Kingdom in the 1980s and by the 1990s the historiography had become substantial with writers such as Hannah Barker, Elaine Chalus, M. E. Fissell, Elizabeth Foyster, Robert B. Shoemaker and John Tosh. From such a body of recent scholarship, what relationships between the sexes have been revealed that are pertinent to an understanding of the management of healthcare within a Georgian household?

Ideas of appropriate relationships between men and women in the eighteenth and nineteenth centuries were very different to that of later generations. To contemporaries, differences between men and women were self-evident, reinforced by scriptural texts and classical commentaries, particularly those ideas emanating from Aristotle. Apart from the obvious biological differences, the teachings of religion and medicine

¹⁵⁸ E. Foyster, *Manhood in the early modern England: Honour, sex and marriage* (Harlow: Addison Wesley Longman Limited, 1999), p.1.

¹⁵⁹ J. Tosh, *Manliness and masculinity in nineteenth-century Britain: Essays on gender, family and empire* (Harlow: Person Education Limited, 2005), p.30.

¹⁶⁰ R. B. Shoemaker, *Gender in English society 1650-1850: the emergence of separate spheres?* (Harlow: Addison Wesley Longman Limited, 1998), p.1.

apparently complemented each other. Scripture implied, at least to the early modern mind, that women were inferior to men in that,

Wives, submit yourselves unto your own husbands, as unto the Lord. For the husband is the head of the wife, as Christ is head of the Church: and he is the saviour of the body. Therefore as the Church is subject unto Christ, so let the wives be to their own husbands in every thing.¹⁶¹

Nonetheless, women were seen as having special qualities expressed, for example, by the veneration of the Virgin Mary by Catholics, and the Lutheran concept of the ‘priesthood of all believers’ maintained by protestants. While the Christian message was to some extent ambiguous, in reality, irrespective of women’s special virtues, women in society were seen as essentially inferior. Under Aristotelian concepts, which had implications for medical practices well into the early modern period, men were seen as hot and dry and women were cold and wet. Here too, biologically, women were deemed by Aristotle to be inferior and having been referred to, in a questionable translation, as ‘botched men’. Such a concept was vigorously opposed by Luther; ‘Enlightened thinkers insisted that women were endowed with rational souls equivalent to men’s; hence, their minds deserved to be educated.’¹⁶² Nonetheless, it was exceptionally rare for either men or women to speak or write in favour of ‘greater freedom, social, economic or political, or for radically new roles or rights’¹⁶³. One of those who challenged the *status quo* was Mary Wollstonecraft (1759-1797). She had had an itinerant childhood, a violent father, an abused mother and siblings who throughout her adult life had looked to her for care and financial support. In 1784 she had an opportunity to teach and moved to a school in Newington Green where she came under the influence of the dissenting theology and friendship of Richard Price. She also met other radicals including Dr Johnson (1709-1784).

¹⁶¹ *The Holy Bible* [King James translation], The epistle of Paul to the Ephesians, Ch. 5, Vs. 22 to 24.

¹⁶² R. Porter, *Enlightenment: Britain and the creation of the modern world* (London: The Penguin Press, 2000), p.334.

¹⁶³ Porter, *Enlightenment*, p.334.

Although as a radical, Wollstonecraft opposed Rousseau's (1712-1778) view of the limited place women should take in society, she was, nonetheless, influenced by his philosophy and in particular his concept of a return to 'nature' which 'co-existed with talk of "rights", but Wollstonecraft was seeking something more than political rights'.¹⁶⁴ In her first novel, *Mary, A Fiction*, published in 1788, Wollstonecraft aimed to demonstrate that a woman, "who has thinking powers may be allowed to exist" as a fictional *possibility*'¹⁶⁵. Writing later in *A Vindication of the Rights of Women*, she first called for a "REVOLUTION in female manners"¹⁶⁶. Such a revolution in female manners, Wollstonecraft claimed, would dramatically change both genders very much to the good.

It would produce women who were sincerely modest, chaste, virtuous, Christian; who acted with reason and prudence and generosity. It would produce men who, rather than being trained to become petty household tyrants or slave-masters over their female dependents or "house-slaves" – would treat women with respect and act towards all with benevolence, justice and sound reason.¹⁶⁷

Reason was at the heart of her demand for both political equality and gender equality which, in turn, would result in women's freedom.

To the radical thinkers of the day there appeared to be a direct link between the protest of women and the aspirations of the working class. Such an alliance was forged 'between sex and class goals which emerged, a quarter-century later, in the Owenite movement'¹⁶⁸. While the respectable society followed the lead of those such as Hannah More, the working classes were rather more ambivalent. 'By the 1830s most of these working-class supporters of women's rights had declared for Owenism, and merged

¹⁶⁴ Gordon, *Mary Wollstonecraft*, p.97.

¹⁶⁵ Gordon, *Mary Wollstonecraft*, p.97.

¹⁶⁶ A. K. Mellor, 'Mary Wollstonecraft's A vindication of the rights of women and the women writers of the day', in *The Cambridge companion to Mary Wollstonecraft*, edited by Claudia L. Johnson (Cambridge: The Press Syndicate of the University of Cambridge, 2002), pp.141-159 (p.142).

¹⁶⁷ Mellor, 'Mary Wollstonecraft's 'A vindication'', p.142.

¹⁶⁸ Taylor, *Eve and the New Jerusalem*, p.15.

their feminist rhetoric with that of the new movement'¹⁶⁹, while many of the better-off working classes had become increasingly conservative. The 'ideals of womanly dependence and decorum forged in the middle class began to appear in the working class as well'¹⁷⁰. For example, by mid-century, 'the ideal working-class woman became viewed simply as 'housewife', an unwaged provider of domestic services'¹⁷¹. Moreover, 'As a general rule, neither their wives nor children "go out to work" "We keep our wives too respectable for that," one coachman boasted.'¹⁷² The early nineteenth-century saw continual change such that by mid-century,

The wage-earning wife, once seen as the norm in every working-class household, had become a symptom and symbol of masculine degradation: it "unsexed the man and takes from the woman all womanliness", as Engels wrote of the Manchester working population in 1844, with "womanliness" now firmly identified – as far as most working men were concerned – with home-based dependency.¹⁷³

Overall, then, it is suggested that gender-aspirations, male-female roles within the family, were subject to much consideration and debate during the late Georgian period, often as a result of ongoing social and political changes. However, little outward progress appears to have been made in freeing women from their traditional roles in society. Rather, particularly for the working-classes as they emerged from the upheavals of the Industrial Revolution, the position of men and women tended to polarise. While many women of literary and intellectual ability were very successful, some having found a potential new economic independence, they usually remained constrained within the restrictive private or domestic sphere, often of their own making.

In a different context, but with similar effect, the artisan in seeking respectability sought, not overtly to deprive his wife of freedom, but to be seen to support her and in

¹⁶⁹ Taylor, *Eve and the New Jerusalem*, p.82.

¹⁷⁰ Taylor, *Eve and the New Jerusalem*, p.79.

¹⁷¹ Taylor, *Eve and the New Jerusalem*, p.79.

¹⁷² Taylor, *Eve and the New Jerusalem*, p.79.

¹⁷³ Taylor, *Eve and the New Jerusalem*, p.111.

so doing consigned her to the restrictive private or domestic sphere. With the exception of very few, in particular those Owenites who wedded women's rights to demands for radical social change, the outward manifestation of gender differences was widening. His was the 'public' sphere of work while hers was the 'private' sphere of domesticity and the home.

Accordingly, in order to understand the manner in which the domestic traumas of sickness, childbearing and death were managed in the household during the late Georgian period, it is imperative to appreciate the diverse behaviours of both men and women when confronted by the demands of that private space, the 'sick room'. What were the activities normally undertaken by men and women and were they clearly defined? Further, to what extent do modern historians perceive 'separate spheres' as a coherent perception of viewing the late Georgian period? Robert Shoemaker has contended that, 'The separation of spheres was one of the fundamental organising characteristics of middle-class society in late eighteenth and early nineteenth century England.'¹⁷⁴ Vickery has further suggested that the concept of separate spheres has become, 'one of the fundamental organizing categories, if not *the* organizing categories of modern British women's history'¹⁷⁵. To what degree did the separation of spheres in reality operate in the Georgian household?

Such a concept perceived that 'public' was a man's world of work and 'private' was a woman's world of domesticity, at least for the middle-classes. However, one has to question the contemporary meaning of such words, for as Bailey has pointed out, 'In the eighteenth century this distinction (between public and private) did not have much

¹⁷⁴ A. Vickery, 'Golden age to separate spheres? A review of the categories and chronology of English women's history, *The historical journal*, 36, (1993) 383-414, (p.387).

¹⁷⁵ Vickery, 'Golden age of separate spheres?', p.389.

meaning.¹⁷⁶ As an example, a man might beat his wife on the village green, a public space, but such behaviour might well have been accepted as a private, domestic matter, where a man was seen to be correcting his wife for her inappropriate behaviour. In addition to recognising the meaning of contemporary language, historians have appreciated that during the late eighteenth and early nineteenth centuries ‘change and continuity’ were neither constant nor universal and other significant influences were at work. Importantly, a combination of industrialisation and urbanisation was the spur for wealth creation and the evolution of the middling sort into a well-to-do middle class, while the same forces resulted in the ‘degradation of working women as a consequence of capitalism’¹⁷⁷. However, in support of Bailey’s contention relating to the meaning of contemporary language, Leonore Davidoff and Catherine Hall point out that,

Public was not really public and private not really private despite the potent imagery of “separate spheres”. Both were ideological constructs with specific meaning which must be understood as products of a particular historical time.¹⁷⁸

As an example, and to illustrate Shoemaker’s contention that ‘the spheres were never truly separate’¹⁷⁹, Mrs Thrale, whose written word is a key source for this study, without any loss of reputation, was able to join her husband on the political hustings in 1765 when he was elected to Parliament and took over the management of his brewery business in 1772 when he was threatened with bankruptcy. She was heavily pregnant on both occasions. Davidoff and Hall have also contended, when considering the middle class during the period 1780 to 1850, that ‘gender and class always operate together, that consciousness of class always takes a gendered form’¹⁸⁰.

¹⁷⁶ J. Bailey, “‘I dye [sic] by Inches’’: locating wife beating in the concept of a privatisation of marriage and violence in eighteenth-century England’, *Social History*, 31 (2006), 273-294 (p.277).

¹⁷⁷ Vickery, ‘Golden age to separate spheres?’, p.383.

¹⁷⁸ Davidoff and Hall, *Family fortune*, p.33.

¹⁷⁹ Shoemaker, *Gender in English Society 1650-1850*, p.318.

¹⁸⁰ Davidoff and Hall, *Family fortunes*, p.13.

Having briefly considered the various aspects of gender which may have impinged on healthcare in the period 1760-1830 and importantly, interrogated the credibility of separate spheres as an aspect of social structure during this period, two specific related matters will be reviewed. Firstly, aspects of women's education and to what extent, if any, it prepared women to manage the 'sick room' and secondly, an aspect of masculine behaviour conceived through the metaphor of the 'nursing father'.

In the seventeenth century the Puritan reformers, while accepting the equal value of the female soul, had, 'encouraged submissiveness in women, passivity, dependence on men, limited education, a general containment and restriction of the "weaker vessel"'.¹⁸¹ However, for the lower classes, those in trade and agriculture, females had for generations, as a matter of necessity, been essential economic partners of their male working colleagues. Traditionally, therefore, working women had had a level of independence unknown to the rising eighteenth-century middling classes. What united all classes of women, apart from the realities of sickness, childbearing and death, was lack of education.

The English Enlightenment blossomed in the eighteenth century and was to bear witness to the early, if tentative, shoots of a new female assertiveness. Nonetheless, it was still a man's world; 'Scripture, the law and other authorities jointly confirmed male superiority and the subordination of women.'¹⁸² A new statute which set out to clarify the law on marriage, The Hardwicke Act of 1753, 'had the effect of tightening a wife's bonds'¹⁸³. William Blackstone, writing in the 1760s, commented that,

By marriage, the husband and wife are one person in law, that is, the very being or legal existence of the woman is suspended during the marriage, or is at least is incorporated and consolidated into that of her husband.¹⁸⁴

¹⁸¹ Wollstonecraft, *The Vindication*, p.29.

¹⁸² Porter, *Enlightenment*, p.320.

¹⁸³ Gordon, *Mary Wollstonecraft*, p11.

¹⁸⁴ Porter, *Enlightenment*, pp.320/1.

Notwithstanding such constraints, women writers of the eighteenth-century took advantage of the flourishing print culture, often with greater effectiveness than their male counterparts. Indeed, by the end of the eighteenth century a number of female novelists were only out-sold by Sir Walter Scott¹⁸⁵. Further, there were many exceptional female intellectuals, including two members of the Royal Academy¹⁸⁶, some of whom were known as ‘Bluestocking’, a sorority established in Bath in the 1740s. The bluestocking sorority became an important outlet for well educated women, writers and poets, and the developments in literature of Sensibility and the achievements of High Romanticism. Importantly, the existence of so many women of letters, often surpassing the achievements of contemporary men, increasingly undermined the general notion that women were inherently feeble minded. Yet, despite such an outlet for feminine literary attributes, welcome as it was, the considerable social barriers to any change in the status of women in society remained totally inadequate for many. Wollstonecraft saw education as a domestically based process enjoyed equally by both boys and girls and undertaken in the home. As a teacher, she became attracted to Locke’s concept that the infant mind was like, ‘white paper, or wax, to be moulded and fashioned’¹⁸⁷. Parents should act as trustees, being ‘required by God to bring up their children to be rational, responsible Christians’¹⁸⁸. She saw education as a way forward for society to overcome many of its ills, not just for children but also for women. However, Wollstonecraft’s philosophy was not based upon equality in all things. While recognising the superior physical strength of the male and not arguing for the female franchise, she saw aspects of women’s domestic dominance as important. For

¹⁸⁵ Porter, *Enlightenment*, p.327.

¹⁸⁶ Porter, *Enlightenment*, p.327.

¹⁸⁷ Porter, *Enlightenment*, p.340.

¹⁸⁸ Porter, *Enlightenment*, p.340.

example, as an element of truth about human ‘nature’, women should be taught anatomy and medicine,

not only to enable [women] to take proper care of their own health, but to make them rational nurses to their infants, parents, and husbands; for the bills of mortality are swelled by the blunders of self-willed old women, who give nostrums of their own without knowing anything of the human frame.¹⁸⁹

Here, Wollstonecraft appears to advocate female dominance in the critical domestic functions of family healthcare. While such female dominance in managing health matters within the family during this period is still a matter of conjecture, this study will provide evidence of such healthcare management, for example, Lady East (1746-1810)¹⁹⁰ of Hurley in Berkshire. This, and other evidence, will elaborate on female-centred healthcare for the family.

One aspect of masculine behaviour rarely discussed, but being particularly apposite for this study, is that of the ‘nursing father’. While the origins of such notions emanate from, for example, the book of Numbers in the Old Testament, such a metaphor has been identified with a number of ideals or social and political constructions. Examples of the ‘nursing father’ included; monarchic, the divinely instituted form of governance; patriarchal, the humane sovereign head of the family; ecclesiastical, the fatherhood of both established and dissenting ministers of religion, and companionate, or what Bailey refers to as the ‘sentimental father’¹⁹¹. Such a concept has been captured quite explicitly in the spectacle of the father returning home from a day’s labour who takes the babe in his arms and there they, “converse together in all the fooleries of the infantile dialect”¹⁹². Bailey further referred to the earlier case of Benjamin Atkinson who in 1736 stated that,

¹⁸⁹ Gordon, *Mary Wollstonecraft*, p.148.

¹⁹⁰ BRO, D/EX 1306/1 *Diary of Lady East 1791-1792*.

¹⁹¹ J. Bailey, ‘Who was the eighteenth-century “Nursing father”?’ (Unpublished paper, 2008), p.8.

¹⁹² Bailey, ‘Who was the eighteenth-century “Nursing father”?’’, p.7.

A Nursing Father and Mother will take Care of their Child, that dear part of themselves, and Pledge of their mutual love; they will take what care they can, providing for it, and protecting it, especially in its helpless Age.¹⁹³

During the period under discussion, 1760-1830, the influence of Christian thought and practice was significant. For the lower classes, the rise of Methodism had been profound, while the ecclesiastical revival, with the added fear of the migration of the revolutionary ideas of the 1790s, significantly influenced the rising middle classes. The nuclear family was in its ascendancy and scriptural teaching reminded the father of his paternalistic responsibilities. Tosh captured the essence of ‘sentimental fathering’ during the late eighteenth and early nineteenth centuries as,

The “nursing father” who fed his children by hand and watched over them when ill was better able to express his nurturing impulses in the new child-centred climate.¹⁹⁴

Yet, by 1830 such a form of fatherhood was too effeminate¹⁹⁵ and apparently declined in practice. Anecdotal evidence of such a rapid change in paternal practice may be seen in the case of the novelist, Mrs Gaskell. In December 1841 she wrote to her sister-in-law after one of her children had been seriously ill,

one can’t help having “Mother’s fears”; and Wm., [her husband] I dare say kindly, won’t allow me ever to talk to him about anxieties, while it would be SUCH A RELIEF often¹⁹⁶.

Whether the age of the sentimental ‘nursing father’ had by then passed is a question yet to be addressed. However, two primary sources described in Chapter Two have been used as vehicles to explore the late Georgian ‘nursing father’.

Having reviewed the exceptionally wide spectrum of literature which relate to various aspects of the subject of this study, it is now appropriate to consider the aims, sources, methodology and contributions to knowledge of this research project.

¹⁹³ Bailey, ‘Who was the eighteenth-century “Nursing father”?’ , p.6.

¹⁹⁴ J. Tosh, *Manliness and masculinities in nineteenth-century Britain* (Harlow: Person Education Ltd., p.138.

¹⁹⁵ Bailey, ‘Who was the eighteenth-century “Nursing father”?’ , p.1.

¹⁹⁶ J. Flanders, *The Victorian house* (London: Harper Perennial, 2004), p.176.

Aims

The primary aim of this study is to address the dearth of published scholarship relating to the effects of indisposition, whether from ill health, accident or childbirth, visited upon the household during the late Georgian period, 1760-1830. To recapitulate on the current state of historiography, King and Weaver have suggested there is a general lack of scholarship regarding the medical landscape of England in the eighteenth and nineteenth centuries¹⁹⁷; Smith has identified the lack of interest in the family's role in medical care¹⁹⁸; and Bailey has established a failure of family historians to deal with questions relating to the interaction across generations and specifically the part played by grandparents in family life¹⁹⁹ as well as identifying the lack of research into men's domestic lives²⁰⁰. Further, this thesis asserts that the debate between those historians who, on the one hand, have concerns about representation, relevance and reliability of primary sources used in this research, and those historians who, on the other hand, recognise the intrinsic value of such extant material, has been overstated. This thesis, therefore, argues for an alternative proposition that in order to understand healthcare in the family, the whole spectrum of various forms of data and sense-data²⁰¹, appropriately analysed and synthesised, both qualitatively and quantitatively, are essential if the lack of published scholarship currently identified is to be rectified.

Sources

In order to ensure relevance, representation and reliability, it was essential to establish an appropriate spectrum of primary sources, by type and origin, that has been

¹⁹⁷ King and Weaver, 'Lives in many Hands', p.199.

¹⁹⁸ Smith, 'Reassessing the role of the Family', p.327.

¹⁹⁹ Bailey, 'Reassessing parenting', p.230.

²⁰⁰ Bailey, 'A very sensible man', p.272.

²⁰¹ Sense-data in this context relates to the unique expressions of experience which emerge from the personal accounts of those experiences related by the diarist or correspondent. According to Bertrand Russell, 'All mental facts, and all facts concerning sense-data, have this same privacy: there is only one person to whom they can be self-evident in our present sense, since there is only one person who can be acquainted with the mental things or the sense-data concerned.' Bertrand Russell, *The Problems of Philosophy*, (Oxford: Oxford University Press, 1967 [First published 1912]), p.79.

subject to a clearly defined methodology in order to frame a coherent approach to resolving the aims of this thesis. The selection process of suitable sources, described later in Chapter Two, has been achieved while recognising two factors, firstly, the limited scope of a PhD thesis and secondly, the availability of appropriate extant material. While these factors have of necessity influenced the number and type of the sources chosen, the required attributes of such a profile of sources were threefold, width of representation, depth and richness of content and specificity of insights.

Accordingly, sources have been chosen, by region, by class, by age and household relationship. Some manuscripts, such as diaries and correspondence of the élite and middling sort, are of a copious nature and present the researcher with rich material suitable for exploring a variety of themes in depth. Further, the sources chosen represent, although not exclusively so, specific motifs which provide new insights and enrich understanding of various aspects of the experience of indisposition of different family members whether as sufferer, carer or both. Axiomatically, certain passages from such rich material, as a single beam of light passing through a prism presents a spectrum of colour, offer a valuable variety of insights into a number of themes. For example, the Leathes' manuscripts have been used to illustrate the application of regimen in Chapter Four, the burden of care in Chapter Five and in Chapter Seven, to gain a new understanding of intergenerational relationships and the part played by grandparents in influencing family healthcare. Accordingly, multiple use of some of the material has added value to the discourse, although unnecessary duplication has been avoided.

Some minor sources may be individually limited in content but were chosen due to their specific insights that they offer into the exigencies of indisposition. These minor sources represent those from a wide social spectrum including servants, a

governess, and the well-to-do. Crucially, the number and type of sources selected have been carefully chosen to give the widest spectrum possible in a limited study in order to effectively address the aims of this thesis. The detailed profile of the sources selected and the specific attributes they bring to the findings are described in Chapter Two.

Methodology

The very diversity of evidence from the past, in all its forms, presents the historian with both opportunities and dilemmas. Pertinently, having considered the external influences exerted during the long eighteenth century, it is important to appreciate the specific context in which each manuscript was written. Subject to the nature of the manuscript, what was the author's motivation for putting pen to paper? If the manuscripts were letters, to whom were they written? Why were they written and importantly, was there a particular purpose for which they were written? Diaries, for example, may have been written merely as a record of events, whether or not to be referred to at a later date. Judy Simmons has quoted Nussbaum, who remarked, "In writing to themselves, eighteenth-century women could create a private place in which to speak the unthought, unsaid and undervalued."²⁰² However, other motives may have included maintaining a record of very personal events intended only for the eyes of the author, a 'private boudoir', as it were, only for the author to enter. Elizabeth Garrett was categorical, "My diary is not meant to be read by any person except myself."²⁰³ Letters may have been written with many a purpose in mind, whether in disputation, desperation, anger, love or seeking to achieve a particular outcome. Writing a memorandum may, for example, prove to have been cathartic in which the author sought to dispel the anguish of the recent past. Understanding the context in which any particular document is written is a critical element in this methodology.

²⁰² J. Simons, *Diaries and journals of literary women from Fanny Burney to Virginia Woolf* (Basingstoke: The Macmillan Press Ltd., 1990), p.4.

²⁰³ Simons, *Diaries and journals*, p.4.

While for the demographer, large amounts of data may be essential in order to give a meaningful account of the evolution of society, for the social historian, the uniqueness of sense-data is critical. Without listening to everyday voices, an interpretation of the manner in which the many vicissitudes of life which affected the individual and their immediate family could not be fully appreciated. Of such personal records left to posterity, ‘In the words of Dorothy Wordsworth to her brother, William, we “see the beating of the inmost heart upon the paper”’²⁰⁴.

A critical objective of the methodology has been to ensure, from the very extensive amount of material available in archives across the country, that the key primary sources chosen present a spectrum of both origins and motifs. Further, that such specificity establishes an enriched understanding of the effects that indisposition, in its many forms, had on late Georgian households. An additional important aspect of the methodology has been to ensure that such records were representative of different regions of the country and also of various social classes. Initially, therefore, many county records and archives were remotely researched. Subsequently, potentially valuable records were interrogated locally in a number of counties in each region of England. As a result of such a nationwide search, key primary sources have been chosen from Berkshire, Cornwall, Lancashire, and Norfolk. Additionally, a key primary source has been identified in Metropolitan London, specifically, of a family with properties in Southwark and Streatham Park. The five key primary sources chosen also represent minor aristocracy, landed gentry, the well-to-do and the middling sort. A number of minor primary sources have also been identified in Berkshire, Cornwall, Lancashire and Norfolk.

²⁰⁴ Kenyon, *800 Years of women's Letters*, p. viii.

For the key sources, the analytical processes undertaken have been based upon a qualitative analysis of data emanating from diaries, journals, memorandum and correspondence. These key narratives present a wide spectrum of behaviours of sufferers, carers and observers from within the household as well as those of friends and neighbours. The diverse forms of indisposition included acute clinical episodes, chronic conditions, accidents, the debilitations of old age and the rigours of child birth. Qualitative values are by definition imprecise, Lucinda Beier having referred to ‘Impressionistic rather than quantitative’²⁰⁵ analysis. More specifically, Pat Bazely has referred to qualitative analysis as ‘involving interpretation of unstructured or semi-structured data’²⁰⁶, where different themes and values are invariably inextricably entwined with each other. Most appropriately to this study, J Elliott has suggested it is, “the evaluation that conveys to an audience how they are to understand the meaning of the events that constitute the narrative”²⁰⁷. To ensure the integrity of the qualitative analysis, a structured textural process has been used, supported by specialised software, NVIVO 8.

Contributions to knowledge

Collectively, the sources researched present a wide range of evidence culled from personal accounts of indisposition, and the influences that such experiences had on the individual and the dynamics of family life. From the qualitative analysis undertaken, cognisant of the specificity of the motifs of the five key sources, the diverse experiences and the consequential behaviours which affected family life are presented within the context of two organising themes. These two themes are ‘Household Medical Knowledge, Practice and Care’ presented in chapters three, four and five, and ‘Relationships’ presented in chapters six and seven. Overall, this thesis penetrates

²⁰⁵ Beier, *Sufferers and healers*, p.4.

²⁰⁶ P Bazely, *Qualitative data analysis with NVivo* (London: SAGE Publications Ltd.,2007), p.2.

²⁰⁷ Bazely, *Qualitative data analysis*, p.196.

many aspects of the medical landscape of the late Georgian household, a familiar but under-researched aspect of the Early Modern period. The contributions to knowledge articulated in this thesis are fivefold.

Firstly, and fundamental to all the contributions made by this thesis, is the innovative, extensively structured profile of sources, most not having been the subject of published scholarship. The methodology, based upon a limited number of voices from the past, has brought new understanding to the manner in which the family, or household, endured indisposition, in all its many guises, during the late Georgian period. Secondly, new insights have been gained about the manner in which household dosing and treatments were undertaken and the resultant changing behaviours of both sufferers and carers alike. Thirdly, the prevalence of the application of regimen, even if practiced in different ways, has been seen as an important element in household health care. Fourthly, new insights have been gained in the manner in which, in both generational and gender terms, the burden of care was borne within a sick household. Finally, new understandings have been gained in the manner in which relationships between patients and practitioners evolved and the extent to which patient/practitioner relationships were influenced by the many and diverse relationships within household.

Chapter Two – Primary Sources

The primary aim of this thesis is to address the dearth of published scholarship relating to the effect of indisposition on the family during the late Georgian period, 1760 to 1830. As stated in Chapter One, the sources have been selected to represent as broad a spectrum as possible in order to capture the widest range of narratives about family healthcare during this period.

Following desk research, a number of archives were visited across the country from which four major primary sources were selected to represent the North (Lancashire), the South (Berkshire), the East (Norfolk) and the West (Cornwall). A major source was also selected to represent Metropolitan London. These sources were selected for the richness of the manuscripts as well as their suitability in establishing an appropriate case study profile. The five major sources emanated from different classes and represented a broad age range. While a wide spectrum of relevant evidence has been chosen, these sources also exemplified a number of motifs which adds a particular and personal perspective of the diarist, or correspondent, whether as carer or sufferer. This material has been used to explore and elucidate various aspects of the thesis' two key themes. The theme "Household Medical Knowledge, Practice and Care" will be considered in three chapters on self-dosing, regimen and the burdens of care when indisposition occurred. The theme "Relationships" will be reviewed in two chapters on patient/practitioner relationships and family relationships within the sick household.

The various sources have been selected for their breadth of representation and depth of insights, which will enable the enrichment of current understanding of the wide variety of experiences of indisposition and the nature of health care within the late Georgian household.

Critically, when seeking to ensure that evidence has been extracted from as wide a spectrum of sources as possible, by region, class and age, each source still represents an individual's written expression of personal experiences which may often have been very painful, whether physically, emotionally or both. Within that context, each individual diarist or correspondent will have been subject to contemporary religious, societal, gender or generational influences. Inevitably, therefore, the researcher is faced with seeking to interpret personal records of those already under stress who were inevitably subject to contemporary influences in addition to their own personal persuasions and prejudices. Thus, the researcher is likely to be presented with some form of bias encapsulated within the written record which could potentially prejudice or distort the findings. Necessarily, cognisance has been given to the potential dangers of such distortions when interrogating all primary sources and specific comment has been made within the script when thought appropriate.

The substance of the five major sources will now be reviewed, their value to this study exemplified and appropriate motifs established. Thereafter, a number of minor sources and their specific attributes will be described.

Mrs Hester Thrale (1741-1821) [nee Salusbury, subsequently Piozzi from 1784]

Family, Social and Regional Context

Mrs Thrale came from a well-to-do family and had married a wealthy brewer, Henry Thrale, in 1763; he died in 1781. Between 1764 and 1778 Mrs Thrale gave birth to twelve children of whom eight died when still very young. The four surviving children were all daughters, three of whom lived well into old age. In addition, she endured one full term still born and at least one miscarriage. She was pregnant for at least part of every calendar year from 1764 until 1778. Nonetheless, she engaged in

social intercourse, political debate and commercial ventures. She was also a woman of letters in her own right.

Socially, in Metropolitan London, Mrs Thrales' acquaintances were extensive and included such as Dr James Beattie, Edmund Burke, Oliver Goldsmith, Sir Joshua Reynolds (by whom she was painted), Fanny Burney and most importantly, Dr Samuel Johnson. Johnson, a widower by the time he met the Thrales in January 1765, became such a close friend to the Thrale family that he was granted his own room in both their town house in Southwark and their country residence, Streatham Park.

Politically, when Thrale sought election to parliament in December 1765, Mrs Thrale joined him at the hustings even though she had recently given birth to her second child who had died when only nine days old. She supported him on every occasion he sought re-election even though during one election there was serious rioting; she was either pregnant or recovering from 'lying in' during each election campaign.

Commercially, Henry Thrale had inherited and then managed a successful brewing business in Southwark. The year 1777 had been a particularly good year and in the flush of this trading success Thrale introduced a new brewing process the following year. The resultant new product proved a failure and brought the business close to bankruptcy. In the face of such a calamity Thrale appears to have been incapable of taking any remedial action. Although pregnant at the time, Mrs Thrale, with the support of Samuel Johnson and the chief clerk at the Thrale brewery, John Perkins (1730-1812), took charge of the business. She personally persuaded the men to go back to work, and raised loans and capital which after about three years saved the business from ruin.

Before the traumas of Thrale's near trading disaster and decline in health, the Thrales had attended a party given by Dr Burney in late 1777 or early 1778 which was to have a lasting effect upon Mrs Thrale and the four daughters that survived her. At

that party, the Thrales became acquainted with Gabriel Piozzi (1740-1809), an Italian Catholic, who later became tutor to the older Thrale children. By October 1782, Mrs Thrale, by then a widow, had fallen in love with Piozzi, ‘who had been her constant and adoring companion ever since her husband’s death’¹. However, her family and closest friends were so opposed to the match that with great reluctance Mrs Thrale informed Piozzi that she could not marry him and he agreed to return to Italy permanently. Thereafter, Mrs Thrale refused to enter into her usual social rounds, including her regular trips to enjoy Bath society. Apparently, she saw no reason why she should continue to provide social pleasures to her three elder daughters who she thought treated her so heartlessly². Mrs Thrale became increasingly depressed although her daughters began to show more kindness towards her,

“they see I love them” she wrote, “that I would willingly *die* for them; and I *am* actually dying to gratify their Humour at the Expense of my own Happiness: they can *but* have my Life – let them take it!”³

Shortly thereafter Dr Dobson, who attended her and did not immediately appreciate what emotional stress she was under, eventually advised her daughters that, “We have no Time to lose, Call the Man home or see your Mother die.”⁴ Her daughters relented and eventually Piozzi returned to England. Although all four daughters were still minors, Queeney was nineteen, Susanna was fourteen, Sophia was thirteen and Cecilia was just seven years of age, Queeney made it quite clear that neither she nor her sisters were prepared to live in the same abode as Piozzi.

¹ M. Hyde, *The Thrales of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1976), p.235.

² Hyde, *The Thrales*, p.238.

³ Hyde, *The Thrales*, p.239.

⁴ Hyde, *The Thrales*, p.239.

In July 1784, much to the disapproval of all her family and many of her friends, Mrs Thrale married⁵ Gabriel Piozzi in both Catholic and Anglican ceremonies. This second marriage caused a rift with many of her closest friends, including Johnson. The news of Mrs Thrale's intending marriage to Piozzi and her handling of the guardianship of her daughters to others (including Johnson), reached Johnson through a letter from Queeney at the end of June 1784. He replied to Queeney on the 1 July 1784 expressing both his anguish and astonishment. He continued,

'You have not left your Mother, but your Mother has left you. You must now be to your sisters what your Mother ought to have been, and if I can give you any help, I hope never to desert you.'⁶

None of her four daughters attended her wedding to Piozzi nor did they accept her presence at their own marriage ceremonies. In later years,

'None of her children or grandchildren gave any indication of needing her, nor any desire to share experiences, nor indeed to communicate with her at all – they were totally indifferent.'⁷

Interestingly, this apparently well documented estrangement between Mrs Piozzi and her surviving daughters became the subject of a dispute in the columns of *The Times* in February 1856, some thirty five years after Mrs Piozzi's death. Three daughters, Queeney, Susanna and Cecilia were still living in 1856 although they had all died by November 1858. Mr J Hamilton Gray, an acquaintance of Queeney, by then the Viscountess Keith in her ninety-second year, took exception to the claim in *Roger's Table Talk* that such an estrangement had ever taken place between Mrs Piozzi and any of her daughters. The origin of the claims made in *Roger's Table Talk* has not been found although the editor of *Roger's Table Talk* wrote an immediate rebuttal stating that

⁵ Following her second marriage to Piozzi in 1784, she miscarried in January 1788 at the age of forty seven. Hyde, *The Thrales*, p.253.

⁶ *The Queeney letters, being letters addressed to Hester Maria Thrale by Doctor Johnson, Fanny Burney and Mrs Thrale-Piozzi*, ed. by The Marquis of Lansdowne (London: Cassell & Co. Ltd, 1934), p.48.

⁷ Hyde, *The Thrales*, p.288.

his assertions of such an estrangement would be confirmed by ‘several gentlemen, who, like myself, were constant visitors in St James’s Place’⁸.

The principle primary source used in this case is *The Family Book*, initially referred to as *The Children’s Book*, the original manuscript now being held in the Houghton Library at Harvard University. Additionally, reference has been made to Mrs Thrale’s later memorandum, *Thraliana*⁹, which she maintained between 1776 and 1809.

The principle directly related secondary source is *The Thrales of Streatham Park*, already referred to above, which incorporates a complete transcription of *The Family Book* within it. Other publications which have been referred to include William McCarthy’s study¹⁰ of Mrs Thrale Piozzi, in addition to selected letters from various sources including those of Thrale’s eldest daughter, Queeney, who maintained a regular correspondence¹¹ with Johnson. Finally, reference has also been made to the most recent biography of Mrs Thrale by Ian McIntyre published in 2008¹².

Contribution of this case study

This substantial record of Mrs Thrale’s general approach to the management of her family in which, by definition, all medical matters were dealt with, presents much relevant evidence. Having been pregnant so regularly between the mid 1760s and the mid 1780s she was, for some two decades, invariably suckling a new born baby and coping with toddlers while dealing with a growing family. Death was a regular visitor! The evidence suggests that she took her maternal responsibilities very seriously, insisting on managing both the children’s education and their social grooming while

⁸ *The Times*, Digital Archive 1785-1985, Wednesday, Feb. 20, 1856; p. 8; Issue 22295: col. D.

⁹ *Thraliana: The diary of Mrs Hester Lynch Thrale* (later Mrs Piozzi) 1776 – 1809, ed. by K. C. Balderston (Oxford: The Clarendon Press, 1942).

¹⁰ W. McCarthy, *Hester Thrale Piozzi: Portrait of a literary woman* (Chapel Hill, North Carolina and London: The University of North Carolina Press, 1985).

¹¹ *The Queeney letters* ed. by The Marquis of Lansdowne.

¹² I. McIntyre, *Hester: The remarkable life of Dr Johnson’s ‘Dear Mistress’* (London: Constable & Robinson Ltd., 2008).

catering for their general welfare. Mary Hyde has suggested¹³ that Mrs Thrale's mother, Mrs Salusbury, was a devoted but domineering mother and it would appear that Mrs Thrale was of a similar temperament. Importantly, she regularly reported on her children's progress, intellectually and socially, and was quite prepared to be as critical, even acerbic, of her offspring if she thought fit. Educationally, she used various tutors or educational establishments as she thought appropriate to address the specific needs of each child. Medically, she had no compunction in self dosing or calling on the services of various medical practitioners in accordance with her perception of their particular skills.

Of this devoted, if domineering mother, Fanny Burney once commented,

‘And her conversation is so *delightful*; it is so entertaining, so gay, so enlivening, when she is in spirits, and so intelligent and instructive when she is otherwise, that I almost as much wish to record all she says, as all Dr Johnson says.’¹⁴

While Fanny Burney's comparison between Mrs Thrale and Dr Johnson may be questioned, her recognition that Mrs Thrale was a remarkable person would appear sound indeed. During the long years after Fanny Burney's comments, Mrs Thrale was to survive many emotional and physical trials and tribulations well into old age. Unsurprisingly, therefore, her detailed narratives offer much scope for considering how indisposition, in all its many guises, and the death of so many of her young children effected the dynamics of this late Georgian family. Until her second marriage her tenacity and maternal instincts were strongly maintained despite her many social, political and commercial engagements as she nursed, taught, and cared for her children. While she buried the majority of her offspring when very young she was eventually to be rejected by those few that survived.

¹³ Hyde, *The Thrales*, p.1

¹⁴ McIntyre, *Hester*, p.141.

As explained in Chapter One, the use of a motif in the five major sources offers particular perspectives of those embroiled in family health care which currently appear absent from published scholarship. Appropriately, therefore, Mrs Thrale's particular case study represents the motif:- *The suffering mother*.

Mrs Elizabeth Shackleton [nee Parker, formally Mrs Parker] (1726-1781)

Family, Social and Regional context

Mrs Elizabeth Shackleton was the only daughter of John Parker, a London draper, of lower 'gentry' or 'polite' stock. He had become a man of property when he inherited the family estate, Browsholme, on the Yorkshire - Lancashire border in 1728 from a half brother who had died without issue. The Parker family of Browsholme were of some note within North Lancashire society and were well acquainted with local landed gentry. Interestingly, there appears to have been no stigma attached to this well-to-do landed family having at one time been in trade. With few aristocratic families in the county, the evidence from Mrs Shackleton's correspondence suggests there was a level of social cohesion between those that made their livings from the land in rents, the professions in fees or profits from trade. Specifically, of her blood kin with whom she corresponded during the last few years of her life, nine drew their income largely from the land, three were associated with the professions and four were in trade.¹⁵

Following a courtship of some seven years the then Miss Parker married Robert Parker of Alkincoats, North Lancashire, in 1753. While initially Elizabeth Parker's father had been reluctant to approve the match, it appears that she was equally reluctant to defy her father in the matter. Robert Parker was a distant cousin and deemed to come from a lesser branch of the extended Parker family. Notwithstanding the good social

¹⁵ A. Vickery, *The gentleman's daughter: Women's lives in Georgian England* (New Haven and London: Yale University Press, 1998), p.24.

status of the Parker family, Elizabeth probably compromised her social standing marginally by marrying Robert Parker, a gentleman but a man of rather modest means. Robert Parker died in 1758 leaving his widow of thirty two years of age with three young children to care for and a living to make. For the next seven years she tended to her young family while managing the home farm of Alkincoats. Then, in August 1765 at the age of thirty eight, she eloped to Gretna Green and married John Shackleton, a merchant of a mere twenty one summers. Her family were scandalised, particularly her only brother who remained aloof for many years¹⁶.

This break in relationship with her brother was deeply felt by Mrs Shackleton who three years later in 1768 recorded that, 'I wrote to my brother to implore his friendship to my children and for to forgive me.'¹⁷ After their marriage the Shackletons returned to Alkincoats and ran the home farm for more than a decade. Although the circumstances in which she married John Shackleton seriously damaged her social standing, certainly in the eyes of her family, she was able to remain 'genteel' and be accepted by polite society. Despite the negative aspects of her second marriage, she had by 1765 managed the farm at Alkincoats for seven years while raising a young family. These achievements required a level of female authority that would probably have generated respect within the local community and initially, at least, given her a level of self confidence. Her eldest son, Thomas Parker (1754-1819), having achieved his majority in 1775 took over Alkincoats and in 1777 the Shackletons moved to Pasture House, a property built by John Shackleton earlier that year.

Mrs Shackleton wrote thirty nine full and descriptive diaries, or correspondence books, over a period of nearly twenty years from 1762 until 26 August 1781, less than a week before she died. However, the substance of this case study is based largely on the

¹⁶ Vickery, *The gentleman's daughter*, p.74.

¹⁷ LRO, DDB 81/7, 30 June 1768.

manuscripts relating to the final years of her life from the 1770s until her death in 1781, focused on specific episodes of acute illness including the final few months of her life. From the nature of the script, specifically the language she used to describe her state of health, it is not always possible to establish whether her particular clinical conditions were chronic, critical or to what extent she was subject to hypochondria. Reference will also be made to various health matters relating to other members of her family, particularly those of her husband.

Contribution of this case study

The value of this case study stems from two factors which enable some light to be shed on life in a middling Georgian household when indisposition struck. Firstly, Vickery contends that Mrs Shackleton's exceptionally extensive diaries and letters written over many years represent "an intact Delft platter", effectively a touchstone of late Georgian family life. Secondly, Mrs Shackleton's records encompass much related to various clinical conditions she suffered as well as her response to her husband's violent behaviours, partly resulting from the indispositions from which he suffered. While the integrity of insights drawn from the former factor must be tempered with the recognition of the unusual circumstances of Mrs Shackleton's second marriage, the second factor gives significant insight not only into aspects of the late eighteenth century medical landscape but also into the strain placed upon contemporary family life when the mistress of the household suffered the stress of indisposition, unremitting pain and sleeplessness within an increasingly disharmonious marriage. Specifically, this significant primary source reveals aspects of the manner in which a Georgian woman endured the tribulations she suffered from increasing ill health, reveals many aspects of her evolving relationships with immediate family and kin and finally, the manner in which she sought help and comfort from a variety of medical practitioners.

While Mrs Shackleton has been the subject in a major study of Georgian women, particular aspects of her experiences through aging and increasingly debilitating sickness has yet to be fully addressed. Accordingly, the case of Mrs Shackleton represents the motif of:- *The tribulations of an aging Georgian woman.*

Mrs Elizabeth Leathes [nee Reading subsequently Peach] (1748-1816?)

Family, Social and Regional Context

Mrs Elizabeth Leathes was the daughter of the Rev James and Mrs Elizabeth Reading of Woodstock in Oxfordshire. Her father, a school master, was also a tutor to two of the Duke of Marlborough's children. Her husband, Rev Edward Leathes, was the son of Mr Carteret Leathes, a well-to-do landowner whose main residence was in Bury, modern Bury St Edmunds. During the early 1770s it would appear that the then Miss Reading had enjoyed a very active social life, including acquaintance with the aristocracy, presumably a result of her father's connection with the Marlborough household where he regularly dined.

Initially, the prospect of the marriage between Miss Reading and the young cleric, Rev Edward Leathes, was not received kindly by either family, particularly by Mr Carteret Leathes. However, after a long courtship, Miss Reading eventually married the young clergyman in 1774, apparently without the blessing of either family, and settled in the rectory in Reedham, Norfolk. The Leathes' first child, Elizabeth, was born on 28 August 1775, several weeks later than expected. Edward was born in April 1777 followed by George, born in February 1779. John died the day he was born in August 1780 and Reading, born in February 1782, died in June of that year. Mary was born in April 1783.

During the critical years of the arrival of the next generation Mrs Reading had regularly travelled from Woodstock to Reedham in order to support her daughter during lying-in, a long and arduous journey. Concurrently, the Rev Reading had often cared for one or more of their grandchildren at Woodstock. These regular separations of both generations of the family often lasted several months and in the particular case of young Elizabeth, years. For example, even after a decade of such grandparental support of the Leathes and despite, by then, Rev Reading's deteriorating health, Mrs Leathes expected the Readings to maintain Elizabeth, at the age of ten, for at least another two years in order for her to be educated further by her grandfather. In the event, family relationships remained close although evidence of tension can be detected, specifically that of an emotional outburst by Mrs Reading in March 1782 as a result of the heavy demands placed upon the elderly couple, an incident that will be explored in Chapter Seven.

The manuscripts used in this study are a small proportion taken from a substantial collection of letters referred to as the 'Correspondence of Elizabeth Leathes (formerly Reading, subsequently Peach)' which is held as part of the Bolingbroke collection [BOL 2] by the Norfolk Record Office in Norwich. That part of the archive utilized, approximately 50,000 words, was based on two criteria. Firstly, letters were chosen from a period of approximately the decade contemporaneously to Mrs Leathes childbearing years and secondly, having scrutinized each letter, script was transcribed which related in any way to matters of health or indisposition. While, as referred to in Chapter One, many historians may remain concerned that individual voices from the past may not be reliable or representative, a key attribute of this extensive record of family correspondence is that it presents a number of different voices. There are four major correspondents, Rev and Mrs Leathes and her parents, Rev and Mrs Reading.

Rev Leathes' father, Mr Carteret Leathes, also made contributions to the collection. Accordingly, the collective voices emanating from this correspondence during a critical phase in a family's life cycle, the arrival of the next generation, expose generational aspects of their attitudes and behaviours when indisposition and death struck the family. No directly related secondary sources have been found.

Contribution of this case study

This collection of several voices emanating from the correspondence of the Leathes and the Readings demonstrate the manner in which three generations of an eighteenth-century family managed indisposition over a period of approximately a decade. In particular, the correspondence exposes how the elderly Readings supported the Leathes during many experiences of indisposition, particularly during the arrival of the next generation, even though the two branches of the family lived so far apart. For example, when Mrs Leathes was approaching her lying-in her mother, Mrs Reading, would travel to Reedham in Norfolk to support her daughter for many weeks while Rev Reading would remain in Woodstock in Oxfordshire. During later occasions when Mrs Leathes was lying-in, he would often be left on his own to care for the elder grandchildren, even when they were still very young. Further, the narratives demonstrate how relationships evolved within the household and, in particular, the extent to which grandparents influenced the family's healthcare, most particularly by ensuring the grandchildren maintained a sound regimen.

In recognition of the virtual absence of scholarship relating to grandparents and intergenerational aspects of family life, it is deemed most fitting that this study of the Leathes and Reading families present the motif:- ***Intergenerational relationships in health care.***

Lady Hannah East [nee Jackson] (1746-1810)

Family, Social and Regional Context

Lady East was the second wife of Sir William East Bart., of Hall Place, Hurley, Berkshire, whom she married on 28 July 1768. Notice of their marriage in *The Gentleman's Magazine* states she was, 'of Downing street'¹⁸. Sir William had had three children by his first wife, Gilbert born in 1764, Mary born in 1765 and Augustus born in 1766. Sir William, a barrister, was elevated to the baronetcy on 5 June 1766, serving as High Sheriff of Berkshire in 1766 and 1767. According to her diary, Lady East read widely, including histories, reports of the French Revolution, Gibbons and Boswell's *The life of Dr Johnson*. She listened to her husband reading from publications including Thomas Payne's *Rights of Man*¹⁹, as well as from sermons and prayers. In addition to keeping abreast of current affairs by reading the newspaper to her husband she also mentioned reading novels. On 9 February 1792, for example, she recorded having just finished the second volume of Mary Robinson's first novel, *Vancenza; or, The Dangers of Credulity; a Moral Tale*, which was published in that year. She commented that it, 'is very little worth the time bestowed upon it'. She also recorded attending the theatre and that she played the organ²⁰.

The manuscripts on which the research for this study is based are Lady East's two known extant diaries. The first of these, the diary from 1 January 1791 to 10 June 1792, is held in the Berkshire Record Office in Reading. The second covers the period from 23 April 1801 to 14 April 1803 with breaks in her narrative, firstly when visiting Bath for three months in 1802 and later for some 10 days when she was seriously ill. This manuscript is still held privately by the Clayton family, the family into which Mary East married. The earlier diary has a large '4' on the front cover while the later one,

¹⁸ *The gentleman's magazine* Vol. XXXVIII (1768) p.349, col.2.

¹⁹ BRO, D/EX 1306/1, the diary of Lady East 1791-1792, 6 June 1791.

²⁰ BRO, D/EX 1306/1, 24 April 1791.

which remains in private ownership, has a large '14' on the front cover, suggesting that she was habitual in maintaining a daily record. Further, on 28 October 1802 she specifically stated that, 'I shall now write my journal of my health in this book as it makes more writing to have two.' The additional implication of this entry suggests that she had kept two separate records over many years.

While this study is located in a well-defined historiography, it is believed to be the first time these diaries have been used for wider historical analysis and they provide a valuable insight into issues of health, family and female authority within the private sphere of a well-to-do late Georgian household²¹.

Contribution of this case study

This case study raises questions about the role of the mistress of an aristocratic household in family health care and asks to what extent the little known voice of Lady Hannah East (1746-1810) enlightens our understanding of health care during the late Georgian period. Importantly, her detailed diaries carry daily entries from 1 January 1791 to 10 June 1792 and daily entries for a substantial part of the period September 1801 to April 1803. During most of the earlier period Lady East recorded details each day of her own complaints, remedies and general concerns for her health although much evidence has been drawn from the months of April, May and June 1791 during which time her husband, Sir William East Bart. (1737-1819), suffered a serious attack of gout which lasted about eight weeks. During the later period, from 1801 to 1803, the majority of her narrative related to her own declining health although she commented upon epidemics amongst her servants and farm hands. Further, Lady East appears to have suffered from more than just indisposition. As her health deteriorated, she appeared to have suffered from increasing frustration as a result of her loss of authority,

²¹ No directly related publications have been identified other than the author's own contribution, R. M. James, 'Health care in the Georgian household of Sir William and Lady Hannah East', *Historical research*, 82 (2009), 694-714.

specifically, having to accept restraints on her activities dictated to her by Sir William with the open agreement of Sir William's former sister-in-law, Miss Harriet Casamajor. Accordingly, the conflation of evidence drawn from her own chronic ailments, the manner in which she nursed her husband during an acute episode of gout and her later increasingly poor health, sheds light on a number of themes; household medical care and practice, use of medication, regimen, patient/practitioner relationships and family relationships when sickness struck. Of the latter, the record describes various activities and behaviours within this well-to-do household which unwittingly paints a picture of personal relationships between spouses, family, friends and servants, particularly when the health of the mistress of the household was in decline.

Although these diaries combined cover a period of barely three years, albeit a decade apart, and is comparatively short compared to the diaries of those such as Hooke, Josselin, Pepys and Turner, the record still provides valuable testimony in a number of ways. Firstly, the daily narrative illustrates the extent and nature of the practice of household medicine in the late eighteenth-century, being related to both chronic ailments and acute episodes. Secondly, the script presents the very personal manner in which the mistress of a well-to-do household nursed her husband during acute sickness, and exposes their relationships with family, friends and practitioners during a period of stress. Importantly, the record illustrates the level of female authority exercised within the 'private sphere' of a well-to-do house, particularly when the head of the household was indisposed. Thirdly, when coping with both her own chronic ailments and her husband's acute episode, the record illustrates the importance of regimen to the family, specifically, the prominence of various physical activities seen as an intrinsically important element in day to day living, apparently irrespective of the individual's state of health. Fourthly, the apparent decline of her own authority as her

health deteriorated. However, what is impossible to detect from her narrative is the true nature of the relationship between her husband and her husband's sister-in-law. Finally and importantly, as Beier opines, the great importance to historians is that such rare manuscripts provide, albeit in this case over a comparatively short period, 'a voice from the grave which can make the past live as no other source can'²².

In recognition of the particular insight this manuscript gives to the day-to-day management of health care in a large household, this case study will present the motif:-
Health care under the Mistress of a Georgian household.

John Hearle Tremayne (1780-1851)

Family, Social and Regional Context

The ancient Cornish families of Tremayne and Hearle were joined in 1767 through the marriage of Rev Henry Hawkins Tremayne (1741-1829) and Miss Harriet Hearle (17??-1805). Their first and only child, John Tremayne, heir to this "dynastic marriage", was not born until the thirteenth year of marriage. He was educated at Eton and Oxford. His mother, Harriet Tremayne, was an invalid for many years until her death in 1805 as a result of a stroke. While still a young man, therefore, John Tremayne would have been the only child of a comparatively elderly and invalid mother. Additionally, his father, Henry Tremayne, was known for his gentle, kindly, if naïve character with which his fellow magistrates often despaired, specifically over his leniency with petty criminals when serving on the Bench. No direct evidence has been found which indicates the effects that, as an only child, an upbringing of two such parents had on him in later life. In 1806 he was to uphold the family tradition and become the MP for Cornwall, a position he held until 1825. One significant factor for

²² L. Mc. Beier, *Sufferers and healers: The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd., 1987), p.182.

John Tremayne of entering parliament was that as a Cornish gentleman he was inevitably to become influenced by Metropolitan values and behaviours while his Father, the head of an ancient landed Cornish family, was to remain in the bosom of the regional culture into which he had been born and brought up.

In 1813 John Tremayne married a member of another ancient West Country family, Caroline Lemon. The following year Henry William (1814-1823), known as Harry, was born. Soon thereafter, John and Caroline Tremayne were to suffer the common reality of the day, infant mortality. Two sons died in infancy, Arthur in 1818 when thirteen months old and John who only lived for six hours in 1819. A girl, Harriet Jane, was born in May 1821 and was to survive into adulthood. John Tremayne, being an MP, regularly travelled between London, his Cornish constituency and his own home near Launceston. During his travels he maintained a regular correspondence with his father, letters often being written daily, many of the extant letters having been written between mid 1820 and mid 1822. It was in one such letter²³ from Dorchester in January 1821 which presents the first evidence of Harry's ill health which was to persist with increasing debility until his death in 1823. Specifically, this study relates to the manner in which an MP from an ancient landed Cornish family managed the declining health and the inevitability of the untimely death of his young son.

The manuscripts used in this study are from a collection of letters written by John Tremayne to his Father, Rev Henry Tremayne, which are held in the Cornwall Record Office in Truro. The correspondence consulted relates largely to the period 1820 and 1823²⁴.

²³ CRO, T/2558.

²⁴ No directly related publications have been identified other than the author's own contributions, firstly, R. M. James, 'A Georgian gentleman: Child care and the case of Harry Tremayne, 1814-1823', *Family and community history*, 9/2 (2006), 79-90, and secondly, as co-author, R. M. James and A. N. Williams, 'Two Georgian fathers: Diverse in experience, united in grief', *Medical humanities*, 34 (2008), 70-79.

Contribution of this case study

Modern historians are only too familiar with the tragedies of past generations where young lives were cut short either through ignorance of the causes of diseases or the inability to treat such conditions effectively. The case of young Harry Tremayne will appear fairly typical of many of those from the Georgian period who died young and, like Harry, often suffered as much from the treatments as from the disease itself. However, the extensive correspondence, albeit only from Harry's father to Harry's grandfather, throws light on the manner in which this particular father sought medical help from physicians in various locations between London and the West Country, physically managed his son's various clinical conditions and frequently expressed his own emotions as he watched his young son suffer.

While the importance of the nursing father was recognised in the days of the Old Testament, modern scholarship has, it is suggested, failed to consider its relevance during the late Georgian period. Appropriately, therefore, this study of the manner in which John Tremayne cared for his son, Harry, represents the motif:- *The nursing father* .

Minor Cases

These include, but not exclusively,

Davies (Giddy) Gilbert²⁵ (1767-1840) FRS, MP for Bodmin, set out to record the birth and development of his son, Charles (1810-1813), in one of the very earliest developmental chronicles. He regularly recorded his child's progress including height, weight, social interaction, communication skills and speech. Apparently in good health for most of his short life, Charles suffered an acute abdominal disorder and his sudden death profoundly shocked his father. This case exemplifies the helplessness of the

²⁵ Davies Giddy FRS (1767-1840) was married to Miss Ann Mary Gilbert in 1808. He formally changed his name to that of Gilbert which received Royal approbation in January 1817, CRO, DG/117.

parent when their small child suffered a fatal clinical event. The source, a journal²⁶, presents evidence of the family's reaction to such an event and specifically, describes the suffering of a *nursing father*.

Miss Ellen Weeton, later Mrs Stock (1776-1844?), whose widowed mother died in 1797, had run a school in Upholland, Lancashire, from which time Miss Weeton ran the school singlehanded without a servant. From 1809, having left the school, she became a governess, firstly to Edward Pedder of Ambleside and later to the Armitage family of Milnsbridge near Huddersfield. In 1814 she married Aaron Stock which proved to have been disastrous and was ended in a deed of separation in 1822. This case, based upon her extensive diaries²⁷, considers aspects of Miss Weeton's tenure as a school teacher and governess and exemplifies the part played by non-kin in the health care of children. She had very firm views, apparently based on experience, relating to regimen, in particular the value of exercise, sleep, air and diet.

Anne Toll and Mary Evans were ladies' maids to Mrs Mary Hartley of Berkshire. Anne Toll regularly wrote letters during the 1780s to Mrs Hartley's relatives regarding her mistress's state of health. Mary Evans wrote fewer letters during that time but appears to have been rather more articulate in her writing. In total there are 212 such extant letters²⁸, many written from Bath when Mrs Hartley was residing there for the benefit of her health. This source exemplifies both the trust in, and reliance upon, such servants when the well-to-do suffered ill health.

²⁶ CRO, DG/26.

²⁷ *Miss Weeton's journal of a governess, 1807-1825*, 2 vols., ed. by E. Hall (Newton Abbot: David & Charles (Holdings) Limited, 1969).

²⁸ BRO, D/EHY, F 100/1/1-112 & D/EHY, F 100/2/1-105.

Attributes of the sources chosen

The sources presented as evidence for this study have been drawn from a very diverse spectrum of sources, letters, diaries and journals, written by individuals from different backgrounds. While individual circumstances varied considerably, the manuscripts they left behind have largely been related to the events which took place within households when indisposition, in all its guises, struck. Irrespective of region, class, gender or age, the experiences invariably included physical pain and psychological distress which often ended in the death of a loved one.

All the sources have been analysed qualitatively in a manner consistent with much published scholarship. Importantly, however, it should be appreciated that while many recent publications have been richly sourced, none, it is believed, have been subject to such a specific rationale of establishing regional, class, gender and age representation. For example, Lisa Smith's excellent study²⁹ only used three key primary sources while the sources Amanda Vickery used in her extensive volume³⁰ on women's lives in Georgian England was substantially located in the Northern counties.

In summary, therefore, such a deliberately structured profile of primary sources³¹ combined with the methodology used may be said to be innovative. Axiomatically, the resultant findings of this study are likely to shed new light on the experiences of indisposition across a wide profile of households, by region, class, gender and age.

²⁹ L. W. Smith, 'Reassessing the role of the family: Women's medical care in eighteenth-century England', *Social history of medicine*, 16/3, (2003), pp.327-342.

³⁰ Vickery, *The gentleman's daughter*.

³¹ The chronology of the major sources illustrate their representation over the periods covered by each source during the seven decades of this study. Minor sources range from the 1780s to the 1820s.

Sources	1760s	1770s	1780s	1790s	1800s	1810s	1820s
Mrs Thrale	1764 -----	1778					
Mrs Shackleton	1765 -----	1781					
Mrs Leathes		1775 -----	1788				
Lady East				1791/2 & 1801/03			
John Tremayne							1821/23

Section - Household Medical Knowledge, Practice and Care

Roy Porter stated in 1985 that,

‘we lack a historical atlas of sickness experience and response, graduated by age, gender, class, religious faith, and other significant variables. It’s *terra incognita*, partly because it has been discussed so little in histories of medicine. It is no disparagement to note that the discipline has indeed been true to its name, and has been about *medicine*.’¹

Over the past twenty-five years many historians including Anne Digby, Steven King, Joan Lane, Dorothy and Roy Porter, Lisa Smith and Wayne Wild have developed and extended the literature into many of the areas which Porter identified as being inadequately understood. However, some elements of such a wide and diverse spectrum of sickness experience and response during the late Georgian period still remain under researched. Of relevance to this study, Roy Porter has suggested that during the eighteenth-century, ‘the sufferer habitually played an active and sometimes deceive role in interpreting and managing his own state of health. Self-diagnosis and dosing were routine amongst all ranks’². Such pro-active behaviours were aided and facilitated by many medical publications dispersing a wide variety of information. Of these, the *Gentleman’s Magazine*, founded in 1731 and published continuously on a monthly basis until the twentieth-century, was an important forum for the exchange of medical information at least until the 1820s. As demonstrated by Porter, even the physicians’ regular contributions did ‘not typically view health as lying on the gift of the faculty’, but rather saw health, ‘as hinging on self-management and temperance of body and mind’³. Accordingly, ‘being familiar with medicine was not an individual and

¹ R. Porter, ‘The patient’s view – doing medical history from below’, *Theory and society*, 14 (1985), 175-198, (p.181)

² R. Porter, ‘Lay medical knowledge in the eighteenth century: The evidence of the Gentleman’s magazine’, *Medical History*, 29 (1985), 138-168, (p.138).

³ Porter, ‘Lay medical knowledge’, p.147.

private matter, but integral to the public role of the well-informed, public-spirited, and responsible layman'⁴.

In such a cultural climate, household medical knowledge, practice and care relates to a very wide range of issues which will be dealt with in three chapters, specifically, "Dosing and treatments", "Regimen" and "On whom the burden of care fell". Relevant to this theme and common to all three chapters are four important contextual influences which need to be appreciated, religion, self help, language and the state of medical services.

Firstly, the sacred still retained a strong influence over the secular; 'Christianity has always been a healing religion.'⁵ Not surprisingly, 'for both religious writers and laymen there was a close connection between religion and medicine'⁶ which inevitably resulted in an intertwining of the issues surrounding life and death and the "amorous twins" of body and soul. Clergymen often practiced medicine among their parishioners and many physicians saw pastoral care as an important part of their role. Lucinda Beier, in an 'impressionistic rather than quantitative'⁷ study when seeking a new understanding of the manner in which people dealt with sickness, injury and childbirth during the seventeenth-century, has suggested that 'Medical behaviour depended to some extent upon the spiritual orientation of the sufferer.'⁸ Two other important philosophical influences emanating from the seventeenth-century also need to be recognised, those of Francis Bacon (1561-1626) and John Locke (1632-1704). Bacon's

⁴ Porter, 'Lay medical knowledge', p.163.

⁵ M. Lindemann, *Medicine and society in early modern Europe* (Cambridge: Cambridge University Press, 1999), p.207.

⁶ A. Wear, 'Puritan perceptions of illness in seventeenth century England' in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, edited by R. Porter (Cambridge: Cambridge University Press, 1985), p.67.

⁷ L. M. Beier, *Suffers and healers: The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd, 1987), p.4.

⁸ L. M. Beier, *Suffers and healers*, p.154.

maxim that ‘every man the maker of his own fortune’⁹ may be complemented by John Locke’s contention that, ‘no man’s knowledge here can go beyond his experience’¹⁰. Continuity in such attitudes and resultant behaviours in the eighteenth-century may be illustrated by John Wesley (1703-1791). Representing the views of the many, that the health of each individual was in Divine Hands, he unequivocally stated that, ‘Each man should take health, as well as salvation, into his own hands.’¹¹ Such a philosophical proposition led logically to self-diagnosis and self-dosing. In general, the day-to-day management of sickness during Georgian times may be traced through the maintenance of recipe books, commonplace books, and journals handed down through the generations. The concept that “prevention was better than cure” may be equally evidenced by the attention given during this period to regimen; diets, exercise and importantly, living a moral life. In 1770 a woman practitioner pertinently, commented, ‘To conclude, those who live philosophically, temperately, religiously and wisely, seldom want a physician.’¹² As a generality, religious observance would have been seen as an important factor in maintaining good health.

Secondly, for the literate, to help understanding of Baconian and Lockeian propositions, responsibility for ones own health and the harsh lessons of experience, there had been a substantial growth in medical publications. The development of print culture facilitated the increasing propagation of medical information and ‘if people needed any reminding of their responsibilities, scores of self-help, healthcare books were pouring off the presses’¹³. Louise Curth has reflected upon the growth of medical information in almanacs from as early as the late sixteenth century. Not only were

⁹ D. Porter and R. Porter, *Patient’s progress: Doctors and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989), p.8.

¹⁰ J. Locke, *Essay concerning human understanding* (1690) bk. 2, ch. 1, sect. 19.

¹¹ Porter & Porter, *Patient’s progress*, p.36.

¹² G. Smith, ‘Prescribing the rules of health: Self-help and advice in the late eighteenth century’ in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge: Cambridge University Press, 1985), p.267.

¹³ Porter & Porter, *Patient’s progress*, p.33.

almanacs an increasing source of advertising but marketing techniques of the day recognised the value of market segmentation such that ‘Some almanacs appeared to have targeted purchasers with low levels of literacy while others appealed to more erudite readers.’¹⁴ Market segmentation also included the targeting of regional audiences¹⁵. Of specialised medical treatises, according to Digby, there were over 400 publications between 1660 and 1800¹⁶ relating just to the efficaciousness of water; “taking the water” having been “medicalised as hydrology”. Sir John Sinclair’s contemporary survey published in 1807/08, and limited just to general health matters, listed over two hundred works that were published during the eighteenth-century¹⁷. Popular and influential works included John Wesley’s *Primitive Physick*, first published in 1747 and having thirty five editions by 1842¹⁸, while William Buchan’s *Domestic Medicine*, first published in 1769, had its final edition published in 1803. One of the most influential contemporary journals was the *Gentleman’s magazine*, continuously published between 1731 and 1907. This magazine effectively became a medical information exchange for both Georgian and Victorian societies. Contributors, lay and professional, wrote to help alleviate the sick. ‘Indeed, practitioners continued to spell out, without qualms, remedies which would inevitably be lay-administered.’¹⁹ Certainly for the literate, even semi-literate, there was an abundant opportunity to be familiar with medical matters. Fanny Burney, ‘clearly knew her medicines’²⁰, and once claimed, “I

¹⁴ L. H. Curth, ‘Medical advertising in the popular press: almanacs and the growth of proprietary medicines’ in *From physic to pharmacology: Five hundred years of British drug retailing*, ed. by L. H. Curth, (Aldershot: Ashgate Publishing Limited, 2006), p.33.

¹⁵ Curth, ‘Medical advertising’, p.34.

¹⁶ A. Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: The Press Syndicate of the University of Cambridge, 1994), p.213.

¹⁷ Smith, ‘Prescribing the rules of health’, pp.249-82 (p.251, n.10, & p.252).

¹⁸ Smith, ‘Prescribing the rules of health’, p.262, n.39.

¹⁹ R. Porter, ‘Laymen, doctors and medical knowledge in the eighteenth century: The evidence of the *Gentleman’s magazine*’ in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge, 1985), p.311.

²⁰ Porter & Porter, *Patient’s progress*, p.40.

have played the physician myself'²¹. Then, while Fanny Burney was in service to Queen Charlotte, "The Queen is my physician.", exclaimed George III when trying to shake off the doctors dogging him when he grew delirious in 1788.'²² Pertinently, 'A person ignorant of self-care would have been the equivalent to a woman unable to bake, stitch and manage the servants, or a gentleman who could not ride.'²³ Lay understanding of disease and the ability to utilise the limited efficacious treatments of the day were often little different from that utilised by many practitioners.

Thirdly, language in medicine has always been subject to technical or esoteric jargon which, nonetheless, must serve as a meaningful dialogue between sufferer and healer if the sufferer is to be healed. Thomas Beddoes (1760-1808), 'ever alert to the seduction of language'²⁴, recognised that it was, 'endemically difficult to vocalise one's pain or verbalise one's body'²⁵, a prevailing problem of modern contemporary life. However, despite Beddoes' well informed concerns, 'the Georgian doctor deployed a lexicon fairly close to common speech, or more accessible to, and usable, by his patient than would be the case nowadays'²⁶. Accordingly, although dialogue surrounding health matters should not have been a significant barrier to understanding for either patient or practitioner, those in rural areas where doctors were few and, 'access to medical institutions was very limited'²⁷, may have been linguistically more isolated.

Fourthly, medicine was still an immature science and the supply of medical services subject to the vagaries of a dynamic market place. However, Geoffrey Holmes has argued that by the mid-eighteenth century the medical profession 'already had a

²¹ Porter & Porter, *Patient's progress*, p.35.

²² Porter & Porter, *Patient's progress*, p.39.

²³ Porter & Porter, *Patient's progress*, p.35.

²⁴ R. Porter '“Expressing yourself ill”': The language of sickness in Georgian England' in *Language, self and society: A social history of language* ed. by P. Burke & R. Porter (Cambridge: Polity Press, 1991), pp.276-299 (p.282).

²⁵ Porter, "Expressing yourself ill", p.282.

²⁶ Porter, "Expressing yourself ill", p.278.

²⁷ M. E. Fissell, *Patients, power, and the poor in eighteenth-century Bristol* (Cambridge: Press Syndicate of the University of Cambridge, 1991), p.96.

measure of homogeneity²⁸ and for more than another century, the medical profession continued to change radically. From the latter part of the eighteenth century, apothecaries tended to abandon their trade for the practice of medicine while chemists and druggists challenged those apothecaries who remained in trade²⁹. Further, the demarcation between physician and surgeon became blurred and the old tripartite structure of physician, surgeon and apothecary, became increasingly seen as obsolete³⁰. While the structure of the medical profession continued to evolve, understanding of the origins of disease was very limited and knowledge of effective treatments equally lacking. Predictably, medical professionals supplied a diverse marketplace of largely ineffective products and treatments to consumers (patients), who themselves lacked much understanding of either sickness or possible cures. Accordingly, it is suggested that an assessment of household medical knowledge during the late Georgian period may only be made fully through a combination of an understanding of traditional family methods handed down but seen within the context of the evolution of the medical profession and the market place within which it operated. Importantly, such assessments need to be seen through the relationships which existed during that period between medical professionals and patients which will be considered in greater depth in Chapter Six.

When considering this theme in more detail, the strong religious influences exerted during this period were complimented by the general recognition that whatever the doctor said or attempted to do, self help was often the only pragmatic option when faced with sickness, childbearing and death. The overriding imperative was to care for ones own. John Wiltshire has argued that,

²⁸ Digby, *Making a medical living*, p.26.

²⁹ Digby, *Making a medical living*, p.29.

³⁰ Digby, *Making a medical living*, p.30.

Among the educated classes in touch with the orthodox medical profession it is very likely, I think, that medical knowledge was quite widespread. The nature of that knowledge – which derived essentially from Hippocratic and Galenic sources, supplemented by Sydenham and Boerhavve – was after all far from esoteric.³¹

Whether educated or not, for those who could read³², the substantial number of publications, already referred to above, aimed at enabling the household to care for their own sick³³. Whether knowledgeable or not,

The many personal accounts of sickness (funeral sermons, letters, diaries, chronicles etc.) which we have for the early modern period make it quite clear that even in the past it was the specific individual who was sick. Illness therefore did not have to assume an individual character, it was already an essentially individual matter before the age of demographic transition.³⁴

In recognition of the medical environment of the late eighteenth and early nineteenth centuries, in which sickness had to be managed, the substance of the next three chapters will consider the manner in which those whose experiences of indisposition, in all its many guises, were articulated in the manuscripts described in Chapter Two.

³¹ J Wiltshire, *Samuel Johnson in the medical world: The doctor and the patient* (Cambridge: Press syndicate of the university of Cambridge, 1991), pp.90/1.

³² T Sokoll, when discussing pauper letters, has argued in *Essex pauper letters, 1731-1837* (Oxford: Oxford University press, 2001), p.5, that, 'They survive from a society which was sufficiently literate for the technology of writing to have diffused to an extent where it had become readily available even at the very bottom of society.'

³³ Publications were many and diverse, the best known included John Wesley's *Primitive Physic*, William Buchan's *Domestic Medicine* and Robert James' *Medicinal Dictionary* and subsequent *Modern Practice of Physic*. As noted, *The Gentlemen's Magazine* was a most effective exchange of medical information.

³⁴ R. Jutte, 'The social construction of illness in the early modern period', in *The social construction of illness: Illness and medical knowledge in past and present*, ed. By J Lachmund & G. Stollburg. (Stuttgart: Steiner, 1992), p.27.

Chapter Three – Dosing and Treatments

Context

In the *Gentleman's Magazine* of February 1751, Samuel Johnson reviewed the publication, *An Exposition of the Uncertainties in the practice of Physic*. He commented,

in a remark of Hippocratic wisdom, that ‘The effect of medicines with regard to the cure of particular diseases is indeed in a great degree uncertain, and they are frequently applied without success, because the disease is not sufficiently known, and the circumstances of the patient with respect to situation, habit, manner of life, and constitution are not regarded with sufficient attention’¹.

It was in such an environment of clinical uncertainty, which persisted for the remainder of the Georgian period, that the sick, the diseased and the dying needed to be cared for and which is the cultural context in which this chapter is set. In that context, Robert Jutte has claimed that,

It is typical for the “Ancien Regime of Disease” (as Herzlich and Pierret have labelled this period [18th and 19th centuries] in the history of medicine) that dealing with sickness was left largely to private initiative.²

Consistent with that perspective, specifically in respect of England, Dorothy and Roy Porter have suggested that managing illness in the eighteenth-century was very much within the ‘effective group of family, friends and neighbours’³. Specifically, they contended that,

From the mid-seventeenth century right through to the mid-nineteenth, men and women, husbands and wives, fathers and mothers were both more or less equally involved in the practice of “medicine without doctors”⁴.

¹ J. Wiltshire, *Samuel Johnson in the medical world: The doctor and the patient* (Cambridge: Press Syndicate of the University of Cambridge, 1991), p.82.

² R. Jutte, ‘The social construction of illness in the early modern period’, in *The social construction of illness: Illness and medical knowledge in past and present*, ed. By J Lachmund & G. Stollburg. (Stuttgart: Steiner, 1992), p.27.

³ D. Porter & R. Porter, *Patient's progress: doctors and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989), p. 70.

⁴ Porter & Porter, *Patient's progress*, p.177.

The practice of ‘medicine without doctors’ was not just a pretentious philosophical proposition but a basic reality of life. While contemporary medical science remained limited in its ability to provide therapeutic solutions for the vicissitudes of day-to-day living, the maintenance of health depended upon a conflation of behaviours and solutions born of experience.

After all, traditional, learned Hippocratic medicine set great store by the individual’s duty to regulate his own life style, via the so-called six “non-naturals” (diet, evacuations, exercise, air, sleep and the passions), stressing the therapeutic importance of temperance, and condemning undue faith in specifics or automatic recourse to medicaments as quackish.⁵

However, as mentioned in Chapter One, “Quackery” still remains a difficult word to define, although Michael Neve has asserted that it represented, ‘a product of consumer self-help’⁶ that was demanded by patients in the medical market place. Regarding medical dosing and treatments in the wider context of the well-to-do household, the Porters have claimed that,

The master or mistress of the household – men and women were equally active in this role – commonly took responsibility of physicking servants and employees, and indeed the wider village circle.⁷

Despite the Porters’ general contention that the wider family was the focus of care for the sick, Lisa Smith contended as recently as 2003 that, ‘historians have not taken much interest in the family’s role in medical care’⁸. Pertinently, she noted the abundance of narratives about families at times of illness in eighteenth-century medical casebooks, medical consultation letters, and personal correspondence. More recently, in 2008, Elaine Leong has made an extensive study of eighteenth-century commonplace

⁵ R. Porter, ‘The patient in England, c. 1660 – c. 1800’ in *Medicine in society* ed. by A. Wear (Cambridge: Press Syndicate of the University of Cambridge, 1992), p.99.

⁶ M. Neve, ‘Orthodox and fringe: Medicine in late Georgian Bristol’, in *Medical fringe & medical orthodoxy 1750-1850*, ed. by W. F. Byrum and R. Porter (Beckenham: Croom Helm, 1987), pp.40-55 (p.44).

⁷ Porter & Porter, *Patient’s progress*, p.41.

⁸ L. W. Smith, ‘Reassessing the role of the family: Women’s medical care in eighteenth-century England’ in *Social history of medicine*, 16, 3; (2003), 327-342 (p.327).

books and the extent of home-made medicine⁹. Current scholarship would therefore suggest that, subject possibly to the exception of the sick poor, the supply of medical services was to a large extent an household function. Specifically, the evidence would suggest firstly, that while dosing and treatments would have largely been undertaken within the household, current knowledge of the full role the family played in healthcare is limited, and secondly, that there remains an abundance of archival material from the late eighteenth and early nineteenth-centuries available in order to overcome the shortcomings identified. Given the availability of such material related to the activities surrounding healthcare within the household, what evidence is there of contemporary practitioner's perspectives on household medical practice and care?

Contemporary medical opinion regarding dosing and self-care appears to have been divided. In 1742, Dr Robert James published the first part of his *Medicinal Dictionary*. In the paragraphs on 'General Account of the Work' in which he may have had the assistance of Samuel Johnson, he wrote,

Physic is an art which every man practises, in some degree, either upon himself or others. Many Indispositions appear too trivial to demand the attendance of a Physician, and many Occasions require immediate Assistance: Men are, in the first Case, tempted by the Prospect of Success, and, in the second, obliged by Necessity, to depend upon their own skill; and it is therefore their Interest to be so far instructed in Physic, as not to exacerbate slight disorders by an absurd Regimen and Medicines misapplied, nor suffer themselves, or others, to perish by sudden Illness or accident Disasters.¹⁰

James was ambitious and also respected by Johnson who had suggested that, "no man brings more mind to his profession"¹¹. James had published a number of medical treatises when in 1747 he patented his fever powder which was to become, 'probably the

⁹ E. Leong, 'Making medicines in the early modern household', *Bulletin of the history of medicine*, 82, (2008), 145-168.

¹⁰ Wiltshire, *Samuel Johnson*, p.74.

¹¹ Wiltshire, *Samuel Johnson*, p.80.

most successful of eighteenth-century patent medicines' and accordingly one of the most regularly ingested self-dosing medicaments.¹²

However, for some,

The idea of patient autonomy flew directly in the face of established medicine and would inevitably expose the unwary patient to the perils of self-help regimens in the vacuum of professional experience.¹³

On the cusp of the eighteenth century, both Thomas Beddoes (1760-1808) and Thomas Trotter (1760-1832) deplored the pretensions of the laity and their propensity to self dose. According to Beddoes, 'Every churchyard was a *memento mori* showing the "fatal effects, arising from domestic error". Keep off! Beddoes warned.'¹⁴ More prosaically, Trotter claimed that 'People dosed themselves with potent medicines as though they were sweets.'¹⁵ However, William Buchan (1729-1805) perceived a new era;

Air, water, and light are taken without the advice of the physician, and Bark and Laudanum are now prescribed every where by nurses and mistresses of families, with safety and advantage. Human reason cannot be stationary on these matters.¹⁶

While recognising the diverse contemporary opinions of practitioners related to medical care in the home, archival material from the pens of Mrs Thrale, Mrs Shackleton and Lady East will now be considered in order to assess dosing and treatment practices within their respective households. Such an assessment will enable a better understanding of the manner in which diverse households managed ill health and thus add new insights to the literature. Importantly, despite the different class, circumstances and practices of these women, their case studies suggest that prolonged indisposition tended to change behaviours whether as carer or sufferer.

¹² Wiltshire, *Samuel Johnson*, p.96.

¹³ W. Wild, *Medicine-by-post: The changing voice of illness in eighteenth-century British consultation letters and literature* (Amsterdam and London: Editions Rodopi, 2006), p.136.

¹⁴ R. Porter, *Doctor of society* (London: Routledge, 1992), p.74.

¹⁵ Porter, *Doctor of society*, p.98.

¹⁶ Porter & Porter, *Patient's progress*, p.213.

The three case studies

When Hester Salusbury married Mr Thrale in 1763, he ‘believed that a wife’s place should be confined to the drawing room, the bedchamber, and the nursery; he himself supervised all the domestic arrangements, including the kitchen’¹⁷. However, reality was to dawn for Mr Thrale. Within twenty years of his marriage, eight of his twelve children had died in childhood, the evidence strongly suggesting that his wife, in addition to enduring twelve pregnancies, had carried a significant proportion of the domestic burden, including the family’s healthcare for, ‘It was a self-evident duty, accepted automatically, without elaborate rigmarole.’¹⁸

The evidence for the manner in which Mrs Thrale managed the family’s healthcare has been culled mainly from *The Family Book*, originally *The Children’s Book*, which was referred to in Chapter Two. It commenced in September 1766 when her eldest child, Hester Maria, commonly known as Queeney, was two years old. There are few entries and little information about the first years of Queeney’s life although in May 1767 she was inoculated against Smallpox by Daniel Sutton¹⁹. Mrs Thrale had requested advice regarding inoculation from Samuel Johnson but he had refused to do so on the basis of “having no principles upon which I can reason”²⁰. However, Sutton had a good reputation²¹ having developed an inoculation against smallpox that proved to have been more reliable than that introduced into Britain in 1721 by Lady Mary Wortley Montagu (1689-1762)²². The improved inoculation developed from cow-pox by Edward Jenner (1749-1823) was not introduced until 1796.

¹⁷ M. Hyde, *The Thrales of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1976), p.17.

¹⁸ Porter & Porter, *Patient’s progress*, p.33.

¹⁹ Hyde, *The Thrales*, p.25.

²⁰ Hyde, *The Thrales*, p.25.

²¹ ‘Daniel Sutton and his assistants are said to have inoculated 20,000 cases without a single death that could “fairly” be attributed to the operation, in Dr C. F. Forshaw, M.D. Chicago, F.R.Hist., The History of Inoculation’ in *The British Medical Journal*, 3 September 1910, p. 634.

²² C. Flight, ‘Smallpox: Eradicating the scourge’ in *BBC History* [on line] 1 February 2002, p.6.

It was not until January 1771, when Queeney was six years old, that any reference was made to her ill health. For some days she had been hot and troubled with a cold. Having been given fruit and vegetables she was treated for worms by taking ‘Senna & other offensive Medicines for the Worms, which She does with a Courage & Prudence few grown People possess’²³. Queeney suffered from worms for many years, apparently far worse than any of her siblings. For example, in September 1773 when Queeney was nine years old she was said to be healthy although, ‘from Time to Time She has a Touch of the Worms’²⁴. In March of 1775 Queeney fell seriously ill although at the time no mention of the cause was given; again, it proved to be worms. By mid April she was much improved having been treated with,

a little Tin and Wormseed with a bitter Purge or two carried ‘em off, this filthy Disorder takes a thousand forms: - sometimes a Fever, sometimes the Piles – sometimes a train of nervous Symptoms in quick Succession – and yet always Worms²⁵.

This attack must have been particularly bad as Mrs Thrale was frightened for Queeney’s life. Significantly, the son of the Thrales’ riding master had recently died from the condition²⁶. While Queeney appears to have shown her mother little affection, Mrs Thrale wrote at the time of her dependence on the child.

Good Lord have mercy on me; the Loss or Preservation of my Reason depends I doubt it not on that dear Girls’ Life – What has this World left to make amends for my Queeney.²⁷

There are three most likely causes of worms. Firstly, it is suggested that she may have eaten uncooked foods, milk, cheese, fruit and salad, secondly, that her food had been contaminated with dirty hands from human or animal excreta and thirdly, that she was in close contact with animals. It appears possible that Queeney may have been

²³ Hyde, *The Thrales*, p.44.

²⁴ Hyde, *The Thrales*, p.75.

²⁵ Hyde, *The Thrales*, p.115.

²⁶ Hyde, *The Thrales*, p.115.

²⁷ Hyde, *The Thrales*, p.114.

personally unhygienic when she played with pets, there being a portrait of her with a dog, Belle, when she was twenty months old²⁸. Joan Lane points out that ‘every level of society was in closer contact with animals in the eighteenth and nineteenth centuries than is usually appreciated’, and further that, ‘ringworm remained until well into the twentieth century for those who worked with animals’, and presumably also those that played with animals²⁹. With few references to other children suffering from worms it is probable that Queeney’s propensity to suffer from such a condition was more to do with Queeney’s behaviour than a general lack of cleanliness on the part of Mrs Thrale.

When sickness struck the Thrale household Mrs Thrale on occasion consulted a number of doctors including such luminaries as John Hunter, who treated Mrs Thrales’ mother, Mrs Salusbury, for cancer, and Robert James who treated three of her children. In a medical marketplace based on the ability to pay, the well-to-do would have tended either to rely on self-medication or consult the best physicians of the day. ‘For even though the sick [or carer] thought they knew best, they wanted the blessing of the professionals, reassuring them they were doing the right thing.’³⁰ However, she was also prepared, if she saw fit, to forgo their intervention. In July 1773 her son, Henry, contracted measles, the contagion being prevalent in Dr Thomas’s school which he attended. Not surprisingly, the disease went through the family. Having described the manner in which each child had fared, Mrs Thrale commented,

I sent for no Drs nor ‘Pothecaries, but kept diluting all I could with cooling Liquors varied so as to avoid disgust. I have had all the Symptoms of the Disorder myself – the Truth is I am 8 months gone with Child, so perhaps my Baby has caught them too. I had them long ago in good Earnest.³¹

²⁸ Hyde, *The Thrales*, p.31.

²⁹ Joan Lane, *A social history of medicine: Health, healing and disease in England, 1750-1950* (London: Routledge, 2001), p.5.

³⁰ Porter & Porter, *Patient’s progress*, p.53.

³¹ Hyde, *The Thrales*, p.74.

This entry indicates firstly, that she understood that such infections needed liquid intake, secondly, that maintaining sufficient liquid intake required that drinks were as palatable as possible for children and thirdly, that she appreciated that having had the disease herself, it may have given her some immunity so that her condition was less of a concern. Mrs Thrale had had a serious attack of measles when she was eleven³² and, although she claimed to have had the symptoms when eight months pregnant, she may not have had the disease for a second time. She also appeared to assume that her immunity from the disease might have been passed on to the baby.

In August 1775, the Thrales considered visiting France for a couple of months and taking Queeney with them. Although no particular reason was given for taking the trip, Mrs Thrale suggested that the voyage may

be of Service in ridding her [Queeney] of these odious Worms ... little Doves as She calls them ... they are the very plague of her life & I dare not use Mercury. – I think the Mercury Ralph [9th child who died when 20 months old] took in the Small-Pox injured his Intellects: Tin and Wormseed are safer, if not so efficacious.³³

Interestingly, she never mentioned the use of mercury at the time of Ralph's smallpox and in any case, a combination of her original assessment of Ralph's condition, the diagnosis of the surgeon, Percivall Pott (1714-1788), and the post-mortem would suggest that what ever side effects mercury may have had, Ralph's brain damage had been congenital. This entry also raises the issue of how much Mrs Thrale self dosed with or without the advice of medical practitioners or the approval of members of her household, for example, Queeney's tutor, Giuseppe Baretta (1719-1789).

Dr Johnson had introduced Baretta to the Thrales in 1773. From October of that year he became part guest at Streatham Park and part tutor to Queeney. It soon became apparent that he did not approve of either Mrs Thrales' methods of discipline or

³² Hyde, *The Thrales*, p.74.

³³ Hyde, *The Thrales*, p.128

constant doctoring of the children. Interestingly, these two points of disagreement may be noted many years later from Baretto writing in the *European Magazine* in June 1788, just before his death. Having observed Mrs Thrale prescribe a large piece of onion to Sophy, which she ate with “astonishing intrepidity”³⁴, he then questioned the girl on the episode. She retorted that “when Mamma bids me do a thing, I must do it, and quick, or she gives me a good box on the ear”³⁵. Mary Hyde describes her as an amateur doctor who, ‘was constantly dosing the children with her own remedies when they were ill’³⁶. However, before the end of 1773 her self dosing was to be severely tested. Having assessed Lucy’s state of health in November following a trip to Windsor, she noted that,

after ten Days absence I found Lucy [5th child who died when four years old] very dull and drooping in her Spirits I know not how; I concluded these odious Measles had left a Foulness which wanted Purging, & as She complained of the head-ach I gave her a gentle Puke. She mended on this,³⁷.

Within a few days, however, the inflammation in her ears returned and she purged her daughter again, believing that the symptoms had subsided despite remaining languid and having lost her appetite. It is quite reasonable to suppose that the measles had lowered her resistance and the infection in her ears had returned. The doctors once more had to be called in to attend.

Two years later an incident occurred during a journey in France which may further illuminate Mrs Thrale’s practice of self dosing. On their way to Paris, Baretto, who was travelling with the Thrale party, became ill. Mrs Thrale attempted to give him some medicine but he refused. Baretto had a fear of all medicines but ‘was particularly suspicious of Mrs Thrale’s “doctoring”’³⁸. Baretto, having been part of the Thrale household in Streatham Park for the previous two years would have observed, as in the

³⁴ Hyde, *The Thrales*, p.82.

³⁵ Hyde, *The Thrales*, p.82.

³⁶ Hyde, *The Thrales*, p.82.

³⁷ Hyde, *The Thrales*, p.82.

³⁸ Hyde, *The Thrales*, p.134.

case of Sophy referred to above, the manner in which Mrs Thrale doctored her family. Regarding self-medication, Porter has argued that, ‘Self-diagnosis and dosing was for many a daily habit, even a dawn chorus’³⁹. More recently Elaine Leong has suggested that, ‘interest in maintaining one’s health was a fairly universal concern, and that making medicine at home was a common pastime – or, for many early modern housewives, even a duty’⁴⁰. However, Mrs Thrale’s decisions on dosing appear to have been more commonly judged in the immediacy of the clinical crisis she was facing which resulted in a more fluid or flexible approach.

The following year, 1776, Baretti accompanied Mrs Thrale on a trip to Bath which was not without controversy and again gives further insight into her approach to self-dosing. According to Baretti, Mrs Thrale had had a letter from Dr Jebb, urging her not to give Queeney any more tin pills⁴¹. Although Queeney had worms, the continued use of tin pills may well have proved worse than the disease itself. Having shown Baretti Dr Jebb’s letter, she nonetheless continued treating Queeney with tin pills. Mrs Thrale ‘was pretty bluntly reprimanded for playing the physician with her children’ but having shown the letter to Johnson she commented, ‘see what fools these physicians are! They presume to know better how to manage children than their mothers themselves.’⁴² Here, Mrs Thrale demonstrated the general perception, already referred to, that health was not necessarily viewed ‘as lying in the gift of the faculty’⁴³. Baretti referred to above incident, taken from his article of 1788, and claimed to have told Mrs Thrale that,

³⁹ R. Porter, ‘The Patient’s view – doing medical history from below’, *Theory and society*, 13 (1985), 175-198, (p.190)

⁴⁰ E. Leong, ‘Making medicines in the early modern household’, *Bulletin of the History of medicine*, 82 (2008), 145-168 (p.146)

⁴¹ Hyde, *The Thrales*, p.155.

⁴² Wiltshire, *Samuel Johnson*, p.90.

⁴³ R. Porter, ‘Lay medical knowledge in the eighteenth century: The evidence of the Gentleman’s magazine’, *Medical History*, 29 (1985), 138-168, (p.147)

she would soon send the daughter to keep company with the son [Henry who had tragically only just died], if she gave her any more of her damn'd pills: and not satisfied with this, I informed the daughter of the horrid quality of the physic that her good mamma administered her against the positive order of Dr Jebb ... assuring her that [the pills] would soon destroy her⁴⁴.

The inevitable outcome of such an action was a furious battle between Mrs Thrale and Baretto. Although an uneasy truce was achieved, they remained enemies for the rest of their lives. What is not clear, however, is to what extent these events effected the long term relationship between Mrs Thrale and Queeney. Queeney was by that time eleven years old, intelligent, well educated, superior and tending towards independence. While she was old enough to understand what the conflict between her mother and Baretto was about, she may have been too immature to fully appreciate the extreme stress under which her mother had been, and which would have explained such desperate attempts to ensure her eldest child's health.

In March 1777, just four weeks after Cecilia [eleventh child] had been born, Queeney became ill with a fever, nausea and pains in the head. Her mother expressed great concern and took her daughter to Dr Jebb. He treated her with an emetic followed by a mercurial purge and she was better in a couple of days. Here, according to her record, Mrs Thrale did not attempt to treat Queeney herself but went straight to a medical practitioner. Three months later Queeney suffered from an inflamed eye which spread to the other eye. Dr Jebb was not available so Dr Bromfield was called who prescribed leeches, starving, and purging followed by Goulard. Subsequently, Queeney's eyes having fully recovered, Mrs Thrale commented on the rather serious condition from which her daughter suffered.

God be praised that this Change of Constitution has come on without pain Sickness or Sorrow, except the inflammation which I suppose belonged to this Affair – the Blood which could not readily find its proper Place of Evacuation, filled the Vessels of the Eye. how thankful ought I to be that no worse Disorders

⁴⁴ Hyde, *The Thrales*, p.155.

befell her at so critical Period of a Life so Precious; I hardly thought it would have happened so early, but tis a Sign She has strong Fibres I hope – I was a forward Minx myself & very strong always.⁴⁵

Apparently, just before the age of thirteen, Queeney had commenced menstruating. In September Queeney suffered from a sore throat and a fever and Dr Broomfield was to be called the following day. In the meantime, her mother dosed her with two drams of salts and restricted her diet, ‘just to procure one Motion /a day/ which with forbearance from Meat or Wine will perhaps do all that’s wanted’⁴⁶.

The evidence suggests that Mrs Thrale was initially decisive when self-dosing or calling in a medical practitioner. She had a propensity to dose her children, even overdose them at times, as witnessed by Baretti, although when their condition worsened she did not hold back from calling on the assistance of practitioners. However, following the circumstances when Queeney was particularly unwell in March 1775 she appeared to be more anxious to consult well respected physicians. Consequently, as John Locke would have predicted, knowledge was garnered through experience. She amended the manner in which she cared for her sick children from that of her earlier years of motherhood, dosing less and increasingly being prepared to rely on the advice of doctors.

The complexion of and attitudes towards dosing and treatments may also be elaborated using the record of Mrs Shackleton, as already described, in a very different setting, that of the Northern middling sort.⁴⁷ Although in her later diaries Mrs Shackleton occasionally referred to the clinical condition of her husband, usually due to alcohol related episodes, the majority of entries referred to her own diverse chronic and critical clinical conditions which she suffered over a number of years. The ailments she

⁴⁵ Hyde, *The Thrales*, pp.182/3.

⁴⁶ Hyde, *The Thrales*, p.188.

⁴⁷ A. Vickery, *The gentleman’s daughter: Women’s lives in Georgian England* (New Haven & London: Yale University Press, 1998)

recorded suffering from included rheumatism, gout, fevers, nervousness, sweats, vomiting, reaching, scurvy and being ill, “in the old way”, possibly suggesting a gynaecological condition. She often sought medical advice, apparently accepting whatever medication and treatment she was offered. The list of medicaments ingested included camomile tea, bark bitters, julep pills, mint waters and cream of tartar, while treatments administered to her included being bled, blistered, glistered and lanced. Relevantly, Mrs Shackleton had taken over the manufacture of a medicament, a cure for rabies, from Robert Parker, her first husband, when he died in 1758 and continued running the business until she passed it over to her eldest son, Robert, in 1776. For nearly twenty years, therefore, Mrs Parker had manufactured and distributed a product which she sold at a modest price to all social classes from servants to such eminent aristocrats as the Duke of Hamilton⁴⁸, ‘One of the most distinctive and traditional aspects of genteel housekeeping’⁴⁹.

Accordingly, Mrs Shackleton’s manuscript is a rich source from which to consider the extent of her household medical knowledge, her propensity to self-dose and her inclination to seek advice from practitioners. In order to assess these three aspects adequately, consideration will now be given to a limited number of extracts from the very extensive records that Mrs Shackleton has left. The periods of February 1771, June 1776, 1777 and 1781, the last year of her life, have been chosen as they provide the widest illustration of her behaviours as well as presenting most clearly aspects of her deteriorating health towards the end of her life.

Three salient factors should be noted. Firstly, that while Mrs Shackleton often referred to ‘taking physic’, her many references to dosing and treatments were usually made in the context of consulting a medical practitioner. Secondly, despite producing a

⁴⁸ Vickery, *The gentleman’s daughter*, p.393.

⁴⁹ Vickery, *The gentleman’s daughter*, p.153.

cure for rabies, no mention can be found of reference to a recipe book. Both of these observations would suggest that she was less self-reliant than might otherwise have been supposed. Such an apparent inadequacy, of course, may have only applied during her years of increasing ill health as, ‘A person ignorant of self-care would have been equivalent to a woman unable to bake, stitch and manage the servants, or a gentleman who could not ride.’⁵⁰ Thirdly, during the late eighteenth-century, self-help had been a contemporary mindset, influenced by such publications as William Buchan’s *Domestic Medicine* (1769), underpinned by Baconian philosophies, and epitomised by both the practices of John Wesley (1703-1791) and the shrewd perspectives of Benjamin Franklin (1706-90) and his contemporary, Samuel Johnson (1709-1784). As already noted, it was not until the turn of the eighteenth-century that medical opinion, typified by Trotter and Beddoes, began to oppose patient self-dosing and encourage greater medical practitioner intervention in basic healthcare. In this evolving late eighteenth-century medical environment, Mrs Shackleton’s irresolute approach to dosing, whether through her own initiative or that of medical intervention, suggests dosing decisions were taken according to the immediacy of the moment, whether due to pain, panic or loneliness, rather than through an established practice. But, what evidence may be gleaned and new insights gained from Mrs Shackleton’s manuscripts?

During February 1771⁵¹, on 2, ‘I was but poorly had looseness & was sick’; on the 3, ‘my gripes continued’; on 4, ‘I took my Physic which operated all day all night & till Tuesday 2 o’clock. I was poorly.’ and on 8, ‘I took Physic.’ She simply described the symptoms without comment, giving no indication of what she thought the problem was or the nature of the physic taken.

⁵⁰ Porter & Porter. *Patient’s progress*, p.35.

⁵¹ LRO, DDB/81/13, February 1771.

June 1776⁵² appears to have been a particularly difficult month for Mrs Shackleton and gives some evidence of her inability to diagnose or treat a simple condition, although, it may just have been a case of resignation. On 11, ‘my tongue still blistered & so painful’; on 12, ‘my tongue and ear very bad.’; on 13, ‘my tongue very bad’; on 15, ‘I now fear I have a canker in my mouth: it is worse and worse.’ On 16, Mr Turner visited her and said it was an ulcer. His treatments included an unnamed physic and a blister. The entry for 22 gives some illumination of what she had suffered earlier that month.

In the morning Mr Turner pulled out the last great tooth I had in the under jaw of my right side. It did not ach but he thou’t there was a sharp edge on it which cut my tongue which had been bad a fortnight for which complaint in that time had three times been Blistered & twice took working physic. I gave him 2s/6d I had no creature with me when it was drawn was very faint and feeble.

The entry for 11 June includes the word ‘still’ which suggests she had been suffering for a while from an infected mouth due to bad teeth. Tooth-pulling ‘had been a job to which all sorts of people had turned their wrist’⁵³. Such practitioners had included travelling empirics, barber-surgeons and tooth-drawing farriers. Some were inept, such as the tooth-drawing farrier under whom Parson Woodforde suffered a frightful experience⁵⁴. Although the seeds of modern dentistry were beginning to emerge, in a society without an established, sophisticated dental profession (the first dentist identified in the provinces, Birch Hesketh, was not practising until the late 1760s⁵⁵) problems resulting from bad teeth would have been common. Yet again, Mrs Shackleton simply recorded the symptoms without comment or any attempt to deal with it. The fact she was left to her own devices by the family may suggest that this sort of behaviour was to be expected and sympathy from her family was not forthcoming.

⁵² LRO, DDB/81/29, June 1776.

⁵³ Roy Porter, *Bodies Politic: Disease, death and doctors in Britain, 1650-1900* (London: Reaktion Books Ltd., 2001), p.198.

⁵⁴ Porter, *Bodies politic*, p.197.

⁵⁵ *The roots of dentistry*, ed. by C. Hillman (London: British Dental Association, 1990), p.38.

During 1777 clinical episodes increased both in number and in type. Specifically, she began to suffer from gout and rheumatism, Dr Howarth having diagnosed gout on 4 March⁵⁶. Additionally, she referred to being ill, “in the old way”, suggesting a female condition, possibly related to the menopause. Having referred to such conditions she rarely commented further or stated any treatments. The entries for October⁵⁷ also indicate that she was not active in preparing her own medicaments. On 4, ‘Myself exceeding ill in violent gripes and looseness all night which continued all day.’ On the next day, ‘My gripes continue with vomiting & very weak. Mr Turner sent me some Medicine for my Gripes.’ Then on 6, ‘I had a most shocking night for purging & vomiting sent to Mr Turner who came and brought me Medicines so weak co’d not take Rhubarb.’ The following day Mr Turner came again and her condition had improved. In November⁵⁸ that year she was again unwell and relied on Mr Turner who attended her seven times in less than three weeks. Such attendance from a medical practitioner suggests firstly, that she had little understanding of what to do to help herself and secondly, that there may have been little point in calling on the family for help as such behaviour was not unusual.

Mrs Shackleton’s final diary, that for 1781, opened almost with a benediction. She referred to her past life and hopes for the future health and happiness of all the members of her immediate family. She poignantly referred to her first husband who had died twenty three years earlier and her only daughter who had died in infancy two years before that. Such an event must have left a deep scar in Mrs Shackleton’s emotions for it to resurface some twenty five years later. Then, the first reference, in the year of her death, to her own poor health;

⁵⁶ LRO, DDB 81/39.

⁵⁷ LRO, DDB 81/31, October 1777.

⁵⁸ LRO, DDB 81/31, November 1777.

How ill was I the night after I came up stairs about ten to bed. The rheumatism struck out from my feet, heel and calf of my leg into my stomach, such misery never did I suffer. God Almighty make me ever thankful his great mercies to me.⁵⁹

On the following day,

myself most violently ill with pain in my stomach most extreme reachings. Betty sat up all night. Jack through mountains of snow was called out of warm bed about before [“four” in the morning] and despatched to coln[Colne] for Doctor Turner.⁶⁰

Mr Turner ‘came by it was light’ and ‘ordered me to drink camomile tea which I did and in my opinion it not only abated my reachings but did my stomach service’⁶¹. Yet, the same day, ‘She [a Mrs Dent] sent me a bottle of birch verrey good w’ch I drank up every drop myself. I continued very bad’⁶². In early March ‘Mr Turner came and looked at my heel, he bathed it with warm barm’⁶³. The complex issues surrounding domiciliary consultations will be dealt with in Chapter Six, Patient/Practitioner relationships. She appeared particularly susceptible to pain at night and often claimed she could not sleep although in the morning she regularly expressed her gratitude to God for His many mercies. On 28 March, ‘i had a mso[most] shocking restless night, no sleep, my foot very bad this morning very small mended’⁶⁴, yet the following day’s entry reads, ‘thank god I had an easy night, very doseey, my feet, god be praised, do better’⁶⁵. In early April,

about noon mr howarth came to meet mr turner by appointment. as soon as they had talked a little they looked at my foot, which they both consulted and agreed most proper to be cut which mr turner did 2 ways.⁶⁶

Thereafter Mr Turner attended Mrs Shackleton regularly to dress and attend to her wound until he himself fell ill with gout in May. He attended her during April on 5, 8,

⁵⁹ LRO, DDB 81/39, 26 January 1781.

⁶⁰ LRO, DDB 81/39, 27 January 1781.

⁶¹ LRO, DDB 81/39, 27 January 1781.

⁶² LRO, DDB 81/39, 27 January 1871.

⁶³ LRO, DDB 81/39, 4 March 1781.

⁶⁴ LRO, DDB 81/39.

⁶⁵ LRO, DDB 81/39.

⁶⁶ LRO, DDB 81/39, 5 April 1781.

17, 22 and 30. In May he attended her on 6, 13, 16 and 20. Nonetheless, when Mr Turner could not attend a consultation on 21 May with the physician, Dr Hall, who had been called in from Manchester by her brother, Mrs Shackleton recorded that ‘Doctor Hall and him [Mr Hartley, another local doctor] conclud’d to go by Langroyd to Coln [Colne] to talk to Doctor Turner about my outward and inward applications’⁶⁷. Lane has claimed that, ‘There was a significant dividing-line in Georgian England between physician, as university-trained men, and those who had been apprenticed, the surgeons and apothecaries.’⁶⁸ Accordingly, apart from recognising the need to consider both Mrs Shackleton’s external dressing and internal ingestion, it is suggested that Dr Hall, a notable physician, by going out of his way to visit Mr Turner, a mere local surgeon, would indicate either his respect for Mr Turner’s medical skills, or his desire to be seen to serve the esteemed Parker family fully.

Mrs Shackleton had manufactured and distributed medicines from the death of her first husband in 1758 until her own death in 1781 although she had passed the recipe to her eldest son in 1776⁶⁹. While her prime competence may have been that of a woman of business, where, ‘satisfied customers applied again and again’, she apparently, ‘enjoyed professional intercourse’ with the landed gentry⁷⁰ and must have had some understand of the medicament’s effectiveness. ‘Gratifyingly, for this genteel housekeeper, messing about with post and pans translated into public renown.’⁷¹ Yet, after many years of ill health she did not display any particular knowledge of medicine in general. She did not mention her own recipes, although she may have used some. She appears to have relied a great deal on medical practitioners who attended her regularly, supplied her with medicaments, dressed her limbs and gave her treatments.

⁶⁷ LRO, DDB/81/39.

⁶⁸ Lane, *A social history of medicine*, p.12.

⁶⁹ Vickery, *The gentleman’s daughter*, p.154.

⁷⁰ Vickery, *The gentleman’s daughter*, p.155.

⁷¹ Vickery, *The gentleman’s daughter*, p.155.

Throughout the years when she suffered acutely she usually acted on her own initiative to obtain medical help without recourse to her immediate family although her brother did intervene on one occasion in May 1781⁷². While regularly seeking medical aid from practitioners and apparently not displaying significant medical knowledge, to what extent did Mrs Shackleton self dose while accepting the ministrations of medical practitioners?

Mrs Shackleton regularly stated that, 'I took physic', suggesting that self-dosing was a normal occurrence, consistent with King's findings that there was a, 'rich late eighteenth-century culture of self-dosing in Lancashire'⁷³. Often it is apparent that the physic she ingested related to that prescribed by a practitioner although on occasion it appears to have been due to her own initiative. Further, it is not always clear how discriminatory she was between self-dosing and self-indulgence regarding her consumption of food and alcoholic drink, which is considered in more detail in the section on 'Our Meat and Drink' in Chapter Four.

Despite such an apparent lack of household medical knowledge and a propensity to self dose, Mrs Shackleton appears to have been well cared for within the context of the available medical care of the day. She was visited by a number of practitioners, particularly the local surgeon, Mr Turner, who 'took a great deal of care of me'⁷⁴. Her behaviour during the last years of her life, particularly her nocturnal introspection, may have been seen by her friends and family 'as the psychiatric condition of morbid health anxiety'⁷⁵ or hypochondria. Such would explain so some extent her family's apparent disinterest in her clinical condition, at least at times. Importantly,

⁷² LRO, DDB/81/39, 14 May 1781.

⁷³ S. King, *A Fylde country practice: Medicine and society in Lancashire, circa 1760-1840* (Lancaster: Centre of north-west regional studies, 2001) p.56

⁷⁴ LRO, DDB/81/39, 28 January 1781.

⁷⁵ Porter, *Bodies politic*, p.158.

As eighteenth-century opinion tended to construe it, hypochondria was health-consciousness taken to the point of tragic-comical self-parody, a virtue turned to vice. Hypochondria was not the rejection of orthodox physic, but the enthronement of a full-time physician within.⁷⁶

While the Shackleton case has illustrated the manner in which dosing and treatments related largely to self-dosing, the earlier case of Mrs Thrale had related largely to the manner in which a mother had dosed and treated her children. In contrast, the record of Lady East, now to be considered, dealt with two very different experiences of indisposition which occurred about a decade apart. The record of Lady East's experiences during 1791 illustrates the manner in which the mistress of a large household cared for her husband, while the latter record, 1801 to 1803, illustrates a period during which her own health was in serious decline.

As explained in Chapter Two, the extent of the evidence in respect of the East household is limited to two diaries written by Lady East of Hurley in Berkshire. The first diary covers the period from 1 April 1791 to 10 June 1792 and the second covers periods between September 1801 and April 1803. Although for the majority of the two periods referred to, Lady East made daily entries, many entries relating to herself were brief. During the earlier period as carer and mistress of a large household Lady East may be said to have had an authoritative position within the sick household. However, during the later period when her own health was in decline, as sufferer rather than carer, she appeared to have lost much of her authority as mistress of the household. Importantly therefore, the perceptions of household care during the two periods, some decade apart, appear quite different. Bearing in mind the limitations of the manuscripts in question, what may be learnt from Lady East's daily record of her contemporary approach to the management of ill health?

⁷⁶ Porter & Porter, *Patient's progress*, p.52.

Lady East recorded how she slept, when she awoke and how she felt, as well as regularly listing her complaints. Such a concern for, even an apparent obsession with, her health, may well reflect that ‘Georgians could never take it for granted that they would wake up well, or, when they fell sick, that medicine would restore them.’⁷⁷ Typical of her daily entries are those for the first two days of April 1791. On Friday, ‘I rose at seven – had a good night & was well except a little uneasiness in my stomach, but was well all day.’ On Saturday, ‘I rose at seven after a good night some pain in my back but not much. A fine but foggy day.’ On the Sunday she reported that her back and legs were much better. The inclement state of the weather, to which she regularly referred, would, in the days before central heating and double glazing, have to some extent been replicated indoors. The resulting cold and damp conditions in the home would have been recognised as a potential health hazard. She also commented on Sir William’s health and the medicaments she gave him according to his ailments. Interestingly, having invariably only referred to her own ailments during the first three months of 1791, once Sir William’s tendency to suffer from gout became an acute episode in April 1791 Lady East ceased referring to her own ailments for several weeks.

During the period of Sir William’s acute episode, symptoms and treatments were recorded fully and in detail, often covering several pages. However, before Sir William succumbed to the gout, he ‘had a bad cold & took Dr James’s powder when he went to bed’⁷⁸, despite Lady East’s general reluctance to self-dose too quickly. For example, ‘He was very weary about a motion it is now the seventh day, however happily without medicine he had a very natural one’⁷⁹. Nonetheless, once Sir William’s gout became acute, Mr Trash, the apothecary, called and he gave Sir William ‘some

⁷⁷ R. Porter and D. Porter, *In sickness and in health: The British experience 1650-1850* (London: Fourth Estate, 1988), p.43.

⁷⁸ BRO, D/EX 1306/1, diary of Lady East 1791-2, 6 Apr. 1791.

⁷⁹ BRO, D/EX 1306/1, 23 Apr. 1791.

draughts (which contained Anodyne Liquor & Camphor) to be taken every six hours⁸⁰.

When consulted on the 27 April, the first thing Dr Taylor did was that he

talk'd to him & tried to comfort him with the hope that the fit was at the height – but would not consent to order Laudanum for him which he asked frequently for – but he ordered some Draught to be taken every 6 or 8 hours which he had great hopes would quiet his nerves⁸¹.

Dr Taylor appeared to be more concerned with Sir William's state of mind, 'nerves', or what George Cheyne (1671-1743) referred to in 1724 as 'The Passions of our Minds'⁸², than the attack of gout. Apart from having some authority over his titled patient, Dr Taylor appeared to be as cautious about medication as Lady East, an approach not dissimilar to that of Fanny Burney's Dr Lyster. Caution was bred in patient and practitioner alike through uncertainty of clinical causation and thence appropriate treatment, as illustrated by Samuel Johnson's review of 1751 referred to above. Very recently Wayne Wild has illustrated the patient's dilemma by referring to Alexander Pope's question, "Who shall decide when Doctors disagree... ?"⁸³ In such an environment of clinical uncertainty, Dr Taylor would have been fully aware that, 'when faith in one's doctors is less than complete, then the anxious patient had best shop around for a medical man who, by word of mouth, has had better luck'⁸⁴. Dr Taylor's careful approach may have been the reason why he personally attended the East household. Likewise, while Sir William had requested Laudanum when in great pain, he was also, at times, cautious about self-dosing. For example, on 22 July, though full of pain, 'he would not let me [Lady East] send for any body nor would he take Dr James's Powder which I wished him to do'. When Sir William, in great pain, had to be

⁸⁰ BRO, D/EX 1306/1, 26 Apr. 1791.

⁸¹ BRO, D/EX 1306/1, 27 Apr. 1791.

⁸² Porter & Porter, *In sickness and in health*, p.30.

⁸³ Wild, *Medicine-by-post*, p.17.

⁸⁴ Wild, *Medicine-by-post*, p.20.

moved, 'We both took him out of bed & put him in a strong sheet which is certainly an excellent method'.⁸⁵ On the same day,

We let out a vast deal of chalk [tophi] both in the morning & afternoon from many of the poor fingers. I rub'd his head before I went to bed & he very soon fell asleep.

The next day Dr Taylor was clear about the regimen Sir William was to follow, he

desired he [Sir William] would continue the draught (prescribed on 27 April) till he got quite well & leave them off by very slow degrees. Desired likewise that Sir William would not think of taking physic after the fit was gone unless his Bowels were not in proper order – he thought it a very wrong method & likely to bring the gout back again.⁸⁶

Soon after, as Sir William was beginning to improve, Lady East commented in her diary, 'I know not what to think of it, but I declare I have never found medicine do him good on the contrary – hurt in the gout – he had a wretched night'.⁸⁷ Over a century earlier Ralph Josselin, commenting on his own consumption of medicine, wrote shortly before his death, 'I tooke my physicke from Dr Cox in the meane t[ime] my wife apprehends it doth mee no good, but I cannot bee fully of that minde'.⁸⁸ Faith in the efficacy of medicaments appear to have changed little in over a century. Yet both Josselin and Sir William were willing to accept the treatment offered in the hope of its efficaciousness while their wives watched, each recognising there being little prospect of a successful outcome. The behaviours of these two gentlemen, a century apart, illustrate that managing sickness in an environment of clinical uncertainty had 'remained very largely in the hands of the sufferers themselves and their circles, the intervention of doctors being only one weapon in the therapeutic arsenal'.⁸⁹ In that long

⁸⁵ BRO, D/EX 1306/1, 29 Apr.1791.

⁸⁶ BRO, D/EX 1306/1, 30 Apr.1791.

⁸⁷ BRO, D/EX 1306/1, 5 May 1791.

⁸⁸ A. Macfarlane, *The diary of Ralph Josselin 1616-83* (London: Oxford University Press, 1976), p.643 [8 May 1683].

⁸⁹ R. Porter, 'The patient's view – doing medical history from below', *Theory and Society*, 14, (1985), 175-198, (p.182).

established traditional context, it was in the patients' hands whether or not to call on doctors and to what extent the doctors' advice would be heeded.

Sir William, apart from being treated by Dr Taylor and Mr Trash, was treated and nursed by Lady East herself. The tradition of the matriarch taking personal charge of the sick room was well founded on the contention articulated by Timothy Rogers in 1697 that, 'God gives a *peculiar blessing* to the practice of those women who have no other design in the matter of doing good.'⁹⁰ Specifically, to combat the swelling and pain Lady East placed a flannel upon Sir William's right foot while she refreshed poultices which had been applied to his fingers. She also dressed his fingers with Mr Peerson plasters. Lady East recorded at various times that she rubbed her husband's head, shoulder and breast. Presumably the therapeutic value of such action when dealing with aches, pain and stress was self-evident. On one occasion when Sir William was complaining of 'great lowness'⁹¹, she noted that 'his pulse was good'⁹², indicative that Lady East had both the knowledge of how to detect a heart beat and the confidence to believe that she knew what a good pulse felt like. But in what manner did Lady East manage her own various indispositions?

During the period 1791/2 Lady East's complaints were many and included headaches, back and leg pain, coughs, chills, uneasiness in the stomach and regular nose-bleeds. Despite these many complaints, she regularly worked in the garden and took long walks and occasionally complained of being 'puffed'. She felt that writing her diary was important, particularly in relation to health issues. Specifically, she commented on 11 July 1791 that, 'I have really never found the time to write my Journal as I ought particularly about my health.' In this regard, Vickery has suggested

⁹⁰ L. M. Beier, *Sufferers and healers, The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd, 1987), p.215.

⁹¹ BRO, D/EX 1306/1, 16 May 1791.

⁹² BRO, D/EX 1306/1, 16 May 1791.

that there are two different symbols of genteel housekeeping, ‘the house keys and the ladies’ memorandum book’⁹³. The memorandum book ‘was both the means and the emblem of female mastery of information, without which the upper hand was lost and prudent economy obliterated’⁹⁴. Further, Elaine Leong has shown the significant proportions of medical information, over fifty percent in one case, which many memorandum books contained⁹⁵. The importance of maintaining copious household records was such that ‘mentors like Hester Chapone advised young girls to prepare just such a manual on housewifery’⁹⁶. Not surprisingly, Lady East’s self-reproach suggests that she considered, as mistress of the household, that it was her duty to maintain a full record of family matters of which health was a crucial element. Similar behaviours among her contemporaries imply that women’s diaries, journals and memorandums, which according to Vickery ‘were the tool of the literate and the lasting record of the “business” that tied the genteel house-keeper to her writing desk every morning’⁹⁷, which was practiced by Lady East, and should provide important evidence relating to the medical landscape in the late eighteenth-century. Interestingly, two entries suggest that she may have suffered acutely in the past which may explain her concern to record so much detail about her health problems. On 12 January 1791,

I could not get to sleep for some time & had apprehensions & trembling, I scarcely know of what, but I suppose of a storm tho there was scarcely any wind – I slept till half past 6 – but as I did not seem refresh’d I lay till $\frac{3}{4}$ after seven & had some sleep & was tolerably well. Had the same apprehensions at about two o’clock in the day took Lavender Drops & scrubbed the chairs -

On 27 December of that year,

My bowel complaint continued – my nose bled a very little – I did not sleep well owing to the wind which was very loud tho’ I am thankful I had not the horror I formerly had upon such an occasion.

⁹³ Vickery, *The gentleman’s daughter*, p.133.

⁹⁴ Vickery, *The gentleman’s daughter*, p.133.

⁹⁵ Leong, ‘Making medicines’, p.151.

⁹⁶ Vickery, *The gentleman’s daughter*, p.133.

⁹⁷ Vickery, *The gentleman’s daughter*, p.133.

Interestingly, the final words of the first entry suggests that she saw physical activity as beneficial. However, it would appear that over the following decade her health had deteriorated, which is evidenced in her later diary.

The evidence from Lady East's diary for 1801/03 related largely to her own deteriorating health. It would appear that she suffered mainly from an abdominal condition although she referred to experiencing cramps, chills, headaches, swollen feet and ankles, chest pains and breathlessness. She was regularly attended by doctors and ingested medicaments which she was prescribed including unidentified pills and draughts, saline draughts, magnesium lozenges, rhubarb, arqibusade water, quassce, Scheppes water, camomile tea with ginger and nitre [potassium nitrate or sodium nitrate]. However, she was not always compliant and occasionally disagreed with the practitioners. For example, on 8 November 1802, 'Dr Cheney says relaxed Bowels arise from eating too much & I think in any case it is not so.' A month later after she had been very unwell she recorded on 7 December that,

Mr Hickman came as usual he says I have no complaint only weakness. I begged not to take either Vimol in the day or draught to night but to leave all to nature & nourishment.

Lady East's disagreements with these two doctors, one before and one after her acute clinical episode, indicates a consistent approach towards medical intervention. Her independent stance presents a form of patient power which constitutes patients' behaviours beyond those explored by Porter and others. However, following this particular bout of serious sickness she regularly and fully commented upon the food she consumed.

The acute clinical condition from which Lady East suffered at the end of November 1802 was described in some detail as well as both her treatments and medication. Accordingly, a number of longer extracts will now be presented in order to

gain some understanding of her knowledge of what she was suffering from and her attitudes towards the treatments and medicaments she was given. Following her disagreement with Mr Hickman on 7 December, referred to above,

I had a better night than I have yet had the burning that was in my stomach & I am sure was increased by the wine in the water gruel – I could not get any ease but sucking a Magnesia Lozenge – a plain glass of wine can never be good for me.

The next day, 8 December,

I did not take my Coffee as I have for some days past fearing at night not be quite right but I was cold & comfortless from that time & I slept as tho I had not slept before for a fortnight yet I waked cold & in pain & was forced to have warm flannels over me & drank warm barley water & brandy before I could get warm I then slept again & so continued all night waking about 6 times cold – eating & being warm by flannels - I took 2 Grains of Magnesia when I went to bed which seem'd to feel like cold slats my stomach & bowels were very uneasy & when they were quieter I had violent pain in all my joints its then return'd to my stomach. soon after to my forehead made me quite shapid then it moved to one side of my head reaching to the top & after I was up hot scalding water run from that Nostril & my head grew better.

While Lady East had been too ill to write her diary until 6 December, her entries for the following two days indicate that she was not too sure what was wrong with her or what was good for her, referring only to wine and coffee. She referred to the use of warm flannels but does not indicate who cared for her during the night as she had recorded when Sir William was seriously ill in 1791. On Thursday 9 December,

Notwithstanding this uncomfortable account of myself I got up with full as much or more ease & strength than yesterday. The Magnesia (2 grains) moved me 4 times after the operation was over I found my stomach & bowels easier. I drank some port wine & water & some Gum & had some quite sleep in my Chair more refreshing than all I have had tho I never once entirely forgot myself – but felt quiet & comfort My feet & ankles much swelled when I went to bed. I had but a strange Night I did not get any sleep till past three & then it was almost sitting upright my bowels were very uneasy they felt as if tied in two parts the part between the two ties seem'd fill'd with wind & its affected my breath extremely - I took one teaspoonful of Arquibusade water in some warm water which brought off some wind & I think had $\frac{3}{4}$ of an hour sleep which appeared to rice many hours - I had a very relaxed motion after which my stomach & bowels seem'd again on fire but it grew better & I had more sleep.

She described her symptoms without reference to how they related to her acute clinical episode. Meanwhile, she ingested medicaments without indicating whether or not she was supported by her servants, no mention being made of Sir William. Two days later on Saturday 11 December,

I got up wonderfully well & strong at 8 used much exercise took my breakfast & seemed quite stout tho I had from 6 o'clock 5 relaxed motions - at 11 I took by Mr Hickman desires 2 ounces of cold Camomile tea with Ginger & 10 drops of [steal coines] – very soon afterwards I had a bad pain in my right side through to my back ?then my, my whole stomach & bowels were in pain & I felt quite low & ill had no inclination to move - at twelve I took some food which made me much better but my side is still in pain & I feel no ability to move as before. Sir W & H walk'd to Lee's I was uneasy & ill all the time I had my dinner at two which again relieved my stomach for a short time but it returned again – I then took a Magnesia Lozenge which improved my inside very much & after some time I dozed in the chair & was better but still seem'd quite weakened & had a very great objection to move. Can this be occasioned by the medicine or not! it is very strange the effect, & must be seen to be believed.

Such was her practice that only a few days after her critical episode, she “used much exercise”. The Porters have argued that ‘The records of the sick divide into those who obeyed, and those who rebelled against what the doctor ordered.’⁹⁸ Yet, untypically, Lady East, having only disagreed with Mr Hickman about her treatment four days earlier, wishing to leave everything to “nature & nourishment”, followed his dosing instructions. She still questioned the value of the medication which she suggested had had a strange effect on her and has “to be seen to be believed”. Here then, the sufferer may have questioned the medical advice but was still compliant with the instructions given. As commented earlier on patient behaviours, while current literature has explored such behaviours surrounding self-dosing and medical intervention in considerable depth, the nature of complex and changing behaviours of the kind exhibited by Lady East present new insights into the manner in which patients dealt with the medical dilemmas which faced them. Three days later on Tuesday 14

⁹⁸ Porter & Porter, *Patient's progress*, p.88.

December she revealed another form of compliance for this sufferer, those of her husband and sister-in-law.

I rose at 8 had the irritation upon my lungs the same I think which gives pain to my stomach I coughed a good deal & spit up froth & Phlegm both which tasted as salt as brine this is the 3rd time it has been so since my illness - I sucked a Magnesia lozenge had two motions & was much better my legs much stronger & I wish they would let me go down but it is not to be & I am sure if I was not to submit with pleasure to all I am desired to do I should in no wise deserve such kind attentive kind friends as My dear Husband & Sister – God Almighty will reward them I never can.

The following day she observed that, 'I cannot yet remain more than two hours without food if I do I have great pain in my stomach'.

These extended quotations suggest a number of conclusions. Firstly, Lady East was not always in agreement with the advice or medication she or her husband received from practitioners. In this, she appears to have been consistent over the years. Be that as it may be, she still complied on occasion with the practitioner's instructions. Secondly, for a period of time she was so ill that she was nursed by her 'most attentive servants'⁹⁹ and accordingly would have had to rely on others to call on medical aid and direct her care. Yet, once she started writing her diary again she did not mention who continued to care for her. Thirdly, that her condition, or conditions, caused her some confusion about the origins of her indisposition and what treatments were appropriate. Subsequently, on occasion, she needed to consume food every two hours to avoid abdominal pain while magnesium lozenges also eased her stomach pain. Further, she appreciated that consuming a glass of wine was detrimental to her condition yet she would take brandy or port, albeit with water, as a palliative. Fourthly, she recognised the value of exercise, even when she was not well. Fifthly, she was often restrained in her movements within the house by her husband, Sir William, specifically on 14 December, 26 December and New Year's Day 1803 . What is not clear is the extent to

⁹⁹ Private collection held by Sir David Clayton, Bart., The diary of Lady East (1801-1803) [hereinafter DC - Dairy] 6 December 1802.

which Sir William's restraint of her movements was entirely related to her state of health or whether he had other motives. Sir William East's former sister-in-law, Harriet, was compliant with Sir William's restrictions on his wife's movements. Consequently, from being a dominant carer during her husband's acute attack of gout in 1791, by the end of 1802, when afflicted with an acute abdominal episode, she emerged as a compliant sufferer.

Synthesis

The evidence from these three sources present accounts of sickness within very different domestic settings. In each case the behaviours of these three women were influenced by, although not necessarily dependent upon, their spousal relationships, which were very different. Nonetheless, these studies illustrate the centrality of women in the narratives of household medical care, even where they were not necessarily dominant within the household. Mrs Thrale, in matters of the children's health care, acted largely independently of her husband; Mrs Shackleton, in a disharmonious marriage, had been obliged to take what action she thought fit to care for herself; Lady East, while exercising authority within her household acted harmoniously when her husband was ill although appeared to be in some disagreement with his demands about the nature of her own care when she was herself indisposed. Each of the manuscripts recorded various chronic and acute clinical episodes over extended periods of not less than a decade. The evidence presented in this chapter exposes both the diversity and complexity of household medical care. Specifically, in a healthcare environment where self-dosing was endemic, the balance between abstinence (leaving everything to "nature and nourishment"), self-dosing and professional medical intervention was both variable and constantly changing. Importantly, therefore, a valuable aspect of this chapter is not only to present accounts of dosing and treatments when sickness struck and the

behaviours of the key decision makers in the sick room, but that the commentaries also exposed changing patterns of behaviour over time.

The Porters have pointed out that ignorance of self-care was not a credible Georgian stance and that some attendant household medical knowledge would have been an expected attribute of any household¹⁰⁰. While all three households conformed to Porters' contention to a degree, the application of medical knowledge and self-help undertaken appears to have varied considerably. Despite such variations in behaviours, 'Before calling in a physician, it was not uncommon for the eighteenth-century patient to experiment with home remedies'¹⁰¹, and such would appear to have been the case in all three households. As pointed out in Chapter One, hospitals were 'establishments of last resort' and, particularly relating to the various classes of the families who are the subjects of this study, the late eighteenth-century household was effectively the only social unit in which indisposition was dealt with. Further, King and Timmins have argued that one effect of the Industrial Revolution 'was an enhanced role for the family and kin in acting as a welfare insurance policy against life-cycle and trade-cycle vagaries'¹⁰², sickness being one of the most significant vagaries in life. In each of the cases described above, the mistress of the household managed the sick room and was usually decisive in dosing and treatments applied.

Mrs Thrale was initially resolute in dosing and when or when not to seek the advice of practitioners while Lady East was sceptical of the benefits of medicaments and only sought the advice of practitioners occasionally. More specifically, Mrs Thrale, despite her husband's initial pretensions, was the dominant decision maker in relation to the children and their healthcare. When her children were young, Mrs Thrale dosed, or

¹⁰⁰ Porter & Porter, *Patient's progress*, p.35.

¹⁰¹ Wild, *Medicine-by-post*, p.26.

¹⁰² S. King and G. Timmins, *Making sense of the industrial revolution: English economy and society 1700-1850* (Manchester: Manchester University Press, 2001), p.276.

even over-dosed them as and when she thought fit, and often acted independently of medical advice. For example, she refrained from seeking medical help during an outbreak of measles in 1773. However, it would appear that Mrs Thrale learnt through the worrying experience of Queeney's acute episode of worms in 1775 and amended her behaviour, thereafter regularly seeking medical help when needed. Mrs Shackleton was also decisive in regularly calling for a practitioner although it was the practitioner who appears to have been the decision maker regarding both the medicaments prescribed and the treatments applied. The evidence suggests she also self-dosed without reference to any practitioner. In Mrs Shackleton's case, a combination of increasing debility, marital dysfunction and family disinterest in her welfare generated in her an apparent tendency to hypochondria. Both Sir William and Lady East displayed an attribute similar to that of a Mr Russell, who, 'has now had so much experience of his disease that he is already acquainted with the most part of the management that is necessary'¹⁰³. Having both suffered from acute clinical episodes over a number of years, they had such experience of their conditions that between them they were "already acquainted with the most part of the management that is necessary". Nonetheless, Lady East was, in the context of a large household, decisive in dosing and treatments undertaken, particularly when her husband suffered an acute attack of gout in 1791. A decade later when she was seriously ill in 1802, however, she had to rely a great deal on her servants and subsequently, while she was recovering, her movements, even within the house, were constrained by her husband's wishes.

In summation, prolonged periods of ill health within the family changed behaviours in a manner that in each of the above cases experienced an increasing sense of dependency. Mrs Thrale became less decisive and depended more on medical

¹⁰³ A. Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: The Press Syndicate of the University of Cambridge, 1994), p.202.

intervention, Mrs Shackleton became increasingly dependent upon her doctors and Lady East, constrained by her husband, became more dependent upon her servants. From the hard school of experience and whether from habit or necessity, the carer tended to be dominant while the sufferer remained largely compliant. Accordingly, this chapter on ‘Dosing and treatments’ has addressed certain aspects of the ‘English medical landscape’ which King and Weaver have asserted have effectively been under-researched. Further, behaviours within the household have been considered which have dealt to some extent with a previous lack of interest in the ‘family’s role in medical care’, referred to by Smith, and specifically that, ‘although medical historians frequently mention the presence of patient’s families in the medical encounter, they rarely address exactly what family members were doing’¹⁰⁴.

While the evidence from these case studies confirm aspects of current literature on dosing and treatments referred to above, in particular that of Leong, Porter, Smith, Wiltshire and Wild, the contribution to knowledge made in this chapter is threefold. Firstly, it raises questions regarding the nuances of patient power, specifically, presenting new forms of patient behaviour; secondly, the evidence suggests a fluidity of patient decision making related to dosing when a clinical crisis occurred, and thirdly, the reality and nature of changing behaviours within the household over extended periods when indisposition struck, whether that of the sufferer or the carer.

Having considered dosing and treatments within these three households, the extent to which the exercise of regimen, or preventative medicine, played a part in family health-care will now be considered in Chapter Four.

¹⁰⁴ L. A. Smith, ‘Reassessing the role of the family: Women’s medical care in eighteenth-century England’, *Social history of medicine*, 16 2003, 327-342, (p.330).

Chapter Four - Regimen

Context

Better to hunt in fields, for health unbought,
Than fee the doctor for a nauseous draught,
The wise, for cure, on exercise depend;
God never made his work, for man to mend.¹

Andrew Wear's contention that preventative medicine, or regimen, was a fundamental element of the nature of medical knowledge between 1550 and 1680 may be evidenced by Dryden's verse². While John Dryden (1631-1700) advised against the doctor's "nauseous draft", Robert Burton (1577-1640) opined that, "a wise Physician will not Physick but upon necessity, & first try medicinal diet, before he proceed to medicinal cure"³. Apparently, in that age, layman and practitioner alike regarded the ingestion of a medicament with some circumspection. While medical theory continued to be developed during the seventeenth-century by such contemporaries as Thomas Willis (the father of neuroscience), John Locke (theories of the mind) and Thomas Sydenham (nosological methodology), preventative medicine remained the dominant factor in achieving and maintaining good health. Yet, within the strong religious context of the eighteenth-century,

the concern with regimen did not necessarily involve medical advisers, and it was less likely to do so when regimen was not seen as curative, but as a necessary daily discipline which put the whole of life in the service of vocation⁴.

¹ A. Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: The press syndicate of the University of Cambridge, 1994), p.200. 'To John Dryden of Chesterton', lines 192-6.

² A. Wear, *Knowledge & practice in English medicine, 1550 – 1680* (Cambridge, The Press Syndicate of the University of Cambridge, 2000).

³ R. Porter & D. Porter, *Patient's progress: Doctors and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989), p.83.

⁴ J. V. Pickstone, 'Establishment and dissent in nineteenth-century medicine: An exploration of some correspondence and connections between religious and medical belief-systems in early industrial England', in *The Church and Healing*, ed. by W. J. Sheils, (Oxford: Basil Blackwell, 1982), p169.

For example, the Quaker shopkeeper, William Stout, aligned the health of his business with that of his body. ‘Doctors were unnecessary because the rules of plain living were obvious enough.’⁵

The ‘Eighteenth-century physicians admired their seventeenth-century colleague Thomas Sydenham, “the English Hippocrates”, because Sydenham’s work and reputation seemed so rich in inspiration.’⁶ Sydenham was influenced by the environmental aspects of Hippocratic ideas of the importance of ‘winds, waters, site, soil, diet and other characteristics of a locale which influence its diseases’⁷ in addition to the Galen’s humoural theory of disease. However, Sydenham sought to understand illness through clinical observation which was developed further in the eighteenth-century by Boerhaave⁸. While physicians such as Sydenham and Boerhaave sought to develop clinical practice through an improved understanding of illness, preventative medicine still remained the most effective means of maintaining good health. In deed the Porters suggested that,

It is a moot point whether the doctor of 1830 saved notably any more lives than his great-grandfather, but the sick did not judge this the principle criterion of medical success.⁹

In this regard, an aspect of environmentalism was that, ‘Human beings were said to have a natural sentiment or “sensibility” that linked them with their physical environment and explained the effect of weather on health and the emotions.’¹⁰ A result of such a belief was that some practitioners maintained weather diaries which they compared with their medical records. One example was the Irish Quaker physician,

⁵ Pickstone, ‘Establishment and dissent’, p.170.

⁶ J. C. Riley, *The eighteenth-century campaign to avoid disease* (Basingstoke: The Macmillan Press, 1987), p.1.

⁷ Riley, *The eighteenth-century campaign*, p.ix.

⁸ Riley, *The eighteenth-century campaign*, p.2.

⁹ D. Porter and R. Porter, *Patient’s progress: Doctor and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989), pp.209/10.

¹⁰ J. Golinski, ‘Putting weather in order, narrative and discipline in eighteenth-century diaries’ a paper given at the William Andrews Clark Memorial Library, UCLA, Los Angeles on 16 May 1998, p.3.

John Rutty (1698-1775). 'For more than forty years, Rutty was making daily annotations of his observations of the weather and the diseases be observed in the course of his medical practice.'¹¹ Such perceptions extended the spectrum of the manner in which disease might be controlled or prevented.

Preventative medicine involved an appreciation of how to achieve good health by balancing each individual's various humours through a set of rules or regimen. The maintenance of humoral balance had been practiced by Galenic physicians for centuries. The concept of humours and the need to maintain a balance within the human frame of blood, phlegm, yellow bile and black bile, had originated from Aristotelian qualities of hot, cold, dry and wet¹². From such a perception of human physiology, those elements deemed essential to health were referred to as "non-naturals". One of the most influential voices extolling the virtues of regimen was that of George Cheyne (1671-1743) who through his,

narrative account of his own vulnerability and recovery through a regimen of diet, exercise, and spirituality, the regimen he later marketed so effectively, served not only as a bridge to his patients but created a public persona of himself as icon to the recovered hypochondriac¹³.

Cheyne marketed the concept of preventative medicine through the exercise of "Non-naturals" in *Essay on Health and Long Life* published in 1724 as:-

1. The air we breathe in. 2. Our Meat and Drink. 3. Our Sleep and Watching. 4. Our Exercise and Rest. 5. Our Evacuations and their Obstructions. 6. The Passions of our Minds.¹⁴

Over sixty years before Cheyne promulgated the six non-naturals, which influenced the behaviour of many during Georgian times, Samuel Pepys had set down

¹¹ Golinski, 'Putting the weather in order' p.5.

¹² Wear, *Knowledge & practice in English medicine*, p.38.

¹³ W. Wild, *Medicine-by-post: The changing voice of illness in eighteenth-century British consultation letters and literature* (Amsterdam and New York: Editions Rodopi, 2006), p.118.

¹⁴ R. Porter & D. Porter, *In sickness and in health: The British experience 1650-1850* (London: Fourth Estate, 1988), p.30.

his own “Rules for my health”, which numbered four¹⁵. Likewise, in the mid eighteenth-century, Thomas Turner devised twelve “rules of proper regimen” which “I hope I shall always have the strictest regard to follow”¹⁶. The evidence suggests that the heritage of the concept of establishing rules for healthy living had been inculcated into the Georgian mindset.

While Cheyne received some public support through, for example, the pages of the *Gentleman’s Magazine*¹⁷, his *Essay on Regimen* of 1740 implied that his proposition of 1724 for a particular structure of regimen was not universally accepted. Nonetheless, doubts about the efficacy of medication and the perceived value of preventative medicine had been maintained and the value of regimen generally understood even if not consistently put into practice.

There being a general appreciation of the value of regimen during the eighteenth-century, contemporaneously, the medical profession was developing and practitioners were beginning to be protective of their own special competences. Contentiously, in 1769 William Buchan, a critic of his own profession, when giving advice on self-help through preventative medicine opined that, ‘Had men been more attentive to it, and less solicitous in hunting after secret remedies, Medicine had never become an object of ridicule.’¹⁸ Many years later, having been accused of giving away trade secrets, he noted, ‘that the “many prejudices” against his belief in preventative medicine were “now overcome”’¹⁹. Good health to a large extent rested on the elements of fresh air, balanced diet, exercise and sufficient sleep, and remained central to the general concept of maintaining a healthy life style throughout the ‘long eighteenth century’. Not

¹⁵ Porter & Porter, *In Sickness and in health*, p.27.

¹⁶ Porter & Porter, *In Sickness and in health*, p.32.

¹⁷ Digby, *Making a medical living*, p.204.

¹⁸ G. Smith, ‘Prescribing the rules of health: Self-help and advice in the late eighteenth century’ in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge: Cambridge University Press, 1985), pp.249-282 (p.276).

¹⁹ Smith, ‘Prescribing the rules of health’, p.276.

surprisingly, as professionalisation continued to evolve, there were those who looked back to past days.

In the good old days, physic was largely an art of regimen, offering recommendations as to healthy diet, exercise, temperance. No longer: the virtue of the modern physician has become concentrated in, and transmitted through, his drugs.²⁰

Nonetheless, Dr Graham asserted that,

“I consider regimen, or your general manner of living and conducting yourselves, to be far greater consequence to .. bodily firmness, and of mental contentment, serenity, and cheerfulness, than loads of harsh, nauseous, and unnatural medicines from doctors and apothecaries.”²¹

Nonetheless, the evidence from Chapter Three would suggest that the effect such a general concept as preventative medicine had on household dosing and treatments was highly variable. From Mrs Thrales’ narrative it soon became apparent that she probably overdosed her children; Mrs Shackleton, while ingesting many and various medicaments, ate and drank unwisely, while Lady East, apart from being sceptical of the efficaciousness of medicaments, was particularly concerned that both she and her husband should take enough exercise. It is pertinent, therefore, to consider the manner and extent to which regimen was put into practice during the late Georgian period by reviewing each element of regimen as enumerated by George Cheyne.

The evidence will be presented in two ways. The Leathes’ manuscripts will be considered as a whole as they present Rev James Reading’s most complete expression of the importance of preventative medicine which may be evidenced in both his writings and his behaviours. But firstly, the evidence from all sources will be considered by being related to each non-natural in turn, a significant number of references to the elements of regimen being found in all the sources. This chapter will reveal,

²⁰ R. Porter, “‘Express yourself ill’: The language of sickness in Georgian England’ in *Language, Self and Society: A social history of language*, ed. by P. Burke & R. Porter (Cambridge: Polity Press, 1991), pp.276-299 (p.281).

²¹ Smith, ‘Prescribing the rules of health’, p.269.

irrespective of the origin of the various sources researched, that regimen was commonly perceived as being an important factor in family health-care. The initial evidence will be presented in accordance with Cheyne's six 'non-naturals'.

Regimen - the six 'non-naturals'

The Air we breathe

In 1733, John Arbuthnot (1667-1735) published *An Essay Concerning the Effects of Air on Human Bodies*.²² While Arbuthnot, a physician admired by Samuel Johnson, had, of all environmentalists, 'sought most avidly to penetrate the properties and qualities of the air', others had focused on water.²³ 'In a fashion analogous to the capacity of the air to cleanse through ventilation, water acted through lavation – the cleansing wash.'²⁴ In that context, the therapeutic value assigned to sea-air was often coupled with sea-bathing and may be evidenced from contemporary literature. For example, Jane Austen's Mr Parker of Sandition, who spent six weeks of each year by the sea, asserted that, 'The Sea air & Sea Bathing together were nearly infallible, one or the other of them being a match for every disorder, of the Stomach, the Lungs or the Blood.'²⁵ Likewise, air was often coupled with exercise.

"I know not why, but I rather suspect that you do not allow yourself sufficient air and exercise."²⁶ Such was the advice given by William Cowper (1731-1800) to Mrs King, air and exercise being thought beneficial to the delicate constitution. References to 'Air' in the primary sources researched were common, although often expressed in different ways. Further, as the fictional character, Mr Parker, advocated, references to

²² J. C. Riley, *The eighteenth-century campaign to avoid disease* (Basingstoke: The Macmillan Press Ltd, 1987), p.10.

²³ Samuel Johnson not only admired John Arbuthnot but used as sources three of his medical publications when compiling illustrative quotations in the *Dictionary*. See J Wiltshire, *Samuel Johnson in the medical world: The doctor and the patient* (Cambridge: The press syndicate of the University of Cambridge, 1991), p.107.

²⁴ Riley, *The eighteenth-century campaign*, p.39.

²⁵ J Wiltshire, *Jane Austen and the body: The picture of health* (Cambridge: Press syndicate of the University of Cambridge, 1992), p.207.

²⁶ Porter & Porter, *In Sickness and in health*, p.264.

free air or sea air were often coupled with the idea that strong breezes and sea bathing were efficacious. In deed, Dr Antony Relhan, in his *Short History of Brighthelmston* (modern Brighton) of 1761, praised the health giving properties of the resort in just as extraordinary terms as Mr Parker had done.²⁷ Despite the perceived benefits of the properties of sea air and sea bathing claimed by Dr Relhan, Mrs Thrale, having sent her son, Ralph, to Brighton, expressed her concern that, ‘one is afraid of even hoping in such Cases, tho’ all ye Drs think the Sea likely to be of Service, & even Johnson hopes something from Change of Air’²⁸. In contrast, there was a recognition that towns and cities could generate unhealthy atmospheres as in the case of John Tremayne. He was certain that his son, Harry, had suffered as a result of being in London and wrote to his father in February 1821 that, ‘Harry has continued very well since Friday, which leads me to think his Stomach Attack that [it] must have been produced by the stinking fog & unwholesome Air.’²⁹ Unwholesome air was not just found in the cities but also in physical confinement as illustrated by the case of Miss Weeton. In November 1808 Miss Weeton wrote to her Aunt Barber that, ‘they [the Chorley family] live in so very confined a situation, and the little air they might have is excluded’³⁰. In December that same year she wrote to her brother, ‘that my health suffers from so much confinement I can truly say, and for want of air’³¹.

However, the most prolific mention of “Air” was made by Lady East who referred to this element no less than twenty-three times during June 1791, pertinently, when Sir William was convalescing from an acute attack of gout. Specifically, on 1 June 1791, ‘went airing in the Coach from ¼ past five till seven’; on 3 June, ‘we went

²⁷ Wiltshire, *Jane Austen*, p.206.

²⁸ Hyde, *The Thrales, of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1776), p.122.

²⁹ CRO, T/2565.

³⁰ *Miss Weeton’s journal of a governess: 1807-1825* ed. by E. Hall in two volumes (Newton Abbot: David & Charles (Holdings) Limited, 1969 [first published under the title *Miss Weeton* by Oxford University Press, 1936]), p.123 [8.11.1808].

³¹ *Miss Weeton’s journal*, 15.12.1808, p.139/140.

airing after dinner’; on 5 June, ‘we went airing till nearer eight o’clock’, yet interestingly, on 9 June, ‘we could not go out airing’, as the coach needed repairing. While Sir William and Lady East ‘went airing in the coach’, such activity was also seen as part of ‘typical eighteenth-century therapeutic manoeuvres’ – ‘exercise in the form of riding a coach’³².

It is suggested that the number of experiences cited from the pens of those referred to above present different perspectives regarding the importance of “Air” to health. Specifically, Rev Leathes implied that one’s health may be beneficially influenced by breathing the air from the place where one was born; John Tremayne and Miss Weeton suggested that the lack of wholesome air had adverse effects on health; Mrs Thrale thought embracing fresh sea air would generally enhance one’s health, while Lady East perceived the benefits of just being in the open air when Sir William was convalescing.

Our Meat and Drink

Of the eighteenth-century physicians both George Cheyne and John Arbuthnot discussed,

the possibility of arriving at a diet in which quantity of nutriment shall be exactly in proportionate to labour whilst discussing the role of exercise in facilitating digestion and a due motion of circulating fluids.³³

Here again, two of the none-naturals, Meat and Drink and Exercise and Rest, were coupled together in recognition that the body not only needed to consume fuel but also needed action in order to help consume that which had been ingested. Both Cheyne and Arbuthnot established their own special diets. While Arbuthnot advocated ‘A thin, slender, cool, regular diet’, Cheyne recommended ‘an exclusively vegetable diet “a Day

³² W. Wild, *Medicine-by-post: The changing voice of illness in eighteenth-century British Consultation letters and literature* (Amsterdam & New York: Editions Rodopi, 2006), p.18.

³³ Wiltshire, *Samuel Johnson*, p.142.

or Two in the Week”³⁴. However, ‘Cheyne had to work hard at getting his patients to adopt his diet and to stick to it.’³⁵ This may be evidenced by his copious correspondence with both the Countess of Huntingdon and Samuel Richardson.

Although the old adage had it that a “a good cook is half physician”³⁶, Cheyne was more restrained when in 1737 he urged The Countess of Huntingdon to stand by “the simplicity of the dietetical gospel”³⁷. Such circumspection in the field of personal consumption was probably less than common. Nonetheless, it was generally recognised that, ‘The active body obviously needed nourishment to provide strength and warmth: analogies with furnaces, lamps and steam-pumps readily came to mind: all needed their fuel.’³⁸ But, to what extent did late Georgians appreciate the effect of personal consumption on their health? The evidence would suggest that there was some ambivalence in attitudes from within the sources researched.

When commenting on food, Mrs Shackleton usually referred to what she had been given by family and friends. Such gifts were often rich and the entries in her diary imply that opportunities for excessive consumption were taken full advantage of. For example, on 29 December 1779,

after supper we [regaled] upon our fresh & Delicious Barrel of Oysters from an unknown friend gratefully remembered as we were in Duty Bound the Good Health of the Founder of our sumptuous Feast³⁹.

Her friend, William of Rough Lee, regularly brought food and drink to Pasture House.

On one occasion he ‘brought me 2 bottle of red elder wine and some syrup of lemons.’⁴⁰, while ‘My son sent me 2 pots of black currant jelly,’⁴¹ and ‘for a present a

³⁴ Wiltshire, *Samuel Johnson*, p.85.

³⁵ S Shapin, ‘Trusting George Cheyne: Scientific expertise, common sense, and moral authority in early eighteenth-century dietetic medicine’, *Bulletin of the history of medicine*, p.284.

³⁶ Porter & Porter, *In Sickness and in health*, p.263.

³⁷ Digby, *Making a medical living*, p.205.

³⁸ Porter & Porter, *In Sickness and in health*, p.47.

³⁹ LRO, DDB/81/35.

⁴⁰ LRO, DDB/81/39, 28 January 1781.

⁴¹ LRO, DDB/81/39, 30 January 1781.

nice piece of salmon⁴² and ‘some venison’⁴³. There appeared to have been no shortage of rich food. However, the evidence suggests she was not always wise in the food and drink she consumed. On a visit to Mr & Mrs Marshfield,

where a most excellent dinner and an elegant dessert of fruit was provided I never was so sick in all my life. I think from taking the strongest green pea soup as was ever made. I vomitted, had hardhorn and brandy noothing made me better.⁴⁴

Later that same day at Alkincoats, her eldest son’s residence, ‘there I was a very poorly got a little rum and water. Tom laughed at me said I had over eatmyself and made a joke.’ Less than two weeks later, ‘I drank too much cold ale at dinner made me sick as I never was before, vomited and was very ill.’⁴⁵ When she complained of being ill during the night it is not possible to establish how much was self inflicted through over indulgence. However, there is no evidence of her being restrained in her diet despite Dr Howarth having diagnosed that she had been suffering from gout at least from March 1777. It was not until Dr Hill had been called in 1781, just before she died, that any restraint on her diet had been called for.

In a much more restrained manner, Lady East regularly commented on the food and drink consumed by Sir William during his illness in 1791. In the morning, ‘I came into the room at 6 o’clock made tea & Sir William drank two dishes & eat a good piece of toast’⁴⁶. Later that day, ‘he eat little or no dinner’. A week later, ‘he eat less soup than yesterday & no meat only current jelly & bread & Almond Emulsion’⁴⁷. On 2 May ‘he did not eat quite so good a breakfast as yesterday’, yet on 12 May,

he eat his soup and mashed potatoes The same as yesterday only a much larger quantity & he found they disagreed with his stomach I gave him two magnesium Lozenges but he complained a little of it all the evening.

⁴² LRO, DDB/81/39, 12 February 1781.

⁴³ LRO, DDB/81/39, 2 April 1781.

⁴⁴ LRO, DDB/81/39, 8 July 1781.

⁴⁵ LRO, DDB/81/39, 21 July 1781.

⁴⁶ BRO, D/EX 1306/1, 25 Apr. 1791.

⁴⁷ BRO, D/EX 1306/1, 3 May 1791.

On the following four days he consumed soup and some chicken with asparagus which did not always agree with him. By 21 May, 'he had his breakfast which he eat very heartily' and at dinner, 'he eat very heartily & was free from pain all day'. From early in 1792 Lady East started to record the menu of the two main meals consumed each day. Although she commented on what foods did and did not suit Sir William, she did not seem to appreciate whether specific foods were intrinsically healthy or not; this, despite a change in Sir William's diet ordered by Dr Taylor on 5 May. Accordingly, without specific direction from Dr Taylor, Lady East maintained the diet to which they were used to without apparently appreciating any particular health implications of the food they consumed. For Lady East, the diet which suited them both may have been her own expression of regimen, the regularity of a well ordered life.

Ten years later, following her own illness in 1802, she rarely referred to diet but, on 30th December,

I had a very tolerable night tho the first I waked I was in very great pain but it was only want of food. I tried sandwichs to night & they had a much better effect to abate the pain than bread but when I tried them a second time I did not like the smell & was disgusted.

Three weeks later, 'I eat vegetables forgetting my Rhubarb which I fancy was the reason I was uneasy.'⁴⁸ However, during the period 1801-1803, she regularly referred to easing her stomach pain by eating. For example, on 11 December 1802,

my whole stomach & bowels were in pain & I felt quite low & ill had no inclination to move - at twelve I took some food which made me much better.

The following day, 'I slept & perspired almost all night & only had pains in my stomach from sleeping to long without taking food'. While Lady East was aware of the effect of

⁴⁸ DC Diary, 22 January 1803.

personal consumption on her chronic clinical condition, it was Mrs Stock who was cognisant of the relationship between the timing of consumption and sleep.

Mrs Stock, formerly Miss Weeton, was very clear about one aspect of when one should or should not eat a meal. On 22 April 1825 she wrote to her daughter,

I consider supper eaten at 8. 9. or 10 o'clock, as it generally is, as most extremely pernicious to the health, and the causes of many diseases, and increases many complaints that have arisen from other causes, whether consumptive, bilious, scorbutic or apoplectic; for which reason, do you, my dear Mary, avoid eating anything after 6, or 7 o'clock in an evening.⁴⁹

While Mrs Stock considered the timing of consumption before bed-time as being important, to what extent was sleep seen as critical to one's health?

Our Sleep and Watching

There is very little reference to Our Sleep and Watching in the literature other than being referred to as the third non-natural. Such a low profile may relate to the fact that in 'the "ordering" of the non-naturals – throughout life'⁵⁰, sleep, unlike the other non-naturals, would have been an established part for the "ordering" of the twenty four hours of the day. Less capable than the other non-naturals of being directly effected by intent, the lack of sleep would have resulted in negative effects on the individual rather than establishing positive aspects of achieving sufficient sleep through direct action. However, Liselotte von der Pfalz 'believed that much illness was caused by' .. 'insufficient sleep'⁵¹. This appeared to be true in the case of Sir John Clerk who found that an attack of gout proved "very uneasy and dispiriting", the more so since it "kept

⁴⁹ *Miss Weeton's journal*, pp.353/4.

⁵⁰ G. Smith, 'Prescribing the rules of health: Self-help and advice in the late eighteenth-century' in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society* (Cambridge: Cambridge University Press, 1985), p.257.

⁵¹ R. Jutte, 'The social construction of illness in the early modern period' in *The Social Construction of illness*, edited by J Lachmund and G. Stollberg, (Stuttgart: Gedruckt mit Unterstützung der Robert Bosch Stiftung GmbH, 1992), p.30.

me from rest in the night time”⁵². Such was also the case with the few references which have been found in the sources which directly link the need for sleep with health. However, a number of sources refer to lack of sleep as a result of indisposition rather than as a causation.

Over a number of years Mrs Shackleton regularly referred to having had little sleep due to pain. For a period of five days during February 1781, ‘I was very bad, no sleep’⁵³, ‘had never a worse night, no sleep’⁵⁴, ‘I had a violent night for pain’⁵⁵, ‘had a very restless night’⁵⁶ but then on the following day, ‘I had a most composed night that I have had for many weeks’⁵⁷. It is difficult to gauge from such evidence just how ill she really was. For example, on 25 March, just two weeks before she was “cut” by Mr Turner, ‘I had a most horrible bad night, no sleep my foot very painful.’, yet after dinner, ‘i rode out to the new bridge and back again’⁵⁸. Within a few weeks of her ride to the new bridge Mrs Shackleton was dead.

Lady East also regularly referred to the deprivation of sleep due to various forms of indisposition. In fact, before Sir William’s illness in 1791, the first entry in her daily journal was usually the time she arose, the manner in which she had passed the night and the morning weather. During Sir William’s illness she commented in some detail about his sleep patterns. ‘Sir William slept pretty well after I came into the room waked only three times for a minute and fell asleep again’⁵⁹, but a week later, ‘My poor Sir William still awake & in great pain & much fever’⁶⁰. A further week later at half past six, ‘Sir William was then awake but very soon fell asleep & remained so till near

⁵² Digby, *Making a medical living*, p.203.

⁵³ LRO, DDB/81/39, 6 February 1781.

⁵⁴ LRO, DDB/81/39, 7 February 1781.

⁵⁵ LRO, DDB/81/39, 8 February 1781.

⁵⁶ LRO, DDB/81/39, 9 February 1781.

⁵⁷ LRO, DDB/81/39, 10 February 1781.

⁵⁸ LRO, DDB/81/39.

⁵⁹ BRO, D/EX 1306/1, 20 Apr. 1791.

⁶⁰ BRO, D/EX 1306/1, 27 Apr. 1791.

nine'⁶¹. She committed many such observations to her diary throughout Sir William's illness suggesting she appreciated the value of sleep. Although occasionally she rubbed Sir William's head until he went to sleep, she makes no direct observations relating to managing insomnia. Nonetheless, the evidence suggests that sufficient and regular sleeping habits were considered important, particularly for the sick, as may be illustrated by the case of Harry Tremayne.

In May 1822 John Tremayne wrote to his father about the increasing debilitated condition of his son, Harry. Previously, Dr Lake had advised to treat Harry's head with

some preparation of Antimony I think, for which it will be necessary to have his Head shaved and as it will occasion some irritation of the skin, I am doubtful how he will bear it, especially as any thing on the Head or about it annoys him considerably⁶².

Less than a week later the father's fears for his son proved well founded.

I found on my return last night that Harry had been suffering much from the Application to his Head, which has deprived him of rest and given him much fever and irritation.⁶³

While the evidence from all sources suggest that deprivation of sleep may have been debilitating, to what extent did exercise and rest play an important part in healthy living?

Our Exercise and Rest

"Riding is the best form of all exercises to get health, and to promote the digestions .. but walking is best to preserve health"⁶⁴, claimed Cheyne in his *Essay on Regimen* of 1740. Contemporaneously, John Wesley asserted that, "I must be on horseback for life, if I am to be healthy"⁶⁵, while in 1775 a physician in Ludlow advised

⁶¹ BRO, D/EX 1306/1, 2 May 1791.

⁶² CRO, T/2650.

⁶³ CRO, T/2651.

⁶⁴ Digby, *Making a medical living*, p.204.

⁶⁵ Porter & Porter, *In Sickness and in health*, p.263.

his patient that he should “rely greatly on his horse, whom he will find the best doctor among us”⁶⁶. Although for a few, the horse may have provided an opportunity to enjoy a healthy lifestyle, for many, particularly women, such opportunities would have been limited. However, in later life Cheyne wrote to his patient, Richardson, that despite the infirmity of age,

I walk in my garden or in my Hall 3 hours every Day without which I fear I could not go on so well. If every you are hurt it will be by Sitting and Plodding, and therefore for God’s sake and your Family’s Sake give it over and become a perpetuum Mobile.⁶⁷

Although Mrs Shackleton did not comment directly on regimen, she occasionally referred to exercise. Interestingly, she took exercise even when unwell, and on those rare occasions she perceived that it gave her some relief, a result that would not have surprised Cheyne. On 14 April 1772, ‘Very poorly, went to ride out.’⁶⁸ Years later, on 9 October 1777, she noted that ‘my legs very bad’⁶⁹, and on the next day that ‘Mr S & I’d a nice walk all day & I was better.’⁷⁰ Such an entry begs the question, how much pain had she really been in only the day before? On 28 December 1779, ‘myself went for a ride & a little exercise upon the heights’⁷¹.

Meanwhile her contemporary, Lady East, appears to have appreciated the value of regular exercise whether in good health or not. Cheyne had urged his patient, Richardson, to ‘walk much in your room’⁷², and the very first entry in Lady East’s earlier diary reads, ‘I had no regular exercise this day but what I took in my room in the evening.’⁷³ Consistent with Cheyne’s advice, she regularly walked for an hour in the park before breakfast and also worked in the garden. On 11 January 1791, ‘I roll’d the

⁶⁶ Digby, *Making a medical living*, p.204.

⁶⁷ Wild, *Medicine-by-post*, p.139.

⁶⁸ LRO, DDB/81/15.

⁶⁹ LRO, DDB/81/31.

⁷⁰ LRO, DDB/81/31.

⁷¹ LRO, DDB/81/35.

⁷² Wild, *Medicine-by-post*, p.158.

⁷³ BRO, D/EX 1306/1, 1 Jan. 1791.

gravel walk with my little roller near an hour’, and two weeks later, ‘Work’d in the garden a long time’. Nonetheless, she commented about her lack of exercise on days when she was either not well enough to go out or when the weather was particularly inclement. Nonetheless, even in winter she would walk long distances to, for example, Maidenhead, White Waltham, Temple and Bisham. On such occasions she would usually have had to walk more than five miles; her use of the family carriage being rarely mentioned although occasionally it was used for a return journey. In July 1791, following Sir William’s eight week indisposition from gout, she went for a walk with her husband’s former sister-in-law, Harriet. Afterwards she commented, ‘I was sleepy & felt the walk as it was more than I had walk’d at a time since April’⁷⁴, implying that she had had insufficient exercise during Sir William’s illness. Three weeks later, ‘I went walking as my foot was got much better – my head stomach & back very indifferent, but I was better some time after I got up & walk’d.’⁷⁵ Three further entries from her earlier diary support the contention that Lady East recognised the value of exercise to good health. On 28 July 1791, ‘sent to Fifield for Gilbert’s dumbbells to use exercise’, followed on 31 July, ‘The Gasping still remains but is much better since he [Sir William] uses the dumb bells.’ Finally on 5 August she noted that, ‘Sir William thinks himself better for the exercise with the Dumb Bells.’

References to exercise are particularly prevalent during the winter of 1802/3 when she often referred to perceived physical benefits. As referred to in her earlier diary, she regularly walked in the grounds of Hall Place, often on the Stone Walk. For example, ‘after uneasy minutes exercise the pain diminished’⁷⁶; ‘Walk’d in the Park in bright Sun an hour & a half’⁷⁷; and ‘Walk’d & work’d sweeping leaves’⁷⁸.

⁷⁴ BRO, D/EX 1306/1, 13 July 1791.

⁷⁵ BRO, D/EX 1306/1, 2 Aug. 1791.

⁷⁶ DC Diary, 29 October 1802.

⁷⁷ DC Diary, 4 November 1802.

Additionally, she referred to a Dr Lobb's exercise as well as exercising indoors when the weather was inclement or she had been ill⁷⁹. Dr Lobb was first mentioned on 3 November 1802 when, 'I was full of ackes – but they went off upon bustling about & taking 50 strokes of Dr Lobb's muscular exercises'. Later that month on 15,

A very foggy day & I did not go out but settled all my London Accounts. Did not forget Dr Lobb's exercises many times & was very well all day.

On the following day, 'I did not go out I used much of Dr Lobb's Exercise'.

At the end of November 1802 Lady East became ill such that she was unable to write her diary for some ten days. During her recovery she regularly referred to taking exercise indoors which was first mentioned on 10 December when, 'I walk'd many times about the room before I had breakfast & settled with more ease than I have yet done & continued better all day'. On the following day, 'I got up wonderfully well & strong at 8 used much exercise'. On New Year's Day 1803, Lady East was not well and in some pain. 'I did not go out on account of the weather but walked up & down stairs many times'. As may have been expected, the mistress of an aristocratic household would have had the liberty to take exercise as and when she thought fit, but what of the teenage daughter of a doting mother?

Of the period 1794-1797, when in her late teens, Miss Weeton wrote in her journal that,

I suffered a long and lingering illness, I was three years in a very precarious state. Then when I was scarcely able to crawl I was forced to walk every day. Had I taken more exercise when in health that sickness would have been prevented. From an extreme parental tenderness, my mother dared not trust me out of her sight, until the doctor told her my life depended upon having more air and exercise.⁸⁰

⁷⁸ DC Diary, 17 November 1802.

⁷⁹ Dr Theophilus Lobb (1678-1763) was a nonconformist minister and a physician who acquired an MD from the University of Glasgow in 1722. In that same year he had moved to Witham, Essex, still acting as a minister as well as setting up a medical practice. Witham was the original residence of the East family, Sir William and Lady East both being buried there.

⁸⁰ *Miss Weeton's journal*, [1794-97] p.24.

Many years later in May 1812, having been a governess for several years, Miss Weeton wrote to a young governess, Miss Ann Winkley, in order to give her the benefit of her own experience. She referred to a number of key elements of regimen but emphasised the need for regular exercise.

I rejoice to find from your letter to your sister, that your health is so much mended, change of air, diet, and want of exercise occasioned your indisposition. When ever you have a few minutes leisure, by all means employ them in exercise if possible; the skipping rope, rocking horse or anything; and avoid gravies and sauces, these little attention to health may prevent many a day of sickness.⁸¹

While plenty of exercise may have been therapeutic for either those that had recently been indisposed or those desirable of maintaining health, to what extent would a pregnant woman be expected to remain physically active?

Little evidence has been found on this subject although Mrs Leathes on one occasion visited her doctor socially, shortly before she gave birth, for tea. However, in March 1810 Abbot Upcher went walking with his wife, Charlotte, only hours before she gave birth to their first born. '8th March Walked a little with my wife, and walked myself after dinner. ½ past 5 walked again a little with her & at 10 past 9 our first borne, a fine boy, appeared to our great delight.'⁸² Three days later Upcher assisted his wife to breakfast and made her tea.

On the assumption that Mr Upcher's timings were accurate, and the general evidence from his detailed records would suggest he probably was, his wife had given birth to a first born only three and a half hours after having been out walking. Apparently, being in a most advanced state of pregnancy did not deter Mrs Upcher from taking exercise. To what extent such a practice would have been common is not possible to determine.

⁸¹ *Miss Weeton's journal*, 3 May 1812, p.13.

⁸² NRO, UPC 156/1 641 X 8 Memorials.

Our Evacuations and their Obstructions

There was a notion, articulated by Dr Robert James, that, ‘humours penetrate “improper parts” and there cause obstructions’, and that obstructions became ‘almost synonymous with disease’⁸³. In a letter to his old friend John Taylor, Samuel Johnson had written that he should, ‘Particularly avoid costiveness’. Constipation was something Johnson regularly warned Taylor about and on one occasion wrote that, ‘I have but two rules for you, keep your body open and your mind quiet’⁸⁴.

Pepys, as referred to above, had established his own rules of regimen. Apparently concerned about constipation, his third rule of health was quite specific, ‘Either by physic forward or by clyster backwards, or both ways, to get an easy and plentiful going to stool and breaking of wind.’⁸⁵ It was recognised (in *Our Meat and Drink*) that the body required fuel. As the human body needed a constant flow of fuel, ‘It was no less important, however, that waste be efficiently expelled.’⁸⁶ For example, the Countess of Huntingdon, in addition to maintaining her “dietetical gospel” also partook of a regular vomit and mild purge. On that occasion, ‘The doctor congratulated her that this had been successful in that it had “sweetened the blood, [and] opened the obstructions in the glands”’⁸⁷.

The majority of comments relating to problems with bowel movements were made by Lady East. Initially, she referred in her diary to Sir William’s condition when he was suffering from gout in 1791.⁸⁸ Gout, the causation of which, according to Boerhavve’s application of Newtonian mechanics, was an imbalance ‘between the quantity and impetus of the fluids & the resistance of the vessels’ which was a causation

⁸³ Wiltshire, *Samuel Johnson*, p.78.

⁸⁴ J. Mulhallen and D. J. M. Wright, ‘Samuel Johnson: Amateur physician’, *Journal of the Royal Society of medicine*, Vol. 76, 1983, p.220.

⁸⁵ Porter & Porter, *In Sickness and in health*, p.27.

⁸⁶ Porter & Porter, *In Sickness and in health*, p.50.

⁸⁷ Digby, *Making a medical living*, p.205.

⁸⁸ BRO, D/EX 1306/1.

of obstructions generally, apparently including constipation⁸⁹. For approximately two months during Sir William's attack of gout Lady East had referred to him making a motion some fourteen times. For example, on 16 April, 'S W: had a natural motion to day the 6th day since'; on 23 April, 'He was very weary about a motion it was now the seventh day however happily without any medicine he had a very good natural one'; and on 3 May, 'Eat his breakfast very well - had a very good natural motion was much easier'.

A decade later in her diary of 1801/03 Lady East often referred to her own digestive problems, the evidence suggesting that she had suffered from bowel problems for a long time. For example, on 5 November 1802,

A wet morning I rose at 6. the two Grains of Magnesium operated three times & I was better than I have been for several mornings & was better all day.

Three days later having complained of relaxed bowels, 'I never wak'd till a little before 7. I was sick & had a very relaxed motion as soon as got up. I took about 3 grains of Magnesia.' As referred to in Our Meat and Drink above, she regularly stated that she needed to eat in order to ease the pain in her abdomen, a symptom of an apparent long term chronic clinical condition. While Lady East suffered from bowel problems, Rev Reading had a rather different problem with the evacuation of waste.

In a letter to his daughter of 18 February 1787 he described the symptoms he had suffered from.

After the profuse sweat in the Night of the 10th I have continued to sweat less and less every night since, as that last night (17th) I was effected that way very modestly. This I take to be a favourable Symptom, because I have little thirst with it, or fever. If anything is unfavourable, I think it is the Discharge by Urine, which is less frequent, and in less quantities, than is usual in persons in Health, and as the Discharge is attended with a kind of hardness, is highly coloured, with a thick sediment, and sometimes red Gravel, I apprehend there is something lodged in the Passages, w^h cannot come off freely.

⁸⁹ Wiltshire, *Samuel Johnson*, p.77.

A week later he wrote,

My Health (thank God) is better, but not yet perfectly restored. Much gravel with small stones is come away, which plainly indicates the nature of my Disorder, but tho' this discharge has partly relieved me, yet my feeling tell me, there still remains some Obstruction.

While the East and Reading families were dealing with their own specific clinical conditions, Mrs Thrale was concerned about taking what ever action was necessary to ensure that her daughter, Hester, retained her general health.

We dined in London yesterday with a friend, & Hester brought home a sore Throat which alarms me, as I think there is some Degree of Fever; if She's no better tomorrow Bromfield must be consulted; I have only ventured to give 2 Drams of Salts just to procure one Motion / a day / which with forbearance from Meat or Wine will perhaps do all that's wanted.⁹⁰

As Mrs Thrale was anxious about her daughter's welfare, so Mrs Farington was concerned for the well being of her relative, Mrs Barrett.

Mrs Farington wrote a long letter to her cousin which concerned Mrs Barrett's digestive system.

She passed another indifferent night and took the Syrup as directed & yesterday the Electury worked off & gave her seven motions which you must suppose made her very weak and low. However, Bagley assures us they brought away matter & hard substances which had blocked in the small intestine a considerable length of time and which no medicine she had taken could or did reach.⁹¹

An obstruction may have been painful or a symptom of some other clinical condition, as in the case of Mrs Barrett, but for others the outcome could signify a fatal condition, as in the case of three year old Charles Giddy. In December 1813, Davies Giddy recorded in a memorandum the fateful events of 16 May earlier that year.

Peggy came into our Bed Room and represented Charles as having been hot and restless and moreover that no movement of his Bowels had taken place. I immediately directed her to give him Seena Tea, this was soon returned with an appearance of Bile. I immediately repeated two Grains of Calomel, soon afterwards my attention was directed to his Tongue which he readily put out on my desiring him when it appeared foul.⁹²

⁹⁰ Hyde, *The Thrales*, p.188.

⁹¹ NRO, HMN 4/53/2.

⁹² CRO, DG/26.

Despite all Dr Jebb's efforts with the use of heat, purges and emetics, Charles remained unable to make any evacuation, although the underlying cause was a fatal clinical condition. Charles died later that day.

The Passions of our Minds

In an earlier era when any beneficial effect from medication or treatments were so uncertain, John Locke (1632-1704) opined that,

Half your cure depends on the doctor's prescriptions and the other half is in your own mind. Cheerfulness will have a great[er] efficacy towards your recovery than anything the apothecaries shops can afford.⁹³

Likewise in 1774, John Gregory 'stated that "The mind should be kept in as tranquil a state as possible."⁹⁴ As an example of the perceived interrelationship between body and mind, for Dr William Dyer of Bristol, 'the sickness of the body automatically evoked for him sickness of the spirit'⁹⁵.

While Lady East was circumspect in both the use of medication and the treatment metered out by doctors, nonetheless, she appears to have appreciated the support of Dr Taylor who attended Sir William on a few occasions. On one visit, 'Dr Taylor came talk'd to him & tried to comfort him with the hope that the fit was at the heighth'⁹⁶, apparently an attempt to lift Sir William's spirits.

However, for Mrs Thrale, tranquillity was elusive as she continued to suffer from the loss of her loved ones. In the final entry of her *Family Book* for 1773 she wrote,

As I have now no soothing Friend to tell my Greif to, it will perhaps sink the sooner into Insensibility; Dr Johnson is very kind as can be, & I ought to be thankful that Mr Thrale does not, as most Husbands would – aggravate by Insult and Anger the Sorrows of my Mind.⁹⁷

⁹³ Digby, *Making a medical living*, p.201.

⁹⁴ Digby, *Making a medical living*, p.203.

⁹⁵ R. Porter, *Patients and Practitioners*, p.9.

⁹⁶ BRO, D/EX 1306/1, 27 April 1791.

⁹⁷ Hyde, *The Thrales*, pp.85/86.

Mrs Thrales' dismissive reference to Johnson may seem surprising as, 'The importance of mental health could not be undervalued to Johnson, who suffered from depression all his life.'⁹⁸ For example, he had written to Mrs Thrale that, 'the body receives some help from a cheerful mind' and later, during Mr Thrale's illness, he advised Mrs Thrale that her husband should avoid depression.⁹⁹

As Mrs Thrale had written about her great personal losses in 1773, so Rev Reading had commiserated with the Leathes at the loss of his grandchild in 1782 when only a few months old. However, when death of a child visited the Giddy household, Davies Giddy wrote of the mental stress exerted was such that it fundamentally changed the temperament of his mind.

Since the general Laws of nature make life precarious in all Ages, my Family was equally liable to this affliction with every other. I therefore endeavour, as is my duty to submit.

Best Hopes, the kindest Gift of their fabled Benefactor to Mankind, is torn from my Brest, each pleasure arising from the sweetest source is now dashed with pain, and the Temperament of my Mind has undergone a lasting change.

December 1813 Davies Giddy.¹⁰⁰

While those that either anticipated or suffered the loss of a loved one, and experiencing the stress such a loss caused, Mrs Stock wrote of her release from the mental anguish of a disastrous marriage and the eventual improvement in bodily health.

Mrs Stock expressed in a letter to Miss Armatage the benefits of being without mental stress following the failure of her marriage while expressing the miseries of loneliness.

I was much restored indeed in health; my situation is, as may be supposed, very comfortable in many respects, yet comfortless in others. The enjoyment of rising and returning to rest in peace, free from any fear, and spending the day free from any distracting anxiety, with no other employment than that of attending upon, and amusing, myself is surely valuable; but then, on the other hand, the solitude

⁹⁸ Mulhallen and Wright, *Samuel Johnson*, p.221.

⁹⁹ Mulhallen and Wright, *Samuel Johnson*, p.221.

¹⁰⁰ CRO, DG/26.

necessarily attending on residing in lodgings, eating every meal alone, no one to converse with me to liven in health or sooth in sickness, is exceedingly sinking to the spirit; so much so, that I intend to engage in some situation or way of business as soon as I can meet with anything eligible.¹⁰¹

However, seven months later she was able to express the benefits that had accrued from the freedom she found in her own company.

I am now near 48 years of age, and since I left my husband, have increased in bodily health and strength, so much as to be better than I ever recollect being, for so long a time.¹⁰²

It is apparent from the above scripts that regimen was widely recognised as a contributor to good health although many individuals often had a strong propensity to favour one or more elements rather than a complete regime. Of the many lay Georgian figures referred to above, Samuel Johnson being both interested in medical matters and having suffered from various clinical conditions, appears to have been most influential in medical matters.

His relationship with Mrs Thrale particularly is coloured by medical feeling, and not only because they shared an interest in medicine, and together shared the anxieties of the various family illnesses.¹⁰³

While the experiences of those referred to above varied considerably, the importance of the evidence from the Leathes household is not only the completeness of the manner in which Rev Reading exercised regimen in the family but that he perceived it as part of the wider concept of preventative medicine.

The Leathes Household

Throughout the correspondence between Rev James Reading and his daughter, Mrs Elizabeth Leathes, he advised on aspects of prevention and against various medicaments and treatments, regimen being seen as critical in maintaining health. For example, when the Leathes' first child, baby Elizabeth, was about seven months old she

¹⁰¹ *Miss Weeton's journal*, 12 October 1823, p.227.

¹⁰² *Miss Weeton's journal*, 4-12 May 1824, p.261.

¹⁰³ Wiltshire, *Samuel Johnson*, p.43.

had had a number of fits. She had then developed a few pimples and her parents feared smallpox, which was prevalent in the area. Having prescribed cold baths, ‘The Doctor thinks a change of air may be of service to her.’¹⁰⁴ On hearing the news of his granddaughter’s indisposition, Rev Reading wrote a full letter to his daughter dealing with three aspects of health care. In questioning the doctor’s advice, he cautioned against the use of medicines, recommended isolation from infection and urged her to implement a restricted diet.

I hope you have been prudent enough not to administer Medicines to her upon this occasion, not even gentle purgatives if her body is moderately open, much less Opiates, which ignorant people are too busy with; and the Nature of the complaint, I hope, has prevented the Use of the Cold Bath which was mentioned, or the use of any method that may give a sudden & violent Check to the Disorder.¹⁰⁵

At the prospect of infection he expressed his concern for his daughter’s exposure to it and recommending isolation.

But we are at the same time highly concerned for the Mother, who, if she thinks herself free from the infection, must not attend the Child in this Illness, and if she is infected, will even then be very unfit companion for her. For the less People see one another in such Complaints, the better for both.

He then advised her how to proceed to implement an appropriate diet.

At all events observe a proper Regimen; abstain from everything that may heat you; eat no animal food, drink no Beer, nor anything stronger than Wine & Water. Milk, Water Gruel, Apples, Panada, Potatoes without butter, light Puddings are proper food Diet of the same kind is better for Children.

He ended his letter of 20 March 1776 by expressing his great concern and requested her to write ‘a further account of this Affair’. ‘Pray let the Account be plain fact, & do not conceal any thing from fear of giving alarm. Your Mother will come down if matters get worse’.

Over four years later, in August 1780, the Leathes’ fourth child, John, died the day after he was born leaving Mrs Leathes suffering from a postnatal condition,

¹⁰⁴ NRO, BOL 2/25/9.

¹⁰⁵ NRO, BOL 2/26/9.

including swollen legs. On 9 of October she reported to her parents that she had consulted the practitioner, a Mr Leath, who,

told me he w'd be particularly careful in giving me Mercury in so small a Quantity & so well corrected that it c'd not be of any dangerous Consequences – therefore I thought there was no occasion to throw away another helf guinea on Dr Manning – I found the first dose agreed with me so well that I ventured upon two more & the Doctor advices me to take another one upon my return to Herringfleet if the swelling sh'd not be quite gone.¹⁰⁶

Shortly thereafter her father replied,

we were secretly wishing you would not meddle with so rough a Medicine as Mercury, yet we are glad to find you have used it with caution, and find the swelling in you foot abated. Were I your physician, I would recommend to you, never to exceed ten o'clock for your Bed Hour, because proper Rest will contribute greatly to your recovery.¹⁰⁷

A month later when Mrs Leathes' symptoms had fully abated, her father commented, 'I should think nothing more likely to contribute to it, than moderate exercise in the Day and early Rest at Night.'¹⁰⁸

The Leathes' fifth child, confusingly named Reading, was born on 16 February 1782 and, as usual, Mrs Reading travelled to Norfolk to be with her daughter during the lying-in. In April, having thanked her father for allowing her mother to attend Reading's birth and having remained some four months, Mrs Leathes referred to her own state of health.

I am pretty well recover'd of my lying-in but you know I never could boast of a strong constitution & I am still weak, but I hope when the weather is better that I can take the Air & Exercise.¹⁰⁹

Shortly thereafter, the family experienced the death of their four month old baby, Reading Leathes, who expired from a 'stoppage'¹¹⁰. At the time Rev Leathes was staying with his brother at Herringfleet and Mrs Leathes was staying at Bury. Having

¹⁰⁶ NRO, BOL 2/30/23.

¹⁰⁷ NRO, BOL 2/95/21.

¹⁰⁸ NRO, BOL 2/95/24.

¹⁰⁹ NRO, BOL 2/33/9.

¹¹⁰ NRO, BOL 2/58/2/7.

commented on the resultant melancholy of such an affliction, Rev Leathes referred to his wife's low condition, which alarmed him, commenting on her fervent wish to return home to Reedham as soon as possible. He suggested that,

if she does not soon alter in health for the better after we arrive at Reedham I shall if Dr Manning think proper either attend her or send her to Woodstock [her family home] for the benefit of her native air¹¹¹.

At the same time, Rev Leathes was suffering particularly bad health and Rev Reading gave a general synopsis of how he should regain his health, opining that,

Air and Exercise, the common Prescriptions, you have at Will; Sea Breezes, Water & Bathing are at your Door, Physicians Apothecaries and Medicines at your Beck; Diets of every Dimension at your choice; and the Cheerfulness of domestic or extra Society within your Power.¹¹²

Importantly, following the birth of the Leathes' fourth child, John, who died the day he was born, the Readings were caring for Elizabeth and Edward in Woodstock (then five years old and three and half years old respectively). Some ten weeks after John's birth and immediate demise, Rev Reading assured his daughter, regarding Elizabeth and Edward, that,

In the Management of them I observe all the Rules that I think conducive to Health. They are put into separate Beds in separate Rooms with Plenty of free Air; they go to Bed in good time; rise early, eat moderately of mild Food, have Plenty of Exercise, and are always cheerful. And I must do them Justice to say, that they shew their Grandf'r & Grandm'r as much Respect as is possible in that Relation:- I have dwelt long upon this Subject, because I know it must be agreeable to you.¹¹³

Here, Rev Reading dealt with no less than five of the six "non-naturals" in just one sentence. Pertinently, the Rev Reading claimed that his grandchildren, 'are always cheerful', a positive assertion of his grandchildren's psychological equanimity, or that the Passions of the Mind were in a healthy state. While the children at Woodstock appeared to be in rude health, how did the residents of the rectory at Redeham, Rev and

¹¹¹ NRO, BOL 2/33/14.

¹¹² NRO, BOL 2/97/10.

¹¹³ NRO, BOL 2/95/21.

Mrs Leathes, approach the anticipation of pain, risks and possible death when, having lost one infant, a new baby was due in February 1782?

Regularly, on such occasions, Mrs Reading was in attendance at the rectory to prepare for the lying-in. In a letter dated 1 February 1782 her husband, Rev Reading, wrote,

Your letter of the 25th [January] reached me two days ago, accompanied with three more from Mrs Leathes to her friends; which I must own I saw with Pain for her, because she is so near her Delivery, and complains of lowness of Spirits and therefore ought to be more sparing of them. I shall be very glad to her of her safety, and hope she will support herself, and receive all the Support and Encouragement a Mother can give her.¹¹⁴

In the event, Reading Leathes was born safely on 16 February 1782 but, as mentioned above, died of a stoppage on 26 June that year. A few days later on 6 July Rev Leathes wrote to his father-in-law that,

Since my return to Bury every effort to comfort console & support the defected spirits of my wife have both by myself Brothers & Sisters as well as friends been made use of but I am sorry to say but of little purpose. She is now in bed with the remains of an Ague Fit, which is the Third attach.¹¹⁵

In response, on 11 July, Rev Reading wrote to his daughter,

Your Mother and I are very much concerned at the Account which we received last Night in a letter from Mr Leathes of your ill State of Health, which we fear is increased by the Affliction which your late Loss must necessarily subject to, but which we hoped your Firmness of Mind, and Regard for your young Family, with which (thank God) you are still blessed, would greatly tend to alleviate. We shall be very glad to afford you any relief in our Power under your present Anxiety, and consequent ill Health.¹¹⁶

It is not possible to assess the extent to which the Leathes followed the advice the Rev Reading offered, although from certain references there is evidence that they took such advice seriously. For example, Mrs Leathes referred to ‘taking Air and Exercise’. Further, in July 1782 Rev Leathes wrote to his wife suggesting that she should return to Woodstock as “native air”, the air from the place where one was born,

¹¹⁴ NRO, BOL 2/97/3.

¹¹⁵ NRO, BOL 2/33/14.

¹¹⁶ NRO, BOL 2/97/16.

had a health enhancing quality. Although Rev Reading disapproved of strong medication, particularly mercury, they accepted that such medicaments may well have curative attributes. No doubt Mrs Leathes' caution when using mercury to treat her swollen legs reflected her parent's concerns. Further, there is sound evidence that when the children were residing in Woodstock they were cared for in accordance with the principles of a comprehensive regimen laid down by their grandparents. In summary, the Readings may have rigorously followed the principles of regimen but they were open minded enough to recognise that specific treatments may have been efficacious while the Leathes appear to have been influenced in the principles and practice of regimen by the beliefs and behaviours of the Readings.

Synthesis

The practice of medicine during the late Georgian period remained strongly influenced by both Hippocratic and Galenic beliefs and methods. The resultant theories and practises had been extended, particularly from the early Georgian period, by such eminent physicians as Willis, Locke, Sydenham, and Boerhavve. Additionally, the concept self-help, when seeking to achieve or maintain good health, had been developed and advocated by many including the Divine, John Wesley, and many physicians including Thomas Armstrong, John Arbuthnot and George Chayne, the latter being particularly influential. However, as noted, theory, advice and practice appears to have been highly variable in late Georgian England.

Likewise, while no general pattern of a defined regimen has emerged, all the evidence suggests that late Georgian society recognised that certain behaviours either minimised the risk of sickness or tended to enhance general health. Of the individuals referred to, Rev Reading advocated, and followed, the most complete approach to

preventative medicine, of which regimen was a fundamental part. Accordingly, as a grandfather, he influenced the health care of three generations, thus addressing to some extent ‘the almost entirely neglected subject of grandparenting’¹¹⁷. Of the other persons, with the possible exception of Mrs Shackleton, each had their own approach to regimen which, for what ever reason, were thought appropriate for them and their families. Mrs Shackleton had little understanding of regimen although she was clearly aware that over eating and excessive drinking caused health problems.

Although Rev Reading exhibited the most complete understanding of preventative medicine, it was Lady East who referred to various ‘non-natural’ elements most frequently, in particular, exercise. She not only walked long distances, gardened, used Dr Lobb’s exercise and obtained dumbbells for the use of her husband, she even went up and down stairs, just for the sake of exercise. Additionally, she recognised the therapeutic value of ‘Air’, the need to manage personal consumption and related evacuations as well as the ill effects of sleep deprivation. In particular, she welcomed the physician’s pastoral care by sitting with Sir William on a number of occasions in order to calm the “Passions of the Mind” of a depressed and agitated husband.

Mrs Thrale, much in accord with her energetic nature, favoured fresh air and bracing sea bathing while Miss Weeton’s journal contains accounts of frugal diet, excessive physical activity accompanied by loneliness, a product of her familial circumstances. Fleeting insights from such minor characters in the spectrum of sources researched, such as the Upchers and Mrs Farington, support the main contention that the majority, from what ever class or region, were concerned to help maintain their health by exercising some element of regimen, even if far from a complete set of behaviours. While no clear class or regional distinctions in the exercise of regimen has been

¹¹⁷ J. Bailey, ‘Reassessing parenting in eighteenth-century England’ in *The family in early modern England*, ed. by Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007) pp.209-232 (p.230).

identified, other than the possibility of the well-to-do being more circumspect in the use of medication, one profession may have been more influential in advocating preventative medicine. Many eighteenth-century clergymen were natural philosophers and as part of their ministry were interested in the health care of both their families and parishioners. Rev James Reading appears to have been no exception.

In conclusion, Porter suggested that we

need to become fully aware that our ancestors were at least as concerned with positive health, and with routine health maintenance, as with sickness, with prevention rather than merely therapeutics. We commit gross historical distortions if we fail to give due weight and attention to traditional medical interest in the weather, in diet, in exercise, in sleep – or, in other words, in the whole field of the “non-naturals”.¹¹⁸

¹¹⁸ R. Porter, ‘The patient’s view – doing medical history from below’, *Theory and Society*, 14, (1985), p.193.

Chapter Five - On whom the burden of care fell

Context

This chapter seeks to unravel a number of currently poorly defined influences that affected the manner in which the sick and dying were cared for within the household. The Porters have argued that treatment of the sick during the eighteenth-century was managed by ‘The master or mistress of the household – men and women were equally active in this role’¹. Further, that gender equality in ‘medicine without doctors’ was maintained until the mid-nineteenth-century². Both of these assertions suggest gender equality when assessing the burden of care within the household. Additionally, as already implied by both Lisa Smith and Joanne Bailey, the place of grandparents in the sick household and their influence on family healthcare has been largely ignored by both historians of medicine and of the family.

The gender landscape during the late Georgian period was significantly influenced by two apparently contradictory factors. The first was the evolution of the separation of spheres into ‘public’ and ‘private’, and the second was the emergence of an influential class of women which included the bluestockings and the burgeoning female literati. As has been suggested, the concept of the evolving separation of spheres during the late Georgian period remains a ‘disputable interpretation’. What appears to be the ‘hard core of facts’ of history are the many consequences of the Industrial Revolution. These included the substantial changes wrought throughout society between the accessions of King George the third and Queen Victoria, which included the evolving roles of men and women in the home. While the emergence of the bluestockings and their literati contemporaries resulted in an increasing awareness of the female voice, such voices

¹ D. Porter & R. Porter, *Patient's progress: Doctors and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989), p.41.

² Porter & Porter, *Patient's progress*, p.177.

remained muted during a period dominated, politically, by the fear of revolution, religiously, by staunch orthodoxy and, socially, by the new imperative of achieving respectability. Within that context, acrimonious debates occasionally erupted about the appropriate and respectable roles of men and women, for example, the increasing practice of man-midwifery which is referred to later in this chapter. When Dr Lawrence, then President of the College of Physicians, was asked to comment upon a paper on the subject, he replied, ‘I think it bids fair to put a stop to a practice big with inconceivable mischief, and such as ought to be taken notice of by the legislative powers.’³ The writer’s comments were rather more colourful, asking,

for what man of sense will marry any woman, for her personal charms, when he knows that a male hair-dresser is to straddle over her two hours every morning, and a Male-midwife is to examine her nipples, and *touch* her if he pleases, for another hour? and that to, not in the hour of labour, but at the end of three or four months after marriage, according to Smellie’s instructions.⁴

Discussions on matters of gender were often contentious and included the writings of Mary Wollstonecraft on women’s rights and the reaction of her critics such as Sir Robert Walpole and Hannah More. While the former referred to Wollstonecraft as a “Hyena in petticoats”⁵, the latter condemned Wollstonecraft’s gender philosophy without even reading her works. One matter that Moore would have failed to acknowledge was Wollstonecraft’s insistence that human ‘nature’, by defining the sexes differently, rationally meant female dominance within the domestic sphere. She argued that women should be taught anatomy and medicine in order to carry the burden of care within the household, making them “rational nurses to their infants, parents and

³ CH/6500/1790 (Anon), *Man-Midwifery Analysed: or the tendency of that indecent and unnecessary practise detected and exposed*. Addressed to JOHN FORD, late surgeon and Man-Midwife as Bristol, but now a practitioner, in that way in London. MDCCXC, Printed for S. Fores, No 3, Piccadilly, p.xiii.

⁴ CH/6500/1790 (Anon), *Man-Midwifery Analysed*, pp. xiv/xv.

⁵ B. Taylor, *Eve and the New Jerusalem*, (London: Virago Press, 1983), p.14.

husbands”⁶. Tentatively, therefore, Wollstonecraft may have perceived grandparents as an intrinsic part of a three generation household.

In order to address in depth the issue of who bore the burden of care, regard has been taken of the richness and diversity of the sources researched in which a number of carers in very different circumstances are represented. As stated in Chapter Two, the spectrum of sources have been selected in order to encompass class, (middling folk, landed gentry and minor aristocracy) region, gender and age. Accordingly, this chapter has been structured in order to focus on the context and manner in which each carer carried their various burdens. While a case of the suffering mother may have been expected, this chapter also reveals the significant burdens borne by both the nursing father and doting grandparents, male and female. But, in what manner was the caring role perceived?

When Mr Thrale married in 1763, he assumed that his wife’s activities would be confined to “the drawing room, bedchamber and nursery”⁷. In contradiction, just seven years later Lady Pennington declared that “The management of all domestic affairs is certainly the proper business of women”⁸. Consistent with the proposition of the dominance of women in the sick room, there is evidence of male disinterest in caring for the sick in the Gaskell household. In 1841 Mrs Gaskell’s husband forbade her to even talk to him about the children’s illnesses⁹. While such evidence would suggest that eighteenth-century healthcare may have been seen as a part of the domestic or ‘private’ sphere, what does appear certain is that by the mid-nineteenth-century, when even ‘the

⁶ L. Gordon, *Mary Wollstonecraft – A new genus* (London: Little, Brown, 2005), p.148.

⁷ M. Hyde, *The Thrales of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1776), p.17.

⁸ Porter & Porter, *Patient’s progress*, p.178.

⁹ J. Flanders, *The Victorian house: Domestic life from childhood to deathbed* (London: Harper Perennial, 2004), p.176.

ideal working-class woman became viewed simply as “housewife”¹⁰, women would have been expected to carry the burden of caring for the sick within the household.

Nonetheless, during the late Georgian period, the locus of care for the sick was evolving. In addition to a number of lying-in hospital wards that were established in London and Edinburgh during the second half of the eighteenth-century¹¹, by 1800 there were thirty-three voluntary hospitals in England¹². ‘Founded for a variety of motives, they were intended for the poor. Society had an interest in the recovery of members of the labouring classes’¹³. Yet, while largely founded on humanitarian grounds, voluntary hospitals were very selective in whom they admitted as in-patients. They generally excluded those who were pregnant or were suffering from a number of diseases including mental disorders, epilepsy, certain infectious diseases, smallpox, cancer, tuberculosis or dropsy, as well as those who were incurable and, usually, children under seven years of age¹⁴. While the workhouse was a place where medical care was available for pauper families, even for the working-class, the availability of care outside the household was either rarely available locally or shunned, as hospitals were seen as dangerous places, ‘the feared “gateways of death”’¹⁵. In practice therefore, the sick were invariably cared for within the household and that would certainly have been true for the classes represented in this study during the period from 1760 to 1830.

Within the context of this changing social environment, in which indisposition in all its many guises had to be dealt within the household, consideration will now be given, through the profile of the key primary sources, to those various members of the household who cared for the sick and dying. Such included women as wives, mothers

¹⁰ Taylor, *Eve and the New Jerusalem*, p.79.

¹¹ A Digby, *Making a medical living: Doctors and patients in the English market for medical, 1721-1911*, (Cambridge: The press syndicate of the university of Cambridge, 1994), p.267.

¹² Digby, *Making a medical living*, p.233.

¹³ Digby, *Making a medical living*, p.233.

¹⁴ Digby, *Making a medical living*, p.236.

¹⁵ G. B. Risse, ‘Medicine in the age of enlightenment’ in *Medicine in society*, ed. by A. Wear (Cambridge: The Press Syndicate of the University of Cambridge, 1992), pp.149-195 (p.186).

and daughters, fathers, grandparents, fictive kin and servants. The Thrale case, now to be considered, illustrates the caring capacity of both a doting, if severe grandmother and her daughter, a ‘suffering mother’.

On whom the burden fell

Mrs Thrale was the only child of John and Hester Salusbury, a factor which was to become important throughout Mrs Thrale’s married life. John Salusbury, who died in 1762, sought his fortune overseas and was often away from home for long periods. Not surprisingly therefore, during her daughter’s formative years, Mrs Salusbury was to build a strong relationship with her daughter which was, ‘as close as a mother and daughter could possibly be’¹⁶. Of this relationship, Mrs Thrale claimed that before her marriage to Thrale ‘she and her mother “had never been twelve *hours* apart from each other” and after marriage, they were never, “more than twelve *Days* apart”¹⁷. Consistent with such a close relationship, Mrs Salusbury became a sponsor to seven of the eight grandchildren born before her own death. The exception was the eighth child, Penelope, who died when just ten hours old.

The nature of Mrs Thrales’ journals would suggest that she tended to record matters relating, firstly, to her near obsession with the children’s education, secondly, the children’s illnesses and thirdly, the many crises which were visited upon her family. She did not usually record daily routine activity as, for example, Lady East had done. However, it is reasonable to assume that with such a strong relationship between mother and daughter, Mrs Salusbury would often have been deeply involved with her grandchildren. Limited evidence to support this claim may be gleaned from the late summer of 1769 when, following the birth of Lucy in June that year, the Thrales took Queeney for her first trip to Brighton which lasted for five weeks. Apparently, during

¹⁶ Hyde, *The Thrales*, p.70.

¹⁷ Hyde, *The Thrales*, p.70.

that time, ‘all went well at Streatham, where Mrs Salusbury remained, in charge of Harry, Anna and Lucy.’¹⁸ Harry was two and a half years old, Anna was just over a year old and Lucy had only recently been born. Even with many servants, such responsibilities would have been significant for a woman in her sixties. Further, it seems likely that similar, if less daunting arrangements, would have been experienced during Mrs Thrales’ early childbearing years. The evidence of a combination of strong relationships and acceptance of responsibilities would imply Mrs Salusbury maintained a significant influence across the generations. But to what extent was she directly involved with her grandchildren’s healthcare? A significant episode relating to Anna Maria exemplified Mrs Salusbury’s contribution in this regard.

Mrs Thrale’s fourth pregnancy, with Anna Maria, coincided with the dissolution of parliament early in 1768. During the subsequent election campaign there were demonstrations and riots in both London and Southwark but, ‘despite her queasy condition, nerves, and exhaustion’, she remained by her husband’s side until his re-election on 23 March¹⁹. Anna was born just one week later. Subsequently, in the winter of 1769, Mrs Thrale having given birth to Lucy in June, Mrs Salusbury had brought Anna to live with her in Dean Street as, ‘She wished to give her full attention to the health and needs of her little granddaughter.’²⁰ That said, it is not clear on whose initiative the move was made, whether parental or grandparental. While Mrs Thrale was known to be strong willed, it was apparently a trait bequeathed to her by her mother and there is evidence that when it came to Anna they disagreed. Commenting in January 1770, Mrs Thrale described some of Anna’s features and attributes.

¹⁸ Hyde, *The Thrales*, p.32.

¹⁹ Hyde, *The Thrales*, p.27.

²⁰ Hyde, *The Thrales*, p.33.

Specifically, Anna,

seems to intend being Queen of us all if She lives which I do not expect She is so very lean – I think she is consumptive – but my Mother says not, & She lives chiefly with her who seems well inclined to spoyle her, & make her think herself something extraordinary.²¹

While there may have been some disagreement about Mrs Salusbury's care of Anna, Mrs Thrale had three other small children to care for, Queeney aged five, Harry nearly three and Lucy, the baby, at six months. Nonetheless, leaving the two young ones in the care of servants Mrs Thrale, accompanied by Queeney, visited her mother in Dean Street daily²².

For all Mrs Salusbury's care of her grandchild, Anna died at Dean Street on the 20 March 1770, just a few days before her second birthday. The long entry describing Anna's last days included a description of the treatments undertaken by two doctors, Robert Broomfield and Robert James. Both licentiates of the Royal College of Physicians, the former was physician to the British Lying-in hospital and the latter an authority on fevers and children's diseases. They are both listed in Munk's roll²³. From the description of the symptoms it has been assumed that Anna died from meningitis, possibly of a tubercular origin²⁴. What may be gleaned from the events surrounding Anna's death is evidence of the behaviours of doctors in the management of those suffering a fatal clinical episode and the resultant effect upon the carer. The esteemed doctors who were called treated the symptoms in an orthodox manner for the time with purges, blisters and bleeding. However, 'Once a patient was "given over" the physician was released: doctors did not necessarily attend the dying.'²⁵ Predictably, when the

²¹ Hyde, *The Thrales*, p.33.

²² Hyde, *The Thrales*, p.33.

²³ Munk's Roll. The details of these two physicians may be found in Vol. II (1701-1800), p.269 and p.276.

²⁴ Hyde, *The Thrales*, p.35.

²⁵ Porter & Porter, *Patient's progress*, p.145.

treatments failed and the child lay insensible, the doctors left the dying patent to the care of her grandmother,

yet My Mother who never quitted her a moment revived her once again by the Application of a Feather dipped in Wine & had the satisfaction of seeing her take nourishment, which revived all her hopes; but on the 16th She fell into a violently inflammatory Fever & died Yesterday 20th March 1770²⁶.

Following Anna's death, Mrs Thrale asserted that although, 'my Mother was shocked & amazed; so was not I; I never had much hoped to rear her'²⁷. Of her own condition, she commented,

I am now myself near five Months gone with child, and I fear the Shock & Anxiety of this last fortnight has done irreparable Injury to my little Companion – if so I have lost two Children this Spring – how dreadful!

The child she was bearing, Susanna Arabella, lived to be eighty eight years old.

The evidence suggests that, despite her prediction that Anna would not survive long, the little girl's death caused much distress. Henry was three years old just two weeks after Anna's death and in April Mrs Thrale wrote,

Henry Salusbury Thrale was three Years old on the 15; Feb; last 1770. I have been so perplexed about poor Miss Anna, that I forgot to write down the State of my Son's Person or Capacity so must do it now.²⁸

She also reported that her mother had gone to Bath for a change of scene and when she returned, she

could not bear the Thoughts of going back to Dean Street; She therefore remained at Croydon where I visited her once every day, and we were preparing to settle at Streatham all together for the summer²⁹.

The evidence suggests that Mrs Salusbury not only accepted responsibility for her grandchildren, but was prepared to go to great lengths to take care of them even when they were fatally ill. Further, that she appeared to be as emotionally attached to her grandchild as she was to her daughter. This case supports Ottaway's contention that

²⁶ Hyde, *The Thrales*, p.34.

²⁷ Hyde, *The Thrales*, p.34.

²⁸ Hyde, *The Thrales*, p.36.

²⁹ Hyde, *The Thrales*, p.36.

‘assistance was most likely to flow down rather than up through the generations’³⁰. Likewise, Mrs Salusbury’s daughter, Mrs Thrale, showed similar traits of dedication and application which may be illustrated by two examples of her care, each case being experienced in very different circumstances.

The first related to an incident which Mrs Thrale had not initially recorded, the occasion when her young son, Harry, accidentally bumped his head into his grandmother’s breast. Subsequently, apparently as a result of this accident, Mrs Salusbury developed a lump in her breast which eventually turned out to be cancer from which she died in 1773³¹. While Mrs Thrale always blamed the accident with Harry as the cause of her mother’s cancer, modern medical opinion would suggest that the clinical condition already existed and that the collision with Harry only brought it to Mrs Salusbury’s notice. Mrs Salusbury, it would appear, had been attended by Dr James, who had discussed her cancerous condition with Samuel Johnson.³² By early 1773 Mrs Salusbury’s condition was such that she needed a good deal of attention from her daughter and by March,

My Mother’s Illness has lately increased so fast that it has required all my Attention & shall have it – My Children I shall keep My Mother is leaving me, and Filial Duty shall not be cheated of its due. what Gratitude do I not owe her? what Esteem have I not of Her? what Tenderness do I not feel for her? Oh my sweet Mother! I have now past many days & Nights in her room in her Room, while Mr Thrale proceeded with his Affairs in London – they thank God do mend every day, but nobody can guess what a Winter this has been to me. & big with Child too again God help me.³³

As Spring merged into Summer, Mrs Thrale was under considerable stress, partly of her own making, as she carried the burden of nursing three residents of Streatham Park. For some months Lucy’s discharging ears and swollen neck had

³⁰ S. R. Ottaway, *The decline of life: Old age in eighteenth-century England* (Cambridge: The Press Syndicate of the University of Cambridge, 2004), p.11.

³¹ Hyde, *The Thrales*, p.42.

³² J. Wiltshire, *Samuel Johnson in the medical world: The doctor and the patient* (Cambridge: Press syndicate of the University of Cambridge, 1991), p.97.

³³ Hyde, *The Thrales*, p.60.

caused her concerns although her daughter appeared to be on the mend. Her mother, dying from cancer, was becoming increasingly frail, and at the end of May Dr Johnson, who was suffering from an eye complaint, sought refuge in the room which had been allotted to him at Streatham Park. Apart from being concerned for Lucy, his goddaughter, Dr Johnson was anxious to visit Mrs Salusbury whom he had increasingly grown to admire. Accordingly, by June, Mrs Thrale was effectively nursing full time; during the day she dressed Dr Johnson's eye, cared for Lucy and Mrs Salusbury's needs while she was up half the night comforting her mother who by that time was unable to breathe adequately if she lay down³⁴. While she carried such a heavy burden of care, day and night, so her husband, the evidence suggests, carried on with his business and social activities unabated.

The end came for Mrs Salusbury on 18 June 1773 and Mrs Thrales' entry for that day ran to many pages, exposing details of her last days and all that her mother meant to her. Early in that narrative she expressed an interesting perspective on her relationship with those about her, which, it is suggested, physiologically exacerbated the weight of the burden she carried.

On this day She died, & left me destitute of every real every natural Friend: for Sir Tho' Salusbury has long ago cast me off, & Mr Thrale & Mr Johnson are the mere Acquisitions of Chance; which chance or change of Behaviour, or Intervention of new Objects or twenty Things beside Death can rob me of. One solid Good I had & that is gone – my Mother.³⁵

While the evidence is clear that the relationship between Mrs Thrale and her mother remained close and strong, she was never to have such a relationship with any of her own children even though she dedicated so much time and energy on her four surviving daughters, Queeney in particular.

³⁴ Hyde, *The Thrales*, p.64.

³⁵ Hyde, *The Thrales*, p.65.

The second example of when Mrs Thrale carried a burden of care, in this case in less than ideal circumstances, occurred in 1774. In that year Mrs Thrale made a three month journey to Wales in order for her to view her properties in the Principality. The trip was considered successful, although matters did not always go well and during her travels she had cause to remember both the fate of Lucy and the loss of her mother. Queeney, who had accompanied her, had a pain in the head which reminded her of Lucy's affliction. In her travel log she recorded that,

I have nobody to tell how it vexes me. Mr Thrale will not be conversed with by me on any subject, as a friend, or comforter, or advisor. Every day more and more do I feel the loss of my Mother. My present Companions have too much philosophy for me.³⁶

Apparently, her travelling companions had not made life easy. Her husband was uncommunicative, Johnson preferred reading and Queeney was burdensome. Her daughter had suffered from colds, coughs, headaches and her perennial problem, worms. Further, Mrs Thrale had felt ill most of the journey as she was pregnant again.

Pregnant she may have been, but a general election was due and she was called into action; 'my Attendance is wanted in the Borough'³⁷. Having only just returned home after a three month journey, she surveyed the state of each of her children before throwing herself into the hurly burly of the election.

Now for this filthy Election! I must leave Queeney to the Care of Mr Baretti I believe, or him to hers: & She must keep House here at Streatham, while I go fight the Opposition in the Borough: Oh my sweet Mother! how every thing makes your Loss more heavy!³⁸

Nonetheless, Mrs Thrale, despite her pregnancy and business worries, took an active part in the election in which Thrale was successful, being returned to Westminster to represent Southwark. While 'his best Friends say he may thank his Wife for his seat –

³⁶ Hyde, *The Thrales*, p.96.

³⁷ Hyde, *The Thrales*, p.105.

³⁸ Hyde, *The Thrales*, p.107.

the Truth is I have been indefatigable, and our Endeavours have been crowned with success'³⁹.

Mrs Thrales' narrative presents strong evidence that she personally cared for both the family and friends, in particular Dr Johnson, when their health failed. Evidence for the probity of her narrative are many but most conclusively represented in a letter Johnson wrote in French, conjecturally dated May 1773⁴⁰. At that time Johnson was suffering from a deep melancholy, and Katherine Balderston⁴¹ has suggested that his dependence on Mrs Thrale at that time was supine⁴². Balderston's interpretation of this letter was that,

'Johnson wants to know what rules he is to obey at a time when Mrs Thrale is occupied in nursing her dying mother and there were numbers of ailing children'⁴³.

Such was her care for Johnson that she devised a regime that 'Like the Retreat, Streatham was a surrogate home.'⁴⁴ Johnson had the freedom of the house and had the opportunity to be 'in seclusion', should he so wish, 'the theory being perhaps, as in the Retreat, that his mental state would benefit from the absence of sensory stimulation'⁴⁵. Such was the nature of Mrs Thrale's care for Johnson that John Wiltshire has suggested that she 'anticipated the "moral management" of the insane (or those who [like Johnson] thought themselves likely to become so) by some thirty years'⁴⁶.

Additionally, often in difficult circumstances, Mrs Thrale was prepared, even when pregnant, to support her husband in a most direct manner in order for him to get

³⁹ Hyde, *The Thrales*, p.108.

⁴⁰ J. Wiltshire, *Samuel Johnson in the medical world: The doctor and the patient* (Cambridge: The press syndicate of the University of Cambridge, 1991), p.44.

⁴¹ Katherine C. Balderston edited *Thraliana*, Mrs Thrale's diary from 1776-1809, which was first published in 1942.

⁴² Wiltshire, *Samuel Johnson in the medical world*, p.45.

⁴³ Wiltshire, *Samuel Johnson in the medical world*, p.46.

⁴⁴ Wiltshire, *Samuel Johnson in the medical world*, p.49. The Retreat was the asylum founded by the Tuke family, who were Quakers, in York in the 1790s, treatment being based upon "moral management".

⁴⁵ Wiltshire, *Samuel Johnson in the medical world*, p.49.

⁴⁶ Wiltshire, *Samuel Johnson in the medical world*, p.49.

elected to parliament. Being pregnant again, she was clearly maintaining her wifely duties to the full. Here, therefore, is an example of a Georgian wife and mother bearing burdens in both the ‘private sphere’ of the sick room and the ‘public sphere’ of political representation, a set of behaviours which do not appear to be attuned to recent literature regarding the gendered separation of spheres⁴⁷. An explanation is twofold. Firstly, both contemporary evidence and modern literature would suggest that Mrs Thrale, originating from the landed class, was also an exceptionally talented woman whose energetic intervention often overcame her husband’s inadequacies. Secondly, the gendered separation of the private sphere of female domesticity and the male sphere of male work and politics was yet to be fully influenced by the ‘emergence of modern industrial work patters between 1780 and 1835 and, by implication, to the dominance of the middle class and its ideals’⁴⁸. As the Thrale case has illustrated the burden of care borne by a ‘suffering mother’, the East case presents the authority exercised by the ‘mistress of the household’ when her husband, Sir William East, suffered from a serious attack of gout in 1791.

Entries in Lady East’s diary from January to April 1791 were usually about her own health until on the 10 April when she wrote that, ‘He, [Sir William] complained of a sensation in his left knee like a bandage around it.’ The following day, ‘he had a little red spot upon his instep which was swell’d & in some pain.’ On the 12 of April his foot was more painful, ‘but not so much Pain & illness as he used to have in former fits’, implying that he had suffered regularly in the past. The next day she recorded having moved from the marital bed; ‘I got up for I slept in my sister’s room this night’.

⁴⁷ Key works which have dealt with “separate spheres” include, firstly, L. Davidoff and C Hall, *Family fortunes: Men and women of the English middle class 1780-1850*, which was first published by Hutchinson Education in 1987 and, after a number of reprints, was subsequently published by Routledge (Oxford and New York) in 2002, secondly, R. B. Shoemaker, *Gender in English society 1650-1850: The emergence of separate spheres* (Harlow: Addison Wesley Longman Ltd, 1988).

⁴⁸ A. Vickery, ‘Golden age of separate spheres? A review of the categories and chronology of English women’s history’, *The historical journal*, 36 (1993), 383-414 (p.384).

For the next few weeks she recorded Sir William's symptoms each and every day. In addition to various levels of pain, these included fever, perspiration, restlessness, lowness, moisture upon the skin, swelling, lameness and rheumatic pain. These various symptoms occurred in his feet, an elbow, an ankle, a shoulder, his breast, fingers and thumbs. He also suffered discharges, probably of tophi, mostly from his fingers and thumbs. She further noted that he suffered a swollen uvula and on the 5 May, an unexplained symptom, 'the bar in his stomach'. Although Dr Taylor visited them on 14 April, it was nearly two weeks before they sent for Mr Trash, the apothecary, on the 26 April. The following day, 27 April, 'My poor Sir William still awake & in great pain & much fever – he discussed Dr Taylor might be sent for'. Dr Taylor was called for a consultation and he attended that same day.

Lady East considered her husband's worsening condition in a measured and observant manner. Even when in great pain, Sir William still discussed whether the doctor should be called for. Both Lady East and her husband showed a reluctance to seek medical aid immediately and the narrative suggests that Lady East's judgement was valued by her husband when considering medication. She occasionally overrode his wishes, including when and what medication he should take. Sir William, who during the worst period of his illness could hardly get out of bed, either had to be carried in a sheet or pushed in a wheel chair. He first walked downstairs on his own on the 18 June 1791, some ten weeks after he fell ill.

Sir William, apart from being treated by Dr Taylor and Mr Trash, was treated and nursed by Lady East herself. The tradition of the matriarch taking personal charge of the sick room was well founded on the contention articulated by Timothy Rogers in 1697 that, "God gives a *peculiar blessing* to the practice of those women who have no

other design in this matter but the doing good.”⁴⁹ Specifically, to combat the swelling and pain, a flannel was placed upon the right foot while she refreshed poultices which had been applied to his fingers. She also dressed Sir William’s fingers and massaged his head, shoulder and breast; the therapeutic value of massage having been advocated by Friedrich Hoffman (1660-1742) whose work *Fundamenta medicinae* was not translated into English until 1783. The translation was aimed, ‘at those who prefer “useful facts to fanciful speculation”’⁵⁰, a profile which would have suited the East household. As demonstrated, Lady East regularly attended to her husband’s needs, but as mistress of a large household would have had significant support in carrying out some of those tasks from other members of her household.

According to an entry on 28 September 1791, Lady East had eighteen household servants. Relationships with servants in the eighteenth century are usually difficult to assess due to a lack of the servant’s voice. Such is true of the East household although, even without a direct voice, the manner in which the servants were referred to suggests a close relationship between Lady East and her domestic staff.

While the evidence would imply that Lady East took direct day-to-day care of Sir William during his illness, she trusted the servants to help her in her nursing duties. Lady East, having moved into another bedroom during Sir William’s indisposition, had at least one servant sit up with Sir William every night from 12 April to 30 May. Eight women, in addition to her husband’s former sister-in-law, Harriet, are mentioned by name as having sat up with him during the night. One is referred to as ‘Kitty the laundry maid’⁵¹ and another is referred to as ‘Mrs’ which may imply a neighbour or a

⁴⁹ L. Mc. Beier, *Sufferers and healers: The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd, 1987), p.215.

⁵⁰ W. F. Byrum, ‘Health, disease and medical care’ in *The ferment of knowledge: Studies in the historiography of eighteenth-century science*. Edited by G. S. Rousseau and R. Porter (Cambridge: Press syndicate of the university of Cambridge, 1890), p.217.

⁵¹ BRO, D/EX 1306/1, 15 Apr. 1791.

senior servant such as the housekeeper. Others who sat up with Sir William included Betty Cook, Molly Dairy and Mary Girdler, presumably suggesting that Betty was a cook, Molly was a dairymaid and Mary was a seamstress. From the reports of Sir William's condition and how he slept, her servants must have been trusted to be observant, report to her in detail on his condition and be attentive to his needs during the night. Nonetheless, such reports were not always clear. On the night of the 28 April, Kitty, the laundry maid, who had sat up on two previous occasions, sat up with Harriet. 'Kitty's Account & Harriet who sat up till near five in what I cannot exactly understand.' Perhaps on that one occasion servant and kin did not co-operate as Lady East would have wished. On another occasion a servant, Walker, had slept in Harriet's room, presumably to be close by and be available if needed. Most servants not only sat up during the night but actively nursed Sir William.

I got up at six Sir William was then awake but soon fell asleep upon a pillow in Mary Girdle lap (she had sat up that night) – he just wak'd for a minute in about half an hour & I took the pillow – he remained asleep till half past seven.⁵²

The evidence suggests that, as opined by the Porters, managing illness in an eighteenth-century household was very much within the 'affective group of family, friends and neighbours'⁵³. While Lady East as the 'mistress of the household' bore the primary burden of care as she exercised authority over the 'effective group', which included the servants, the case of John Tremayne MP presents a gentleman who took upon himself the mantle of care as a 'nursing father' during the fatal illness of his son, Harry.

As described in Chapter Two, John Tremayne cared for Harry from early in 1821 when his symptoms became evident until his death in March 1823. Joanne Bailey has noted as recently as July 2010 that, 'There are few historical studies devoted to

⁵² BRO, D/EX 1306/1, 23 Apr. 1791.

⁵³ Porter & Porter, *Patient's progress*, p.70.

English fathers in the long eighteenth-century.’⁵⁴ Accordingly, it is not clear whether the management of Harry’s care within the family was consistent with contemporary behaviour. Bailey has also referred to the increasing idea of the ‘Nursing father’ during the ‘new child-centred climate of 1760-1830’, yet by 1830 such a form of fatherhood was too effeminate⁵⁵. Interestingly, within twenty years of Harry’s death it appears that family healthcare had become increasingly set within the ‘Private’ sphere as witnessed by the novelist Mrs Gaskell, referred to above. Her evidence indicates that it would have been most unlikely that Mr Gaskell would have entered the sick room or allowed sick children to gain respite in the matrimonial bed chamber.

By contrast, Tremayne writing in the 1820s summoned the top physicians of the day to his son’s bedside, closely observed Harry’s symptoms, questioned the physician’s opinions and prescribed treatments, and noted Harry’s response to such treatments. As the Porters have suggested, ‘There are considerable signs of cordial, if complex and contested relations developing between the sick [in this case the carer] and their practitioners in England during the long eighteenth-century.’⁵⁶ While Tremayne initiated the medical advice sought for his son from many practitioners⁵⁷, there is abundant evidence that he physically cared for his son, supported by his wife. Yet, such was his empathy for Harry’s debilitating condition and the suffering he witnessed at first hand that it stretched his emotions to the limit. The evidence strongly suggests that this Georgian father, an MP from an ancient landed family, was caring, gentle and empathetic with his suffering yet trusting young son. Whether the burden Tremayne bore was atypical of his class is an issue that has yet to be adequately addressed. Having considered the burdens of care borne as a wife, a mother, a daughter and a

⁵⁴ J. Bailey, “‘A very sensible man’: Imagining fatherhood in England c.1750-1830, *History*, 95, (2010), 267-292, (pp.268/9)

⁵⁵ J. Bailey, ‘Who was the eighteenth-century “Nursing father”?’ (Unpublished paper, 2008), p.1.

⁵⁶ Porter & Porter, *Patient’s progress*, p.210.

⁵⁷ Thirteen practitioners were named in John Tremayne’s correspondence.

father, in what manner, if any, did grandparents carry a burden of care within the sick household?

In 2007, when discussing parenting in eighteenth-century England, Joanne Bailey suggested that, ‘questions about interaction across generations raise the almost entirely neglected subject of grandparenting’⁵⁸. Crucially, therefore, the influences exerted by grandparents on the family when indisposition struck the household appears to have been largely ignored by historians. Be that as it may, when commenting on old age in the eighteenth century, Ottaway has suggested that,

aging men and women sought to remain closely connected to their families and communities through continued participation in the reciprocal obligations that characterised relationships at the time⁵⁹.

Accordingly, for grandparents, the opportunity to care for their grandchildren may have been an important factor in their remaining close to their own offspring. While that did not mean that older people were necessarily dependent upon their kin, Ottaway has opined that,

On the contrary – our evidence points to the likelihood that older parents not only maintained their autonomy from their children, but also were more likely to be givers than receivers of assistance.⁶⁰

As already noted, Ottaway has further argued that help usually flowed down through the generations. It appears axiomatic that the flow of support for grandchildren from their grandparents will have been dependent upon parental attitudes and intergenerational relationships. In order to address that question and specifically, the influence that the elder generation exerted on the health of both their children and grandchildren, consideration will now be given to the manner in which Mrs Leathes received support

⁵⁸ J. Bailey, ‘Reassessing parenting in eighteenth-century England’, in *The family in early modern England*, ed. by H Berry and E Foyster (Cambridge: Cambridge University Press, 2007), pp.209-232 (p.230).

⁵⁹ Ottaway, *The decline of life*, p.2.

⁶⁰ Ottaway, *The decline of life*, p.8.

and succour from her parents (who lived in Oxfordshire) during her childbearing years in a remote Norfolk rectory.

As an expectant mother for the first time Mrs Leathes, when writing to thank her mother for agreeing to attend her during lying-in, revealed the reliance she placed on support from her family as well as her concerns of what she was facing in childbirth.

I assure you I begin to recon the time & hope it will not be a great while before you begin to think of setting out. We hope my Dear Father will come down too, and to permit me to ask for his forgiveness & blessing in person before the approaching awful period, indeed I shall be quite unhappy if he does not, for fear anything should happen that I may not afterwards have an opportunity of doing it, for Life is very uncertain & particularly at such Dangerous times.⁶¹

Mrs Leathes was about five months pregnant at the time and in the same letter commented that, 'you know I am very ignorant in those affairs'. She also explained the care she was receiving from Mr Leath, an 'eminent Midwife & a very good Surgeon & Apothecary'. Additionally, the Leathes had employed a nurse to attend from mid-June. 'She is a physician's widow & has had fourteen children. We think she will do vastly well for me.'⁶² The evidence suggests that for the Leathes, while ensuring the expectant mother would receive the best available advice and attendance from local practitioners, the support of Mrs Leathes' parents was still important. Initially, help was offered in the form of advice from Mrs Reading. In March 1775 she wrote to her daughter,

As to your self & the condition you are in, pray let my Advice have weight with you, w'ch is to keep from all publick Places & hazardous Persons, at least till your time is complete & well over. I give you this caution as your Mother, & one that is nearly concerned for your Health and well being.⁶³

⁶¹ NRO, BOL 2/24/13/1.

⁶² NRO, BOL 2/24/15.

⁶³ NRO, BOL 2/24/9.

In the event Mrs Leathes' first delivery was far from straightforward and the man-midwife's skills were possibly of some merit⁶⁴. The delivery was expected sometime in July but apparently both mother and man-midwife were mistaken in their reckoning.

By mid-July, Mrs Reading had arrived at Reedham and commented in letters to her husband about Mrs Leathes' size. Yet despite expectation that she would go into labour at any time, on 19 July Mrs Leathes took a ride in order to drink tea with the Doctor⁶⁵. Ten days later Mrs Reading wrote to her husband confirming her daughter was very big and suggesting that both the Rector and the Doctor had got their reckoning wrong⁶⁶. By mid-August Rev Leathes wrote to reassure his father-in-law,

I was sorry to learn from some of your letters to Mrs R that you was uneasy and Alarmed at Betsey's Indisposition. I hope you will make yourself easy on that head as I assure you she has had no symptoms during her pregnancy that those which are quite common and frequent.⁶⁷

When baby Elizabeth finally arrived on 28 August 1775, Rev Leathes wrote a long letter to his father-in-law expressing his great joy at the safe arrival of his first born while describing in graphic terms the trauma that those present at Reedham had endured.

He [the man-midwife] was then obliged to have recourse to force and having turned the Child by the Divine assistance twice round he delivered her safe of a fine Jolly round faced smiling Girl which is likely to do very well.⁶⁸

Rev Leathes emphasised the trauma that he and his mother-in-law experienced during the birth.

⁶⁴ Modern expert opinion was sought from Professor E. Shaxted, FRCOG FRCS DM, Clinical Director Research and Development and Consultant Obstetrician, Northampton General Hospital. Of the Rev Leathes' description of events he opined, 'Mother and child were undoubtedly in danger. Estimates of perinatal and maternal mortality rates in 1775 are probably about 1 in 10 and 1 in 100 respectively. Medical help was not normally even asked for except in dire cases and the outcome of any medical intervention I would have thought would be awful; hence the record of an unusually good outcome.'

⁶⁵ NRO, BOL 2/24/22.

⁶⁶ NRO, BOL 2/24/23.

⁶⁷ NRO, BOL 2/24/25.

⁶⁸ NRO, BOL 2/24/26.

It is both needless and impossible to represent to you the Care, Sorrow, Trouble, uneasiness, Fear, Wild Despair, and Mad Horror of Mrs R or Myself during this most awful but (thank God) now happy night.

Then, in wishing Rev Reading joy in becoming a 'Grand Papa', he pleaded for him to fix a time to visit Reedham.

While there is no evidence that Rev Reading acted upon that invitation, Mrs Reading was back in Reedham by the beginning of April 1777 to support her daughter during her second lying-in, Edward being born on the 10 of that month. On that occasion,

she [Mrs Leathes] had a very severe labour but thank God it was a natural one. She was very desirous of suckling the child but found herself too weak for it, and last night was obliged to wean him.⁶⁹

Undoubtedly, in such circumstances, Mrs Reading would have been fully occupied in a caring capacity.

By the end of 1778 Mrs Leathes was pregnant again and it had been agreed that her mother would return to Norfolk for the lying-in which was anticipated for February 1779. Writing to her father from Bury, having left Edward at home with his new nurse,

I am much obliged to you for giving my dear Mother leave to come to me During my lying-in & also to her for venturing upon so long a journey at so unfavourable time of year.⁷⁰

Ten days later she again wrote to her father pleading with him to 'settle your affairs before you leave home that you may make as long a stay as possible',⁷¹ implying that he had also agreed to travel to Norfolk. Mrs Leathes then confirmed that she expected to be confined during the latter part of February. By the end of December her father advised her that, 'by a state of Ease and Rest lay in a stock of Strength against your approaching Day of Trial'⁷². George Reading Leathes was born on 19 February with

⁶⁹ NRO, BOL 2/27/9.

⁷⁰ NRO, BOL 2/28/19.

⁷¹ NRO, BOL 2/28/20.

⁷² NRO, BOL 2/93/21.

the likelihood of both mother and baby doing well. On that occasion Mrs Reading must have returned home soon after her daughter's confinement. With the baby only six weeks old Mrs Leathes wrote to her mother that 'I was very low & weak for some time after you left us'⁷³. From the full contents of the letter, young Elizabeth had been living with her grandfather in Woodstock while Edward had remained at home in Reedham.

Elizabeth Leathes was pregnant again by March 1780 and expected to be confined in August. She wrote to her mother that,

I much desire to have you here at a time when my Health will permit me to enjoy your Company which I hope will be the case – I expect to be confined in August but as I begin to be pretty well used to those kind of things & know when I am properly taken care of I think I shall not desire to make a slave of my Dear Mother again but request her company with you in May instead – that her visit may be attended with pleasure instead of pain – the dear Elizabeth will no doubt accompany you, her brothers will be pretty Playfellows for her.⁷⁴

However, Edward had probably been residing in Woodstock from early May and on 18 of that month Rev Reading reported that Edward had been feverish for a couple of days with weariness, chilliness and vomiting and that they suspected,

that he had picked up the Small Pox on the Road, but he is finely recovered today and our Suspicions of that sort are subsided. Elizabeth and he are pretty Playfellows, and strive who shall be the greatest favourite with Grandma – You will not fail to hear frequently from us of their Health and Proficiency.⁷⁵

In Mrs Leathes' reply to her parents in early June, she expressed concern for her children's health, stating that, 'I take Edward's Illness to be owing in a great measure to his not having had opening Physick enough given him in the Spring.'⁷⁶ She then suggested that, 'Elizabeth is I dare say quite happy in her return to Woodstock, all I fear is their being too great a fatigue to you and my Mother.' As expected, John was born on 6 of August but only survived some forty minutes.

⁷³ NRO, BOL 2/29/3.

⁷⁴ NRO, BOL 2/30/5.

⁷⁵ NRO, BOL 2/95/9.

⁷⁶ NRO, BOL 2/30/10.

In the event, Mrs Reading had not travelled to Norfolk, Rev Reading commenting, ‘this is the first time she has omitted attending her in these Cases’⁷⁷. The reasons for this change of arrangement are not evident from the correspondence although by the end of August Rev Leathes wrote to Rev Reading confirming that his wife was still, some two weeks after John’s birth, very weak with a swollen leg and suffering from bad head aches, although fever and sweats had to some extent abated. He then pleaded, ‘I wish I could see You or both you & Mrs Reading at Reedham as soon as possible after you receive this letter.’⁷⁸ In less than a week, despite protracted arrangements when travelling from Woodstock to Reedham, Mrs Reading was by her daughter’s side. The circumstances which resulted in Mrs Reading’s trip to Reedham and the speed of events reveal some important aspects of personal relationships and the willingness of both grandparents to bear the burden of caring for their daughter and grandchildren. While Mrs Reading apparently did not have the time to make any arrangements for the support of her husband in looking after the children, in her first letter after arriving in Reedham she enquired, ‘who you have to assist you’⁷⁹. In his reply, Rev Reading referred to the morning that she had left to travel to Reedham.

I call’d the Children about eight o’clock. Elizabeth was very inquisitive after her Grandma, and rather low-spirited, but Edward, who is daunted at nothing, began thus, “I want Grandma” And “she is gone”. “Where is the Maid. She is gone”. “Who will get me up”. – “I” – “Home then”. And he immediately jumps up to be dressed. Miss Jones came the next day, and kindly offered to sleep with the Children, but I thought it might give her more trouble than I wish’d and so I ventured another night as duty of a nurse.⁸⁰

The final word in this quotation, nurse, and the biblical concept of a ‘nursing father’ may well have been appreciated by such a clergyman and its use possibly intended. Later that night Rev Reading woke at three in the morning and when he had ventured to

⁷⁷ NRO, BOL 2/95/15.

⁷⁸ NRO, BOL 2/30/16.

⁷⁹ NRO, BOL 2/30/19.

⁸⁰ NRO, BOL 2/95/16.

the kitchen for a light he returned and ‘saw the two infants in a sweet sleep & void of Care.’ After recounting some of the day’s activities he commented that,

The Children agree very well. Elizabeth manages for me, she goes to Bed very orderly, has her Window Shutter left open for the Light, her door closed shut, and is up every morning at seven.

While Mrs Reading felt compelled to travel to her daughter’s aid, the evidence is strong that her husband, an elderly cleric, personally and nearly single handed, cared for his beloved grandchildren. Elizabeth was just over five years old and Edward was nearly three and a half years old!

By November 1781 Mrs Leathes was ‘very heavy & unfit for travelling’⁸¹, being pregnant again. Despite Rev Reading’s poor health, ‘myself as well as I can with all my complaints’⁸², Mrs Reading was soon back in Reedham to support her daughter during lying-in. A boy, Reading Leathes, was born on 16 February 1782. The Christian name ‘Reading’ had already been used as a second name for George three years earlier. All went well for a month until an emotional letter from Mrs Reading which exposes what may have been an underlying tension within the family. When the baby was a month old Mrs Reading wrote to her husband that,

The ardent attention I pay to you and your Daughter perplexes me so I do not know what to do and as you have not proper assistance makes it much worse. I do not know how to ask for a long time than you mention but your Daughter begs the favour of you to spare me a longer time at least I leave her too soon she should run hazards and take cold.⁸³

A week later Rev Reading replied to his wife that,

I think the matter is best to be settled between Daughter and yourself, as you two can best judge of the Circumstances of her Health and Condition. When you do return, you will find two to give you a hearty Welcome, Edward and Myself.⁸⁴

⁸¹ NRO, BOL 2/31/12.

⁸² NRO, BOL 2/97/3.

⁸³ NRO, BOL 2/33/6.

⁸⁴ NRO, BOL 2/97/9.

This communication between spouses strengthens the assertion that relationships within the family, a subject to be considered in depth in Chapter Seven, were critical in establishing the manner in which the burdens of caring for the sick were borne. In the end, Mrs Reading remained at Reedham another five or six weeks. In appreciation, Mrs Leathes wrote, ‘I am extremely oblig’d to You for indulging me with my good Mother’s company so long. I feel you have suffered some inconvenience by her absence’⁸⁵. On that occasion Mrs Reading had resided at the Rectory in Norfolk for four months. Shortly thereafter, in June, the baby Reading died of a ‘stoppage’ while being trusted to the care of a servant, neither mother nor father being at home.

In September that year, 1782, Rev Leathes wrote from Bury to his wife that, ‘I hear you are sick every morning’⁸⁶, and indeed she was expecting again. In February 1783 Mrs Leathes wrote to her parents that,

now I am upon that subject I think it begins to be time to say something of my Mother’s coming down, perhaps She can recon better than me than I can myself I think it possible for me to hold up to the middle or late end of April⁸⁷.

By early April Mrs Reading was back in Reedham and Mrs Leathes gave birth to Mary on the 12 of that month. Within just two years and eight months, Mrs Leathes had given birth to three children, two of whom had died. Of the other children, Elizabeth and George were residing in Norfolk and Edward was with his grandfather in Woodstock. By early 1784, Elizabeth had joined her brother in Woodstock while young George, at nearly five years old, had been sent to Herringfleet to stay with his uncle and aunt. A year later, in January 1785, when Elizabeth was nearly ten years old and living in Woodstock, Mrs Leathes wrote to her father that,

I have broke open my letter to you to tell you that in a conversation we had last night we all concluded that Elizabeth cannot gain so much useful knowledge at the boarding school as She can from your instruction therefore we conclude (if it

⁸⁵ NRO, BOL 2/33/9.

⁸⁶ NRO, BOL 2/58/2/16.

⁸⁷ NRO, BOL 2/34/4.

is agreeable to you) to let her continue with you till she is twelve & then put her to one of the best boarding schools to two or three years to finish and polish her.⁸⁸

From this extensive narrative covering Mrs Leathes' child bearing years, on whom did the burden of her care fall? It is suggested that this case presents evidence that the Porters' contentions referred to above may need some revision, specifically when relating to lying in. To recapitulate, they contended that during the eighteenth-century, 'men and women were equally active in this role', the treatment of the sick. They also suggested that there was 'gender equality in "medicines without doctors"'.

As demonstrated, there is abundant evidence that both Rev and Mrs Reading carried, and were expected to carry, heavy burdens during long periods before and after Mrs Leathes gave birth. In the circumstances, the Readings had little choice but to live apart for extended periods of several months. Yet, the heavy burdens they each bore were very different. While Mrs Reading might have been expected to stay with her daughter in order to attend the births of her grandchildren and initially stay for a short period to care for the new infant, she invariably remained for periods of several months. Further, Rev Reading during his wife's absence in Norfolk was obliged to care personally for his young grandchildren in a manner that may normally have been expected to have been carried out by a maid, if not the mistress of the household. Finally, the burdens they bore were such that tensions arose, evidenced by the emotional letter from Mrs Reading, regarding a woman's priorities and for whom she was primarily responsible, her daughter or her husband. The evidence strongly suggests that both the Readings, as parents and grandparents, carried heavy burdens of care when lying-in occurred. The evidence further suggests that, the nature of the burden each bore was influenced by their gender, a situation not fully recognised in the Porters' contention of gender equality in burden sharing. While the evidence relating to the

⁸⁸ NRO, BOL 2/37/3.

Readings is significant, to what extent did grandparents from the Shackleton, East and Tremayne households bear any burden of care towards their grandchildren?

Grandparents

The evidence from the manuscripts of both Mrs Shackleton and Lady East as grandparents is very limited although there is more evidence relating to Rev Henry Tremayne. Throughout her diaries Mrs Shackleton regularly referred to her concern for her family even if the evidence suggests that in later life she was effectively estranged from them, particularly from the two younger of her three sons. For example, at the time of her eldest son's second wedding anniversary she wrote,

pray God in heaven bless my own dear child my own dear Thomas Parker, his dear wife, his own 2 dear sweet little children, his own brothers John and Robert Parker. God grant them all health, happiness, prosperity, long to live and see many of these happy days and all to do well.⁸⁹

This was typical of her regular pleas for both her children and grandchildren. In such circumstances her ability to care or even influence the care of her grandchildren would have been tenuous at best. Specifically, in the context of Ottaway's contention of the desire for grandparents to remain closely connected to their families, such strong desires held by Mrs Shackleton were to be rebuffed as a result of her husband's vulgar behaviour. Just two weeks before Mrs Shackleton died, her daughter-in-law, Mrs Elizabeth Parker, thought John Shackleton's behaviour was such that,

she did not think it wo'd be proper for my own dear little Robert [her grandson] to come to stay while she was absent in Blackpool. This hurt me very much.⁹⁰

What appears clear is that towards the end of her life, Mrs Shackleton became effectively isolated from her children and inevitably her grandchildren. While Mrs Shackleton suffered such isolation from her own family, to what extent did the experiences of Lady East differ when dealing with her step-children and grandchildren?

⁸⁹ LRO, DDB/81/39, 5 May 1781.

⁹⁰ LRO, DDB/81/39, 24 August 1781.

Lady East had three step-children whom she referred to in her diary as if they were her own⁹¹. While she wrote little directly about her step-grandchildren, early in 1791 she recorded the inoculation for smallpox and the manner in which the process of immunisation evolved in respect of her granddaughter, Kitty, the daughter of Mary Clayton of Harleyford. It was observed as follows:-

23 February 1791, 'My dear Kitty Inoculated.'
3 March 1791, 'My dear little Kitty Sickening with Smallpox.'
4 March 1791, 'My dear little Kitty very indifferent but a few spots are coming out.'
5 March 1791, 'My dear little Kitty much better 30 Smallpox appeared.'
6 March 1791, 'Dear little Kitty going on very well.'
7 March 1791, 'My dear little Kitty had caught a cold.'
8 March 1791, 'We went over to see my dear Kitty she was much better'

The few entries she made in her diary indicate that she was concerned for their health even if there are few records of them visiting her. For example, on 16 April 1802 the only entry for the day was that, 'Mrs East came to us & I had the comfort of seeing all my Children and Grand Children together.'⁹² Again, nearly a year later when neither she or her husband had been very well,

Six of my Grand Children dined with me at two o'clock they all looked well & their dear Mother & Miss Wiltshire came after they had been here some time.⁹³

A few weeks later, 'My dearest Mary was ill with this influenza & three more servants. I sent a woman to assist them to work in the house which they wanted very much.'⁹⁴

Little can be gleaned from such evidence, though throughout her diaries, in contrast to Mrs Shackleton, Lady East's contacts with her step-children always appeared to have been close and supportive while all references to her grandchildren were warm and convivial, expressing concern for their wellbeing. Having considered the very limited evidence relating to the influence that two grandmothers may have had within

⁹¹ Such a practice may have been common when the second wife was seen to take the direct place and household responsibilities of the first wife and where even in the official records at the College of Arms, 'the two wives have been conflated'. See e-mail dated 18 December 2006, R Yorke, College of Arms.

⁹² DC, Diary, 16 April 1802.

⁹³ DC, Diary, 22 February 1803.

⁹⁴ DC, Diary, 14 March 1803.

their very different households, the influence Rev Henry Tremayne sought to exercise over the care of his grandson was evidentially more assertive.

Of the correspondence between Tremayne and his father, Rev Henry Tremayne, only those letters written by Tremayne are known to be extant. Accordingly, the only manner in which the Rev Tremayne's attitudes towards his son and grandson may be gleaned are from his son's letters and specifically, any remarks made by Tremayne in direct response to his father.⁹⁵ Firstly, Tremayne wrote very regularly to his father and increasingly so as Harry's health deteriorated; he wrote 24 letters in March 1822 alone. Secondly, reports on Harry were usually the first subject of Tremayne's letters and often a letter's only subject. For example, shortly after the start of Harry's illness in 1821, on 15 February he wrote, 'I am sure it will give you great pain to hear that poor Harry has had another bad Attack of sickness since 3 o'clock this morning'⁹⁶; on 19 February, 'I have little or nothing to say, but you will like to hear of Harry'⁹⁷; on 7 April, 'I did not write yesterday as I could not tell you anything new and it is no pleasing subject to say whether people are more or less ill'; then, pertinently, on 12 April the first direct response to a request for information. 'You asked how we make Harry take so much physic.'⁹⁸

While Tremayne continued to write to his father about Harry's deteriorating clinical condition, evidence of a conflict between Tremayne and his father occurred in May 1822. On the 23 May, having informed his father that Harry was no better, he challenged his father about opinions he must have expressed,

⁹⁵ Such written evidence from one correspondent, showing a strong reaction to what must have been said or written by the other correspondent, may well present valuable evidence of differing opinions, in this case the medical care of a sick child. "Reading between the lines", with integrity, is a legitimate form of seeking to finding hidden voices.

⁹⁶ CRO, T/2569.

⁹⁷ CRO, T/2572.

⁹⁸ CRO, T/2577.

I wish you would not express yourself so strongly about Lakes Medicines and Prescriptions for him. At least I hope you do not to other people – It is our duty to try all Means for his recovery that can be thought of those esteemed most skilful – and if effects are produced in a Patient not only unexpected by the Medical Person prescribing but by another or the [xx] who did not prescribe (which was the case with us) no blame can attach to any one. I should be sorry to have it come from you or as to any one we were dissatisfied with Lake’s treatment of him. I am not.⁹⁹

Significantly, in a letter of the previous day Tremayne had reported that the esteemed Dr Mathew Baillie had agreed with Lake’s opinion. Accordingly, Rev Tremayne was questioning, by inference, the wisdom of one of the leading medical luminaries of the day; a royal appointee who had attended King George III during his last illness. At the seat of this dispute over a particular matter lies, it is suggested, deeper issues than just those of a simple altercation between father and son. Rev Tremayne was nearly forty years older than his son and a Cornish country squire of more traditional ways than his MP son who had become acquainted with the modernity of the metropolis. The evidence suggests that philosophical differences arose from both generational and regional influences. However, in general, Tremayne’s emotional letter appears to be at odds with the general tone of the correspondence. Nonetheless, by that time there may have been underlying differences of opinion arising from both men’s deep concern for young Harry. What is not discernable from the correspondence is the what extent to which Rev Tremayne, as a grandfather, exerted any real influence over Harry’s care. A cumulative reading of the correspondence, albeit consisting of only those letters written by Harry’s father to Harry’s grandfather, (24 letters in one month alone) would suggest that at heart, Harry’s welfare was their joint over-riding concern. Having considered the burdens of care borne by members of the immediate family, such burdens often rested upon those that were not related by either blood or marriage, but were still part of the “affective group”.

⁹⁹ CRO, T/2656.

As referred to above, the Porters have suggested that managing illness during the eighteenth-century was very much within the ‘affective group of family, friends and neighbours’¹⁰⁰. Consideration will now be given to the part played by members of the ‘effective group’ of fictive kin¹⁰¹ and servants. The first case relates to a school teacher, Mrs Cuymns, and her care of the Thrales’ sixth child, Susanna Arabella (1770-1858), when she was just two months short of her fourth birthday.

Shortly after the death of Mrs Thrales’ fourth child, Anna, when Mrs Salusbury was residing in Croydon, Mrs Thrale returned to Streatham having visited her mother and spent the evening in the company of Johnson and her husband. Late that night, 22 May 1770, she was surprised by sudden & violent pains and at one in the morning, two months premature, Susanna Arabella was born. The prognosis was not good and Susanna was not expected to survive as, ‘She was miserably lean and feeble indeed, quite a mournful Object.’¹⁰² Further, ‘Evans says he never christen’d so small a Child before’ while Bromfield, the physician, said that, ‘he never saw but one born so very little & kept alive to a Year Old’¹⁰³. Yet,

She lives however, & Doctor Johnson comforts me by saying She will be like other People; of which however if She does live I make very great doubt, - She sucks well enough at present but is so very poor a Creature I can scarce bear to look on her.¹⁰⁴

Mrs Thrale, in the privacy of her *Family Book*, would express herself openly about her children. Her entry noting Susanna’s second birthday was stark, stating that

¹⁰⁰ Porter & Porter, *Patient’s progress*, p.70.

¹⁰¹ Fictive kin are those members of the household, other than apprentices and servants, who were not related to the resident nuclear family by either blood or marriage. For example, Lady East referred to Harriet Casamajor as her sister but she was the sister of Sir William’s first wife and therefore was not related by blood or marriage.

¹⁰² Hyde, *The Thrales*, p.37.

¹⁰³ Hyde, *The Thrales*, p.37.

¹⁰⁴ Hyde, *The Thrales*, p.37.

at two years old she was, 'small, ugly & lean as ever; her Colour like that of an ill painted Wall grown dirty'¹⁰⁵. When referring to her physical attributes,

She seems to have good Parts enough, & could walk on her little crooked Legs as early as any of the others on their straight ones: - but her Temper is as perverse as very Poyson.¹⁰⁶

Her poor colour and crooked legs probably related to her premature birth which resulted in anaemia and rickets¹⁰⁷. Additionally, she suffered from an umbilical rupture such that, 'Her Belly seems to swell & harden strangely.'¹⁰⁸ The state of her rupture was exacerbated by her incessant crying, a state referred to by Mrs Thrale as her perverse temper¹⁰⁹. No fewer than five doctors were consulted about Susanna's various clinical conditions. In the event, many treatments were visited upon this small child with little benefit accruing.

By the time Susanna was three years old her general health had improved and

her Rupture almost well; but her Colour still that of a Clorotic Virgin at 15, instead [of] a Baby; and her Stature very low: her Temper is so peevish & her Person so displeasing, that I do not love to converse with her¹¹⁰.

Further, 'her Appetite & Digestion begin to mend, and as She has gone thro' so much, I now expect her to live'¹¹¹. However, she still suffered from stiffness in the joints and 'a Palpitation in Her Bosom that I cannot account for, nor can any of the people we consulted'¹¹². While there is no complete understanding of the clinical conditions from which Susanna suffered, Mrs Thrale had consulted at least seven doctors during the previous three years¹¹³. However, a few weeks later, just days after Lucy's death,

¹⁰⁵ Hyde, *The Thrales*, p.49.

¹⁰⁶ Hyde, *The Thrales*, p.49.

¹⁰⁷ Hyde, *The Thrales*, p.50.

¹⁰⁸ Hyde, *The Thrales*, pp.49/50.

¹⁰⁹ Hyde, *The Thrales*, p.49.

¹¹⁰ Hyde, *The Thrales*, p.62.

¹¹¹ Hyde, *The Thrales*, p.63.

¹¹² Hyde, *The Thrales*, p.62.

¹¹³ Doctors mentioned included, Robert Broomfield, Robert James, John Hunter, Daniel Sutton, Herbert Lawrence, Fleming Pinkstan and Prior.

Susanna's health was said to have improved since the measles, 'The Rupture is well & She gets more Strength and Spirits.'¹¹⁴

In March 1774 it was decided that Susanna should be sent to a boarding school in Kensington run by a friend, Mrs Cumyns, whose situation was,

considerably below her Abilities, but her life has been unfortunate. Under her Care I expect our Susan will improve more than at home where She is not exceedingly admired, and where She will not learn, because She must not be fretted.¹¹⁵

It would appear that Mrs Thrale, in recognising 'Her long Series of ill health', saw that Susanna would be better brought up, at least for a while, where she would be able to develop without the constant reminders of her past afflictions, both medical and personal. Mrs Thrales' perceptions may well have been justified. When she returned from her three month journey to Wales in September 1774 she saw a great change in her. Susanna, 'who now commences both Wit and Beauty forsooth; She is in no respect the same Child She was two or three years [ago]'¹¹⁶. Further, 'The Truth is Susan is so changed in her Face & Figure.'¹¹⁷ To what extent her improvement in both health and general bearing may be put down to the influence of Mrs Cumyns is impossible to say. However, what appears certain is that Mrs Cumyns, a family friend, played some part in Susanna's improving health, physical wellbeing and mental development, confirmation of the extent to which the Porters' concept of the "affective group" might be extended. While Mrs Cumyns was an educated family friend of the Thrales, the support of servants, as demonstrated earlier in this chapter, was crucial to the mistress of a large household when carrying the burdens of care within the sick room. Nonetheless, the primary sources interrogated reveal wider aspects of the importance of servants to a sick household beyond just supporting the mistress of the household. The following section

¹¹⁴ Hyde, *The Thrales*, p.84.

¹¹⁵ Hyde, *The Thrales*, p.86.

¹¹⁶ Hyde, *The Thrales*, p.105.

¹¹⁷ Hyde, *The Thrales*, p.107.

demonstrates some wider aspects of servant behaviour in a sick household including, apparently, working unsupervised as well as providing the family with written reports of the condition of the indisposed.

Servants

Peter Laslett has claimed that even a large household with many servants was still ‘a family, not an institution, a staff, an office or a firm’¹¹⁸, a description consistent with Johnson’s first definition of “family” in his 1755 dictionary, ‘those that live in the same house’. Of the domestic management of such an institution, Lady Sarah Pennington wrote in 1774 that, “I must assert that the right of directing domestic affairs, is by the law of nature in the woman, and that we are perfectly qualified for the exercise of dominion”¹¹⁹. Pennington’s assertion has been supported by Amanda Vickery who has claimed that ‘even conservative prescriptive literature emphasised female dominion indoors, and directed advice to women on “the governance of servants”’¹²⁰. At the time of writing her 1791 diary, Lady East would have been forty-five years old and, having married Sir William in 1768, would have had over twenty years of exercising dominion over Hall Place. Inevitably, in the exercise of her dominion over the domestic affairs of the household, the burden of care when indisposition struck would have been borne by the mistress of the household, Lady East.

While Lady East, as already described above, both directed her staff and personally cared for Sir William during his acute attack of gout which lasted for about eight weeks in 1791, she was very reliant upon her servants in helping to nurse her husband. For instance, while she would massage his head and shoulders to ease his pain and dress his limbs, she relied heavily on her servants, particularly by sitting up with Sir William during the night. In this respect she named eight women who looked after her

¹¹⁸ P. Laslett, *The world we have lost – further explored* (London: Methuen & Co. Ltd., 1983), p.7.

¹¹⁹ Vickery, *The Gentleman’s daughter*, p.127.

¹²⁰ Vickery, *The Gentleman’s daughter*, p.160.

husband during the night and inevitably bore much of the burden of care at that time.

Likewise, when Lady East was seriously ill in December 1802, she recorded that,

I thank God Almighty by his mercy & the assistance of the kindest friends & most attentive Servants I am this day 6th December 1802 Monday so far recovered as to have Strength to write this for which O Lord make me thankful.¹²¹

Here, she referred to both friends and servants although no detail is given of the specific support her friends gave her. Two pieces of paper were found in Lady East's diary for 1801-1803 on which she had listed those servants who had sat up with her during each night from 25 November until 16 December 1802. Six servants were named of which four sat up four times or more, Kitty having sat up six times. While the record is scant on what service those that sat up did for their mistress, three entries are more illuminating. On 14 December, 'Kitty lay down upon the bed and I help'd myself to all I wanted.' On 15, 'Nanny might have done so but would watch me & her Master who could not sleep.' In the final entry made on the slip of paper for 16, 'Kitty had a bed by my bed side & I must slept all night.' The last entry is repeated in the main body of the diary. At least two of her servants, Kitty and Molly, had nursed both Sir William in 1791 and Lady East in 1802, Kitty having featured prominently during both episodes of indisposition. While Lady East expressed gratitude for the support of friends and neighbours, she did not indicate any particular services they undertook. What is clear is that Lady East's household servants played a vital role in her care when she was seriously ill. During her illness of 1802/3, Lady East would have been in her late fifties. Of women in later life, Vickery has suggested that.

Elite women had to work harder to bolster their authority than one might expect; as they ailed and aged some felt mastery slip from their grasp and found their dependence on insubordinate and flighty girls to be their aching Achilles heel.¹²²

¹²¹ DC, Diary, 6 December 1802.

¹²² Vickery, *The Gentleman's daughter*, p.135.

By 1803 Lady East was both ailing and aging, yet her diary gives no indication of her losing authority over her servants although she appears to be increasingly subject to Sir William's restrictions within the household, a situation which will be considered further in Chapter Seven. While there is no direct servant's voice from the East household, such voices, although rare, may be found elsewhere, specifically, those of Ann Toll and Mary Evans, both ladies' maids.

As explained in Chapter Two, Ann Toll and Mary Evans were lady's maids to Mrs Mary Hartley. Ann Toll wrote the vast majority of a holding of over two hundred letters written during the 1780s to Mrs Harley's relatives, mostly regarding Mrs Hartley's health, there being a few letters written by Mary Evans whose literacy was superior to that of Ann Toll. These two lady's maids in reporting on their mistress's ill health and treatments would often be very direct. A number of examples will now be offered to indicate the involvement of these two maids with their mistresses' care. These letters¹²³ may be noted by date,

Bath Nov 25

Hon'd Sir,

My mistress had a very bad night and suffered a great deal of pain She took 100 drops of laudanum and could not sleep. She desire her love to you and Mrs Hartley.

From Kind Sir Your Dutyfull Servant

A Toll

Bath Nov 26 10 o'clock at night

Hon'dSir

I am very sorry to tel [tell] you that my dear Mistress us very Ill and suffers a great deal of pain. She said to me tonight she shold [should] not be able to go threwh it. She was afraid as she is vastly fal [fall] a way in point of strent [strength] & Spirits and have not bin [been] able to get up today

I hame [am] afraid I shall not have time to write Mr W as I have this moment but for to give my mistress a glister.

I am Sir your dutyfull servant,

A Toll

Bath March 20 1788;

¹²³ BRO, D/EHY F 100/1/1-112 & D/EHY F 100/2/1-105.

Hon'd Sir,

My mistress is not in so much pain as she was when Mrs Evans write but she was obliged to take a great deal of laudanum which make her very stupefied. My mistress desires her love to you and she hopes you are well.

Mary Evans

March 25 1788

Hon'd Sir

My Mistress was in so much pain yesterday with her foot that she was no able to write to you, is so much stupefied with the large quantity of laudanum that she is not able to write today. Then the letters ends

Mr Write says that the wound looks well – is so small [I] expected it to heal for a long time he has changed the dressing many times & has often used formentations and poultices of golard which is a thing which he says never gave any body any pain yet is so happened my mistress has been worse every time it has beend used & therefore Mr Write has now put on a poultice of plain bread and milk

Mary Evans.

It was self evident that a lady's maid had to be a trusted servant. The evidence from these few extracts suggest firstly, that these two maids cared for their mistress such that they inevitably had an intimate relationship with her, secondly, they gave their mistress certain treatments, a glister for example, and thirdly, that taking their responsibilities seriously, they reported their mistress's condition openly to members of their mistress's family.

Synthesis

This chapter seeks to reflect upon the 'burden of care', a rather imprecise aspect of the theme, 'Household medical knowledge, practice and care', and one in which current literature has as yet to articulate much beyond certain generalities. A modern appreciation of such activity is dependent upon both the nature of the particular household being studied and the propensity of an individual to record contemporary behaviours. Specifically, the chronicler would usually only be expected to record that which they perceived as relevant. Yet, the burden of care in a society where the sick were invariably dosed and treated within the household would have been subject to common practices which, it is suggested, would often not have been thought worthy of

comment by the chronicler. Nonetheless, evidence relating to those that bore the burden of care has been carefully culled from very diverse records covering experiences during six of the seven decades between 1760 and 1830. Carers were both male and female, parents and grandparents, fictive kin and servants. Those that were cared for included spouses, their children, grandchildren and fictive kin. Clinical episodes were chronic, critical and fatal. The body of evidence presented in this chapter is not only significant in content, quality and specificity, but has been assembled in a manner not yet seen in the literature.

What recent literature has dealt with so far are various general aspects of caring for the sick within the household. This has included the identity of the carer, whether the prime carer was from the nuclear family, friends, neighbours or fictive kin, as well as related matters of gender and generation. Specifically, the Porters have made statements suggesting that there was an “affective group”¹²⁴ of family, friends, neighbours and fictive kin which supported a sick household and that carers within the household were both male and female¹²⁵. These assertions have been confirmed when considering the behaviours of the Thrale, East and Leathes households. Ottaway has discussed issues relating to the older generation¹²⁶ and their behaviours towards their children and grandchildren¹²⁷ which has been borne out particularly by the Readings’ behaviours towards the Leathes family. Bailey has pointed out ‘the lack of research into men’s domestic lives in the long eighteenth century’¹²⁸, confirming a lack of research into male behaviours relating to the care of the sick and dying. Bailey has also referred

¹²⁴ Porter and Porter, *Patient’s progress*, p.70.

¹²⁵ Porter and Porter, *Patient’s progress*, p.41.

¹²⁶ Ottaway, *The decline of life*, pp.2 & 8.

¹²⁷ Ottaway, *The decline of life*, p.11.

¹²⁸ Bailey, ‘A very sensible man’, p.272.

to the ‘almost entirely neglected subject of grandparents’¹²⁹, and, as may be anticipated, no literature has been identified which deals specifically with the part grandparents played in a sick household. In recognition of the paucity of literature in this field, the evidence from the case studies will be presented firstly, relating to the broad generalities of identifying the carer, secondly the particular part play by grandparents and thirdly, carers from the “effective group”.

When identifying various carers of the sick, there is no evidence that Mr Thrale ever directly shared in his children’s healthcare despite taking responsibility for overseeing certain domestic activities. Mrs Thrale, as mistress of the household, not only directly cared for her husband and children when they suffered many and various forms of indisposition, but she nursed both her mother, when terminally ill with cancer, and Samuel Johnson, when suffering from both mental distress and physical indisposition. In the Leathes’ household, while the Readings, as grandparents, may have shared the burdens of care between them, gender dictated the manner in which those burdens were borne. In the East household, the authority of the carer over the sufferer has been demonstrated. However, the manner in which that authority was exercised may well have been influenced by class. While a full reading of the extant material left by Tremayne would suggest that he was the dominant carer of his children, the manner in which he cared for his son would rarely have been repeated thereafter due to the evolving separation of private and public spheres which deepened in the Victorian period, evidenced by the experiences of Mrs Gaskell in the early 1840s. Simply caring for the sick during late Georgian times was not therefore necessarily determined by gender but rather by the unique circumstances of the household and the particular characteristics of the individuals who dwelt therein.

¹²⁹ J. Bailey, ‘Reassessing parenting in eighteenth-century England’, in *The family in early modern England*, ed. by H. Berry and E. Foyster (Cambridge: Cambridge University press, 2007), pp.209-232 (p.230)

Significantly, these case studies show for the first time that the part played by grandparents in the healthcare of the family were meaningful and substantive. Firstly, grandparents showed concern for the welfare of both their children and grandchildren, even in the case of Mrs Shackleton who was effectively estranged from her own offspring. Secondly, grandparents were empathetic with their grandchildren, a subject that will be dealt with in more detail in Chapter Seven. Thirdly, grandparents showed a strong willingness to support both their children and grandchildren when illness struck. In this context, the older generation appeared to have been less enthusiastic about the use of strong medication than the exercise of preventative medicine, fundamentally through the practice of regimen, which was both advocated and practiced. Fourthly, grandparents were quite prepared to dispute with their children what treatments were in the best interests of the grandchildren and advise the parents accordingly.

Regarding the social unit of care, the Porters' assertion that managing illness in an eighteenth-century household was very much within the 'effective group of family, friends and is well supported by the case studies presented in this chapter. While a well-to-do mother usually employed maids and nurses to care for her children, on one occasion Mrs Thrale employed the mistress of a small boarding school to care for her daughter, Susanna, with apparent benefits for the child, both therapeutic and developmental. In large households the family would often be very dependent upon their domestic servants, who, whatever their role within the household, were trusted to act in a caring role when indisposition struck the family. Such was true in the contemporary households of Hartley and East, although the circumstances of the two cases were very different. Ann Toll and Mary Evans appeared in the role of a personal carer of a well-to-do invalid woman where by definition they would have been close to their mistress and trusted by the family to act responsibly. Most importantly, these two

servants have left a significant written testimony (over 200 letters) to posterity, giving a very rare case of servants' 'voices from the grave'. Evidentially, the relationships in the East household between master, mistress and the servants must have also been one of trust within a well ordered establishment. Lady East's descriptions of the duties the individual servants carried out implied trust in each one of those she mentioned. As may have been expected, servants were treated by medical practitioners when suffering from either illness or accident while Sir William remembered all his servants in his will, not only those by name but he directed that, 'all and each of my servants both male and female'¹³⁰, should be paid up to the half-yearly day following his death.

While the evidence from these case studies regarding care of the sick within the household support many of the general contentions articulated by Bailey, Ottoway, and the Porters, specific contributions to knowledge established within this chapter are five fold. Firstly, while intergenerational support for the carer has been demonstrated, particularly in the cases of the Thrale and Leathes households, the older generation was invariably less sanguine regarding the value of both practitioner care and excessive dosing. Secondly, while the lack of research into men's domestic lives during the long eighteenth-century has been clearly articulated, the study of John Tremayne demonstrates, apart from the intrinsic value of the study itself, the empathy a father had for his terminally ill young son, the direct physical care undertaken by the father and the actions he took in order to procure the best medical advice within a geographically wide and eclectic medical market place. Thirdly, when both male and female were equally involved in family health care, as the Reading's case demonstrates, their various activities were defined by gender. Fourthly, the value of fictive kin to the whole process of health care was evidenced in the Thrale household and the nursing care

¹³⁰ The National Archive of the United Kingdom: Public Record Office, PROB 11/1623, the last will and testament of Sir William East, Bt., p.3.

expected of servants presented in the East and Hartley households. Finally, while difficult to articulate precisely, changing patterns of behaviours over a period of years were clearly perceived in the Thrale and East cases. Over a period of at least a decade, Mrs Thrale increasingly consulted practitioners rather than self dose her family while Lady East relied more on medical intervention in the period 1802/3 than she had done in 1791. Additionally, evolving attitudes towards medical intervention may be perceived between John Tremayne and his father, Henry Tremayne, the latter being apparently more conservative in his attitude to both medical intervention and self-dosing than his son had been.

Section – Relationships

The evolution of the species is by definition dependent upon a “relationship” in its most basic form, that which enables reproduction. This thesis, in accepting the proposition that such basic biological forces are endemic in all aspects of society, whether related to reproduction or the maintenance of the living, needs to appreciate resultant relationships. Axiomatically, understanding the nature of relationships within both the most basic of social units, that in which the propagation of the species is fostered, the family, and with those that may enable the survival of the living, the medical fraternity, is critical if a full appreciation of the effects of indisposition on the family is to be achieved. While many historians have concerns about the representative integrity of the single voice from the grave, particularly in such ‘disputable interpretations’ as that of relationships, the French historian, Marc Bloch (1886-1944), observed that, ‘once an emotional chord has been struck, the limit between past and present is no longer regulated by a mathematically measurable chronology’¹. *Ipsa facto*, to fully grasp the substance of relationships of those who inhabited the past, the emotional chords perceived to emanate from such personal records as diaries and letters need to be struck. Then, the effect of indisposition, in all its many guises, may be better appreciated through an understanding of relationships with both medical practitioners and those within the family unit. But, in what manner may such complex issues as relationships be understood?

It has been argued that in order to achieve the aims of this thesis, research will mainly be small scale. As noted in Chapter One, Hudson has insisted that micro-history has the functionality of using “small scale research to ask, and answer, big questions”,

¹ M. Ruthven, ‘Shock and awe, circa 1095’, *The Observer*, 3 January 2010, p.17.

while Sigurdur Magnusson has highlighted the importance of micro-historical research when dealing with complex relationships. He has opined that,

‘It is precisely the complex interrelationship between human beings and their environment that makes it necessary to reduce scale; only in this way can we avoid the temptation to simplify the relations among people, phenomena and events.’²

In recognising the tendency to establish diverse outcomes from macro and micro historical research, Rosemary O’Day, when discussing family relationships, has delineated the aims of the demographer from the social historian who, ‘is concerned to establish the experience of living in that household’³. While the demographer may deal in greater certainties, the ‘hard core of facts’ in history, the social historian must accommodate outcomes which may be deemed ‘disputable interpretations’, and then justify those interpretations. Inevitably therefore, analytical processes used to gain an understanding of relationships will be more qualitative, even impressionistic, than quantitative.

It should also be appreciated that the terminology used to identify certain relationships during the late Georgian period was often ignored or flawed. ‘In 1755 Samuel Johnson remarked that the only surviving usage of the compounds of *step-* was in the term “step-mother”.’⁴ Lady East, for example, always referred to her step-children and step-grandchildren as if they were her own, evidence of the conflation of wives, previously referred to. Likewise, the term “in-law” was rarely used. Stated terms of kinship were used less to determine specific legal or blood relationships than identifying those who had a personal bond. For example, when Ralph Josselin referred to “my brother Worral”, he was in fact referring to the husband of Ralph Josselin’s

² S. G. Magnusson, “‘The Singularisation of History’: Social History and Microhistory within the Postmodern State of Knowledge’, *Journal of Social History*, 36 (2003), 701-735 (p.723).

³ R. O’Day, *The Family and Family Relationships, 1500-1900: England, France & the United States of America* (Basingstoke: The Macmillan Press Limited, 1994), p.130.

⁴ N. Tadmor, ‘Early modern English kinship in the long run: reflections on continuity and change’, *Continuity and change*, 25 (2010), 15-48 (p.31).

wife's sister⁵, who was neither related by blood nor marriage. Lady East always referred to Harriet, the sister of Sir William's first wife, as sister. Being a member of the East household she was in fact fictive kin.

In order to consider the two most critical forms of relationships, Chapter Six will deal with relationships between patient and practitioner while Chapter Seven will consider the more complex and multi-faceted subject of relationships within the sick household.

⁵ Tadmor, 'Early modern English kinship,' p.32.

Chapter Six – Patient/Practitioner Relationships

Context

In 1992 Andrew Wear claimed that, ‘The social history of medicine has come of age. It is now possible to see in some detail the way in which medicine has developed within society.’¹ For the late Georgian period, the development of medicine in society included the increasingly influential new sciences which emerged in the seventeenth-century. Specifically, ‘Medical theories were no longer based on the four humours of the Greeks but on chemistry and mechanics.’² This age of the Enlightenment saw clinical diagnosis and interventions being increasingly influenced by scientific method even if the lack of effective cures for many diseases remained. Nonetheless, ‘the hope remained that progress in medical theory would have a practical pay off’³. Contemporaneously, the medical market place, which will be discussed in more detail immediately below, remained one of supply and demand and medical practitioners continued to rely on the patient’s fees and profits from trade in medicaments. Accordingly, the paying middle-class patient tended to be dominant in any relationship with a medical practitioner. However, the professionalisation of medicine, which had been evolving since the middle of the eighteenth-century, saw increases in both the number of hospitals and the inevitable, if slow, establishment of state control over the medical profession. Irvine Loudon referred to this as ‘The period of medical reform’⁴. The late Georgian period, therefore, was on the cusp of a changing balance of power between the patient and practitioner. Yet, patient/practitioner relationships during this

¹ A. Wear, ‘Introduction’, in *Medicine in society*, edited by Andrew Wear (Cambridge: Press Syndicate of the University of Cambridge, 1992), pp.1-13 (p.1).

² Wear, ‘Introduction’, p.5.

³ Wear, ‘Introduction’, p.5.

⁴ I. Loudon, ‘Medical practitioners 1750-1850 and the period of medical reform in Britain’, in *Medicine in society* edited by A. Wear (Cambridge: Press Syndicate of the University of Cambridge, 1992), pp. 219-247 (p. 219).

time were still founded upon, and within, the social context of the day, in particular those of family, household and gender.

Roy Porter has suggested that one interpretive guideline for investigating 'sick person-doctor interaction in times past'⁵ was that,

We should stop seeing the doctor as the agent of primary care. People took care before they took physick. What we habitually call primary care is in fact secondary care, once the sufferer has become a patient, has entered the medical arena.⁶

Consistent with that perspective, and as has been demonstrated in chapter five, the household was the locus of care for the vast majority of the sick and dying. Within that social context, the medical relationship 'was a three-way relationship that included doctor, patient, and the patient's family'⁷. Further, gender also played a part in the medical relationship for, 'Despite the active medical marketplace of the eighteenth century, women, unlike male patients, could not always act on their own to choose their medical treatments.'⁸ More specifically, 'For middling and elite women, families were key participants in the medical relationship and could significantly influence women's control over their own health care.'⁹ Lisa Smith gives the example of a physician, Thomas Stout, who, being consulted by a women regarding a possible tumour, sent her away on more than one occasion and would not advise or treat her. It was not until a month after her last visit to Stout, when her husband sent for the physician to attend her, that he eventually treated her: 'A husband's public influence might be useful in making a choice of doctor or in negotiating the doctor's services.'¹⁰ The direct influence of a husband over a wife's medical relationship, albeit within an apparently companionate

⁵ R. Porter, 'The patient's view – doing medical history from below', *Theory and society*, 14 (1985), 175-198 (p.193)

⁶ Porter, 'The patient's view', p.194.

⁷ L. W. Smith, 'Reassessing the role of the family: Women's medical care in eighteenth-century England', *Social history of medicine*, 16 (2000), 327-342 (p.341).

⁸ Smith, 'Reassessing the role of the family', p.341.

⁹ Smith, 'Reassessing the role of the family', pp.327/8.

¹⁰ Smith, 'Reassessing the role of the family', p.334.

marriage, may be demonstrated in the section below on the medical market place, where John Tremayne approved the doctor his wife had chosen to treat her (Hiches) rather than her former family physician (Blackmore) recommended by her mother. Likewise, male influences increasingly became apparent in the confinement room as factors such as the “disease concept” of pregnancy, sexuality, doctor-patient relationships, female physiology and social roles¹¹, resulted in an increasing desire for male attendance at child-birth.

While the changing balance of power in medical relationships, referred to above, inevitably affected the day to day management of the sick household, patient/practitioner relationships also appear to have varied greatly. The surgeon was almost indispensable in certain circumstance, yet the physician was rarely so. Physicians were often seen as more interested in their fees than their patients. Benjamin Franklin commented that, ‘God heals and the doctors take the fee.’¹² while in 1783, Lord Pembroke, referring to the treatment his daughter had received, stated that, ‘the indifference of London Physicians, when once a patient is out of their sight, is terrible & dishonest’¹³. Three years later, Lord Herbert was unequivocal in his criticism of the medical profession. ‘Never for God’s sake see a d---d D-ct-r again as long as you live.’¹⁴ Yet, contemporary literature suggests that such disparagement of medical practitioners was not universal. In Samuel Richardson’s *Clarrisa, or the History of a Young Lady* published in 1748, the writer asserted that, ‘The physician’s duty is to act out of a sympathetic concern for the sufferer and out of considerations of humanity’¹⁵,

¹¹ W. F. Byrum, ‘Health, disease and medical care’ in *The ferment of knowledge: Studies in the historiography of eighteenth-century science*, edited by G. S. Rousseau and R. Porter (Cambridge: Press syndicate of the University of Cambridge, 1980), p.232.

¹² D. Porter & R. Porter, *Patients progress: Doctors and doctoring in eighteenth-century England* (Cambridge: Polity Press, 1989), p.54.

¹³ Porter & Porter, *Patients progress*, p.58/9.

¹⁴ Porter & Porter, *Patients progress*, p.53.

¹⁵ W. Wild, *Medicine-by-post: The changing voice of illness in eighteenth-century British consultation letters and literature* (Amsterdam & New York: Editions Rodopi, 2006), p.42.

suggesting a practitioner should be a man of sensibility. This theme was inculcated by John Gregory into his 1772 publication, *Lectures on Duties and Offices of a Physician*. His ideal physician was a man of sensibility, specifically,

“I come now to mention qualities peculiarly required in the character of a physician. The chief of these is humanity; that sensibility of heart which makes us feel for the distresses of our fellow creatures and which of consequence incites us in the most powerful manner to relieve them.”¹⁶

Here, ‘Gregory is distilling ethics from manners’, and as Mary Fissel has pointed out, he stressed the “importance of sincerity and the evils of artifice”¹⁷. Little artifice may have been shown by a Dr Fothergill, for although Mrs Thrale and Fanny Burney disliked him, nonetheless, he was employed for his great skill¹⁸. The former wrote that ‘A physician can sometimes parry the scythe of death but had no power over the sands in the hour-glass.’¹⁹ Alexander Pope could both respect his physicians and mock them²⁰ while William Cobbett, although no lover of doctors, believed they could occasionally be useful²¹ and Dr Johnson considered that doctors deserved respect²². It is likely that many relationships between patient and practitioner depended on whether the specific nature of the patient’s clinical condition corresponded closely enough to the physician’s limited skills base in order to produce a positive outcome. Nonetheless,

Eighteenth-century doctors firmly believed that it was the patient’s primary moral responsibility to be compliant with therapy in order to recover a sound state of health; but for the patient, the true moral obligation was more often to be found in the spiritual experience, in the test of one’s fortitude, faith, and resolutions.²³

But, during this period of social and scientific change, it was the medical market place which was the influential forum in which the patient met the practitioner.

¹⁶ Wild, *Medicine-by-post*, p.43.

¹⁷ Wild, *Medicine-by-post*, p.44.

¹⁸ Porter & Porter, *Patients progress*, p.68.

¹⁹ Porter & Porter, *Patients progress*, p.68.

²⁰ Porter & Porter, *Patients progress*, p.64.

²¹ Porter & Porter, *Patients progress*, p.69.

²² Porter & Porter, *Patients progress*, p.38.

²³ Wild, *Medicine-by-post*, p.25.

The Georgian medical market place was like any other market, a function of supply and demand. With limited Government control, the medical market place 'was eclectic and open, being determined chiefly by the ability to pay'²⁴. Supply was regionally diverse and practitioners were many, from the regulars, the physicians, surgeons and apothecaries, to the irregulars including empirics, quacks and cunning folk. Importantly,

in the Georgian era sophisticated medical awareness was not the exclusive preserve of the faculty; it involved a common language, which was shared, debated, criticised, and promoted by medics and polite laymen alike²⁵.

Patient self medication was common, possibly influenced by the paucity of medical practitioners, doctor/patient ratios, excluding London, varying considerably by region. Additionally, the endemic English class structure was a significant influence. By the early nineteenth-century demand had increased considerably from a combination of the steep rise in population, industrialisation, urbanisation and the emergence of a burgeoning wealthy middling class. Religious influences, the paucity of reliable clinical diagnostics and adherence to regimen probably dampened demand but to an indeterminable extent. Predictably, in such a market place doctor/patient relationships were influenced by many regional, social and cultural differences and patients often consulted a number of professionals, whether regulars or irregulars. This chapter, utilising the diverse profile of the case studies researched, seeks to explore the widest possible spectrum of relationships in both the operation of the medical market and the manner in which doctor/patient dynamics developed in that environment. The personal relationship between sufferer and healer would have been influenced by the nature of the social unit, class in particular, within which the sick were cared for. Further, as already described in Chapter Five, while the burden of care may have been borne by

²⁴ Porter and Porter, *Patients progress*, p.208.

²⁵ *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge: Cambridge University Press, 1985), p.313.

either male or female, there remains a lack of research into male domesticity. This in turn raises questions of who, whether the head of a household or the spouse, would have exercised primary authority over either the sick room or external medical intervention. In order to analyse such diverse relationships, four key sources will be reviewed; firstly, the case of John Tremayne MP, who regularly travelled between London and his constituency in Cornwall with a sick young son during the early 1820s; secondly, Mrs Shackleton's diary and the importance of her relationships with a number of practitioners; thirdly, Lady East and her reluctance to engage with practitioners; while fourthly, the changing behaviours of Mrs Thrale which illustrate the evolution of relationships with practitioners as a result of her traumatic experiences. These cases present a profile of very different forms of relationships that arose in five of the seven decades between 1760 and 1830.

In recognition of these diverse forms of relationships, and the rather subjective process of their perspicuity and assessment, this chapter could have been structured in a number of ways. However, it has been deemed most appropriate to present the case studies utilising a developmental form. Accordingly, each script has initially been interrogated before synthesising all the findings which, it is suggested, better illustrate and compare the very rich kaleidoscope of patient/practitioner relationships which were experienced during this period. Within this chapter, therefore, the manner in which such rich data has been structured and assembled presents a contribution to the development of historical methodology.

How the medical market place operated for one distraught father

As explained in chapter two, John Hearle Tremayne (1780-1851) became MP for Cornwall in 1806. In 1813 he married Miss Caroline Lemon and in 1814 Henry William, known as Harry, was born. Harry's life was destined to be short and it was

during the last three years of his life, 1821-1823, that Tremayne sought help from the medical fraternity that was available to him whether in London, within his constituency, or while travelling between Cornwall and London. London, not surprisingly as the metropolis, had substantially the highest doctor/patient ratio in the country and by 1800 one not dissimilar to that of two centuries later, about one to nine hundred and fifty²⁶. In the 1820s Tremayne, as a wealthy MP in London, consulted the foremost physicians of the day over his son's debilitating and deteriorating medical condition. Those consulted included Dr Baillie, a nephew of Dr William Hunter, and Dr Maton, both at the time holding royal appointments. They visited the Tremayne household in London on a regular basis, usually weekly, often together. They discussed Harry's deteriorating condition and from the evidence came to common conclusions. Despite such erudite medical advice the London oculist, Alexander, was also consulted about a squint that Harry had developed.

John Tremayne's obligation to travel between his constituency in Cornwall and London before the railways would have required over night accommodation in various towns and cities. While the need for medical consultation during such journeys may normally have been rare, travelling with a sick child necessitated calling on various practitioners across a wide and varied geographical medical market place. What is not clear from Tremayne's letters is the reason he travelled between London and his constituency with such a sick child. When Harry was first unwell in Honiton in January 1821, Tremayne, conscious of the need to be aware of the location of medical advice, wrote, 'I was really unwilling to launch into the New Road where I knew of no Physicians, whereas I knew there was a good one here & at Salisbury'²⁷. In the immediacy of his concerns for Harry, Tremayne would probably not have appreciated

²⁶ A. Digby, *Making a medical living, Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: The Press Syndicate of the University of Cambridge, 1994), p.18.

²⁷ CRO, T/2558.

that he was living in the midst of what Loudon referred to as a period of ‘uninterrupted progress’²⁸. What Tremayne would have been conscious of during his travels was the differing medical market environments between London and the provinces, specifically, ‘in provincial towns distinctions between physicians and surgeons were frequently less clear’²⁹. This may explain his desire to modify his travel plans as he knew of no physicians along the New Road and may have otherwise had to consult a surgeon or an apothecary.

Be that as it may, during the 1820s medicine remained an immature science, a reality all too familiar to the Tremayne family from the case of their relative, William Davie, for ‘though the Doctors know as before his Disorders, they are not sure of the Causes’³⁰. It is doubtful whether the curative powers of the medical practitioner of 1830 had noticeable improved over the previous century³¹. Further, the medical profession had become over crowded during the early nineteenth century following the end of the Napoleonic Wars. Dr John Simpson wrote in 1825 that, ‘As a young physician I cannot have practice to keep me fully employed. I read a great deal.’³² A combination of over-supply and increasing demand for medical services encouraged medical specialisation within evolving professionalisation; practitioners, particularly discharged naval surgeons, brought new skills to the civilian medical market place. There were increasing numbers of chemists and druggists selling medicaments while many apothecaries moved into full time medical practice, resulting in a medical market place which was changing significantly.

While the medical market place was involving through increasing suppliers of goods and services in order to assuage the demands of unmet medical needs, regulatory

²⁸ Loudon, ‘Medical practitioner’, p. 219.

²⁹ Byrum, ‘Health, disease and medical care’, p.242.

³⁰ CRO, T/2656.

³¹ Porter and Porter, *Patients progress*, pp.209/10.

³² Digby, *Making a medical living*, pp.172/3.

control of the market place was shifting. Before the establishment of central government control, which began with the Apothecaries Act of 1815, the medical market place had only been regulated by the law of contract. Catherine Crawford has explained the legal relationship between patient and practitioner under the law of contract such that,

one rule that was specific to doctor-patient transactions was constructed in the English court room, by judges, during the course of the eighteenth-century. So, while regulation by medical authority may have been insignificant in this period, it does not follow the medical practice was an enterprise without rules.³³

While the medical market place had developed from that of the mid-eighteenth century, ‘medicine – despite the genteel pretensions of its upper echelons – was essentially determined by market forces’³⁴ and medical professionals would have tended to establish behaviours appropriate to the market segment they served. An important attribute of the development of the market may be evidenced by Irvine Loudon’s study of provincial medical practice in the eighteenth-century. He has asserted that it was not only the elite physicians and surgeons who could make a fortune but, ‘that there was an extraordinarily favourable market to be exploited by surgeon-apothecaries imbued with a lively spirit of hard commercialism during the second half of the eighteenth-century’³⁵. ‘If the market-place was fundamental to eighteenth-century English medicine, legal contracts and their social implications in turn shaped the market-place.’³⁶ Growth in demand in what was still a consumer market was fuelled by an expanding and increasingly well-to-do middling class as well as from greater medical expenditure under the old poor law. The evolutionary process of change has been

³³ C. Crawford, ‘Patients’ rights and the law of contract in eighteenth-century England, *Social history of medicine*, 13 (2000), 381-410, (pp.381/2)

³⁴ “‘Express yourself Ill’: The language of sickness in Georgian England’, in *Language, self and society: A social history of language*, ed. by P. Burke and R. Porter, (Cambridge: Polity Press, 1991), p.279.

³⁵ I. Loudon, ‘The nature of provincial medical practice in eighteenth-century England, *Medical history*, 29 (1985), 1-32 (p.28).

³⁶ Crawford, ‘Patients’ rights’, p.409.

presented conceptually by Digby³⁷ in three stages, simplistically, that of patient passivity, practitioner leadership followed by mutual participation and interdependence between practitioner and patient. While she has accepted that such an interpretation is not well defined historically, ‘the specification of relationships between doctor and patient is of use here’³⁸. Within this changing environment, the middling classes ‘in particular became well-informed and grasped the belief that illness could and should be cured rather than simply being borne with resignation’³⁹. An inevitable result was that, ‘By the 1820s, middling patients and the poor were spending more of their medical lives under supervision of the doctor than had been the case in 1750.’⁴⁰ Evidence of such changes between the late eighteenth and early nineteenth centuries may be glimpsed through the unwitting testimony, even if only recorded by John Tremayne, of a disagreement with his father.

This episode occurred in May 1822 and was referred to in Chapter Five as exemplifying the burden of care borne by John Tremayne. At that time Harry was in a parlous state and being plied with various medicaments and treatments in a desperate attempt to resolve his deteriorating clinical condition. Henry Tremayne’s challenge to his son regarding Dr Lake’s treatment of his grandson, which was strongly rebuffed by John Tremayne with uncharacteristic candour, reflected the elder Tremayne’s innate scepticism regarding the effectiveness of medical practitioners. Significantly, in a previous letter, Tremayne had reported to his father that the esteemed Dr Baillie had agreed with Dr Lake’s opinion regarding Harry’s treatments. Accordingly, Henry Tremayne was questioning, by inference, the wisdom of one of the leading medical luminaries of the day; a royal appointee who had attended King George III during his

³⁷ Digby, *Making a medical living*, pp.300/1.

³⁸ Digby, *Making a medical living*, p.301.

³⁹ S. A. King, *The Fylde country practice: Medicine and society in Lancashire, circa 1760-1840* (Lancaster: Centre of North-West Regional Studies at the University of Lancashire, 2001), p.33.

⁴⁰ King, *The Fylde country practice*, p.33.

last illness. At the seat of this dispute over a particular matter lies, it is suggested, deeper issues than just those of a simple argument between father and son. Henry Tremayne was nearly forty years older than his son, a clergyman and a Cornish country squire of more traditional ways than his MP son who had become acquainted with the modernity of the metropolis. The evidence suggests that differences in attitudes towards relationships with practitioners were both generational and regional.

To the former, Henry Tremayne, practitioners were thought to be largely ignorant of the causes of diseases and should be treated sceptically even if consulted occasionally. Being a cleric, he would have seen religion, health and medicine as inextricably intertwined as ‘religion could provide a language for expressing and interpreting pain and sickness’⁴¹. As an eighteenth-century gentleman he would probably have concurred with the female doctor who in 1770 argued that, ‘those who live philosophically, temperately, religiously, and wisely, seldom want a physician’⁴². Additionally, Cornwall was a Wesleyan stronghold and it would have been surprising if John Wesley’s *Primitive Physic*, as a national best-seller first published in 1747, was not well known across the county, including the Tremayne household. One of the principle concepts of John Wesley (1703-1791), consistent with orthodox theology, was that ‘Each man should take health, as well as salvation, into his own hands.’⁴³

For John Tremayne, Samuel Johnson (1709-1784) may have captured a more modern perspective. While believing that it was ‘the right and duty of every man not to swallow everything on trust, and to conduct a never-ceasing dialogue with his doctors’⁴⁴, he advocated that ‘Doctors deserved respect, and medicine was a means to

⁴¹ Porter, *Patients and practitioners*, p.6.

⁴² Porter, *Patients and practitioners*, p.267.

⁴³ Porter and Porter, *Patients progress*, p.36.

⁴⁴ Porter and Porter, *Patients progress*, p.189.

an end.⁴⁵ Although little improvement in curative power was evident during the early decades of the nineteenth-century, relationships with doctors had evolved more into one of trust and that the doctor had one's best interest at heart even if a cure was not forthcoming. Some such developments in patient/practitioner relationships were rooted in the previous century and may be observed in Tremayne's behaviours when caring for Harry. Specifically, Cheyne in the early eighteenth-century had started to evolve new perceptions of what the patient, or carer, could achieve for themselves, or those they cared for. He was influential in the transformation of medicine

from the exclusive property of the trained physician to a personal endeavour which required a more active role and responsibility on the part of the patient, giving the patient a greater power over his or her own body⁴⁶.

In this regard, Tremayne played a critical role in his son's care by both maintaining an active dialogue with the practitioners, who treated Harry, regularly questioning, even challenging, his son's treatments. Accordingly, by taking personal responsibility for Harry's care, the early nineteenth-century philosophy as represented by Tremayne in his argument with his father appears to be clear. Although practitioners may not have had all the answers they were increasingly skilful, should be trusted, and while actively supported by the patient's (or carer's) own efforts, could not be blamed when anything did not proceed according to the practitioner's expectations. An increasing belief in the skills of practitioners generally would have been helpful for the regular traveller, if not essential, when accompanying a sick relative.

Harry's regular incapacity when the Tremaynes were travelling between Cornwall and London often caused his father to call a halt to their progress in one town or another and seek the assistance of a number of medical professionals. These included Fowler from Salisbury, well known to the Lemon family, Blackburn from St

⁴⁵ Porter and Porter, *Patients progress*, p.38.

⁴⁶ W. Wild, *Medicine-by-post: The changing voice of illness in eighteenth-century British consultation letters and literature* (Amsterdam & New York: Editions Rodopi, 2006), p.141.

Austell, Anderson from Launceston and Barnes from Exeter, ‘whose reputation stands high with the London surgeons’⁴⁷. The evidence suggests that some of these doctors knew of each other’s reputations and expected patients to seek second or even third opinions from other practitioners. In March 1821 Tremayne, writing from London, asked of his father that,

If you see Mr Blackmore, tell him that Dr Baillie has fully confirmed every thing that he said of him in the Autumn & the prescription he has given him is (almost on terms) the same medicine which Mr Blackmore advised us to give him & which he left off on its making him sick at first & disturbed his stomach.⁴⁸

While John Tremayne had, of necessity, used many medical advisers in different locations, the diversity of opinions among the medical professionals had caused him considerable concern. When his wife, Caroline, was being treated in April 1820 he complained that, ‘I abhor a confusion of Advisors’⁴⁹. In the following year he wrote to his father from Andover where Harry had been very unwell. While attempting to get the very best medical advice he commented that, ‘I very much dislike a Collision of Medical Advice’⁵⁰. In one case Tremayne checked the validity of a particular practitioner’s competencies. Harry’s mother, Caroline Tremayne, had maintained the services of her local doctor, Hiches, a decision with which her husband was content, agreeing to give him a fair trial⁵¹ although Caroline’s mother, Lady Lemon, advocated Mr Blackmore who, ‘understands your constitution’⁵². Be that as it may, Tremayne expressed concern for the apparent parochial contempt expressed for London physicians such that, ‘I cannot go the length of perfect Contempt for the London Medical Men, which Hickee & his Devotees do’⁵³. Subsequently, Tremayne sought advice of the

⁴⁷ CRO, T/2613.

⁴⁸ CRO, T/2574.

⁴⁹ CRO, T/2549.

⁵⁰ CRO, T/2560.

⁵¹ CRO, T/2549.

⁵² CRO, T/2552.

⁵³ CRO, T/2549.

renowned Astley Cooper on more than one occasion including having Hiches advice and prescriptions checked and confirmed. 'I showed him [Astley Cooper] Hiches's prescription & he said it was one of his own & the very identical one he was about to write for her [Caroline].'⁵⁴ This episode presents, or confirms, a number of insights into the medical market place of the early nineteenth-century. Firstly, those requiring medication or treatments would have been prepared to 'seek second and even third opinions'⁵⁵ as a way of checking on the treatment they had initially been offered. Secondly, that although Dr James's fever powder had been patented as early as 1746⁵⁶, there was still very little protection for a doctor's own medicaments. Thirdly, that doctors in such an open market place would have had no compunction in using other doctor's prescription; price competition probably having been an important factor.

From the first mention of Harry's illness in January 1821 to the last mention in Tremayne's letters to his father in June 1822 more than a dozen regular medical professionals had been consulted about Harry's various clinical conditions. No mention has been found of any consultation with irregulars, on the assumption that the oculist, Alexander, would have been classed as an orthodox specialist. The evidence from the Tremayne correspondence suggests that in the 1820s there was a wide range of medical advice readily available in towns and cities from London to the West Country although such advice was not always consistent. Further, that although there is some limited evidence of parochial prejudices against the London elite, doctors were familiar with, survived in, and accepted the nature of an eclectic and open market place; patients could

⁵⁴ CRO, T/2549.

⁵⁵ J. Lane, Book Review, *Medical history*, 35 (1991), 460-461 (p.460). [Review of D. Porter and R. Porter, *Patient's progress: Doctors and doctoring in eighteenth-century England* (Oxford: Polity press, 1989)].

⁵⁶ Royal Society website, D. Glaser, Wellcome Trust, 'Investigating the composition of Dr James's Fever Powders', based upon a 1791 article, *Trailblazing: Three and a half centuries of Royal Society publishing*.

pick and choose who they consulted and were at liberty to seek second and third opinions of the medicaments and treatments offered.

Having established a perspective of the operation of the wider geographical medical market place and patient/practitioner relationships therein, it is now appropriate to consider the nature of such relationships in very different circumstances. In order to appreciate this diversity during a period of change, three very different case studies of women referred to earlier will now be reviewed. As noted in Chapter One, the manuscripts of all the five major sources are copious, rich and offer insights into a number of themes. Of necessity, therefore, elements of these three women's scripts already referred to in earlier chapters will now be re-examined in order to gain new insights into patient/practitioner relationships.

Mrs Shackleton's relationships with the practitioners she consulted

During the last nineteen years of her life Mrs Shackleton recorded many consultations with a number of practitioners through both visitation and correspondence. Apart from presenting evidence of her dosing habits, considered in Chapter Three, her manuscripts manifest her relationships with practitioners. Being so apparently reliant on medical practitioners, who were those she consulted and did her relationships with them ensure she was adequately cared for when illness struck?

On 12 August 1766, just a year after her second marriage, Mrs Shackleton visited York 'to take Dr Doultry's opinion'⁵⁷. She made no reference to the reason for her visit but did not return home until four days later on the 16 August. Four years later on 8 July 1770⁵⁸, Dr Doultry visited Alkincoats for a consultation and for his advice he received a guinea. Three days later she began the medicines Dr Doultry ordered, which were supplied by Mr Howarth; on the 21 of July, 'I wrote to Dr Doultry in York to tell

⁵⁷ LRO, DDB 81/5.

⁵⁸ LRO, DDB 81/11.

him the medicines he ordered agreed well with me & desired he would tell me how to go on. I hope I shall do well.’⁵⁹ Consultation with a physician by letter was common in the eighteenth-century. ‘It was practical because the hands-on physical examination was not to play an essential role in diagnosis until after the turn of the century.’⁶⁰ These four short references suggest three aspects of Mrs Shackleton’s approach to dealing with practitioners when she was indisposed. Firstly, that Dr Doultry was sufficiently well respected for a member of the Parker family to travel above fifty miles for a consultation; secondly, that Mrs Shackleton’s family was sufficiently influential for such a physician to be prepared to travel fifty miles from York to visit Alkincoats; and thirdly, that Mrs Shackleton had faith in the treatment she was prescribed and was prepared to follow the instructions she was given. What is not clear from Mrs Shackleton’s records is why, in a medical market place where medicine-by-post was a practical and acceptable method of consultation, did she visit Dr Doultry in York in the first place and why he subsequently visited her at Alkincoats. While Dr Doultry was consulted in person and by post in the early years of Mrs Shackleton’s second marriage, no record has been found of him being consulted after 1770. Thereafter she consulted a number of medical practitioners over the years, the most regular reference being to Mr Turner, a local practitioner.

Mr Turner, a well respected surgeon of Colne⁶¹, was consulted by Mrs Shackleton for many years and increasingly so during the last years of her life. He was also ‘in trade’ and supplied medicaments until he sold his shop in 1781. He regularly attended to her during various bouts of sickness and dealt with a variety of ailments,

⁵⁹ LRO, DDB 81/11.

⁶⁰ Wild, *Medicine-by-post*, p.17.

⁶¹ Guide to Colne Parish Church, 1959, p.18, refers to the gift given by ‘the proprietors of the Piece Hall in Colne to Mr John Turner of that town, surgeon, in gratitude to him for his unswerving attendance and daily instruction to the workmen who were engaged in carrying on that work, which was begun and finished under his care & direction in the year 1776’.

sometimes in consultation with other practitioners. Mr Turner was mentioned in August 1771⁶² when he treated her with a blister and then on occasion until the summer of 1776⁶³ when she had blisters on her tongue and pain in her ear. On the 16 June, ‘Mr Turner did my mouth – I hope it will mend. My tongue bad Mr Turner came, said it was an Ulcer am to take Physic.’ She took physic for her mouth and had a blister for her ear. A few days later on 22 June, ‘In the morning Mr Turner pulled out the last great tooth I had in the under jaw of my right side.’ Mr Turner was paid 2s/6d. Having taken further physic he declared that her tongue was better. Later, on the 17 November, ‘Mr Turner bled me nicely for my cough. Gave him 2s/6d – hopes it will do me good & I shall be well.’ The use of the word “nicely” implies either, that she was bled regularly and was used to its effect which she perceived to be good for her, or that she endured the procedure without pain. During the latter part of 1777⁶⁴, the year the Shackletons moved from Alkincoats to Pasture House (which caused Mrs Shackleton some considerable distress), Mr Turner treated her for violent gripes and looseness, pains in her legs, being lame, having a foot that swelled so much that she could not get her shoe on as well as having a bad cold. She was treated with various medicines, including a tincture of Bark, was bled and blistered.

Although Mrs Shackleton had consulted and been treated by Mr Turner for many years, her relationship with him was not straightforward and the reasons for this situation are not entirely clear from the record. It may be that being her most regular visiting practitioner for many years he knew her too well. Accordingly, there is some evidence that Dr Turner may have thought that apart from her many genuine ailments she suffered from hypochondria. According to George Cheyne, ‘Hypochondriacal states were the consequences of nerves debilitated by “high living”, from over

⁶² LRO, DDB 81/13.

⁶³ LRO, DDB 81/29.

⁶⁴ LRO, DDB 81/35.

indulgence in diet and drink, and from physical inactivity.’⁶⁵ The evidence presented in Chapter Four showed Mrs Shackleton ate and drank unwisely and that she was regularly deprived of sleep through pain. An extended reading of her diaries presents an invalid who was increasingly in an agitated state. To what extent her sufferings were self inflicted is not possible to tell but her behaviour was not, by the standards of the day, conducive to good health. When Dr Turner visited her on 18 March 1779, ‘I told him I was but poorly but he seemed to make but small account of my complaints.’⁶⁶ However, when she became ill at the end of January 1781 she wrote that ‘Mr Turner took a great deal of care of me.’⁶⁷ Then, on the 3 March of that year, having already attended her several times, ‘Dr Turner in the out wo’d not come near me. I told him if I had been any weaver’s daughter he could not have shown me less regard.’⁶⁸ Yet the relationship was close enough for the Shackletons to visit Mr Turner at the end of May when he had been ill. ‘The Doctor looks very ill tho’ he was endeavouring to come here he dress’d my foot which he said was alter’d for the better since he saw it before’⁶⁹. Then in July when Mrs Shackleton visited Colne,

Call’d upon Dr Turner to desire he wo’d come and look at my foot on Friday, he said he wo’d. Heard he had sold his shop to a Mr Thompson of Burnley, he did not absolutely deny it.⁷⁰

Why he had apparently withheld this information from a long standing regular patient to whom he had supplied medicaments, is unclear. There may have been some professional rivalry with Dr Howarth who also supplied Mrs Shackleton with medicaments over many years.

⁶⁵ Wild, *Medicine-by-post*, p.117.

⁶⁶ LRO, DDB 81/35.

⁶⁷ LRO, DDB 81/39, 28 January 1781.

⁶⁸ LRO, DDB 81/39.

⁶⁹ LRO, DDB 81/39, 29 May 1781.

⁷⁰ LRO, DDB 81/39, 18 July 1781.

Dr Howarth, a doctor from Clitheroe (a town situated some miles away), occasionally visited and treated Mrs Shackleton over a period of years as well as supplying her with medication. In July 1770⁷¹ he had prescribed the medicine on the instructions of Dr Doultry of York and then he had treated her left arm for an unspecified condition in February 1771⁷². Years later in 1779⁷³ he dressed her heel on the 10 December and returned the next morning to treat her swollen leg with Goulard. He also gave her instructions, ‘to take care to keep it [the leg] up not to walk upon it but as little as I co’d help – & he thought it wo’d be well soon’. Towards the end of her life in 1781 he had supplied medicaments, ‘with proper directions how to use them’⁷⁴. Specifically, he had supplied her with Laudanum which she said she took for the first time on the 21 July, just a month before she died, although she recorded in her diary that she had already taken laudanum on the 10 July. Apart from consultations, including those held jointly with Mr Turner and a Dr Hall of Manchester, he appears to have been her main source of prescribed medicaments even though her most regular medical advisor, Mr Turner, was also a supplier of medicines.

One possibly important aspect of the relationship between Mrs Shackleton and Dr Howarth is that there is evidence of social contact between him and the Parker family. It would also explain his attendance on Mrs Shackleton from some miles away. The Parker influence is evident when Mrs Shackleton received a letter on the 18 January 1780 from her brother stating that ‘Mrs Howarth was upon the recovery’. Mrs Shackleton heard the news about a practitioners wife’s health from her brother rather than Dr Howarth himself. Mrs Shackleton immediately wrote back that, ‘I was happy to hear it much wish’d she might get well’. As stated, Dr Howarth occasionally was

⁷¹ LRO, DDB 81/11.

⁷² LRO, DDB 81/13.

⁷³ LRO, DDB 81/35.

⁷⁴ LRO, DDB 81/39, 5 March 1781.

consulted jointly with physicians who were visiting from some distance, including Dr Hall mentioned above.

Dr Hall, a physician from Manchester, was called in by Edward Parker, Mrs Shackleton's brother, to give his opinion of her poor state of health just months before her death. Being called from such a distance, he would have been a well respected, even well known physician. Dr Hall only visited Mrs Shackleton once on the 21 May 1781 when he diagnosed scurvy, directed treatment, a vomit, prescribed medicines and advised on diet, 'nothing salt, high season'd and but little butter'⁷⁵. The following day Dr Hall breakfasted with Mr Shackleton and reiterated his advice. Dr Hall was then paid 4 guineas. However, two months later Mrs Shackleton wrote to Dr Hall to tell him how she was progressing. In her Correspondence book for the 21 August, less than two weeks before she died, she recorded, 'res'd a letter from Dr Hall he said he rec'd the Moor game safe'⁷⁶. Irvine Loudon refers to a "hidden economy"⁷⁷ where payment for medical consultations were sometimes made in goods rather than in cash and in this case, the Moor game may have been the settlement of a debt rather than a gift.

Apart from the four doctors mentioned above, she also recorded consulting Dr Brown in April 1779⁷⁸ and, regarding Mr Shackleton, Dr Midgeley in January 1780⁷⁹. Dr Brown from Manchester, a colleague of Dr Hall, was visiting the locality and was persuaded to visit Mrs Shackleton by Mr Turner, possibly due to the many symptoms she was by then suffering. Of her consultation with Dr Brown she recorded that he was,

⁷⁵ LRO, DDB 81/39.

⁷⁶ LRO, DDB 81/38.

⁷⁷ I Loudon, 'The nature of provincial medical practice in eighteenth-century England', *Medical history*, 29 (1985), 1-32 (p.17).

⁷⁸ LRO, DDB 81/35.

⁷⁹ LRO, DDB 81/37.

‘a well bred civil man’ to whom she, ‘told him all my complaints’⁸⁰. Having examined her she asked if she might write to him and he assented.

Mrs Shackleton suffered a number of increasingly debilitating clinical conditions which the evidence presented in previous chapters, in particular her self indulgence and levels of dosing, suggests she suffered from hypochondria. Her relationships with the practitioners she consulted during her various periods of indisposition were not always cordial. Mr Turner was the only local doctor that she consulted and although he called regularly when requested to do so, Mrs Shackleton did not always feel he took some of her complaints too seriously. Further, the evidence suggests that consultation by other practitioners through visitation was probably influenced, to a large extent, by the Parker family connection. Such was specifically the case when Dr Hall travelled from Manchester to visit at the direct intervention of her brother. Dr Howarth also visited from some distance and appears to have been influenced by the Parker family connection. Nonetheless, it would appear that within the context of the day, and with a combination of her family connections and her own persistence, she maintained adequate enough relationships to be well looked after. Her husband appears to have had little influence over the care or treatment she received from medical practitioners, possibly due to his lack of interest, although on occasion he did dress her wounds himself. While Mrs Shackleton, whether or not due to genuine need, regularly sought support from medical practitioners, Lady East’s approach to obtaining medical advice during her husband’s incapacity from an acute attack of gout was very different.

⁸⁰ LRO, DDB 81/35, 19 April 1779.

Lady East and the practitioners she consulted during her husband's attack of gout.

'Scepticism – cynicism even – towards doctors was as old as the profession itself.'⁸¹ Despite such scepticism, practitioners were often called, even if only to give reassurance by confirming the patient's own diagnosis or, as in the case of Sir William, to give some alleviation to an acute reoccurring condition. The evidence from Lady East's diary of 1791/2⁸² suggests that she was sceptical towards practitioners and the effectiveness of medicaments, rather than cynical. Lady East wrote much about her own ailments, which apart from various chronic aches and pains, included nose bleeds and what appeared to have been a repeat of a very troublesome bowel problem. Yet she was frugal in self-dosing which she limited mainly to taking rhubarb when in pain, behaviour consistent with her reluctance to dose Sir William even when in acute pain.

On one occasion she referred to a Mr Goodwin⁸³ who advised her when suffering from a cough but otherwise she never recorded calling a practitioner on her own account during 1791 or 1792. Mr Trash, the apothecary, was called out to William, Lady East's grandson, on 30 January 1791, and again on 6 August 1791 when the old coachman fell and dislocated his shoulder. Dr Taylor was called to attend Mary, her daughter, when she suffered a miscarriage on 4 September that year. Even at the height of Sir William's illness, despite having been in great pain, Mr Trash was only called to attend twice. He prescribed a draught which was taken up to six times a day for just over a week. There is little evidence of intimacy between the apothecary and the family although, as would have been expected of the apothecary's wife, on 25 April Mrs Trash 'sent' to enquire how Sir William was. During the three months of Sir William's affliction the only other professional called for consultation, Dr Taylor, attended Hall Place only nine times. On those few occasions he appeared to take on a pastoral role as

⁸¹ Porter & Porter, *Patients progress*, p.54.

⁸² BRO, D/EX 1306/1, the diary of Lady East.

⁸³ BRO, D/EX 1306/1, 8 February 1791.

much as a medical one, following a practice from the sixteenth and seventeenth centuries when, ‘physicians presented themselves to their clients not principally as experts in the cure of disease but as counsellors’⁸⁴, an implied recognition of the importance of the sixth “non-natural”, the “Passions of the Mind”. Later, in 1751, Henry Fielding (1707-1754), who ‘could pen scathing public attacks on individual doctors he suspected of charlatanism’, declared, “Of all mankind the doctor is the best of comforters”⁸⁵. As an example, on 27 April, when Sir William had a fever and was in great pain, Dr Taylor came and talked to him, tried to comfort him but would not consent to prescribe Laudanum. He did, however, order some draughts which he hoped would quiet his nerves.

It is not clear, however, to what extent Lady East influenced Dr Taylor in his approach to Sir William. Dr Taylor’s reluctance to use medication was repeated during his visit three days later on 30 April. Having given instructions to keep taking the draughts till he was well, he gave Sir William strict orders not to think of taking physic after the fit was gone, referring to ‘a very wrong method’ and threatening him with a return of the gout. On 5 May Sir William was again particularly ill and Dr Taylor, having been called for, arrived at about half past twelve. The doctor claimed that the pain Sir William was suffering was not caused by the gout and questioned Sir William’s diet. Then, apart from suggesting the draught should be made a little warmer, he ordered a change in his diet. On that occasion Dr Taylor stayed for two and a half hours. However, that evening Lady East questioned the value of medication, seemed convinced that even the draughts Dr Taylor prescribed did Sir William no good, ‘I know not what to think of it, but declare I have never found medicine do him good on the

⁸⁴ C. Lawrence, ‘Medical minds, surgical bodies: Corporeality and the doctors’, in *Science incarnate: Historical embodiments of natural knowledge* ed. by C. Lawrence and S. Shapin (Chicago & London: University of Chicago Press, 1998), pp.156-201, (p.161).

⁸⁵ Wild, *Medicine-by-post*, p.22.

contrary – hurt in the gout’. The next morning, the 6 May, she rejected even Dr Taylor’s conservative approach. Attending Sir William at half past four in the morning, ‘I determined not to give him the draught & see what nature alone would do.’ Three days later when he woke Sir William appeared much improved with less pain in his shoulder and breast and ‘at 10 made a good breakfast’⁸⁶.

Lady East’s approach seems to have been justified, although, when Dr Taylor arrived later that day, ‘he [Sir William] made a Lamentable storey of it – knew by the feel it was Gout’. Subsequently, ‘Dr Taylor assured him it was not Gout but he was not convinced -’. It would appear that Sir William’s presentation of his indisposition to the doctor was rather different to that witnessed by his wife. While Sir William sought sympathy, Lady East wished nature to be allowed to take its course. On Dr Taylor’s following visit, 12 May, it appears that he ‘sat some time with him in the morning’. A week later ‘Taylor call’d & sat a long time in the evening & Sir William was cheerful & pretty well’. A few days later on 24 May, Sir William slept well, shaved himself at twelve, walked about the house and yet remained without pain. However, Taylor still visited him and stayed about an hour after dinner. The final record of Dr Taylor’s visits was on 10 June with no further comment.

From this limited body of evidence the East family relationship with their medical practitioner, as with John Tremayne, appears to follow Dr Johnson’s philosophy⁸⁷ already referred to earlier in this chapter. Little of the dialogue between Sir William, Lady East and Dr Taylor has been recorded, yet the relationship between this doctor and his titled patient appears to have been cordial and respectful. ‘Doctors undoubtedly did treat their aristocratic patients gingerly, but that these patients really dictated the specific terms of therapy remains more and interesting suggestion than a

⁸⁶ BRO, D/EX 1306/1, 9 May 1791.

⁸⁷ Porter & Porter, *Patients progress*, p.189.

proven fact.’⁸⁸ In that uncertain context, Dr Taylor exercised pastoral concern, suggesting that in his later pastoral visits he fully appreciated the value of Cheyne’s sixth “non-natural”, managing “The Passions of the Minds”. Such service appears to have been appreciated, and his professional authority was usually respected, probably with the influence of the sceptical Lady East over a reluctant patient. Indeed, contemporary literature would posit that, ‘the patient must remain the final judge of his or her own medical needs – the acknowledgement that the physician must finally defer to the patient’s judgement regarding their own body’⁸⁹. Pertinently, Lady East’s role as mistress of a large household was pivotal in health matters, regimen and the extent to which orthodox medicine should be applied when illness struck. However, her contemporary, Mrs Thrale, of necessity managed the sick room, in which so many of her children so often resided, in a more active manner.

Mrs Thrale and the practitioners she consulted when her children fell ill

As described in Chapter Two, Mrs Thrale was to bury eight of her twelve children between October 1765 and April 1783. She also buried her mother in June 1773 and her first husband in April 1781. The resultant narrative is rich in evidence related to a number of themes and now presents thematic evidence of her relationships with doctors which were inevitably forged at moments of extreme personal stress. Further, she may have been influenced by her close friend, Dr Johnson, who expressed strong views on the management of ill health and any consultation with medical practitioners. Be that as it may, her approach towards consulting practitioners appears to have varied according to both circumstance and time. For example, following an epidemic of measles at Dr Thomas’ school in July 1773, she managed the outbreak in

⁸⁸ Byrum, ‘Health, disease and medical care’, p.230.

⁸⁹ Wild, *Medicine-by-post*, p.193.

her household without medical help. At the time she had five children between the ages of two and nine. She commented,

I think the Measles are done with though they have left the Children enough affected too. Queeney has lost her Appetite, and continues to cough; Lucy looks peking, tho' She had the lightest, owing I guess to her being emptied afore: Sophy was quite blind with them, yet She recovered most quickly – indeed Susan seemed to be no worse with them than She is without – it was an Excuse for her to cry without ceasing & disturbing the others.

I sent for no Drs nor 'Pothecaries, but kept all diluting I could with cooling Liquors varied so as to avoid Disgust. I have had all the Symptoms of the Disorder myself – the Truth is I am near 8 Months gone with child, so perhaps my baby has caught them too. I had them long ago in good Earnest.⁹⁰

This one entry indicates a number of important attitudes towards both her children and practitioners in general. Measles may have had some distressing symptoms, temporary blindness in particular, yet she appeared perfectly confident, even when eight months pregnant, to nurse her children without professional support. Mrs Thrale's approach to caring for her family, the evolution of her behaviours during her child-bearing years, and her relationship with the many practitioners she consulted needs to be seen in a wider context. Firstly, as has been discussed in earlier chapters, self-help was a normal and expected attribute of the family matriarch and those that were literate would have been well read in medical matters; in this, Mrs Thrale was no exception. In July 1776, when one of the servants was sick, she instructed Harry to fetch her "Buchan's domestick Med'cine"⁹¹ before calling him back and instructing him to fetch her "Tissot"⁹² as she considered it the better book. Secondly, although the above evidence would suggest she was well informed, possibly the most important influence in her approach to medical matters, which has already been referred to

⁹⁰ M. Hyde, *The Thrales of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1976), pp. 73/4.

⁹¹ The publication was William Buchan's, *Domestic medicine; or the family phrygian* first published in 1769, having nineteen subsequent editions.

⁹² This publication was S. A. Tissot's *Essay on the Disorders of people of fashion*, first published three years before *Domestic medicine* in 1766.

Chapter Five, was her relationship with Samuel Johnson. Not only did she nurse him when he was variously indisposed but,

His relationship with Mrs Thrale particularly is coloured by medical feeling, and not only because they shared an interest in medicine, and together shared the anxieties of the various family illnesses.⁹³

While the measles episode must have been a difficult experience for her children, she showed little sympathy for their various conditions or personal emotion. Difficult as the measles epidemic may have been, much worse was to follow with the fatal illness of so many of her immediate family. In such circumstances, Mrs Thrale consulted a number of eminent practitioners, many being named in the *Family Book*⁹⁴. In order to illustrate her evolving relationships with medical practitioners, her experiences of consulting practitioners during the fatal illnesses of three of her children will now be considered.

Henry Salusbury, her third child referred to as Harry, was born at Southwark on 15 February 1767, 'strong & lively' and 'he appears likely to live thank God'⁹⁵. The latter remark may well be a reflection not only of the precarious nature of child birth at that time but that she had lost her second child after only nine days. By the time he was approaching three years old, he was said to be 'remarkably strong made, course & bony:- not handsome at all, but of perfect Proportion; & has a surly look with the honestest & sweetest Temper in the World'⁹⁶. On Harry's fourth birthday, Mrs Thrale described in some detail his development, particularly relating to his academic development. The evidence was that he may have been tall and physically well developed for his age.

⁹³ J. Wiltshire, *Samuel Johnson in the medical world: The doctor and the patient* (Cambridge: The Press Syndicate of the University of Cambridge, 1991), p.43.

⁹⁴ The practitioners named in the *Family Book* included, Robert Broomfield, Daran Jacque, Mathew Dobson, Sir James Fellows, Caesar Hawkins, William Herberden, John Hunter, Robert James, Richard Jebb, Evans, Herbert Lawrence, Osbourne, Fleming Pinkstan, Percivall Pott, Prior, Sharp, John Snow, Daniel Sutton, John Wall, and Woodward.

⁹⁵ Hyde, *The Thrales*, p.24.

⁹⁶ Hyde, *The Thrales*, p.33.

Harry suffered from measles in 1773 when he was six years old, but with no apparent adverse effects on his health⁹⁷. In fact, he appears to have been a robust six year old, jumping ditches and climbing trees for which he was regularly beaten⁹⁸. Following Mrs Thrales' journey to Wales in 1774, she returned to find him 'wonderfully grown & seems in perfect health tho' having lost a few Teeth gives him an odd Look, but he appears happy & cheerful, and full of Spirits'⁹⁹. Harry continued to develop much as his parents would have hoped, big for his age and apparently, from school reports, quite capable of looking after himself with both masters and boys¹⁰⁰. On his ninth birthday in February 1776, the *Family Book* records that 'He is happy healthy wise & good: he neither looks nor talks like a Child of 9 Years old only.'¹⁰¹ Yet he was dead within six weeks.

It was March 1776 and the Thrales were in residence at Southwark where they were embarking on a number of social events which included a trip to the theatre for Harry with a friend and a family visit to the Tower of London. During the family visit, 'Queeney was not half well, but Harry continued in high Spirits both among the Lyons & the Arms'¹⁰². An acquaintance, Mr Hervey, commented on how well Harry looked to which Mrs Thrale retorted,

Yes said /I/ if the dirt were scraped off him: It was now Time to get home, & Harry after saying how hungry he was – instantly pounced as [he] called it [on] a piece of Cold Mutton & spent the Afternoon among us all recounting the pleasures of the Day, he went to Bed that night as perfectly well as ever I saw a Man Woman or Child in My Life.¹⁰³

However, Queeney remained unwell and during the night her mother checked on her daughter a number of times and found her to be hot and feverish. On the following

⁹⁷ Hyde, *The Thrales*, p.73/4.

⁹⁸ Hyde, *The Thrales*, p.80.

⁹⁹ Hyde, *The Thrales*, p.105.

¹⁰⁰ Hyde, *The Thrales*, p.143.

¹⁰¹ Hyde, *The Thrales*, p.147.

¹⁰² Hyde, *The Thrales*, p.150.

¹⁰³ Hyde, *The Thrales*, pp.150/1.

morning, Saturday 23 of March, Harry, 'rose in perfect health, went to the Baker for his Roll and watched the drawing it out of the Oven'¹⁰⁴. At approximately ten o'clock Mrs Thrale was called to the nursery by a servant where Harry was crying

as if he had /been/ whipt instead of ill, so I reproved /him/ for making such a bustle ab[out] nothing, & said see how differently your Sister behaves, who tho' in earnest far from well'¹⁰⁵.

Mrs Thrale sent for Dr Lawrence, saying in her note that both her two eldest children were ill, Harry being in the most critical state. In the meantime, as Harry was inclined to vomit, she gave him a large glass of Emetic Wine which had no effect. Harry's condition worsened and, Dr Lawrence not having arrived, she sent a servant 'with orders not to come back without some Physician'¹⁰⁶. While waiting for a physician to arrive, she plunged Harry into hot water. By the time she had taken him out of the bath and laid him on the bed, Dr Jebb had arrived, who administered a number of treatments to Harry in quick succession. Although Johnson had made it know to Mrs Thrale that he did not believe in gentle treatments as, 'they are popgun batteries which lose time and effect nothing'¹⁰⁷, as a distraught mother she became alarmed at the various treatments being metered out to her failing son. Harry was given,

1st hot Wine, then Usquebaugh, then Daffy's Elixir, so fast that it alarmed me; tho' I had no Notion of Death having seen him so perfectly well at 9 o'clock. He then had Pultices made with Mustard put to his feet, & strong Broth & Wine Clysters injected.¹⁰⁸

Despite all Dr Jebb's efforts with the use of heat, purges and emetics, Harry remained unable to make any evacuation. As his tendency to vomit continued, he was then administered 5 grains of Ipecacuanha, an emetic. Dr Jebb then left to seek out Dr Heberden, one of the most eminent physicians in London, to attend Harry and give an

¹⁰⁴ Hyde, *The Thrales*, p.151.

¹⁰⁵ Hyde, *The Thrales*, p.151.

¹⁰⁶ Hyde, *The Thrales*, p.151.

¹⁰⁷ J. Muhallen and D. J. M. Wright, 'Samuel Johnson: amateur physician', *Journal of the royal society of medicine*, 76 (1983), 217-222 (p.219).

¹⁰⁸ Hyde, *The Thrales*, p.152.

opinion. Meanwhile, during the remainder of the morning Harry was visited by both his father and the children's tutor, Baretti who was referred in Chapter Three, neither of whom appeared too concerned. In the event, Barretti suggested that, 'he should be whipt for frightening his Mother for nothing'¹⁰⁹. The end was sudden;

a universal Shreik called us all together to Harry's Bedside, where he struggled for a Moment – thrusting his Fingers down his Throat to excite Vomiting, & then – turning to Nurse said very distinctly – don't Scream so – I know I must die¹¹⁰.

But, what had been the cause of the decline of such a healthy nine year old in so short a time and what, from such a traumatic experience, may be gleaned about Mrs Thrales' relationship with practitioners?

It is difficult from the limited evidence recorded in the *Family Book* for a prognosis to be established. Even with a burst appendix, it would have taken a couple of days for peritonitis to develop before being fatal. The most likely explanation may be found by considering Queeney's illness from which she suffered at the time. It may be that both Queeney and Harry had suffered from the same infection. While Queeney had suffered from a milder form for some weeks, Harry had suffered a very acute form. In the days before antibiotics, children could die within hours when a virulent infection occurred. The level of ignorance of the causes of (and the inability to respond to) certain acute clinical episodes presents a stark reminder of uncertainty that carer, parent and practitioner alike had to face in late Georgian times.

Three factors may be gleaned from Mrs Thrales' narrative of this event. Firstly, she initially sought the help of someone whom she could trust, a family friend. Secondly, when Dr Lawrence failed to arrive and she perceived the situation to be so serious, she was prepared to welcome help from any practitioner, and thirdly, while awaiting a practitioner, she was prepared to try and treat Harry herself. However, in the

¹⁰⁹ Hyde, *The Thrales*, p.152.

¹¹⁰ Hyde, *The Thrales*, p.152.

subsequent case of Lucy, Mrs Thrale ceded some responsibility to her own mother, Mrs Salusbury, who agreed treatments with the physician. To what extent such action indicated a loss of confidence, following the trauma of Harry's death, is difficult to assess but it does suggest a change in behaviours.

On 22 June 1769 Lucy Elizabeth, Mrs Thrales' fifth child, was born. The new arrival was referred to as 'large strong and handsome likely to live'¹¹¹. While being referred to as healthy, it was not until she was two years old that Mrs Thrale commented on a clinical condition which occurred when she was about six months old and had remained with her. She had caught a cold,

which settled in her Head, & produced an Imposthume [an abscess] which Bromfield attended, & Syringed as he thought fit: - however it occasioned a running behind her Ears, and from her Ears, which running has never ceased, yet as She is a prodigious fine Girl with regard to every Thing else we must be content with this ailment. I suppose it never will do her any harm tho' Mr Johnson told yesterday a Story of Miss Fitzherbert's ' dying in Consequence of just such a thing, which shocked me dreadfully tho' I took no Notice but it lay on my Spirits all that Day & Night - & this Morning I can scarce bear to think on't.¹¹²

Lucy was probably suffering from inflammation of both the middle ears and mastoids and syringing the condition may well have spread the infection¹¹³. Johnson's comments may have appeared to have been unkind but he was referring to a case some twenty years earlier where the eldest of six motherless children died from such a condition. Shortly after the emergence of Lucy's condition, Johnson had taken himself off to be out of the way when the next baby, Susanna Arabella, was due. He left Mrs Thrale in a state of stress, as in addition to worrying about Lucy's condition, she was anxious about her advanced state of pregnancy and her Mother's cancer. The condition of Lucy's ear was mentioned again in October 1772 when she was over three years old, 'her Ear runs

¹¹¹ Hyde, *The Thrales*, p.30.

¹¹² Hyde, *The Thrales*, pp.45/6.

¹¹³ Hyde, *The Thrales*, p.46.

worse & worse'¹¹⁴. By December, 'Lucy's Ear & Head gets very bad indeed; the Inflammation is very violent, & even offensive do all we can to keep it sweet & clean.'¹¹⁵ So offensive was Lucy's condition that none of the nursery maids would sleep in the same bed. However, in January 1773, Mrs Salusbury & Dr Pinkstan had decided to treat the condition with 'Ex: Saturni of Goulard'¹¹⁶ and by May Lucy's ear 'healed with a quickness & cleanliness that amazed me'¹¹⁷. Unfortunately, Lucy's troubles were not over and she developed a large swelling on the side of her throat that was, 'as big as a Hen's Egg I am sure, and the Child was sadly distressed by it'¹¹⁸. She was put on a strict diet, severely purged and given Sarsaparilla Tea, a libation believed to purify the blood, induce perspiration and increase urination. Although the swelling went down, the treatments had such debilitating effects that, 'the poor Girl is cruelly reduced by the Discipline'¹¹⁹. As often may have been the case, Lucy probably suffered as much from the treatments she was given as the discomforts she endured from her clinical condition. Mrs Thrale celebrated Lucy's fourth birthday who was said to be a lovely girl although still suffering, 'from the Discipline She has undergone on account of that humour in her Head – it is however all over, & the Hair is grown again'¹²⁰. By November she was again in decline and despite Mrs Thrales' best efforts of treating her with purges and pukes, Lucy remained listless, languid and with a loss of her appetite¹²¹. Mrs Thrale called in Dr Pinkstan and the following few days saw disagreement among the practitioners. Dr Pinkstan ordered Sarsaparella Tea, which may have well increased perspiration and urination, but the child continued to sink and

¹¹⁴ Hyde, *The Thrales*, p.55.

¹¹⁵ Hyde, *The Thrales*, p.57.

¹¹⁶ A Saturni of Goulard was a mixture of Sub-acetate lead, a lotion named after the French doctor who invented it, Thomas Goulard, and was used to combat inflammation.

¹¹⁷ Hyde, *The Thrales*, p.63.

¹¹⁸ Hyde, *The Thrales*, p.63.

¹¹⁹ Hyde, *The Thrales*, p.63.

¹²⁰ Hyde, *The Thrales*, p.70.

¹²¹ Hyde, *The Thrales*, pp.82/3.

she was taken to see Dr Lawrence. Dr Lawrence considered the ‘original humour’, ‘was fastening on her Brain’¹²² and he applied a Blister behind the ear which generated some discharge. While Lucy continued to decline, Mrs Thrale gave birth to Ralph. In the meantime, Dr Lawrence advised her to consult Dr James. This she did which resulted in rejecting Dr Pinkstan’s treatments and instead making the assumption that the bowels were the problem and seeking to deal with the problem through harsh purging. Her fever increased to a point of delirium and despite being bled with leeches, and having fresh blisters and Camphor Julep administered, she expired on the 22 November 1773. Lucy was four years and five months old when she died and her new baby brother, Ralph, who is the third case being considered, was just two weeks old.

The evidence from the manner in which Mrs Thrale consulted the practitioners in this case reveals a number of factors. Firstly, in January 1773 it was Mrs Salusbury who was agreeing with the practitioner what treatment Lucy should endure; Mrs Thrale appears to have been passive. Secondly, when Lucy’s condition deteriorated in November of that year, there was a conflict between the practitioners about the most appropriate treatment. Again Mrs Thrale appears to have been passive. Such passivity may have not been surprising as her mother had died in June and her ninth child, Ralph, was born in November. Her account of Lucy’s last days are that of a distraught mother who appeared to be incapable of influencing the practitioners in any way, unlike John Tremayne, referred to earlier in this chapter. He had complained to his wife that he abhorred the confusion of advisors, disliked ‘a Collision of Medical Advice’ and questioned the doctors about his son’s treatments. Such a different approach to medical intervention may relate to two factors. Firstly, the events took place some fifty years apart when by the 1820s expectations of medical practitioners would have been greater,

¹²² Hyde, *The Thrales*, p.83.

and, secondly, gender may have been a factor. However, Mrs Thrale was normally forthright and in the circumstances she may have been too distraught to have debated the issues with the various practitioners.

Mrs Thrale wrote little at the time of Ralph's birth due to her occupation with Lucy and her mother. She subsequently was convinced that Ralph, her ninth child, was

in some measure affected by my Vexations; he is heavy stupid & drowsy, though very large; & what those who do not observe him as I do – call him a fine boy – but I see no Wit sparkle in his Eyes like the Mother in Gay's Fables¹²³.

Yet, nine months later, when she had returned from her trip to Wales, she noted, 'Little Ralph is more visibly improved than any of 'em except Susan'¹²⁴. Then, at nearly a year old, Ralph had a healthy colour, was beginning to walk although he was making no effort to talk.

Once Ralph had turned a year old it was decided to have him inoculated by Dr Sutton as the other children had been. Early in November Mrs Thrales, having recorded that the operation had been performed opined that,

He is a fine Boy & will do well I doubt not –God knows it is a mighty slight Business, none of 'em yet had ever 50 Pustules – it is in fact nothing as all – but a mere Farce.¹²⁵

Her confidence in the procedure was hardly justified. Just a week later she confessed that 'Here I am well paid for my Presumption.'¹²⁶ Ralph took the inoculation badly, Dr Sutton, an experienced physician, claiming he had never seen such a bad reaction. To add to her stress she was pregnant again. 'Up every Night and all Night long again! – well if this don't kill me & the Child I carry, sure we are made of Iron.'¹²⁷ While Ralph recovered from the immediate effects of his inoculation it would appear that there were lasting ill effects, he was languid and 'has no Strength left to battle with his Teeth which

¹²³ Hyde, *The Thrales*, p.85.

¹²⁴ Hyde, *The Thrales*, p.105.

¹²⁵ Hyde, *The Thrales*, p.109.

¹²⁶ Hyde, *The Thrales*, p.110.

¹²⁷ Hyde, *The Thrales*, p.110.

are coming every Day'¹²⁸. The true state of Ralph's clinical condition was to be revealed rather brutally to the Thrales by the revered physician, Dr Percival Pott of St Bartholomew's Hospital, who had once been referred to by Lord Herbert at "butcher Pott", although he 'was anything but course'¹²⁹. When visiting to treat Mr Thrale for a polyp in his nose, Mrs Thrale reluctantly agreed that Pott should see Ralph. His reaction was immediate and devastating.

"What d'ye talk of Sickness & Teething" cries out the Man immediately! "This Boy is in a State of Fatuity, either by Accident, or more probably from his birth, you may see he labours under some nervous Complaint that has affected his Intellects: for his Eyes have not the Look of another Child sick or well." Oh how this dreadful Sentence did fill me with Horror!¹³⁰

Despite the brutal manner in which Pott reacted it may have been a case of being cruel to be kind. Pott's judgement was emphatic and to the point. Yet the reaction of Ralph's parents, as recorded by Mrs Thrale, were at odds, possibly indicating how two very different personalities dealt with such devastating news.

Mr Thrale is a happy man! he likes Ralph in his Sight as well as e'er a Child he has, and wonders /at / me for fretting that he is to be an Idiot. The Truth is I never thought the Boy quite like other people, but I was so afraid of turning my Thoughts that way, that I am now as much shocked as if I had never suspected it.¹³¹

Dr Broomfield, who attended her during her lying-in with Frances in May, suggested that the sea air may help Ralph and so it was planned that once Mrs Thrale had completed a month from Frances' birth she would take him to Brighton. Ralph was sent to Brighton on 4 June with his mother's intention of visiting him 'when I think there can have been any Change wrought'¹³². While she distrusted the letters from Ralph's nurse, she accepted the doctor's advice; 'my letters from Nurse are very

¹²⁸ Hyde, *The Thrales*, p.110.

¹²⁹ R. Porter, *Bodies politic: Disease, death and doctors in Britain, 1650-1900*, (London: Reaktion Books Ltd., 2001), p.173.

¹³⁰ Hyde, *The Thrales*, p.115.

¹³¹ Hyde, *The Thrales*, p.116.

¹³² Hyde, *The Thrales*, p.122.

encouraging upon the whole – but one is afraid even of hoping in such Cases, tho' all/ye Drs think the Sea likely to be of Service'¹³³, and even Johnson thought the change of air would do him good. In the first few weeks following this latest birth, and, having already lost four of her offspring, Mrs Thrale's fear for Ralph's recovery and her increased reliance upon the doctors' advice would be expected. Mrs Thrale went to see her son on 4 July but 'found him rather worse than better: more heavy more lethargick & insensible than ever I had known him at home'¹³⁴. Later, she was informed that Ralph, as Lucy had done earlier, was suffering from ear problems. She wrote a letter to Johnson, full of anxiety, questioning whether her children were suffering from 'my crimes'¹³⁵. She returned to Streatham four days later with Queeney and Harry who had accompanied her to Brighton. She was soon summoned back to Brighton where, arriving on the 13, she found Ralph had died that day. She had a post mortem where it was found that,

the Brain was found almost dissolved in Water, & something amiss too in the original Conformation of the Head – so that Reason & Life both might, had we known all been despair'd of from the very first.
God preserve my other five! This poor Child is much better dead than alive.¹³⁶

The evidence from these three cases suggest that although Mrs Thrale felt perfectly capable of looking after five small children through a bout of measles, she increasingly began to rely on practitioners even when they were in disagreement among themselves. However, when Harry was in such a critical state, she was still confident enough to treat Harry on her own before the doctors arrived. Her reaction to Lucy's critical condition caused a feeling of helplessness yet when Ralph died she recognised that he had been in a critical condition from birth and that no doctor could possibly have

¹³³ Hyde, *The Thrales*, p.122.

¹³⁴ Hyde, *The Thrales*, p.122.

¹³⁵ Hyde, *The Thrales*, p.123.

¹³⁶ Hyde, *The Thrales*, p.124.

saved him. Yet it was two years later in March 1777 that her most dramatic change of attitude occurred.

Another Agony! Queeney was taken strangely ill yesterday Morning – She went to bed ye Night before in perfect Health, but Yesterday Morning a Fever seemed coming on with Nausea at the Stomach & Pain in the Head but I drove away with her to Jebb.¹³⁷

To what extent her realisation that she could no longer act without medical advice was related to having followed a number of her offspring to the grave, or how much she increasingly recognised the attributes practitioners exhibited, is not clear.

Synthesis

Current literature, as illustrated earlier in this chapter, is rich in articulating both the nature of the eclectic, open Georgian medical market place and the dynamic diversity of patient/practitioner relationships which it spawned. While Loudon has suggested that the period was one of medical reform resulting in an inevitable change in the balance of power between patient and practitioner, Dorothy and Roy Porter have recorded the various perceptions that many luminaries, Franklin, Johnson, Pope, Cobbett and Fanny Burney, had of medical practitioners, although contemporary literature suggested a rather more sympathetic perspective. Inevitably, as the medical landscape changed, perceptions of patient/practitioner relationships would, it is suggested, also have changed from those articulated by contemporary luminaries. However, little comment can be found in current literature of changing perceptions held by patients as a result of their own experiences or the extent to which a patient's family affected patient/practitioner relationships. It is suggested that by considering the various 'voices from below' presented in this chapter that an enriched understanding may be gained of patient/practitioner relationships during the late Georgian period.

¹³⁷ Hyde, *The Thrales*, p.177.

All four case studies considered in this chapter, those of Mr Tremayne as the nursing father, Mrs Shackleton as the aging woman, Lady East as mistress of the household and Mrs Thrale as the suffering mother, present very different experiences of illness and their resultant relationships with those medical practitioners with whom they consulted. However, each of these households, whether in matters of class, generation or chronology (with some fifty years covering the various case studies) would have been influential in patient/practitioner relationships as,

In the pre-modern period, when the family was both the foundation and reflection of social order, doctor-patient relationships were not two-way, but formed an intricate web with other relationships.¹³⁸

In that context, as referred earlier in this chapter, Lisa Smith has stated firstly, that medical relationships were three-way between doctor, patient and patient's family, and secondly, that women's health care was more likely than men's to be influenced by other members of her family. Appropriately, the intricate web of family relationships and behaviours within a sick household will be discussed in Chapter Seven.

As noted, the eighteenth-century medical market place was like any other market place, one of supply and demand. Logically, therefore, 'When medical practitioners depended on patients' fees and trade and the patient had a greater choice in practitioners, the patient tended to dominate'¹³⁹, but change was afoot. During the late eighteenth and early nineteenth centuries, a combination of the emergence of new scientific method, medical professionalisation, and increasing governmental control were decisive influences in establishing a power shift, albeit slow, from the patient towards the practitioner. Importantly, as O'Day has pointed out, the social historian is concerned with the "experience of the living in that household". Yet, no simple pattern of behaviours may be detected from the manuscripts referred to. But, they exemplify

¹³⁸ Smith, 'Reassessing the role of the family', p.330.

¹³⁹ Wear, 'Introduction', p.1.

the great diversity of patients' experiences which for the modern social historian may be fully appreciated, as Bloch suggested, by reflecting upon the emotional chords that were struck so long ago. In order to appreciate those emotional chords from the past and to establish what new insights may be offered, each case study will now be assessed.

The Tremayne case study has demonstrated the manner in which the medical market place functioned across a wide geographical area and the resultant patient/practitioner relationships spawned, through necessity, of a well-to-do traveller accompanied by a sick child. This case presents the manner in which relationships were formed both at the point of residence and with those established in less familiar locations when travelling. Such relationships appear to have been based largely on reputation, for example, two royal appointees in London, Baillie and Maton, and Barnes from Exeter, 'whose reputation stands high with the London surgeons'¹⁴⁰. Additionally Tremayne consulted his wife's practitioner, Hickies, as a result of her long term experience of his advice and Fowler from Salisbury, well known to the Lemon family.

Irrespective of the various relationships Tremayne forged in such circumstances, he appears to have had a consistent belief that Harry would benefit from medical consultation and treatment although his correspondence exposes a number of concerns. In 1821, when Harry had been very unwell in Andover, Tremayne complained to his father that, 'I very much dislike a Collision of Medical Advice'¹⁴¹. Importantly, Tremayne, while questioning the appropriateness of some of the treatments doctors prescribed for Harry, defended their clinical interventions against the criticisms of his own father. The conflict illustrates, not only the depth and width of human experience when caring for a small, fatally ill child, but mirrors the process of change. Those changes may be seen, as already suggested in Chapter Five, through the evolving

¹⁴⁰ CRO, T/2613.

¹⁴¹ CRO, T/2560.

generational and regional attitudes and behaviours reflected in John Tremayne's actions in caring for Harry, apart from Rev Henry Tremayne's perceived conflicting attitudes towards his grandson's treatments. The Tremayne manuscript not only adds depth and colour to the historical narrative but has presented an example of the evolving generational changes in attitudes and behaviours which facilitated and stimulated changes in the market place identified by Digby and others. What is clear from Tremayne's script is that he was the dominant decision maker when dealing with the doctors. While the Tremayne correspondence presented relationships established with doctors by a father when caring for a sick child, Mrs Shackleton, an aging woman in a dysfunctional marriage, established her own relationships with physicians during her declining years in a very different manner.

For the last ten years of her life, aging, provincial Mrs Shackleton appears to have trusted a number of practitioners as she relied so often upon their advice and treatments. It is reasonable to suppose that in August 1766 Mrs Shackleton would not have travelled to York to visit Dr Doultry unless he had had a distinguished reputation. Further, that as a result of travelling so far to obtain Dr Doultry's advice, it would have been unlikely that she would not have followed the treatment he had prescribed. While Mr Turner was Mrs Shackleton's regular local practitioner and supplier of medicaments, it was an acquaintance of her brother, Dr Howarth, who supplied Mrs Shackleton with the medication prescribed by Dr Doultry and thereafter he regularly prescribed medicaments, apparently in competition with Mr Turner. In 1781, the year Mrs Shackleton died, her brother arranged for a Dr Hall to travel from Manchester in order to advise upon Mrs Shackleton's deteriorating clinical condition. Apart from establishing a diagnosis and prescribing treatment, Dr Hall gave instructions to follow a restricted diet, advice he repeated the following day to Mr Shackleton. While Mrs

Shackleton regularly called upon the local surgeon, Mr Turner, to attend and dress her wounds, well established practitioners known to the family were called to visit her for consultation. While her husband appears to have had little interest in Mrs Shackleton's medical care, her brother had been influential to an extent in arranging her care, even though they had been estranged for a number of years.

Mrs Shackleton's experiences have illustrated the importance of the household environment to the delivery of medical care. Although her brother intervened on occasion, in a stable household with close kin, friends and neighbours, it is suggested that Mrs Shackleton would have relied far less on practitioners. A combination of isolation from her three sons and a disharmonious marriage resulted in her seeking succour from the medical fraternity. Clearly, Mrs Shackleton did not enjoy the full benefits of family support as the Porters have suggested would normally have been expected. As an aging woman she became increasingly reliant upon practitioners due to her increasing clinical and emotional needs and the remoteness of her family. This case raises the question of the extent to which practitioners acted pastorally, as much as clinically, which appears to be pertinent in the East study.

During the 1790s, the metropolitan, aristocratic Lady East occasionally consulted practitioners but showed a highly sceptical attitude towards the use of medicaments and was prepared to oppose the practitioner's advice. However, by the early 1800s her attitude may have modified as her own health continued to deteriorate. Yet, what is not clear is to what extent acceptance rather than trust was engendered through *force majeure* while the lack of real clinical need spawned continued scepticism? Of the cases under consideration, Lady East appears to have been the most sceptical of medical practitioners, particularly during Sir William's attack of gout in 1791. While it is possible that she modified her attitude during the early 1800s when

her own health deteriorated, there is evidence she remained sceptical of too much medication. Early in 1803 there was a flu epidemic during which Lady East regularly commented on the state of the health of the family, servants, neighbours and the sick poor. She recorded on 3 March that Mr Hickman, the practitioner, 'came & said Seton (one of the servants) must continue her medicine as before tho she certainly appeared better without them'. Interestingly, a few weeks later on 26 March she recorded that Sir William had, while visiting the sick, dosed fifty-two local people. In context, therefore, to what extent does current literature comprehend the patient/practitioner relationships experienced by Lady East? While Lady East's scepticism may be recognised in current literature, there are aspects of her attitudes which are inconsistent, for example, being sceptical of the dosing of one of her own servants while her husband was dosing local villagers. Lady East's relationships with practitioners related largely to both her own and her husband's indisposition; her sceptical approach remained fairly constant. In different family circumstances Mrs Thrales relationships with practitioners evolved during her child bearing years which was a period when many clinical, often fatal, episodes occurred.

Mrs Thrale was, according to both her contemporaries such as Fanny Burney, and modern writers, a most exceptional person which is also attested by the various narratives she has left to posterity. Of Mrs Thrales' child bearing years, in which she suffered the loss of eight young children in all, it must be born in mind that during the period of twenty eight months from November 1773 to March 1776 she followed four of her young children to the grave. It is appropriate, therefore, to contrast Mrs Thrale's confidence when caring for her five young children during an outbreak of measles in July 1773, when she spurned any medical assistance, with her desperate reaction to Queeney's acute episode in March 1777; 'I durst do nothing of my own Accord, so bad

has been my success.’¹⁴² Although she spurned medical support during the measles episode, she did call in practitioners when she was worried. Such was the case on 14 April 1775 when Percival Pott informed Mrs Thrale that her son, Ralph, was ‘in a State of Fatuity, either by Accident, or more probably from his birth’¹⁴³.

Importantly, Mrs Thrale’s relationships with practitioners evolved through the 1770s as she lost confidence in her own competences, probably to a large extent as a result of the loss of so many of her children at a young age, to one of acceptance of the need for the services of a practitioner. To what extent such a reaction was the result of a lack of trust in her own judgement rather than an increasing trust in medical practitioners is not possible to say. However, as the years passed she increasingly sought professional medical advice, resulting in closer relationships with practitioners.

In summary, while the literature of Digby, Loudon, the Porters, Wear and Wild present a wide spectrum of many aspects of patient/practitioner relationships during the late Georgian period, much of which these four case studies exemplify, there is a lack of evidence of the manner in which families maintained those relationships. What these four case studies provide, which is not available in current literature, is a rich kaleidoscope of various patients’ experiences of the relationships with the medical practitioner in the context of the patients’ households. While recognising the very different circumstances these four cases present, the evidence suggests two key findings which the current literature has identified but has as yet to pursue. Firstly, as a result of the experience of indisposition, whether as sufferer or carer, behaviours evolved over time which were inevitably reflected in changing patient/practitioner relationships. Secondly, a full appreciation of the personal records interrogated, diaries and correspondence, present cogent evidence, not only that patient/practitioner relationships

¹⁴² Hyde, *The Thrales*, p.177.

¹⁴³ Hyde, *The Thrales*, p.115.

were influenced by the patient's family, including the issue of gender, but, that the diversity in which these "three-way" relationships affected medical intervention.

Specifically, while the Tremayne case illustrates relationships with a variety of practitioners across a wide geographically area, those relationships were subject to a strong father/son consanguinity. In addition, the close relationship Tremayne had with his father presented generational and regional differences in attitudes towards medical intervention, which in turn raised issues for John Tremayne when dealing with his many medical advisors. Mrs Shackleton's record demonstrates the need for additional medical care where family relationships had broken down, yet as a woman, she was still subject to her brother's intervention on her behalf. Lady East presents the sceptical perspective of an élite, well educated woman, who, nonetheless, accepted greater medical intervention as her own health failed but whose household activity, when unwell, was prescribed by her husband, albeit, in an apparently companionate marriage. Mrs Thrale's manuscript reveals changing behaviour and illustrates a suffering mother's need to establish closer relationships with her practitioners as her confidence in her own judgement failed. It is contended that the evidence indicates a tenuous link between increasing need and rising trust between patient and practitioner and that increasing demand for medical intervention may well be related more to an exhaustion of possibilities than an expression of genuine trust. Therein lies the question, yet to be fully addressed, of how much the complex "intricate web of other relationships" which effected patient/practitioner relationships were dependant upon the various personalities of the patient, members of the patient's household or the doctor, and to what extent medical outcomes were or were not thereby adversely affected.

Chapter Seven – Family Relationships and Behaviours within the Sick Household

Context

As noted in Chapter One, little consideration appears to have been given by historians to the manner in which indisposition, in all its various forms, affected family relationships, intergenerational dynamics and resultant behaviours within a sick household. Modern perceptions of the medical encounter revolve around the patient/practitioner axis, yet the ‘physician-centred account of the rise of medicine may involve a major distortion’¹. As previous chapters have clearly demonstrated, for the vast majority, the sick were tended within the household. The sufferer either self-dosed or was cared for by the “affective group”. The involvement of the practitioner in caring for the sick in a late Georgian household was usually marginal or non-existent as, ‘self-help and domestic care constitute the great submerged ice sheets of the history of health’². Further, ‘It emerges forcefully that the different resources of care for the sick would have been conceptualised very differently in the past from the ways in which we now distinguish them.’³ While a great deal has been written by many historians about patient/practitioner relationships, a subject which has been dealt with in Chapter Six, the far more complex web of intimate familial association within the distressful environment of a sick household has not, apparently, been of much interest to historians. However, understanding relationships within such an environment is critical to appreciating what effect ill health had upon family life, the subject of this thesis.

Bearing in mind Dr Johnson’s definition of a family, already referred to, as ‘those that lived in the same house’, Naomi Tadmor has argued that the household-

¹ R. Porter, ‘The patient’s view: Doing medical history from below’, *Theory and society*, 14 (1985), 175-198 (p.175).

² *The locus of care: Families, communities, institutions and the provision of welfare since antiquity*, ed. by P. Horden & R. Smith (London: Routledge, 1998), p.23.

³ *The locus of care*, Horden and Smith (eds.), pp.25/6.

family was a seventeenth-century concept used by John Locke in his writings. Specifically, it was the notion of a social unit of ‘co-residence and authority’⁴ in which, as demonstrated in Chapter Five, the sick were invariably cared for. By the mid-eighteenth-century such a concept emerged ‘as a structured framework within which many familial and social changes were both experienced and understood’⁵. Crucially, therefore, the household-family stage had many players, the nuclear family, grandparents, lesser kin, fictive-kin and servants. While the household-family mutated during the late Georgian period through the influences of increasing notions of individualism and privacy, it remained the prime locus of care. Importantly, Lisa Smith⁶ has confirmed that contemporary records abound from which much may be learnt about family relationships and the manner in which various constituent members of the late Georgian household responded to sickness, childbearing and death.

Until the 1980s, the perception of relationships between parents and their children within the nuclear family during the early modern period were seen as ‘relatively cold’⁷. Lawrence Stone has ‘argued that because infant mortality was so high, parents reduced “the amount of emotional capital available for prudent investment in any single individual”’⁸. Supportive of such a contention, when Mrs Thrale’s eighth child died in 1772 when only ten hours old she wrote, ‘-poor little Maid! one cannot grieve after her much, and I have just now other things to think of – this has been a sad lying-in’⁹. However, historians such as Linda Pollock, Ralph Houlbrooke, Rosemary O’Day and Anthony Fletcher have rejected such a proposition, the latter asserting that,

⁴ N. Tadmor, *Family & friends in eighteenth-century England: Household, kinship, and patronage* (Cambridge: Press Syndicate of the University of Cambridge, 2001), p.40.

⁵ Tadmor, *Family and friends*, p.36.

⁶ L. W. Smith. ‘Reassessing the role of the family: Women’s medical care in eighteenth-century England’, *The social history of medicine*, 16 (2003), 327-342 (p.327).

⁷ W. Coster, *Family and kinship in England 1450-1800* (Harlow: Pearson Education Ltd., 2001), p.13.

⁸ H. Cunningham, *Children and childhood in western society since 1500* (Harlow: Pearson Education Ltd, 2005), p.12.

⁹ M. Hyde, *The Thrales of Streatham Park* (Cambridge, Massachusetts and London: Harvard University Press, 1976), p.55.

‘The argument starts with the issue of care and affection, indicating that this was always seen as the core of the responsibility of parenthood.’¹⁰ Be that as it may, the general lack of published scholarship relating to care within the household has ignored the important part played by various kin, fictive-kin and servants. Appropriately, therefore, in order to appreciate evolving relationships within the household-family, consideration will now be given to primary members of the household, fathers, mothers, grandparents, fictive-kin and servants, and the manner in which they responded both physically and psychologically to the tribulations of ill health and death which they bore as sufferers, carers or observers. The case studies presented in Chapter Two will now be discussed under the theme ‘Family Relationships and Behaviours within the Sick Household’, the analytical focus being through a spectrum of motifs emanating from the five key primary sources:- the nursing father, the suffering mother, grandparents, the aging woman and the mistress of the household.

Importantly, all five case studies exemplify one common contribution to knowledge, as yet to be fully appreciated by historians of medicine or the family, the strain and stress that indisposition, in all its many guises, placed upon family life and relationships. Relevantly, in seeking to penetrate the evolving complexities of such family relationships when indisposition or death struck the household, reiteration of elements of case narratives, otherwise found in Chapter Two, has proved to have been expedient.

The Nursing Father

‘From the 1740s a “culture of sensibility” promoted alternative codes of behaviour for men by arguing for emotional release and display rather than self-control

¹⁰ A. Fletcher, *Growing up in England: The experience of childhood 1600-1914* (New Haven and London: Yale University Press, 2008), p.xvi.

and reserve.’¹¹ Yet, ‘The “cult of sensibility” ensured that debates about the role of the passions in the construction of manliness continued.’¹² In the context of sensibility, it has to be doubted whether there was any significant shift in the concept of masculinity between the 1740s and the early Victorian era, the case studies below having both arisen in the early nineteenth-century. Nonetheless, ‘historians of masculinity are in a strong position to demonstrate (not merely assert) that gender is inherent in all aspects of social life, whether women are present or not’¹³, and of all social settings, the sick room had the potential to be the most fraught with emotion and distress, and a stern test for all family relationships.

Modern day perceptions of late Georgian fatherhood may well be coloured by the genesis of the concept of ‘the Victorian father’ explored by late Victorian writers including Anthony Trollope and Samuel Butler. In *Phineas Finn*, Trollope related a conversation between a grandfather and young child, ‘Papa is very well, but he almost never comes home.’ and further, ‘Your papa is a busy useful man, and can’t afford time to play with a little boy as I can.’¹⁴ In *The Way of All Flesh*, initially drafted in the 1870s, Butler wrote,

Yet, when a man is very fond of his money it is not easy for him at all times to be very fond of his children also. The two are like God and Mammon. His money was never naughty, his money never made noise or litter, and did not spill things on the tablecloth at meal times, or leave the door open when it went out.¹⁵

These comments by Trollope and Butler enforce the stereotype of the hard, remote, patriarchal disciplinarian, ‘the Victorian Father’, consistent within the family where relationships between parent and child were remote or “cold”. As commented above,

¹¹ *English masculinities, 1660-1800*, eds. T. Hitchcock & M. Cohen, (Harlow: Addison Wesley Longman Ltd., 1999), p.162.

¹² *English masculinities*, Hitchcock and Cohen, p.165

¹³ J. Tosh, *Manliness and masculinity in nineteenth-century Britain: Essays on gender, family and empire* (Harlow: Person Education Lid., 2005), p.30.

¹⁴ A. Trollope, *Phineas Finn: the Irish member* (St Albans: Panther Books, 1968 [Reprinted in 1973, first published in 1869]), p.492.

¹⁵ S. Butler, *The way of all flesh*, (Harmondsworth: Penguin, 1966 [first published 1903]), p.51/2

from 1980s modern historians started presenting a more complex, evolving and varied picture. While Leonora Davidoff and Catherine Hall explored development of the ‘separation of spheres’¹⁶ in which the gender balance evolved between 1780 and 1850, John Tosh has contended that ‘the experience of fatherhood was highly varied – and certainly not to be contained within any stereotype image of “the Victorian Father”’¹⁷. Appropriately, therefore, the relationships and behaviours of two fathers within the sick household will now be reviewed.

Having demonstrated the capacity of John Tremayne to carry the burden of care in Chapter Five and the manner in which he sought medical advice in the medical market place in Chapter Six, consideration will now be given to his family relationships.

John Tremayne’s letters to his father showed concern for all his family and he regularly commented on the admiration he had for his wife, Caroline, as they lived through the various traumas of sickness and death within their growing family. His caring attitude towards his family were complimented by that of his wife, evidenced by a letter she wrote to her father-in-law. In it, she referred to her husband’s poor health, her two sons, Harry and Arthur, as well as her concern for her father-in-law.

‘Today[20th March 1818] I thought your letter expressed great anxiety & therefore a line from me might give you some comfort as I can assure you there is no cause for you to be uneasy.’¹⁸

It was in January 1821 that Harry first suffered ‘a violent attack of bilious sickness’¹⁹. Two days later the medicine was not working as his father had hoped and he feared ‘the tendency to hiccups will continue’²⁰. Within a week Harry seems to have recovered and Tremayne reassured his father that, ‘Little fellows are soon down & soon

¹⁶ L. Davidoff and C. Hall, ‘The architecture of public and private life: English middle-class society in a provincial town 1780 to 1850’ in *The pursuit of urban history*, ed. by D Fraser, A Sutcliffe (London: Edward Arnold, 1983), pp. 327-345 (p.327).

¹⁷ J. Tosh, *A man’s place: masculinity and the middle-class home in Victorian England* (New Haven and London: Yale University Press, 1999), p.79.

¹⁸ CRO, T/2510.

¹⁹ CRO, T/2559.

²⁰ CRO, T/2560.

up.²¹ Writing later from London he asserted that Harry's stomach attack must have been the result of, 'the stinking fog & unwholesome Air'²². By mid February Harry's sickness had returned and one day he brought his dinner up undigested. His father was again convinced that, being in London, Harry's stomach attack was 'produced by the state of the Atmosphere, which was so thick, that it was dangerous to walk the streets almost & every body complained of being sick by it'²³. Such observations of his son would suggest that, although a member of parliament involved in matters of state, his relationship with his six year old son was not remote. Further, that Tremayne's father, apart from an interest in obtaining news from the metropolis, would have been keen to hear about his young grandson's health and wellbeing.

It was early April 1821 before Harry's headaches, which accompanied his sickness, were mentioned by his father. Apart from his general debility,

Harry is going on much as he has done – he has taken a great deal of medicine which has lowered him some what and while that is going on he is never sick.²⁴

By inference, Harry's grandfather must have questioned the amount of medication being taken by Harry for less than a week later Tremayne replied,

You ask how we make Harry take so much physic. I believe he has never wanted to be asked twice and any the most nauseous – and so yet I have always found him so tractable that I believe if I were to desire him to sit and have his finger cut off he would submit. But enough of this!²⁵

The evidence from this one quotation suggests firstly, that Tremayne had engendered a strong, trustful relationship with his son, and secondly, that Rev Tremayne maintained a close interest in his grandson's dosing and treatments. Some ten days later, Tremayne recorded his son's next consultation with two of the foremost physicians of the day.

²¹ CRO, T/2563.

²² CRO, T/2565.

²³ CRO, T/2568.

²⁴ CRO, T/2576.

²⁵ CRO, T/2577.

We have had our weekly Consultation today with Baillie and Maton. I am afraid have made no progress since we saw them last. In fact the poor Boy has had a very severe return of his sickness and today – they have now determined to do what I will consent to only once, but I think I should object to it being repeated – give him an Emetic - and then to continue the system of keeping his Bowels gently open with a stronger dose every third day.²⁶

By then Drs Baillie and Maton had been visiting Harry every week. After one severe bilious attack, which Dr Baillie believed was due to mucus in his stomach, he was given an emetic in order to keep his bowels working. Here, there is evidence of occasional disagreement between Tremayne and his wife about the treatments given to Harry although usually the term, ‘we’ was used. For example,

They[Baillie and Maton] are coming again to day to see him - His mother wants to have a respite from Medicine, which I believe would be no use till his stomach is cleaner.²⁷

Later in the same letter Tremayne mentions,

a turn in his eyes which they[Baillie and Maton] are inclined to believe is entirely from sympathy with the stomach but now as a matter of precaution they have ordered 6 leaches to his temples lest it should be connected with the head.

The following day’s letter indicated that Tremayne’s opinion prevailed as, ‘He was sick today, which I rather think was produced by a little medicine it was necessary to give him’²⁸. Nonetheless, at the end of the same letter he indicated that he and his wife were then at one, such that, ‘We must hope the best and make our Minds to the worst in all earthly things’. In the event, Lawrence Stone’s suggestion that the landed classes demonstrated a ‘very affectionate mode of rearing’²⁹, may be evidenced by the Tremaynes who on more than one occasion had cared for their invalid son in their own bedroom, a compelling expression of intimacy, care and affection.

²⁶ CRO, T/2578.

²⁷ CRO, T/2579.

²⁸ CRO, T/2580.

²⁹ L. A. Pollock, *Forgotten children: Parent-child relations from 1500 to 1900* (Cambridge: The Press Syndicate of the University of Cambridge, 1983), p.19.

Two weeks later, after describing both treatment, a blister, and Harry's physical reaction to it, Tremayne observed,

The thing I lay hold of and cannot give up is that the reachings are attended with violent Head Ache which rebates as the stomach empties and ceases when it is quite clear, However, it is most distressing on any view.³⁰

Harry's symptoms did not improve and he was treated with a blister on his back which 'was followed by a most profuse and violent perspiration continuing the whole of the day yesterday and even a part of last night'³¹. Within the month Dr Baillie concurred with Dr Maton's opinion and Harry was treated with an unspecified medicine for the bowel, leaches to the temples and a blister. While Tremayne acquiesced reluctantly to Harry being treated further, his distress at the treatments undertaken was emphatic,

So they are going to apply leaches again to his temples and to continue medicine to act but not very however fully on his Bowels – The Blister is to be kept rather open, at least in part. I am satisfied with this however painful to my feelings as in the nature of an insurance against the greater [good].³²

The next day having stated that Harry was in a very precarious state he confided in his father that, 'You shall hear regularly – I cannot undertake to write constantly to anyone else.'³³ Tremayne's relationship with his father was close enough for him to feel compelled to keep him informed about Harry's deteriorating condition, despite their common emotional distress. Here, Tremayne's behaviour supports Susannah Ottaway's observations about intergenerational relationships where reciprocal support and affection were given between adult children and their elderly parents³⁴.

On Harry's seventh birthday his father revealed the full trauma of the previous few months.

³⁰ CRO, T/2582.

³¹ CRO, T/2582.

³² CRO, T/2583.

³³ CRO, T/2584.

³⁴ S. R. Ottaway, *The decline of life: Old age in eighteenth-century England* (The Press Syndicate of the University of Cambridge, 2004), p.142.

This is Harry's birthday; 3 months ago I hardly expected him to be alive to see it. I cannot now look at him without anxiety, but most unfeignedly thank God that I see him as he is.³⁵

Further evidence of such anxiety was revealed in a letter from Newbury when on the way home to Cornwall. The family had arrived at six in the evening having intended to reach Marlborough that night; the reason for the delay being that Harry seemed tired. Having commented on the difficult coach ride through which the baby apparently slept well, he continued,

Poor Fellow! His strange gait and tottering unsteady action induced me to desire Astley Cooper to look at him before we left town – and I am sorry to say he gives us little Comfort about him. He says he will require the most minute Care and Attention to prevent the deterioration of Blood, which certainly exists in the Head having the Worst effects – at the same time his overloaded mind and active spirits are good symptoms – but it is idle to conceal from one's self the fact that he has great fears for him.³⁶

Of the extant correspondence, there are no dated letters between July 1821 and February 1822. There are then three letters from Bodmin where the family were staying having been prevented from completing their journey home as a result of Harry's indisposition. He then improved for a while and they reached Launceston before he relapsed with his usual attacks of sickness and headaches at which time he also suffered 'a strange Affection of the Throat & Chest'³⁷. During the following six weeks Tremayne wrote no less than twenty seven letters to his father, a sign of his close, if not dependant, relationship with him. All the letters were written from Launceston at a time when he was attempting to move his family back to London. He commented on several occasions to this effect as follows:- on the 19 of February, 'We are detained here again by poor Harry – He awoke ill today after our Carriage was packed & we nine all ready to start.'³⁸ On another occasion he protested at the doctor's assessment of his son,

³⁵ CRO, T/2604.

³⁶ CRO, T/2608.

³⁷ CRO, T/2621.

³⁸ CRO, T/2621.

commenting, 'I know the Patient best, though he is of course speaking in general the best Judge.'³⁹ While Tremayne had to watch his son suffer from both the effects of the disease and the treatments prescribed by the doctors, he claimed to understand his son's condition better than the practitioners.

Early in March 1822,

We had intended to go tomorrow but on taking Harry out in my Arms in the Garden to day I found he bore it so badly, that we have been obliged to give it up. I am now almost in despair of ever moving him.⁴⁰

Then on 8 March,

We must now go the New Road at all Events on Account of the Assises at Dorchester and Salisbury. – It is a great thing to catch the interval between his Attacks & at the same time not move him before his strength can bear it.⁴¹

Finally, on 12 March he wrote that there were many reasons why he must get to London, 'one to pay some bills for fear they should [take] the goods thinking I was coming no more'⁴². The evidence is strong that although being held up in Launceston, which caused Tremayne a number of problems, he not only put Harry's interests first but was, by inference, not prepared to leave Harry in the care of others, a further testament to their close relationship.

When Harry had been particularly bad with an acute headache and stupor, he wrote,

My opinion of his Case is Worse than ever. All my prayer is that he may not suffer but a little from Pain or irritation - & yet if there is a shadow of Hope held out to us from good Authority for any Course to be pursued, we ought not to shrink from it.⁴³

Tremayne, having regularly referred to his own distress at witnessing the painful effects of the treatment that Harry had to endure, was also deeply concerned for the rest of his family. For example, when 13 month old Harriet suffered an acute and violent

³⁹ CRO, T/2623.

⁴⁰ CRO, T/2626.

⁴¹ CRO, T/2630.

⁴² CRO, T/2634.

⁴³ CRO, T/2638.

bout of hiccups he wrote to his father, 'It was in the way of hiccups that poor Harry's misery began. I pray God, if we lose her, she may not suffer such protracted misery as he has'⁴⁴.

By the end of March 1822 Tremayne's growing despair is clear,

Yesterday was the first day I have missed writing to you which as I had given but a bad Account the day before was wrong, but really I was in such Dismay about poor Harry that I could not sit down to write when I came back from the Assises as I intended.⁴⁵

During May and June 1822 Harry's condition continued to deteriorate and new therapies were attempted. Unsurprisingly, Tremayne's fear of the effects such treatments had on his son proved well founded.

I found on my return last night that Harry had been suffering much from the Application to his Head, which has deprived him of rest and given him much fever and irritation.⁴⁶

Despite the suffering caused by the new treatments little appears to have been gained as,

I can not give an improved Account of our poor patient here – Baillie and Lake saw him last night, and Baillie confirms Lake's bad opinion of him still there is hope. It is a great comfort to me that he is in our Bed room which is in this [furnacy] weather as cool as possible.⁴⁷

What the basis was for Tremayne's hope is not clear but shortly thereafter he confirmed that Harry was completely blind and that he had given up any realistic hope of recovery.

It may appear that, having accepted that Harry would not recover, detailed accounts of Harry's condition just distressed both correspondent and recipient alike. From the few subsequent letters that referred to Harry the entries were short and to the point, 'Harry is much the same.'⁴⁸ - 'He is just as usual.'⁴⁹ Harry died in March 1823.

⁴⁴ CRO, T/2666/1-2.

⁴⁵ CRO, T/2647.

⁴⁶ CRO, T/2651.

⁴⁷ CRO, T/2655.

⁴⁸ CRO, T/2664.

⁴⁹ CRO, T/2667.

Nearly a century before Harry's death, good fatherhood had been described in the *Gentleman's Magazine* as ,

the Care of his Family, and the feeding of his children [which] is more reputable and prudent than the care of his Hunters, and the feeding his Cocks and other animals⁵⁰.

The evidence strongly suggests that John Tremayne, a man of sensibility and controlled emotion, more than lived up to such expectations. The unwitting testimony of his correspondence with his father, Rev Tremayne, was that he not only had a close relationship with his father but that his father, as the grandfather of Harry, had a grave concern for his grandson's wellbeing. While Tremayne cared for his wife and children, he had an especially gentle and empathetic relationship with his suffering son, Harry. Despite the misery caused by various clinical procedures, Harry retained a trusting relationship with his father.

Unlike Tremayne, who watched over his young son's prolonged suffering, fellow MP, Davies Giddy's (later Gilbert⁵¹) son's death in 1813 at the age of three years and one month was both sudden and traumatic. Although Giddy was involved in very different clinical circumstances from Tremayne, he suffered acutely as a Nursing Father. However, the manner in which he dealt with his grief and his familial relationships proved significantly different from those of the Tremayne family.

As noted in Chapter Two, the record of Giddy's care for his son, Charles, is one of the earliest known developmental observations made of a small child⁵², over sixty years before Darwin published observations of his eldest son. Further, Giddy's memorandum of December 1813, written shortly after Charles' death, represents the

⁵⁰ J. Bailey, 'Reassessing parenting in eighteenth-century England', in *The family in early modern England* ed. by H Berry and E Foyster (Cambridge: Cambridge University Press, 2007), pp.209-232 (p.220).

⁵¹ Davies Giddy (1767-1840) married Miss Ann Mary Gilbert in 1808. He formally changed his name to Gilbert, which received Royal approbation in January 1817, CRO, DG/117.

⁵² R. M. James and A. N. Williams, 'Two Georgian fathers: diverse in experience, united in grief', *Medical humanities*, 34 (2008), 70-79 (pp.72/3).

record of a Nursing Father more in the biblical sense, as expressed in the Book of Numbers, ‘as a nursing father beareth the suckling child’. While by definition, the language of the script must have been influenced by the tragic events leading to the little boy’s death, many of the very detailed statements made in the memorandum have been compared precisely with the contemporaneous entries Giddy made in his original diaries.

This rare developmental record⁵³ may be illustrated by a limited number of episodes which extol Giddy as a Nursing Father. At 7 weeks Charles was vaccinated ‘and went through the disease in the most perfect manner, and evidently without inconvenience’.⁵⁴ On the 10 September 1810 when 21 weeks old, ‘Charles weighed 17lbs [7.73kg] which gives a rate of increase of one ounce a day.’ Today, paediatricians still use the yardstick of healthy weight gain of one ounce every day except Sundays, or six ounces a week⁵⁵. At 30 weeks ‘if Charles were held against a looking glass he immediately turned his head away and continually in whatever position he was placed’⁵⁶. At one year, Charles ‘returned the ball to me several times with a pretty good general direction’⁵⁷, and when shown a picture of his father, ‘he kept turning his eyes from me to the Picture and back again several times’⁵⁸. Although Giddy charted Charles’ physical and mental development in considerable detail,

Charles’ developmental progress was not smooth. He demonstrated delayed expressive language development, good compensatory use of non-verbal communication, delayed oro-motor skills, feeding and speech, and reasonably good verbal comprehension.⁵⁹

⁵³ The full record used in this research may be found in the *Medical Humanities* website at <http://mh.bmj.com/vol34/issue2>

⁵⁴ CRO, DG/26, 2 June 1810.

⁵⁵ James & Williams, ‘Two Georgian fathers’, p.71.

⁵⁶ CRO, DG/26, 28 October 1810.

⁵⁷ CRO, DG/26, 12 April 1811.

⁵⁸ CRO, DG/26, 13 April 1811.

⁵⁹ James & Williams, ‘Two Georgian fathers’, p.71.

A month after his third birthday, 14 May 1813, Charles had been running up and down stairs and appeared in very good health. However, after dinner he told his mother that he did not feel well. In the event, his father was to record in detail the events over the following two days by which time Charles had died. Some of the events occurred when Giddy had left the house on business and must have been recounted to him by a member of the household. The sick boy, having slept and been given some food and medication, vomited and his parents thought that the cause was the mackerel he had eaten the previous day which had also upset one of the servants. Giddy refrained from giving Charles any further medication and left the house on business. On his return home, Giddy was informed that Charles had had no bowel movement. He was about to direct a dose of calomel when it was suggested by Mrs Giddy that in the past, two Grains of James' Powders had been effective and this medicine was given, 'supposing there might be a little fever, his pulse were rather low but quick'⁶⁰. The following day Charles was dosed but remained unwell and Dr Combe was called although Giddy, whose 'mind was entirely easy'⁶¹, again left the house on business. The narrative suggests that Charles' parents worked together to care for him while dosing him and noting his clinical condition.

In Giddy's absence, Charles' mother and aunt cared for him until his mother noticed that his pupils were dilated. Mrs Giddy ordered the servants to bring a tub of hot water to the nursery which she applied to the small boy's body while her sister ran for a Dr Ash who then attended the boy. Paediatricians today would recognise such a condition as an imminent pre terminal event. Shortly thereafter Charles quietly expired. It was the 16 May 1813.

⁶⁰ CRO, DG/26, 15 May 1813.

⁶¹ CRO, DG/26, 16 May 1813.

Returning to the house an hour later, Giddy found his father and sister in tears although no reference was made of his wife. The distraught father wrote a great deal about the family's reaction to the sudden death of such an apparently healthy and much cherished little boy of just three years old, perceiving his own reaction as beyond expression.

I rushed into the room, embraced the Dear little Body - called loudly on my Dear Charles – I then threw myself on a Bed where I remained for a considerable time with my mouth wide open making such inarticulate sounds as I never remember to have heard. This kind of paroxysm continued at intervals during all the days I remained in London and broke out with peculiar strength each time I woke during the night.⁶²

Subsequently, Giddy made an illuminating comment related to the family's reactions to such a tragedy and importantly, added his perception of the special relationship he felt he shared with his son.

His Mamma, Grand Papa, Aunt and Uncle Guillimard all suffered extremely but no one in an equal degree with myself. His Mamma probably loved Charles with an equal degree of natural affection but I had entwined with mine a thousand circumstances of Interest and endearment.⁶³

Giddy had a post-mortem undertaken. This was a procedure, which then as now, parents are generally reluctant to have performed upon their children's bodies. Giddy's insistence to such a procedure was probably driven to help assuage his intense grief and a need to know that he could have done nothing to prevent Charles' death. There is little contemporary material on post mortem examinations upon children at this time, which today are subject to a rigorous scrutiny. Charles died at a time before Thomas Wakley's drive to reform the coroner's system in the 1830's and the passing of the Anatomy Act of 1832.

⁶² CRO, DG/26, 16 May 1813.

⁶³ CRO, DG/26, 16 May 1813.

The post mortem concluded⁶⁴ that, ‘this Child had a disordered state of the absorbent glands of the Mesentery, which may lead to future precautions of the Management of the Health of the other Children.’⁶⁵ It is difficult to be sure what was the cause of Charles’ symptoms and death leading to his peritonitis. Contemporary medical observations were that,

There is no evidence of intussusception, obstruction, volvulus, bowel infarction or bowel perforation due to the enemata that he had received. An appendicitis, however, particularly classically a retrocaecal appendicitis, could explain the lack of typical features demonstrated by Charles such as lack of guarding and lack of percussive tenderness.⁶⁶

A poignancy of Giddy’s suffering may be evidenced by the fact that he even wrote down in his journal a calculation of how long Charles had lived - in days, 1,127, and even in hours, 27,057. Such extreme emotional outbursts may have raised a question of Giddy’s manliness as, ‘arguments in support of manly self-control and governance were given an unprecedented force when they became the desirable characteristics of the “polite” or “civil” gentleman’⁶⁷. While the tenor of the manner in which these two nursing fathers, Tremayne and Giddy, expressed their deep grief so differently, their behaviour in other respects were not dissimilar.

The evidence suggest that both fathers took charge of their son’s care, even if aided by spouse, family and servants. Both questioned, if accepting, the medical advice

⁶⁴ Post Mortem report on Charles Giddy

Hollis Street May 17th 1813

Medical Inspection of Charles Davies Giddy Aged three Years.

The Body was not emaciated, the Death had taken place about twenty four hours before this examination. On opening the Abdomen a serous opaque fluid issued which was obviously the consequences of inflammation. The Peritoneum was extensively loaded with inflammatory coagulated lymph and in parts with Pus, the small intestine were highly inflamed through a great part of their length these appearances decidedly account for the fatal events. It may be worthy of notice in Mr Giddy’s Family that this Child had a disordered state of the absorbent Glands of the Mesentery, which may lead to future precautions in the Management of the Health of the other Children.

Signed,

Edward Ash MD Ch. Combe MD

Anthony Carlisle S T. Knight S

⁶⁵ CRO, DG/26, 17 May 1813.

⁶⁶ James & Williams, ‘Two Georgian fathers’, p.76.

⁶⁷ *English masculinities*, eds., Hitchcock and Cohen, p.165.

received and both took a major part in physically caring for their child. While Tremayne had closely observed Harry suffer over a three year period he had apparently come to terms with the inevitable loss of his son; Giddy had suffered traumatic shock at the sudden loss of three year old Charles. Of the two fathers, Tremayne, by caring for his son so assiduously for so long, exemplified the ancient concept of the Nursing Father. Such a father, proclaimed Benjamin Atkinson in 1736, would for their child, 'take what care they can, providing for it, and protecting it, especially in its helpless Age'⁶⁸.

Ultimately, these case histories concern the ties that bind, the elements within the human condition which may often appear timeless. In 1517, Sir Thomas Moore declared to his daughter that 'Nature in her wisdom has attached the parent to the child and bound them together with a Herculean knot.'⁶⁹ For these fathers, one may see how the knot held during their children's suffering and premature death. But, for Mrs Thrale, a mother who had experienced the death of eight of her twelve offspring before the age of ten, the traumas surrounded so many deaths over a period of some eighteen years put an even greater strain on her maternal instincts.

The Suffering Mother

The case of Mrs Hester Thrale presents an example of the manner in which a woman of many talents, well known in literary society and a friend of Samuel Johnson, carried the heavy burden of caring for her burgeoning family, aspects of which have been discussed in previous chapters. For over a decade, a combination of pregnancy, lying-in, illness and death, resulted in a near permanent state of indisposition in the household with inevitable implications for family relationships, particularly that of her spouse and her eldest child, Queeney. Two comments give an insight into Mrs Thrale's

⁶⁸ J Bailey, 'Who was the eighteenth-century "Nursing father"?' (unpublished paper, 2008), p.6.

⁶⁹ A. Burgess, *Fatherhood reclaimed: The making of the modern father* (London: Vermillion, 1997), p.37.

relationship with her husband. Firstly, just before their marriage, the then Miss Salusbury wrote, “Our mutual Preference for each other to all the rest of the World, that Preference not founded on Passion but on Reason, gives us some Right to expect some Happiness.”⁷⁰ Secondly, many years later, by then Mrs Piozzi, she was musing how her two husbands would have reacted if she had been in physical danger. Of Thrale she wrote, “Thrale would have been so tardy in escaping, that he would only have reflected on his own *good Luck*; & laughed heartily at any one supposing he could as such a moment be thinking *on a Wife*.”⁷¹ Such a gulf between expectation and apparent failure in a marriage may have arisen for many reasons. For example, Joanne Bailey has suggested that the opposite of the affectionate father was not usually the tyrannical father but, ‘most often, the tender father’s antithesis was the indifferent father’⁷². In support of her contention, she cited a physician, W. Turnball, MD, who wrote in 1785 that,

“the father is by no means exempt from his share in the management of his family, it is the equal interest of both to promote the early forming of virtuous habits in body and mind. It is really amazing to see the indifference of men, who are, in other respects, sociable and well informed pay so little regard to this necessary duty.”⁷³

From a full reading of Mrs Thrale’s *Family Book*, Mr Thrale’s relationship with his immediate family appears to have usually been one of indifference. Inevitably, the traumas of sickness and death in the Thrale family over such a long period must have strained household relationships, on occasion, to breaking point. In addition, critical aspects of motherhood were changing, Leonore Davidoff and Catherine Hall postulating

⁷⁰ I. McIntyre, *Hester: The remarkable life of Dr Johnson’s ‘Dear Mistress’* (London: Constable & Robinson Ltd., 2008), p.36.

⁷¹ McIntyre, *Hester*, pp.287/8.

⁷² J Bailey, “‘A very sensible man’: Imagining fatherhood in England c.1750-1830’ *History*, 95 (2010), 267-292 (p.278).

⁷³ Bailey, “‘A very sensible man’”, p.278.

a 'progression to a model of full time motherhood'⁷⁴ while 'Lawrence Stone wrote that "the mother became the dominant figure in children's lives" over the period 1640-1800'⁷⁵. In that regard, Mrs Thrale's complex relationship with her eldest daughter, Queeney, may well have affected her marital relationship, which in turn had been influenced by a number of factors. Firstly, Queeney's close exposure, as the eldest child, to her mother's emotional suffering as a result of the loss of so many of her children in infancy, may have generated an emotional gulf; secondly, despite the general trend towards an all-embracing motherhood, the extraordinarily wide activities (social, business, political) that Mrs Thrale undertook inevitably reduced her domestic involvement, and finally, that there was an innate conflict between two strong and independent spirits.

Despite her many activities, Mrs Thrale appears to have taken her maternal responsibilities very seriously, insisting on managing the children's education, social grooming and general welfare. Like her contemporaries, Catharine Macaulay and Mary Wollstonecraft, she perceived that the education of both her sons and daughters were of great importance. The evidence from Mrs Thrale's own hand suggests that whatever their state of health, her older children were put under considerable pressure to be accomplished. She assiduously recorded her children's progress, intellectually and socially, and was quite prepared to be as critical of her offspring as she thought fit. When sickness occurred in her young family, as noted in Chapter Three, she had no compunction in dosing her children although, as clinical incidences grew in number and severity, she increasingly sought the services of medical practitioners, referred to in

⁷⁴ L. Davidoff & C. Hall, *Family fortunes: Men and women in the English middle class, 1780-1850* (New York: Routledge, 2002), p.338.

⁷⁵ R. B. Shoemaker, *Gender in English society, 1650-1850: The emergence of separate spheres* (Harlow: Addison Wesley Longman Ltd., 1998), p.126.

Chapter Six. A number of clinical episodes will now be referred to in order to assess Mrs Thrale's changing relationships with both her husband and Queeney.

One of the critical factors which has emerged from her journal was the apparent lack of support she received from her husband and family members with the exception of her mother. For example, in December 1772 when Lucy, her fifth child, was suffering from discharge of an ear, Mrs Thrale mentioned how Queeney would not be fondled or caressed, "She has a Heart wholly impenetrable to Affection as it should seem."⁷⁶ Clearly, she was sensitive to the lack of demonstrable affection from her eldest child.

The latter part of 1773 had been a particularly difficult period following the deaths of her Mother in June and Lucy in November. Further, her new baby, Ralph, was not progressing satisfactorily. She wrote,

In the midst of this Distress I have brought a Baby, which seems to be in some way affected by my Vexations; he is heavy stupid & drowsy, though very large; & what those who do not observe him as I do – call a fine boy – but I see no Wit sparkle in his Eyes like the Mother in Gay's Fables.⁷⁷

While others claimed all was well, she, apart from being both observant and analytical in her observations of Ralph's limited development, was brutally honest with herself.

Despite the disappointments and distress she had endured during 1773, in the final entry for that year she asserted that she had maintained her maternal duties.

I have not neglected my duties because my Heart was full; nor appeared less cheerful before those who have no business to partake my Concerns: I have never failed to hear the same stated Lessons I ever heard, nor suffered the Children to be neglected because I was miserable: As I have now no soothing Friend to tell my Greif to, it will perhaps sink the sooner into Insensibility; Dr Johnson is very kind as can be, & I ought to be thankful that Mr Thrale does not, as most Husbands would – aggravate by Insult and Anger the Sorrows of my Mind. ... So Farwell to all I formerly loved – to my Mother, my House in Hertfordshire, my lovely Lucy – and to this accursed Year 1773.⁷⁸

⁷⁶ Hyde, *The Thrales*, p.57.

⁷⁷ Hyde, *The Thrales*, p.85.

⁷⁸ Hyde, *The Thrales*, p.86.

In such distressing times, while she was grateful for the relationships she had with Johnson and her husband, she retained a feeling of isolation. Poignantly, in such an end-of-year assessment, she never mentioned Queeney, whom, as the eldest daughter she might have been supportive of her Mother.

1774 was to be another challenging year with Thrale being re-elected in October after a close campaign. Mrs Thrale, although handicapped by pregnancy and business worries, had taken an active part. Once the excitement of the election success had subsided, Mrs Thrale was driving herself to Kensington to see her two young girls, Susanna and Sophy, who were in school with a Mrs Cumyns, when she had an accident. Although not seriously hurt, being about four months pregnant, she was badly shaken. Despite her condition and having suffered cuts and bad bruising, she made no reference to calling for a doctor. However, she reflected on the contrast between the reaction of her husband and that of her eldest daughter. Her husband showed more tenderness than she would have expected,

and tho' he did not love me much the better for that when I was well, he pitied me the more for it when I was sick. Queeney's whole Care was to keep out of my Sight.⁷⁹

Subsequently, Mrs Thrales' account of the events surrounding Harry's death on 23 March 1776, discussed in Chapter Six, was not recorded until 9 April. Naturally both parents were distraught at the loss of their only son. While many expressed their sympathy for their great loss, Johnson immediately wrote⁸⁰ to Mrs Thrale before travelling from Lichfield to be with the stricken couple at Streatham Park. What is most striking, at least from the script of the *Family Book*, is the apparent inability of the Thrales to comfort each other. Yet, in her reply to Johnson's letter of condolence Mrs Thrale stated that,

⁷⁹ Hyde, *The Thrales*, p.109.

⁸⁰ Hyde, *The Thrales*, pp.154.

I owe every Thing to Mr Thrale's indulgent Tenderness, and will bring him home the best Wife I can: how has it happened that every body has been so kind?⁸¹

Following such a tragic event, the Thrales decided to travel to Bath with Queeney where they remained till mid June before returning to Streatham⁸². While they were away, Susanna and Sophy, who were residing with Mrs Cumyns, contracted the chickenpox and were attended by Dr Jebb. He suggested that 'they wanted a Cook more than a Doctor'⁸³. In the event,

every body agreed not to plague me with Acc[outs] which would once more have put my Spirits in Agitation so they prudently suffered me to mend at my Leisure. – it is the only method⁸⁴.

Not only was re-establishing herself in Streatham Park a difficult task after the events of the previous few months, she was pregnant with her eleventh child, due in late January or early February⁸⁵. Her problems had been further compounded by being ill herself with severe gastroenteritis. On her recovery she wrote the following prayer:-

Oh Lord who hast restored me to Life, give me I beseech thee something to live for! – preserve my Daughters! Particularly the eldest! & let me not I most earnestly beseech thee follow any more of my Offspring to the Grave.⁸⁶

In a new entry dated the same day, the 1 July, she recorded that,

My three little Girls are all with me, the thin remains of my ruined Family; I find myself with Child again however, & perhaps if God Almighty spares me any very great Troubles during Gestation, I may see another Son to live.⁸⁷

While recovering from her own illness, she thought of the previous year in which she had lost three children, Ralph, Frances and Harry, yet the prayer she offered referred to Queeney. The long term effects of the previous year's trauma are difficult to assess although Mrs Thrale appears, apart from feeling emotionally isolated, to have

⁸¹ Hyde, *The Thrales*, p.155.

⁸² Hyde, *The Thrales*, p.156.

⁸³ Hyde, *The Thrales*, p.159.

⁸⁴ Hyde, *The Thrales*, p.159.

⁸⁵ Hyde, *The Thrales*, p.159.

⁸⁶ Hyde, *The Thrales*, p.160.

⁸⁷ Hyde, *The Thrales*, p.160.

spent less time on the children's education than in prior years. Pertinently, on 23 July 1776, Sophia's fifth birthday, her entry reveals the extent to which the previous year's experiences had shaken her confidence and possibly indicate some form of depression.

The Thing is – I have really listened to Babies Learning till I am half stupefied - & all my pains have answered so poorly – I have no heart to battle with Sophy: She would probably learn very well, if I had the Spirit of teaching I once had, as She is docile & stout; able to bear buffeting & Confinement, & has withal reasonable good parts & a great Desire to please, but I will not make her Life miserable as I suppose it will be short – not for want of Health indeed, for no Girl can have better, but Harry & Lucy are dead, & why Should Sophy live? The Instructions I labor'd to give them – what did they end in? The Grave – & every recollection brings only new Regret. Sophy shall read well, & learn her Prayers; & take her Chances for more, when I can get it for her. at Present I can not begin battling with Babies – I have already spent my whole Youth at it & lost my Reward at last.⁸⁸

The years 1775 and 1776 may also have seen the start of her eventual estrangement from Queeney. Within a long entry following the death of Harry but exclusively commenting upon Queeney's character and many attributes, she stated that,

and I am not partial to her, Why should I? She loves me not. and in Truth now her Brother is gone She has I think no great Kindness for any body.⁸⁹

She ended the day's entry by opining that, 'She has a heart however quite empty of Tenderness or Gratitude.'⁹⁰ Significantly, Queeney from her birth had been as important to her as her mother had been, yet, the relationship had withered. But, the painful troubles which she had borne for much of 1776 were not yet over.

Early in September, Thrale informed his wife that he had an ailment which turned out to be a badly swollen testicle. Mrs Thrale feared it was cancer while Thrale asserted that he had had a swelling there from the time he had jumped from a chaise between Rouen and Paris when travelling in France the previous year. Nonetheless, Thrale sent for Mr Osborne, 'a sort of half Quack'⁹¹, who was known as a practitioner

⁸⁸ Hyde, *The Thrales*, p.163.

⁸⁹ Hyde, *The Thrales*, p.165.

⁹⁰ Hyde, *The Thrales*, p.165.

⁹¹ Hyde, *The Thrales*, p.166.

in venereal diseases. Mrs Thrale tended Thrale with poultices as directed by Osborne and was reminded of her father's warning that, 'if you marry that Scoundrel he will catch the Pox'⁹². However, she appreciated that such a disease may well have been the lesser of two evils, 'Yet I will hope it may be only a Venereal Complaint, if so there is no Danger to be sure & this Osborne may manage it rightly.'⁹³ Later, it became apparent that Thrale had suffered from a venereal disease some seven years earlier, a factor which damaged their relationship further. Nonetheless, Thrale appreciated his wife's care but she was pregnant again and was concerned that she may have been infected⁹⁴. Subsequently, Thrale consulted a Dr Hawkins who confirmed that the condition from which he was suffering was a hydrocele, a soft, watery benign tumour⁹⁵. Mrs Thrale then felt guilty of her behaviour towards her husband although there is no evidence of their relationship improving, an indication that Thrale's indifference to his immediate family over so many years had taken its toll.

The New Year entry for 1777 referred to her hope for the children's future while having particular concerns for her own pregnancy. Although desperate for a son, on 8 February Cecilia Margaretta was born, the Thrales' eleventh child. Some four weeks after Cecilia's birth, 'Another Agony! Queeney was taken strangely ill yesterday morning.'⁹⁶ Mrs Thrale took Queeney to consult Dr Jebb who, having been treated, was well again in a couple of days. It is suggested in this thesis that Mrs Thrale's reaction to Queeney's illness presents evidence of both her vulnerable state and her confused relationship with Queeney. She perceived that,

I have a Trick of complaining. Let me suffer for it Oh Lord if it be thy blessed Will – but let not my punishment be the ill Health or Death of my Children!⁹⁷

⁹² Hyde, *The Thrales*, p.166.

⁹³ Hyde, *The Thrales*, p.166.

⁹⁴ Hyde, *The Thrales*, p.166.

⁹⁵ Hyde, *The Thrales*, p.171.

⁹⁶ Hyde, *The Thrales*, p.177.

⁹⁷ Hyde, *The Thrales*, p.177.

By September 1777 Mrs Thrale was expecting her twelfth child⁹⁸. Apparently, Thrale was not particularly pleased although they had both longed for a son. While their hoped for son was not to be, the business on which their standard of living depended was about to fail, an event which was to strain relationships further.

1777 had been a particularly successful year at the brewery yet during 1778 the business went into crisis following the launch of a new product which proved to be a failure. Accordingly, Mrs Thrale had to deal with a distressed husband although,

My Master's Depression at any ill Fortune or ill Management of his own – for no other Mishap has he had – will if he takes no Care be as fatal as his Elevation when Maters go grand; and he will not listen to Advice.⁹⁹

As already indicated, Mrs Thrale must have acquired some understanding of the brewery business. In the event, as described in Chapter Two, with the support of Johnson and the chief brewer, Mrs Thrale took decisive action and eventually saved the brewery from bankruptcy.

On 31 December 1778, the last entry in the *Family Book*, Mrs Thrale recorded details of each child's progress. They were in good health, as was their father, who had recovered from his depression, now that action had been taken by his wife to save the brewery. Despite her efforts their relationship continued to deteriorate, Thrale by then having a love affair with a young woman, which Mrs Thrale perceived as comical¹⁰⁰. The last paragraph commenced with her belief that she may have become pregnant again which was followed by a prayer which ended with words she had used before:-

then let us conclude the Old Year with humble Thanks to Almighty God for all his Mercies thro' Jesus Christ our Lord, & most of all for the Health of my dear Children, & for the Boon I hope I have obtained by my Prayers & Tears – That I shall never follow any more of my Offspring to the Grave – Amen Lord Jesus! Amen!¹⁰¹

⁹⁸ Hyde, *The Thrales*, p.189.

⁹⁹ Hyde, *The Thrales*, p.202/3.

¹⁰⁰ Hyde. *The Thrales*, p.214.

¹⁰¹ Hyde, *The Thrales*, pp.217/8.

Mrs Thrale was in fact pregnant again but she suffered a full-term male stillbirth. Additionally, she was to follow one further child to the grave, Henrietta, who died at Streatham Park on 25 April 1783. During the years 1772-1778 Mrs Thrale had been pregnant in excess of thirty months, regularly nursed sick children, supported a depressed and unfaithful husband and suffered the death of her mother and four of her offspring. Mrs Thrale's relationship with her disaffected husband, they had never been close, had continued to deteriorate while she became increasingly estranged from her daughter, Queeney, on whom she had lavished so much attention, even if having been expressed in a demanding and domineering fashion.

While it is not entirely clear what the reasons were for the eventual estrangement from all her four surviving daughters, the influence of Queeney may have been decisive. Relevantly, Linda Pollock has pointed out that during the long eighteenth-century, families had become, 'child-oriented, affectionate with a permissive mode of child care and a recognition of the uniqueness of each child'¹⁰². Although Mrs Thrale was never permissive with any of her children, she continually sought the affections of Queeney, whom, from an early age, she found increasingly remote and unloving towards her. Such an early deterioration in their relationship may have been partly due to the rigorous treatment that an often distraught mother metered out to her first born while being engrossed to her many activities including nursing Queeney's siblings. All four daughters disapproved of her marriage to Piozzi which also damaged her relationships with some of her long standing acquaintances including Fanny Burney and most importantly, Johnson. Following her marriage to Piozzi her daughters were cared for by a guardian. What appears to be certain is that this very accomplished woman suffered emotionally as both a wife and mother, finally experiencing a strong feeling of isolation.

¹⁰² Pollock, *Forbidden children*, p.9.

This 'suffering mother' was largely rejected as she grew into old age; for her, the 'herculean knot' failed to hold. Yet, Mrs Thrale had maintained a very close relationship with her mother, Mrs Salusbury, the foundation of close relationships which Mrs Salusbury enjoyed with her grandchildren. Such was to prove of particular importance when indisposition struck the Thrale household, a reality to be found in other households referred to in this study.

Grandparents

As recently as 2004, Susannah Ottaway noted that,

'The importance of grandchildren to the elderly is a topic that has been surprisingly neglected in the study of old age: there is not a single mention of grandchildren or grandparenting in the indexes of three of the most influential collections on old age to have emerged recently'¹⁰³.

Some three years later, Joanne Bailey contended that 'questions about interaction across generations raise the almost entirely neglected subject of grandparents'.¹⁰⁴

Unsurprisingly, no published scholarship has been found which has significantly addressed the issue of the part grandparents played in family healthcare, an indication of the relevance of these studies to the social history of medicine. Yet, Ottaway has suggested that, 'There has been, among some historians, a misconception that grandparents were very scarce in the early modern period.'¹⁰⁵ In fact, 'historical demographers have estimated that in the eighteenth-century around 80 percent of those over the age of sixty would have had at least one living grandchild'¹⁰⁶.

The main primary source relating to grandparents, the Leathes manuscripts, has already been reviewed in Chapter Four regarding the influence Rev Reading had on the practice of regimen and in Chapter Five determining the burden of care both Readings

¹⁰³ S. R. Ottaway, *The decline of life: old age in eighteenth-century England* (Cambridge: The Press Syndicate of the University of Cambridge, 2004), p.156.

¹⁰⁴ Bailey, 'Reassessing parenting', p.230.

¹⁰⁵ Ottaway, *The decline of life*, p.157.

¹⁰⁶ Ottaway, *The decline of life*, p. 157.

bore. However, the richness of the correspondence between the Leathes and Reading families during the 1770s and 1780s is such that it presents new insights into intergenerational relationships within the sick household. Additional evidence has been extracted from a limited number of letters from the Tremayne correspondence already referred to in earlier chapters.

Attitudes towards the arrival of the next generation between the elder Leathes and the Readings are revealed to have been in stark contrast. Rev Edward Leathes' father, Mr Carteret Leathes, apparently a widower by 1775, was unequivocal in his response to the arrival of his first grandchild. Although congratulatory in the event, in contemplating a visit by his son and daughter-in-law when baby Elizabeth was about ten weeks old he wrote that, 'I shall be glad to see you both as soon as you please, and stay as long as your duty will admit.'¹⁰⁷ But, he added, 'I would rather have a calf suckled in my House, than a Child.' His refusal to entertain a suckling child was confirmed by Mrs Leathes in a letter to her mother a few days later.

If we make our stay at Bury I should like to send the Child with Mrs Healer to you as we cannot take her there, let me know if you sh'd like it & Direct to us here & we will not set out till we have heard from yr. I'm sure she is strong enough to undertake the journey.¹⁰⁸

Yet such an apparently disagreeable attitude towards his new grandchild is balanced by the evidence that Mr Leathes had concern for the wellbeing of his daughter-in-law and her new baby. Some two weeks after Elizabeth was born Mrs Reading wrote from Reedham to her husband wishing him joy on the safe arrival of their granddaughter; she continued,

we find they were very anxious for her at Bury and Mr Leathes used to send to the Post Office every night for a fortnight before her delivery and was fearful of danger from so long a delay¹⁰⁹.

¹⁰⁷ NRO, BOL 2/46/6.

¹⁰⁸ NRO, BOL 2/24/33.

¹⁰⁹ NRO, BOL 2/24/28.

Despite clear evidence of Mr Leathes' concern for his family, a similar situation occurred in November 1778 when Edward was eighteen months old. Elizabeth Leathes wrote to her father that,

We left the dear little boy (Edward) very well, he seems pleased with his new nurse' and then added, 'I know you will be much pleased with your Grandson who is a sweet Boy – It grieves us to leave him but we think the Servant will take great care of him.'¹¹⁰

While Mr Leathes never showed any antagonism towards the younger generations as such, and being very concerned for the welfare of the children and his daughter-in-law alike, he had no intention of establishing close relationships with his infant grandchildren. This apparent quixotic behaviour may be due to influences of both class and gender. As an elderly, well-to-do widower, Mr Leathes, on becoming a grandparent and as the above evidence suggests, would have engendered concern for the well being of both mother and new-born infant. However, his wife having deceased, he may have felt his household was not an appropriate place for an infant to be intimately cared for even though this, his first grandchild, may have been viewed as one of the ways in which he, in his decline in life, 'could achieve a certain level of immortality'¹¹¹.

The Readings' attitude to the arrival of the next generation was in direct contrast to that of Mr Carteret Leathes and may be evidenced in two ways. Firstly, as Mrs Leathes' requested, Mrs Reading not only travelled from Oxfordshire to Norfolk on a number of occasions to attend her daughter's lying-in, but remained on each occasion for many weeks. Secondly, as the young family grew in number, the Readings regularly cared for one or more of their grandchildren in Woodstock, often for long periods. Accordingly, in order to consider the nature of the intergenerational relationships which enabled such familial arrangements to be made the evidence emanating from the narrative of Mrs Leathes childbearing years needs to be re-considered.

¹¹⁰ NRO, BOL 2/28/19.

¹¹¹ Ottaway, *The decline of life*, p. 158.

During a critical period in the family life-cycle, the arrival of the next generation, support mechanisms were dependent upon a number of crucial relationships.

Eighteenth-century grandparents,

‘seemed to desire the physical presence of their grandchildren for the pleasure that it gave them and the sense of continued connectedness and usefulness that their grandchildren allowed them to maintain within the larger family circle’¹¹².

In that context, there must have been strong, trusting parental/daughter relationships for Mrs Reading, with Rev Reading’s acquiescence, to travel so far on a number of occasions to support Mrs Leathes during her lying-in and stay so long. Correspondence between Rev Leathes and Rev Reading indicated a warmth of relationship between the two men. Although Mrs Leathes often expressed concerns for her parents when they took responsibility for her children she appears to have been demanding. While support for a daughter during lying-in would have been expected, it is not clear how common it would have been for a mother to travel such a great distance, to stay so long after the birth, or for grandparents to care for grandchildren to the extent the Readings did. Interestingly, Mrs Reading commented in April 1782 that, ‘I suppose my neighbours think me very imprudent for staying so long’¹¹³, an indication that her actions may have been seen as excessive if not unusual.

Usual or not, such extended visits would have enabled the development of the Readings’ relationships with their grandchildren, whether in Reedham or Woodstock. The following limited number of extracts illustrate the closeness of the Readings to their grandchildren. Having returned to Woodstock after Edward’s birth, Mrs Reading wrote concerning her fourteen months old granddaughter, Elizabeth.

My blessings to my Dear little Betsy & tell her she is too deeply imprinted in our minds ever to be forgotten, we daily lament the loss of her, it is too great a

¹¹² Ottaway, *The decline of life*, p. 163.

¹¹³ NRO, BOL 2/33/8.

pleasure to be deprived of, but must submit for those to enjoy that pleasure that have a greater right to her till she can be spared.¹¹⁴

She added, ‘Her Grandpa wishes for her every day.’ Shortly thereafter, an addition to the family was expected and Mrs Reading returned to Reedham.

On the 20 March 1777 Mrs Leathes wrote to her father about her mother’s arrival in Norfolk.

To describe the meeting between Grandma & Grand Child is impossible, I don’t know whether the latter had innate or acquired knowledge of the former but certain it is that she never discover’d so much pleasure at the sight of another person before. She keeps Grandma in Constant Employment & exercise, & is unwilling any body should pay attention to any thing but herself.¹¹⁵

In Mrs Reading’s next letter to her husband she confirmed the warmth of the meeting with young Elizabeth.

I think she remembered me very well as she rejoiced to see me, when I tell her she shall come to Woodstock and see her Grandpa she crows, she knows she can do as she pleases with me already and keeps my invention in continual exercise to entertain her, she has got her last pair of shoes on that you gave her, she will let me do nothing but play with her.¹¹⁶

Significantly, the Leathes must also have appreciated that young Elizabeth had established a close bond with her grandfather when Mrs Leathes commented that

Mr Leathes & myself think ourselves vastly obliged to you for my Mother’s Company & we think the only way to make you in some degree amends is to send little Betsey to divert you for a few months in the summer – this is what we propose do[ing] [if agr]eeable to you & my Mother can undertake the Care of her upon the Journey.¹¹⁷

To what extent the grandparents were desperate for the comfort of their own family during their declining years, an aspect of old age already commented upon by Ottaway, may be difficult to gauge. However, while ensuring the welfare of their young grandchildren when in Woodstock over such extended periods, they continued to maintain their relationships with both their daughter and all their grandchildren.

¹¹⁴ NRO, BOL 2/26/16.

¹¹⁵ NRO, BOL 2/27/5.

¹¹⁶ NRO, BOL 2/27/6.

¹¹⁷ NRO, BOL 2/27/5.

By June 1777, Edward having been born in April, Mrs Reading had returned to Woodstock taking Elizabeth with her. What detailed arrangements had been made to support the care of young Elizabeth is not clear but by October Mrs Leathes wrote that, ‘We long to see her (Elizabeth) & if the distance was not so great we should before this time have taken a trip to Woodstock.’¹¹⁸ Then, having commented on Elizabeth’s playthings and clothes, she expressed some concern for her mother.

I am sorry my Mother makes herself so great a slave to her as to attend to her night & Day. I am afraid it will fatigue her too much & that she will neglect you by it.

Elizabeth was still living in Woodstock during February 1778 and was the main subject of Rev Reading’s letter to his daughter. He reported that,

She is just going to Bed & wishes you all good night. In deed we are very happy in her, and discover continually something that gives a high Opinion of her Goodness.¹¹⁹

He then referred to Elizabeth’s relationships with her distant parents.

You need not fear her forgetting you, for you are the chief Subject of her Discourse & she is perpetually repeating the names of her Papa, Mama, & little Brother, and making imaginary Journeys to Reedham, and in her Expressions of Affection for every Body, she constantly gives the preference to her Father.

Just a month later, Mrs Reading wrote more formally to her son-in-law, commenting that she was,

happy to find you are so well satisfied with the Situation of your daughter who continues to be a very good girl, and to administer Comfort to the aged Grand folks. Yet, notwithstanding her Absence from you for some months at so early a Period in her Life, she retains a strong Idea of Parental Connection, and upon all occasions gives you the Preference of her Affections.¹²⁰

In April it was reported that apart from her charms and the goodness of her disposition,

So far is she from being weaned by Absence from her Papa and Mama, that she seems to retain a perfect Remembrance of her Native Place, and distinguishes between her Uncle & Aunt Nelson at Strumbridge & her Relations Reedham.¹²¹

¹¹⁸ NRO, BOL 2/27/17.

¹¹⁹ NRO, BOL 2/93/4.

¹²⁰ NRO, BOL 2/93/5.

¹²¹ NRO, BOL 2/93/7.

Later, on the occasion of Mrs Leathes thirtieth birthday in May 1778, young Elizabeth being two years and eight months old, the Readings wrote of,

so lovely an Offspring, which is the Pride and Dotage of Grandpa and Grandma – Your eldest has certainly captivated our Affections, and wins for us daily that parental Tenderness, which we presume she can never experience hereafter in a higher Degree.¹²²

The evidence from the Leathes family correspondence is significant in both quantity and quality of expression, an important consideration in an area of such limited historiography. The Leathes/Readings intergenerational relationships appear to have been emotionally strong, the only evidence to the contrary being the occasion, discussed in detail in Chapter Five, when Mrs Reading felt torn between caring for her daughter and new baby and duty to her husband. Of the limited historiography, the Readings behaviours illustrate Ottaway's contention of the importance of close family relationships to those in the 'Decline of Life', which could hardly be better expressed or evidenced!¹²³

Granddaughter Elizabeth appears to have had great pleasure in living with her grandparents in Oxfordshire and the relationship with her grandmother seems to have been even stronger than that with her own parents. The communications which took place when young Elizabeth was staying in Woodstock, following Edward's birth, has illustrated the important part grandparents could play in a young child's life when parents were occupied with further off spring. Importantly, there is a clear recognition by Mrs Leathes that her parents wished to maintain a close relationship with their grandchildren. Further, that Mrs Leathes was willing to ensure that her children would reside with their grandparents in the future for long periods of time. What is not clear is the extent to which Mrs Leathes' motives were related to the interests of her parents, her

¹²² NRO, BOL 2/93/8.

¹²³ Ottaway, *The Decline of Life*, p.2.

children, particularly young Elizabeth's education, or her own enlightened self interest. Whatever Mrs Leathes motivations were, the Readings played both an important part in family life and axiomatically, the healthcare of their grandchildren.

Although Bailey has suggested that the emotional ties between children and their various carers who were not their parents have not been dealt with adequately¹²⁴, the evidence in this case strongly suggests that close, emotional ties between the three generations proved vital to the Leathes' family welfare during periods of indisposition, in particular, childbirth. The Readings not only shared the burden of care, but, as Ottaway suggested, 'sought to remain closely connected to their families'. Further, the Leathes' children were treated by the Readings with tremendous affection, 'much the way they are today, suggesting that the stereotype "softie" grandparents had its origins in England at least as far back as the early eighteenth century'¹²⁵. Specifically, the Readings, in the evening of their lives, not only supported the family during periods of indisposition and rejoiced in the presence of their grandchildren, but behaved towards them in a manner in which their relationships would be fully recognisable within a twenty-first century familial setting.

While there is considerable direct evidence of the intergenerational relationships enjoyed by the Leathes and Reading families, the relationships between generations in the Tremayne family may only be assessed through inference. As already indicated, the evidence from the Tremayne family has been culled from the extant letters written by John Tremayne to his father, Rev Henry Tremayne. However, there is sound evidence of close relationships between the generations, despite diversity of opinion between parent and grandparent regarding the approach towards Harry's medical practitioners, their medicaments and their practices.

¹²⁴ Bailey, 'Reassessing parenting', p.231.

¹²⁵ Ottaway, *The decline of life*, p. 159.

This episode, which occurred in May 1822, has been referred to in Chapters Five and Six, the latter exemplifying patient/practitioner relationships. Over a year earlier Tremayne had already been questioned by his father about the level of medication being prescribed for Harry. Now, in May 1822, Henry Tremayne took his son to task regarding what he perceived to be excessive medical intervention suffered by his young grandson. The practitioners may have otherwise been highly regarded medical luminaries but he doubted their skills. Yet, at the seat of this dispute over a particular matter of Harry's medical care lies, it is suggested, deeper issues than just those of a simple disagreement between father and son.

To Henry Tremayne, practitioners were thought to be largely ignorant of the causes of diseases and should be treated sceptically even if consulted occasionally. As a cleric, he would have seen religion, health and medicine as inextricably intertwined as 'religion could provide a *language* for expressing and interpreting pain and sickness'¹²⁶. He would probably have concurred with the female doctor who in 1770 argued that, 'those who live philosophically, temperately, religiously, and wisely, seldom want a physician'¹²⁷. While little improvement in curative power was evident during the early decades of the nineteenth-century, relationships with doctors had evolved more into one of increasing, if tentative, trust such as exhibited by John Tremayne. Yet, the evidence strongly suggests that despite their disagreement, the Tremaynes maintained a close father/son relationship, bound together by their joint anxiety regarding young Harry's worsening clinical condition.

These two intergenerational case studies appear to have little in common. The former relates largely to the diverse exigencies, in particular lying-in, which the Leathes

¹²⁶ *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge: Cambridge University Press, 1985), p.6.

¹²⁷ D. Smith, 'Prescribing the rules of health: Self-help and advice in late eighteenth-century', in *Patients and practitioners: Lay perceptions of medicine in pre-industrial society*, ed. by R. Porter (Cambridge: Cambridge University Press, 1985), pp.249-282, (p.267).

family had to experience when giving rise to the next generation. The latter, some forty years later, related to the critical clinical episodes which resulted in the death of a nine year old boy. However, the evidence presented suggests that there was a common intergenerational theme towards the family's management of health matters. Both grandfathers, even if in the Tremayne case only by inference, expressed firm views regarding health, the over use of medication and the limited extent to which the advice of medical practitioners should be accepted and treatments implemented. Importantly, the evidence suggests that Rev Reading's relationships with both his daughter and son-in-law were such that when he gave clear and detailed advice on medication, isolation from infectious diseases and regimen, he was heeded. Although such diversity of opinion occurred between the Tremaynes, intergenerational relationships appeared to have been open and supportive. However, the circumstances of an aging woman such as Mrs Shackleton was inevitably very different as were her family relationships.

An aging woman

The case of Mrs Elizabeth Shackleton, an aging woman who had endured declining health during a second, dysfunctional marriage, has been fully described in Chapter Two. In the eighteenth-century,

‘a few men and women became “old and infirm” in their late fifties, while others remained hale and hearty into the eighties. The functional definition of old age is thus inherently flexible, but it is at the core of the understanding of the aging process.’¹²⁸

Importantly, ‘aging was associated not with the achievement of longevity but with illness and decay, with dependence and “impotence”.’¹²⁹ Mrs Shackleton had regularly consulted doctors from at least 1766 when she was forty years of age. During her early fifties she was clearly in declining health and died when she was just fifty five. Apart from her many episodes of indisposition, at the age of fifty she suffered ‘the last great

¹²⁸ Ottaway, *The decline of life*, p.26.

¹²⁹ Ottaway, *The decline of life*, p.27.

tooth I had in the under jaw of my right side'¹³⁰ pulled by Dr Turner. Toothlessness, with lameness, and decaying sight, strength and memory were five elements almost universally associated with old age¹³¹. The evidence is strong that in her last few years of her life Mrs Shackleton, with all her ailments including a significant loss of teeth, would have been viewed as an aging woman.

In order to appreciate her relationships during the last decade of her life when her health was failing, it is necessary to appreciate the familial context in which she recorded her experiences. Firstly, her second marriage to a man fifteen years her junior had damaged family relationships. Scandalized, her brother had broken off contact with her for some years while her sons appear to have been badly influenced by Shackleton's boorish behaviour. Secondly, her marriage to Shackleton had been deteriorating for many years, at least partly due to his verbal and physical abuse which caused her injury. For example, in July 1772 he had thrown a hard crust at her and later he had blooded her nose and mouth¹³². Further, he was regularly intoxicated to such an extent that his state of health was deteriorating while exhibiting unhygienic behaviour. Thirdly, her state of mind appears to have been deteriorating in her later years, evidenced by both her emotional outbursts of self pity and apparent tendency to hypochondria.

While the language Mrs Shackleton used to condemn her husband was on occasion very robust, her response to his bad behaviour was usually coloured by self pity. On 15 August 1779, after he had been absent for two nights, she wrote that he was,

very rude to me – sad bustles – myself in a most violent passion threw all the breakfast about dirtied the clean cloth & the Parlour & kitchen – Hurt myself no little – more the pitty as I am ill¹³³.

¹³⁰ LRO, DDB 81/29, June 1776.

¹³¹ Ottaway, *The decline of life*, p.33.

¹³² LRO, DDB 81/17.

¹³³ LRO, DDB 81/35.

Matters only got worse when in 1780 he had taken a horse whip to her¹³⁴. On 30 March 1781, having recorded that he slept by himself, ‘mr s shook me, swore at me, many a time bid me turn and get out of his house here i should not stay.’¹³⁵ Even in her last illness,

he struck me violently many a time. Took the use out of my Arm, swell’d from my Shoulder to my wrist, the skin knock’d off at my elbow in great Misery and pain he afterwards got up & left my bed, went into another room pretty Matrimonial comforts god Bless and help me.¹³⁶

Despite such reports, she also recorded occasions when he cared for her. For example, ‘Mr S very kind came in the morning staid dinner and was very good to me, gave me a bottle of his nice, fine, clear, strong, good, fresh ale.’¹³⁷

How many of the visitations by the local surgeon, Mr Turner, were to deal with injuries caused by Shackleton’s physical abuse was not recorded. As Shackleton increasingly got drunk, so his behaviour deteriorated. At times his own physical functions were out of control and only added to Mrs Shackleton’s disgust of her husband’s behaviour. On one occasion ‘he had made water into the fire’¹³⁸ and on another, ‘he shits in bed with drinking so continuously’¹³⁹. To what extent such habits increased the seriousness of the infections she recorded is not possible to judge but such unhygienic behaviour must have added to the health risks for both of them.

There is very little evidence of Mrs Shackleton nursing her husband even when he was very sick during the month of January 1780¹⁴⁰. While she regularly referred to the pain he suffered from, she invariably coupled such comments with those on her own poor state of health. On 8 January,

¹³⁴ LRO, DDB 81/37.

¹³⁵ LRO, DDB 81/39.

¹³⁶ LRO, DDB 81/39.

¹³⁷ LRO, DDB 81/39.

¹³⁸ LRO, DDB 81/20.

¹³⁹ LRO, DDB/81/33A.

¹⁴⁰ LRO, DDB/81/37.

Myself very weak feable & faint & poorly. My heel mends but a return of the Rhumatick pain in the calf of my leg. Mr S. very poorly all over him he thinks it is the gout – I hope he will soon be well.

on 15, ‘Poor Mr S. very bad in the gout – exceeding poorly – so am I all over me’; on 17, ‘Mr S had a most shocking restless night I had violent pain in all my bones & very poorly all over’; and on 19, ‘Mr S & myself very poorly’. On no occasion did she indicate that she made any effort to nurse her husband. Nevertheless, Shackleton cared for his wife occasionally. On the 6 January 1780, ‘Mr S. takes great care of me and is kind – I thank him.’ Yet on the following day she recorded that, ‘Mr S. most horribly Cross – says he will send for his father to keep me orderly - & to comfort him in his great trouble.’ She ended that day’s entry by noting that ‘Mr S. very ill – the gout in his head, inside a leg. I hope if he takes care of himself he will soon be better.’ These entries from one month indicate firstly, that Shackleton actively cared for his wife, a fact that is evidenced later on in her diaries¹⁴¹, secondly, possibly due to her own incapacity, she refrained from actively caring for him to the point he was prepared to call for his father to help him, and thirdly that she just expected that he would have to take care of himself. Their relationship was unstable, if occasionally tempestuous.

During Mrs Shackleton’s final period of indisposition, just before her death in August 1781, her own response to his behaviour continued to be rather ambivalent. Approvingly, ‘Mr S got a piece of ischam out of my foot.’¹⁴² But, soon after, ‘Mr S so drunk with liquor as it must hurt him, my heart is almost broke.’¹⁴³ Such a comment suggests she knew that excess alcohol would damage his health. Later, ‘Myself very ill, as usual Mr S very drunk and fit for nothing.’¹⁴⁴ Yet, soon after, ‘I am truly happy bout

¹⁴¹ Mrs Shackleton records Mr Shackleton’s care for her on 11 February 1780 [DDB/81/37], 3 (month not certain) 1781 and 25 March 1781 [DDB/81/39].

¹⁴² LRO, DDB/81/39, Thursday 3 (month not certain) 1781.

¹⁴³ LRO, DDB/81/39, Saturday 2 (month not certain) 1781

¹⁴⁴ LRO, DDB/81/39, 29 February 1781.

my own dear mr s who is so concern'd for me.'¹⁴⁵ Then, less than a week later, 'mr s reain'd exceeding rude and cross abused my sons and myself most vilely. would not for a long time get up and drop [dress] my foot.'¹⁴⁶ The entry on 10 July reflected both her physical pain and mental distress, exacerbated by the difficulties she had with her husband.

My foot never more painful, I had a shocking night took laudinum no rest, I cannot tell what to do with myself. God look down upon me. Mr S no patience with me, calls me ill temper'd, cross and nought. I am very sick and reaching for ever, no strength inn me never worse since my fatal illness turned to 7 months since.¹⁴⁷

There is no direct evidence of the causes of Shackleton's drunkenness although his disaffection with his wife may have been partly a response to her agitated behaviour, exacerbated by hypochondria. However, for a man of thirty eight years of age, after some sixteen years of marriage to a now ailing, near toothless women in her mid-fifties, who deemed herself to be of a superior class, may have been sufficient cause in itself. To what extent their deteriorating relationship was due directly to her declining health is difficult to establish. However, the evidence would suggest that the manner in which she dealt with her indispositions probably aggravated an already disharmonious relationship. In such a dysfunctional marriage her three sons responded to her deteriorating health with little interest or sympathy, only increasing her distress further. The particular circumstances in which Mrs Shackleton found herself has been referred to by Pat Thane as 'nuclear hardship'¹⁴⁸: isolation and hardship being the consequence of no automatic right of support from relatives.

When the then Mrs Parker eloped to marry Shackleton in 1765, her three sons were nine, ten and eleven years old. At such an impressionable age the children were

¹⁴⁵ LRO, DDB/81/39, 25 March 1781.

¹⁴⁶ LRO, DDB/81/39, 31 March 1781.

¹⁴⁷ LRO, DDB/81/39.

¹⁴⁸ Pat Thane, *Old age in English history: Past experiences, present issues* (Oxford; Oxford University Press, 2000), p.121.

likely to have been influenced by the new master of the household and Shackleton apparently set a poor example to his three step-sons with his boorish disregard for their mother. He, ‘Despises me as if a washer woman.’¹⁴⁹ Later she bemoaned that ‘He is very unmannerly, not much to calculate for a Matrimonial Life.’, while, indicative of Shackleton’s influence over the children, she commented, ‘Kind usage from the sons to a mother & a husband to a wife. Each following their own Diversions.’¹⁵⁰ The most compelling evidence that her sons were not on good terms with each other occurred towards the end of her life. On 21 May 1781 she recorded that her son John was determined to,

distress his own dear brother Tom who has been a most sincere and true friend to him and my own dear Robert Parker. ... The trouble I am in about John and his affairs, Robert and his bad conduct and their ungenerous, unfriendly treatment of their kind brother my own dear Thomas Parker.¹⁵¹

The combination of Shackleton’s behaviour when her sons were young and impressionable, together with their apparently fractious relationship may have contributed to them remaining aloof from their mother. Neither is it surprising from those comments that most of her specific references related to her eldest son, Tom, who had inherited Alkincoats in 1775 and accordingly lived only a few miles distance. Nonetheless, she did not always receive the attention and affection she craved from Tom.

When the Shackletons moved out of the home farm of Alkincoats in 1777 to Pasture House, the property built by Shackleton, Mrs Shackleton clearly missed the company of her children, particularly Tom. On 11 December 1778, ‘Myself very

¹⁴⁹ LRO, DDB/81/33A.

¹⁵⁰ LRO, DDB/81/20.

¹⁵¹ LRO, DDB/81/39.

bad very faint and weak I wish my own Dear Tom was come & all my own dear children about me.¹⁵² On the following day she refrained,

Myself very bad extremely so violent pain in my back & bowels – God Bless me grant me better - I wonder where all my own Dear Children are – God bless & be with them.¹⁵³

This apparent disinterest in their mother was borne out by Tom's behaviour after she became ill in late January 1781. She was suffering pain and sleepless nights when Tom visited her.

Tom call'd this fore noon in his way to Newton, just came into my room, was most uncommonly cross. Said he wanted no wordes, I never saw him, he hardly spoke, away he went, left me crying so my heart wo'd break. May he never know why he has made me suffer for him. God bless him, his brother and all his.¹⁵⁴

As already noted, she recorded that Tom 'made a joke' when she 'over eatmyself'¹⁵⁵. In this case, did Tom see his Mother's behaviour, for example, overeating and drinking too much cold ale, as being the cause of her own suffering? Had he often seen her in such a condition before and questioned how ill she really was? Was she suffering from hypochondria as much as from genuine ailments? It is not possible to be certain what effect Mrs Shackleton's illnesses had on the relationship with her sons or the extent to which they were influenced by their step-father's attitudes and behaviours towards their mother. However, having written on 25 February 1781 to her two younger sons, John and Robert, telling them of her indifferent health, she recorded no direct response. The evidence suggests that not even Tom was over sympathetic towards his mother's state of health and that her suffering had little influence, for good or bad, on her sons' behaviour towards her. Even more painfully for

¹⁵² LRO, DDB/81/33A, 11 December 1778.

¹⁵³ LRO, DDB/81/33A, 12 December 1778.

¹⁵⁴ LRO, DDB/81/39, 7 February 1781.

¹⁵⁵ LRO, DDB/81/39, 8 July 1781.

Mrs Shackleton as a grandmother, Mrs Parker, her daughter-in-law, thought Shackleton's behaviour such that,

she did not think it wo'd be proper for my own dear little Robert [her grandson] to come to stay here while she was absent in Black pool. This hurt me very much.¹⁵⁶

Of the manuscripts written by Mrs Shackleton covering the last nineteen years of her life from 1762 until her death in 1781, Amanda Vickery has suggested that,

while Mrs Shackleton's records are unparalleled in their range and detail, they are far from extraordinary in their content: elements of her experience and value system can be found across scores of other women's manuscripts¹⁵⁷.

However, were the experiences Mrs Shackleton recorded of ill health in an increasingly stressful household truly representative of the typical Georgian household? Firstly, Mrs Shackleton's marital experiences were hardly typical, if not unheard of, and secondly, her two marriages probably resulted in two quite different experiences of married life of which the period as Mrs Parker, little is known. Accordingly, while Vickery implies that the manuscripts researched for this study represent a touchstone of a Georgian woman's experiences, one has to question how different might have been such an assessment had equally detailed records been available from at least 1753. Significantly, while this study may not reveal a typical Georgian middling woman's relationships when ill health visited the household, it vividly demonstrates the limitations that entrapped such a woman when illness struck and, for what ever reason, she was to a large extent isolated from her immediate family as well as by the effect of the very indispositions from which she sought comfort and release. Apart from all her physical ailments, exacerbated by hypochondria, she was subjected to the unpredictable behaviour of a much younger husband who was regularly intoxicated, verbally abusive and physically violent. Relationships with her immediate family had not been robust

¹⁵⁶ LRO, DDB/81/39, 24 August 1781.

¹⁵⁷ A. Vickery, *The gentleman's daughter: Women's lives in Georgian England* (New Haven & London: Yale University Press, 1998) p.11.

since her second marriage and had deteriorated further as she aged and her health failed. During her last days she sought comfort from her immediate family, yet her increasing sense of self-pity probably damaged her closest relationships, and, as suggested above, ensured ‘nuclear hardship’. Having reviewed the case of Mrs Shackleton, an aging woman from ‘polite’ stock who suffered from indisposition, debilitation and an unhappy marriage, the case of Lady East, described in Chapter Two, gives an opportunity to explore relationships in a large aristocratic household when her husband, Sir William East Bart., suffered from an acute attack of gout.

The mistress of the household

From the 1 January 1791 to the 10 June 1792 Lady East regularly recorded how she slept, when she awoke and how she felt, as well as regularly listing her complaints. Such a concern for, even an apparent obsession with her health, reflected that ‘Georgians could never take it for granted that they would wake up well, or, when they fell sick, that medicine would restore them.’¹⁵⁸ While Lady East’s concerns for her own health are clear, when the master of the household fell ill, her relationships with both her husband and the “affective group” within an élite establishment would have been crucial.

Joanne Bailey has articulated two perceptions of marriage during the period 1660 to 1800, the pessimistic view and the optimistic view. Simplistically, the former presents ‘spouses’ experiences as oppositional’ while that of the latter perceive marriage as ‘more mutual and complimentary’¹⁵⁹. While the Shackleton case reviewed above would certainly appear oppositional, Lady East appears to have had a very close relationship with her husband and would accordingly be in the latter category.

¹⁵⁸ R. Porter and D. Porter, *In Sickness and in health: The British experience, 1650-1850* (London: Fourth Estate, 1988), p.43.

¹⁵⁹ J. Bailey, *Unquiet lives: Marriage and marriage breakdown in England, 1660 - 1800*, (Cambridge: Cambridge University Press, 2003), p.8.

As an early indication of her care, Lady East moved out of the matrimonial bedchamber during her husband's illness in order not to disturb him. Further, she always rose early to see how he was. Her concern for him appears to have been reciprocated; 'I got up at five, but Sir William sent me to bed again.'¹⁶⁰ Three days later, 'I arose at 5 but Sir William would not let me stay.'¹⁶¹ This situation reoccurred on quite a number of occasions. First thing in the morning she usually made him tea and toast and, for example, 'he then laid his head upon a pillow in my lap & slept very quietly two hours & a half – then had his breakfast'¹⁶². From the detail of the daily entries she observed her husband closely with the help of her domestic staff who sat up with him during the night, apparently recording how well and how long he slept.

I rose at five – Sir William very soon fell asleep – awaked now & then had some tea which he could scarcely swallow he was so sleepy - & slept or rather dosed till breakfast & afterwards my reading the newspaper put him to sleep & he had sound sleep than before breakfast & he continued sleeping till half past one.¹⁶³

Although she referred to his complaints in detail, she did not always accept the negative attitude he took. On 27 April she thought he was 'visibly better than yesterday .. but poor soul he would not allow it'. Her references to his lowness were always recorded sympathetically. Such a close and loving relationship is evidenced in Sir William's will which was proved nearly thirty years later on 17 December 1819. He referred to her a number of times but specifically on page two as, 'my late dear wife for upwards of forty years'¹⁶⁴. Lady East died on 19 December 1810.

Throughout her diary relationships with family and friends were recorded in some detail. During the six weeks from 11 April 1791 when Sir William's indisposition became acute, Lady East recorded no less than thirty three names of those who had

¹⁶⁰ BRO, D/EX 1306/1, Diary of Lady East, 18 Apr. 1791.

¹⁶¹ BRO, D/EX 1306/1, 21 Apr. 1791.

¹⁶² BRO, D/EX 1306/1, 25 Apr. 1791.

¹⁶³ BRO, D/EX 1306/1, 24 Apr. 1791.

¹⁶⁴ NR, PROB 11/1623, The last will and testament of Sir William East, Bart., p.2.

either visited or “sent to enquire for Sir William”. Those that visited regularly included his three children and Gilbert’s wife; Mary’s husband visited twice. The Davenports and the Perrots visited regularly, on the 29 April, ‘Mr Lee came & sat with him an hour & a half & he was quite cheerful’. On the 3 May, ‘Mrs Lee was so good as to call & drink tea with us’. These many visitors and the support they offered appear to have been appreciated and exemplify the extent of the East’s “affective group” of friends, family and neighbours. Such an affective group was not the preserve of the wealthy or aristocratic as Naomi Tadmor’s study of Thomas Turner makes clear. She describes Turner as a literate person of the ‘middling sort’¹⁶⁵ where, his relationships with his ‘related “friends” formed a close network of sentimental and instrumental exchange’¹⁶⁶. However, the nature of relationships with all the East neighbours may not have been entirely cordial, evidenced by the final sentence for 8 May; ‘Mr & Mrs Leigh Perrot sent – Mr Hern sent - Mr Amber was going to send but Augustus call’d & prevented him.’ Why Mr Amber was apparently singled out was not explained. Sir William’s son, Augustus, was still unmarried and living at Hall Place. On occasion he was called to help with his father in the sick room. One day when Sir William suffered particularly from painful knees, ‘Augustus came home before he [Sir William] was quite settled & he assist’d him in getting higher in the bed.’¹⁶⁷

Of those who helped nurse Sir William, on 20 April, ‘My sister Harriet [Sir William’s former sister-in-law] found he continued so indifferently after I went to bed that she staid with him till six in the morning.’ As described in the Section on Relationships, the term “in-law” was not in regular usage. Harriet Casamayor was the sister of Sir William’s first wife but was always referred to by Lady East as her sister¹⁶⁸.

¹⁶⁵ Tadmor, *Family and friends*, p.13.

¹⁶⁶ Tadmor, *Family and friends*, p.175.

¹⁶⁷ BRO, D/EX 1306/1, 29 Apr. 1791.

¹⁶⁸ BRO, D/EX 1306/1, 20 Apr. 1791

Although a member of the household, she was not related by blood or marriage and was in fact fictive kin. On 26 April, ‘Hannah sat up and my sister Harriet with her’ and she sat up during the night again on 28 April. Harriet’s care for the family was recognised in Sir William’s will when she received bequests, ‘for her great kindness and unvaried attention to me and to her sister my late dear wife for upwards of forty years and particularly during her and my illness’¹⁶⁹. As with family, Sir William not only remembered a number of servants individually in his will, but included ‘all and each of my servants both male and female’¹⁷⁰, specifically, that they should be paid up to the half yearly day following his death. Importantly, Lady East’s portrayal of relationships with the servants was not consistent with Sir William’s obvious appreciation of their services to the East household.

However, ‘The mistress-servant relationship was nothing if not complex and paradoxical. Relationships with some female servants were characterised by fondness and intimacy, with others by distance and antagonism.’¹⁷¹ This uncertainty in relationships between the mistress and her servants may be evidenced in the literature. Davidoff and Hall claim that genteel women in the wealthiest households would only undertake ephemeral pursuits such as ‘arranged flowers, done fancy embroidery, possibly being able to distil flower essence and make special concoctions’¹⁷², indications of idleness, if not limited competences. Vickery, on the other hand, has suggested that ‘with the tendency to take the presence of servants for granted make it hard to ascertain with certainty how much physical drudgery a genteel mistress took

¹⁶⁹ PROB 11/1623, p.2.

¹⁷⁰ PROB 11/1623, p.3.

¹⁷¹ Vickery, *The gentleman’s daughter*, p.143.

¹⁷² Davidoff & Hall, *Family fortunes*, p.388.

upon herself¹⁷³. Such diverse forms of behaviour by the mistress of the household would inevitably have had a significant effect on personal relationships.

Although no differential treatment or sentiment may be detected from Lady East's record of her dealings with the servants, not surprisingly, some were referred to more often than others and some appeared to undertake more personal duties of care than others. According to an entry on 28 September 1791, Lady East had eighteen servants. Relationships with servants in the eighteenth-century are usually difficult to assess due to a lack of the servant's voice. Such is true of the East household although, even without a direct voice, the manner in which the servants were regularly referred to suggests a close relationship between Lady East and her domestic employees. While she took direct day-to-day care of Sir William during his illness, she trusted the servants to help her in her nursing duties. Lady East, having moved into another bedroom during Sir William's indisposition, had at least one servant sit up with Sir William every night from 12 April to 30 May, a full narrative of the servants care for Sir William having been described in Chapter Five.

The evidence from the manner in which Sir William's acute episode of gout was managed suggests that Hall Place was a cohesively managed household, dependant upon good relationships, in which all the household under the authority of Lady East participated in the care of their Master. At least two servants had been employed for over a decade, eight servants were named who helped nurse Sir William during his illness in 1791 while those servants who suffered sickness or accident were cared for by the same practitioners who treated the family. But, none of the servants have left their own testimony of the events in which they were engaged in at Hall Place.

¹⁷³ Vickery, *The gentleman's daughter*, p.146.

While no servant's voice may be directly heard, the servants at Hall Place appear to have been trusted and given the responsibility to care for and even nurse the sick Master of the household. How this close and trusting relationship may be demonstrated is perhaps well illustrated in the voice of Ann Toll, a late eighteenth-century lady's maid already referred to in Chapters Two and Five. Many of her letters written between 1782 and 1789 gave reports to members of her mistress's family related to the condition of her mistress's health. The mistress was a Mrs Wright and the short letter¹⁷⁴ below illustrates both trust and intimacy with the Mistress and her family as well as an understanding of the wider world.

Bath May 16 1789

Hon.d Sir

I think my dear mistrefs have ben a little better for this tow or 3 days But this afternune she have bin In a good deal of pain and is very weak and low. My Dear Mistrefs desier her kind love to you and is very much oblige to you for your kind letter. It pleas her much in respects of the house which will give her great plesur to see you at visiters She in tend to send about it to morro Mr W. [Wright] He is very well Mrs Hartley is better desire that love to you from I am Sir your dutifull
Servant A Toll
The alection for Westminster is to be over to morro they say Mr Fox will have it

Synthesis

As already noted, there is a dearth of historiography related to familial behaviours and resultant relationships within a sick household. Although the various manuscripts presented in this thesis are few in number and may not be fully representative of the late Georgian period, as noted in Chapter One, Lucinda Beier, when referring to Ralph Josselin, suggested that,

such records of unique, personal experience are invaluable to the historians, providing as they literally do, a voice from the grave which can make the past live as no other sources can¹⁷⁵.

¹⁷⁴ BRO D/EHY F100/1, 16 May 1789.

¹⁷⁵ L. Mc. Beier, *Sufferers and healers, The experience of illness in seventeenth-century England* (London: Routledge & Kegan Paul Ltd, 1987), p.182.

A number of other studies have been based largely on a single record, for example, Tadmor's interrogation of Thomas Turner's diary¹⁷⁶. While Tadmor accepted that the content was not necessarily representative, she insisted that new insights may still be 'gained by inferring content from context, rather than by relying largely on isolated examples detached from their broader contexts'¹⁷⁷. Notwithstanding the accepted limiting perspectives articulated by such respected historians as Ann Digby and Will Coster, new understanding may be gained from the evidence which emanates from these few 'voices from the grave', whether as fathers, mothers, spouses and grandparents when acting as carers, sufferers and observers.

As *Nursing Fathers*, Tremayne and Giddy present evidence from two very different manuscripts, the former being letters written contemporaneously with events while the latter being a memorandum written after the events in question had unfolded. The former related to a father who assiduously nursed his young son during a three year period of continuous clinical decline with its fatal outcome, while the latter narrative related to a father who, having systematically observed the developmental aspects of his young son during three years of life, was to witness his demise from an acute clinical episode in less than forty eight hours.

Although the experiences of these two men were so different they were united in grief which may have been partly related to the contemporary social importance of raising male progeny. However, the manifestations of grief exhibited by these two gentlemen, while so very differently expressed, appear both overwhelming and genuine. The evidence strongly suggests that Tremayne was a man of sensibility while nursing Harry during his fatal decline; Giddy's traumatic emotional episodes following Charles' death raises questions of whether Giddy had maintained his manliness as a 'civil'

¹⁷⁶ N. Tadmor, *Family and friends in eighteenth-century England* (Cambridge: The Press Syndicate of the University of Cambridge, 2003).

¹⁷⁷ Tadmor, *Family and friends*, p.13.

gentleman, as may have been expected of him, even in such distressing circumstances. While their paternal relationships dominated them physically and emotionally, they both engaged socially with their sons, the former through nursing him over a long period of declining health while the latter through observing his child's physical and mental development throughout his short life. Both manuscripts, albeit in very different ways, suggest a feeling of helplessness in the face of such distressing and apparently inevitable clinical outcomes. Pollock's observations, when referring to the eighteenth and nineteenth centuries, was that,

Most parents were acutely aware of the frequency of child death, but far from inducing a state of resignation, this only served to heighten their anxiety during and illness of their offspring, and anguish at their death.¹⁷⁸

In such circumstances, Tremayne, in particular, exemplified the Nursing Father and in contradiction to Porters' general proposition referred to in Chapter Five, was the dominant carer during his son's fatal illness. Giddy was the dominant carer although in health rather than sickness, and throughout his son's brief life, his relationship with him was of paramount importance. United in grief, both Tremayne and Giddy were bound to their sons by a very strong relationship, a 'herculean knot'.

Mrs Thrale suffered a greater loss of young children, eight out of twelve, than might have been expected during the late eighteenth-century. A woman of considerable gifts, she was deeply committed to educating her young family and ensuring they possessed the necessary social graces. She took direct responsibility for the sick and accordingly, her traumas were many. It is not possible to establish whether her great emotional pain adversely effected her behaviours towards her husband or her children, particularly during a period when she was nursing a sick sibling. The prayers she wrote vividly illuminate the suffering such a mother endured, added to by a disaffected

¹⁷⁸ Pollock, *Forgotten children*, p.140.

spousal relationship. She was a domineering mother and the actions she took to educate and care for her children, despite her noble intentions, evolved into failing relationships with the four daughters who were to survive her and an estrangement from the very ones on whom she had lavished such abundant care. For her, the 'herculean knot' failed to hold. The evidence suggests that despite her exceptional qualities of character, strength, and perseverance, as her young family succumbed to the ravages of disease and death, her relationships with her immediate family would have inevitably become increasingly strained. The presence of an indifferent husband and unsympathetic eldest child would only have exacerbated the strain upon her relationships generally.

As grandparents, Rev and Mrs Reading emerge as crucial to the support of their offspring during the arrival of the next generation, such support being dependent upon strong intergenerational relationships. While Mrs Reading supported her daughter in Reedham during the various traumas of lying-in on a number of occasions, her husband, Rev Reading, remained in Oxfordshire and for long periods cared for one or more of their grandchildren. Importantly, it was probably in the context of Rev Reading's relationship with his grandchildren that he was able to care for them near singlehandedly. Consideration of the attitudes of the older generation in both the Leathes (Readings) and Tremayne families, even though some forty years apart, suggest that the intergenerational relationships were an important support mechanism when indisposition struck the household. Most importantly, the behaviour of the Readings towards their grandchildren strongly indicates that their social behaviour and emotional relationships with their grandchildren, despite the strains they endured, would be fully recognisable within a twenty-first century familial setting.

Mrs Shackleton's copious records written during the last few years of her life have presented an aging woman who, probably due largely to her second marriage,

became effectively isolated from her family, both emotionally and physically. While her debility from chronic conditions increased so her emotional hold on loved ones appeared to have loosened. Despite Vickery's proposition that she was representative of the Georgian middling class, that does not appear to be the case regarding her deteriorating relationships when sickness struck. Her immediate family's behaviours suggest they believed that some of her afflictions were self induced, for example, by over eating and drinking, and that she over-stated her woes. In an already dysfunctional marriage, Mrs Shackleton's declining health and increasing hypochondria only made matters worse. Further, the resultant behaviour of her disaffected husband and her increasingly focused attention to her own deteriorating clinical condition resulted in a greater isolation from those she most cared for, her three sons and infant grandson.

Lady East's diary reveals a mistress of the household where the indisposition of the master of the household was dealt with, not only through her own devotion, but also through her management of the whole household. While she regularly cared for her husband through the day, maid servants sat up with the patient through the night, a son helped his father sit up in bed and men servants carried their master from room to room in a sling. Lady East appears to have been very much in charge of the sick household in which even the head of the household, Sir William East, acquiesced to the mistress of the household. Strong relationships, both matrimonial and managerial, enabled an efficient and effective, if limited, continuous medical intervention to be maintained during Sir William's acute clinical episode. It may also have been the most therapeutic form of treatment available to him during the late eighteenth century.

To summarise, in the primary location where the sick were cared for, the household, the evidence emphatically suggests that relationships were critical to the manner in which the burden of indisposition was borne. Strong, emotionally supportive

relationships may have proved more therapeutic than certain clinical interventions. While such passionate parental relationships as those of Tremayne and Giddy were helpless in the face of the clinical events they faced, would Mrs Shackleton have lived longer if she had not been so emotionally isolated or left to the unwelcome attentions of an unhygienic and violent husband? While Mrs Thrale's caring but domineering relationships may have ensured her children obtained the best clinical interventions available, she not only lost eight of her twelve off-spring, but, possibly due to her own emotional isolation, needed the support of a second husband which damaged her relationship with her four surviving daughters and resulted in a lonely old age. Sir William's care within the household managed by Lady East may well have proved the most effective therapy available at the time. In short, the evidence strongly suggests that personal relationships during the late Georgian period were of critical emotional, if not clinical, importance to those who bore the burdens of sickness, child-birth and approach death, a subject not dealt with in current literature.

To recapitulate, members of the faculty have failed to appreciate the significant adverse effects that indisposition may have had, in all its guises, on family relationships and conversely, what therapeutic benefits might accrue from strong, positive relationships. Family health-care within the confines of the late Georgian household will only be fully comprehended if there is a much greater understanding of the complex matrix of relationships (practitioner, patient, carer and observer) within that habitat. Crucially, therefore, until historians of medicine, family and gender fully grasp, within a conflation of their disciplines, the nuances, intricacies and influences of personal relationships within that locus of care, the household, secondary literature will remain deficient in both its comprehension and articulation of the effect that indisposition had on the late Georgian family, the very subject addressed by this thesis.

Chapter Eight – The dearth of relevant literature, the research process, and contributions to knowledge

The dearth of relevant literature

As indicated in Chapter One, over the past decade historians have identified a number of inadequacies in the established literature on the social history of medicine during the late Georgian period. While Steven King and Alan Weaver posit the general claim that historians have ‘hardly scratching the surface of the English medical landscape in the eighteenth and nineteenth centuries’¹, Lisa Smith has suggested that ‘historians have not taken much interest in the family’s role in medical care’². Further, Joanne Bailey has observed that, ‘questions about interaction across generations raise the almost entirely neglected subject of grandparenting’³, and as recently as 2010 she has asserted that the ‘lack of research into men’s domestic lives in the long eighteenth-century is a barrier to assessing patterns of continuity and change’⁴. Bailey’s findings suggest that, ‘putting men back in the Georgian home and family does not reveal straightforward continuity between early modern and Victorian models of masculinity’⁵.

Against that backdrop, the behaviours of men in the domestic setting, the activities of grandparents in a sick Georgian household and the influence that either men or grandparents may have exerted over the health of the family unit remains an untilled field, plentiful in research possibilities. In general, current literature has failed to enrich the tapestry of the eighteenth and nineteenth centuries medical landscape through a lack of structured interrogation into the personal experiences of those that faced sickness,

¹ S. King and A. Weaver, ‘Lives in many hands: The medical landscape in Lancashire, 1700-1920’, *Medical history*, 44 (2000), 173-200 (p.199)

² L. W. Smith, ‘Reassessing the role of the family: Women’s medical care in eighteenth-century England’, *Social history of medicine*, 16 (2003), 327-342 (p.327)

³ J. Bailey, ‘Reassessing parenting in eighteenth-century England’, in *The family in early modern England*, ed. by H. Berry and E. Foyster (Cambridge: Cambridge University Press, 2007) pp.209-232 (p.230)

⁴ J Bailey, “‘A very sensible man’: Imagining fatherhood in England, c.1750-1830’ *History*, 95, (2010), 267-292 (p.272).

⁵ Bailey, “‘A very sensible man”, p.292.

death and the loss of loved ones. This identified dearth in the current literature relating to the sick household exposes a significant failure to understand the implications of the interaction between clinical events, familial environment, social context and the influences of the wider matters of class, region, gender and age. The faculty needs to address this identified lack of published scholarship in order to establish a coherent understanding of both the broad social implications of sickness in the home as well as the specific effect that indisposition had on the late Georgian family.

This thesis has addressed the weaknesses in current literature in four ways. Firstly, it has interrogated the personal behaviours of both the sufferer and carer in the sick household from whatever class or region, whether male or female, adult or child. Secondly, it has discussed and analysed the part played by certain men in the domestic arena of the sick household. Thirdly, it has recorded examples of grandparenting and the effects such intergenerational relationships had on household health care. Finally, by exposing the diversity of experiences of sickness within the household it has challenged current concepts of the resultant web of relationships between practitioners, patients and the others members of the sick household.

The research process

The structure of this study has utilised three critical approaches, firstly, to embrace the virtues of micro-research through the primacy of the single voice “from below”, as exemplified in Chapter One, secondly, in order to overcome the pitfalls of specialisation, to conflate the narratives on medicine and family while seeking to establish the influences of gender when caring for the sick, and thirdly, as detailed in Chapter Two, to structure the design of the research process in order to gain the maximum possible spectrum of material. The material forensically examined for this

study includes records from diaries, journals and correspondence written by both men and women from various classes, regions and ages. Importantly, the prolific material interrogated for this thesis would suggest that the modest findings now presented, while making a genuine contribution to knowledge, should be seen as work-in-progress.

An important attribute of this study, and a contribution to knowledge in its own right, is the combination of the structured design and wide profile of the primary sources interrogated. The structure is innovative and the sources have provided such rich material that more extensive research should prove fruitful and lead to new insights. It is important to appreciate that although the experiences of Mrs Shackleton and the Thrale family have been the subject of well known publications, a significant majority of the material researched has not yet been the subject of published scholarship. Not only has the material used in certain cases been but a limited proportion of the archival material available, but one manuscript, Lady East's diary of 1801-03, is still held in private hands and has never been made available in the public domain. The detailed examination of this material offers an opportunity to articulate new findings which enrich understanding of certain aspects of the English medical landscape in the late eighteenth and early nineteenth centuries. Such has been achieved through discourses on two mayor themes which has offered specific new insights that have flowed naturally from the structured process of research used and has resulted in contributions to knowledge in four further important areas.

Contributions to knowledge

Apart from the innovative research structure, profile and process described above, the first contribution to knowledge relates to dosing and treatment discussed in Chapter Three. This chapter has demonstrated the great diversity of the behaviours of

three women when confronted with sickness. All three were apparently in charge of the sick room. Mrs Thrale had no compunction in self-dosing her children, Mrs Shackleton ingested a great deal of medication, often prescribed by the local practitioner, while Lady East avoided medicaments if at all possible. However, one common factor these women shared was a change in their behaviours over a period of years. Mrs Thrale, due to the regular, distressing experiences of her children's acute clinical episodes, many fatal, became less assertive in the household and increasingly reliant upon the practitioners she consulted. Mrs Shackleton, as the years of pain and sleeplessness took their toll, showed signs of hypochondria, and became increasingly demanding of her regular practitioner. Lady East, as mistress of a large household, was assertive in managing the care of her husband, but, a decade later tended to be passive when she became seriously ill and was dependent upon the care of her servants. As time passed, the evidence suggests that the experience of ill health, whether of self or a loved one, changed behaviours from being dominant as a carer to being either a more compliant carer or compliant as a sufferer. To summarise, the evidence raises matters regarding the nuances of patient power; firstly, presenting new forms of patient behaviour; secondly, a fluidity of patient decision making related to dosing when a clinical crisis occurred, and thirdly, the reality and nature of changing behaviours within the household over extended periods when indisposition struck, whether that of the sufferer or the carer. As the evidence strongly suggests, whether undertaking new research or revisiting current literature, cognisance needs to be taken of these various changing behaviours and a greater appreciation given to the interconnecting interfaces which may be perceived between the histories of medicine, family and gender.

Secondly, the discussion of regimen in Chapter Four revealed the common perception that certain elements of regimen were recognised, whether by region, class or

gender, as being important in maintaining good health. Certain diarists or correspondents were particularly wedded to specific elements. For example, Lady East regularly undertook exercise even when she was unwell and Miss Weeton was prescriptive about diet and the necessity of sleep. Most affirmatively, Rev Reading not only perceived the value of a complete approach to a sound regimen but recognised the value of a full regimen within the orbit of preventative medicine which, for example, included isolation from infectious diseases, a critical factor when smallpox was prevalent. Although the evidence from the sources interrogated present a variable emphasis, even if unconsciously so, on maintaining one or more of the six 'non-naturals', the evidence has reinforced the importance of the non-invasive manner of maintaining ones' health during the late Georgian period; the strongest advocate, Rev Reading, presenting an appreciation of wider aspects of preventative medicine. The significance of these findings would suggest that current literature, when indicating a sufferer was reluctant to ingest medication or accept orthodox treatments, should not necessarily imply a lack of interest in health-care. Rather, the sufferer may have had different perceptions of how to maintain health, which could and should be investigated.

Thirdly, the matter of who bore the burden of care in the sick household considered in Chapter Five was a more complex finding in which a variety of family members proved to have been responsible. Whether the nursing father, suffering mother or doting grandparent, there were as varied a group of carers as there were sources. From a limited number of sources, it would appear that the Porters' contention that there was a gender balance among those that carried the burden of care needed some refinement. Although both men and women acted as the carer, it is not clear to what extent the burden of care was shared within any specific household. Mrs Thrale was dominant in the care of the sick in her household while John Tremayne was

apparently in control of managing the care of his son. The Readings, as grandparents, both cared for their daughter and grandchildren. While one attended their daughter's lying-in and cared for the baby, the other contemporaneously cared for the elder grandchildren some hundred and fifty miles distance. The burden of care during their daughter's child bearing years may have been shared but the tasks were very different and to a large extent gender related. In the event, such sharing of the burden of care caused the Readings both physical and emotional problems resulting in some strain in their relationships. Significantly, this case confirms the part that could be played by grandparents in the management of health care; intergenerational support for the indisposed has been clearly demonstrated. Further, the older generation was invariably less sanguine regarding the value of both practitioner care and excessive dosing. The study of John Tremayne has demonstrated, apart from the intrinsic value of the study of a male in a domestic setting, the empathy a father had for his terminally ill young son, the direct physical care undertaken by a father and the actions he took in order to procure the best medical advice within a geographically wide and eclectic medical market place. When both male and female were equally involved in family health care, as the Reading's case demonstrates, their various activities were defined by gender. The value of fictive kin to the whole process of health care was evidenced, particularly in the Thrale and East households. Finally, while difficult to articulate precisely, changing patterns of both behaviours within the sick household and the evolving attitudes towards medical intervention may be perceived over a period of years. Importantly, the caring function is an area where an interrogation into a greater number of sources would undoubtedly be enlightening. The complexity of familial behaviours need to be more clearly articulated in the literature and the implications of the stress and strains suffered by a carer fully appreciated.

Fourthly, relationships, which was discussed in chapters six and seven, has illustrated the great variety of experiences which sprung from a diversity of behaviours, whether through class, gender or age. Importantly, the evidence from these two chapters demonstrate the interconnection between patient/practitioner relationships and those relationships which occurred within the sick household and the influence which each had, one upon the other.

As a nursing father in the early nineteenth century, John Tremayne, while questioning the medication and treatments prescribed by the many practitioners he consulted, by and large trusted their judgement rather more than his own father would have done, indicative of a generational change in attitudes. All indications suggest that Tremayne maintained close relationships with his family, particularly his father and wife, despite the physical and emotional investment he made in caring for his son, Harry, over some three years. Although in very different circumstances, Davies Giddy, as a nursing father, also exemplified the special relationship he had with his young son, Charles, being bound to him by a ‘herculean knot’.

The experience of Mrs Shackleton, a chronic sufferer, while presenting a similar trusting approach as Tremayne to her practitioners, tended to call for them in a manner which suggested her greater reliance upon their services. As she became increasingly remote from her immediate family, possibly partly due to her increasing hypochondria, so she appeared to have become more reliant upon her local practitioner, Mr Turner. To what extent Mr Turner acted more as a councillor to ease the ‘passions of her mind’ rather than as a prescriber of medicaments will probably remain an unanswerable question.

Lady East displayed both consistency and change in her behaviours over the decade for which there is evidence. Her relationship with practitioners was always

distant whether she or her husband were the patient. Further, there is specific evidence that over the years she remained dubious of the benefits of medication in relation to both herself and her husband. However, although she was dominant in managing the large household as the carer in 1791, as sufferer in 1802/3, she became, in a companionate marriage, compliant with her husband's quite restrictive demands upon her behaviour, supposedly for her own good.

In the case of Mrs Thrale, she displayed change over time in relationships with both practitioners and members of the family. Following many acute clinical episodes suffered by her children, some being fatal, her stress became particularly acute when she feared for Queeney's life from a clinical episode in March 1777. Thereafter she established more trusting relationships with practitioners and readily called upon their services. Similarly, as the years passed and she continually lost so many of her children at an early age she became increasingly remote from those of her offspring who were to survive her. Eventually, her familial remoteness was confirmed by her second marriage and the necessity of appointing a guardian to care for her four surviving daughters who were then aged between seven and nineteen, all of whom refused to live under the same roof as her second husband. Did the years of caring so passionately for her offspring, while losing so many at such a young age, result in what Laurence Stone referred to as a limit to her 'emotional capital'? Again, the evidence strongly suggests that prolonged debilitation, whether as sufferer or carer, changed both behaviours and resultant relationships with both practitioners and other members of the household.

These case summaries illustrate the need for a new approach to the study of relationships, whether within the study of medicine or the family. Critically, patient/practitioner relationships must be seen, analysed and understood within the context of the wider social context of relationships within the household of family,

friends and neighbours. Much of the substantial current literature on patient/practitioner relationships will need to be reassessed in the light of the wider findings which expose the influences exerted on them by the matrix of household relationships.

To recapitulate, a combination of the structured research process, the wide profile of sources, and the themes discussed has resulted in a rich layering of insights which encapsulate matters of the general medical landscape, whether of class, gender or generation, when seeking to comprehend the experiences of those that lived through sickness, accident, childbearing and death in the late Georgian period. The implications of these findings for current literature are significant. Current literature regarding the sick household has been confined to too narrow a perspective, whether through a lack of the perceived importance of the unique behaviours of the individual; or, perceived as only related to medicine or the family; or, failure to appreciate the implications of gender and the importance of intergenerational relationships. All have been inadequately forensically examined, analysed and discussed by the faculty.

For further enlightenment, it is strongly suggested that,

‘if secondary literature is to be enriched by such small scale research then the many “voices from the past” which currently remain silent in the dusty depths of the nation’s archives must be found if they are to be heard. Specifically, then, many deficiencies in knowledge of the English medical landscape of the eighteenth and nineteenth centuries identified by King and Wear will increasingly be overcome, that “history from below” will evolve into a rich narrative of human experience and “the frequency of circumstances and the nature of social change” will be transformed into a biography of the human spirit when faced with the inevitable visitations of sickness, suffering, pain and death.’⁶

⁶ R. M. James, ‘Health care in the Georgian household of Sir William and Lady Hannah East’, *Historical research*, 82 (2009), 694-714 (p.714).

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