



**University of
Sunderland**

Blackwood, Ashleigh and Williams, Helen (2023) Writing Doctors and Writing Health in the Long Eighteenth Century. *Journal for Eighteenth-Century Studies*, 46 (1). pp. 3-20. ISSN 1754-0194

Downloaded from: <http://sure.sunderland.ac.uk/id/eprint/17143/>

Usage guidelines

Please refer to the usage guidelines at <http://sure.sunderland.ac.uk/policies.html> or alternatively contact sure@sunderland.ac.uk.

Journal for Eighteenth-Century Studies
VOLUME 45 NUMBER 4 DECEMBER 2022

Writing Doctors and Writing Health in the Long Eighteenth Century

Keywords: medicine, health, medical, creativity, doctors, midwives, surgeons, writing, literature, arts

‘[E]verything valuable in the practical part of Medicine is within the reach of common sense... the Art would lose nothing by being stripped of all that any person endued with ordinary abilities cannot comprehend’.¹ William Buchan’s preface to the second edition of *Domestic medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicines* (1772) makes this surprising claim about the specialist knowledge required to undertake his profession. Despite being a physician himself and earning his livelihood through providing expert advice to patients, Buchan sought to demystify medical learning and information, making it useful and available to the widest possible readership. His beliefs capture the spirit of a medical culture that was new, evolving, and dynamic. *Domestic Medicine* was just one of many medical books written and printed each year, albeit one of the most successful, allowing a mass readership direct access to all manner of bodily subjects. As Buchan further details, when he first set out to write his book, a number of his peers warned him against such a project, fearing that it would ‘draw on [him] the resentment of the whole Faculty’.² He pursued the project nonetheless. The Faculty, or the membership of the Royal College of Physicians, had long protected their status as the chief purveyors of knowledge on the human body and its maintenance and had, for over 200 years, written their texts in Latin, rendering them readable for the medical community but not for the public at large. As Teresa Michals outlines, Latin, as well as Greek, was reserved for the educated elite. ‘[Y]oung gentlemen’, she explains, ‘set off on a different road entirely, embarking on a specialized education that was all

¹ William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 2nd edition (London and Edinburgh: W. Strahan; T. Cadell A. Kincaid, W. Creech, and J. Balfour, 1772), p.xv.

² Buchan, p.v.

about distancing them from the shared vernacular world'.³ It is from these populations of young men that universities gained their students, including those who would go on to qualify and practice as physicians. The ability to read classical languages was particularly important within university education because, as Thomas Neville Bonner summarises, '[f]or the traditional physician of the eighteenth century, medicine was above all a humane study, mastered largely through books and the careful examination of medicine's past'.⁴

However much the elite medical community perceived their theoretical understanding of anatomy and medicine to be their right by virtue of such exclusive learning, once qualified, as Roger French outlines, 'the working doctor who published for status or preferment increasingly turned to his vernacular language'.⁵ With rising rates of literacy and curiosity about healthcare, eagerness on the part of booksellers to capitalise on this growing readership, and their increased ability to do so after the lapse of the Licensing Act in 1695 in England, such opportunities for business and profit were too good to pass up for many an enterprising physician, even if it meant having to negotiate the opportunities and pitfalls that were inherent in opening up medical knowledge to the public. Throughout the period, political debates about the place of vernacular medical texts continued to be debated. Buchan summarises his own view, and the opposing views of others, when reflecting upon the reception of his text:

[b]y the more selfish and narrow-minded part of the Faculty, the performance was condemned; while many of those, whose learning and liberality of sentiments do honour to medicine, received it in a manner which at once shewed their indulgence, and the falshood of the common opinion, *that all physicians wish to conceal their art*.⁶

Even those wishing to 'conceal their art' could not deny the attractiveness of supplementing their incomes and advancing their reputations by producing texts on subjects with which they engaged

³ Teresa Michals, 'Age, Status, and Reading in the Eighteenth Century' in *Literary Cultures and Eighteenth-Century Childhoods*, ed. Andrew O'Malley (Cham: Palgrave Macmillan, 2018), p.15-34, p.18

⁴ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Great Britain, France, Germany, and the United States, 1750-1945* (1995) (Baltimore and London: Johns Hopkins University Press, 2000), p.33.

⁵ Roger French, *Medicine Before Science: The Business of Medicine from the Middle Ages to the Enlightenment* (Cambridge: Cambridge University Press, 2003), p.204.

⁶ Original spelling has been retained in this quotation. Buchan, p.v.

in their professional lives. In some cases, such as Buchan's, individual authors' texts were sufficiently popular to warrant circulating far beyond their place of origin, and were reproduced in far-flung territories including America, which was developing its own written cultures around medicine and healthcare.⁷

This special issue of the *Journal for Eighteenth-Century Studies* is part of a larger body of scholarship being produced by the Leverhulme Trust-funded major project 'Writing Doctors: Medical Representation and Personality, ca.1660-1832' at Northumbria University.⁸ Its main aims have been to create new directions for the study of literature and medicine by exploring how British culture was changed in a significant number of areas as a consequence of the language of medical expression moving from Latin to English towards the end of the seventeenth century. Our project has explored the repercussions of this change; from adjustments in the medical perception of the nature and scope of medical roles; to changes in publishing, with medical literature increasingly regarded as popular and profitable rather than expensive works for a small elite readership, to the growing public consciousness of personal and family healthcare throughout the period. With our contributors and collaborators, we have uncovered a more rich and detailed landscape of medical creativity than has been acknowledged to date. Looking beyond traditional conceptualisations of the medical practitioner, we have explored who sought to influence the formation of new medical specialisms and the development of existing ones, revealing new and unseen communities, whose voices have been neglected. This early process that worked towards the democratisation of medicine brought with it new voices and a dynamic exchange of ideas and communication between creative arts and healthcare: with literature and visual artworks feeding into medical awareness, and medical authors and themes stimulating and energising the various fields and forms of literary

⁷ Peter Dunn establishes that Buchan's work was translated into many European languages, as well as Russian. See, Peter M Dunn, 'Dr William Buchan (1729–1805) and his *Domestic Medicine*', *Archives of Disease in Childhood*, 83 (2000), p.F71-F73.

⁸ We are grateful to the Leverhulme Trust for their support of this research and the wider 'Writing Doctors' project. For further information, see: <www.writingdoctors.info>.

creativity, as well as greater public understanding and ownership of theoretical and practical medical information and its use.

This introductory essay comprises five sections. The first considers existing scholarship that influences the ways in which we view eighteenth-century medical practitioners and their creativity. The second maps out connections between medicine and literature, outlining the variety of ways in which literacy and creative thought played an assortment of vital roles in elite medicine, from offering educational information to attracting a lucrative clientele. As we will see, the written works of physicians and surgeons, both fictional and didactic, explore the political, economic, practical, and social aspects of medical practice. The third section focuses on communities of practitioners who did not have the advantages of hierarchical and structural support that enabled them to write and practice with authority. This section outlines the identities of the wide range of medical practitioners who wrote both medically and creatively in the long eighteenth century. For all they are often hidden, these individuals played instrumental roles in the building of medical knowledge. Women writers played a particularly significant part here, as do the material, as well as literary, cultures within which medical knowledge and practice were produced. The fourth section provides an overview of the essays featured in this special edition, and the fifth reflects on and celebrates the continued relevance of eighteenth-century medical-historical and literary subjects to contemporary understandings of healthcare, particularly in light of the global pandemic that has surrounded us while producing this special issue, and that was still ongoing at the point of publication. We bring together research from a range of international contributors, from early career researchers to Emeritus Professors, to advance scholarly dialogue on the considerable overlaps between art and science and the dialogic relationship between the two which continue to exist and inform healthcare today. Furthermore, any study that considers the allied histories of medical practice and writing necessitates a vibrantly interdisciplinary approach. What we present here is a series of essays that represent inter- and cross-disciplinary engagements between medical

humanities and literary studies in the broadest terms, representing subfields from corpus linguistics and material cultural studies to art history.

I Writing the Book on Medicine

Literature and medicine is now a well-established sub-field of both literary studies and the broader critical medical humanities. Holding its roots in mid-twentieth century scholarship, this subject was undoubtedly given many of its early and essential directions by the work of George S. Rousseau and the late Roy Porter.⁹ Their influential examinations of how medicine manifests within canonical literature of the eighteenth century have inspired what has since become a much wider-ranging search for connections between the increasingly specialist and professionalizing world of medicine and the proliferation of creative authorship. More recent studies in literary medical humanities have generated innovative discussion on themes including disease and death, sex and healthcare, discourse on specific organs, such as the brain or bowels, and breath and breathlessness, yet, by contrast, there is little scholarship that scrutinises the relationship between medical practice itself and wider creative production.¹⁰ Much in the line with Tita Chico's vision of the generation of scientific knowledge in *The Experimental Imagination* (2018), we begin from the position that creativity of both the literary and visual kinds 'enables writing about science as well as thinking about science, its practitioners, its pedagogy and politics'.¹¹ Michael Brown has made in-roads towards a thorough reevaluation of medical professions in light of their interactions with arts and culture. Having debunked myths that the satirical image of the 'sawbones' surgeon represents the realities of the profession during the eighteenth and nineteenth centuries in his

⁹ See G.S. Rousseau, *Enlightenment Borders: Pre- and Post-Modern Discourses: Medical, Scientific* (Manchester and New York: Manchester University Press, 1991); Roy Porter and Marie Mulvey Roberts (eds.), *Literature and Medicine During the Eighteenth Century* (London: Routledge, 1993).

¹⁰ Allan Ingram and Leigh Wetherall-Dickson (eds.), *Death and Disease in Eighteenth-Century Literature and Culture* (London: Palgrave Macmillan, 2016); Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease in the Eighteenth-Century Imagination* (New Haven & Yale: Yale University Press, 2018); Rebecca Anne Barr, Sophie Vasset, and Sylvie Kleiman-Lafon, *Bellies, Bowels and Entrails in the Eighteenth Century* (Manchester: Manchester University Press, 2018); David Fuller, Corinne Saunders, and Jane Macnaughton, *The Life of Breath in Literature, Culture and Medicine: Classical to Contemporary* (Cham: Palgrave Macmillan, 2021).

¹¹ Tita Chico, *The Experimental Imagination: Literary Knowledge and Science in the British Enlightenment* (Stanford: Stanford University Press, 2018), p.134.

earlier work, Brown analyses the written works and paintings of surgeons John (1763-1820) and Charles Bell (1774-1842) to argue that surgeons were deeply engaged not only in the treatment of patients as a matter of practical skill informed by a theoretical education but also in the emotional experiences of their work for both themselves and their patients.¹² Their use of creative expression to inform their work, he claims, ‘allowed for a deeply intersubjective engagement with the patient’s sufferings which shaped the therapeutic encounter in profound ways’.¹³ This more complex construction of the surgical profession than has been previously recognised invites current and future humanities scholars to look at other medical professions in similar ways and consider anew what factors determined how practitioners and writers of all types viewed the functions of their roles within wider society.

Figures such as George Cheyne, John Arbuthnot, and Edward Jenner were renowned as much for their written contributions to their art as their day-to-day practice. Their texts introduced a variety of new ways in which these practitioners could lay claim to specialist knowledge or experience that made them the most suitable candidate for consultation should a reader ever find themselves in need. Cheyne, for example, fashioned his own identity as both experienced patient and practitioner. From this vantage point, he can form an in-depth and sympathetic understanding of his patients’ sufferings as a fellow sufferer himself. The preface of his *An Essay of Health and Long Life* (1724) markets the advice he lays down within the text as being the long-sought antidote to his own nervous disorder. He postulates, ‘had I known and been satisfied of the Necessity of the Rules here laid down, thirty Years ago, as I am now, I had suffered less, and had had a greater Freedom of Spirits than I have enjoy’d’.¹⁴ The development of an appealing professional identity and authorial personality on the page was a vital literary intervention and a skill that could see the success or failure of an individual career.

¹² Michael Brown, ‘Redeeming Mr. Sawbone: Compassion and Care in the Cultures of Nineteenth-Century Surgery’, *Journal of Compassionate Health Care*, 4.13 (2017), p.3. DOI: <https://doi.org/10.1186/s40639-017-0042-2>.

¹³ Michael Brown, ‘Wounds and Wonder: Emotion, Imagination and War in the Cultures of Romantic Surgery’, *Journal for Eighteenth-Century Studies*, 43.2 (2020), p.239-59: p.240.

¹⁴ George Cheyne, *An Essay of Health and Long Life* (London: George Strahan and J. Leake, 1724), p.xv.

While Cheyne's practice thrived as a result of his skill in writing these types of medical texts, others participated in alternative forms of creative literary production.¹⁵ Physician Samuel Garth's most memorable work *The Dispensary* (1699), for example, is not a book of remedies, but of mock-heroic verse. Written in six cantos, the poem satirises tense professional medical debates taking place between the Royal College of Physicians and London's apothecaries concerning the best means of providing treatment to the poor. The relationship between the Royal College and the Worshipful Society of Apothecaries of London had long been tense. As apothecaries sought to expand their remit beyond preparing remedies, often going so far as to consult with and diagnose patients, physicians became aware of the threat to their trade. In 1687, a proposal surfaced amongst College members to establish their own dispensary that would dispense free medicaments to those who could not afford to purchase them. The apothecaries perceived the plan as a direct attack on their work, as did some physicians. These arguments persisted over several years until a dispensary was finally established at the College's Warwick Lane premises in 1698, the year before the publication of Garth's poem. Garth was dedicated to the plan but could also see the damage inherent in splitting the College along political lines. In his Harveian Oration of September 1697, Garth speaks first of the power of medicine, claiming that '[p]hysick extinguisheth the raging Flame of Fevers, strengthens the trembling and paralytic Limbs with its favourable Fires, [and] dries up the fountain of a dropsie,' before entreating his colleagues to come together for the good of the College and the profession at large.¹⁶ 'I propound unto you the example of the best and most learned President', he declares, 'and of many others of this Society who are here present; For they share with others in their Calamities and Necessities. They have provided a Repositorie well furnished with Druggs for the help of the Poor. If therefore so great Pietie, so much Charitie may

¹⁵ The figure of the physician-writer is now one with which we are increasingly familiar not only throughout history but also in contemporary medicine and culture. See, Suzanne Poirier, 'The Physician and Authority: Portraits by Four Physician-Writers', *Literature and Medicine*, vol. 2 (1983), p.21-40; A H Jones, 'Literature and Medicine: Physician-Poets', *The Lancet*, 349.9047 (Jan 1997), p.275-78.

¹⁶ The full English translation of Garth's Oration is included in Frank H. Ellis, 'Garth's Harveian Oration', *Journal of the History of Medicine and Allied Sciences*, 18.1 (January, 1963), p.8-19. See Ellis, p.12-13.

be of force to move you, if not in other things, yet in this I beseech you be conformable; unless things [to] be come to this passe, that our keenest enemies are to be found at home.’¹⁷

Powerful though this argument appears, its audience was limited to those who attended the original lecture or who could read Latin, the language in which it was subsequently published.¹⁸ Following this lecture, the *Dispensary* served as a vehicle, therefore, to advance his position to a wider readership. Although the College dispensary itself had already been established the year before, as Noelle Gallagher observes, by then ‘Garth explicitly identified his satire as treatment for a profession that had itself grown ‘sick’ by these debates and in the advancement of commercial, over altruistic, narratives of medicine’.¹⁹ His desire for unity, as made clear within his Oration, continues to be reflected in the words of Canto IV, ‘Physicians, if they're wise, shou’d never think/Of any other Arms than Pen and Ink’.²⁰ Yet, despite such a plea for harmony, he is equally quick to criticise directly those with whom he disagrees. Chief among these figures is fellow physician and writer, Sir Richard Blackmore. Garth satirises Blackmore as ‘the Bard’, a character poet who is only able to produce work of poor quality. The Bard unwisely interrupts Horoscope, a character representing Francis Bernard, apothecary to St. Batholemew’s Hospital and, in doing so, manages only to encourage, rather than dispel, Disease and its effects. The poem reads

As *Horoscope* urg’d farther to be heard,
He thus was interrupted by a *Bard*.

In vain your Magick Mysteries you use,
Such sounds the *Sybil*’s Sacred Ears abuse.²¹

Unlike Garth, Blackmore and Bernard both resisted calls for physicians to play a role in charitable activities and supported the community of apothecaries who were keen to defend their business interests in being able to sell their goods to customers of all social ranks. Blackmore produced his

¹⁷ Ellis, p.19.

¹⁸ Samuel Garth, *Oratio Laudatoria in Ædibus Collegii Regalis Med. Lond. 17^{mo}. Die Septembris* (London: Abelis Roper, Nigri Pueri, 1697).

¹⁹ Noelle Gallagher, ‘Satire as Medicine in the Restoration and Early Eighteenth Century: The History of a Metaphor’, *Literature and Medicine*, 31.1 (Spring 2013), p.17-39, p.28.

²⁰ Samuel Garth, *The Dispensary; a Poem* (London: John Nutt, 1699), p.43.

²¹ Garth, p.48.

own poetic response to Garth's criticisms. *Satyr Against Wit* (1700) accuses his adversary of plagiarism in his writing of *The Dispensary*, claiming that his original source for the text was Boileau's mock-heroic poem *Le Lutrin* (1674), as Blackmore claims

Felonious G[arth] pursuing this Design,
Smuggles French Wit, as others Silks and Wine.
But let his Suff'rings doubly be severe,
For he both steals it there, and runs it here.²²

Rather than attacking Garth's medical skill, Blackmore targets his opponent's creativity to undermine him.²³ Without the force of his own imagination, Garth's work may be perceived as less valuable to medical and cultural discourses of the period. Blackmore's strategic attempt to respond to criticism of himself here serves to reveal the intrinsic worth of the medical imagination to Enlightenment cultures of scientific progress. Garth's and Blackmore's texts are among the best known on debates concerning the dispensation of medicines to the public, yet theirs are not the only instances in which physicians used work in and around dispensaries to self-fashion their public personas. Andrew Duncan (1744–1828), founder of the Edinburgh dispensary, for example, used his experience of treating patients there to write and publish his casebook *Medical Cases, Selected from the Records of the Public Dispensary at Edinburgh* (1778).²⁴ Yet, as Daisy Cunyghame points out in this special issue, an analysis of any casebook text like Duncan's text inevitably reveals the various difficulties with 'relying on published material to identify [patterns in] diagnoses, and diagnostic processes', as case histories often reflect the selective editorial practices of the practitioner themselves in compiling a text that best advertises their success to readers.²⁵ Many of the essays featured in this special issue reveal the extent to which medical publications that claimed

²² Richard Blackmore, *A Satyr Against Wit* (London: Samuel Crouch, 1700), p.13.

²³ For more on Blackmore's accusation of plagiarism against Garth, see Richard Terry, *The Plagiarism Allegation in English Literature from Butler to Sterne* (Houndmills: Palgrave Macmillan, 2010), p.81-3.

²⁴ See: Monika Class 'Introduction. Medical case histories as genre: new approaches', *Literature and Medicine*, 32.1 (Spring 2014), p.ii-xvi; Gianna Pomata, 'Sharing Cases: The Observations in Early Modern Medicine', *Early Science and Medicine*, 15. 3 (2010), p.193-236.

²⁵ See Cunyghame's essay in this special issue, 'Discussing Patients in Private and in Print: The Records of an Eighteenth-Century Dispensary', pp. tbc.

to be based on empirical evidence were necessarily infused with creative components so that their authors might carve for themselves a place in the evolving world of literary medicine.

II Practitioners and Print Culture

The appeal of writing as a form of public healthcare was not only clear to physicians, but also to a wide range of other types of practitioners, male and female, qualified and amateur, genuine and fake, and the nature of the texts was as varied as the identities of their authors. Surgeons including Dale Ingram (1710-93), John Birch (c.1745-1815), and Thomas Keate (1745-1821) produced their own medical texts. Where Ingram's *Practical Cases and Observations in Surgery* (1751) constitutes a general, practical guide to surgery, both Birch's *A Letter to Mr. George Adams, on the Subject of Medical Electricity* (1792) and Keate's *Cases of the Hydrocele, with Observations on a Peculiar Method of Treating that Disease* (1788) respond to more specific developments in contemporary surgical practices. Midwives, both male and female, also joined the conversation in print. Sarah Stone's *A Complete Practice of Midwifery* (1737) sat alongside texts such as Edmund Chapman's *An Essay on the Improvement of Midwifery* (1733), advancing discussions on the best approaches to the care of pregnancy and birthing women as well as techniques for managing difficult or complex deliveries. Even individuals who did not belong to a professional group per se, but still defined themselves as skilled or experienced in their respective fields, also saw the intrinsic value of contributing their knowledge in writing. Methodist cleric John Wesley wrote *Primitive Physick: or, an Easy and Natural Method of Curing Most Diseases* (1747), exploring new ideas of treatment and cure, and novelist John Cleland produced several works of a medical nature, including *Institutes of Health* (1772) reflecting on his own health and habits to preserve it. As the preface of his text admits, '[a]s to interested views, I can absolutely have none; the medical art not being in the least my profession, though

ever, as to its proposed end, held by me in the highest esteem'.²⁶ Publishing in vernacular languages gave a greater number of writers more opportunities to convey their professional and personal identities whilst also entering into dialogue on medical topics that were almost certainly relevant to their readers.

Medical manuals were not the only kind of texts to be affected by these innovations in print culture. Reading and writing practices of all types became more heavily intertwined with healthcare than ever before, depicting health practitioners and practitioners of many kinds whilst dovetailing with other literary and cultural developments, such as the re-establishment of theatrical production during the Restoration and the rise of the novel. While the depiction of medical practitioners and their practice can be traced back to earlier works, Shakespeare's Jacobean plays containing no fewer than eight physicians within them, practitioner figures appeared with increasing frequency in poetry, prose, and drama of the long eighteenth century.²⁷ Among the many well-known medical characters who appeared during the period there are physicians, such as Laurence Sterne's Dr Slop and Jane Barker's Galesia, surgeons, like Tobias Smollett's Roderick Random, and apothecaries, including Jane Austen's Mr Perry and Mr Robinson who appear in *Emma* (1815) and *Persuasion* (1817) respectively. Medical practitioners who were authors of literary works themselves, like Barker and Smollett, used prose, poetry, and drama to shape public perceptions of their professions. The visual and material culture of the period engaged with the medical professions in spectacular displays of anatomy and disease, with Jacob Christoff Le Blon deploying the latest colour printing technology in his strikingly sexualised anatomical plates and

²⁶ For Cleland's medical writing, see Darren Wagner, 'Body, Mind and Spirits: The Physiology of Sexuality in the Culture of Sensibility', *Journal for Eighteenth-Century Studies*, 39.3 (2016), p.335-358; Rebecca Anne Barr, 'Desire, Disgust, and Indigestibility in John Cleland's *Memoirs of a Coxcomb*', in *Bellies, Bowels and Entrails in the Eighteenth Century*, ed. by Barr, Sylvie Kleiman-Lafton and Sophie Vasset (Manchester: Manchester UP, 2018), p.227-51; Helen Williams and Richard Terry, Introduction, *Memoirs of a Woman of Pleasure*, by John Cleland (Peterborough: Broadview, 2018).

²⁷ Barbara Howard Traister, "'Note Her a Little Farther': Doctors and Healers in the Drama of Shakespeare", in *Disease, Diagnosis and Cure on the Early Modern Stage*, eds. Stephanie Moss and Kaara Peterson (2004) (London: Routledge, 2016), p.43-52, p.44.

Philippe Curtius working feats of engineering in waxworks made to move as if breathing.²⁸ Eighteenth-century texts in the broadest sense played important roles in medical education but also in opening up the human body to public interest and scrutiny.

Although the publication of written works has never been a core expectation of the medical profession, the link between literature and medicine has endured over centuries. Those works studied by trainee physicians within the academy were chiefly those produced by others who had pursued the same, or at least similar, avenues of study. Previous to the linguistic shift into vernacular English, these texts were confined to this space of elite learning, but now physicians could now look to take advantage of new potential futures for their written outputs. Even for those who supported the linguistic shift, motivations for writing could vary significantly. For some such as Buchan, or as Giulia Rovelli argues about John Pechey in this special issue, the transition supported an altruistic desire to make healing as accessible, ‘plain[,] and easie as the nature of it would allow’.²⁹ For others, the attraction of interest from new audiences held the promise of additional income, though this less likely to appear in the paratextual apparatus of most medical texts than other motives for authorship. Anne Digby highlights the highly competitive nature of the market and the need for doctors to vouchsafe themselves a sufficient number of patients to sustain an income. ‘Success in the form of wealth,’ she explains, ‘went to a very small minority of doctors.’³⁰ The world that physicians inhabited relied as much on their social connections and reputations as their ability to treat their patients.³¹ Writing for publication constituted a key means of self-fashioning a reputation and presence within practitioners’ local and wider communities and served as an essential form of advertising which would hopefully encourage a steady flow of

²⁸ Peter Krivatsy, ‘Le Blon’s Anatomical Color Engravings’, *Journal of the History of Medicine and Allied Sciences*, 23.2 (1968), p.153-158; Philippe Curtius, ‘Sleeping Beauty’, (1989, after 1765 original), Sculpture, The Met, on loan from Madame Tussaud’s, London, available at metmuseum.org/art/collection/search/736081, last accessed 9 August 2022.

²⁹ John Pechey, *The London Dispensatory, Reduced to the Practice of the London Physicians* (London: J. Lawrence, 1694), Preface.

³⁰ Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (1994) (Cambridge: Cambridge University Press, 2002), p.7.

³¹ Roy Porter, *The Greatest Benefit to Mankind: A medical History of Humanity from Antiquity to the Present* (1997)(London: Fontana Press, 1999), p.286.

patients. Those who sought new avenues for expanding their reputation beyond personal circles of reach could look to literature to carry their names and professional identities to new audiences.

III Re-Thinking the Margins of Medicine

The writings of physicians and surgeons were undoubtedly significant to creative medical culture, yet, as Clark Lawlor outlines, '[w]e are beginning to recognise that a focus purely on the so-called mainstream medical profession [physic and surgery] is too narrow, and that a range of other practitioners wrote in a variety of literary forms and from different gender and class points'.³² Here we recognise what Tristanne Connolly and Steve Clark refer to as new 'sub-disciplines [of medicine] assert[ing] their validity by demanding recognition within the field as a whole' and embrace the complexities of managing health through professional and non-professional means during the long eighteenth century.³³ In doing so, we seek to provide insights into constituencies of medical writers who were not qualified doctors and yet were no less productive in their contributions than their academically qualified peers. Not all groups were able to generate the same level of organised movement as the surgeons, and in such instances, literature and art provided a key creative space in which individuals could stake their claim to being medical workers worthy of recognition. As we will see in the essays that follow, quack doctors, almanac compilers, anatomical wax workers, printers, and lay and domestic healers, all had essential roles to play in support of public and private health management and often documented these within their writing.

In particular, we find a critical mass of women's writing that continues to go largely unacknowledged in histories of medical development of the long eighteenth century. While any form of medical participation that might have been open to women came without the benefits of the kind of recognition received by their male peers, they participated in medical thought and

³² Clark Lawlor, *Literature and Medicine: Volume 1 The Eighteenth Century*, ed. Clark Lawlor and Andrew Mangham (Cambridge: Cambridge University Press, 2021), Introduction, p.2.

³³ Tristanne Connolly and Steve Clark, eds. (2009), 'Introduction', *Liberating Medicine, 1720-1835* (London and New York: Routledge, 2016), p.5.

practice nevertheless, and their writing and artistic endeavours offer a wide variety of insights into a range of health topics that included but also extended far beyond women's health and infant childcare. Mary Wollstonecraft observes and comments on the possibilities for medicine to appear more regularly in women's education in both her political and fictional works. In *A Vindication of the Rights of Woman* (1792), she proposes, '[i]n public schools, women, to guard against the errors of ignorance, should be taught the elements of anatomy and medicine, not only to enable them to take proper care of their own health, but to make them rational nurses of their infants, parents, and husbands'.³⁴ While her model of education leans towards making such learning part of a taught curriculum for women, many took responsibility for this kind of learning themselves. In the spirit of displaying their unseen efforts, five of the essays included here reveal the range of ways and extent to which women involved themselves in shaping and defining medical activity through their writing. Much like Wollstonecraft's heroine, Mary, in her novel of the same title, many of the women covered here were 'led...to study physic', either by their own motivations or the encouragement of others.³⁵

As Lisa Foreman Cody argues, however, new interactions between medicine and literary production during the eighteenth century did not simply aid women to learn about medicine. 'The expansion of print culture', she argues, 'helped female practitioners in significant ways... [and] women had more opportunities to place themselves in the marketplace'.³⁶ Five of the essays included here reveal the range of ways and extent to which women involved themselves in shaping and defining medical activity through their writing. Where Foreman looks briefly to newspaper advertisements, commercially produced domestic remedy books, and midwifery manuals to explore the realities of how women's medical work was enabled by print culture, our contributors

³⁴ Mary Wollstonecraft, *A Vindication of the Rights of Woman: with Strictures on Political and Moral Subjects* (London: J. Johnson, 1792), p.410-11.

³⁵ Wollstonecraft, *Mary, a fiction* (London: J. Johnson, 1788), p.45.

³⁶ Lisa Foreman Cody, 'Medicine and Disease: Women, Practice, and Print in the Enlightenment Medical Marketplace', in *A Cultural History of Women in the Age of Enlightenment*, vol.4, ed. Ellen Pollak (London and New York: Bloomsbury, 2013), p.99-120, p.115.

introduce new perspectives and literary forms to these debates, examining women's poetry, correspondence, memoirs, and pocketbooks. Heath Meek and Allan Ingram reveal here, for example, how well- and lesser-known figures including Hester Lynch Piozzi (1740 – 1821), Mary Wortley Montagu (1689 – 1762), Elizabeth Carter (1717 – 1806), and Mary Kollock (1806 – 1885) use their letters to advise family members on matters of their health, as well as to point out the difficulties of acquiring medical treatments to address their individual needs. When read collectively, their work represents the significant creative diversity that existed that allowed women and other academically excluded groups to participate in medical cultures of the period.

Women's medical practice was indeed widespread, widely acknowledged in the literature and art of the period, and often satirised. An 'Epigram, written by a Man on his three Wives' for the *Weekly Entertainer* (1809), read, 'Tho' marriage by most folks be reckon'd a curse, Three wives did I marry for better or worse; The first for her person—the next for her purse; And the third for a warming-pan, doctress, and nurse'.³⁷ The image we have selected for the cover of this special issue, the unsigned mezzotint, 'The Village Doctress', published by Robert Sayer in 1787, speaks to the archetype of the 'doctress' (see fig. 1). It depicts an old woman, the 'doctress', in a chair with two canes at her side, bandaging the hand of a young woman, who looks sadly at the viewer. Another young woman, perhaps a friend or sister, stands by her, providing moral support, gazing in admiration at the doctress. Both the friend and the doctress are smiling sweetly as the girl's hand is tended. The representation of the 'doctress' is in keeping with stereotypical portraits of mature unmarried women of the period. The engraver borrows from iconography of the Dutch and German paintings of familiar life. In this case, the doctress is the typical grandmother or spinster figure, wearing a white apron and bonnet and dark round spectacles, while her cat sits in the ledge beneath a casement window. David Solkin argues that 'it was not close contact with the contemporary lower classes, but exposure to earlier art, which was first and foremost responsible

³⁷ 'Epigram, Written by a Man on his Three Wives', *Weekly Entertainer* (24 July 1809), p.600.

for determining the roles that the poor were allowed to play'.³⁸ For all the doctress is the eponymous hero of the image, the mezzotint's characteristic use of light and dark has been deployed in favour of the wounded girl, with the other two figures cast into relative shade. Her eye is cast mournfully at the viewer, and not without a hint of skepticism, which encourages us to laugh both at her bad luck in hurting her hand but also, perhaps, at her being in the hands of the doctress herself, who we see subtly judged by the clumsy teenager with her timeless side glance.

The 'humorous' posture was a subgenre of print popular in the late eighteenth century, aimed at collectors when mezzotint collecting was on the rise. They tended to depict well-known characters or 'types' of the time, and were numbered in the corners to correspond with the numbers in print sellers' catalogues. Robert Sayer was a print seller who sold many such 'Half Sheet Size Metzotintos (commonly called Postures)', for a shilling each, or two shillings coloured.³⁹ As with the 'Village Doctress', engravers tended not to sign these popular works, though some were certainly executed by talented artists in either the early or declining stages of their careers.⁴⁰ 'The Village Doctress' is a homely image, one capturing a domestic setting and intended for home-use, with its appeal and its humour underpinned by the ubiquity of the scene depicted and its capacity to prompt recognition and therefore a smile.

The fact that women were excluded in various ways from an elite medical hierarchy only served to increase the significance of their imaginative practices as being part of the ecosystem in which they developed and became known for their expertise. The side glance in the Sayer print underlines the fact that, without qualifications, women's competence could not be assumed by default. Therefore, their writings often display greater levels of detail about their skills beyond the page. In her introduction to the multi-volume anthology, *Literature and Science 1660-1834* (2003–4),

³⁸ David H. Solkin, *Painting Out of the Ordinary: Modernity and the Art of Everyday Life in Nineteenth-Century Britain* (Yale: Yale UP, 2009), p.66.

³⁹ John Chaloner Smith, *British Mezzotinto Portraits; Being a Descriptive Catalogue of these Engravings from the Introduction of the Art to the Early Part of the Present Century* (London: Sotheran, 1883), vol.4, p.1753.

⁴⁰ Smith, p.1753-1759.

Judith Hawley explains that '[s]cience is a set of practices, and not just another form of writing.'⁴¹ Her work examines medicine as part of the wider scientific terrain of the long eighteenth century and the ways in which those involved in medical practice apply theoretical knowledge to individual bodies.⁴² These practices engaged with the material, as much as the literary, world of medicine during the period. The material culture of writing itself has become a popular topic with scholars of eighteenth-century literature and culture, examining a diverse range of topics including the materiality of print culture, women's writing, and the production of letters and other sorts of manuscript texts. Yet other types of material-textual interaction, such as those between health writings and the medical practices they invoke, are yet to be explored in full. Although, as Angela Woods and Anne Whitehead note, the visual and material aspects of critical medical humanities are still in the early stages of their development, there is already much potential for these approaches to be helpfully utilised within eighteenth-century studies to enable us to better understand the conditions through which medical practice has been formed and shared.⁴³ This special issue seeks to contribute directly to and build upon this area of scholarship, particularly as so many of the women whose medical efforts are interpreted here engage with the material world of scientific and creative knowledge production.

⁴¹ Judith Hawley, 'General Introduction', *Literature and Science 1660-1834: Volume 1: Science as Polite Culture* (London: Pickering & Chatto, 2003), p.xi-xvii: p.xiii.

⁴² Hawley, 'General Introduction', p.xii

⁴³ Indeed, some of the most effective studies that have employed material, alongside literary and historical approaches have been those that have examined early modern and eighteenth-century cultures of health and wellbeing. See, for example, Pratik Chakrabati, *Materials and Medicine: Trade, Conquest and Therapeutics in the Eighteenth Century* (Manchester: Manchester University Press, 2010); Sasha Handley, *Sleep in Early Modern England* (New Haven and London: Yale University Press, 2016).



1. Robert Sayer, *The Village Doctress* (1787), mezzotint, Wellcome Collection.

IV Literary and Visual Medicine

Whatever the output, literary, artistic, or practice-based, personality and creativity were crucial elements of medicine during the long eighteenth century. As we demonstrate here, the idea of who might have been a ‘writing doctor’, or physician-writer, is worthy of reconsideration in contemporary scholarship. Although there are plenty of physicians who have, and continue to, write creatively, as we show in the essays that follow, medical qualifications themselves have less to do with whether a person could make an impact or influence health culture of the period than their interest and experience in matters of health. Authors and creative practitioners of many kinds shaped and crafted their works through their use of a range of narrative, rhetorical, typographic, and material tools to ensure that medical information and ideas, in each of the contexts explored here, were opened up to more inclusive and diverse audiences than ever before. The texts and creative outputs identified and interpreted by our contributors grapple with the emerging challenges of providing healthcare and accessible medical information for all. These include issues as broad-ranging as public education and literacy as it related to domestic health management, shared perceptions of specific medical trades, and the racialised and gendered implications of particular types of health and social care. Although there are many intersections between individual contributions featured here, we have notionally paired the essays according to theme to offer readers an easily-navigable route through the multi-faceted and dynamic topography of medical creativity during the period.

This issue opens with a wide-ranging study of the poetry of female medical practitioners. Ashleigh Blackwood’s essay, ‘Make the *Medick* Art my whole concern’: Poetry as Women’s Literary Medical Practice’, argues that poetry has been overlooked as a genre which served as an influential form of writing on medicine, particularly for women writers and practitioners who used verse as a means of laying claim to their legitimate skills, experience, and expertise. Heather Meek’s essay that follows, ‘Meanders of [the] Purple Flood’: Blood and Bloodletting in Eighteenth-Century Literature and Medicine’, explores ‘individuals – including women, who were increasingly excluded

from administering medical care and understood more frequently as sufferers of disease – orchestrating their own therapies and elaborating their own theories in ways at once orthodox and idiosyncratic, both on the page and in life'.⁴⁴ The two essays speak to one another in their nuanced approach to women's practice in this period, with both concerned to redefine in whose hands medical 'expertise' might have been located. Bloodletting in particular, Meek argues, or rather the idea of bloodletting, could undermine, shape or support major medical paradigms while also serving to remind us that medical ideology in this period was constructed not only by elite male authorities but also by marginal figures, through dissent, debate, and the creative imagination. Blackwood's essay posits that verse 'offered eighteenth-century women poets opportunities to redefine on their own terms who could write about medicine and what types of ideas could be expressed'.⁴⁵ These are new and original takes on what Roy Porter has called 'medical democracy', with these essays showing that genre has a key role to play in the popularisation of medical discourse.⁴⁶

Nowhere is the democratisation of medicine more evident than in Giulia Rovelli's 'John Pechey (1654-1718) and the Popularisation of Learned Medicine'. Having compiled a linguistic dataset from paratexts to the works of Pechey, M.D., Rovelli demonstrates the ways in which his medical writings self-fashioned their author 'as an experienced and praxis-based physician' while also highlighting his commitment to the popularisation of medical knowledge.⁴⁷ Rovelli's attention to paratexts as a particular kind of writing which provides unique insights into the branding of a work and its author, as well as its potential uses and intended audience, make it of little surprise that Pechey most often chose to write in accessible genres which best suited his democratising

⁴⁴ Heather Meek, 'Meanders of [the] Purple Flood': Blood and Bloodletting in Eighteenth-Century Literature and Medicine', p. tbc

⁴⁵ Ashleigh Blackwood, 'Make the *Medick* Art my whole concern?: Poetry as Women's Literary Medical Practice', p. tbc.

⁴⁶ Roy Porter (1995), 'The Eighteenth Century', in *The Western Medical Tradition: 800 BC to 1800 AD*, by Laurence I. Conrad, Michael Neve, Vivian Nutton, Roy Porter, and Andrew Wear (Cambridge: Cambridge University Press, 2011), p.371-476, p.445.

⁴⁷ Giulia Rovelli, 'John Pechey (1654-1718) and the Popularisation of Learned Medicine', p. tbc.

principles. Genre also plays a significant role in Daisy Cunynghame's essay, 'Discussing Patients in Private and in Print: The Records of an Eighteenth-Century Dispensary', which notes remarkable differences in how cases and case notes from the Edinburgh dispensary were represented in their manuscript and printed formats. The public image of the dispensary was key to its success in securing fundraising and in future-proofing its inclusive remit, though its manuscript case notes testify to a much more vexed relationship with working class and female patients, manifesting in somewhat less than convincing cases of patients being recorded as 'cured'.

If both the 'Pechey' brand and the public image of the Edinburgh dispensary were dependent upon a print market which disseminated medical information to a local and national audience, widely, quickly, and relatively cheaply, then the work of Susan Broomhall and Helen Williams shows us the ways in which the materiality of the text contributes to its medical message. Broomhall's 'Writing doctors, body work and body texts in the French Revolution' highlights how Madame Tussaud authenticated her artistic endeavours through her medical training and background in the family business of medical waxworks. Her rich interplay of waxwork and writing produces 'body texts', unique writings that are explicitly self-aware of their material as well as textual status. Tussaud draws from the knowledge—and the proximity to fleshy bodies—of the anatomist's training to produce both her waxworks and her writing. Broomhall's movement between wax and writing, and France and England, is paralleled with Dr Anton Desberger's German almanac and the British market for pocketbooks, as explored by Williams's 'This Mysterious Little Book', *The Marriage Almanack* (1835): Family Planning and the Long Eighteenth-Century Pocketbook'. Desberger's text originated as a mass-produced tool for measuring and recording gestation and later emerged in translation on the English print market that had long been committed to selling women's pocketbooks promoting reproductive health and family planning to a wide readership.

Michelle Faubert's 'The Doctor and Devil': The Literary Writing of Slave-Ship Surgeons' notes the apparent 'cognitive dissonance' evident in such works as the comic play *The Sea-Surgeon*

or the *Guinea Man's Vade Mecum* (1729) by slave-ship surgeon Thomas Boulton, which sought to rehabilitate the slave-ship medical practitioner within a benign and even humorous fictional world. The apparently abolitionist poetry volume, *Sea Weeds* (1829), by Dr Thomas Trotter also sits uncomfortably against Trotter's practice as slave-ship surgeon, though it may be a form of *mea culpa*. Literary writing offered slave-ship surgeons an opportunity to reclaim their profession in the face of criticism or to self-fashion themselves as remorseful abolitionists, able to testify against the trade from which they had benefited. While Trotter's poetry criticises, Boulton's play makes fun of slavery, but both authors also magnify the experiences of the oppressor over that of the oppressed. Faubert concludes that 'both writers appear to understand literature as a vital means of communicating about their profession in the slave trade, about which few people in Britain had detailed knowledge'. Pausing for a while on the American side of the Atlantic, Allan Ingram draws upon the rich archives of Georgia State in order to tell the stories of physician Tomlinson Fort and the remarkable Kollock family. The centre of the family was Mary Kollock, daughter, granddaughter and sister of physicians, and a remarkable voice of medical authority tinged with humour and knowledge. Ingram describes how the purpose and style of Fort's *Dissertation* put medical power into the hands of the American people, through an emphasis on practicality also evident elsewhere in this special issue, as in the genres in which Pechey chose to publish and in the monthly charts of Desberger's almanac. Fort, as did so many other practitioners discussed in this special issue, produced in book form what the Kollocks as a medical family saw as 'the supreme obligation': medical knowledge for the masses.⁴⁸

These essays evidence the large number of people, whether as groups or individuals, who creatively influenced how healthcare was imagined and managed during the long eighteenth century and the truly diverse range of approaches they took when doing so. Furthermore, these contributions also highlight the significant number of roles that were involved as players in the

⁴⁸ Michelle Faubert, 'The Doctor and Devil': The Literary Writing of Slave-Ship Surgeons', p.tbc.

wide and complex network of health providers that existed, some of which, such as printers and publishers, have not traditionally been considered key players in medical development of the period. We have found that literary and visual forms of creative production, including the writing of poetry, novels, drama, memoir, pocketbooks and almanacs, medical manuals, and the creating of waxworks and publications, each constitute authentic and meaningful inputs to the broader questioning that was taking place during the period concerning how medical practitioners and the public could both relate and respond to the ever-changing needs of human bodies. On examination, these artefacts reveal the much wider array of creative methods that existed to generating and sharing medical thought, practice, and knowledge than we have typically recognised in tracing the history of science and medicine, and the need to examine medical and health cultures in new and innovative ways, if we are ever to understand fully how problem-solving and innovation in medicine takes place.

V The Longevity of Eighteenth-Century Health Cultures

The lifetime of this project, beginning in 2018 and completing in 2022, has itself been shaped by the largest public health crisis in living memory. While the emergence of COVID-19 has, at times, presented obstacles to producing this research, we have also encountered medical creativity of all types not only in the historical sources with which we have worked but also in our day-to-day lives as practitioners and scientists have sought to provide new solutions to unforeseen issues. During lockdown, we also saw a turn to the arts, with eighteenth-century novels featuring among the ‘classic’ texts that readers finally felt they had time to tackle.⁴⁹ We have been particularly struck by how far recent reflections on contemporary healthcare have looked back to the past to attempt to understand public and private health management in the present. Health commentators and journalists have drawn heavily upon the Spanish Flu of 1918 and histories of handwashing,

⁴⁹ Scottish Book Trust, ‘Reading in Scotland: Reading over Lockdown’ (2020), available at <https://www.scottishbooktrust.com/our-impact/reading-in-scotland-reading-over-lockdown>, last accessed 3 October 2022.

sanitation, and vaccination to make sense of the global pandemic which continues to challenge us as we write. Some historic practitioners, notably those of Florence Nightingale (1820–1910) and Mary Seacole (1805–81) in the UK, have been helpfully remembered to represent and codify particular aspects of care in public health initiatives, while Daniel Defoe’s *Journal of the Plague Year* (1722) has provided both entertainment and inspiration for recording pandemic events and making sense of our place within a global crisis. The long eighteenth century has much to offer that helps us to understand how the past, present, and future of healthcare are intrinsically connected.⁵⁰

In ‘Writing Doctors and Writing Health in the Long Eighteenth Century’ we focus on the role of medical creativity as enacted specifically by writing practitioners and commentators in shaping innovation in medicine and its surrounding cultures through their texts. Where other publications emerging from the project deal with subjects including how long-term illness impacted the lives of significant authors of the period, myth and misinformation in eighteenth and nineteenth-century medical culture, how medicine of the period was written and rewritten, as well as how history and literary medical humanities are themselves continuously reshaped and recrafted, this special issue is concerned with the question of how imaginative practices played an essential role in the development of new medical knowledge and practice.⁵¹

The Harveian Oration of the Royal College of Physicians (1656—present) continues to function as an important tool for health communication in the UK and its international partners in medicine. Following in the footsteps of such illustrious names as Garth, and the Oration’s founder William Harvey, the chosen Orator for 2021 was a name and face that became known to many during the UK’s experience of the Covid-19 pandemic, Deputy Chief Medical Officer for

⁵⁰ Marie Allitt, ‘What Would Florence Nightingale Prescribe to Fight Covid? Fresh Air’, *The Guardian*, 11 February 2021, available at <https://www.theguardian.com/commentisfree/2021/feb/11/florence-nightingale-covid-fresh-air-britain-ventilated>, last accessed 3 August 2022; Megan Ford, ‘NHS Reveals First Covid-19 Rehab Hospital Named After Mary Seacole’, *Nursing Times*, 4 May 2020, available at <https://www.nursingtimes.net/news/coronavirus/nhs-reveals-first-covid-19-rehab-hospital-named-after-mary-seacole-04-05-2020/>, last accessed 3 August 2022.

⁵¹ See, for example, Allan Ingram, *Swift, Pope and the Doctors: Medicine and Writing in the Early Eighteenth Century* (Paderborn: Brill Fink, 2022).

England, Professor Jonathan Nguyen-Van-Tam MBE.⁵² Though addressing very different health challenges to those of Harvey or Garth's lifetimes, Van Tam's lecture 'Moving forwards, understanding backwards: respiratory virus vaccines, therapeutics, and public health policy' begins by highlighting the value of historical studies to contemporary healthcare.⁵³ Reflecting on the best sources of information to which we have access for developing our understanding of public health challenges, he makes reference to a range of historical documents and studies, including Charles Creighton's *A History of Epidemics in Britain* (1891-4), and builds for his audience an understanding of influenza and other respiratory illnesses that is underpinned by a timeline of significant events and work conducted by his predecessors to combat against these forms of disease. The timeline, beginning in 1675 and moving up to the present day, highlights that many of our contemporary conceptualisations of ill health are based on ideas and discoveries made during the long eighteenth century. Known for his creative, yet clear, communication with the public, including his frequent deployment of metaphor and references to popular culture, Van-Tam also understands the importance of utilising and engaging with history, literature, and creative culture to solve medical problems on both large and small scales.

With a similar outlook, therefore, that we hope these essays will stimulate new scholarly dialogue regarding literary and material forms of creativity in the development of medical discourses and the cultures in which they have historically existed as there remains much that is yet to be examined. For this, we perceive there to be two key routes that might be followed: those of medical communities and creative form. We have only been able to represent a small number of medical roles that individuals have adopted roles within or connected to health and involved themselves in medical development and communication of the past. Any of these, or indeed any

⁵² Since giving his oration on 20 October 2021, Professor Van-Tam has been knighted for services to public health and was invested at Buckingham Palace on 7 July 2022. He stepped down as Deputy Chief Medical Officer for England on 31 March 2022.

⁵³ Royal College of Physicians, 'Harveian Oration 2021 by Professor Jonathan Van-Tam', uploaded 20 October 2021, available at <https://player.rcplondon.ac.uk/live/harveian-oration-2021>, last accessed 2 August 2022.

those not covered in this special issue, could command the attention of its own special issue or full-length study. Even the best known of medical professions, those of physicians and surgeons, have not yet had their pasts fully excavated to reveal the creative approaches taken by individual members of these communities to participate in the atmosphere of intellectual curiosity that marked the age. These doctors, alongside, apothecaries, midwives, lay practitioners and commentators, book compilers, editors, publishers, and printers, anatomists and anatomical modellers, as well as patients, have yet more to offer than we have been able to cover here.

In terms of creative form, we have focused mainly on literature alongside print production and the creation of waxworks as representations of material craft and artistry. There is, however, a great deal more that is yet to be uncovered about healthcare and other forms of visual artwork, such as portraits, illustrations, and caricatures.⁵⁴ Literary form should also not be overlooked. While literature and medicine has flourished as a field, there is still more work to be undertaken on the specific influence of genre on medical culture.⁵⁵ As Maurizio Gotti explains, ‘early printed [medical] works mainly consisted of translations of treatises and new general guides to health and handbooks of medical instructions... [t]he eighteenth century showed a greater variety of genres, with the addition of new forms such as anatomical observations, book reviews, journal articles, and experimental essays’.⁵⁶ Here, we broaden out that field further and have been able to make a series of preliminary findings about how literary, as well as technical, genres affected the generation and expression of medical idea, including how women medical writers utilised verse to participate in medical debate, how physicians took advantage of new genres such as self-help literature to cultivate new markets for their practice, and how the stage permitted ethical conflicts concerning

⁵⁴ For early interventions in these subjects see: Fiona Haslam, *From Hogarth to Rowlandson: Medicine in Art in Eighteenth-Century Britain* (Liverpool: Liverpool University Press, 1996); Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease in the Eighteenth-Century Imagination* (New Haven and London: Yale University Press, 2018).

⁵⁵ Early work on the impact of genre in eighteenth-century science and medicine includes: Diana Pérez Edelman, *Embryology and the Rise of the Gothic Novel* (Cham, Switzerland: Palgrave Macmillan, 2021); Dara Rossman Regaignon, *Writing Maternity: Medicine, Anxiety, Rhetoric, and Genre* (Columbus, OH: Ohio University Press, 2021); Rosalind Powell, *Perception and Analogy: Poetry, Science and Religion in the Eighteenth Century* (Manchester: Manchester University Press, 2021).

⁵⁶ Maurizio Gotti, ‘The Development of Specialized Discourse in the *Philosophical Transactions*’, in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011), p.204-220, p.209.

the care of human life to be played out. Yet, in having drawn out these conclusions, we are confident that they constitute a means to the beginning, rather than the end, of a larger conversation that has the potential to continue across multiple scholarly fields both now and in the future.

Returning to the present moment, and our theme of medical practitioners and their sense of creativity, however, these potential directions for new investigation also emphasise the importance of continuing to question who and what was involved in the eighteenth-century medical environment. By looking both at and beyond the physician-writer, we recognise that the modelling of any culture, medical or otherwise, is rarely as simple as observing how elite hierarchies of qualified individuals disseminate information, advice, and recommended behaviours to the public at large. As John Brewer explains, ‘the processes by which culture was shaped [were] the creation of works of art and the imagination, their communication, reception, and consumption’.⁵⁷ Medical creativity is no exception to this rule and the essays that follow show us that these imaginative influences stem from a great variety origins and experiences, some of which require further exploration, yet all of which played an essential role in the continuous building and rebuilding health cultures of the long eighteenth century.

⁵⁷ John Brewer (1997), *The Pleasures of the Imagination: English Culture in the Eighteenth-Century* (London and New York: Routledge, 2013), p.49.