SURGEON "TURNED" PHYSICIAN: THE CAREER AND WRITINGS
OF DANIEL TURNER (1667-1741)

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ABSTRACT

This thesis focuses upon the surgical and medical career and writings of the London practitioner, Daniel Turner (1667-1741). After apprenticeship, Turner entered the Barber-Surgeons' Company in 1691. His pursuit of private dissection exemplifies what he claimed was the "absolute necessity" for surgeons to gain a practical knowledge of anatomy. Turner crusaded to expose surgical "pretenders" and to reform the "vulgar" state of surgery in order to improve the care qualified surgeons could offer and to prevent the public from falling prey to "quacks". He presented apprenticeship in his *Art of Surgery* as a model for those entering a surgical career, endorsing it with examples from his practice.

Turner's career offers a remarkable example of the struggles, successes, and failures of one individual's attempt to move upward in Augustan society. In 1711, Turner "turned" from surgery to physic, casting away the handicraft image in an attempt to enhance his social status. He increasingly displayed the trappings associated with gentility. Additionally, he used the "leisure" of his new profession to write, aspiring to the status of a man of letters. He published *De Morbis Cutaneis* to gain the College of Physicians' approval of his scholarship.

Turner's disputatious writings illuminate several contemporary surgico-medical concerns. He denounced the prevalent theoretical medical writings as, like quackery, promoting
practices founded upon false principles. His conviction that skin pores transmitted externally-applied remedies inwardly was part of the contemporary dispute between surgeons and physicians over the "right" to administer "internal" physic. His pamphlet war against James Blondel over whether children's physical markings resulted from the mother's imagination illustrates contemporary differences over the identity of the imagination and the process of generation. Turner's many writings on venereal disease reveal the concern over obtaining a "recognizable" cure and how distinctions between orthodox and "quack" remedies changed between 1718 and 1739.
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DEDICATED TO MLW

who, while I reconstructed
an early art of surgery,
was reconstructed by a
present-day surgical art
INTRODUCTION

English Surgical Practice in the Seventeenth and Eighteenth Centuries

English surgical practice between 1650 and 1750 has been historically regarded as null. Historians have, with few exceptions, described surgery as a succession of "advancements" up to the period around 1650. Accounts of eighteenth-century English surgical practice, like that by Clifford Naunton Morgan, typically concentrate upon the last half of the century.2 Post-


graduate research has also tended to focus upon the latter part of the century. These accounts convey the general impression that the early eighteenth century has become, to use William Le Fanu's term, a "lost half-century" of English surgery. This is surprising, for it was during this half of the century that the Barber-Surgeons' Company, the contemporary organization responsible for licensing practitioners and regulating their practice, underwent struggles from within and without its ranks, culminating in the surgeons's separation from the barbers in 1745.

Why has England's surgical practice between 1650 and 1745 attracted so little attention from historians? Some authors, including Fenwick Beekman, have claimed that the "improvements" in surgery, like those in medicine, occurred in Scotland rather than in England during the early part of the century. He

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described eighteenth-century English surgery as centered around John Hunter, whom he regarded as the importer of an Edinburgh style of surgical thinking and practice. Others, like John Shaw Billings, discounted English surgery of the late seventeenth century, directing readers instead to what he claimed were the more "remarkable" advances made in physics and physiology during this period. Still others have neglected this period for more practical reasons. Certain pre-1745 records of the Barber-Surgeons' Company have been lost. Thus, a complete account of these years from the view of this bastion of orthodoxy is not possible. Other historians have claimed it is difficult to discern the extent to which a surgeon's practice was distinguishable from related occupations. For according to the historical model of "marketplace practice", the practices of physicians, surgeons, apothecaries, and barbers were separated by quite fluid boundaries. Furthermore, generalizing about the type


7 Sidney Young claimed, in 1890, that the Barber-Surgeons' Company's Court of Assistants's Minutes Books from 1651-1689 were missing. See his Annals of the Barber-Surgeons of London (London: Blades, East, & Blades, 1890), pp.iv and 220. Jessie Dobson and R. Milnes Walker state that additional records were lost during the Second World War when the Barber's Hall and the Clerk's offices were destroyed. See Barbers and Barber-Surgeons of London (Oxford: Blackwell Scientific Publications, 1979), p.xv.

8 Roy Porter, Harold Cook, and Lucinda Beier among others have described medical "services" of the seventeenth and eighteenth centuries as being provided through a "marketplace" of practice.
of surgical care most people received is, as Margaret Pelling and Charles Webster have convincingly argued, quite a complicated task when considering that unlicensed or unauthorized healers appear to have dominated the field. Unfortunately, these practitioners and their patients left few written records. Finally, historians have, until recently, tended to group their accounts within the confines of particular centuries or reigns, neglecting to consider that their subject matter often continued over these artificially delimited time frames. Recently, however, historians including Geoffrey Holmes and Roy and Dorothy Porter have adopted the use of "Augustan" to describe the period inclusive of late Stuart and early Georgian England - the time span this thesis also focuses upon.

These historical accounts might falsely lead one to believe that few English surgical writings appeared during the early eighteenth century. I have identified eighty-seven editions of surgical treatises in the English vernacular which were first


printed between 1685 and 1745 (See Appendix 1). Thus, early eighteenth-century England was not an "unproductive" period of surgical writing. This thesis is a beginning toward reconstructing the historiographically "lost" half-century of English surgery.

Historiographical Approaches to Surgery

Historians have offered accounts of surgery and surgeons from a variety of historiographical approaches. Recently, revisionist historians have begun to examine England's surgical past with aims other than assessing the sequential heroes and progress of surgical practice. Lucinda Beier, for instance, has constructed a profile of the types of patients and diseases the seventeenth-century London surgeon Joseph Binns encountered based

11 I have compiled this list of surgical writings from the chronological catalogue of holdings at the Wellcome Institute for the History of Medicine (London), as well as consulting the collections of the British Library, the Royal College of Surgeons of England and the Short Title Catalogues of the National Library of Medicine (Bethesda). During this period, at least sixteen different domestic manuals also appeared, most of which included sections of surgical remedies in addition to "domestic concerns" such as cookery and cosmetics. For a more thorough account of the surgical remedies in these manuals see Philip K. Wilson, "Acquiring Surgical Know-How: Occupational and Lay Instruction in Early Eighteenth-Century London", in Roy Porter (ed.) The Popularization of Medicine 1650-1850 (London: Routledge, 1992), esp. pp. 45-50.

12 I previously discussed the surgical writings from this period which appeared in the English vernacular in "Vernacularisation vs. Vulgarisation of Early Eighteenth-Century English Surgical Writings", Studies on Voltaire and the Eighteenth Century, Voltaire Foundation (forthcoming).
upon his extant casebook. Margaret Pelling has explained how the public perception of surgical conditions in Tudor London were, to a large extent, determined by contemporary social concerns over ugliness and deformity. Most recently, Christopher Lawrence has offered a promising "theoretical model" for redirecting the writing of surgical history. Specifically, Lawrence has drawn upon Owsei Temkin's suggestion of thinking about surgical "theory" in order to construct an historical account from the "surgical point of view". For example, surgical "theory" of the late Enlightenment may be discussed as the integration of a surgeon's interest in local pathology with his understanding and treatment of "surgical" diseases.

Other historiographical models are found in accounts of surgical history on the Continent. Toby Gelfand, for instance, has represented the professionalization and related academic


institutionalization of Paris surgery by focusing upon the socio-political climate in which Paris surgeons and physicians worked in pre- and post-revolutionary France. By using records from sixteenth-century Florentine hospitals, Katherine Park has described the skills surgeons were expected to have developed as their part of managing diseased hospital patients, particularly plague patients. Vivian Nutton has helpfully redirected the traditional view of surgery as a trade, totally subordinate to medicine and unable to advance upon its own, toward representing surgery as an art which benefited at least as much as medicine from the Renaissance zeal for humanist anatomy.

Women's historians commonly describe surgical practices, particularly gynaecological surgery, in their writings. Some, like Jean Donnison, have represented the practices of many male surgeons and physicians as a form of "controlling" women's


bodies. Ornella Moscucci has described changes in England's specialization of gynaecology, and relatedly, gynaecological surgery, in terms of social, economic, and to a lesser extent, professional structures. Ludmilla Jordanova has highlighted the present day discourse in which, according to one example, abdominal surgery, sexual pleasure, power, and danger have become integrated. Ann Dally has produced perhaps the most historically acceptable account of women's surgery by balancing the over-rhetorical, ahistorical accounts of many feminist authors with abundant historical cases as factual evidence.

Other authors have described the surgical practices of particular periods through biography. Indeed, biography remains one of the most enduring historiographical methods.

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24 David Novarr has provided a most useful anthology of various approaches to the art and theory of biography in *The Lines of Life: Theories of Biography, 1880-1970* (West Lafayette, Indiana: Purdue University Press, 1986).
industries" have been created in attempts to chronicle and explain the lives of individuals including William Harvey, Isaac Newton, Charles Darwin, Louis Pasteur, and Joseph Lister; men who, biographers claim, have significantly altered the course of medicine or science. Of late, however, biographers have begun to explore the lives of less well known individuals. This change in focus, as Thomas Hankins has shown, has been consistent with the general historiographical movement away from Whiggish heroic accounts towards writing history in the view of the common individual (i.e., history "from the bottom up"). From another point of view, this shift away from the "Great Doctors" male-oriented history appears to have resulted from recent reassessment of what females have contributed to science and medicine. Well known among these recent revisionist accounts are Regina Morantz-Sanchez's and Londa Schiebinger's biographical sketches of the women they recognize as notable physicians and scientists, respectively.

Still, attempts to redress earlier heroic accounts of


surgeons by "map[ping] surgeons on to a wider ... social canvas" are slow in coming. Among the most elaborate attempts of extrapolating a surgeon's writing to describe contemporary society is Marie-Christine Pouchelle's biographical account of the fourteenth-century surgeon, Henri de Mondeville. Beyond describing this surgeon's "profession", Pouchelle used de Mondeville's Chirurgerie to develop a broad account of medieval attitudes toward the body. Robert Jütte and Joan Lane have developed more conventional models of the social history of surgery through their use of biography. I have used their works as guidelines for exploring the career and writings of a currently little known surgeon and physician, Daniel Turner.


31 Turner is mentioned in most standard biographical compilations of surgeons and physicians. But beyond a few brief biographical articles, mostly in dermatological periodicals, Turner's writings are little known even among medical historians. Writings which discuss Turner include John E. Lane, "Daniel Turner and the First Degree of Doctor of Medicine Conferred in the English Colonies of North America by Yale College in 1723", Annals of Medical History 2nd series, 2 (1919):367-80; L.J.A.
I have selected Turner, in part, for the insight which his prolific writings provide into the surgical practice of early eighteenth-century London. By writing a biographical account of this less well known and, in many ways, more commonplace practitioner, I address the present challenge to biographers to offer an historical representation of more "typical" individuals. Additionally, Turner's life offers a remarkable social historical example of the struggles, successes, and failures of one individual's attempts to move upward in Augustan society.

Thesis Plan

I have divided this thesis into two parts: Part 1) Daniel Turner's surgical and medical career, and Part 2) Daniel Turner's writings. In the first part of this thesis, I explore the making of a surgeon in Augustan London, using Turner as my example. I explain the surgical "Art" for which he trained and eventually practiced. And I discuss Turner's rise from the status of a surgeon to the status of a physician. I also describe how Turner shared the "genteel pretensions" of many in the "middlin" class.

In the second part, I examine three particular areas of occupational interest to which Turner directed much of his attention: the relation between treating skin disease and the "official" separation of surgical and medical practices; the possibility of a mother's imagination marking or deforming her foetus; and orthodox vs. quack treatments for syphilis.

Part One: Daniel Turner's Career

In Chapter One, I describe Turner's family background, his apprenticeship in surgery, and his admission into the Barber-Surgeons' Company of London. As a young surgeon, Turner first published accounts of several dissections he performed. I explain that these writings were but the first examples of Turner's lifelong interest in promoting dissection as an "absolute necessity" for surgeons. Turner next turned his pen to eliminating "quacks". In order to place his opposition to the quacks or "pretenders" of surgery in a contemporary context, I first examine the ways many "surgical practitioners" entered their practice other than through apprenticeship. Following this, I discuss Turner's initial crusade to expose the quacks of surgery. Finally, I examine the consistency between his arguments and the attempts of the Barber-Surgeons' Company to rid surgery of quackery.

32 Henceforth, I use the term "surgical practitioner" in this thesis to denote any type of practitioner to whom individuals may have applied themselves for surgical care. More specific terms (e.g., surgeon, barber or apothecary-surgeon) are used to describe the more conventional types of practitioners.
of its quacks.

Chapter Two is devoted to building an account of one practitioner's "Art" of surgery. To accomplish this, I use the case studies of 107 patients which Turner described having treated in his *Art of Surgery* (1722). I discuss both the patients and the treatments they received. Specifically, I identify information about the class and residence of Turner's patients together with describing the particular diseases and stages of disease for which they "applied" themselves to Turner's care. I also examine specific types of treatment and operations which Turner performed and explain, where possible, the type of communication that existed between this surgeon and his patients.

In Chapter Three, I discuss Turner's "turn" from the practice of surgery to physic. I explore several of the consequences which Turner's change of career made upon his personal life, concentrating particularly upon the extensive writings which ensued from the "leisure" which Turner claimed the "profession" of physic afforded him. Turner's contributions as a medical author are examined in the context of the work of contemporary medical authors. I also discuss the similarity between Turner's opposition to theoretical medicine, quackery, and atheism.

In Chapter Four, I discuss aspects of Turner's career change which demonstrate several ways he attempted his social climb. First, I chronologically review Turner's attempts to attain a genteel standing. I then concentrate upon his use of publication
to achieve the related status symbol of a man of letters. His efforts to represent himself as a scholar through writing and a gentleman in portraiture are discussed. In conclusion, I summarize Turner's personal, "professional" and genteel achievements at the time of his death in 1741.

Part Two: Daniel Turner's Writings

I introduce the fifth chapter by discussing various concerns over skin markings and skin disease expressed in early eighteenth-century writings. The arrangement, content and explicit intentions of Turner's *De Morbis Cutaneis* (1714) are then examined. I argue that Turner represented the skin as more than the traditional physical boundary separating the practices of surgery and physic. In an attempt to overcome this rigid traditional boundary, Turner claimed that the pores of the skin transported the external medications which a surgeon applied inwardly where they also produced an effect. I describe how Turner's conviction about the skin was consistent with and part of the contemporary dispute between the Company of Barber-Surgeons and the College of Physicians over the right to administer "internal" physic. I conclude this chapter by discussing the contemporary and later receptions of Turner's *De Morbis Cutaneis*.

In the sixth chapter, I examine Turner's pamphlet dispute with the physician James Blondel in the late 1720s over the power
of the maternal imagination. Turner accepted the long-standing belief that a pregnant woman's imagination could be transferred to her unborn child, imprinting the foetus with various marks and deformities. Blondel sought to refute this view on rational and anatomical grounds. I describe the arguments presented by Turner and Blondel, and discuss probable reasons for their differences. Two primary points of their disagreement, the identity of the imagination and the process of generation, will be analysed. Then, the authors' endeavours to gain public appeal will be examined. Finally, I discuss the response which this dispute provoked in the periodical literature, and in English and Continental commentaries which appeared later in the century.

I begin Chapter Seven with an introduction to the venereal disease literature of early eighteenth-century London. I then discuss what Turner depicted as the "demonstrative" signs of the clap and the pox, and I examine the case reports of patients which Turner claimed to have treated in his *Syphilis* (1717) and *Syphilis. The Second Part* (1739). As he described having "cured" many of these patients, I discuss what Turner and contemporaries considered as being cured. Following this, I discuss Turner's descriptions of the cures he claimed were effected through treatments with crude mercury, salivation, fumigation, and guaiac. In conclusion, I explain how Turner distinguished between orthodox and "quack" remedies for syphilis and identify the change between which particular therapies were considered as orthodox in 1717 as compared to 1739.
PART 1: DANIEL TURNER'S CAREER
Chapter 1. TURNER'S BEGINNINGS: PERSONAL AND CAREER

Conceived in the year of London's great fire, Daniel Turner was born on 18 September 1667, the third son of John and Rebecca Turner.1 John Turner was a London citizen and freeman of the Tallow-Chandlers' Company. His eldest son, John, followed in this trade, whereas his second son, Samuel, entered the Taylor's Company.2 Two daughters, Mary and Sarah, survived infancy, and Sarah later married the High Holborn soapmaker, John Cleeve. (See the Altham-Turner Family Tree, Appendix 2).3

Although standard biographical sources claim Daniel Turner was born in London, surviving parish records offer no conclusive evidence of his birthplace. As many Londoners changed residence several times during the years following the fire, identifying a

1 Throughout this thesis, I have retained Old Style dating. Thus, 1666 remained recognized on the Julian calendar through March 1666/67. Daniel Turner recorded his birth date in "Religio Medici Reformata: or, Private Devotion, in 2 parts. containing [sic] certain Forms of Prayer, Thanksgiving &c. To be used in the times of Health & Sickness. suited to the Authors Occasions", British Library, Additional Manuscripts, MS 14404, f.23. Turner also noted his baptism as 17 October of the same year (f.24). I am grateful to Richard Palmer and W.F. Bynum for directing me to this manuscript.

2 Guildhall Library, Tallow Chandlers Company, Register of Apprenticeship Bindings, manuscript 6158 (3), f.110, indicates that John Turner became apprenticed to his father for seven years on 29 March 1677. Samuel Turner later in life was a merchant taylor but appears to have apprenticed as a haberdasher. (Land Lease Hertfordshire Record Office MSS D/EAS 3131 and D/EAS 1610-1).

3 This family tree was compiled from data gathered at Essex Record Office, Hertfordshire County Record Office, Public Record Office, Greater London Record Office, Guildhall Library, British Library, and the Society of Genealogists.
particular birthplace remains somewhat immaterial. Turner claimed his father resided in Tottenham during part of Charles II's reign, and also mentioned having himself lived in Holborn, near "Gray's-Inn-Gate" close by a "Doctor" Russell during his early years.4 Later, Turner's father moved to the St Andrew, Holborn parish where he was living at the time of his death in 1697.5

In contrast to the vivid accounts Daniel Turner later provided about his surgical training, he revealed no clues about his early education. Such withholding of information suggests that Turner viewed his background as commonplace or perhaps somewhat degrading. Extant London grammar school records fail to provide evidence as to the whereabouts of Daniel's earliest education. He probably attended some urban grammar school.6 If so, as a student, he would have gained a good rudimentary knowledge of Latin, and probably Greek.7 His frequent use of


5 John Turner's probated will, Public Record Office, Chancery Lane, Prob. 11/440.

6 Although several of the London Companies sponsored particular grammar schools, W. K. L. Prosser, Clerk of the Tallow Chandlers Company claimed this Company held no such connections (personal communication).

7 George C. Brauer claimed that by the time of Turner's schooling, Greek was no longer deemed as "essential" as Latin. See his The Education of a Gentleman: Theories of Gentlemally Education in England: 1660-1775 (New York: Bookman Associates, 1959), p.83. Foster Watson provided a thorough survey of the teaching in English grammar schools in The English Grammar Schools to 1660: Their Curriculum and Practice (Cambridge:
these foreign tongues in later writings suggests a familiarity with both languages. However, one critic claimed Turner wrote his personal letters in a "poor, low, paultry school-boy's Latin". Turner also claimed the moral education he received from an Anglican upbringing was of great importance. His public writings and private devotional suggest that the Bible and daily catechisms served as his ethical guides throughout life.

Although little is known about Turner's particular childhood, we can reconstruct several key features about the London environment in which Turner was raised from the writings of and about his contemporary, Daniel Defoe. There was "never known such a trade", so Defoe claimed, as the rebuilding of the capital during the "seven years" following the plague and the fire. It has been estimated that the fire destroyed 90% of London's settlements within the walls. Thus, during his boyhood, Turner had the opportunity to witness the contributions various tradesmen made towards the piecemeal rebuilding and

Cambridge University Press, 1908).


9 Catechisms as well as teachings of morals and manners were, according to F. Watson's English Grammar Schools, part of most young school boys's education (see esp. pp.69-85, 98-136).


reforming of the capital.

The 1670s and early 1680s were also periods of great reform in other senses. John Wilkins, William Petty and others promoted various "projects" to reform and improve London society and its inhabitants for the "National good".12 Political dissidents, chiefly radical Whig nonconformists, allegedly plotted their own reform against Charles II's restoration.13 Relatedly, High Church Tory structures became destabilized as Low Church latitudinarians increasingly gained authoritative positions within governmental and intellectual arenas.14 The ministry used the calamities of the fire and the plague to prompt people to rethink their morals. Thomas Vincent, for example, decreed these


disasters represented "God's Terrible Voice" against Londoners for their sins. The need for moral reform was also evident in Thomas Brookes's preachings that

God had matter enough against the seventy thousand that died in the Plague, and certainly there is no man that hath been a sufferer by this late dreadful fire, but upon an easy search into his own heart and life, he may find matter enough to ... satisfy himself that, though God has turned him out of his habitation, and burnt up all his comfort around him, yet he had done him no wrong.

Antecedents of the Societies for the Reformation of Manners were, according to some historical accounts, also evident among the Religious Societies of the 1670s and 1680s. This urge for reforming morals and manners was, for many Londoners, as much a part of restructuring the capital's living environment as were

15 Thomas Vincent's provocative 1667 God's Terrible Voice in the City stimulated much contemporary discussion over the extent to which man's immoral living had instigated these disasters. F. Bastian claims this important work was also the crucial source for Defoe's Journal of the Plague Year. See Bastian's Defoe's Early Life (Towanda, New Jersey: Barnes & Noble Books, 1981), pp.18-31, and 323, footnote 33.

16 In his London's Lamentations: A Serious Discourse Concerning that Late Fiery Dispensation that Turned Our (Once Renowned) City Onto a Ruinous Heap, Brookes identified many sins which he claimed were responsible for the "heavy judgement" of the fire including gross and practical theism, luxury and intemperance, excessive worldliness, extortion, deceit, bribery, insolent and cruel oppressing of the poor, rejecting or condemning the Gospel, lying, fornication, "going after strange flesh", profanation of the Sabbath, profaneness, lewdness, blindness and wickedness of the clergy, and the sins of the rulers as they abuse, mock and despise the messengers of the Lord. As cited in John Bedford's London's Burning (London: Abelard-Schuman, 1966), pp.147-48.

the newly built brick houses and improved water and sewage transport systems. Thus, Turner experienced a London in which reform was a daily visible activity, and, for the devout, a daily personal activity as well.

Before discussing the particular reform measures central to Turner's early surgical writings, I describe his introduction to surgery through apprenticeship. Specifically, I use the records of the Barber-Surgeons' Company of London to reconstruct Turner's progression from apprentice to liveryman. The contemporary alternatives to apprenticeship and the problems these methods presented are also discussed. Following this, I focus upon the two concerns Turner explicitly addressed early in his surgical career: the usefulness of dissection to a surgeon, and the need to expose and expel "quacks" from surgical practice.

**Turner Becomes a Surgeon**

The earliest information describing Turner's training and residence is found in the records of the Barber-Surgeons' Company of London. Turner first applied himself as an apprentice to the surgeon Charles Bateman, probably in 1684.\(^{18}\) The Bateman family

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\(^{18}\) The precise date Turner began his apprenticeship is unknown since the Register of Apprenticeship Bindings of the Barber Surgeons' Company, Guildhall Library manuscript 5266, vol. 2 (1672-1707) is missing its records between 26 July 1683 and 1 May 1685. However, Turner later claimed having served a traditional seven-year apprenticeship which was completed in 1691. See his *Present State of Chyrurgery, with some Short Remarks on the Abuses Committed under a Pretence to the Practice, And Reasons offer'd for Regulating the Same* (London: R. Tookey,
consisted of a prominent lineage of surgeons in late seventeenth-
and early eighteenth-century London. Unfortunately, little is
known of Charles Bateman's background.

By traditional standards, an apprenticeship in a London
trade entailed seven years of servitude under a master of that
trade. A few lists enumerating the Barber-Surgeon
apprenticeships served during the late seventeenth century
survive. It remains difficult, however, to ascertain what
apprentices accomplished during their servitudes. Few
apprentices's diaries have survived if, indeed, they were ever
compiled. When extant apprenticeship indentures and related
legal documents are examined, as Thomas Forbes has done, one
typically finds instances of malevolent masters and recalcitrant
apprentices, yet little mention of the training apprentices


20 Joan Lane has gleaned several important clues about
apothecary-surgeons's apprenticeships from a few diaries in her
thorough distillation of "The Role of Apprenticeship in
Eighteenth-Century Medical Education in England," in W.F. Bynum
and Roy Porter (eds.) William Hunter and the Eighteenth-Century
57-103.
received from their masters is discussed.  

When Turner became Bateman's apprentice in 1684, Bateman had at least three other apprentices: Jeremiah Merry, son of London taylor Jeremy Merry; Catton Chamberlaine, son of London cutler, Jas. Chamberlaine; and Samuel Faulkner, son of Sarum-Hills laceman, Edward Faulkner. After only two years of servitude to Bateman, Turner was "turned over" to another master, the London surgeon Thomas Lichfield on 4 February 1686. At this time, Lichfield was a member of the Barber-Surgeons' Company's Court of Assistants. London surgeons and barbers had, since 1540, been combined into the single Company of Barber-Surgeons. By the late seventeenth-century, the Barber-Surgeons' Company, one of the capital's 63 "minor" companies, had become one of the largest.


22 Apprenticeship Bindings, Barber-Surgeons' Company, Guildhall Library manuscript 5266, vol.2. On 19 August 1698, the Company's Court of Assistants prohibited any Freeman from taking more than two apprentices "at one time without the[ir] consent".

23 Barber-Surgeons' Company Apprenticeship Books, Royal College of Surgeon's of England Library, transcript by R.R. James, Book VI (3 July 1683 - 6 August 1689). The reason for this turn over remains unknown.

24 J.R. Kellett compared the sizes of various London companies, including the Barber-Surgeons' Company in his "The Breakdown of Gild and Corporation Control Over the Handicraft and Retail Trade in London," Economic Historical Review 10 (1958): 388-94. Steven R. Smith provided similar comparisons for a slightly earlier period in "The Social and Geographical Origins
Sidney Young estimated that there were, in any given year, 75 practicing freemen (i.e., those who were granted the "freedom" to practice their trade within the city) of this Company between 1670 and 1745. Figure 1.1 indicates that between 1690 and 1715, barbers comprised between one-half and two-thirds of the freemen of this company. The "others" identified in this figure represent freemen including the razor and instrument makers, perfumers, haberdashers, distillers, cutlers, taylors, patten makers, leather trimmers, book binders, painters, blacksmiths, weavers, drapers and other trade workers whose talents allowed the company to operate self-sufficiently.

The Barber-Surgeons' Company was governed by a master, three


25 S. Young, Annals, p.259. Historians frequently cite this figure as accurate. I use it with much more reservation since Young has not provided any clues or left any notes as to how he arrived at this "average". In future, I hope to calculate a more precise figure of the number of surgeons practicing in London during this period based upon identification of their residences and length of practices. For a slightly later period, David Wright's "An Index of London Surgical Practitioners, 1736-1811, compiled from the Trades Directories in the Guildhall Library, London"(SL 47 oversize), is most helpful.

26 Volumes 2 and 3 of the Register of Freedom Admissions, Guildhall MS 5265 divide between April and May 1704. Thus, the 1704 dip in Figure 1.1 may reflect an insufficient recording (loss?) of freeman admissions at this time. The artificiality of this dip must not, however, be over emphasized, for the 1705 records which indicate a comparatively diminished number of freeman admissions appear to be complete. The graphs in this thesis were generated from Cricket Graph 1.3, Macintosh SE with the able assistance of Janice Wilson.
Figure 1.1  Freemen Admissions  
Barber-Surgeons' Company (London)

Source: Guildhall Library MS 5265
wardens, and a twenty-member Court of Assistants.27 Among the responsibilities expected of the surgical half of this governing body was the examination of entering surgical apprentices in their "ability in reading and understanding the Latin Tongue".28 Once apprentices completed their seven-year servitudes, elected examiners of the Company assessed their

Skill, Experience, and Knowledge ... not only in the External and Actuall Practice [of Surgery,]
But also in their Internal Speculation of the Natural Causes and Remedies of all ... Infirmities or Diseases Incident to their ... Profession.29

Approved candidates received a diploma permitting them to practice surgery in London or within its 7-mile perimeter in a manner conforming with the Company's "Rules of Practice". The Company wardens were also called upon to judge any surgeon who was claimed to have "Ignorantly unskillfully or willfully" administered "Medicine Unguent or Emplaisters Contrary Repugnant or Incongruent to the true Indications of Surgery."30 Additionally, they apportioned the corrective and punitive measures as stipulated in their Company's by-laws.

27 Half of the Court was composed of barbers, half of surgeons. Barbers and surgeons annually rotated the Company's mastership. A dispute arose in 1700 when more surgeons than barbers made up the Company's four Governors (the master plus the three wardens). On 9 July 1700, equal representation between barbers and surgeons was re-established. See the Company's Court Minutes, MS 5257 (6).

28 "The Rules, Orders and Ordinances of the Mistery and Commonally [sic] of Barbers and Surgeons of London", 13 January 1708, Barber-Surgeons' Company MS A/2/1, p.36.

29 Ibid., p.29.

30 Ibid., p.34.
As a member of the Court of Assistants, Thomas Lichfield, Turner's master, held many responsibilities to the Company. He was expected to attend the "ordinary" Court meetings held on the first Tuesday of each month where the Company's general business was conducted. By tradition, these meetings were followed by a dinner financed by one of the members of the Court. "Intermediate" mid-monthly and "committee" meetings were also frequently called to discuss special business. In 1690, for instance, Lichfield attended nine committee meetings, most of which were organized to certify more surgeons to fulfil naval and military needs.31 Additionally, there were several examination days each year, held at irregular intervals, which Lichfield would also have been expected to attend. Finally, the Court annually assembled to elect the Company's master, three wardens, a beadle, and a clerk on the third Thursday in August. Apprentices of the members of the Court, like Turner, were relied upon to wait table at the dinner following each annual election.32

In addition to these duties, Thomas Lichfield oversaw the training of three other apprentices during the time of Turner's servitude: his son, John Lichfield, Roger Fenwick, and Hy Watson.33 As was common in this period, Turner and the other apprentices most likely resided in Lichfield's home throughout

31 Court Minutes, MS 5257(6), vol.12.
32 S. Young, Annals, p.246.
33 Apprenticeship bindings, Guildhall MS 5266, vol.2.
their apprenticeships. Lichfield lived in the St Botolph without Bishopsgate parish, a short walking distance from Barber-Surgeons' Hall.34 Thus, Turner gained his earliest surgical experience in the company of, and probably working alongside, other apprentices. He advocated apprenticeship as the ideal form of surgical training throughout his life.

Turner apparently enjoyed the St Botolph without Bishopsgate parish for he remained a parish resident here for the rest of his life.35 Turner's length of time spent within this parish exemplifies the critical factor that residence and church played in early Augustan London.36 As discussed in Chapter Four, Turner attended St Botolph Bishopsgate church, married a relation of the parish rector, buried one of his children in this church, and, from 1709, resided on Devonshire Square, one of this parish's

34 Guildhall Library, Printed Works, SL 06/2. Inhabitants within and without the walls appear in the rates assessment lists of 1695. See An Index to the Inhabitants of the Parishes of the City of London, which were Assessed in Connection with the Tax on Marriages, Births and Burials, and upon Bachelors and Widowers, 1695 pt. 2, Inhabitants without the Walls, typescript MS SL 06/2, and London Inhabitants within the Walls, 1695 (London, London Record Society, 1966). The Hall was located in Monkwell Square, just inside the city wall at Cripple Gate, the second gate west of Bishopsgate.

35 At one point, Turner specified his abode as next to the Magpie Tavern in Art of Surgery (London: C. Rivington, J. Lacy, and J. Clarke, 1722), vol.1, p.422. Unfortunately, I have been unable to identify where this tavern would exactly have been located in the St Botolph without Bishopsgate parish. No tavern of this name in this parish is recorded in George Berry's Taverns and Token of Pepys's London (London: Seaby, 1978).

36 See, for example, Roy Porter's English Society in the Eighteenth Century (Harmondsworth, Middlesex: Penguin, 1982), pp.140-41.
most affluent neighbourhoods.

Turner remained in Lichfield's servitude through 1691. On Tuesday, 2 February of that year, Turner was admitted into the freedom of the Barber-Surgeons' Company.37 Seven years passed, however, until 23 March 1699/1700 before Turner was "sent for" by the Company to take his examination.38 Turner's master, Thomas Lichfield, was Master of the Barber-Surgeons' Company in 1699, and most likely sponsored Turner's candidacy for examination. At the Examination Committee meeting on 12 June 1700, Turner was presented before the Company's examiners, including Company Wardens John Pinke, James Wall, and Bartholomew King, as well as liverymen including William Oades, William Layfield, Henry Rossington, Zachariah Gibson, Mr. Babington, and Sergeant-Surgeon Thomas Gardiner.39 The examiners approved of Turner's answers, and affixed the Company's seal upon his "letter testimonial".40 Turner was charged a fee for this "privilege", and according to tradition, would have presented each of his examiners with a pair

37 Court Minutes, MS 5257(6).

38 I can not explain this seven-year gap except to say that it appears to have been uncommon for surgeons to wait so many years to be officially examined after having been taken into the freedom.

39 Court Minutes, MS 5257(6).

40 Ibid. Richard Lee, Joseph Bateman (son of Turner's first master, Charles Bateman), John C(?)ooke, Jeremy Wright, and William Petty (with whom Turner later regularly consulted) also passed their surgeons' examinations on 12 June 1700.
of gloves.41

The following October 15, Turner was admitted into the "livery" or clothing of the Company.42 More money would have been paid for this privilege, as well as for the robe and regalia of a liveryman. And as a liveryman, Turner was expected to attend several annual civic functions. The first celebration he likely attended was the Company's annual St. Luke's festival held on 18 October, just three days after Turner's admission into the livery. Additionally, he would have participated in the Lord Mayor's procession, attended the Company's 5 November celebration, the Christmas and Candlemas services at St Paul's, the setting of the watch on Midsummer's Eve, the 27 September festival to SS Cosmos and Damian to whom the Company was dedicated, and the Company's election service at St Olave's, Silver Street following the annual August election of Company officers.43

Between the time of his apprenticeship and admission into the livery, Daniel Turner is rarely mentioned in the Company's

41 By 1721, the examiners asked their successful candidates to remember them with a gift of money, reputedly to buy the gloves themselves, rather than offering them a new pair of gloves directly. J. Dobson and R. M. Walker also noted that freemen, upon admission to the Company, were expected to present the Company a silver spoon upon which their name had been engraved. See Barbers and Barber-Surgeons of London, p.46.

42 Court Minutes, MS 5257(6).

43 S. Young, Annals, p.255 and Court Minutes, MS 5357(6) and MS 5357 (7). Absences at any of these events were excusable only upon the payment of a fine to the Court.
extant record books. Yet it was during these nine years that Turner began to pursue two aspects of surgery which formed much of the foundation of his subsequent surgical and medical careers. He performed many anatomical dissections which led him into print. Additionally, he voiced his concerns for exposing and expelling "quacks" as a way of reforming surgical practice. I examine each of these pursuits in more detail.

Daniel Turner Dissects

Contemporaries agreed that anatomy was the principal method of gaining surgical know-how. Treatises on surgery typically began with, or at least included, an extensive section on anatomy. This knowledge was not only to be committed to memory, but put to practical use as well. As J.O. Justamond later claimed, surgical operations were "much better fitted to [be] perform[ed]" if a surgeon could rely upon an extensive, practical "anatomical knowledge" so as "to account for the consequences" of each step of his operation. Additionally, some authors deemed that improvements in the surgical art were solely due to the advancements made in anatomy. For example, the physician, John Freind, claimed "There is no question, but that the principal

44 Unfortunately, the Barber-Surgeons' Company's Court Minute books after 21 August 1701 and before 20 November 1707 have been lost.

improvements, which have these latter ages been made in Surgery, are owing chiefly to the discoveries, which have been made in Anatomy. I examine what Turner's training and early writings inform us about the ways of learning anatomy and the relationship between anatomy and surgery.

As Turner's second master was a member of the Court of Assistants, Turner almost certainly attended the annual anatomy lectures and demonstrations held in the anatomical theatre at Barber-Surgeons' Hall. The visceral lectures were held in April or May, the osteology lectures in July, and the muscle lectures in December or January. Freemen and liverymen of the "Surgeons' side" of the Company were expected to attend these lectures, and were assigned formal standing positions in the rather crowded anatomical theatre. In this environment, apprentices apparently had little opportunity to observe much of the actual demonstrations. And, as they were generally not


47 Apprentices who had "Served Three Compleat Years" were permitted to attend providing they brought a note from their master attesting their length of servitude. According to the Barber-Surgeons' Company's 1734 "Order for the New Regulation of the Demonstrations" as transcribed in J. Flint South's Memorial of the Craft of Surgery in England (London: Cassell & Co., Ltd, 1886), p.244.

invited to dissections held in the hall during other times of the year, apprentices generally received very little introduction to anatomical dissection through the Barber-Surgeons' Company. These findings support standard historical accounts, like that of John Shaw Billings, which claim that the "facilities" for young surgeons to study anatomy were, at this time, "extremely limited".

Turner's background, however, shows that some surgeons engaged in private dissections early in their career, thereby supplementing the minimal anatomical instruction that was available from demonstrations at Barber-Surgeons' Hall. While apprenticed to Lichfield, Turner began to attend and assist in private human dissections at least as early as 1689. On 1 August 1689, he dissected the body of A.M., a thirty year old maid who, it was claimed, had died of ascites. Surgeons James Waffe, Senior and Junior were also present. In 1694, Turner reported

49 The Court Minutes, MS 5257(6) for 1693, and J. Dobson and R.M. Walker, Barbers and Barber-Surgeons, pp.39-46, indicate that the Readers of Anatomy (all physicians) or the four Masters and Stewards of Anatomy could perform dissections at the hall throughout the year.


51 Daniel Turner, "Remarks, taken upon Dissecting ... a Maid ... who dyed of an Ascites", Philosophical Transactions of the Royal Society of London 18 (1693-94):15-20. Henceforth,
a dissection he performed on E.R., a 44 year old married woman whom he found to be "hydropical in the external coat of the uterus." Turner's master, Thomas Lichfield and his son, John Lichfield had also been present at this dissection. Previously, Turner had dissected a woman in whose gall bladder he had discovered a two dram fifteen grain stone. Apart from remarking about specific anatomical finds, he claimed that in the process of performing this dissection, he had discovered "perhaps ... as much [about the] Ignorance ... [of] those who treated ... [the patient] under her Indisposition" as anything of surgico-anatomical importance. The patient had, he argued, "all the apparent symptoms of a Peripneumony and Pleurisy", both initially curable, according to Turner, by venesection. But to the patient's misfortune, she fell "into the Hands of some Empiric" who, Turner claimed, deemed such therapy as "useless and unserviceable".

Turner's dissecting experience soon became known to others. According to his own account, Turner prepared written accounts of

abbreviated Phil. Trans. Roy. Soc.


53 The report, "Of a Stone found in the Gall-Bladder of a Woman", was later published under the name "Mr. J.T". The original manuscript of this report, held in the Royal Society's Classified Papers 1660-1740, Cl.P. 12(1).38, p.81, is signed by and in the handwriting of Daniel Turner. Heretofore, Turner has not been credited with this report.

54 [Turner], "Of a Stone", p.112.

55 Ibid.
each of these dissections upon the advice of the physician, Edward Tyson. At this time, Tyson had a special interest in dissection in his service as the anatomical procurator of the Royal Society. Tyson urged Turner to send these reports to the Society. Richard Waller read two of Turner's dissection reports before this Society on 6 December 1693, and Edmond Halley presented two additional reports by Turner on 7 February 1693/94. All four of these reports were published in the Royal Society's Philosophical Transactions.

At the time, the Philosophical Transactions was an unusual publication outlet for surgeons. In 1693/94, for example, the only other surgeons reporting on anatomico-surgical matters were the French surgeon, Paul Buissiere who described a dissection of a deceased pregnant woman, and William Cowper who reported his experiments with John Colbatch's styptic powder. Apart from Tyson's patronage, Turner had no discernable connection with members of the Royal Society. The Society's Journal Books do not

suggest that he was ever considered as a candidate for Fellowship. I shall, however, re-examine Turner's own peculiar representation of his affiliation with this society in Chapter Four.

Turner, to judge from his later life, saw in anatomical knowledge a means to support his plan for reforming surgery and to promote his career. Anatomical knowledge was, as Turner later emphasized, an "absolute necessity" for the practice of surgery. To provide an exemplary model as to how dissection could improve a surgeon's anatomical knowledge, he continued dissecting bodies throughout his surgical career. He claimed to have devoted much attention to each dissection, opening each body "as formally, as if [it were a] ... live subject."60 Although he allegedly performed many of these dissections for his "own Satisfaction", Turner's satisfaction typically involved learning about particular disease processes. "Since the nicest scrutiny we can make" on living patients will "discover nothing ... of the Seeds of Diseases, nor of their Natural Process[es]", Turner argued that "diligent Observation" at autopsy was as "necessary" to successfully diagnosing, prognosticating, and curing disease as was a "suitable Experience" of knowing what remedies "had best succeeded" in curing previous patients with a particular disease.61


61 Daniel Turner, Discourses Concerning Fevers (London: J. Clarke, 1732), pp.100-01.
Turner also considered that dissection offered surgical practitioners, particularly junior practitioners, ideas for "many useful Improvements" of their art.62 "What a shame it is", he claimed, for young surgeons to be mistaken about the "Knowledge of Man's Body" from having "forfeited ... Anatomical Dissection". It is a "Mistake of the highest Importance", he warned readers, that a surgeon's lack of practical anatomical knowledge can cause "Fellow Creatures" to be "undone, ruin'd in ... Limb, ... [and] depriv'd of Life".63 To gain that practical know-how, Turner advised young surgeons to "take all the Opportunities of frequenting both private as well as public Dissections".64 "They will receive a more useful and satisfactory Instruction" by applying themselves first to dissection while saving the "large Volumes published upon this Subject" for "their leisure Hours".65 And like many of his colleagues, Turner advised young surgeons that before "rashly adventuring" into actually performing

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surgical operations, they first both watch the techniques of "expert Artists" and practice the procedures they have observed "upon dead Bodies".66

After later turning from a practice of surgery to a practice of physic, Turner continued to expound upon the usefulness of anatomy to surgeons. However, in writings directed specifically to physicians, he made few remarks about the usefulness of dissection. Still, by reiterating the point that he continued attending private dissections throughout his life, Turner seems to have been claiming that physicians should continue to "improve" their anatomical knowledge beyond merely attending the lectures and demonstrations held at the College of Physicians.67

Alternatives to Apprenticeship

During the period of Turner's apprenticeship, the Company of Barber-Surgeons appears to have experienced much of the city-wide general breakdown of gild control.68 The time-honoured method of

66 Ibid., p.269.

67 Andrew Cunningham described the content of some of these demonstrations in his "Kinds of Anatomy", pp.5-13.

68 J. R. Kellett claimed the erosion of gild and corporation control was precipitated by the population's expansion into the conurbation of London forming beyond the confines of the City wall. See "Breakdown of Gild Control", pp.381-94. Early indication of this suburban growth was seen after the 1665 plague and great fire of the following year. Other London tradesmen were, according to Kellett, driven into the suburbs in the 1680s and 1690s when the City faced severe financial indebtedness (p.382). The rise of "unfree" trade and manufacturing in the suburbs further devaluated apprenticeship. This new trade
apprenticeship as the sole mode of entry into the practice of surgery had begun to erode. Specifically, the number of apprentices trained under surgeons who were recognized as freemen of the Company was declining. Figure 1.2 is a graph of the proportional distribution of barbers and surgeons who were registered as apprentices each year between 1680 and 1715.69 As this Figure suggests, the number of surgeon apprentices who registered with the Company (i.e., the slashed line segment) began to decrease (i.e., narrow) after 1680, and more markedly declined after 1700. The diminishing numbers of surgeons trained by servitude is more distinctly shown on Figure 1.3.70

Alternative entrées into surgical practice which established a great suburban wealth which, when coupled with the debts of war, precipitated further financial decline within the municipality. D.W. Jones provides a further analysis in his "London Merchants and the Crisis of the 1690's" in P. Clark and P. Slack (eds.) Crisis and Order in English Towns, 1500-1700 (London: Routledge & Kegan Paul, 1972), esp. pp.311-12.

69 Compiled from data extracted from Apprenticeship Bindings, Guildhall MS 5266. Records for 1683, 1684, and 1700 are partially incomplete, therefore my graph slightly under represents (probably only slightly) the number of apprentices registered during these years. The "Other" in Figure 1.2 once again represent the trade workers whose various skills were utilized within the Barber-Surgeons' Company.

70 Graphed according to data compiled from Freedom Admissions, Guildhall MS 5265. For the sake of completeness, I have also included a graph (Figure 1.4) illustrating that "F. Bros." or Foreign Brothers were also added to the ranks of London Barber-Surgeons each year. Foreign brothers, according to S. Young, Annals, p.258, were the practising surgeons who had not been apprenticed to freemen of the Company, but who were compelled to join the Company in order to practice within its jurisdiction. Additionally, a few individuals, like those mentioned by Young, p.220, were admitted into the Company either by patrimony or by redemption (i.e., through purchase of a license).
Figure 1.2  Apprentices Registered
Barber-Surgeons' Company (London)

Source: Guildhall Library MS 5266
Figure 1.3 Surgeons Admitted by Servitude Barber-Surgeons’ Company (London)

Source: Guildhall Library MS 5265
Figure 1.4 Surgeon Admissions
Barber-Surgeons' Company (London)

Source: Guildhall Library MS 5265
circumvented lengthy servitudes began to gain favour. For example, the surgeons at St Bartholomew's and St Thomas's hospitals frequently kept pupils or "cubbs" in addition to apprentices. By the mid 1690s, many cubbs had established themselves as surgical practitioners elsewhere in the city after reputedly having gained only six months to a year's hospital experience. This reduced training period fueled many arguments from Barber-Surgeons' Company freemen who denounced hospitals as "breeding ... many illiterate and unskillful pretenders to chyrurgery".71 Since few records remain of this type of hospital training, if they were ever kept, historical enquiry into cubb training and practice remains difficult. However, accounts from surgical reformers like Turner suggest that the number of London cubb-trained surgeons continued to increase throughout the early eighteenth century.72

Military and navy service also provided an abbreviated training period for many London surgeons. Maintaining seamen's health was central to the growth of British commerce during this period.73 The high prevalence of disease at sea spread through


72 For example, see [Robert Poole], *Physical Vade Mecum: or, Fifth Gift of Theophilus Philanthropos* (London: E. Duncomb, 1741), Dedication, and the accounting of St Thomas's hospital surgeon assistants in the "Register of Pupils and Dressers", The Medical Library, St Thomas's Campus, United Medical Schools of Guy's and St Thomas's Hospitals, MS 31.d.2, a listing which began on 11 January 1723.

close contact, inadequate food, and poor ventilation created a great demand for sea surgeons. This demand was apparently greatly increased during times of war. For instance, 113 surgeons and surgeon's mates were licensed into practice during a three-month siege of the war of the League of Augsburg (1692/93). Examiners from the Barber-Surgeons' Company held an official responsibility to recommend surgeons and surgeon's mates for particular classes of ships in the Royal Navy. By 1709, the Barber-Surgeons' Company claimed to annually certify five hundred sea-surgeons and their mates. However, my finds among the extant records of the Barber-Surgeons' Company corroborate R. R. James's claim that less than five hundred sea surgeons and their mates were actually certified each year (See Figure 1.5). But even a hundred or more seems to have presented the Company a formidable examination task.

Throughout this period, sea-surgeons made up the greatest proportional representation of surgeons qualified before Barber-


76 Ibid., p.263.

77 R. R. James, [Admiralty], Surgeon's Passing Certificates, Royal College of Surgeons of England Library, MS 129A f.12-13.
Figure 1.5 Sea Surgeons and Surgeons' Mates Certified

Source: R.R. James, Admiralty Surgeon's Passing Certificates, RCSE Library MS 129A f.12-13
Surgeons' Company examiners (See Figure 1.6). Cromwell's 1654 ordinance remained in effect at the end of the century, whereby ex-military and naval surgeons, in recognition of their service to the Commonwealth, could take up their trade as civilians and remain free from the Barber-Surgeons' jurisdiction once their military duty had ended (i.e., for many, once a war had been settled). The increase in naval surgeons, as in other state employees, during war time opened pathways for upward social mobility once the battles had ceased.  

Although most sea-surgeons received official certification from Barber-Surgeon examiners before entering into service, some embarked upon sea surgery having only purchased a license from the Bishop of London or Archbishop of Canterbury. This "method of obtaining licenses," an episcopal "right" since 1534, was claimed to be "so very easy, that [anyone with] ... a small summ ..."  

78 This special privilege of military surgeons has been cited in works throughout the past three centuries. See, for example, Lloyd G. Stevenson, "A Note on the Relation of Military Service to Licensing in the History of British Surgery," Bulletin of the History of Medicine 27 (1953), p.422. Two cases arguing for this privilege of practice appear in the Court Minutes for 15 April and 6 September 1709. Geoffrey Holmes provides an alternative explanation that ambitious youngsters selected military and naval service as a way to gain more extensive training than that offered by apprenticeship. See his Augustan England: Professions, State and Society 1680-1730 (London: Allen & Unwin, 1982) as cited by R. Porter and D. Porter in Patient's Progress, pp.20-21. Although this may have been the case in some instances, those ambitious individuals who rose to high ranks within the Barber-Surgeons' Company had exclusively served full apprenticeships.  

Figure 1.6 Surgeons Qualified in London

![Graph showing the number of Surgeons qualified in London over time. The graph is divided into three categories: Barber-Surgeons, Sea Surgeons, and Ecclesiastical. The y-axis represents the number of Surgeons, ranging from 0 to 180, and the x-axis represents the years from 1690 to 1715.]
of money, has seldom despair'd of that kind of protection".80 Upon tabulating the sixty-eight episcopal licenses which one source claimed were granted to surgeons and barber-surgeons between 1680 and 1725, I discovered that 34.5% of these licenses were presented in 1697 (See Figure 1.7). It is most likely that these individuals were returning to civilian practice after the Treaty of Ryswick was signed that year; a view supported by J. H. Bloom's and R. R. James's comments.81 Although the proportional representation of ecclesiastically-licensed surgeons among the surgeons who received qualifications in London was minimal compared to those trained by servitude or as sea surgeons (refer back to Figure 1.6), their presence created much apprehension among many freeman of the Barber-Surgeons' Company. Surgical reformers, like Turner, regarded this method of qualification as a "gross perversion" because "his Lordship [was] ... no judge ... [of] surgery".82 The Barber-Surgeons' Company also expressed concern and "humbly begg[ed]" the ecclesiastical authorities "not to license any person ... who hath not first obtained a Testimoniall under the Seale of the Company certifying the


81 Data for this graph was gathered from J. H. Bloom and R. R. James, *Medical Practitioners in the Diocese of London, Licensed under the Act of 3 Henry VIII, c.II. An Annotated List 1529-1725* (Cambridge: Cambridge University Press, 1935). The "other" category denotes individuals identified as physicians or apothecaries, without any mention of surgical expertise.

Figure 1.7  Ecclesiastical Licenses Granted

Source: J. H. Bloom and R. R. James, Medical Practitioners in the Diocese of London (1935)
prior] examination of such person[']s ... Skill & Ability for ...

exercis[ing]" the surgical art.83 But it was only after issuing a series of such petitions that the Bishop of London complied with their request. And his decision was not proclaimed until May 1713, one month after the Treaty at Utrecht had been signed, an act which procured a stretch of relatively peaceful times for England.

In addition to the variously-trained orthodox practitioners of surgery, contemporary accounts suggest that "thousands" of "quacks" also practiced surgery in London, the city hailed as "the best Quack-Market in the Kingdom".84 According to Roy Porter's illuminating account of English quackery, the term "quack" was tossed around rather casually in Augustan England.85 Among those who contemporary practitioners labeled as quacks were the barbers, apothecaries, midwives, and bonesetters who practiced outside of their authorized realm of care. The oculists who set bones, bone-setters who "breathed" veins, and barbers who practiced surgery were, regardless of any benefit they may actually have provided society, viewed by many orthodox surgical practitioners as quacks. Additionally, tradesmen

83 "The humble petition of the Masters or Governors, Assistants, Livery & Freeman of the Mystery & Commonality of Barbers & Surgeons of London", 1 June 1710 as transcribed in S. Young, Annals, p.348.


including "cheese-mongers" and watchmakers were accused of "pretending" to practice barber-surgery.

Officially moving or "translating" between trades was not uncommon in the early 18th century. Between five to forty non-surgeon apprentices of the Barber-Surgeons' Company were annually translated to other non-surgical trades (See Figure 1.8). But moving unofficially from an outlying trade into surgery lay beyond the occupational diversity Margaret Pelling so lucidly described.86 Rather, this turn between trades likely represented aspirations, as Lawrence Stone described, of attaining more solid financial security and/or greater social esteem (i.e., an upwardly mobile social status).87

Besides these brands of quacks, contemporary writings such as "The Modern Quack", the "Quack's Unmask'd", and "The Life of ... A Sham-Prophet Doctor" would have us believe that the most numerous quacks were the impostors who, without any surgical or medical training, offered their services through self-advertisement.88 There was "scarce a Street, Lane, Court, Alley or other Building" in London, it was claimed, where these "Intruders have not shamefully crept in". Handbills advertising their treatments were posted at the entrances of all public


88 See, for example, P. Coltheart, The Quacks Unmask'd (London: The author, 1727).
Figure 1.8  Apprentices "Translated"  
Barber-Surgeons' Company (London)

Source: Guildhall Library MS 5266
"thorow-fares", on corner-houses, and on "Pissing-Post[s]".89

Barber-Surgeons' Company leaders repeatedly expressed concern over their inability to keep check on the increasing numbers of irregular practitioners. Although they threatened prosecution of such malpractice in their annually recited statutes, only a few "unskilled" practitioners were actually brought before the Company, and many fewer still were ever fined.90 Such findings suggest that the Company's actual control of unorthodox surgical practitioners was quite limited. Still, their discrimination between skilled and unskilled practices of surgery allows us, at least partially, to analyze the scope and limitations of contemporary surgical practices. I turn first to Turner's description of quack practice, then, in the following chapter, I discuss Turner's presentation of himself as an exemplary model of a skilled surgeon practicing his art.


90 Although there were many cases against barbers for practising on a Sunday, neither the Court Minutes nor S. Young's Annals provide more than a few examples of surgical "pretenders" brought to justice. Catherine Crawford has addressed this issue in "Malpractice and Bad Manners: Disputes over Professional Conduct in Eighteenth-Century England" (unpublished paper), delivered at the Wellcome Symposium on the History of Medicine on the History of Medical Ethics, 1 December 1989.
Turner vs. Quackery

Quacks had been represented as a problem to London surgeons for centuries. Surgical author Thomas Gale, for instance, criticized unskilled surgical practitioners in his 1564 Certain Works of Chirurgerie as did John Securis in his 1566 A Detection and Querimonie of the Daily Enormities and Abuses committed in Physick. By the late 17th century, Daniel Turner was among the most vocal contemporary surgical authors urging action against the quacks practicing his trade. London was, so Turner claimed, "most abominably put upon" as an "Abundance of its Inhabitants" were "maimed and undone through the Countenancing [with] great Numbers of Ignorant, ill designing" pretenders of surgery. "Every Art has had its Adversarys", Turner claimed, but "methinks 'tis very strange" that surgery, the art which "gives Sight to the Blind, Hearing to the Deaf: Sets together ... disjoyned and broken Bones, and reduses [sic] the Frail Structure of Humane Bodys to their wonted Health and Vigour, should have so much as one [adversary], amongst the most

91 As cited by L. M. Beier, Sufferers & Healers, p.39. For a full account and many examples of seventeenth-century quackery see Beier's complete section on "Unlicensed Healers", Ibid., pp.19-32.


barbarous part of mankind".94

Among these adversaries, Turner "accounted" street mountebanks as the most "Common Enemy of the People".95 Not only for the "Time he cheats ... [people] of [during] which [they] should otherwise be employed", but the mountebank also preyed upon people's money. Money which, Turner claimed, was "better thrown to Swine".96 Turner also claimed it was "very rare" that he met a patient who had not already been "spoyl'd" by the hands of some "ignorant and foolish Woman" healer; a type of quack Turner categorized as the "petticoat practitioner".97

Bone setters, practitioners who Turner claimed were "more properly" identified as "Man-slayers", also comprised a significant portion of Turner's group of "Roguish Impostors".98 But Turner's chief accusations of quackery were directed against the barbers. "It's almost a Rarity", Turner argued, "to find one of their Poles without a Frame of Porringers, or some other

94 D. Turner, Present State, p.27.
95 D. Turner, Apologia Chyrgica, p.25.
96 Ibid.
signal of their Pretension to Chyrurgick Practice". He claimed barbers readily "Bleed [patients], cut Issues, treat Apostems, apply Plaisters, Pultisses [sic] and Fomentations", 99 yet they were actually "such a Stranger to Chyrurgery" they could not give a "discerning Querist a satisfactory definition of either Wound or Ulcer". 100 Moreover, the "very Notion of a Barber-Surgeon" seemed, to Turner, to "countenance the Arrogance" of most apprenticed-barbers. 101

Many of these quacks practised, according to Turner, without any formal training. Others, however, chiefly through the want of "private Lucre", set themselves up in practice after only a "Year, two, or three" of apprenticeship to some barber or apothecary, seeking the protective "screen" of an ecclesiastical license. 102 The only "Journey work" this type of quack pursued, he argued, involved "diligently conning over his Grandmother's receipt-book". 103 Similarly, Turner identified those "brought up" in either physic, pharmacy, or surgery who attempted to "intermeddle" in all three as "Cosin-German [sic] to a quack". 104


100 D. Turner, Apologia Chyurgica, p.29.

101 Ibid., p.51. J. F. South, among others, remind later generations that there was never an official fusion of the two callings, barber and surgeon. (See his Memorials of the Craft of Surgery, p. xii.)

102 D. Turner, Modern Quack, p.151.


104 D. Turner, Modern Quack, p.57.
Each "Transgressor" should, he argued, be "look'd on as a kind of false Brother by the rest, and ... a Trespasser ... on the Law of Nature" by "doing as he would not willingly be done unto".105

One contemporary complained how "monstrous" it was to see "that Mob of Empirics" including barbers, farriers, and mountebanks "overreach and bubble the People both of their Lives and Money".106 Consistent with this view, Turner complained that "one would think" surgery was the easiest Art to perfect for "a meer Pretence ... will carry a man very far into the good Opinion of other People".107 Surgery had, he argued, been degraded into a "Sanctuary or Refuge for decay'd Tradesmen".108 Turner claimed people "of Sense, at least" did not choose a scrivener to make their clothes, a taylor to write their will, or a shoemaker as their spiritual guide, yet found it "hard to account" why people "often [en]trusted" all three of these trained tradesmen with their bodies.109

Early in his career, Turner wrote a pamphlet directed to the Barber-Surgeons' Company explaining his plan to reform the "shameful" state of surgical practice. Specifically, he stressed

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105 Ibid., p.3.


107 D. Turner, Apologia Chyurgica, p.132.

108 Ibid.

109 D. Turner, Modern Quack, To the Reader.
the need to stop "Vile Pretenders" from practising the surgical art. His outrage over these false pretenders who had become "Idols of the People's Applause" first appeared in print in his Apologia Chyurgica. A Vindication of the Noble Art of Surgery (1695).\textsuperscript{110} In this work, Turner described that he practised surgery in a society where a qualified surgical practitioner was, at least to much of the populace, indistinguishable from a "pseudo-chirurgus".\textsuperscript{111} He argued that society would remain plagued with this form of quackery until "Men can make a more clear distinction" between an "ingenious [surgical] Artist" and the "Artless Pretender".\textsuperscript{112} In order to clarify what he saw as distinguishing features, Turner sought to "undermine the Foundation" of the "Infamous Impostors" or quacks. With surgical precision, he claimed he would "dissect their pernicious Principles, and lay open the treachery and impiety of their Dealings."\textsuperscript{113} In this way, he believed his Apologia offered a "most necessary piece of service" not only to his chosen trade, but to the public good as well.

\textsuperscript{110} D. Turner, Apologia Chyurgica, p.29.
\textsuperscript{111} Ibid., p.73
\textsuperscript{112} Ibid., pp.1-2. The physician Walter Harris described a "Real" practitioner as "cautious, Delibrate, and Prudently Timorous" whereas a "quack" was "Rash, Inconsiderate, and Stiffly heady in every thing he does". Pharmacologia Anti-Empirica; or, A Rational Discourse of Remedies both Chymical and Galenical... Together with some Remarks on... the Most Notorious Impostures of Diverse Empiricks and Mountebanks (London: for R. Chiswell, 1683), esp. pp.317-18.
\textsuperscript{113} Ibid.
Turner used vivid, lengthy descriptions of London quack practices which he claimed to have observed. These detailed verbal pictures of practice set his Apologia apart from most previous or contemporary accounts of quackery. He hoped these extensive accounts would make surgeon readers aware of the typical traps local quacks used to ensnare their victims. If readers had no personal experience attending cases of this "abuse", Turner urged them to consider the "Great Number of those Deplorable Misfortunes" in hospital whose conditions were, so he claimed, singularly derived from the "injudicious Management of some Unlearned Empiric, or Ignorant Old Woman." As Roy Porter and others have offered many examples of the languages and practices of quackery, including some extracted from Turner's works, in their reconstructions of contemporary quack practice, I shall not repeat specific examples here. Rather, I shall examine Turner's suggestions in his early writings for ways of reforming the "vile" practice of surgery into its once "Noble" art. I discuss Turner's initial crusade to expose quackery, and then place his arguments within the context of the College of Physicians' and the Barber-Surgeons' Company's attempts to rid

114 D. Turner, Present State, pp.5-6.

surgery of its quacks.

Nothing within the records of the Barber-Surgeons' Company leads me to believe that Turner was selected to document the abuses of the "Present State" of surgical practice. Rather, Turner's "inspection" into "the business" of quackery appears to have owed its origin to his surgical practice.116 It was the "Practice of Chyrurgery", Turner claimed, that provided him "many opportunities" to inspect, and indeed to treat, the "Abuses" occurring in his contemporaries' practices.117 Although others noted that these pretenders deserved "Slight and Contempt,"118 Turner deemed the "simple Detection of the Fraud, without coercion upon the Delinquent" was "insufficient" both as an attempt to "rectify this Disorder, and [to] secure the People from being thus ... sacrificed."119

Instead, Turner urged the "representatives" of the Barber-Surgeons' Company to take the matter of reform "into their serious Consideration".120 Specifically, he suggested they pass an Act whereby "no Person shall presume to practise, till He had first past an Examen, and was found fit to be entrusted with the Care of the Diseased Subject".121 And Turner reckoned the

116 D. Turner, Apologia Chyurgica, p.54.
117 Ibid., To the Reader.
119 D. Turner, Modern Quack, Dedication.
120 D. Turner, Present State, p.8.
121 Ibid.
Governors of the Court of Assistants to be the most "proper Arbiters of sound and artful Practice". Examination requirements had long been listed in the Company's by-laws; however, it remains unclear to what extent these requirements were enforced. It also remains unclear how Turner expected those found "fit" to practice were to be officially distinguishable from quacks. Issuing diplomas was not the simple answer. For, as Turner argued, there were many false licenses and diplomas in circulation, including, at least from his view, those issued by ecclesiastical authorities.123

For further "Incouragement" of the "learned" practice of surgery, Turner claimed it was necessary for the higher magistracy to also take action upon the "gross Enormities Committed under a Pretence of [surgical] Practice". He argued that ultimately there was "no better way" to overcome the "unspeakable Damage accruing to [the public by their] ... unlimited Toleration of Ignorant and Unskillful Persons" in surgical practice than to "obtain an ACT of Parliament for its future Prevention." Once such reform was obtained, so Turner claimed, the city of London would find a "Diminution in the Bills of Mortality: Every Parish therein would be less burthen'd with their Sick and Lame, and those renowned Hospitals, [would]
perhaps be capable of receiving all that should be presented".126

Contemporaneous with, and perhaps precipitating Turner's Apologia, the College of Physicians claimed that the Army and the Fleet and Merchant Navies had "long suffered" from the "abuses" of unqualified surgeons attending their casualties.127 They petitioned the Monarch in 1689-90 that the "Lives and Limbs" of many of "Your Majesties good Subjects" in civilian life were "daily Endangered" from the "Practice of Ignorant and Unskilful Persons in the Science or Faculty of Surgery".128

There were also contemporaneous rumblings within the Barber-Surgeons' Company to rid surgical practice of its quacks. Grievances against barber's overstepping the limits of their practice are found throughout the Company's records from this period. The tension between barbers and surgeons became great enough in 1684 that the surgeons plead for Charles II to separate the Company. The barbers, according to the surgeons, were so "ignorant of the Science and Faculty of Surgery" which they claimed they commonly practised, that the barbers "hinder[ed] and

126 Ibid., p.9.


128 "A Bill for better Regulating the Practice of Surgery in and about the City of London and Westminster, and the better Providing Her Majesties Fleet and Army with skilful [sic] and Able Surgeons" (London: Charles Bill & Thomas Newcomb, 1705), p.1.
[did] not promote the order for which they were united."129 This attempt at separation was unsuccessful, and similar pleas were voiced throughout the first half of the eighteenth century.

Members of the Barber-Surgeons' Company concurrently expressed their dissatisfaction over being limited, by the physicians, to treating only external disorders. In a 1690 bill promoted by the surgeons intending to gain sole monopoly over regulating the practices of London surgeons, the surgeons inserted a clause stating their desire to give "internal medicines to their chirurgical patients".130 The bill met overwhelming opposition from the physicians and from the apothecaries, too. Similar attempts to legally expand their practice in 1706 and 1711 also failed.131

The extent of successful legal reform may be traced to alterations or attempted alterations in the Company's by-laws. The first actions were undertaken in 1697 when the Company ordered that the existing by-laws be re-examined to determine which were still "usefull" regarding their concern over "male-practice" [sic].132 Within a year, a committee of the Court undertook the specific task to determine whether "all persons


132 Court Minutes, MS 5257 (6), vol.12.
exercising Barbery & Chirurgery" were doing so "within the limitts" of the by-laws.133 If cases of abuse were found, they were empowered to inflict the "penalty's mentioned in the By laws" according to the severity of "male-practice" in each case.

Despite the multitude of general complaints of quackery by Turner and others, few individuals were actually charged with "male-practice" and brought before the Court. John Harris was so charged in 1694. Three years later, Peter St Hill was charged with "practising Chyrurgery being not qualified". And several barbers, including the barber of the Archbishop of Canterbury, were charged with unrightfully extending their practice of barbery to include surgery.134 In 1697, Daniel Turner specifically complained against the surgical "mal practice" of Peter Perkins.135 Although Perkins was "summoned" before the Court, it is, as in the aforementioned cases, unknown whether any disciplinary actions were taken.

Leaders of the Barber-Surgeons' Company were not exempt from following the Company's by-laws. On 21 October 1700, it was ordered that due to the "ill management" of examinations while in the office of Master of the Company, i.e., having "acted contrary to the establishment of the Corporation", the past-master of the Company be "expel'd" from the Court of Assistants. At the following Court of Assistants meeting, 7 November 1700, the

133 Ibid.
134 Ibid.
135 Ibid.
committee claimed to have found "upon their inquiry that [the past master] had committed diverse crime[s] against the Constitution of the Corporation in certifying Chirurgeons & Chirurgeons' mates to be qualified ... that were not duly examined in Court & approved of by two of the Examiners at least". The Court declared that the past master be "for ever discharged from being one of the Examiners" of the Company, and "discharged from being any longer one of the Court of Assistants". The past master of the Company in question was Thomas Lichfield, Daniel Turner's own master.136 After having suggested that the Company implement more stringent examination procedures in his 1695 Apologia, it is ironic that Turner, five years later, witnessed his own master removed from the Court of Assistants for not upholding the Company's newly-enforced examination procedures which Turner himself had suggested.

Despite having trained under a man later convicted of a form of surgical "mal practice", or perhaps fueled by this experience, Turner continued his anti-quackery crusade throughout his life. Eight years following his Apologia, Turner reiterated his view of reforming "vulgar" surgical practice by singling out and penalizing each "pseudo-chirurgus" in The Present State of Chyrurgery.137 Later writings, however, suggest that Turner came

136 Ibid.. Within half a year, Lichfield's death was noted in the Court Minutes (24 July 1701).

137 For a discussion of contemporary "vulgar" writings, see Philip K. Wilson, "Vernacularisation vs. Vulgarisation of Early Eighteenth-Century English Surgical Writings,".
to envision the direct removal of all surgical impostors as too
idealistic. Instead, he modified his crusade to combat what he
claimed could be more realistically achieved. Specifically, he
sought to improve the level of care which qualified surgeons
could offer and to prevent the public from falling prey to vulgar
practitioners. Turner argued that the public would take notice
of this improvement and gravitate towards qualified
practitioners. Thereby, within a few years, vulgar practitioners
would be eliminated as competition. To ensure the success of
this process, Turner reminded public readers about what types of
practices to avoid in his 1718 The Modern Quack.

Indeed, nearly all of Turner's writings identify the need to
reform surgical practice. And Turner forthrightly presented his
own mode of training and examples from his practice as the ideal
model to which those entering surgery should conform. In order
to examine this model of surgical practice, I turn to the
depictions Turner provided in his Art of Surgery.
Chapter 2. THE ART OF SURGERY

In 1722, Daniel Turner’s Art of Surgery first became available through London booksellers Charles Rivington, James Lacy and John Clarke.1 This work joined the multiple editions of twenty-nine other surgical writings which had been published in the English vernacular since 1685.2 Unlike the concise, often pocket-sized manuals of surgical practice such as Hugh Ryder’s Practical Chirurgery (1689), John Moyle’s The Experienced Chirurgeon (1703), or James Handley’s Colloquium Chyrurgica (1710, 2nd ed), Turner’s two volume publication represented a massive text of the "Art" more comparable, in length, to William Salmon’s Ars Chirurgica (1698) or Richard Wiseman’s Eight Chirurgical Treatises (1705, 5th ed). Turner claimed this work would offer readers "Hints" about the "general Idea" of surgery, and he explicitly designed it to aid readers who were already "tolerably grounded" in surgery through apprenticeship rather than to "instruct the finish’d Surgeon" or "initiate mere Tyro's" in the art.3

1 Henry Robert Plomer included brief biographical details of each of these booksellers in his Dictionaries of the Printers and Booksellers who were at work in England, Scotland, and Ireland, 1557-1775 ([London]: Bibliographical Society, 1977).

2 See Appendix 1. For a discussion of these various works see Philip K. Wilson's "Vernacularisation vs. Vulgarisation of Early Eighteenth-Century Surgical Writings".

Turner's general description of the surgical art was consistent with most contemporary accounts. He divided his text into categories including Tumours, Wounds, Ulcers, and Fractures. Although holding to these conventional divisions of surgery, he appeared rather indifferent as to the precise order of his text. "Whether or no ... [the] Discourse [On Ulcers] should not have preceeded the ... former [On Wounds] according to the Method of some Writers" was, so Turner claimed, a matter of little consequence. Rather, he argued the clarity by which he conveyed instructions to readers was his crucial concern.

In addition to the above divisions, Turner included a fifth section on Diseases Peculiar to Women. This concentration upon women's diseases sharply distinguished Turner from his English contemporaries who, by this time, more typically described these diseases in midwifery writings. But as Turner's text illustrates, female midwives often turned to surgeons to treat women after their own attempts had failed. Therefore, he claimed there was a special need to instruct surgeons in the specific part of midwifery which he and several surgical colleagues had frequently been called to attend.


More significantly, Turner's *Art of Surgery* is distinguished from contemporary writings by his extensive descriptions of particular patients he had treated. Although compilations of case histories are found in the works of Ryder, Salmon, and Wiseman, Turner used each case or, in Turner's words, each "History by way of Example", to exemplify the details of treating a disorder which London surgeons were likely to encounter.6 For my purposes, Turner's case histories are instructive in another sense as well. They describe the surgical conditions for which seemingly ordinary city civilians sought surgical care during this period. They add, as proponents of the historical use of case studies have claimed, a "useful dose of reality" to the otherwise more banal accounts in most treatises.7 Moreover, these particular histories provide a detailed framework of the trade within which Turner worked. Such information is particularly helpful since few personal papers regarding Turner's surgical career have survived. In the 1096 pages of his work, Turner described the surgical conditions of 107 different individuals whose treatments he had personally attended or supervised. One caveat must, however, be mentioned. Turner's *Art of Surgery* does not provide a complete sequential record of


7 John C. Rose and Milton Corn, "Dr E. and Other Patients: New Lessons from Old Case Reports", *Journal of the History of Medicine* 39 (1984):5. Robert Darnton claimed case histories provide a way to uncover a bit of the "human condition as it was experienced" which is absent from many historical accounts in *The Kiss of LaMourette* (London: Faber and Faber, 1990), p.xix.
all the cases he attended like the casebooks of the seventeenth-century London surgeons Joseph Binns or W. Wood, or the Plymouth surgeon James Yonge. Therefore, I am unable to ascertain details about Turner's patient load at any given time or specify precisely when throughout his practice he treated a particular patient. I have, however, extracted much historically useful information about the types of patients Turner treated, the particulars of the surgical art he practiced, and the extent of communication that existed between a surgeon and his patients.

In this chapter, I first describe the classes of patients Turner treated, the areas within and around London where his patients resided, and the stage at which Turner typically became involved in treating these patients. I then examine the specific treatments Turner described including both the medications he used and the operations he performed. Conclusions are drawn regarding the general length and outcome of these treatments. The additional "care" patients received before, during, and after Turner's involvement is also addressed, and the individuals with

whom Turner consulted are identified. Turner's surgical text provides a superb source of information about patients's responses to and control over treatment; information which Roy and Dorothy Porter have argued is rarely revealed. Therefore, I discuss what Turner's Art of Surgery reveals about the social interaction between one practitioner and his patients. Finally, I discuss the reception of Turner's Art of Surgery.

Turner's Surgical Patients

Turner treated patients from all social classes. Seventeen of the patients were identified as either gentlemen or gentlewomen. Only two of these, Mr. Darnelli of the Penny Post Office, and a Mr. C. S., were more specifically identified. Most of Turner's patients appear to have been tradesmen. Among these tradesmen, Turner treated the barber, Mr. Marks, the bookseller, Mr. Jay, as well as 2 butchers, an apothecary, a distiller, an artificer, a shoe maker, a weaver, a victualler, a wire-drawer, a corn chandler, a carpenter, a linen draper, a shop keeper, a brazier, a baker, an ostler, and a thread seller. All of these patients were male. Turner also attended the wife of a butcher and five children of tradesmen. Seven servants, and four sea or military men were treated, including Captain H____y of the Guard, as were nine "poor" or "charity" patients.

As a liveryman of the Barber-Surgeons' Company, Turner held the right to practice surgery throughout the city of London and within a seven-mile perimeter of the city walls. Turner's case reports suggest that he conformed to practicing within the proscribed boundary. Of the forty-four patients whom Turner identified by residence, most lived either around Turner's home parish, St. Botolph Bishopsgate without the city wall, or in the north central parishes within the wall. I have identified these specific areas of residence in the pink shaded regions on Figure 2.1. Seventeen lived along or near Bishopsgate Street, three of these residing in local Inns, whereas eight were identified as living in Turner's neighbourhood. Six patients lived to the immediate north in Shoreditch and Spittlefields; three to the immediate west in Moorfields, and eight within the city wall along Cornhill, Poultry or Wood streets. Only five patients were identified as living "remote" from Turner, a few of these came "from the Country"; one traveled fifty miles to reach London.

The majority of the disorders Turner treated were caused by accidents. Of the sixty-three cases for which Turner described the cause, accidents accounted for 12.5% of the diseases peculiar to women, 44% of the wound patients, 67% of the ulcers, 72.7% of the tumours, and 100% of the fractures. Turner's cases from private practice are consistent with contemporary accounts of hospital practice which describe fractures as among the most common disorders for which patients called upon surgeons to
Figure 2.1 The Residences of Turner's Surgical Patients (Pink Shaded Regions) London map taken from John Stevenson's *Popular Disturbances in England* (1979) with the author’s permission.
Turner claimed that in "more than 20 Years" of surgical practice, he "seldom had fewer than four or five [patients with fractures] of one kind or other, at once under ... [his] Inspection". (See Table 2.1. for a breakdown of the types of disorders Turner treated.)

The types of accidents from which Turner's patients suffered varied widely, from the man who sliced his finger while cutting cheese to a child who suffered a fractured skull having been struck in the head by a catstick thrown during a cockfight in Southwark. Many accidents owed their origin to sport. For example, Mr. Jay, the bookseller, was hit in the eye by a ball "struck from the Racket" at Five-Courts in Moorfields. In another case, a young boy accidentally "pierc'd" the corner of his eye when the point of the needle "suddenly slipt" while he was stitching up the leather seams of a "Foot-ball". A few accidents were occupational. A porter reputedly owed the sarcoma on his shoulder to carrying heavy bags. One coachman was attacked while sitting on his coach box, whereas another broke his arm from the kick of his horse. I believe it may also have been occupationally related that a servant employed to draw drinks for a victualler developed ascites from his "tippling" habit. Horses also caused a number of accidents. One man was bruised from the saddle of a horse, another man was kicked in the

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10 P. K. Wilson, "Sacred Sanctuaries for the Sick': Surgery at St Thomas's", pp.51-60.

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Frequency</th>
<th>Bodily Region (when specified)</th>
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<tbody>
<tr>
<td><strong>TUMOURS</strong></td>
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<tr>
<td>Hernia</td>
<td>11</td>
<td>6-Testicular, 3-Intestinal</td>
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<td>Ascites/Hydrops</td>
<td>5</td>
<td>4-Scrotal, 1-Legs &amp; &quot;Cod&quot;</td>
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<td>Arm, Tonsil &amp; Tongue, Joint; Leg</td>
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<tr>
<td>Sarcoma</td>
<td>4</td>
<td>Shoulder, Upper Back, Testis</td>
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<td>Head</td>
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<td>Knee, Ankle</td>
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<td>Scirrhous</td>
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<td>Breast</td>
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<td>Prolapse</td>
<td>9</td>
<td>6-Uterine; 2-Vaginal; 1-Anal</td>
</tr>
<tr>
<td>Bubo/Tumour</td>
<td>3</td>
<td>Groin</td>
</tr>
<tr>
<td>Milk Tumour</td>
<td>2</td>
<td>Breast</td>
</tr>
</tbody>
</table>
leg by the horse he was "trying to break", whereas an ostler (i.e., a horse stableman) was thrown from the horse he was tending. Pedestrian accidents and violence were, so Turner's cases suggest, common on London's streets. One gentlewoman slipped on a "Peas-cod-shell" and fell upon a marble-pavement, fracturing her "Crupper-bone" (i.e. coccyx). Another woman was thrown from her chaise. Eight patients' wounds were due to fights or scuffles with swords, knives, and fists, whereas an additional four patients' disorders were self-inflicted. Six patients' conditions erupted following a bout of fever or inflammation, and one woman severely severed her tongue as the result of an epileptic paroxysm. Finally, some accidents happened at home. One elderly gentleman while asleep in his chair "after a large evening's draught" fell out of the chair and dislocated his humerus. Another patient dislocated her jaw at home "merely by the force of yawning".

Most of the accident victims were brought either directly to Turner, or to a nearby inn, residence, or to the patient's settlement whereby a messenger was sent requesting Turner's attendance. For many, Turner was apparently the closest surgeon available. In one situation, Turner just happened to be passing by, and was recognized by "one in the Crowd" who "civilly accosted" him and "earnestly begged" his assistance for "a poor man bleeding to Death".12 In another case, a patient was brought to Turner after her midwife "convinced" the patient of Turner's

12 Ibid., v.1, p.378.
ability by offering "some Instances of [his] success, in
[earlier] cases of the like kind".13

The length of time Turner's patients endured their disorder
before seeking surgical assistance varied widely. Accident
victims received immediate care. Others, like three-quarters of
those suffering diseases "peculiar to women", were brought to
Turner's attention a few days post partum. Many, however,
suffered from more chronic conditions by the time they reached
Turner. Patients afflicted with tumours, for example, waited a
considerable time before seeking care. Five waited "some days";
two, "some weeks"; four, "some months"; five, "a long time"; and
eleven waited "several" or "many" years. One man watched his
tumour "filling leisurely for seven years" before seeking
Turner's assistance.14 These cases further explain the
historical generalization that "surgical conditions" were often
"long-term" disorders.15

Turner's Surgical Treatments

In this section, I examine both Turner's and his patients's

13 Ibid., v.2, p.380.
14 Ibid., p.193.
15 R. Porter, Health For Sale, p.136. As was concluded at
the 13 October 1990 Society for the Social History of Medicine
symposium on "Accidents in History: Injuries, Fatalities and
Social Relations", a study of the causes, consequences, and
treatments of accidents in the eighteenth century awaits its
author.
approaches to treatment. I first identify the type of "Chirurgic" or locally applied treatments which Turner administered to his patients. Similarities and distinctions between the general treatments Turner offered to patients with tumours, wounds, ulcers, fractures, and women's disorders will be discussed. I describe when Turner relied upon conventional remedies and why he occasionally changed one form of treatment for another. Additionally, the local surgeons and physicians with whom Turner collaborated are identified. In regard of Turner's patients' concerns over treatment, particular attention is drawn to examine when surgeons were relied upon, how Turner in particular became involved, and how often patients tended to rely upon more than one practitioner. The patients' rights to refuse treatment is also addressed as is Turner's apparent need to persuade patients into a particular form of treatment.

"Chirurgic" or Locally Applied Treatments

Historians have described bloodletting as the "commonest of all treatments for any kind of illness" and the "epitome" of surgical practice.16 Bleeding "basins" or "barber's bowls" on the sign boards and in shop fronts were publicly recognized as the symbol of the surgical trade. Turner, too, regarded the letting of blood as a primary part of the surgical art. However,

he did not specify its use for every patient. The data gathered in Table 2.2 shows that Turner mentioned bleeding in only thirty-four of his 107 patient histories. Perhaps this number represents that, venesection had, as historians have argued, become such a standard part of the therapy that Turner need not mention it in every case. Yet there were a number of occasions when Turner claimed he purposely avoided letting blood. For instance, some patients had bled so profusely from gaping wounds and fractures that their constitutions were, so Turner deemed, too weak to endure the letting of more blood. In treating one woman who had cut her carotid artery, Turner claimed he "would have bled her in the Contrary arm, but in consideration of the great Loss ... she had just before sustain'd by her Wound", he omitted venesection in this instance. In other cases, accident victims had been bled by a barber, apothecary or surgeon who had arrived at the scene before Turner. And in these situations, Turner deemed further blood letting unnecessary. Thus, although venesection remained symbolic of surgery, Turner's cases reveal that not all surgical patients bled.

Turner's admonition of bleeding all patients probably stemmed, in part, from the hazardous consequences he claimed this

17 Concluding that Turner only bled the minority of his patients based solely on the numerical representations in Table 2.2, however, would be misleading. Instead, these data must be interpreted in context with what was presented in the text.

### Table 2.2 Treatments Turner's Patients Received
(Physical Methods and Medications)

<table>
<thead>
<tr>
<th></th>
<th>Tumour</th>
<th>Wound</th>
<th>Ulcer</th>
<th>Fracture</th>
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<tr>
<td>Number of patients</td>
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<td>18</td>
<td>10</td>
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<td>14</td>
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<td>for whom treatment</td>
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<td></td>
</tr>
<tr>
<td>is known</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>6</td>
<td>3</td>
<td>4</td>
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<td>7</td>
<td>9</td>
<td>4</td>
<td>6</td>
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<td>7</td>
<td>3</td>
<td>5</td>
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<td>Dossil</td>
<td></td>
<td></td>
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<tr>
<td>Turner's Cerate</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
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<td>Other*</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
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</tbody>
</table>

* anti-strumatics (against scrophula), emetics, salivation, alexipharmics (counter-poisons, chiefly remedies of malignant fevers), deobstruents, discutients (to dissipate or dissolve), and restringents
procedure often produced. Surgeons typically blamed problems arising from venesection on the "ill practitioners" who, they claimed, attempted to open veins without any understanding of the underlying anatomy. However, several of Turner's cases indicate that it was not only "ill practitioners" who were blamed for problems arising from venesection, scarification, or leeching. One example illustrating this point is drawn from a case in which Turner was called upon to consult with another surgeon regarding a patient's severely inflamed arm caused, so the patient claimed, by the surgeon's venesection. After viewing the disorder, Turner explained to the patient that the surgeon had been in "no other way instrumental to [this] Accident, than in, ... bleeding her before her Body had been prepared by some lenient purgation." The patient, however, retained her "unalterable belief" that it was the surgeon rather than the state of her humours which had caused her "severe indisposition." Turner accepted the further responsibility of this patient, but had much difficulty persuading her to undergo another venesection. He also found it difficult to "reconcile" the patient to allow the surgeon "who had [first] bled her to give [him] Attendance". And the patient only consented to this arrangement upon the "Terms" of Turner's "Promise of standing by, at the Times of Dressing".20 Turner and the assisting surgeon

19 Turner described several incidents of this type of surgical malpractice in his 1695 *Apologia Chyurgica*, pp.58-60.

succeeded in healing this patient in six weeks. But for these weeks of effort, the surgeon assisting Turner received only the half crown he was owed for the initial venesection he performed.21

The above case illustrates two points which Turner stressed throughout his surgical text. First, potential hazards often arose from treating patients without giving due consideration to the patient's "Age, Strength, Habit, and Way of Living". And second, unlike the panaceas offered by the quacks with whom Turner competed, Turner varied his treatments according to the type of disorders and the individual patient. This case also shows that by neglecting these points, surgeons were open to public "censure".22

Purging, too, appears to have been a standard part of treating most surgical conditions.23 But Turner argued that purges were not to be regarded as what patients claimed to be a

21 Turner mentioned fees in only five other cases. The most elaborate "contract" Turner described appears in his Syphilis. A Practical Dissertation on the Venereal Disease, 4th edn. (London: J. Walthoe, 1732), p.379. For £50 he agreed to dress a patient's head wound at Turner's house every day for a year. When the patient grew too "feeble" to "come out", Turner attended him "for the same Stipend every other Day" at the patient's house. After a year, upon finding many more nodes appearing on his head, the patient found the "Expense too great for his Income" and Turner agreed to dress the patient twice weekly for £40 per annum.


23 L. Beier, "A London Surgeon's Career", p.62 describes that purgatives were often given for preventative as well as curative measures.
mere "Piece of Formality".24 Rather, he claimed their administration was often a necessary step to prevent fatalities. For example, Turner insisted purgatives must be administered both pre- and post-operatively in order to avoid the symptomatic fever which often followed operations. When describing a particular operation, Turner informed his readers "I should have acquainted you, as a thing very material, that before I directed these local applications", the patient had been purged, as her Condition would allow, at proper Intervals, with a Decoction ... to lessen ... the Cacochymy [sic] in her Blood, and obviate any Mischief arising from the damming up of the Humours.25

In another situation, Turner avoided "throwing up" a clyster in a patient suffering from an abscess for "fear" of "divert[ing] the abscess to a more "advanc'd" or "unsafe" stage.26 As in bloodletting, Turner claimed purgation was to be adjusted according to the age and constitution of the patient. In particular, infants were only to be purged as much as their "tender Age could bear".27 At the other extreme, when patients presented with a fluid-filled swelling, they were given consecutively daily doses of purgatives. For a lenient purge,

25 Ibid., v.2, p. 412.
26 Ibid., v.2, p.372.
27 Ibid., 1722, v.1, p.228. In D. Turner, De Morbis Cutaneis, 1723, 2nd ed, p.492, the author described how two children that he knew had been killed by overpurgation.
Turner most often recommended infusions or boluses of rhubarb or calomel. As he claimed their effect was not immediate, he administered them, when possible, three to four days in advance of an operation.

Additionally, Turner employed purgatives to counteract the adverse effects of other medications. He described their usefulness in promoting a "good Temper as to [the] Stools" when anodynes were concurrently administered. Otherwise the anodynes, commonly containing opiates, would "render" the patients "over-costive". Conversely, Turner administered anodynes to patients whose anal fistulae he opened, "not only to quiet the Pain, but to prevent [the patient from] suddenly going to stool."

Turner also expressed concern over regulating his patients's dietary regimen. In forty of the 107 cases, he recommended particular modifications in his patients's diets. He regularly prescribed a "slender Diet" for "some Days" to many patients both before and after their operations. He recommended a drying diet of easily digested meat to counteract the oedema of one patient, whereas other hydropic patients received small broths, gruels and panada (i.e., bread boiled in water). A liquid diet

28 These remedies are also found in George Bate's Pharmacopoeia Bateana: or, Bate's Dispensatory, 5th edn. (London: W. & J. Thnys, 1720); a work to which Turner frequently referred his readers.


30 Ibid., v.2, p.85.

31 Ibid., v.1, p.275.
was prescribed for a patient with erysipelas, and a similar diet was "sucked ... through a spout" by a patient suffering from a fractured jaw bone. A "spare" diet was given to a patient with a fractured patella, whereas a "guaiac diet" was prepared for both a patient with a tumour on his buttocks and for another with an excoriation on his leg.

Consistent with his consideration of individual patient's general habits, Turner adjusted his patient's drinks and diet accordingly. If one regularly "tipl[ed] Strong Waters" and claimed they could not sleep without them, then Turner argued "even in his Illness [the patient must] be allow'd daily half a Pint [of Claret] or a Dram or Two [of Distill'd Spirits] at the surgeon's discretion".32 Although he noted that Hippocrates, for whom he held great reverence, refused his patients certain foods and drinks, Turner claimed "I fear some of our [patients] would think themselves undone, if they had not Flesh and Wine allow'd them".33

Diet was central to Turner's therapy. But dietary abuse, so he claimed, contributed to many of his patients's disorders. One poor shoemaker's troubles were exacerbated, Turner argued, by her crude diet. An old Frenchwoman in Spittlefields of poor diet was described as "emaciated" and of a "worn-out" habit. Excessive living brought about the "full" and "corpulent" habits of other patients Turner described. Other patients's sufferings were

32 Ibid., v.1, p.16.
33 Ibid., v.2, p.39.
either directly or indirectly claimed to be due to their excessive drinking. For instance, it was only after "drinking hard" that Captain H---y and Surgeon P----r drew swords which ultimately led to the former being "prick'd in the belly". Turner claimed his inability to cure one clergyman's hernia varicosa was, in part, due to the clergyman having "too much indulged himself with strong liquors". Turner also attributed the swollen state of one victualler's servant to his "addict[ion] to tippling".

The remedies Turner described were generally consistent with those recommended by contemporaries. The Basilicon or ointment he most often used was explicitly taken from Alexander Read's text, whereas many of his caustics, anodynes, and tonics were taken from Bates Dispensatory or Fuller's Pharmacopoeia.34 Praecipitati rubr. was a commonly used digestive Turner applied to wounds and ulcers in order to promote their digestion (i.e., discharge of laudable matter). And like his contemporaries, Turner often added Ol. Terebinthinae (i.e., turpentine) to these digestives to promote "easier Penetration and quicker Digestion" of the wounds. A basin of common oxycrate (vinegar, water, and honey) and a plate of Farina Volatilis (a powdery digestive) were generally close at hand when Turner dressed ulcers. And for "agglutinatives", Turner recommended the commonly prescribed Liniment of Archaeus and Balsamum Terebinthinae to "assist Nature

in cementing" the wounds.35

Occasionally, however, Turner promoted a new remedy he had found to be effective. For example, in contrast to contemporaries's remedies for treating scrophula, Turner suggested a remedy he considered equally effective but less costly and time consuming to prepare.36 In other instances, he promoted the use of medications which he found through experience with his own patients to be "less hazardous, [but] that will perform our Work."37 Perhaps the remedy which most distinguished Turner's medications from those promoted by contemporaries was his own special cerate. First introduced to readers in De Morbis Cutaneis, Turner used his calamine-based cerate to treat fourteen of the patients he discussed in the Art of Surgery. (See bottom of Table 2.2) I discuss Turner's use of this cerate more thoroughly in Chapter Five.

In general, Turner deviated from standard operative procedure only on an individual case basis. In one typical scenario, Turner found his wounded patient "hot and restless" one morning after having suffered "great Pain all Night". Seeing the

35 D. Turner, Art of Surgery, v.1, pp.352-53. The same compounds were listed in his commonly used digestive: Terebinth. Venet. cum Ovi vitello to which a little Unquent. Basil. is added to the latter mixed with Linimentum Arcaei (Ibid., p.20).


patient in this condition, Turner decided simply to take "away some Blood, and contented [him]self for .. the Time with only embrocating the... [area] above and below the Bandage" rather than completely redressing this patient's wound.38 Finding another patient's "cough and hectic" still continuing after initial treatment, Turner altered this patient's regimen.39 In another case, Turner "designedly omitted" fomenting one patient's wounded shoulder, whereas in another, upon seeing "no likelihood" of one poultice "discussing" the humour of a patient's tumour, Turner "Chang'd" the poultice to one more likely to "promote" the tumour's "Maturation".40 Such improvisation based upon the condition of the patient or the patient's reaction to treatment appears to have been part of Turner's surgical art.

Although Turner's medicaments were similar to those his contemporaries used, his case studies reveal some intriguing distinctions between the types of surgical compounds which different groups of his own patients received.41 These distinctions are summarized from the data I presented in Table 2.2. For instance, Turner administered medicines in the form of cataplasms (i.e., spread like a plaister in such a consistency neither to adhere nor to run) to treat a number of his patients with ulcers and tumours. Over 70% of patients with women's

38 Ibid., v.1, p.515.
39 Ibid., v.2, p.74.
40 Ibid., v.1, p. 385; v.2, p.364.
diseases received warm fomentations applied to their tumours and prolapsed uteri. For one of these patients, Turner applied his commonly used Theriaca, "spread on Cloth like a Pultis" as "hot as she could suffer". Many of his patients with wounds received embrocations (fluid applications) of a more volatile nature. And, as mentioned above, Turner frequently treated patients with ulcers and wounds with digestives to promote the first stage of healing.

Turner's cases also offer insight into a surgeon's concern over particular bandaging techniques. On one hand, they suggest that ulcers, wounds, and tumours required extensive inward tenting with "arm'd" (i.e., medicated) dossils and plegits before they were bolstered up. On the other hand, fractures and women's diseases appear to have demanded more externally applied bandages. Turner noted as a precautionary measure that bandaging sometimes "seem[ed] a Paradox". In cases of oedematous swellings, like that of King William's legs, bandaging clearly reduced the swelling. Elsewhere, Turner warned that bandaging, particularly inappropriate or unskilled bandaging, actually produced oedematous conditions. He argued that better


43 Turner adopted the common distinctions for the stages of healing: digestion, mundification (or detersion), incarnation, and cicatrisation.

44 Turner only cited this case as an example. There is no evidence that he ever treated William or any of the other four British monarchs that reigned during his lifetime.

precision in bandaging could "prevent many a bitter groan of the patient, as well as Heart-ache of the conscientious practitioner". To demonstrate his views of precise bandaging procedure, Turner elaborated upon the techniques he deemed appropriate for different conditions.46

Correlating Turner's use of cataplasms, fomentations, and other medicated applications with particular categories of disease distinguishes Turner's surgical "art" from the "cure-all" remedies described in many contemporary family self-help or domestic manuals. That is, Turner administered particular compounds for particular disorders rather than proffering panaceas like a quack. According to The London Spy, one quack's "oration" went thus:

I present you with an excellent outward application, call'd a plaster, good against all green wounds, old fistulas and ulcers, pains and aches in either head, limbs or bowels, contusions, tumours, or Queen's evil, sprains, fractures or dislocations, or any hurts whatsoever, receiv'd either by sword, cane or gunshot, knife, saw or hatchet, hammer, nail or tenterhook, fire, blast or gunpowder, &c. It will continue its virtues and be as useful seven years hence as at the present moment, so that you may lend it to your neighbours in the time of distress or affliction, and when it has perform'd forty cures 'twill be ne'er the worse, but still regain its integrity.47

Further contrasting Turner's surgical art from the practices which contemporaries described as quackery, Turner's practice was

46 Ibid., v.1, pp.21-22.

quite time and labour intensive. 70% of the wound patients, for instance, required weeks of treatment. Fractures were generally treated for many months, as were three quarters of Turner's patients with ulcers, half of those with women's diseases, and nearly half of those with tumours. At one extreme, Turner offered one tumour patient regular treatment for over a year. Turner typically tended these patient's needs several times daily during the early course of their treatment. But after a few weeks, he saw them much less regularly. Four patients were sent to hospital for extended care, and an additional two were recommended there, but refused to go. The length of time Turner spent treating patients was also considerably longer than that which, according to typical historical accounts, most physicians spent with their patients. For in London, some physicians apparently spent much of their time writing prescriptions while sitting in coffeehouses based upon some servant's or messenger's account of the disorder, and often never actually saw the patient they were treating.48

Mechanical Surgical Procedures

Among the surgical procedures Turner described as part of his *Art of Surgery* were the variety and cautions of suture, instructions on removing "Extraneous Bodies" from wounds, the set up and workings of the apparatus he used for reducing hernias, the procedures for reducing a fractured leg, and a lengthy discourse of trepanning a fractured skull. Other instruction varied from the precise art of cauterization to the general use of an apparatus by which patients could raise and lower themselves from bed to bed and during their weeks laid up with leg fractures. Although he elaborated upon these procedures at length, he emphasized that they were "better learn'd by seeing" them "in Practice, than by ten Times pursuing even the best Instructions". I have identified the mechanical procedures Turner used as part of his treatments in Table 2.3.


50 Ibid., pp.330-32.


52 Ibid., v.2, pp.141-52.


55 Ibid., v.1, p.308.
Table 2.3  
Treatments Turner's Patients Received 
(Mechanical Procedures)

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<tr>
<th>Procedure</th>
<th>Tumour</th>
<th>Wound</th>
<th>Ulcer</th>
<th>Fracture</th>
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</tbody>
</table>
Turner's surgical cases reveal many particulars about his general preparations for surgery. For example, Turner described that, when the situation allowed, patients were to be placed on a stool or table near a window so that the surgeon would have the best available light. Prior to describing the procedures of an operation, Turner often informed readers of the types and layout of instruments he planned to use. For instance, he placed the "Pre-requisites" for reducing a fracture "in a large Dish, on a Stool or Table by the [patient's] Bed-side". These items consisted of a plaister compress, a defensative emplaster, a couple of bolsters of cloth, a roller, splints, tape, a basin of oxycrate, a pair of scissors, a penknife, and a pin-cushion with pins.56 Turner claimed he often prepared cauteries in a chaffing dish of "lighted Charcoal" before an operation to have "just at Hand".57 Additionally, he described various surgical uses of wax candles. At times, they were used to provide better light for the surgical operator. In other instances, their incandescence was useful to distinguish fluid-filled from solid tumours. The candle's solid yet pliable consistency also proved effective in probing various bodily cavities and wound sinuses.58

His procedural operations were consistent with the recommendations of surgeons including Read and Wiseman. Only

56 Ibid., v.2, p.141.
57 Ibid., v.1, p.212.
58 Turner described his preparation of these candles in Syphilis, p.96.
rarely did Turner distinguish his mechanical operation from that of an immediate surgical predecessor or colleague. For example, he supported the "frequently practis'd" method of using ligatures rather than styptics as a "much easier way" of stopping hemorrhage. Any deviation from earlier accounts was generally put forth in the form of a cautionary suggestion. For instance, Turner suggested it was best to try to reduce a tumourous swelling before attempting to open it. He also argued that lancets rather than caustics were more likely to "Prevent" unsightly scars when treating facial wounds. Caustics which were laid on in the size of a "Silver three-pence" would, he claimed, make "an Eschar" near as large as a six-pence within an hour. In further effort to reduce the extent of scarring, Turner stated his preference for using dossils rather than tents to treat open wounds on the face, neck, and breasts of women.

We know very little about the particular makes or styles of instruments Turner used. However, based upon his descriptions, Turner appears to have had a large supply of surgical instruments available for use while operating in his home surgery. When he traveled to a patient's home or to the sight of an accident, Turner carried a much smaller array of instruments with him in his coat pockets; the finer instruments being secured in his pocket "Tweeser Case". Among the instruments carried about with

60 Ibid., pp.193-94.
61 Ibid., p.23.
him were his lancet, probe, tweezers, scissors, various "forcipes", several button cauteries, suture thread or silk. He also carried "Common Stitching" needles which, when needed, were held "in the Fire till [they were]... so temper'd as to Admit of bending." When particular medicaments were required, Turner relayed a message to the local chemist.

Turner's cases show that surgery was seldom a one-man job. Two, three, or more assistants were often relied upon to secure the patient or to hand Turner the various instruments he required. Some procedures required more manual assistance than others. To reduce one gentleman's dislocated humerus, for instance, Turner called upon the assistance of Mr Bentham, his neighbour in Devonshire Square. However, three "strong fellows" were needed to hold and maneuver the dislocated femur of a more "sprightly" young patient. "Happening [to be] in his Neighbourhood", Turner also called for the assistance of surgeon Richard Bateman to help in this case. But as Bateman was away, his servant attended Turner instead. Turner, too, was called in to assist other surgeons. Joseph Tanner, for example, called upon Turner to help reduce the dislocated humerus of a baker who lived on Bishopsgate Street, near Turner's townhouse.

62 Ibid., p.334.
Turner's Colleagues

Turner's consultations with a number of local surgeons and physicians suggests that city surgical practice actually involved a wide interdependence or cooperative network of practitioners. Among the surgeons with whom Turner most frequently consulted were Charles Bernard (twelve cases), Richard Blundell (eight cases), William Petty (four cases), Richard Bateman and Edward Green (three cases each). Turner also mentioned having worked with Anthony Herenden, William Layfield, William and Joseph Babbington, Henry Boon, Joseph Tanner, Richard Harvey, Mr Cowling, and Mr Freemoult. He also consulted with physicians including Edward Tyson (four cases), James Blondel (two cases), and one case each with Richard Mead, Caleb Coatesworth, Charles Morton, Joannes Groenevelt, and Richard Blackburn.63 And overall, he claimed to have had "more frequent consultations ... with [Thomas Crowe] than with [any] other [physician]".64 Turner also mentioned having Mr Boyce, the oculist, fit one of his patients for a glass eye. Mr Johnson fit another patient for a truss, and "his Instrument maker" fit another patient with a metal plate to protect the healthy skin surrounding the ulcer which he was treating. Lastly, Turner recorded the help of various nurses, barbers, servants and unnamed assistants.

63 Additionally, four unidentified physicians and one unidentified surgeon were mentioned as consultants.

64 D. Turner, Art of Surgery, v.1, Dedication. Turner dedicated the first volume of each edition of Art of Surgery to Crowe.
Turner's colleagues included many leaders of London's surgical trade and medical profession. Bernard, for example, was once a master of the Barber-Surgeons' Company, a surgeon at St Bartholomew's Hospital, and Sergeant Surgeon to Queen Anne from 1702 to 1711. Herenden, Layfield, and Harvey all served as master of the Barber-Surgeons' Company. Edward Greene, also a master of this Company, later served as surgeon to St Bartholomew's Hospital. Richard Blundell, according to Peter Earle, had established one of the most lucrative surgical practices in London. Dr Tyson, among other capacities, served as anatomical procurator to the Royal Society and, as mentioned in the previous chapter, promoted Turner's first publications. Mead was pronounced the "greatest physician of the Age" at the time of his death in 1754 whereas Groenevelt achieved much notice and notoriety through a case of alleged malpractice. Caleb Coatesworth was one of the few individuals who, like Turner, practiced surgery as a freeman of the Barber-Surgeons' Company before relinquishing that role in favour of medical practice. As to the characters of these men, Turner remarked


67 Harold J. Cook, long interested in Groenevelt, published an extensive account of this case in "Medical Innovation or Medical Malpractice?: Or, A Dutch Physician in London: Joannes Groenevelt, 1694-1700", Tractrix 2 (1990):63-91.
that Blundell was a person "thro' native temperament, more
timerous... than most others of so Sound a Judgement."68 James
Ferne, a St Thomas surgeon and master to William Cheselden was,
according to Turner, "a Gentleman of strict probity, good
learning, and good Judgement". Turner so admired Ferne that he
dedicated the second volume of the third and later editions of
the Art of Surgery to him.69 As for William Petty, Turner
claimed he had "all the Qualifications of an honest and able
Artist".70

Does Turner's collaboration with these leaders imply that
Turner, too, was a leading practitioner? Not necessarily, but it
does indicate that Turner conformed to one of the by-laws of the
Barber-Surgeons' Company. Surgeons were, according to the 1708
by-laws, to "Make Knowne" any "Wounded, Hurt, or Diseased"
patients found to be "in Danger of any loss of Life or Maime of
Limb" to "one of the ... [Company's] Masters or Governors" who
are "skillfull and Expert in that Art".71 Turner's case studies
show precisely how these by-laws were put into practice. For
example, after initially tending one young man's fractured skull,
Turner first called upon Mr Blundell for "mature deliberation"
over the course of therapy. Once they agreed the case warranted

69 Ibid., p.328.
70 Ibid., v.1, p.215.
71 "The Rules Orders and Ordinances of the Mistery and
Commonally of Barbers and Surgeons of London", 13 January 1708,
Archives of the Worshipful Company of Barbers, MS A/2/1, p.33.
trephination, Anthony Herenden, a warden of the Barber-Surgeons Company, was called in to examine the case and offer his more "expert" opinion. When Turner once desired to make an opening through this patient's dura mater, he claimed that because there was "no Artist to justify my Proceeding" with the potentially fatal procedure, Turner merely "drest up [his patient] again as before". In another situation, Turner sought advice from Sergeant Bernard on the second day of treating the potentially fatal wound of a patient who had been "prick'd in the belly" during a sword fight. And in another case, William Layfield, master of the Barber-Surgeons' Company, was called upon to first consult with, and then assist Turner in extirpating one woman's prolapsed and mortified uterus. For another patient, Turner consulted with Blundell, after which they offered their "joint opinion" that a patient's foot should be amputated. Turner further cautioned readers that in all difficult cases it will behove you, ... to consult with some ancient and learned matter of your Art, that both your own Reputation, as well as your Patient's welfare, may be thereby secured: this too should be done in Time, before a marasmus [i.e.,

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73 D. Turner, Art of Surgery, 1722, v.2, pp.350-51. Turner did not describe any amputation, but referred readers to texts by La Vauguion, Le Clerc, La Charrière, Fabricius Hildanus, and Wiseman. Apparently, Turner rarely performed amputations, a find corroborating recent historical reassessments that amputations were not as common as once claimed. See, for example, R. Porter, and D. Porter, In Sickness and In Health, p.106, L. Beier, "A London Surgeon's Career, pp.53, 70, and J. J. Keevil, Medicine and the Navy 1200-1900, v.2, p.171.
wasting away of the body] comes on, when he is in no condition to undergo the method of cure.74

Many patients were attended by both surgeons and physicians concurrently. For instance, in cooperation with Dr. Mead, Turner administered lenient purges and frequently let blood while Mead provided internal remedies to aid one clergyman's complaints over his hernia varicosa.75 While Turner treated the tongue which another patient had nearly severed in an epileptic paroxysm, "her physician", Edward Tyson, also treated her with an anti-epileptic concoction. Dr. Tyson also stood by as Turner operated on the hydrocephalus of his own young patient. Although Turner argued that such tumours generally "fall under the Care of Physicians", the complications of their treatment, so he claimed, often led to ulceration, gangrene, and mortification. And without selectively ridiculing Tyson, Turner claimed that the way physicians treated hydrocephalus patients typically made "work for the Surgeon."76

Turner's patients, however, did not exclusively call upon orthodox practitioners. Turner himself had argued there was a "natural Propensity in Humane kind, to attempt the speediest means of self-preservation."77 Indeed, eighteen of his own patients had obtained treatments from some "empiric" before seeking Turner's care. The greatest percentage of these patients

75 Ibid., pp.288-89.
76 Ibid., pp.192, 210.
having secured such help were those suffering with ulcers (50%). One patient with a large ulcer on her arm had "passed thro' several hands" before calling upon Turner,78 whereas another young woman came to Turner directly "out of the Hands of a Famous Empiric."79 Turner claimed empirical pretenders had "almost ruined" another individual before he sought care from Turner.80

For some patients, Turner appears to have been the last resort. But other patient's cases show that securing Turner's help did not exclude their returning to empirics. One fellow suffering from an inguinal rupture had acquired the surgical assistance of William Petty, who, in turn, called Turner in as a consultant. But during their treatment a "bold pretender" intervened, who, by securing the patient's confidence, steered him away from the surgeons. One pretender "got into...[the] good opinion" of another patient whom Turner was treating, convincing this patient to quit Turner's care.81 In a similar case, the patient once again returned to Turner after her condition became worse following two months of treatment by an "old woman."82

79 Ibid., v.1, p.154.
80 Ibid., v.2, p.52.
81 Ibid., p.89.
82 Ibid., 1736, p.82.
The Outcome of Turner's Treatments

The accidents and other disorders from which Turner's patients had suffered and, in many instances, the surgical treatments they received greatly affected their lives and the lives of those around them. Most drastically, twenty-one of the 107 patients died.83 The greatest mortality appears to have been among the tumour patients (28.9%). Fifty-four of the patients Turner discussed were eventually "healed" or "cured." Many of these patients regaining a "better State of Health...than [they had] enjoyed for months."84 But of all the treatments which Turner described, more complete "cures" were obtained for patients suffering from woman's diseases (100%). This cure rate is, in part, most probably due to the type of treatment they received. Half of the patients were primary treated by simply replacing or restraining prolapsed uteri. On the other extreme, roughly only one-third of the patients with fractures were "cured". However, many more achieved at least a limited usefulness of their limbs.

83 Of these, Turner secured permission to dissect seven of the bodies. In addition to a number of dissections described in the Royal Society's Philosophical Transactions, contemporary accounts of the dissecting "Art" were detailed in the vernacular English translation of Michael Lyser's The Art of Dissecting the Human Body (London: for Joseph Davidson, 1740); Charles Nicholas Jenty's A Synoptical Exposition of the Parts of the Human Body, as they are gradually met with in Dissection in his Course of Anatomico-Physiological Lectures on the Human Structure and Animal Oeconomy (London: James Rivington and James Flecher, 1757), v.1, pp. clxxxiii-ccxv. For a cursory survey, see Victor Robinson's "Anatomical Dissection in the 18th Century".

84 D, Turner, Art of Surgery, v.1, p.79.
Most patients underwent months of therapy, keeping confined to bed, and thereby away from their means of financial support. The victualler Turner treated for a lacerated biceps was out of work for over six months, but upon returning to work, found himself still able, with his "lame Arm", to "lift up a full Pot of Beer". A coachman who, after being knocked from his coach box and hitting his head, was, after four months, also able to "follow...his old Employment". Turner noted, however, that this patient never regained "good Use" of one arm and his whole hand remained "as they say, clumsey [sic]". Mr Prideaux's coachman was not capable of returning to his job as a callous never formed to cover and strengthen his broken arm. Instead, his master "procured...[him] a letter-carrier's place". Turner was also unable to completely restore one gentlewoman's "disjuncture" of her coccyx, and for years thereafter, she was forced to use her finger to "facilitate the exitus" of faeces. Of the patients treated with fractured limbs, several were left with crooked or shortened legs; one became "bed-rid" as the result of her fractured "thigh" that "never heal'd"; and several were forced to resort to walking with canes.

At times, the results of Turner's treatments surprised him. One old man refused to allow Turner to amputate his leg after the bones had been "shivered...to pieces" when run over by a loaded cart. Despite Turner's persistent encouragement to amputate, the

85 Ibid., p.386.
86 Ibid., p.524.
patient preferred to save his leg and opted for a lengthy course of treatment under Turner's care. Contrary to Turner's initial prognosis, the man recovered such remarkable use of his leg that, according to Turner, it gave him "less trouble" than what "in likelihood" would have "attend[ed] a stump leg." In another, admittedly a more typical case, the patient who refused the amputation of a mortified, dislocated ankle remained in a "poor, lame condition" for the rest of his life. Some of Turner's histories illustrate how people other than patients became involved in the case. For instance, one man was injured during his flight from the bailiffs who had been put on to him by his "creditor". Turner recalled how the creditor, upon seeing the patient after the "sad Accident ... freely forgave him his Debt" and even paid Turner to care for him. In another case, a man was "committed to the Compter" after summoning the chamberlain to get help when he found his "Chamber-fellow['s]" throat had been slashed during the night. These men had been sharing a room at the Dolphin Inn without Bishopsgate. In intriguing detective-fiction style, Turner recounted the details under which he eventually healed the man's throat so that he could speak and inform officials that he had attempted his own life, and that the gaoled man was not an assassin. Rather, he claimed the gaoled

87 Ibid., v.2, p.175.

88 Ibid., v.1, pp. 378-87. The man's biceps tendon had been ripped from its attachment as the patient caught his shoulder on a tenterhook when jumping "over the Rails in a Neighbour's Yard".
man was the reason for which he was still alive.89

Surgeon-Patient Communication

What did Turner discuss with his patients? In some cases, the instigation for calling upon other surgeons came, not from Turner, but from the patient. For example, when Turner was treating a ship's captain's knee, the patient requested a consultation with Bernard. In another case, Turner recommended to a patient that if she "and her Friends thought fit", he would "cut out" the patient's breast tumours; whereupon the patient desired Bernard's opinion on the matter.90 And when Turner refused to interfere with the self-medication one man had been applying to his ulcer "for many years", the patient turned to surgeon Edward Greene for advice. This information from Turner's cases reinforces N. D. Jewson's claim that eighteenth-century patients adjudicated a practitioner's competence and directly selected the therapy they deemed appropriate.91 However, the patients Turner described were not all from the gentle class that Jewson discussed. Indeed, tradesmen and poor patients alike appear to have held some degree of rights in choosing whether to

89 Ibid., pp.439-42. An affidavit was drawn up "for each Witness to sign" which was presented, together with the one Turner wrote himself "before the Magistrate", to procure the "poor Fellow's Release".

90 Ibid., v.1, p.76.

accept or refuse surgical therapy.

Turner did not describe any communication he may have had with patients regarding the diagnosis of their disorders. There was probably little need for this since both Turner and his patients were generally aware whether the incapacitation was due to a swelling, fracture, prolapse, hernia, or ulcer. Instead, Turner's cases suggest that he generally discussed the intended course of treatment with his patients. He frequently noted the need to obtain the patient's consent, or, in young patients, that of their parents, before proceeding along a specific line of therapy. In other words, it was the patient's right to accept or refuse surgical treatment. "The sick Man has his choice" stated Turner. *Quod volenti non fit Injuria*. If it "be the Choice of the Sick to die ... Piecemeal, or to rot ... alive, you are to forbear pressing upon him, let him have his Choice". But, "if he desires Life upon any Terms, and you know of no other way than by cutting off a Limb, you are to proceed in God's Name, and will be ... justified at his Tribunal" should the patient die.92

The patient's consent, however, often took much "persuasion" and "encouragement" on Turner's part. Some patients were apparently easier to convince than others. For example, patients who had previously been "exceedingly harrass'd" by pretenders for a "long Time" were, Turner argued, "more easily

prevailed on to submit" to his specific recommendations. But even with these patients, Turner acknowledged it was difficult to get them to submit to cauterization, castration, or amputation. In these situations, Turner cautioned readers that one must "put" his recommendations to patients in the "mildest way" possible, and then allow them a "Day or two to Consider thereof." Part of this time, he suggested, allowed the patient to mentally adjust or to prepare for the operation Turner had recommended. A surgeon's success, therefore, depended not only upon his technical prowess, but also on his ability to clearly communicate his intentions to potential patients, steering them away from quacks, and reassuring them about his own proposed course of treatment. It appears that, as Jewson has argued for medical men, surgical practitioners frequently acquired any necessary "occupational license" by socially interacting with their patients.

Finding a number of patients reluctant to accept Turner's treatments warrants a brief investigation into two areas: Why did individuals call upon Turner to begin with? and, What general fears did patients have about surgeons? I briefly explore these questions from Turner's expressed views about the non-accident patients who secured his therapy.

Most of Turner's non-accident patients had not sought his

94 Ibid., pp.350-51.
95 N.D. Jewson, "Medical Knowledge and Patronage", p.379.
assistance at the time they first noticed a swelling, ulceration, or herniation. Rather, many came to Turner in desperation. One patient sent for Turner after a surgical impostor deemed her ulcer was "cancerous".96 Another young woman came to Turner after "an Empiric" claimed that if her tumour was opened, "it would ... present Death."97 Others came to Turner upon reaching a certain stage of incapacitation. One "Ancient" man had laboured a "long Time" with an oedematous tumour on his leg and foot, only turning to Turner when the condition "rendered" him "incapable of Action".98 And a midwife "begged" Turner's assistance after finding her own post-childbed tumour "out of her own [occupational] reach".

As discussed above, it was not uncommon for a patient to call upon several types of practitioners for their service before relenting to surgery. According to Turner, one patient with a fractured limb had first sought out a bonesetter "believing it was properly the business" of that trade "and not [that of] the surgeons."99 As Turner's contemporary James Handley observed, the populace frequently considered surgeons "upon a level with a Joynt-stool and Two-penny Pacquet-seller: That is, until they come to have occasion for him, and then it is, Good dear Doctor,

97 Ibid., v.1, p.154.
98 Ibid., p.65.
99 Ibid., v.2., p.329.
Why were patients so reluctant to seek a surgeon's care? According to Turner, this reluctance was due to pain; either patients in pain or patients's fear of pain. Pain was the "most common" symptom of disorders requiring surgical treatment, so Turner claimed, and, paradoxically, it was the pain which "create[d] much trouble in the healing [of patients] till the same is removed." Pain appears to have been the symptom most commonly present before, during and following surgical operations. One woman, upon coming to Turner, claimed to be in such great pain with her ulcer that she "would not suffer even the gentlest turn of a Roller" over her arm, and she hardly allowed Turner to touch her. Another, during an operative procedure, prohibited Turner's further treatment of her leg until he "promis[ed] ... not [to] cut her again." And Turner described that after having "cleansed" and dressed another patient's "well mundify'd" wound, the patient still found it "so very painful ... [that it was] several Hours before she could sit, stand, or lye still".

Turner was not universally successful in persuading patients to undergo painful surgical procedures. Some patients were so

100 J. Handley, Colloquia Chyurgica, 2nd ed. 1710, preface.
103 Ibid., v.1, p.390.
104 Ibid., v.2, p.24.
"terrified at the Thought of an Instrument" that they "chose rather to dispense with the Disturbance, than ... to be relieved thereof". Turner obligingly "left" such patients to their own wishes. In one instance, however, a patient "acknowledged" that she had been "more terrify'd by the Idea she had formed" about the surgical procedure than she was "pain'd by the Operation" itself.

Although apparently sympathetic towards his patients, Turner did not attempt to deceive them into believing surgery would be pain free. Rather, he sought to overcome the stigmatization of pain associated with surgical procedures on two levels: morally and practically. He claimed that, at times, surgeons were unable to control the "Sundry Causes" of pain in surgical operations. These causes, he explained, included "the Fluxion of Humours, the hot and dry Intemperies of the Part, the exquisite Sense of the Same, the ill position of the Member, [and] the Irregularity of the Patient". But he assured readers that surgeons were not "delighted" by having to inflict pain upon their patients during surgical operations. Quite the contrary, he claimed that upon hearing the "clamorous shrieks and Outcries of [a] poor suffering" patient, a practitioner often became an "almost equal Sufferer with his patient."

105 Ibid., v.1, p.208.

106 Ibid., v.2, p.100. It remains unknown whether this was a common or rare experience.

Turner claimed, however, that all "too often", pain arose from the "Ignorance of the Surgeon in not rightly managing the Bandage, or proportioning the Strength and heat of his medicines to the diseased Patient". On a practical level, Turner reminded surgeons, giving examples in many case studies, how they could best alleviate pain and comfort their patient. Surgeons could, he argued, soften dressings with more liniment, provide the type of dressing that was "easier to the Patient", and place a fractured limb in "as easie a Position" as he could "contrive". Additionally, he claimed women and children, or "more particularly, a Woman with Child" should never be "suffer'd to see your [cautery] irons". This equipment should be, he argued, kept "in a Dish by the Bed-side" but "out of [the patient's] sight". Any "Fears" created by the "smoak ... and hiss" of the irons would, he claimed, naturally become "lessen'd" a few days after treatment. As to the pangs of "heat and sharpness" derived from many medications, Turner cautioned readers against beginning to deterge or cicatrize wounds and ulcers "too early" before the site had been well digested.

Turner also urged readers to use a patient's outward expression

109 D. Turner, Apologia Chirurgica, p.93.
111 Ibid., v.2, p.377.
112 Ibid., v.1, p.166.
113 Ibid., v.2, p.20.
of pain as a sign to modify treatment. As an example, Turner described how he decided whether to withdraw the old dossils in a patient's wound by watching for signs of the patient's complaint of pain upon each attempt.114

Overall, Turner presented his experience with the art of surgery as a personal relationship between himself and individual patients. Each patient's case was described as an individual part of his surgical career. Above and beyond the patient's contribution to Turner's income or enhancement of his occupational and social level, Turner depicted his patients as humans in whose lives he had effected some change. By revealing these humane and practical aspects of the surgical art to his readers, Turner deemed his work would "serve, not only the present, but the succeeding Generation".115

Reception of Turner's Art of Surgery

A recent overview of Turner's Art of Surgery claimed that Turner "used words to paint what he saw in strong colors not for the sake of using strong words, but in order to make a clear picture". His case histories, the reviewer continued, "take the place of pictures in a modern book."116 Indeed, Turner

114 Ibid., v.1, p.498.
115 Ibid., To the Reader.
116 A. Lyell, "Daniel Turner ... The Man Seen in the Pages of His Book on the Skin", p.164.
brilliantly depicted "realistic domestic scenes and innocent recreations" in a manner not unlike what has been described of his contemporary Daniel Defoe. As I have shown, Turner's case studies revealed detailed information about surgery, surgeons, and patients in Augustan London. But what were Turner's expressed expectations of this work? And did its reception meet his expectations?

According to Turner's own account, he composed the *Art of Surgery* to save readers "much Pains and Labour, as well as Expense" having brought "every Thing curious" about the surgical art under their "View at once." Herein lies the heart of Turner's belief that his writings formed a complete body of instruction. Compared with other surgical treatises of this period, Turner's work was explicitly pedagogical. He elaborated upon the indications for each course of treatment and gave specific operative instructions in the context of particular cases. Placing these instructions in a practical everyday format would, he argued, hopefully prevent their misinterpretation. Turner withheld little modesty in claiming these writings to be "the most instructive Body of Chirurgic Practice that has yet been printed in our own Tongue."

Turner compared his *Art of Surgery* with Richard Wiseman's

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119 Ibid., preface, p.3. There is no preface in later editions.
Chirurgical Treatises, the work Turner "believe[d]" was the "best...
[previously] ever set forth in ... English". Turner frequently cited Wiseman's ideas about surgical practice and described particular procedures Wiseman used in a manner which displayed the reverence he held for this surgical mentor. Many of Turner's contemporaries shared this admiration for Wiseman. Richard Boulton, for instance, offered an explicit "Abstract" of Wiseman's work in his 1713 System of Rational and Practical Chirurgery. Turner himself argued that Wiseman's work would "be had in good Esteem, 'till some Gentleman of the Fraternity (of more Judgement, and the same Industry) shall supply his Defects". The acclaim which Turner showered upon his own writings suggests, to me, that he viewed his Art of Surgery as supplanting Wiseman's treatises.

The enduring reputation of Wiseman's surgical treatises in the eighteenth century remains largely unexplored. In 1738, Chamber's Encyclopaedia claimed that Wiseman's work "has been the


121 D. Turner, De Morbis Cutaneis, 1714, p.75.

foundation of most Chirurgical treatises since its publication".123 Later in the century, Samuel Johnson was still relying upon Wiseman's treatises to exemplify the usages of most of the surgical terms he defined in his Dictionary.124 And leading surgeons like John Justamond continued to style Wiseman as the "Ambrose Parey of the English". More than a century after Wiseman's treatises first appeared, Justamond claimed his works were "not unworthy even of ... [the] more enlightened age".125

How did the reception and reputation of Turner's work compare with that of Wiseman's? Historians frequently judge a work's success, in part, by examining the number of revised or reprinted editions. Turner's Art of Surgery, first published in 1722, was expanded, chiefly by the addition of thirty-six case studies in 1725.126 Turner claimed that one "worthy surgeon" had


125 J. O. Justamond, Surgical Tracts, pp.43-44. Keith Thomas claimed Wiseman's Several Chirurgical Treatises became popularly known as "Wiseman's Book of Martyrs" due both the martyr-like torture and mortality associated with surgical operations as well as the renown this work gained. See Religion and the Decline of Magic, p.9.

126 Only five of these were cases in which Turner was specifically involved; the remainder were extracted from earlier authorities. Turner's five cases appear to have been taken from his earlier surgical career.
predicted the Art of Surgery's "Fate" would be, like that of a painting - "better esteemed ... [after] there was no more to be had from the same Hand" (i.e., after Turner's death). Turner assured his readers that this prediction had proved false. For he claimed to have "lived to see" this work, in but "little Time, taken into the studies, not only of those in the middle Form of Practice, but of the greatest Masters of the same Art."127 Furthermore, it was this grand reception which, Turner claimed, prompted his reissue of the work. The 1725 edition was reprinted in 1729, 1732, 1736, and once after Turner's death, 1741-42. By this measure, his work was more successful than most surgical or medical writings of his day.

Turner's "Booksellers" claimed his Art of Surgery was "under" translation. However, I have not found any indication that it ever appeared in a foreign language. At this time, many works by surgeons and chirurgic-physicians in France, Germany, the Netherlands, and Italy were being translated into vernacular English. But there appears to have been little interest in translating English-authored general surgeries for a Continental audience.128 This may primarily reflect the strong nationalistic image that Continental surgery was superior to English surgery during this period. It does not, however, suggest that English works, like Turner's Art of Surgery, were not read or were not

127 D. Turner, Art of Surgery, v.1, To the Reader.

128 P. K. Wilson, "Vernacularisation vs. Vulgarisation of Early Eighteenth-Century English Surgical Writings".
influential abroad. If we believe Turner's account, his surgical text was received "as well at Home as Abroad." This claim is supported by the favourable review of his work in *Acta Eruditorum*, the Leipzig equivalent of London's *Philosophical Transactions*. And the spread of Turner's work beyond England is also evinced by finding copies of this work in many long established national and private libraries throughout Europe.

Turner's opinion about the success which his *Art of Surgery* achieved is corroborated by other eighteenth-century surgical authors. Percival Pott, a celebrated London surgeon in the generation following Turner, claimed Turner's work was "at that time generally looked upon as a true representation of the London practice", and that it was "universally dispersed, and read all over the Kingdom." The influential German physico-chirurgus, Lorenz Heister included Turner in the ranks of Wiseman, Douglas, Cheselden, Garengeot, Marinus, Morand, and Le Dran as having helped advance surgery in modern times. Particular surgical techniques or remedies of Turner's were praised and adopted by St Thomas's Hospital surgeons, Royal Naval surgical author John Atkins, and the author of the widely popular *Domestic Medicine*,


William Buchan. Readers could, James Handley claimed, find "abundant Pleasure and Information" in the surgical writings of that "famous and expert Surgeon," Daniel Turner.133

Despite accounts that Turner's work gained considerable renown, there is no indication that Turner's work succeeded Wiseman's as a "classic". Unlike Wiseman's work, Turner's Art of Surgery remains, somewhat conspicuously to me, absent from both standard historical accounts of British surgery and from listings of principle surgical writings. This relative lack of historical recognition given to Turner's work in comparison with that Wiseman's received begs further consideration.

Turner's work exemplifies the pattern of many works which enjoy a brief popularity, but become replaced in succeeding generations by writings more "modern" to their own time. Perhaps Turner's lack of endurance relative to Wiseman's was, in part, due to the age in which Turner lived. Authors in Augustan London typically met critical comment and satire of their work, and Turner was certainly no exception. One critic claimed Turner "sinned ... most egregiously" by publishing "cases of little consequence, and still more by mentioning them in terms indec__


Surgery as "the greatest master-piece" of "digressive" writing and "swelling epithets" they "ever saw".135

Wiseman was used by eighteenth-century surgeons to represent the turning point of the "modern" age of surgical know-how. As Chris Lawrence has argued, Wiseman "outlined a new historical script for surgery"; a surgery based on personal observation, judgment and experience rather than reliance upon the Ancients.136 Turner's reliance upon observation and experience appears to have established himself as an author in the Wiseman tradition.

Wiseman also held particular sway among following generations with his descriptions of surgical practice in the military and the navy. Eighteenth-century surgeons attributed many of the "advancements" and "improvements" made by way of military surgical practice to Wiseman. Turner, on the other hand, appears not to have discovered any new anatomical organ or pathway, nor gained renown for any novel operative techniques. Indeed, Turner himself stated he "pretend[ed] no new Light in Surgery".137 As such, he is generally not considered to have "contributed" to eighteenth-century English surgery in ways similar to "luminaries" like William Cheselden, William and John Hunter, Percival Pott, and John Abernethy.


136 C. Lawrence, "Democratic, Divine and Heroic", p.4.

Two final related points further explain the long remembrance of Wiseman versus the short-lived reception of Turner's *Art of Surgery*. Wiseman not only received the respect of many contemporary surgical colleagues, but he was also widely recognized in various military, political, and court circles of his day. For his devotion to the Royalist, and later, the Restoration cause, he was selected as Principle Sergeant-Surgeon to Charles II. This position alone most probably commanded more attention by contemporary and later generations than that of Turner, who was but a liveryman in the Barber-Surgeons' Company.

Wiseman did not become embroiled in any public disputes after he published *Severall Chirurgicall Treatises*. Indeed, he died soon after the 1676 revision was published. Turner, on the other hand, entered a number of vehement pamphlet wars after publishing his *Art of Surgery* in 1722. Although Turner's disputes appear not to have directly affected his surgical practice, his warring created several enemies among contemporary surgical and medical authors. Turner's later disputatious reputation may have cost him some of the renown he initially appears to have received from his *Art of Surgery*.

Before examining several of these disputes in more detail, I discuss Turner's "turn" from the practice of surgery to the practice of physic.
Chapter 3. PHYSICIAN, DOCTOR OF MEDICINE, AND MEDICAL AUTHOR

On 16 August 1711, Turner was discharged from the freedom of the Barber-Surgeons' Company.1 This self-instigated action cost him £50.2 Soon thereafter, he applied as a candidate before the censors of the College of Physicians of London. Upon convincing the censors via examination of his competence in medical know-how, Turner received a license on 22 December 1711. As a license holder or licentiate, Turner was officially allowed to practice medicine within a seven-mile radius of the capital.

Changing or "turning" from one trade to another was relatively common among Turner's contemporaries. As Lawrence Stone has demonstrated, many tradesmen turned from one trade to another solely for potential financial gain.3 However, individuals rarely made an official turn from the practice of surgery to the practice of physic. The major obstacle to such a move was that surgery was an apprenticed trade whereas physic was typically entered upon completing a university education. I have identified only four surgeon-contemporaries of Turner who became practitioners of physic having "turned over" from the practice of surgery: Caleb Coatesworth (1688), Stephen Hall (1708-09), John

1 Court Minutes, MS 5757(7).

2 As a comparative value, the few contemporary surgeons who apparently exclusively practiced in hospitals earned £40 in a year. Ibid. F. G. Parsons discussed St. Thomas's Hospital surgeons's fees in The History of St. Thomas's Hospital (London, Methuen, 1934), v.2, pp.144.

Finding few surgeons turning to medicine suggests that physicians discouraged this occupational shift. Indeed, part of the idea of a "profession" represented having the right to exclude individuals whom fellow professionals deemed as unqualified. Many members of the College scorned the "sort of men not of academical but mechanic education" as unfit to practise physic. Although Turner had proved himself knowledgeably competent in the medical art, and had enjoyed long-standing working relationships with several London physicians, he possibly received a rebuff from the collegiate physicians who abhorred this entree into medicine.

Why would a surgeon turn to the practice of physic? In this chapter, I attempt to answer this query in Turner's case by exploring the consequences of his change of careers. As determining what constituted a "profession" in earlier periods remains an historical problem, I first explain the historical construct of "profession" and "professional" which I have adopted. I then identify the benefits Turner claimed this change of career made upon his life, focusing particularly upon the "leisure" which Turner claimed the "profession" of physic

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4 Similarly, few apprentice-trained apothecaries "turned" to medicine as official licentiates. (I've only identified three during this period in William Munk's Roll of the Royal College of Physicians of London (London: The College, 2nd ed., 1878) vol 1 & 2, John Colbatch (1696), John Turner, no relation (1708), and James Sherard (1732).

offered him. As Turner devoted much of this leisure to writing, I examine the content of Turner's writings. In particular, I describe how Turner opposed the theoretical medical writing which dominated this period. I draw attention to the similarities between his characterization of contemporary "mechanical" physicians and quacks. Finally, I show that Turner's anti-theoretical sentiments appear to have been linked to his religious beliefs.

"Controversy exists as to what constitutes a profession and, indeed, whether any universal definition is possible".6 Toby Gelfand's words of 1980 remain potent in 1992. As he showed in his exemplary study of the eighteenth-century emergence and restructuring of the French surgical "profession", surgeons exhibited the qualities which, at different periods over the century, likened their organizational structure to that of physic - a learned "profession" in the traditional sense.

Identifying what specifically constituted professions in early modern England also remains an active area of investigation. Gelfand argued that, for the French, few would "dispute medicine's claim" to professional status.7 However, Margaret Pelling has offered a series of examples and future questions to consider around her argument that the "professionalism" of medicine in England existed more as a goal

6 T. Gelfand, Professionalizing Modern Medicine, Preface, xi.

7 Ibid.
than a reality. Geoffrey Holmes, concentrating upon Augustan England, considers that in addition to clerics, lawyers, and physicians, many "nascent professional occupations" existed during this period. By "nascent professional occupations", Holmes meant all of the "organizational structures" which upheld three basic characteristics: providing a vocation for the whole of a man's working life, undergoing a long and carefully regulated course of training in that vocation, and working in a vocation through which men offered services to their community. Among these "nascent professions", Holmes included architects, school masters, writers, and surgeons among others. Building upon Holmes's work, Wilfrid Prest has challenged scholars to examine two new lines of research in order to better understand the socio-cultural formulation and acceptance of the nascent professions Holmes described. First, he proposed that future investigation should focus upon less eminent, more common "professionals" in order to ascertain more typical information about who was actually involved in these careers and the variety of ways these individuals gained this "professional" status. And second, Prest claimed that both the "social identity" of these


"professionals" and the nature of work they performed must be explained.11

Turner's career move offers a study of a less eminent practitioner who described both the social differences between surgeons and physicians as well as the different types of work he performed as a surgeon than as a physician. Therefore, examining Turner's career change in light of Prest's challenge allows us to develop a better understanding of how one individual who became part of a "profession" presented himself to and was received by other members of society.

General historical accounts lead us to believe that most physicians during the early eighteenth century distinguished their types of practice from the more manual practice of surgery. Surgery was literally a handicraft, whereas physic was, at least in the traditional sense, a "profession". Paula Backscheider has described that holding the status of a "professional" in Defoe's London "told" contemporaries that one was "a person with some power" and that he did not have to earn a living by working with his hands.12 In this sense, it may be accepted that turning to the practice of physic from the practice of surgery would have "told" Turner's contemporaries that he was no longer exclusively practicing the manual trade of surgery. And by casting away a literal handicraft image, Turner was possibly improving his


12 P. R. Backscheider, Daniel Defoe, p.527.
social standing.

The timing of Turner's turn suggests that he entered the medical profession, in part, to enhance his social position. Within a month of gaining professional standing, Turner married Elizabeth Altham. Elizabeth was a daughter of James Altham, a member of the landed gentry with an estate, Mark Hall, in Latton, Essex. Although James was deceased at the time of Elizabeth's marriage, several of Elizabeth's brothers and brothers-in-law were clergymen and attorneys. Thus, there is a likely connection between Turner's entry into medicine and his entry into marriage within a landed family. Marrying a man in the "profession" of physic would presumably have been most acceptable to the Althams. In order to protect the intended bride's future financial security, it was not unusual during this period for

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13 They were married by Mr. Samuel Eastwicke in the London parish church of St. Helen's, Bishopsgate on 6 January 1712. W. Bruce Bannerman, The Register of St. Helen's, Bishopsgate, London (London: Harleian Society, 1904), p. 176.


15 Her brother James Altham (d.1766) was Rector of Latton, and later Woodford, and Vicar of St Olave, Old Jewry. Brother-in-law Roger Altham, DD was once Rector of Latton and from 1701-29, Rector of St Botolph without Bishopsgate, the parish in which Daniel Turner resided. In 1711, Elizabeth's sister Jane married Richard Strutt, an attorney from Bishop Stortford.
prospective bride's families to draw up pre-nuptial contracts stipulating particular agreements. And indeed, Turner made such a pre-nuptial agreement with his "intended" wife Elizabeth, guaranteeing her £1000 if she survived him.

Other reasons may be offered in attempt to explain why Turner turned to the practice of physic. It appears that many contemporary physicians amassed a great wealth. As an example, albeit an extreme example, of a contemporary physician's financial "success", Richard Mead, averaged an annual income of £5,000 to £6,000 from his practice of physic. Other contemporary physicians were known for enhancing their income through investments. David Hamilton, for instance, purchased £10,000 in Bank of London stock. John Radcliffe placed £35,000 in a new annuity loan, and Caleb Coatesworth, who like Turner had turned from surgeon to physician, invested £25,000 in the East India stock in 1723-24. Such reasoning, however, remains highly speculative. Some surgeons were also able to enjoy prosperous life styles. More particular and conclusive information regarding Turner's turn of occupations may be gained


17 "Of the Articles of Agreement before Marriage, that part relating to Dower and Thirds", 10 December 1712, Hertfordshire County Record Office, MS. D/EAS 1612 (867).


by refocusing my enquiry into examining what becoming a physician actually provided Turner.

In addition to an enhanced social status and his marriage, Turner's newly acquired professional standing greatly altered his everyday life. Surgical practice had been, according to Turner's case studies, a most "toilsome" way to earn a living. But "after becoming a Licentiate", Turner describes himself much more at "leisure". Leisure, as Harold Perkin takes care to remind us, was not synonymous with idleness. Rather, he described that it strictly meant having the "freedom to pursue any interest, taste or pleasure consonant with the honour of a gentleman", without "further need to demean oneself by earning a living".

Turner used his newly-acquired leisure time to write. Within his first ten years as a physician, Turner wrote three lengthy and comprehensive books: *De Morbis Cutaneis* (1714), *Syphilis* (1717), and *The Art of Surgery* (1722). Additionally, he penned the anonymous *Modern Quack* (1718). Turner's copious writing suggests he devoted more time to becoming a physician author or authority than a practicing physician. But unlike most contemporary physician-authorities, Turner directed his attention more towards surgery than physic. His first three texts were directed to surgical readers. I offer several explanations for


21 Ibid.

Turner's peculiar direction of his writings.

Soon after entering the College of Physicians, Turner claimed the need to "convince" the College that they had bestowed the "privilege" to practice medicine upon "no idle ... useless person." But having practiced surgery for twenty years, Turner was much more familiar with surgery than medicine. During his surgical career, Turner had collected many "loose Pages" of extensive notes on the patients he treated. In their "undigested" state, Turner acknowledged these notes were hardly useful to anyone else. But by converting them into a book which would serve as instructive guidelines for "junior" surgeons, Turner could attempt to secure the approval of the College of Physicians and become a published author. For Turner, this accomplishment appears to have implied gaining some sense of authority as well. Thereby, by compiling De Morbis Cutaneis, Turner used his leisure to benefit his own medical career in several ways.

As a surgeon, Turner effected little change in reforming surgical training and practice. But his persistence in proposing ways to improve the surgical art after he became a physician suggests that he envisioned that his new position would influence the acceptance of these proposals. For at this time, physicians of the College maintained a stronghold over the practice of surgery, dictating what treatments surgeons could and could not

23 D. Turner, De Morbis Cutaneis, 1714, Epistle Dedicatory.
perform. Thus, by offering instruction to young surgeons and becoming established as an authority in this field, Turner appears to have believed himself more able to effectively reform the surgical art as a physician author than as a practicing surgeon.

Turner also used his status as a physician to inform fellow physicians about what he perceived to be their erroneous conceptions of surgical practice. For example, Turner explicitly defended surgeons against the "Charges" fellow physician, Walter Harris raised in *Dissertationes Medicae & Chirurgicae*. Turner offered multiple cases as evidence to dissuade readers of Harris's "very gross (and surely undeserved)" claims that surgeons were "ignorant", "cruel and hard-hearted", and prone, whether for "Lucre" or "to save [themselves] the Trouble of looking longer after" patients, to a "Wicked" and hurried malpractice.25

Although I emphasize Turner more as a physician-author than as a practicing physician, Turner clearly desired the full recognition from his colleagues and readers that he was duly qualified to practice physic. From the time he joined the College, he repeatedly attempted to strengthen his affiliation with the collegiate physicians. Initially, he sought and received the College's imprimatur for publishing his *De Morbis Cutaneis*. Four years later, he publicized his professional

25 D. Turner, "Some modest ANIMADVERSIONS on Dr. HARRIS", pp. 555-70.
standing in a "catalogue" of "Members" of the College which he appended to his Modern Quack. Specifically, he claimed this list was designed to inform readers which practitioners had a "Right" to work as physicians in London.26 But it was the elaborate effort Turner expended to obtain a medical degree that most clearly demonstrates his ambition to gain full recognition from his colleagues as a physician.

In September 1722, Turner forwarded a letter to the "President and College of the Academy of Yale" (Connecticut, New England). The letter accompanied a collection of twenty-five books he "robbed" from his own library.27 This contribution was, in part, a response to the Academy's efforts to build up their library. As early as 1707, potential London book donors were being solicited for contributions to this library. "Chiefly through the efforts of Jeremiah Dummer", Connecticut's "agent" in London, more than seven hundred volumes had been collected by 1714, six hundred more were added during the following four years.28 Dummer had solicited books from luminaries including

26 Daniel Turner, "Catalogue ... of all the Members of the Royal College of physicians", appended to The Modern Quack, or Medicinal Impostor (London: J. Roberts), 1718, pp.154-56. The Royal Society also published a list of their Fellows during the same year. See Thomas Alban, A List of the Royal Society ... with the Places of Abode of most of its Members (London, 1718).

27 John E. Lane reprinted this letter and an English translation in his "Daniel Turner and the First Degree of Doctor of Medicine", pp.372-74. I have included a list of the books Turner donated to Yale in Appendix 3.


Turner's contribution of books, some twenty-five titles in thirty-two volumes, was considerably more substantial than the donations from other medical or surgical men.30 His contribution, worth an estimated value of £14, included eight works of Biblical commentary, seven of British history, topography, and trade, one work on ethics, four works by other medical authors and five volumes of his own writings.31 I have


30 Overall, between 1712 and 1729, 180 donors contributed 705 volumes to Yale's library. Anne S. Pratt and Andrew Keogh, "The Yale Library of 1742" Yale University Library Gazette 15(1940):30. This article is the most comprehensive source of the early Yale library.

31 T. Clap, President of Yale "College", recorded the value of Turner's contribution in his Annals or History of Yale-College, p.96. Bishop Berkeley gave Yale a 4th edition (1731) copy of Turner's Art of Surgery as part of his 1733 donation of
identified the specific titles he contributed in Appendix 3.

Turner explicitly intended these works to help "good literature and the liberal arts and sciences ... flourish" in a land where, he claimed, only "crude indifference and ignorance" had previously "reigned". But it is difficult to ascertain what these particular works signify about Turner or how they may have influenced his own life. For example, it is unknown whether most of these works came into Turner's hands through inheritance, through purchase, or as gifts; thus, speculations about the importance any individual book may have had to Turner are inconclusive. Still, the entire collection he contributed definitely had a major impact upon his life. In the postscriptum of the letter accompanying this contribution, Turner noted that in return for these books, he would be most grateful to receive a doctoral degree from the Yale Academy. Jeremiah Dummer supported this plea, endorsing Turner as a "very Learned Physician and worthy Gentleman", and encouraged the Academy authorities that they would "do [them]selves great honour" by


32 J. Lane, "Daniel Turner and the first degree of Doctor of Medicine", p.372.

33 Postscriptum. Si Dominationes vestrae me dignum judicatis Doctoratus Gradus Acadmiae Yalensis, et Diploma mihi transmitti curatis, accipiam non tantum ut signum Gratitudinis Vestrae, sed existmam honorem, aequæ ac si ab alia Universitate, tamesi Majoris Notae, fuerit elargitum. valete Viri Doctissimi vigaetque Academia vestra.
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conferring the desired degree. On the following commencement day at the Yale Academy, 11 September 1723, Timothy Woodbridge, rector, pro tempore honoured this request, and granted Turner an honorary Doctor of Medicine degree, the first medical degree issued from Colonial America. A diploma signifying this degree was forwarded to Turner. Dummer claimed he "took ... pains" to get the censors of the College of Physicians to "honour & ratify" this diploma, but his efforts "prov'd in vain". The College, he claimed, was presently "enrag'd" at how easily English "physicians" could purchase medical diplomas from Glasgow for only "small sums" without ever being examined by the College. And in attempt to "discourage every thing of that kind", the College continued to show "no Countenance but to Graduates at

34 J. Dummer letter to the Academy, 10 September 1723, as printed by J.E. Lane, "Daniel Turner and the first degree of Doctor of Medicine", p.374.


36 Letter from Jeremiah Dummer to Timothy Woodbridge, 25 February 1725, reprinted in Franklin Bowditch Dexter (ed) Documentary History of Yale University under the original charter of the Collegiate School of Connecticut 1701-1745 (New Haven: Yale University Press), 1916, pp.256-57. Dummer described this diploma as being "set in fine hand," "drawn up in a true Roman diction ... exceeding anything I ever ... saw from Harvard", and "hansomly [sic] ornamented with flourishes". Unfortunately, the whereabouts of this diploma remain unknown.
Oxford & Cambridge".37

It is somewhat ironic that Turner, himself, had previously denounced those who secured "surreptitious" degrees from diploma mills like Glasgow.38 Yet Turner regarded his Yale degree as quite distinct from purchased degrees. He respectfully accepted this doctorate as a symbol of his erudition of medical knowledge, his recognition as an accomplished author, and his affluence to contribute to a learned institution's growing "Republic of Letters". Thereafter, he openly signed himself "Daniel Turner, M.D., of the College of Physicians in London". Contemporaries, too, acknowledged Turner's doctoral status, although some jested that his M.D. more truthfully represented a multum donavit than a learned title.39

"The Greatest Lies can be Invented": 1. Mechanists as Enemies

Theoretical writings predominated in the medical literature of early eighteenth-century London. Many contemporary medical theories had been formulated in light of mechanistic philosophy.

37 In 1721, the College of Physicians complained that Oxford too liberally issued honorary medical degrees. Annals, Royal College of Physicians MS, v. 8, f.197a, 22 December 1721. Similar reprimand was issued against Cambridge on 1 March 1721/22 (Annals, v.9, f.1a.).

38 D. Turner, Modern Quack, Dedication.

For instance, readers approaching John Clarke's bookshop at "The Bible" under the Royal Exchange in 1732 would have found approximately three-fourths of the available medical works representing some mathematical or mechanical-based medical theory. British medical writers including Archibald Pitcairne, Richard Mead, George Cheyne, James Keill, James Jurin, William Cockburn, Henry Pemberton, and Nicholas Robinson used mechanically-based deductive arguments in their explanations of animal oeconomy and physic. For instance, they explained consumption, jaundice, and fevers in terms of forces, powers, and causes adopted from natural philosophical writings. Newton was their model, and the exchange of theories between the College of Physicians and the Royal Society was fostered by men like Hans Sloane and James Jurin who served as leading figures of both

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40 According to an advertisement for Clarke's books bound following D. Turner's *Art of Surgery*, 4th ed, 1732.

Furthermore, members of these groups shared antiquarian and literary connections, political and religious allegiances, and for some, royal privileges as well.

An analysis of the arguments and constituencies of physicians who opposed these theoretical medical writings is wanting. I only begin to explore this under-researched area by focusing upon the anti-theoretical medical writings of one contemporary, Daniel Turner. I shall first specify the authors whom Turner regarded as his opponents, and explain the basis of the type of medical practice he preferred: a patient-oriented approach. Then, I discuss Turner's depiction of mechanical medical physicians and quacks both pursuing practices founded upon false principles. Finally, I demonstrate that Turner's anti-theoretical sentiments were linked to his religious beliefs. Specifically, Turner claimed that his adversaries's support of natural religion extended beyond the limits of human understanding and it fostered atheism. Although anti-theoretical sentiments pervade all of Turner's writings as a physician, they are most pronounced in his works on syphilis (1717 & 1739), fevers (1727), and the power of the mother's imagination (1714, 1727-30). Therefore, I base my account of Turner primarily upon these works.

According to Turner, his writings provoked "Resentment" from

42 Anita Guerrini has studied Newton's influence on contemporary medical writing. See, for example, her "Archibald Pitcairne and Newtonian Medicine", Medical History 31(1987):70-83, and "Isaac Newton, George Cheyne and the 'Principia Medicinae", pp.222-45.
many medical colleagues who deemed him an "Enemy to learning". If "learning" to these physicians implied only a study of theoretically-based medicine, then Turner was indeed an enemy. Among those Turner identified as adversaries were John Woodward, the physician and antiquary who claimed that all physical disorders stemmed from impaired mechanical digestion or blocked secretion of digestive juices; John Colbatch, the "acidophile" who claimed "our Stomachs could never abound with too much Acid"; and the "Alkalinus", John Radcliffe, who argued alternatively that acids were the "chief Enemy of English Constitutions". Similarly, Turner denounced the "pyrophylus" Richard Morton's claim that all diseases originated from a "venom or poisonous ferment" which "seized [up]on the animal spirits". Turner also claimed he disregarded John Quincy's "geometrical reasoning" and opposed Nicholas Robinson, that "Standard Bearer" of Newtonian medicine, who argued that "Sickness ... [was] nothing else but a Disorder" in which the "Equilibrium [of solids or fluids] is destroy'd" thereby turning "the Balance [of Nature] to one side or the other". Turner also ridiculed a number of other leading

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English iatro-mathematicians who claimed that by using mathematical principles, the causes and treatments of medical disorders could be reduced to a "certain Rule".46

Instead, Turner adopted the belief that medical practice was to be guided solely by experience, "without regard to any Theory or Hypothesis whatever". It is "One thing", he argued,

to talk of Cures, which may be enterpris'd by the Ratios of Quantities, increased Momentums, by calculating the Diameters of ... Vessels, comparing the given Force at the Heart, with the reciprocal Resistance at the Sides of those Vessels, and their Angles of Incidence; computing also the exact Degrees of Viscidity in the Fluids ... therein circulating. And it is a quite different thing to perform the Cure, from a constant and sedulous Observation of the same Disease.47

The course a disease was likely to follow was not, he claimed, a priori predictable according to any certainty or to what iatro-mechanists called the natural laws of physic. For physicians were not, according to Turner, like natural philosophers who were free to apply rules "to Bodies inanimate, or putting simple Fluids into ... Balance ...[or] counting ... Pressures or Impulses".48 Rather, they were dealing with human lives. And physicians, he asserted, must not "sacrific[e] Mens Lives" for the sake of some "meer [sic] Hypothesis".49

46 D. Turner, Discourse Concerning Fevers, p.81.

47 D. Turner, Syphilis, preface.

48 D. Turner, Discourse Concerning Fevers, 1st ed, 1727, p.58.

Turner's writings, unusual in their direction towards practitioners of surgery as mentioned above, distinguish him from most contemporary medical authors on two other accounts. First, his explicit adherence only to Thomas Sydenham, and relatedly, by directing his reader's attention to the sufferers of disease rather than to the underlying theories of disease.

Concurrent with many physicians' adulation of Newton, the writings of Thomas Sydenham appear to have gained something of a revival in the 1720s. Sydenham sought to dispel the belief that theories and hypotheses could afford any true understanding of the cause, and consequently, the treatment of disease. "How we can cure diseases whilst we know nothing of their causes, gives us no trouble" claimed Sydenham, for "It is not by the knowledge of causes, but by ... experience, that the cure of the majority of diseases is accomplished."51

Unlike Cheyne and Woodward, and later Mead, Strother, and others who openly turned to Sydenham consequent to their mid-life anti-theoretical crises, Turner's Sydenhamian leanings were laid

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50 Andrew Cunningham rightly argued this revival was primarily orchestrated by Boerhaave. See his "Thomas Sydenham: Epidemics, Experiment and the 'Good Old Cause'", in R. French and A. Wear (eds) The medical revolution of the seventeenth century (Cambridge: Cambridge University Press, 1989), p.189.

early in his life. Andrew Cunningham has argued that post-1690 adherence to Sydenham was indicative of support of the "Good Ol' [Cromwellian] Cause". Unlike Cromwellian supporters, Turner despised "radical whig" ideals; but his embroiled polemics against fellow Jacobites Pitcairne, Keill, Freind, and later Ward, suggest that his criticisms of these "Hypothetical Schematists" were based on more than recognizable partisan politics. Indeed, Turner argued that part of the "character" of a physician not to "meddle ... in Party Quarrels or Disputes".

Details of Turner's specific political leanings are sparse. As discussed below, Turner was a High Church Anglican. And as a staunch Anglican, he almost certainly held Tory ties. However, as Turner explicitly urged physicians not to "meddle ... in Party Quarrels", and since I have not found any evidence of his support of local party politics, I shall not "meddle" in speculation over the strength of his Tory leanings. Instead, I discuss his more explicit religious views below.

At the heart of Turner's argument, he claimed that the

52 Andrew Cunningham, "Thomas Sydenham: Epidemics, Experiment and the 'Good Old Cause'" p.189.


54 D. Turner, Discourse Concerning Fevers, p.329.
"mechanicians'" theories not only failed to offer practical aid, but that by adhering only to theoretically-based physic, physicians brought their patients much harm. Moreover, the concerns of the patient were being entirely neglected. "I dare say", Turner argued, that "the Patient will be equally thankful for his Cure, though you should be sometimes at a Loss for the Modus, or Mechanism, by which the Disease was ... produced".55

Turner represented himself as up against a formidable opposition. After emphasizing the overwhelming prevalence of theoretical writings to his readers, he claimed that their greatest "Difficulty" lay "in your choice of Guides".56
"'Tis our great Misfortune, that those Gentlemen" who work in making a "sufficient number of Observations" enabling them to detect Nature's role in disease are "for the most part silent; and the writing Task falls chiefly to the Theorists who being big with some Hypothesis, are impatient till they are delivered thereof, or to the mercenary Scribes, who write for their own and their Booksellers Profit." How else "has it fallen out", Turner queried, that "for almost a Century, ... England [produced] but one Sydenham?"57

Turner backed his Sydenhamian argument regarding the concerns of patients with case studies illustrating how "mechanicians" had bled, purged, and sweat their fever patients

55 D. Turner, Syphilis, 1732, preface.
56 D. Turner, Discourse Concerning Fevers, p.89.
57 Ibid.
to death. Similar results were to be expected, he argued, by administering physic according to a "rule" without considering the patient's age, constitution, or observing the effects of previous treatment. Instead, Turner instructed his readers to consider each patient's treatment individually in the manner of Sydenham and Hippocrates. He explained that treatments were best guided by observing nature's actions rather than relying upon some rule. For example, upon finding your patient "no worse than the Day before, and the Day following in the same Condition, [Turner] thought it his Duty still to [a]wait [Nature's] Motion, fearing [that], by intermeddling, he should do some Hurt".58

Letting Nature show the physician "what way .. to take" was, Turner claimed, the best route to "steer... safe... the medical Compass".59

One of Turner's opponents, London physician-author, Thomas Morgan stated in his 1735 Mechanical Practise of Physick that "to declaim against mathematical theorems" is to say that "medicine is grounded upon no Principle at all." If, for instance, such theorization were abandoned, he argued there would be "no difference between a Physician and a Quack but a Diploma".60 Such reasoning was strictly antithetical to Turner's. Turner was not promoting blind empiricism, but rather what he termed

58 Ibid., p.215.
59 Ibid., p.13.
60 Turner quoted this passage from Morton in his Discourse Concerning Fevers, p.98.
"rational empiricism". It was, he claimed, through a physician's capability of "Reasoning" upon his observations of the "Operations" of "Nature", "back'd with a true Knowledge of the Structure of the Parts" and a "thorough acquaintance with Materia Medica" rather than using "arithmetical calculi" that we "distinguish a Physician from a Quack". The later, he claimed, being "ignorant of the Nature and Seat of the Disease, prescribes his Medicine ... at random". These arguments, though similar to the English Galenist/anti-Galenist disputes of the preceding century, identify the presence of another enemy force which Turner sought to quell: the quacks.

2. Quacks as Enemies

Beginning with his 1695 apologetic writings of surgery through his 1735 attack of Joshua Ward's pill and drop, Turner declared the dangers Londoners faced from local medical impostors. The numerous written advertisements and oral

61 D. Turner, Syphilis, in his dedication to Richard Blundell.

62 D. Turner, Discourse Concerning Fevers, p.103.

harangues of bonesetters, lithotomists, oculists, barbers, and especially the "petticoat practitioners" had, he claimed, ultimately brought only misery to their patients. Not only had such impostors cost their victims much money, they had, according to Turner, also cost many Londoners their lives.

Distinguishing between qualified and unqualified practitioners was, as Roy Porter has lucidly recounted, an unclear matter to many patients of the age. Turner's explication in The Modern Quack, however, suggests that he was familiar with the intricate details of the well-polished ploys and tactics of local mountebanks. According to Turner, quacks, like the mechanists, typically followed certain methods. And he claimed he wanted to help the public understand and avoid these methods.

Quackery succeeded, Turner argued, because of the "wild ... Ideas" most people shared about their bodies. The "Generality", he claimed, had the "Notion of their Stomach ... as a Bason to receive" and their "Bowels... as a Pipe ... to convey off what is left... thus if any ... Stop happens to the first, a lusty Vomit will Pump all up again, or a strong Horse-drench forcing down the [stopped] Plug. Should they believe the "Offence" had gotten "farther into the Blood", the public proceeds to "roast" their "Patient with some burning Cordial or Spirits,... to force a ...

Sweat."65 This depiction suggests that reasoning about the body in a mechanical way was not exclusive to mechanical physicians, but was, at least to some extent, also shared by the public.

Turner drew attention to similarities between the patter of a quack and the rhetoric of mechanical physicians. As he had denounced the Newtonian mechanist, Nicholas Robinson's "prophesy" that actions of the solid and fluid components of the body were due to an inherent "electrical attraction",66 he argued that quack practitioners made similar claims to promote the sale of that very popular panacea, the anodyne necklace.67 To illustrate what he recognized as further similarities between the mechanists and the quacks, Turner explained that quacks had borrowed natural philosophical terms such as physical, chemical, electrical, magnetic, pneumatic, hydraulic, and hydrostatic to describe the special "powers" of their remedies. Roy Porter has argued that quacks used these terms in an attempt to gain legitimacy.68 But from Turner's view, the use of this terminology only served to legitimize their reputation as quacks.

65 D. Turner, The Modern Quack, dedication. Lemuel Gulliver, perhaps the most popularly read "surgeon" of the period portrayed physician's offering similar accounts of the effects of vomits, purges and clysters in his Travels into Several Remote Nations of the World (London: Benjamin Motte, 1726), Part 4, Ch.6, p.87-88.

66 D. Turner, Discourse Concerning Fevers, 1727, pp.43-44.


68 R. Porter, Health For Sale, p.102.
The similarity between quacks and mechanicians was not, according to Turner, only a matter of their using a similar rhetoric. But in addition, Turner argued that quacks and mechanists both followed methods which were based upon false principles. Turner warned readers that either swallowing the bait of an impostor or swallowing medicine which was administered only according to some "hypothetical" or "mechanical" theory held the same potential for destroying patients.

3. Atheists as Enemies

Publicizing about quacks - the enemies of the public, and mechanists - the enemies of his profession, appears to have been linked to Turner's private religious convictions. Although these convictions are not so explicit in his published writings, Turner elaborated upon these religious beliefs in his private devotional, "Religio Medici Reformata". Borrowing only the title from Sir Thomas Browne's work, Turner's writing more closely parallels the commonplace Whole Duty of Man: the devotional guidebook which religious historians have claimed best symbolized Restoration High Anglicanism. The rhetorical style

69 D. Turner, "Religio Medici Reformata", British Library, MS 14404.

of Turner's devotional, apart from the catechism, is consistent with his polemical writings against quacks. This finding is particularly noteworthy considering that Turner claimed to have compiled this work for private use "In his closet". As such, it provides suggestive evidence that Turner's inner struggles were closely related to the struggles against enemies in his outer or "professional" world.

Consequent to the Glorious Revolution, Anglicanism underwent a series of reforms. The ensuing years, as Margaret Jacob has documented, saw an increasing spread of Whig latitudinarian ideals to the pulpits, the Parliament, and the governing bodies of the Royal Society and the College of Physicians. These tolerant, liberal low-churchmen formed much of the platform on which the following generation of Newtonianism was based.

One primary distinction between Low and High-Church Anglicans at this time was the role they attributed to the Creator. Many latitudinarians envisioned a natural religion in which God was removed or displaced from the central position of their depictions of nature. Peter Earle clearly described this view in his reconstruction of the world of Turner's contemporary, Daniel Defoe: "God had created Nature; but now Nature had taken

over from her creator and God Himself was obliged to conform to the natural laws of His own creation". The basis of this "natural religion" was not so much God as it was reason. This position became pronounced through the "argument from design" as expressed in the growing body of physico- and astro-theological writings as well as in the Boyle lectures delivered between 1692 and 1714.

Turner, however, did not subscribe to this belief of a natural religion. Rather, he argued that his contemporaries had, by their use of that "aequivocal term Nature", strengthened the "Boundary" between medicine and religion. And by doing this, he claimed these physicians were true separatists from the Church. Specifically, having separated the Creator from discourse on nature, they had, Turner argued, made their initial step towards atheism. As had been argued by many in preceding centuries, Turner charged that "too many of [his] own profession" lacked a true faith in God. Although they may "possibly ... 


74 D. Turner, "Religio Medici Reformata", f.3.
acknowledg[e]" the "general Providence ... of that Being which created [nature], in ... support of the Mundane Fabrick", Turner claimed they gave "very little reason by their words or actions" that they do not "deny" the Creator's existence altogether.75

Turner's conviction that most physicians were atheists was shared by many writers in the popular press. A 1707 issue of The Weekly Comedy, for instance, claimed "Physicians ... are generally accounted atheists".76 But as Michael Hunter has convincingly argued, atheism was a rhetorical term used to mean "Godless" in a rather broad and loose sense in early modern England.77 "Believers" who challenged God's "active supervision of the world" were, Hunter described, but one example of those who were called atheists.78 Many people appear to have used "atheist" as a condemnation of anything that was, in their view, unorthodox. To identify Turner's specific target for the label of "atheist" it is necessary to reconstruct some of Turner's religious views.

The sparsity of socio-historical religious writings covering this period prevent me from placing Turner's beliefs within

75 Ibid., ff. 4 and 3.


78 Ibid., p.141.
London's religious milieu. Some basic points about Turner, however, allow me to build the foundation of his religious beliefs discussed below. Turner was a High Church Anglican. His devotional is filled with animosity for all separatists from the Church. And these separatists included, to Turner, Low Churchmen as well as the growing number of "enthusiasts" in a variety of sects.

Two aspects of Turner's High Church views appear to have influenced his medical and surgical writings. First, Turner's unrelenting faith in God's omnipotence is consistent with his attempts to suppress mechanico- and mathematico-medical theorists. And second, Turner's depiction of the contemporary "prophets" as pretenders who claimed themselves privileged with divine inspiration was consistent with his characterization of the medical pretenders who claimed themselves privileged in holding cures. I address each of these concerns separately.

To Turner, God was omnipotent. Life, as he described it, was generated and maintained only through the direct intervention of God. And the impetus which he considered underlay all

internal bodily workings was attributed to the "invisible hands" of the divine providential Creator. Turner also regarded that Nature's healing "power" within humans stemmed from the Creator.

The actions of "Nature", he argued, attested to God's omnipresence. Humans were, Turner described, "only passive" beings guided as Nature dictates. Although he claimed these actions attested to God's presence, he argued they revealed nothing about God Himself. Accordingly, the mechanical physicians's attempts to experimentally investigate what end was being sought, that is, the final cause of all "Organic Actions" of the body was, to Turner, futile. For these causes, he concluded, were knowable "only to the Creator", and "impenetrable" to human understanding. No one, Turner claimed, can "know or acquaint Himself, with that holy Ardour, or fervency, of Spirit, ... that attends the Devout Supplicant" or to become, using Turner's words, "enlightn'd, to see through the end of all" living things and discover the Creator's "Wisdom, Power, and Goodness" until his "Entrance into the [Heavenly] Sanctuary". In this sense, Turner claimed that God was the "only mathematical Physician".

80 D. Turner, "Religio Medici Reformata", f.5b. Passive obedience was also the dictate of High Anglican endurance to the threats against Stuart succession.


82 D. Turner, Discourse Concerning Fevers, p.59.

83 D. Turner, "Religio Medici", p.5 and opposite p.4.

84 D. Turner, Discourse Concerning Fevers, p.92.
Historians typically describe a discontinuity of vitalism from the mid-seventeenth century until its 1750s revival. Its resurgence has commonly been attributed to Robert Whytt's adoption of Stahlian animism. But Turner's writings, according to Theodore Brown, exemplify a type of "quasi-vitalist" or "organic" ideology present in some, but few, English medical writings earlier in the eighteenth century.

It remains difficult to discern between the types of organic ideology in the writings of Turner's contemporaries. The physician John Tabor, for instance, employed the use of the "hands of God" in explaining a seemingly vitalist underpinning of life. But he, like the physician satirists of mechanism, John Arbuthnot and Samuel Garth, relied upon mathematical reasoning to


account for observable physical phenomena. Such reasoning, as I have argued, sharply contrasted Turner's account that these actions operating according to hidden, ultimate causes which were known only to the Creator. I have identified only one contemporary physician, James Drake, who presented arguments that were remarkably similar to Turner's. I more fully explore a specific example of Turner's "quasi-vitalist" ideology and Turner-Drake similarities in my discussion of the power of the mother's imagination in Chapter Six.

During the time in which Turner described that medical quacks were rampant in London, religious pretenders were also prevalent. "There are Quacks in Divinity, as well as in Physick", so The Entertainer reported in 1717. "Spiritual Mountebanks, Inspired Merry-Andrews, Interlopers, [and] Invaders of Spiritualities" were claimed to have commonly gained more "Popular Applause" than "those who really deserve[d] it". Turner particularly denounced the enthusiasts who, he claimed, "made a business of praetended Inspiration" by using a "Fitt of ... misguided Zeal ... [to carry] them into one of their


supposedly divine Raptures. He also stated his disapproval of the "dismal and tremendous consequences of the delusions" spread by the Anabaptists, the Adamists, the Melchiontes, the Georgians, and the Menoists. Most emphatically, he renounced the "false prophets" James Naylor, Tobias Venner, John Mason and the "French Prophets" who had more recently threatened English Anglicanism with their separatists's beliefs. These separatists had, he argued, like the mechanists and the quacks, harmed many men. The harm they inflicted, however, was considerably greater as their "delusions" held dismal consequences on an eternal scale.

Religious pretenders were, to Turner, as deceptive in offering practical aid as were quacks of medicine and surgery. His rhetoric against the separatists of the Church and the unorthodox medical practitioners was remarkably similar. Turner employed the same tactics to abolish the false "Apostolic Messengers" of religion as he had used to overpower the medical impostors in his Modern Quack. First, he explained the need to "distinguish" between the "pretence to extraordinary Illumination" and the "plain and simple Truths" set forth in the authorized "Sacred Writings". In particular, he warned that those who claimed divine inspiration or prophecy often stood behind a facade of "Gesture, Tone or [an] Ecstatic Way of

89 D. Turner, "Religion Medici Reformata", f.6b.

pronunciation". As Roy Porter has shown, medical quacks supported similar facades before the gullible public. Second, Turner claimed that if people would "reflect" upon their own experiences, they would clearly see that all the recently professed prophecies had passed unfulfilled. Similarly, the expectations which quacks built around their products also, according to Turner, passed with no avail. Third, Turner warned people not to be misled or to "abuse" their "Prepogative Reason" which is "bestowed upon us that we may distinguish Truth from Error". And fourthly, Turner begged "readers" to "weigh" in their minds how the truly "instructive" learned Anglican clergy offer "Design[s]" for "holy Living, ... good Life, ... [and] Christian Faith ... without assuming this unwarrantable Privilege of Inspiration". He claimed that by comparing the "convoluted tales" of the prophets with the sacred writings which were "free of ornamental Insinuation ... [and] Ensnaring Sophistry", the impostors's facades would be destroyed, and the false "Apostolic Messingers" exposed for the pretenders he claimed them to be. These arguments were akin to Turner's attempts to get the public to appeal to their common sense as a means of discriminating

94 Ibid., f.6.
between the facade of quackery and the truths of orthodox medical practice.

Similar to his rhetoric against the "mechanical physicians", Turner claimed that one's spiritual salvation was also dependant upon "your choice of Guides". And Turner's choice of guides was the popular Anglican catechism of devotion, The Whole Duty of Man. This catechism was designed to establish a "set form" of religious worship or prayer through which one could, by living according to its precepts, "avoid heresy" and gain salvation. To achieve this benefit, one was expected to confess their sins according to an "authorized" format. Only through this regular type of "Method of Devotion" did High Anglicans like Turner believe the "corruption" of man would be "cured".

Just as Turner admitted privately that he was not without sin, he publicly acknowledged having made mistakes in his surgical practice. Specifically, he offered descriptions of

95 D. Turner, Discourse Concerning Fevers, p.89.

96 Turner explicitly followed the prescripts of The Whole Duty of Man, having copied the catechism into his own private devotional for daily use. Richard Allestree and Henry Hammond were both integral to the composition and propagation of this work. John W. Packer, The Transformation of Anglicanism 1643-1660, with special reference to Henry Hammond (Manchester: Manchester University Press, 1969), p.42.


98 Ibid., p.51.

99 D. Turner, in "Religio Medici Reformata", f. 40, admitted his sins from a life of "so much Folly and Vanity". But he took care to qualify himself as "with the Middle Rank" of sinners.
several fatal surgical errors he had made as cautions to other surgeons. This acknowledgement may be interpreted as Turner's confession that *humanum est errare*. Like the *Whole Duty of Man*, a work intended to establish a "set form" of authorized religious practice to avoid heresy, Turner's *Art of Surgery* was designed to establish a "set form" of orthodox surgical practice whereby to eschew quackery. Turner promoted his work as a catechism of practice from which attentive readers could save lives and avoid being labelled a quack.

Examining Turner's depiction of the similitude between Newtonian mechanism, quackery, and false religious prophets broadens my account of Turner more as an individual than by misrepresenting him as only a surgeon and physician. No man is or was an island. And one's devotion was often their most "noteworthy" and "virtuous" character. For Turner, leading a life of "exemplary devotion to his Creator" was probably his greatest concern. His expressed measures to expose the quack pretenders of his professional callings coincide with or superimpose his desires to expose the fallacious pretending prophets. Turner was not preaching to the converted, but rather he was attempting to instil a fear, or at least an awareness, that the outer world was full of enemies. Fear was, in part, a device to divert his fellow practitioners away from harmful


mechanical medicine towards a more "organic" perception that, for Turner, sufficiently accounted for the Creator's omnipotence. Fear was also a device to incite his public readers to look out for the medical quacks which, like "hypothetical physicians" and atheists, often spelled impending doom.
Chapter 4. SELF-STYLED GENTLEMAN IN LONDON'S MIDDLE CLASS

As A.S. Byatt reminded readers interested in the formulation of biography,

There are things which happen and leave no discernible trace, are not spoken of, though it would be very wrong to say that subsequent events go on indifferently, all the same, as though such things had never been.1

Indeed, much of Turner's life escapes present-day description as many details were unrecorded. But, agreeing with Byatt, I believe it is "wrong" for biographers to explain subsequent events of a person's lifetime without considering probable ways through which the subject's life has been affected. For example, I am convinced that Turner, from at least the early 1690s and throughout the rest of his life, styled himself as a gentleman. Throughout his life, increasingly, he displayed the trappings associated with (but not necessarily signifying) gentility. In this chapter, I chronologically review Turner's attempts to attain a genteel standing. I then concentrate upon his use of publication to achieve the related status symbol of a man of letters. In conclusion, I summarize Turner's personal, professional, and genteel achievements at the time of his death in 1741.

Like most Londoners, Turner died a member of the same social

class into which he was born. Between the ranks of landed gentry and the artisans of the "working" class, Turner was a member of what contemporaries identified as London's "middlin" class. This "middle rank of people" was not a "distinct" class between nobility and commonality, but rather was comprised of a "number of differentiated ranks, orders, or degrees" of people. Turner shared many of the "genteel pretensions" which Peter Earle described as representative of this class. In particular, Turner ambitiously strove to separate himself from the common lot, but had neither the wherewithal nor birth right allowing him to be too upwardly mobile.

According to Turner's contemporary, Daniel Defoe, a gentleman was "A Person BORN ... of some known or ancient Family; whose Ancestors have ... for some time been Rais'd above the class of mechanicks". "Heaven has given [the gentleman] ... his money, ... 'tis below him to get money, [but rather] his business to spend it". Thus, the status of a gentleman in Augustan England was, to a large extent, fixed by his birthright. After birth, the genteel qualities, according to Defoe scholar, F. Bastian, of "social self-assurance and effortless air of authority ... sprang from an upbringing in an environment of

3 P. Earle, The Making of the English Middle Class, pp.3-4.
deference".5

Turner, however, had more humble beginnings than members of the genteel class which Defoe described. He was born into a trade family well acquainted with the importance of apprenticeship. During his early childhood, Daniel's brother, John Turner, the younger, was apprenticed to his father, the tallow chandler, John Turner, the elder in their own home. The "nauseous greasy Business" of a tallow chandler was hardly a gentleman's pursuit, and, according to R. Campbell's London Tradesman, much less "genteel" than the related craft of a wax chandler.6 John Turner's second son, Samuel, apprenticed in the taylor trade. According to Campbell, many considered that their tailor "not only makes their Dress, but, in some measure, may be said to make themselves".7 As Hogarth claimed, "we know the very minds of the people by their dress".8 Daniel, too, may have learned through his brother Samuel about the powerful use of clothing as a means of displaying status.

Having been raised in a family of tradesmen, Daniel Turner witnessed how many people earned their living by working with their hands. John Turner, the elder became prosperous through

5 F. Bastian, Defoe's Early Life, p.63.
7 Ibid., p.191.
his handicraft, and at the time of his death in 1697, he bequeathed considerable sums to his relatives. Even as a third son, Daniel's £500 inheritance was quite substantial.9 Land deeds show that Samuel Turner had acquired enough money through his trade to "raise" several estates.10 Therefore, Daniel knew from an early age the profits which could be made from a trade. But unlike many of his contemporaries, he was given the financial boost of having inherited £500 at the time his own life's work was beginning. This boost may have provided Turner the wherewithal by which he sought to improve himself above the status of a common tradesman.

Turner's twenty years of surgical practice appear to have been successful in several senses. If we believe his own account, patients came to desire his services over that of other practitioners, and colleagues recognized him as a valued consultant as well. His practice was also a financial success as Turner earned fees of up to £50 per year per patient.11 Additionally, he was able to maintain a townhouse and surgery in

9 John Turner's will, written on 4 August, 1691, stipulated that Daniel received £250 during his apprenticeship, and, as an incentive to learn his chosen trade, another £250 upon its completion. Daniel, however, had completed his apprenticeship before his father's death in 1697. Public Record Office, Chancery Lane, Prob.11/440.

10 Land Deed (1688), Hertfordshire County Record Office, D/EAS 3131.

11 Little, however, is known about the fee arrangements Turner made with most of his patients.
His success as a surgeon appears to have been a direct result of what we would call a strong work ethic. But Turner would most likely have identified this ethic as an attempt to be virtuous. Being in "constant pursuit of Virtue" was, according to Turner's contemporary John Littleton-Costeker, how one Daily arrives at superior Degrees of Excellency; and 'tis from such Examples a Person is encouraged to become a good Christian: since he that is once so happy aspires to no less Things than to please and glorify God, to promote the general Good of Mankind, to be a Protection to the Virtuous in Distress, and to improve, as far as is possible, his personal Excellences in this Life, and to secure himself hereafter a most glorious and happy State in the World to come.

For Turner, virtuous habits were in no small way related to his "duty" to serve a useful "hand-servant" to God. But virtue has also been described as the "most important qualification of true gentility". And in addition to interpreting Turner's actions strictly according to his religious convictions, Turner appears


to have repeatedly striven to become recognized as holding a genteel status. Indeed, Turner exemplifies what D.C. Coleman has described as typical of many individuals of this period who were "possessed" of enough "ambition" to play the "great game of life" of "cross[ing] that divide" which distinguished the gentility from the common people.15

Turner's "social consciousness", to use H. Perkin's phrase, became formally displayed through a "stylized behaviour". Displaying the appearances of success and gentility were crucial aspects of the "Character" which Turner deemed medical and surgical practitioners should uphold. "It will behave" a practitioner, Turner argued, to "appear always neat in his Attire, avoiding the Extremes of the Fop and the Sloven". Additionally, Turner claimed it was important to "have such a competent Estate, as may support a handsome Figure in Life" in order to be "taken Notice of in the World".16 Each of these displays served at least two purposes for Turner. First, they fulfilled his own criteria of the "Character" or "Properties" required of a physician. And second, they were consistent with Turner's attempts to display himself as a gentleman. As Perkin


16 Turner listed these qualities as the sixth and seventh parts of his representation of the "Character of a good Physician" in Discourse on Fevers, 1739 ed, p.333. The other qualities identified were to be of "solid Erudition" and "sound Judgement"; "strict Probity and Fidelity"; "Great Honour ... Gravity and Modesty"; "Courteous"; and not to be "Loquacious or Proud" (pp.331-34).
argued, there are many "outward signs" which "proclaim[ed]" a person's self-perceived status. For Turner, his manner, speech, deportment, dress, liveried equipage, size of house and household, and, most probably, even the kind of food he ate were adopted as a form of displaying a particular position to society. Not only did he use these trappings to acquire patients, but he appears to have been ever conscious of using them to style himself as a gentleman.

Daniel Turner. Gentleman or Scholar?

There are many examples of Turner's social climb. Unlike many other surgeons or members of his own family, Turner never took an apprentice. It was quite unusual for a man like Turner, who contemporaries regarded as such a capable and masterful surgeon, never to have served as master to a young apprentice. Taking an apprentice would likely have supplied an enhanced income, and acquiring wealth, after all, was necessary in order to display the trappings of gentility. However, taking an apprentice would also have emphasized Turner's status as a tradesman. According to his contemporary, John Chamberlayne, "All are accounted gentlemen in England who maintain themselves


without manual labour".19 Turner's eventual turn to physic reinforced his apparent desire to distinguish himself from the "mechanick part of mankind".

Turner's ambitions to elevate himself above the rank of a typical surgeon were also pronounced through his submission of a series of case reports to the Royal Society.20 At this time, it was quite unusual for a surgeon to prepare any written reports, let alone reports before one of London's most august gatherings of gentlemen and scholars. Most of the reports presented before this Society were written by men who shared similar University education to the natural philosophers, physicians, and antiquaries who comprised the Society's Fellowship.

In order to submit these reports, Turner had first gained the patronage of Edward Tyson, a gentleman by birth, Oxford graduate of medicine, leading London physician, lecturer at Barber-Surgeons' Hall, and anatomical procurator for the Royal Society.21 As mentioned in the first chapter of this thesis, Turner claimed that Tyson had urged him to prepare reports for

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20 D. Turner "Remarks, taken upon Dissecting ... a Maid ... who dyed of an Ascites"; Idem, "Of a Stone found in the Gall-Bladder"; Idem, "Woman hydropical in the ... uterus", and Idem., "Child bit by Mad Dog".

the Society of several autopsies which they had performed together. Thus, Turner appeared to be acting under Tyson's patronage.

Submitting a series of consecutive reports before the Royal Society on Tyson's recommendation suggests that Turner was perhaps being "groomed" for eventual election into the Society's Fellowship. Tyson had proposed seven successful candidates to the Society's electorate before 1700, including the London surgeon, William Cowper. As an F.R.S., Turner would certainly have been placed among scholars and gentlemen. But alas, this goal was never attained. Thus, one door to Turner's elevation to a higher genteel or scholarly status was closed.

I offer several probable explanations as to why Turner was not admitted to the Royal Society. Turner may not have been well known to Fellows other than Tyson. As Michael Hunter has argued, the better known the candidates were to the Fellows, the more likelihood of their gaining admission. Who you knew appeared to have been particularly important as ascendance to Royal Society Fellowship was not regulated by any "specific procedures

22 Tyson, elected into Royal Society fellowship in 1676, proposed the following successful candidates into the Society: Henry Eve (1681), William Payne (1681), Richard Robinson (1681), James Monson (1684), Jean-Nicolas Pechlin (1688), Raymond Viessens (1688), and William Cowper (1699).

23 Turner never appears on any list of candidates in the Minute Books of the Royal Society. Records of elections around 1700 often mention only the successful candidates.

of certification and promotion". Rather, in what Tony Davies called a "very English kind of establishment", men acquired this status through an "informal network of influence and dependency". As another shortcoming, Turner appears not to have had masonic affiliation. Thus, he missed this opportunity to become known to the many masons in the Society. It was also unlikely that Turner's trade practice of surgery brought him into contact or consultation with many Society Fellows. Moreover, at this time, the electing members of the Society viewed surgeons, with very few exceptions, as unworthy of fellowship status. Only six surgeons were admitted into fellowship before 1700. Of


27 James du Moulin, Master of Surgery to Charles II and James II (1667); John Beaumont, Somerset surgeon and naturalist (1685); Charles Bernard, later Surgeon Surgeon to Queen Anne (1696); William Cowper, (1699); Paul Buisserie, Huguenot surgeon (1699); and James Cunningham, surgeon to the East India Company (1699). Michael Hunter provided information about all Fellows elected prior to 1700 in his The Royal Society and its Fellows
these, one had the Royal patronage of Charles II and James II and three had the backing of Hans Sloane, Secretary of the Society. William Cowper, however, was proposed by Tyson from whom Turner had also gained patronage.

What, then, did Cowper have in his favour which Turner did not? Both Turner and Cowper completed their surgical apprenticeships in 1691, and both had their first papers presented before the Royal Society two years later. Cowper, however, had proceeded to more elaborate writings on anatomical experimentation. He compiled a major opus, *The Anatomy of Humane Bodies*, in 1698. The anatomical descriptions in this work were based upon his extensive observations and experimentation, ideals upon which the Royal Society had been founded. Moreover, Cowper's contribution helped distinguish him as a scholar. And, as Steven Shapin has demonstrated, scholars were one of the "special sort[s] of person[s]" the Royal Society brought into their fellowship.

Turner, on the other hand, had not proved himself a scholar in the same sense as Cowper. After 1694, Turner does not seem to

1660-1700 (Buckinghamshire: British Society for the History of Science, 1982).


have offered further reports to the Society. Nor did he actively pursue experimentation to the extent Cowper had. His later writings do, however, indicate he kept abreast with anatomical and surgical reports in the Society's Philosophical Transactions. Without having been a gentleman from birth, not having acquired a University education, and not having become a published scholar, Turner appears to have gained little notice from Royal Society Fellows.

It might at first appear unwarranted to search for further possible associations between Turner and the Royal Society. But finding the motto of the Royal Society, "Nullius in Verba", beneath an engraved portrait of Turner (ca. 1714) prompted me to explore this matter further. (See Figure 4.2)

Why would Turner, not a Fellow of this Society publicly associate himself with their motto? Let us first examine the meaning of the motto instead of merely associating it with the Society. Of the alternative mottoes suggested to the Royal Society, including "Omnia probate" ("try all things") and "Ad Majorem Lumen" ("to the Greater Light"), the Society adopted the motto "Nullius in verba", meaning "of the word (or authority) of no one". I agree with Henry Lyon's description that in the

30 The only further publication of Turner in the Philosophical Transactions was a brief letter he wrote to James Jurin in 1725 regarding "Insects voided by the Urinary Passages", Phil. Trans. Roy. Soc., 33 (1725), 410-11. The brevity and context of this letter do not suggest that Turner believed he was offering major new insights.

31 M. Hunter, Establishing the New Science, pp.41-42.
Figure 4.2 Daniel Turner and Motto. G. Vertue engraving after J. Richardson. Frontispiece, D. Turner Discourse Concerning Fevers, 1732. (Wellcome Institute Library, London. Burgess Portrait Catalogue No. 2998.3)
context of the late seventeenth century, this motto represented the Society's "determination to withstand the domination of authority and to trust all statements by appeal to the facts".32 Like the Society, Turner claimed to have refused accepting any word or individual as an authority whose claims opposed the observations he found in his own practice. And in this sense, there is no discrepancy between the message in his writings and finding this motto beneath his frontispiece portrait in every major work written throughout his life.

This use of this motto or other symbolic representations of the Society by non-Fellows, however, appears to have been quite rare. Besides Turner, I have discovered only one other non-F.R.S. who created such an association with the Society. The instrument maker, John Marshall, displayed "Royal Society" in his advertisement. But since he made instruments for the Society, it can be argued that he was using their "appellation" as a form of advertising the status of people for whom he worked.33

Michael Hunter has interpreted Turner's use of the motto as both "intriguing" and suggestive of the "growing kudos of the


33 Michael Hunter, personal communication. An illustration of Marshall's advertisement is found in R. T. Gunther, Early Science in Oxford (Oxford: for the author, 1935), v.10, p.xxxii. Roy Porter has claimed (personal communication) that Turner's contemporary, Benjamin Martin, identified himself as "F.R.S." on the title pages of several of his books although he never attained such a position. I shall explore Martin's use of this title more fully in the future.
Society". Having examined many of Turner's arguments, I conclude that he literally supported this motto throughout his life. Yet I do not disregard any possible ulterior motives for which Turner so prominently displayed the motto. Contemporaries in London and on the Continent who saw this widely published portrait may have, as one historian has done, assumed Turner had ascended to F.R.S. standing. And displaying the motto of a Society known particularly for its assemblage of gentlemen and scholars suggests that Turner may have used this motto as a decorum or outward display that he held many ideals and, perhaps at least in his mind, the status outsiders associated with the Fellows of this Society. For in many ways, Turner was himself an outsider who fought in vain to gain recognition as a gentleman.

Additional findings support the claim that Turner used his portrait and the motto primarily to display the trappings of gentility. As early as 1714, Turner displayed a coat of arms beneath one of his engraved portraits. (See Figure 4.3) Publicly displaying these arms was one of Turner's most visible

34 M. Hunter, personal communication.


36 From a portrait in the Iconographic Collection, Wellcome Institute for the History of Medicine Library, London. Burgess Portrait Catalogue, No. 2998.1. The Arms: Vaire argent and gules on a pale or, three trefoils slipped vert. The Crest: On a wreath of colours two wings conjoined saltirewise argent charged in the middle with a trefoil slipped vert.
Figure 4.3  Daniel Turner and Coat of Arms. G. Vertue after J. Richardson, ca. 1712-14. (Wellcome Institute Library, London. Burgess Portrait Catalogue No. 2998.1)
attempts to define himself as a gentleman. However, the arms Turner displayed were not his by "right" of descendance. Rather, they had originally been granted to John Turner of Bletchingley (Surrey) in 1604.37 In Daniel Turner's lifetime, these Turner arms were held by Thomas Turner, of St Dunstan's-in-the-West until 1715, and by his son John, of Helden, until 1747.38 T.D. Mathew, Windsor Herald of the College of Arms, supports my research findings that Daniel Turner had no "demonstrable right" to these arms by descent.39 But Turner may have purchased the right to display this coat of arms from London's Painter-Stainer's Company which, early in the eighteenth century, claimed to carry out "legitimate searches" for heraldry rights.40 Nevertheless, by emblazoning these arms beneath his portrait, Turner was creating an image of his descendance from a distinguished family. As his contemporary Defoe claimed, "We live in a general Disguise, and like the Masquerades, every Man

37 George J. Armytage (ed), *A Visitation of the County of Surrey*, p.15.


39 T. D. Mathew, personal communication. P.J. Hare received similar information from Chester Herald, W.J.G. Verco in 1967 while piecing together his own version of Turner's life. P.J. Hare file, Royal Infirmary (Edinburgh), Department of Dermatology.

dresses himself up in a particular Habit". Knowing, however, that Turner's arms were probably purchased, and certainly not his by descendance, provides yet more evidence that Turner intentionally "dressed" himself in the "Habit" of recognizable genteel status.

Turner in Portrait

Related to his display of arms and his personal motto, Turner's wide use of engraved portraits in his writings indicates a further adoption of the signs of genteel status. "There is no passion so universal", Richard Steele claimed in an opening number of The Guardian, as the "vanity of being known to the rest of mankind, and communicating a man's parts, virtues, or qualifications to the world". And one of the most common contemporary ways of making oneself, as well as his work, known was by taking "care to affix his own image opposite to the title-page of his learned treatise". Turner's regular use of such portraits offer information about Turner's self image in two ways. First, by Turner employing prominent London portraitists


42 Guardian, No.1, 12 March 1713.

and engravers, and second, by Turner's clothing and demeanor in these engravings.

The first engraving of Turner (Figure 4.3) appeared in 1714. The engraver, George Vertue, created this work from a portrait painted by Jonathan Richardson. Richardson, an intimate of Hogarth's, earned a "respectable following" in early eighteenth-century London as a "faithful painter of faces". His success in portraiture for sitters including Alexander Pope and Dr Richard Mead was, so succeeding generations claimed, overshadowed by his writings on painting.

Although all accounts lead me to believe his portrait of Turner was faithfully accurate in every detail, Richardson's writings provide more instruction into "reading" what he was actually attempting to portray about Turner. "A Portrait", Richardson claimed, "is a sort of General History of the Life of

44 George Vertue, who created an engraving of Turner from Richardson's portrait, began work as a member of Sir Godfrey Kneller's Academy in 1711. His work, though of "no great artistic merit", according to George C. Williamson, forms a "valuable historical record, and his antiquarian researches and writings were of higher importance". His large note book, purchased by Horace Walpole, forms the basis of Walpole's Anecdotes of Painting in England. George C. Williamson (ed.), Bryan's Dictionary of Painters and Engravers (London: George Bell and Sons, 1915), v.5, p.294.

the Person it represents. To sit for one's portrait was, he argued, to have "an Abstract of one's Life written and published, and ourselves consign'd over to Honour, or Infamy". Indeed, for Richardson, painting was "another sort of Writing". But Richardson claimed that a portraitist represented his subject's life "more expressly, and particularly" than a biographer would ever be able to formulate. For in "making a Portrait", Richardson claimed that although the "Complexion and each particular Feature may have been Carefully Observ'd and Imitated ... what is Most Important remains; the Air, the Mind, the Grace, the Dignity, the Capacity, the Vertue, Goodness, &c.".

Turner had himself represented in a collegiate gown and a fashionable full-bottom wig. Although not exclusively symbolic of the medical profession, it was popularly construed that "a


50 R. Wendorf, The Elements of Life, p.144.
physician can no more prescribe without a full wig, than without a fee”.

The pictorial elevation of Turner, surrounded by a finely ornamental oval frame, upon a Romanesque pedestal presumably signifies Richardson’s attempt to represent Turner’s demand to be portrayed as important. This self-perception of Turner’s is further proclaimed by the display of either a coat of arms or the "Nullius in Verba" motto.

Turner’s stiffly-characterized, youthful face represents an assuming, self-knowing look like that typically found in contemporary British portraiture.

Turner would have appeared to contemporaries as intellectual and dignified, well-set and fully filling the qualities represented by the collegiate gown enwrapping him. His pale face, gentle and smooth in complexion conveys a like impression of his moral fibre. Turner’s forthright posture indicates he is a man of virtue, and there is every semblance of Turner’s confidence and capability of fulfilling his professional role.

Other Forms of Display

Turner lived during a period about which it has been claimed that social prestige and influence were integrated with an

51 Gregory in Molière's The Mock Doctor (1732).

"economic gradation" in the "pyramid" of wealth.53 One way to display one's economic standing was through the acquisition of land. As early as 1727, Turner invested in several estates around the home counties. His transactions involved approximately 136 acres of land in the parishes of Datchworth and Aston in Hertfordshire. And over the next fourteen years, he acquired five other estates in Hertfordshire, Essex, and Middlesex together with two freehold houses, one ground rent and one freehold estate around the city of London.54 Turner's acquisition of landholdings exemplify the common interest during Walpolean England in the scramble for profit and accumulation.55 His display of wealth through landholdings represents another way in which he attempted to display a genteel image. It was "quite usual", F. Bastion has claimed, for a prosperous man to "invest some of his profits in land, ... as a first step towards establishing a family of landed gentry".56

Turner also displayed his wealth in an impressive retinue of attendants maintained at his London townhouse. (See Figure 4.1) Having the attendance of servants, maids, coach and coachmen


54 Daniel Turner, Probated will (16 April 1741), Public Record Office, Chancery Lane, Prob.11/709.

55 P. Earle, Making of the English Middle Class, pp.5-6, 137-42.

56 F. Bastion, Defoe's Early Life, p.145. For a more complete argument relating the acquisition of property to one's place in society, see H. Perkin's Origins of Modern English Society, esp. pp.38-56.
showed that Turner was a prosperous man.57 But then, this was a typical retinue for Turner's Devonshire Square neighbours including Richard Craddock and George Finch, esq., Governors of St Bartholomew's Hospital, and many of the Levant merchants, including Edward Radcliffe. The Duke of Devonshire also maintained an elaborate residence on the square.58 And Turner took the opportunity of making his readers aware of his affluent neighbourhood by identifying his residence at the close of the preface in each of his major writings.

Publicity and Publishing

Turner's turn to the practice of physic was also a display of his status. Specifically, it allowed him the leisure he did not have as a surgeon. Turner used this newly acquired leisure to display himself as an author and authority.

"He who is not at leisure to survey the Labours of others", Turner argued, "is scarcely likely to oblige us with any of his own".59 After turning to physic in 1711, Turner claims to have devoted most of his time to reading the surgico-medical works of other authors and writing those of his own. He published major

57 Additionally, Turner mentioned occasionally employing nurses and attendants to help him care for patients.

58 See, for instance, R. Davis, Aleppo and Devonshire Square, p.16, and The Names of the Governors of St Bartholomew's Hospital ([London]: s.n., n.d.), pp.1, 4.

texts in 1714, 1717, 1722, 1727, 1729, and 1739. Relatively shorter treatises were published in 1718, 1724, 1725, 1729, 1730, 1733, and 1735, whereas he revised two "ancient" works which appeared in 1730 and 1736. The varied content of these writings indicate that Turner was part activist, apologist, propagandist, instructor, wit, and sage. He upheld some views of the "ancients" while he supported some relatively "modern" ideas as well. Compared with most contemporary physicians, Turner's writing represents a major literary output. The extent of this output suggests that Turner was more ambitious than most of his professional colleagues to become known through the quill and the press.

To examine more closely Turner's authorial ambitions, I identify several likely reasons Turner turned to writing. In particular, I examine the ways in which Turner characterized authors as authorities, describe how he likened himself to them, and discuss how becoming recognized as a man of letters related to displaying himself to colleagues as a scholar. I also describe Turner's relationship with the individuals who actually created authors: the booksellers. In conclusion, I examine Turner's preparations for death and argue that despite Turner's many attempts to display himself as member of gentility, he died as a member of the same financial class into which he was born.
Turner as Author

What did Turner hope to gain from authorship? Turner's prolific writings suggest that he was driven to become recognized as an authority; specifically, an authority in surgery. It has been claimed that the "most widely sold books" during the time of Turner's writing were religious works. As most of Turner's works were directed more narrowly towards surgical readers, he was not likely to gain the general renown achieved by authors of Biblical commentary including Henry Hammond, William Burkett, Daniel White, Philip Doddridge or Samuel Clarke. However, the multiple, up to six editions of seven of his works suggest that he became well known in his field. His publishers and booksellers offered testimonials that there was "no need to say any thing to recommend [Turner's Art of Surgery]" as it had already been "so well approved by the most noticed Practitioners of the same Art". Thus, relying upon these accounts and


Turner's own claims, Turner appears to have become established as an author, and thereby, an authority in his field.

Turner probably turned to publishing, in part, to gain the acceptance of his university-trained medical colleagues. Most physicians had a common educational background, but Turner was, in many ways, an outsider and a self-made physician with only a self-education in physic. Writing, therefore, offered Turner an opportunity to display his knowledge in an attempt to convince his critical colleagues of his worthiness to be recognized as a physician.

Additionally, Turner used writing to address the immorality of quackery. Like the efforts taken by the Society for the Promotion of Christian Knowledge, the Society for the Encouragement of Learning, and the whole Reformation of Manners campaign, Turner addressed the literate public with a religious zeal, cautioning them about the dangers they faced, and promoting ways through which they could escape these dangers.

Turner appears to have shared some of the motives of another author, the Bishop Thomas Fuller. Like Fuller in his History of the Worthies of England (1662), Turner sought to "preserve the memories of the dead". His reliance upon the descriptions of "ancient" writers exemplifies his appreciation for their authoritative wisdom. In a manner similar to the humanists,

64 Fuller listed his reason for writing on p.1 of his first volume of the History of the Worthies of England (London: F.C. and J. Rivington; T. Payne; Wilkie and Robinson; Longman, Hurst, Rees, Orme and Brown; Cadell and Davies; R.H. Evans; J. Hawman; J. Murray; and R. Baldwin, 1811 edition).
Turner used the "ancients" to "present examples to the living".65 Most explicitly, his case studies represented histories "by way of example", teaching readers how to virtuously pursue their art. Of course, a display of "classical" knowledge was also a sign of gentility.

Turner most probably wrote for the gain as well as the gift. In a meritorious manner, he sought "honest profit" for his work. For some authors, the "want of money" was the "only motive to writing".67 But Turner also claimed it was his "Duty" to share the knowledge and abilities he viewed himself as holding - a duty both to the public and to the Creator. The Creator's designs, so Turner claimed, were central to his lifework. Again, like Fuller, Turner turned to writing, in part, to fulfill his earthly worthiness and prove himself reverent to God.

Books served Turner several purposes beyond the opportunity of becoming an author. He had acquired a large library, for he was able to make a sizeable donation from it to the Yale Academy. This gift of books generated the return of a medical degree. Compiling his own library had been another attempt to display himself as a man of wealth and erudition. Acquiring such a

65 Vivian Nutton more fully discussed this aspect of humanism in "Humanist Surgery", pp.80-82.


library was, it has been claimed, also a common pursuit of "every gentleman". Books were powerful for Turner, indeed. To illustrate two other indications of Turner's regard for books, I turn to the practices of book subscription and book selling.

During Turner's lifetime, books were sometimes published by subscription. Subscribers were the financial underwriters who paid the author's or bookseller's costs in advance in order to put a particular work into print. After publication, the subscribers received a copy or copies of the completed work. W. A. Speck has argued that only a "tiny percentage" of works published during this period were financed by subscription. And the books most often subscribed to tended, so he claimed, to be large or elaborate works which were financed by "the more affluent members of society". Thus, subscribing to book publication often signified belonging to a genteel class. "Every person of quality", claimed historian Leslie Stephens, "felt himself bound to promote" authors by subscription. The single patron of earlier publishing ventures had, he concluded, been superseded by a "kind of joint-stock body of collective patronage".

According to P.J. and R.V. Wallis, Turner subscribed to the

68 J.W. Saunders, Profession of English Letters, p.120.


production of two works: John Hughes's *A Complete History of England* (1706) and Henry Pemberton's *A View of Sir Isaac Newton's Philosophy* (1728). Daniel Turner may also have been the "Mr Turner" who subscribed to the posthumous publication of Roger Altham's (his brother-in-law's) *Sermons Preached on Several Occasions* (1732). Hughes was a poet of relatively little note by 1706, gaining more fame and affluence through his later works. Turner was one of some nine hundred subscribers to Hughes work. Since Samuel Turner of Fryday-Street, and John Turner, gent. of Tottenham are also found on the list, Turner may have subscribed to this work as part of a family financial venture. Otherwise, I find no clues as to Turner's attraction to this work.

Turner's reasons for subscribing to Pemberton's *View* are also unclear. Two years before publishing his *View*, Pemberton had previously achieved renown for "superintend[ing]" the publication of the third edition of Newton's *Principia*; a work many contemporaries claimed was destined for posterity. And as in *Principia*, Pemberton's support of Newtonian natural philosophy in his 1728 *View* attracted its major financial backing from

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monied Whig subscribers. Turner, however, was a staunch Tory, and an explicit opponent of Pemberton's use of medical theories. Therefore, Turner's attraction towards helping finance Pemberton's *View* most probably stemmed from matters other than medical theories. It is not unlikely that Turner saw that subscribing to this work provided a way to generate some wealth, some public note, and an enduring recognition by displaying himself as a financial supporter of this tribute to Newton. By 1728, Turner was sufficiently wealthy to make financial speculations of this type. However, unfortunately for Turner, Pemberton's work was "not remunerative to himself, and [the work] was regarded as disappointing".74

Turner also interacted with other parties of the London book trade: book congers. As book publishing was quite expensive, book sellers often pooled their resources to purchase the copyrights of individual manuscripts from authors, forming what was called a conger. During this period, there were several congers in London including the wholesale conger, the Castle Conger, and the Printing Conger. According to Terry Belanger, the congers controlled much of the trade of books between book publishers and authors.

73 Nearly two thousand subscribers are listed on the sixteen pages between the contents and the introduction of this work. W.A. Speck discussed the motives underlying the subscriptions to Pemberton's *View* in "Politicians, Peers, and Publication by Subscription", pp.60, 63-64.

sellers and helped protect copyright holdings under the 1709 law.75

Turner published his works through members of congers including Charles Rivington, J. Lacy, and John Clarke. Early on, Turner may not have made significant sums for the sale of his copyrights. But as his works became better known, booksellers probably paid him greater fees, that is, his later works commanded higher fees as booksellers were likely to make more money from their sales. "Known authors" who, like Turner, saw their works carried into a number of printings were, it has been claimed, able to sell their copyright for several hundred pounds.76 Disappointingly, records describing Turner's particular transactions do not, to my knowledge, survive.77 I can only say that Turner's later writings and the reprinting of his earlier works were primarily acquired and published through the same member of a local conger: John Clarke.78


78 Clarke had previously been in a conger with Charles Rivington and J. Lacy, but after the mid-1720s, he took up the selling of all of Turner's writings on his own. H.R. Plomer claimed Clarke dealt "almost entirely" in theological literature in A Dictionary of the Printers and Booksellers Who Were at Work in England, Scotland, and Ireland, from 1668-1725 (Oxford: for
In addition to gaining renown as a prolific author of surgical writings, Turner also became known to readers of the *Grub-street Journal*. This weekly newspaper was published by a consortium of booksellers from 8 January 1730 to 29 December 1737. One historian has claimed it to have been the "liveliest, wittiest, and most original" periodical of the 1730s.79 This pro-Pope, anti-Walpole paper "descended with ... gusto into the mirky cockpit of personal controversy" for its "daily food", whereas satire and irony served as its "breath of life".80 Topics related to medicine and surgery in this journal included the repeated attacks on medical quackery and quacks, the censoring of a randomly compiled Anatomy text, the existence of animalcules, the ethics of performing operations on criminals, and discussions of various remedies claimed to cure the bite of a mad dog and venereal disease.81


Turner first appeared in the thirty-second number of the Journal (26 February 1730) as the subject of a controversy over the content of contemporary medical writings. "Ephriam Quibus, M.D.", alias botanist John Martyn, denounced various styles of writing used by contemporary medical authors. Among the writings he disapproved of were those composed in what he called the "digressive" style. This style, he argued, was exemplified by those passages which were designed to "agreeably amuse ... us, and call us off from the uneasy attention, in which the relation of a melancholy case is apt to ingage us".82 The "gentleman" whom Martyn claimed "excell[ed] most in this was ys. the learned Dr. DANIEL TURNER".83 He denounced Turner for using this style, particularly for the "swelling epithets" with which he claimed Turner filled his Art of Surgery.84

In later years, Turner used the Grub-street Journal as his major organ in a campaign against a particular "quack", Joshua Ward. I shall discuss Turner's disagreements with Ward in Chapter Seven. Suffice it to say here that Turner's campaign was consistent with the Journal's scorn for anything new or which varied from established principles. Additionally, it met the publication's chief aim of combating unorthodox, irregular forms


83 Ibid.

84 This reputation of Turner filled many later biographical sketches including M. Noble (ed.), Biographical History of England, v.3, p.284. Noble makes some erroneous speculations about Turner's descendants.
of practice. Turner's efforts to publish in the Journal not only enhanced his reputation as an authority, but it also served as a form of self-publicity. Such efforts are consistent with the overall importance which any means of display held for Turner.

Turner's display of his reverence of books and writings is perhaps best shown in a mezzotint which he had produced in 1734. (See Figure 4.4) In this portrait, Turner is seated at a writing desk surrounded by shelves filled with large leather-bound books. The artist, Johan Faber, the younger, captured Turner in the act of writing, quill in hand. His delicate right-hand grips a quill similar to how Turner previously described having held his scalpel. Veins stand out on his well-aged left hand which is holding the bound volume in which Turner was writing. In this image, we are unmistakably introduced to Turner as a writer or man of letters.

Turner's image between 1714 and 1734 had metamorphosed. No longer was he wearing the satin robe of his professional calling. Instead, we was dressed in a more rugged, but fashionable gentleman's coat, matching waistcoat, and a Steinkirk cravat loosely knotted under his chin, with one end passing through a


86 Johan Faber the younger, it has been claimed, was "esteemed the ablest artist of his time" in mezzotints, excepting John Smith. G. C. Williamson, *Bryan's Dictionary of Printers and Engravers*, 1903, v.2, pp.138-39.
Figure 4.4 Daniel Turner, G. Vertue mezzotint, taken from life, 1734. (Yale University Library, New Haven, Connecticut)
that clothes were important to Turner is not surprising given Bernard Mandeville's comment that "People ... are generally honour'd according to their clothes ... [and] from the richness of them we judge their wealth". In keeping to 1730s fashion, Turner's wig was cut shorter than those featured in previous engravings. No longer is "M.D." emblazoned after his name, but rather his coat of arms is embellished and more prominent. Contemporaries must have recognized the sitter as a man of letters; and by his dress, an accomplished man of letters at that.

Turner's face in this mezzotint is that of an aged 67 year-old man. The gaunt, smooth, and handsome face of his youth has become filled with the wrinkles and bulges of aging. The earlier face, noting an air of self-assurance, now appears more streaked


89 In addition to the pre-1714 engraving of Turner, a similar engraving, with only the change of a new, fuller face of a middle aged man appeared as early as 1732. (See Figure 4.2) In this later engraving, Turner's previous full-length wig had been replaced with a "physical wig", the long bob style which replaced the full-bottom or physicians' dress bob. See. J. Stevens Cox, An Illustrated Dictionary of Hairdressing & Wigmaking (London: Batsford Academic and Educational, 1984), p.118. John Woodforde claimed the full-bottom wig began to decline from fashion around 1720 in his The Strange Story of False Hair (London: Routledge & Kegan Paul, 1971), p.27.
with a seriousness or sternness fitting that of a wise and learned man. The books, ever powerful in Turner's life, symbolize his having amassed a vast knowledge from a long life of reading and attest to his accomplishments as an author. This mezzotint illustrates the "Gentleman of great Erudition: in whose Books the Reader will find abundant Pleasure and Information"; the appellation surgeon James Handley verbally conveyed about Turner to readers of his *Colloquia Chirurgica*. 90 Overall, this engraving, taken from life, presents Turner in the act of what, I believe, he regarded as his most important accomplishment: becoming a man of letters.

1741

In 1741, England's governmental power was still in the grips of the Whig statesman, Sir Robert Walpole. Although the nation was at peace, surgeons continued to fight with barbers in their combined Company. The number of Fellows in the College of Physicians had greatly dwindled from its 1700 level, and licentiates comprised a considerable proportion of the medics practicing in London. 91 Quacks, however, still predominated in London's medical marketplace.

In 1741, Daniel Turner had lived three-quarters of a


century; an age most of his contemporaries never reached.92 Thirty years had passed since the winter he "quit" the practice of surgery,93 yet Turner had remained a faithful campaigner towards improving the surgical art. He claimed to have expended the "utmost of [his] Power" to compose The Art of Surgery; the work he apparently regarded as his single most significant contribution to this cause, hoping it would "serve, not only the present, but the succeeding Generation".94 Witnessing its sixth reprinting in 1741, Turner had seen it in constant demand and use for nineteen years. By this time, Turner was also known both in London and on the Continent for his writings on the power of the maternal imagination and on syphilis. I discuss these writings in the second part of this thesis.

Through his practice as a surgeon, Turner attended many Londoners on their deathbeds, but he claimed to have "rarely" contemplated his own mortality. "It is surely One of the greatest Oversights of Life, that in our healthful state, we too seldom entertain our Minds about the State of Sickness, and more

92 E.A. Wrigley and R.S. Schofield have estimated that only 8.11% of England's population during this period ever reached the age of sixty. And for this time, they have calculated that average life expectancy was 39.5 years. See The Population History of England, 1541-1871 (Cambridge: Cambridge University Press, 1989), p.252.

93 D. Turner, De Morbis Cutaneis, 1723, p.310.

rarely think on that of Death."95 With "shame", Turner confessed that "amidst the Hurry of this busy World", he "carelessly" disregarded his own "transitory Nature", neglecting to pay attention to the "Emblems" of the human skull in his "Study" or a "Copy" taken from it "by an ingenious Pencil" which "hung at ... [his] Bedstead."96 And as he claimed of his colleagues, "one would think" that with the physicians's "continual dealings with Mortality", death "should take up all their Thoughts". Instead, Turner claimed they were "the least of all concern'd" with dying except their sorrow "for want of More Employment".97

Death appears to have approached Turner in 1707 and 1725. In the later case, he claimed that too much "Study and Attendance upon the Sick" had "impair'd" his "weakly Constitution", leaving him in such a state that he concluded he "shall write no more".98 This forecast proved false, but it was typical of many contemporary writers's expressions of their impending doom.

Turner's devotional confessions indicate that he came to face death with an assurance of the hereafter. In standard will and testament language, he resigned his soul to his Creator, "wishing for Salvation".99 Turner appeared to have followed the

95 D. Turner, "Religio Medici Reformata", Praemonition, f.35.

96 Ibid., f.36.

97 Ibid., f.35v.

98 D. Turner, Art of Surgery, v.1, Preface To the Reader.

99 Daniel Turner, Probated will.
advice he had previously offered surgical readers in 1725:

Let them wait their appointed Time, and
die like men; Let them rejoice that they
are shortly going to meet those brave Men
[who have gone before].

Turner's "appointed Time" came on 13 March 1740-41. The
winter had been one of the coldest in London's recorded
history. He may have been with the family of his sister, Mary
Miles, in Hertfordshire at the time, for he was interred seven
days later in the graveyard of the Watton-at-Stone parish church
near the Miles's home, "Watton Hall alias Watkins Hall".

Turner provided for his family through his "Last Will and
Testament" drawn up in his own hand on 10 July 1740. From this
will, we learn that Turner had amassed real estate in London,
Hertfordshire, and Essex, and had invested £1000 in a South Sea
Corporation annuity. His wife, Elizabeth, received her £1000
from Daniel's personal estate according to "certain Articles of
Agreement" drawn up before their marriage. His two daughters,
particularly Mary, his unmarried youngest daughter, received most
of his real estate. As was customary among men of means who were
not in debt, Turner also allocated money "for mourning" to be

100 D. Turner, "Some modest animadversions of Dr. Harris's
Dissertationes Medicæ", p.563.

101 P. Rogers, The Eighteenth Century, p.32.

102 Parish Register, Watton Parish, Hertfordshire County
Record Office, 20 March 1740/41. Turner's obituary in Gentleman's
Magazine 11 (1741), p.164 described him as an "eminent Physician,
and Author of several learned Treatises in Physic".
distributed to family members. He also left money to his executors, an "old Acquaintance", the Antiquary John Murray, and, according to custom, to each of his coachmen, footmen, and maid servants living with him at the time of his decease.

The precise whereabouts of Turner's final resting spot remains unknown. His sister, Mary Miles, was probably the one who donated money for the tablet commemorating Daniel which hangs on the south wall of the Watton-at-Stone church. This stone is unusual in that two-thirds of the tablet has been left blank. Neither Turner's wife nor his children appear to have followed him to rest in Watton-at-Stone. Paradoxically, the design of this "incomplete" tablet of death is consistent with much of the way Turner lived. The romanesque features resemble the ostentatious markings found on the commemorative tablets of gentlemen. The style of the lettering and the composition of Turner's tablet, however, are of a markedly inferior quality. But this quality is only noticeable through careful scrutiny. More superficially, the display on Turner's tablet stands well above the quality of the common gravestone.


104 The tablet reads "Nigh unto this place, lye the bodyly remains of Daniel Turner, M.D. Late of the College of Physicians in London Who departed this Life on the thirteenth day of March Anno Dom. 1740[/41] and in the 74th Year of his Age. He was the only Remaining Brother to Mrs Mary Miles, late of this Parish, as also to Mrs Sarah Cleeve the mother of Mr Edmund Cleeve, who both lye inter'd in this Church near the Same Place". Robert Clutterbuck, The History and Antiquities of the County of Hertfordshire (London: John Nichols & Son, 1821), v. 2, p. 488. It was erected after Mary Miles's death in 1751.
Figure 4.5  Daniel Turner's Commemorative Tablet, St Mary and St Andrew Church, Watton-at-Stone, Hertfordshire. (Author's own photograph)
An "Imaginary Epitaph" for Dr. Turner

Good Dr. Turner is deprived of breath,
And turn'd into another world by death:
'Twas a good turn for some, that gave him birth;
And having had his turn, he's turn'd to earth.105
PART 2: DANIEL TURNER'S WRITINGS
Chapter 5. THE SKIN AND DISEASES "INCIDENT" TO THE SKIN

Surgical practitioners have typically been represented by historians as treating a different domain of disease from physicians. The evidence from writings of the early eighteenth century supports this view. Physicians, as exemplified by Richard Mead, John Freind, and George Cheyne, attended patients suffering from fevers, gout, consumption, asthma, rheumatism, palsies, apoplexies, and other "internal" disorders. Their armamentarium consisted primarily of internally administered physic. Alternatively, contemporary surgical texts by Richard Wiseman, John Moyle, and James Handley described externally manifest diseases and disorders. Surgeons were instructed how to incise and dress tumours, reduce fractured bones and dislocated joints, repair ruptures and fistulae, amputate limbs and "cut" for bladder stones. In addition, they frequently used medications such as astringents, digestives, and repellants in the form of topically applied plaisters and poultices.

More noticeably than for practicing physicians, the skin provided the basis of the surgical trade. Contemporary surgical treatises described particular mechanical operations which involved excising, incising, denuding, debriding, and injecting the skin. Some contemporary case histories placed so much emphasis on the external treatments and so little on the patients themselves, that their writings suggest that surgery was more skin-oriented than patient-oriented.
Although many late seventeenth- and early eighteenth-century authors of English surgical writings discussed skin disorders, only one author, Daniel Turner, elaborated at length upon the particular diseases which he claimed were "incident to the skin". Turner's primary work upon these diseases, *De Morbis Cutaneis* (1714), not only describes the various contemporary treatments for these disorders, but it illuminates much of the importance that skin and skin diseases held for surgeons in early eighteenth-century London.1

In this chapter, I discuss various concerns over skin markings and skin diseases in early eighteenth-century English popular, surgical, and medical writings. The arrangement, content, and explicit intended readership of Turner's *De Morbis Cutaneis* is examined. I argue that Turner represented the skin as much more than the physical boundary separating the practices of surgery and physic. Specifically, I describe Turner's depiction of the pores of the skin mediating externally applied medicines inwardly to cure internal disorders within the context of the contemporary dispute over the surgeons's right to administer internal physic. Finally, a brief summary of the contemporary reception and previous historical accounts of *De Morbis Cutaneous* is presented.

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1 D. Turner, *De Morbis Cutaneis*. Henceforth, unless otherwise noted, all citations are taken from the "revised and very much enlarg'd" 2nd edition of 1723, published by R. Bonwicke, J. Walthoe, R. Wilkin, T. Ward, and S. Tooke.
Popular Concerns over Marks and Diseases of the Skin

External markings and diseases of the skin were discussed in various forms of popular, medical, and surgical literature in early eighteenth-century England. Popular ideas about skin markings and spots were carried over from the previous century. For instance, Aristotle's Last Legacy, a popular writing which underwent many seventeenth- and eighteenth-century editions, claimed that moles on the face forecast "bad Fortune".2 Warts, devil's marks and witch's tits, although no longer usable as court evidence in witchcraft trials, retained their diabolical association in folk belief.3 The growing interest in physiognomy also focused attention upon markings of the skin of the face.4


Like many Anglican clerics, physiognomists proclaimed that the marks and expressions upon the face bore an outward reflection of the soul.5

Facial markings were also associated with several illegal pastimes. Peculiar markings on a person's left cheek close to the nose, for example, were publicly associated with the branding marks of shoplifters. There was such a strong stigmatization over this "mark of criminality upon the face" that few would employ such individuals. It has been claimed that persons with these facial markings were "forced into a life of crime" for mere subsistence.6 Indeed, this skin marking raised such concern that in 1705, the form of corporal punishment for shoplifting was altered to marking convicted individuals on a less visible region of the body.7

Contemporary accounts also suggest that prostitutes were often identifiable by brands, blemishes, and warts upon exposed


5 This issue was discussed in English popular literature of the seventeenth century, and returned as or remained a popular area of discourse for eighteenth-century authors as well. Graeme Tytler identified physiognomical aspects within eighteenth-century literature in Physiognomy in the European Novel: Faces and Fortunes (Princeton: Princeton University Press, 1982). See also Patrizia Magli, "The Face and the Soul", in M. Feher (ed.) Fragments for a History of the Body (New York: Zone, 1989), Part 2, pp.87-127.


7 Ibid. After this time, convicted shoplifters were branded on the thumb.
areas of their face and arms. Ned Ward, for example, urged "whores" to "Have a care of your cheeks" for "we shall have you branded next sessions so that the world may see your trade in your faces".8 Other prostitutes, like the harlots of Hogarth's engravings, covered their blemishes with "beauty spots".9 One woman, who claimed she was not a harlot, "resolv'd" to "get rid" of her warts because her sweetheart said they were a "sign of sluttishness".10 Many of those poxed or clapped through trysts with prostitutes also developed visible marks which led to much public jeering. The "French Crown", for example, became a "favourite literary double entendre" for syphilitic baldness. A "saddle-nose", a mark of syphilitic deterioration, also appeared as a regular characteristic of "the pox'd" in contemporary drama and fiction.11


9 Hogarth visually depicted such markings in Plate III, "The Inspection" of his "Marriage A-la-mode" (ca. 1742-43) and in the plates of "A Harlot's Progress" (ca. 1730-32). Robert L.S. Cowley, in his "re-view" of Hogarth's narrative Marriage A-la-mode (Manchester: Manchester University Press, 1983), discussed the markings of prostitutes on pp.81-99. Consistent with Ned Ward's account, Cowley also noted that the "F.C." branded on the bosom of one woman likely stood for Female Convict or Criminal; the typical mark of a convicted prostitute, p.87. N.F. Lowe claimed, with little evidence, that the black spots on Hogarth's whores were "actual skin marks [of syphilis] rather than plasters or cosmetic enhancements" in "Hogarth, Beauty Spots, and Sexually Transmitted Diseases", British Journal for Eighteenth-Century Studies 15 (1992): 71-79.

10 D. Turner, De Morbis Cutaneis, p.287.

11 For example, see Isaac Bickerstaff's "Dissertation upon Noses" in The Tatler, no.260 (7 December 1710). Herbert Silvette extracted many lines about syphilis from Restoration comedies in his The Doctor on the Stage: Medicine and Medical Men in
Parallel with or consequent to the rise of consumerisation in early eighteenth-century England, beauty became even more of a commodity than in previous centuries. Beautification of the skin was particularly important among females. "The female world", so the Spectator reported, was "very busy among themselves in bartering for features" of beauty. This view was supported by Daniel Turner, who claimed that the "fair Sex" set a "higher value" upon beauty than anything else. Moreover, a "wen or mole in the face", according to John Oldmixon, distorted the beauty of the face as it was "sooner perceived than the harmony of [the] features". Skin preparations increasingly became a regular product of many local tradesmen's wares. Handbills posted all around London advertised recipes for particular "complexion waters" and "Beautifying creams" to remove redness, roughness, wrinkles, and the "Pits in the Face" from Seventeenth-Century England (Knoxville: University of Kentucky Press, 1976), pp.182-234.


13 The Spectator, No.559, 25 June 1714.


smallpox. Domestic self-help manuals also proffered "secret" and "well approved" preservatives for the skin alongside their preservatives for fruits and vegetables.

In addition to providing beautifying compounds, popular writings also expressed great concern over three particular diseases which affected the skin: the plague, smallpox, and the itch. Although most eighteenth-century Londoners had little if any personal experience with the devastation created by the plague in 1665, anxiety over its potential recurrence was revitalized from many Anglican parish pulpits. This anxiety reached a peak in 1719 when news reached London of an outbreak of the plague in Marseilles. Anglican ministers, including the Bishop of London, delivered moral threats and civic precautions against its recurrence in London.16 Fear of the plague also entered into ministers's personal lives as evinced by one clergyman who became "frightened" upon receiving the "Judgement" of a medical practitioner that the large swelling near his

16 See, for example, the clergyman William Hendley's Loimologia Sacra: or, A Discourse shewing that the Plague never proceeds from any first Natural Cause, but is sent immediately from God, and that as a Punishment to a People for their Sins (London: T. Bickerton, 1721); and Edmund Gibson, the Bishop of London's The Causes of the Discontents, In Relation to the Plague, and The Provisions against it, Fairly Stated and Consider'd (London: J. Roberts, 1721). Physician Richard Mead was appointed by the government to prepare written works on the plague for the benefit of the public. See Mead's A Short Discourse Concerning Pestilent Contagion and the Methods used to Prevent It (London: S. Buckley and R. Smith, 1720), a work which spurred other writings such as George Pye's A Discourse of the Plague; wherein Dr. Mead's Notions are Consider'd and Refuted (London: J. Darby, 1721).
shoulder was a "Plague-sore".17

Swellings palpable through the skin under the arm pits or in the groin aroused much fear among Londoners that the plague had returned. It appears that the public, as well as the medical profession, had come to recognize these skin growths as signs of impending death. In addition to raising public awareness, public fear was undoubtedly aroused by Defoe's vivid accounts of the horrific physical manifestations likely to follow the appearance of palpable plague sores in his Due Preparation for the Plague (1722), and particularly, his Journal of the Plague Year (1722).

The public also feared the potential devastation likely to follow any skin markings they recognized as smallpox. For example, when a "servant-maid" of "fine Skin and clear Complexion" discovered a "Cluster of Pimples" on the skin of her thigh, she "acquainted" her mistress with her "Fears of the Small-Pox".18 These fears were complex, ranging from the physical discomforts of the disease, the disfigurements many suffered, the consequent "unmarriageability" of scarred young women, to the disease's high mortality.19 Stories abounded, like that of Nancy Jones, who, at nineteen, "Struck misfortune" by

17 D. Turner, De Morbis Cutaneis, p.117.
18 Ibid., p. 81.
"catching" smallpox. The disease "ruined" her "pretty face" and her health, after which, it is claimed, she was reduced to abject poverty and prostitution. Many women, particularly the young marriageable middle or upper class women, sought measures to preserve their beauty against this disease. This is attested by one young gentlewoman who, in 1723, when smallpox was "more than usually Epidemical" in London, applied a "defensative mask", endeavouring to "save her Face". Although this preventative measure apparently saved her facial beauty and prevented her from the pox, it unfortunately "bound the pores" of her facial skin, and ultimately led to her demise.

The distemper known as "The Itch" was, according to one historical account, among the most prevalent skin diseases of the period. Although the itch is not described in all surgical or medical writings of the period, the eighteenth-century physician, Richard Boulton, claimed this was because disorder was "too well known to want any Description". A contemporary description of the itch, however, may be found in domestic manuals. Arabella


21 D. Turner, _De Morbis Cutaneis_, p.103.


23 R. Boulton, _System of Rational and Practical Chirurgery_, p.128.
Atkyns, pseudonymous author of The Family Magazine, described this disorder as "a breaking out of pustules over the whole body, chiefly between the fingers, and about the joints, from a sharp humour, which causes itching, and thence scratching". In some patients, Atkyns claimed, the itch "suddenly disappears", while in others, it "return[ed] at stated seasons". Londoner Thomas Spooner claimed, in a small pamphlet directed to the public, that the itch was capable of undergoing a natural progression or transformation into scabies or scabbiness and, eventually into that most "malignant Distemper ... affect[ing] the External Parts of the Body", leprosy. The public anxiety over the disease "degenerating" into leprosy created such a demand for treatment that, according to one contemporary, there was "scarce an old woman ... without some Secret [remedy] for the Itch".

The itch also became a social and economic nuisance. For instance, scratching the itch in public was apparently not done in polite society. Ned Ward, in his London Spy (1699-1703), depicted the Scottish and the Irish as "very much given to scratching and shrugging, as if they held lousiness no shame and the itch no scandal." Additionally, Lancashire parish records


26 D. Turner, De Morbis Cutaneis, p.52.

indicate that the itch was responsible for rendering many local
inhabitants unable to work.28

Many other skin disorders presented social as well as
physical discomfort. One gentleman whose face appeared rough,
covered with "pustules" and coloured with a "flaming Redness"
claimed himself too "shy" to appear "in the Ladies Company, and
in public Assemblies". But after a local surgeon helped him
"recover" his "natural complexion", his "Acquaintances" claimed
that he "seem'd to be a quite different Person from what he" had
been.29

With an increasing social consciousness of beauty, a fear of
particular skin disease and disfigurements, and an expanding
middle class wealth, the demand for protection of the skin and
correction of visible markings grew as well.

**Surgeons and Physicians on Skin Diseases**

Surgeons recommended treatments for many skin disorders in
their writings. Of the eighty-seven different contemporary
English surgical writings I have examined which were sold in
early eighteenth-century London book stalls, Richard Wiseman's
*Eight Chirurgical Treatises* (5th ed, 1719) and William Salmon's
*Ars Chirurgica* (1698) each devoted several chapters to diseases


of the skin. James Cook, Alexander Read, John Moyle, and James Handley also commented on skin disorders, but in much less detail. Foreign authors including Charles Gabriel Le Clerc, Paul Barbette, Joannes Muys, and M. de La Vauguion also discussed skin diseases in several of the vernacular English editions of their surgical works. Typically, these authors discussed skin diseases within sections devoted to disorders of the "Head, Face, and Neck", or they compiled brief sections of diseases of the skin in which they discussed erysipelas, herpes, scurvy, ecchymoses, and haemorrhoids. Of all these authors, only the self-proclaimed London physician William Salmon organized skin disorders into a major section of his work. Salmon devoted 131 pages of his Ars Chirurgica to "Defilements". In this section or "book" entitled the "Removal of Defilements", Salmon divided these disorders into eight chapters including "Defilements, or Vices" of the hair, skin, eruptions of the skin, defilements of the skin and flesh, universal defilements, as well as defilements of the eyes, teeth and gums, and the hands and nails.

Although surgical authors often described the anatomy beneath the skin, the structure of the skin itself received

30 An account of the surgical writings available in vernacular English appears in P.K. Wilson's, "Vernacularisation vs. Vulgarisation of Early Eighteenth-Century English Surgical Writings".

31 See Salmon's Ars Chirurgica (London: J. Dawks, 1698), pp.337-468. Daniel Turner regarded Salmon as the "Ring Leader, or King of the Quacks" in his analysis of The Modern Quack, 2nd ed, 1724, p.79. Salmon's reputation as an "empiric" is also described in the Dictionary of National Biography.
little comment. One remarkable exception was the work of the London surgeon and anatomist, William Cowper.\(^{32}\) In his 1698 *Anatomy of Humane Bodies*, Cowper distinguished five anatomical layers of the skin he had observed through the "assistance" of a microscope.\(^{33}\) I discuss Turner's reliance upon Cowper below.

Some of the diseases Turner described as "Incident" to the skin were also found among contemporary physicians's writings. In 1703, for instance, Richard Mead wrote of the bites of vipers, tarantulae and mad dogs in his *Mechanical Account of Poisons* (1702). He also reported Giovanni Cosimo Bonomo's discovery to the Royal Society that the itch was caused by the continual biting of "cutaneous worms".\(^{34}\) This claim opposed the contemporary belief that the itch was of constitutional origin. Mead, together with London physicians James Jurin, Thomas Nettleton, Richard Blackmore, John Arbuthnot, William Wagstaffe, and Hans Sloane also expressed concern over inoculation as a...

\(^{32}\) I discuss William Cowper's work in my "William Cowper's Anatomy of the Human Skin." Like Cowper, James Drake described the skin and included an illustrated plate of the skin's anatomy in his *Anthropologia Nova; or, A new system of Anatomy* (London: S. Smith and B. Walford, 1707), v.1, pp.15-27 and figures I and II of Table 38 facing p.73 of this work's appendix. Brief anatomical descriptions of the skin are also found in Blankaart's and Quincy's medical dictionaries.


treatment for smallpox.35 Physician Richard Blackmore and surgeon William Beckett elaborated upon the causes and treatment of scrophula.36 The origin, spread, and treatment of syphilis were also addressed in contemporary medical writings. I discuss contemporary accounts of syphilis in Chapter Seven.

In diagnosing "internal" disorders, physicians were primarily attentive to symptoms such as the type of cough, location of pain, or duration of fever. Many also interpreted signs of internal disorders from examining the skin. For example, yellow jaundice, green sickness, plethora, spotted fevers, and smallpox were diagnosed, in part, from the appearance of discoloured or marked skin. Some internal malignancies were also claimed to have been diagnosed and tracked from the sequential appearance of tumours and discolourations upon different regions of the skin.

The skin also served as the medium through which the etiological cause of many internal diseases was thought to enter


the body. As Turner claimed, the etiological or "efficient Cause" of most internal distempers consisted of "immaterial Beings" in a "Vapour"; that is, the cause was "imperceptible" to the senses. And "Each Pore of the Skin", so Turner argued, offered a "sufficient [entry] Passage" for the "cause" of apoplexy, epilepsy, other "convulsive and hysterical" disorders together with the cause of "Pestilential" diseases, including the plague.37

**Turner's De Morbis Cutaneis**

Although many of the disorders Turner described in *De Morbis Cutaneis* may be found scattered throughout earlier surgical and medical texts, no English author had, prior to Turner, compiled a work solely dedicated to diseases "incident" to the skin. Turner divided this work into two parts. In Part I, he described diseases such as leprosy, herpes, the itch, and smallpox which, according to his own account, arose "inward[ly] but presented themselves externally". In Part II, Turner described diseases or "accidents" of an "Outward" origin including the "Lousy Evil", syphilis, burns and venomous insect bites. As I shall refer to these two groups of diseases throughout this chapter, I have outlined Turner's division of "diseases incident to the skin" in

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Unlike the few earlier writings of skin disease which were regionally organized according to external diseases of the scalp, face, body, etc., Turner identified conditions as skin diseases more upon their appearance than upon their location or origin. Thereby, Turner included a wider range of diseases as skin diseases than did his predecessors. For instance, Turner agreed with many contemporaries that leprosy was an internal disorder. Yet, he also regarded leprosy as a disease "Incident to the Skin", and he directed much of his treatment towards improving the externally manifest presentation of this disease in addition to removing its internal cause. In this sense, although Turner acknowledged the skin as the physical barrier between the external and the internal, a skin disease like leprosy was not, to Turner, exclusively an external disorder. For Turner, the skin was apparently not as much of a direct component of the disease as it was a reference point to disease.


39 For example, Turner claimed that a disorder such as a suppurating phlegmon which "commonly" lay just beneath the skin was "not properly a Cutaneous [or skin] Disease", but rather, it fell under Turner's rubric of "Tumours and Apostems". D. Turner, De Morbis Cutaneis, 1723, p.93.
<table>
<thead>
<tr>
<th>Table 5.1 Contents of Daniel Turner's <em>De Morbis Cutaneis</em></th>
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<tbody>
<tr>
<td><strong>Part 1: &quot;Inward&quot; Origin</strong></td>
</tr>
<tr>
<td>Ch.I Leprosy History</td>
</tr>
<tr>
<td>Ch.II Lepra Graecorum</td>
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<tr>
<td>Ch. III Itch</td>
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<tr>
<td>1. Local</td>
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<tr>
<td>2. Scorbutic or Cacochymical</td>
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<tr>
<td>Ch.IV Children's Scabs or Breakings Out</td>
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<td>Ch.V Herpes</td>
</tr>
<tr>
<td>Ch.VI Erysipelas or St. Anthony's Fire</td>
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<td>Ch.VII Smallpox and Pestilential Eruptions</td>
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<td>Ch.VIII Carbuncle and Cancer</td>
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<td>Ch.IX Other Cutaneous Diseases</td>
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<td>Ch.X Twofold Perspiration</td>
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<tr>
<td>1. Insensible</td>
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<tr>
<td>2. Sensible</td>
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<tr>
<td>Ch.XI Skin Colour Change</td>
</tr>
<tr>
<td>1. Chlorosis</td>
</tr>
<tr>
<td>2. Yellow Jaundice</td>
</tr>
<tr>
<td>Ch.XII Spots &amp; Marks (Maternal Imagination)</td>
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</table>
Turner provided readers of *De Morbis Cutaneis* with recipes for the compounds he used to treat each skin disease. Beyond merely listing remedies in the empirical manner typical of domestic manuals and pharmacopoeias, Turner emphasized that dosages were dependent upon a patient's age or constitution, and at times, upon their class or background. For example, he occasionally recommended a different dosage of medication to the poor or "meaner sort" of individual than for a "nicer" person.40

Unlike the authors of most surgical and medical works, Turner elaborated upon the administrations of remedies and their efficacy within the context of individual patients' case histories. Of the 212 case histories he discussed in this work, 141 were drawn from ancient and contemporary writers including Aristotle, Galen, Ambroise Pare, and particularly Jean Fernel, Fabricius Hildanus, Gregory Horstius, Thomas Sydenham, Thomas Willis, and James Drake.41 The remaining seventy-one cases described patients Turner claimed to have either personally treated or knew of their treatments. As I am primarily interested in Turner's practice within the London surgical/medical milieu, I shall restrict my discussion to Turner's own patients.

Of the twenty-nine patients Turner identified by class or

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40 For example, see Turner's description of the use of *Lac Sublimat.* to treat the itch (*De Morbis Cutaneis*, p.57).

41 I have enumerated cases from the second (1723) edition of *De Morbis Cutaneis*; a work which contains ten more cases than his first (1714) edition.
occupation, nine were gentlewomen; five, gentlemen; two, young ladies, and one the child of a "Very Wealthy Widow". Seven of his patients were identified as some type of servant, "workwoman" or "wench", three were apprentices, one an upholsterer, and another a clergyman. The only patient partially identified by name was the child of "Sir J.B." In Turner's later writings, he typically informed readers of any notable position his patients held. Therefore, it is probable that the forty-two unspecified patients were from the lower ranks of London life.

Of the patients Turner identified according to gender, females predominated (seventeen to nine) among the patients listed in the first part of his book dedicated to internal disorders. However, males more than doubled females (twenty to nine) among the patients suffering what he described as external disorders. A general age distribution of these patients is provided in Table 5.2. In this select, non-representative sampling of patients, the majority were younger patients. Given the inverse relationship of a decreasing percentage of the population with an increasing age which E.A. Wrigley and R.S.

42 Although Turner may not have regularly treated the aristocracy, he was actually known to some high families. For instance, John Perceval, the First Earl of Egmont, mentions he "desired Dr Turner, the physician, [to] ... go with us to the [Lord] Chancellor's" on 19 March 1733/34. As cited in the Historical Manuscripts Commission, Manuscripts of the Earl of Egmont, Vol 2 (1734-38): Diary of the First Earl of Egmont (Viscount Perceval) (London: HMSO, 1923), p.64.
<table>
<thead>
<tr>
<th>Age Group</th>
<th>I. Internal Diseases</th>
<th>II. External Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Child (2)</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Youth (16)</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Young (24)</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Adult</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Old</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Not Specified</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total Number</td>
<td>30</td>
<td>41</td>
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</table>
Schofield have derived, and the particular susceptibility of the young to many of these diseases, it is reasonable to speculate that a similar dominance of disease in younger patients would also be expected from a more general sampling. Data in Table 5.2 also indicate that members of the adult and elderly population appear to have been more afflicted with skin diseases which Turner identified as external rather than internal. I shall compare this point with the general outcome of this group of patients's treatments below.

In Table 5.3, I have summarized the types of treatments Turner's patients received. The figures reveal several points. First, over one-third of the patients suffering from external diseases (i.e., those diseases typically treated by surgeons) received internal as well as external remedies. As discussed below, physicians were contending the surgeons's claim to the right of administering internal physic. These cases, which Turner compiled from "scattered memoirs" of "certain remarkable Occurrences" taken throughout his twenty years of surgical

43 E.A. Wrigley and R. S. Schofield, in their monumental Population History of England 1541-1871: A Reconstruction (London: Edward Arnold, 1981), pp.215-19, estimated that the greatest percentage of England's population in the early eighteenth century was among the young and the adults (ages 25-59). Demographer John Landers has estimated the age distribution of smallpox deaths in London between 1700 and 1749 from Quaker records. Like Turner's examination of morbidity, Landers's analysis indicated that more twenty to twenty-five year olds died (17.2%) than those in the following decade (4.2%). This morbidity dropped off to 1.6% for forty to forty-nine year olds. See Landers's "Age Patterns of Mortality in London during the 'Long Eighteenth Century': a Test of the 'High Potential' Model of Metropolitan Mortality", Social History of Medicine 3 (1990):53. See also P. Earle, Making of the English Middle Class, pp.306-08.
<table>
<thead>
<tr>
<th>% Patients receiving &amp;</th>
<th>I. Internal Diseases</th>
<th>II. External Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>internally administered remedies</td>
<td>73.3</td>
<td>36.6</td>
</tr>
<tr>
<td>externally applied remedies</td>
<td>70.0</td>
<td>73.2</td>
</tr>
<tr>
<td>both internal and external remedies</td>
<td>60.0</td>
<td>36.6</td>
</tr>
<tr>
<td>whose diets were altered</td>
<td>20.0</td>
<td>17.1</td>
</tr>
<tr>
<td>whose treatments were not specified</td>
<td>13.3</td>
<td>22.0</td>
</tr>
<tr>
<td>Turner's cerate</td>
<td>26.7</td>
<td>29.3</td>
</tr>
</tbody>
</table>
practice, illustrate that Turner, for one, exercised the right of administering internal medicines to treat some "surgical" or external disorders. Also of note is the relatively high percentage of patients with "Internal" diseases who received externally applied remedies. I have included a category of diet since Turner described that dietary regimen was part of his treatment. The figures representing the patients whose diets were altered are misleadingly low, however, as Turner only briefly discussed some of these cases without elaborating upon his day-to-day treatments. But in all of the cases he described at length, he mentioned having made particular adjustments in his patients' food and drink regimens either in collaboration with, or in response to medicinal therapy.

Table 5.3 also shows that Turner treated over one-quarter of each of the two groups of patients with a specially compounded Ceratum de Lapide Calaminari, locally known as "Turner's Cerate". Turner promoted this compound primarily as an epulotic (i.e., to cicatrize or "skin over" wounds and ulcers), claiming that after the "Incarnation" of a wound, "my Cerate ... will induce a Cicatrix, and finish the work." But the

44 D. Turner, De Morbis Cutaneis, 1714, Dedication.

45 Turner provided the following recipe for this compound in De Morbis Cutaneis, p.222: Rad. Lapath. acut. Enul. Camp. half ounce Sulph. viv. two drams Fol. Fumarie Acet. vini half pound. ad Consumptionem tertiae partis & reservetur Colatura in qua tepefacta madefiant panni molles seu spongia quibus partes foventur aliquandiu & renovantur bis in Die postea inspergendo pulveres & superponendo Ceratum nostrum ut prius ordinatum.

46 D. Turner, Art of Surgery, v.2, "Tabulae Aetiologicals".
description of cases in *De Morbis Cutaneis* suggests he found it effective for treating other skin conditions as well. For example, Turner used his cerate to hasten the suppuration of a boil, to heal the "corrosive ulcers" upon the scalp of a ten month old child, to treat a patient's serpigo on her knuckles, as well as the shingles of a merchant-man, and an erysipelas upon the legs of an upholsterer. Additionally, he used this cerate to treat gunpowder burns upon the face of a young girl, facial pustules and ulcerations of the prepuce and labia, as well as applying it to the part of an apprentice's ear remaining after the rest had been bitten off and swallowed in a drunken brawl. He also found it effective in healing the neck wound of a child who had been bled excessively from leeches. In one situation, Turner found the "opportunity of making an Experiment" between the efficacy of his cerate and the spirits of wine which the gentleman patient's friend, a "chymist", preferred. Upon treating each of the patient's bruised legs with a different compound, Turner found his cerate produced more favourable effects.47

In early eighteenth-century London, name brand remedies were the trademarks of many local mountebanks and "pretenders" of the medical and surgical arts. Typically, they were advertised as "Infallible" cure-alls or panaceas, which were "more like a miracle than a medicine". There were, however, many orthodox

47 D. Turner, *De Morbis Cutaneis*, pp.360-66. A. Lyell has more thoroughly described this case in "Daniel Turner, and the First Controlled Therapeutic Trial in Dermatology".
practitioners who promoted products they had originated, modified, or found particularly effective for treating certain disorders. Among these eponymous medicines were Mead's "pulvis Antylisus", Sloane's medicinal chocolate, James's Fever powder, and Dover's "Pill & Drop".48 As we have seen, Turner relied upon his cerate for treating a relatively broad range of skin diseases. But treating only twenty of the seventy-one patients with his product was hardly promoting a panacea in the manner of most contemporary "quacks". Instead of a cure-all, Turner regarded the cerate as his "Mite to the Surgeon's Treasury of Medicine."49

Historians, with few significant exceptions, have been reluctant to analyse claims about the efficacy of particular treatments in earlier time periods.50 Turner offers insight into the outcome of treatment for several patients he treated. One maiden gentlewoman, "many Years afflicted" with leprosy, appeared to have "no revival of [her] former illness" after Turner's treatment. The serpigos on the arm of another gentlewoman had, after treatment, "dried away" and had "never returned some years


49 D. Turner, De Morbis Cutaneis, p.396. He added that "I am sure no ingenious Person will despise [his cerate] for its being less compounded and consequently less pompous than some others, or for that it is only a Tetrapharmacum".

since". Turner "freed" another gentlewoman of her "malignant" herpes, and he brought one young woman's erysipelas to a halt so that she "enjoy'd her health as formerly". Both a mother and her newborn child were "cured" of yellow jaundice, and the "crab-like vermin" or lice "came away" after Turner treated a young man "long labouring under a troublesome itching of the Pubes and Scrotum". Turner's cure of the paraphimosis of one old gentleman, and especially his declaration that it was not of venereal origin, brought this patient and his wife "great Joy".

Unlike the testimonial evidence proffered by many local "quacks", Turner did not claim to have cured all of his patients of their skin diseases. In the case of one gentlewoman suffering from leprous eruptions, Turner admitted that despite his own attempts in treating her over several months, together with the assistance of Charles Bernard, Sergeant Surgeon to Queen Anne, whom Turner had called in as a consultant, the patient was offered little relief.51 Turner claimed he was "not ashamed to let the Reader see how I have been foyled".52

In Table 5.4, I have collated data regarding the outcome of Turner's treatments according to his own descriptions. This Table shows that fewer of the patients with external than with internal diseases were fully cured or healed; more of them gaining either temporary relief or dying. Interestingly, more adult and older patients were claimed to have suffered from

51 D. Turner, De Morbis Cutaneis, pp.32-41.
52 Ibid., p.41.
<table>
<thead>
<tr>
<th></th>
<th>I. Internal Diseases</th>
<th>II. External Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured or Healed</td>
<td>18 (60%)</td>
<td>18 (43.9%)</td>
</tr>
<tr>
<td>Relieved</td>
<td>1 (3.3%)</td>
<td>6 (14.6%)</td>
</tr>
<tr>
<td>&quot;Foyled&quot;</td>
<td>2 (6.7%)</td>
<td>1 (2.4%)</td>
</tr>
<tr>
<td>Died</td>
<td>3 (10%)</td>
<td>6 (14.6%)</td>
</tr>
<tr>
<td>Not Treated</td>
<td>0</td>
<td>1 (2.4%)</td>
</tr>
<tr>
<td>Not Specified</td>
<td>6 (20%)</td>
<td>9 (22%)</td>
</tr>
<tr>
<td>Total Number</td>
<td>30</td>
<td>41</td>
</tr>
</tbody>
</table>
external diseases (As shown in Table 5.3). By comparing the data in Tables 5.3 and 5.4, there appears to be a relationship between the age of the patient and their probability of complete cure. The older patients were more likely to exhibit externally manifest forms of disease and less likely to obtain a complete cure than younger patients. Among the reasons for this finding which are consistent with Turner's commentary are that many of the adult and elderly patients had either waited some months or some years before seeking Turner's care. Others succumbed to the disease after Turner's initial examination but before his treatment had time to take effect. For example, several patients died from "the fever" or other sequelae of smallpox, the bite of a mad dog, leprosy, and mortified piles before Turner was able to initiate treatment. And in other cases, patients of all ages were, according to Turner, responsible for prohibiting any surgeon from affecting a cure. By having first sought assistance from "bold Pretenders" of the art, the "mal-practice" performed on these patients exacerbated their disorder, so Turner claimed, beyond a treatable stage.

Turner received an imprimatur from the censors of the College of Physicians to publish De Morbis Cutaneis in 1712, only a year after he had become a licentiate of the College. As this privilege was relatively uncommon at this time, it is not surprising that he dedicated this work to these censors. Moreover, he hoped this work would "convince" the College that they had bestowed the "privilege" to practice medicine upon "no
idle... useless person."53

Although Turner identified the censors he sought to impress, his intended readership is more difficult to ascertain. His descriptions of manual operations and external applications in De Morbis Cutaneis provided useful instructions to surgeons, specifically junior surgeons, about treating a wide variety of disorders they were likely to encounter. But Turner's directions for treating disorders such as leprosy, erysipelas, and jaundice were most likely aimed at physicians, the practitioners who typically treated these disorders. Having been officially recognized as competent in both surgery and physic at respective points of his life, Turner was a suitable author to discuss diseases of interest to both realms of practice. However, as discussed below, Turner's crossing of the occupational barrier from surgery to medicine with a discourse on the skin appears to have been more than a symbolic choice of topics.

Policy and Pores

During the time Turner practised surgery, surgeons made repeated attempts to distinguish their trade from the practice of barbers. Surgeons in London's Barber-Surgeon's Company petitioned the Parliament in 1684, 1689, 1690, 1706, and 1711 to officially separate their Company from that of the Barbers.54

53 D. Turner, De Morbis Cutaneis, 1714, Epistle Dedicatory.

Surgeons had also been disputing with physicians for twenty years before *De Morbis Cutaneis* was published. In 1689/90, members of the Barber-Surgeons' Company petitioned the College of Physicians to allow surgeons the right to administer internal medicine. As mentioned in Chapter One of this thesis, a predominance of the surgeons qualified to practice by the Barber-Surgeons' Company during this period began their practice as sea surgeons or sea surgeons's mates. The Barber-Surgeons' Company questioned how these surgeons were expected to be "skilfull in [physic] at sea ... [when] denyed ... [learning its] practice on land".55

The physicians replied in 1690, claiming that previous legal statutes remained in force which specifically prohibited surgeons from practicing physic. They also drew attention to what they construed as the fallacies of surgical practice. The physicians pointed out the "abuses" that occurred when surgeons had previously tended the needs of wounded militia. In one example, the physicians argued that when five thousand sick and wounded sailors were "put to Shore" at Portsmouth in 1689 and treated by surgeons, "not above 500 returned to the Fleet." Whereas, when the physicians Lawrence, Smith, Dun, and Commins alone treated six-thousand sick soldiers in the Army at Ireland, "not above 130 dyed".56 Still, the physicians did not specifically address the


question of whether surgeons could benefit their patients by being allowed to administer internal physic.

The surgeons expressed no qualms over their traditionally-perceived role of treating only external diseases, but they argued that their patients were generally in need of internal as well as external medicines. External medicines alone applied on an ulcerated arm would "do [the patient] no service", it was argued, "without [also offering] Internal Medicine, that might correct the ill State of ... [the] Blood".57 If patients were not allowed to "conform to a proper [external and internal therapeutic] Regimen" many, like Turner, argued that surgeons were "not likely to get much Credit, ... [nor] obtain a good and speedy Cure" for their patients.58 Thus, to Turner, this issue put the surgeon's reputation at stake.

This dispute appears to have been unsettled. Unlike physicians's battle with apothecaries over the right to administer physic which was officially resolved by the 1704 Rose case, no official pronouncement was made regarding whether surgeons could administer internal physic.59 Some, like the anonymous author of *The Present State of Physick* (1702), reiterated the argument that surgeons should "perform all


58 D. Turner, *Syphilis*, 4th edn., 1732, p.120.

Chirurgical Operations, and have the sole application of external remedies; but [they] are [to be] restrained from selling, advising or administering the internal [remedies]."60 Some of the surgeons who practiced outside of this proscribed therapeutic boundary, like Fenton Bynns, were charged with "giveing internal medicines", and brought before the College of Physicians.61 The physicians's resistance against the surgeons's encroachment upon treating diseases internally reinforced their use of the skin as a physical barrier between these occupations.62

Turner's De Morbis Cutaneis attempted to address this same argument at a later date from a different approach. In this work, Turner claimed that surgeons had long been administering external remedies which produced internal effects similar to the physic offered by physicians. Specifically, Turner argued that the pores of the skin allowed externally-applied medicines to be transmitted inward. Thus, through De Morbis Cutaneis, Turner urged the College of Physicians to formally extend the right for surgeons to administer internal medicines by acknowledging that the medicines surgeons already used were producing internal effects. I explain the background and specifics of this argument

60 Present State of Physick & Surgery in London (London: Thos. Speed, 1701), p.17. This work has previously been erroneously attributed to John Moyle who, as a surgeon, was not a member of the College of Physicians which the author appears to have been.

61 Court Minutes, MS. 5257(6), 12 December 1690.

62 An example of this resistance is found in "The Physicians Reply to the Surgeons Answer", 1689 or 1690.
In the early decades of the eighteenth century, many, indeed most, collegiate physician authors offered explanations of internal physical mechanisms in their writings. Their approach to medical theory and practice was, as described in Chapter Three, typically modeled upon Newtonian methods of mathematico-hypothetical deduction.

Some, however, including Turner, and later, Richard Mead, Edward Strother and George Cheyne, refused to adopt Newtonianism as the basis of medicine. Instead, they urged fellow practitioners to re-examine the works of Thomas Sydenham. In regard to external diseases and the skin, they stressed Sydenham's emphasis upon the diagnostical usefulness of observing outward signs and/or symptoms of disease.

Concurrent with the re-examination of Sydenham, the "English Hippocrates", a number of medical authors including William Cockburn, Jeremiah Wainewright, Francis Fuller, and John Burton began to review the importance of the Galenic non-naturals.

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64 Turner described the "judicious Sydenham" as "our modern Hippocrates" in De Morbis Cutaneis, p.93. This use was consistent with many other authors' adulations. Writings on the non-naturals included Jeremiah Wainewright's A Mechanical Account of the Non-Naturals (London: R. Smith, 1707); Francis Fuller's Medicina Gymnastica; or, A Treatise Concerning the Power of Exercise (London: J. Matthews for R. Knaplock, 1705); and John Burton's Treatise on the Non-Naturals (London: A. Staples & J.
The non-naturals were the six causes of health and disease which were not dependent upon the nature or constitution of the body. They consisted of air, food and drink, motion and rest, sleep and waking, retentions and evacuations, and the passions of the soul. Turner's interest in maintaining particular dietary regimens for his patients, for example, demonstrates one of his uses of the non-naturals. He also emphasized the need for surgeons and physicians to monitor and regulate their patients's excretions and retentions, the fifth Galenic non-natural, by the regular use of purges and vomits as well as maintaining the patency of the skin's pores.

Many contemporaries adhered to the belief that the pores of the skin were the passageways responsible for the spread of contagion. The itch, for instance, was thought to be "transmitted to a Person in sound health" after "drawing on the Glove or Stocking, wiping on the Linen, or lying on the sheets" of an infected person. Such contact, it was argued, allowed the "Contagion or Seminal Particle" to enter the body "externally" via the pores of the skin, whereby it then traveled into the "glandules", where it "vitiates the texture" of the body.

Hildyard, 1738.


66 Turner does not, however, appear to have kept "Journals of Perspiration" in the Sanctorian method like John Floyer reported in Enquiry into the Right Use and Abuses of the Hot, Cold, and Temperate Baths in England (London: R. Cland, 1697).
"corrupts" its juices, and "raiseth the same Ferment ... [inside the body as] that from which it was propagated or derived."67

Although blocking the pores would, it was claimed, effectively prohibit this contagious spread, such treatments were thought to produce the potentially fatal sequelae of fevers. If physicians were to believe Thomas Sydenham, two-thirds of all internal diseases presented as fevers. Turner, a Sydenhamian disciple, extended his mentor's argument, and claimed that two-thirds of all fevers were due to "Perspiration hindered" by clogged pores in the skin. As caretakers of fevers, physicians, so Turner claimed, devoted much of their practice to promoting the evacuation of noxious humoral fever-causing particles via blood letting, purging, and relieving blocked pores.68

A variety of methods were available for unclogging blocked skin pores. Turner, like many colleagues, used common diaphoretic remedies including Sylvius's "Crem. Tart with as much Pulv. Rad. Jalap." and referred readers to Thomas Willis's *Pharmaceutice Rationalis* to promote the release of insensible perspiration.69 Dislodging clogged skin pores was also a medical

67 D. Turner, *De Morbis Cutaneis*, p.49.

68 The vast literature on fevers supports the 1719 Quincy Lexicon generalization that fevers, defined as an "augmented Velocity of Blood", were claimed to have arisen from an "almost infinite variety of causes", which induced some humoral imbalance. (John Quincy, *Lexicon Physico-medicum; or, A New Physical Dictionary* (London: A.Bell, W.Taylor, and J. Osborn, 1719), p.148.

69 D. Turner, *De Morbis Cutaneis*, p.125. In eighteenth-century terms, insensible perspiration meant the "Steams and Vapours" which were "exhaled" through skin pores in order to
aim of hydrotherapy, or "going to Bath". Like his contemporaries
George Cheyne, William Oliver, John Arbuthnot, Jeremiah
Wainewright, John Quinton, John Smith, and Thomas Short, Turner
recommended the bath as a treatment for several skin diseases,
including leprosy and shingles.70 As another method of opening
clogged pores, Turner recommended the use of a "flesh brush" for
a young fellow with leprous scurf. The physical abrasion this
brush produced, Turner argued, opened the patient's obstructed
pores and cutaneous glandules, allowing the internal "lurking
[leprous] Snake" to be "carried off" with his perspiration.71

To explain the skin's capacity to "let forth superfluous
humours", Turner explicitly drew upon James Drake's description
of the five "uses" of the skin and William Cowper's anatomical
and experimental study of the skin.72 Cowper had argued that the

"ventilare sanguinem", in contrast to sensible perspiration, or
swear. E.T. Renbourn discussed perspiration in both his "The
Natural History of Insensible Perspiration: A Forgotten Doctrine
of Health and Disease", Medical History 4 (1960): 135-52, and
Idem, "The History of Sweat and the Sweat Rash From Earliest
Times to the End of the 18th Century", Journal of the History of

70 D. Turner, De Morbis Cutaneis, pp.31-33, 40, 82. Baths
became increasingly fashionable as both therapy and an
entertainment for London's middle and upper classes during this
period. Charles F. Mullett reviewed many contemporary writings
on the effects of baths and waters in Public Baths and Health in
England, 16th - 18th Century (Baltimore: Johns Hopkins University

71 D. Turner, De Morbis Cutaneis, p.31. Turner later cited
Francis Bacon, Lord Verulam's claim that the regular use of a
flesh brush promoted longevity. (See p. 504)

72 D. Turner, De Morbis Cutaneis, p.iii. The other uses of
the skin Drake mentioned were to touch, to defend underlying
parts, to close the mouths of the vessels and glandules dispersed
skin was not only the integument covering the internal anatomy, but that it was comprised of an anatomy of its own. And it was through an understanding of this anatomy that, according to Cowper, his contemporaries would come to know how the skin transported particular substances and juices. Consistent with his colleagues's pursuits to delineate structural/functional relationships within organs including the womb, the urinary bladder, the spleen, and the lungs, Cowper argued that the properties of the skin were also subject to experimental investigation. The model for this experimentation, as his own work exemplified, was provided by the Royal Society.73

Turner expanded Cowper's account of the skin by his own observations of the skin's ability or power to naturally heal many external wounds and to transmit externally-applied remedies. Similar to the manner in which he described the skin's role in "letting forth humours", Turner elaborated upon the "things taken in" through the skin. Most particularly, he argued that the pores of the skin allowed "Outward Remedies" to be transported inwardly, thereby effectively removing certain internal Maladies".74 Turner noted, for example, how purgative ointments rubbed on the "Belly" were capable of effecting an evacuation throughout the skin, and to give "ornament and Loveliness" to the whole person. (J. Drake, Anthropologia Nova, v.1, pp.12-14).


74 D. Turner, De Morbis Cutaneis, p.491.
Many authors before Turner had claimed that externally-applied medicines produced their effect within the body. Among those Turner acknowledged were Guernerus Rolfincius, Gregor Horstius, Guihelmus Fabricius Hildanus, Jean Fernilius, Theophile Bonet, Franciscus Sylvius De la Boe, and Galen. In addition, Turner cited the work of Thomas Willis. Willis had described these effects of externally-applied remedies as due to "sympathetic attraction". Sympathy, to Willis, was the special "sense" which existed within nerves and spirits which allowed or "consented" for distinct bodily parts to communicate. Willis described several types of sympathy. Remote sympathy, for example, was used to explain the association during pregnancy between the womb and milk production in the breasts. He used continuous sympathy to explain the association between physical adjacent components which shared a continuous lining. For example, the digestive properties of the mouth, the oral cavity, and the alimentary tract were explained in terms of their

75 Ibid., pp.496-97.

76 Two contemporaries whom Turner did not cite who also promoted the use of external remedies were Richard Boulton (An Essay on External Remedies (London, 1715)), and Peter Kennedy, An Essay on External Remedies Wherein it is Considered, Whether all the Curable Distempers incident to Human Bodies, may not be Cured by Outward Means (London: A. Bell, 1715).


78 Ibid., p.103.
continuous sympathy. Finally, contiguous sympathy allowed for communication between bodily parts that were in close proximity, for example, the heart and the lungs, or the outer abdominal skin and the underlying bowels. As an example, Turner recalled Willis's use of "Ague-stopper" medicines which brought about their cures when applied to the wrist, feet or chest.  

Turner, however, did not ascribe to Willis's theory of sympathy. By the time of Turner's writings, "sympathetic attraction" had become a common explanation of the "magical" powers which many claimed were produced by the popular panacea, the anodyne necklace. Turner claimed Newton "never intended" his "great Principle of Attraction" to be "thus abused". And in attempt to distinguish his explanation of the therapeutic capacity of the skin from the "ludicrous Argumentation" of the "Toy-Medicine-Mongers" who sold this necklace, Turner explained the transport of medicine across the skin without making

79 D. Turner, De Morbis Cutaneis, pp.496-97.


reference to sympathetic attraction. Instead, Turner relied upon Nehemiah Grew's and William Cowper's experimental findings of the pores in the skin, experiments made after Willis's account, as a basis of his own argument.

Turner argued that externally-applied medications effectively treated "inward" diseases due to the medicine's transport through the skin. "Mint and Wormwood, with some ... Aromaticks" externally applied, for instance, acted as anti-emetics. "Hot Epithemes laid upon the ... Abdomen" were effective treatments for the colic, "Iliac Passion" and dysentery. And he claimed Dr Bates's "Emplastrum Febrifugum Magnum" effected its therapeutic value through these means as well. Some substances, however, appeared to be potentially harmful. Turner related two cases whereby children had died as the result of "overpurgation" from "rubbing in a little ointment upon their navels" as a treatment for worms. Yet, Turner turned these cases to his advantage and argued that if such

82 D. Turner, *De Morbis Cutaneis*, pp.492-93.

83 Although the idea of a "porous" skin may be found in the Hippocratic writings, Grew's microscopic identification of the skin pores clarified the earlier concept. N. Grew's "Description and Use of the Pores in the Skin of the Hands and Feet" appeared in *Phil. Trans. Roy. Soc.* 14 (1684):566-67. Turner copied much of this account in *De Morbis Cutaneis*, pp.120-21.


85 D. Turner, *De Morbis Cutaneis*, p.492.
medicines were, after entering "by means of cutaneous pores", able to "excite... intestin[al] Feuds leading to the "Destruction of the whole Animal Fabric", medicines with a "friendly or agreeable nature" would certainly be able to "amicably allay the Storm or Hurrican [sic] raised [from disorders] within".86

Turner elaborated upon this particular role of the skin to the greatest length in his descriptions of the use of mercury in treating syphilis.87 Like most practitioners of his day, Turner was a mercurialist. He specifically used mercury to bring forth the internal "venereal poisons". Calomel (mercurous chloride or mercurius sublimatus dulcis) was "given inwardly" for the mild pox whereas "crude mercury" was applied externally - by "way of unction" (literally, anointing patients) - for the "stubborn or rebellious" pox.88 Leaving his arguments over the use of specific types of mercury treatment aside until Chapter Seven, I briefly examine Turner's principles for applying mercury externally.

Turner noted that by gaining "immediate access" to outward ulcerations, topically applied crude mercury could "digest, deterge and cicatrize" venereal ulcers. Some "subtil Particles" of mercury would, he argued, "insinuate" themselves through the

86 Ibid., p.493.

87 Although Turner only briefly mentioned the effects of mercury in De Morbis Cutaneis (eg., p.493), he elaborated upon its use in his many writings on syphilis, several of which I cite in this section.

88 D. Turner, Syphilis, pp.180-86.
pores of the skin, whereby they may "get into" the neighbouring 

blood and "nervous Juice". There, as "certainly" as any internal 

medicine, the mercury particles could, "one way or other", 

"induce" "very considerable Change" in the "Texture" of the blood 

and nerves. Hence, circulating through the blood and into the 

lymphatics, mercurial particles became distributed throughout the 

body, enabling the body to rid itself of the venereal venom.89

Without resorting to specific mechanical or physical 

explanations, Turner offered his observations of mercury's action 

as practical guidelines. He disavowed his predecessors' extensive 

"greasing or daubing" of mercury. Rather, he argued that the 

effect of mercury was more dependant upon the patency of the 
pores rather than the quantity of the drug. He also renounced 
the way some practitioners anointed patient's trunks with 

mercury, for such applications frequently produced excessive 
vomiting, diarrhea or costiveness, palsy, apoplexies, and 

ulcerated chaps (i.e., the lining of the mouth). Instead, Turner 
argued that mercury need only be applied to the limbs, for the 

pores of the skin in the limbs were, he claimed, "sufficient to 
let the Globules of Mercury into the Blood".90 Once in the 

blood, the mercury would then be dispersed throughout the body.

The skin played a further role in syphilis treatment after 

allowing mercury to enter through its pores. As part of Turner's 

89 D. Turner, Syphilis. The Second Part (London: J. Clarke, 

1739), p.41.

90 D. Turner, Syphilis. 1732, p.189.
way of judging the efficacy of his mercurial treatment, he claimed to have regularly observed the response of his patients' syphilitic skin swellings in order to gauge the amount of mercury he applied. For example, when the gummata that grew outward from the flesh and muscles or the nodes which frequently appeared on the head and the "shin bones" began to shrink in size and soften in consistency, Turner claimed this signified the time to begin decreasing the external dosage of crude mercury. If the syphilitic swellings continued to subside, the external application could eventually be eliminated, and the patient effectively maintained on internal doses of calomel alone.91 Thus, the skin served Turner as a determinant upon which he judged the patient's responsiveness to his treatment and by which he calculated his therapeutic plans.

Reception of De Morbis Cutaneis

De Morbis Cutaneis, first published in 1714, was expanded into a new edition in 1723. The later edition was reprinted in 1726, 1731, and 1736. Turner's arguments spread abroad with a translation of this work into French in 1743, and later into German (1766).92 The book appears to have received its greatest

91 Ibid, pp.186-87, 192.

fame for the twelfth chapter in which Turner described the "Spots and Marks" occurring from the maternal imagination. London physician James Blondel's response to this chapter sparked off a major pamphlet war between the two authors over whether a pregnant woman's imagination could be transferred to her unborn child, imprinting it with various marks and deformities. I describe and analyse this dispute in Chapter Six.

With the exception of the chapter on the mother's imagination, Turner's separation of skin diseases into a single treatise apart from the main context of his other surgical writings appears to have met with little contemporaneous recognition. Many later writers of dermatology have claimed, like John Erichsen, that "After Turner's time, special treatises of the skin became more common".93 It was, however, much later in the century before these works actually became more common. For unlike bone setting, bladder stone cutting, and cataract couching, treating skin disease did not develop as a special branch of surgical practice in early eighteenth-century London. Nevertheless, the skin remained central to arguments over occupational territory between physicians and surgeons as neither group sequestered sole responsibility of treating skin diseases.

Nearly all historical accounts of English and international dermatology cite Turner's "pioneering" work, De Morbis Cutaneis.

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Some even describe Turner as the "First English Dermatologist".94 Typically, historians represent this work as a critical piece of dermatological classification.95 Retrospectively, this, indeed, may be true. But there was little mention of this writing as a classification of skin disease in the English medical and surgical literature until Robert Willan's system of classification was reported at the end of the eighteenth century.96 As such, there is little evidence beyond the mere arrangement of the work that suggests Turner viewed himself as a classifier of diseases "incident to the skin". One early nineteenth-century commentator made a similar point in arguing that the "chief faults" of Turner's De Morbis Cutaneis, are "the want of a proper arrangement, and the confusion that the vast number of [Turner's] formulae... create in the mind of the

94 This appellation was begun by Archibald Gray in "Dermatology from the Time of Harvey", Lancet ii (1951):795. John Thorne Crissey and Lawrence Charles Parish have corrected this anachronism by claiming Turner was a "protodermatologist" in The Dermatology and Syphilology of the Nineteenth Century (New York: Praeger, 1981), p.8.


readers."97 Turner did not introduce a new nomenclature, or arrange diseases in new categories in the style of classifiers or nosologists Francois Bossier de Sauvages and William Cullen later in the century.98 Nor did Turner alter associations between diseases such as the itch, scabies, and leprosy. It was not until the nineteenth century that remarks began to appear such as Turner being the first to offer a "good description of the various species of herpes."99 Instead, Turner's work is more consistent with early eighteenth-century compilations of diseases of particular body parts such as the liver, the urinary bladder, and the spleen.100

Overall, Turner appears to have used De Morbis Cutaneis to achieve two primary goals. First, to provide the College of

97 J.E. Erichsen, Treatise on Diseases of the Scalp, pp. xxii-xxiii.

98 Thomas Bateman, in his Delineations of Cutaneous Diseases (London: Longman, Hurst, Rees, Orme, and Brown, 1817), included Turner among the list of previous authors who "implicitly adopted the nomenclature of the Ancients, without attempting to render it more definite, or to improve upon the diagnosis which they pointed out" (p.x). On classification of disease, see Julian Martin, "Sauvages's Nosology: Medical Enlightenment in Montpellier", in A. Cunningham and R. French (eds.), The Medical Enlightenment of the Eighteenth Century (Cambridge: Cambridge University Press, 1990), pp.111-37; and Knud Faber, Nosography in Modern Internal Medicine (New York: Paul Hoeber, 1923), pp.1-27.


Physicians with a convincing account of his capability of administering internal medicines (i.e., assuring them of his ability to practise physic). And more significantly, to clearly and openly advocate, to both physicians and surgeons, the need for surgeons to administer internal medicines. Although this work was little cited by contemporaries, Turner's arguments over the efficacy and toxicity of externally vs. internally administered remedies were reiterated, particularly regarding the use of mercury for treating syphilis, in both local and international disputes. And controversy over the skin's therapeutic capacity remained a principle barrier not only between physicians and surgeons, but also between mercurialists and antimercurialists in one of the longest running medically-orientated debates of the eighteenth century.
Chapter 6. DISPUTE OVER THE POWER OF THE MATERNAL IMAGINATION

Mary Toft's Imagination

In November 1726, Mary Toft became the "general Talk of the Town" in London for having, it was rumoured, been delivered of sixteen rabbits over a course of months. These claims provoked responses from premiere London physicians including Sir Richard Manningham and James Douglas; surgeons William Cheselden, Thomas Braithwaite, and Phillipus van Limborck; and male-midwives William Giffard and John Maubray. Sergeant Surgeon Claudius Amyand, together with Cyriacus Ahlers and Nathanael St Andre, surgeons to George I also became involved with the case. As recorded by some of these figures, Toft was removed from her home in Godalming, Surrey, to Guilford and eventually to London. In London, the Duke of Richmond, the Duke of Montague, Lord Baltimore, and Samuel Molyneaux, a natural philosopher and private secretary to the Prince of Wales took personal interest in Toft's claims. Controversy over the "rabbit breeder" extended to the monarch being provided with an anatomical demonstration of the "facts" on Saturday, 26 November 1726. Within a fortnight,

1 This chapter was recently published as Philip K. Wilson, "'Out of Sight, Out of Mind?': the Daniel Turner-James Blondel Dispute over the Power of the Maternal Imagination", Annals of Science 49 (1992):63-85.
Toft confessed her fraud.2

At least fifteen pamphlets and songs appeared at the time satirizing what was portrayed as a mass delusion. Many of these depicted Toft's surgical and medical attendants as gullible and credulous. The medical attendants were also parodied in engravings, including one by Hogarth, and in a Drury Lane play. Toft was vilified as a cheat for securing animal parts and leading her attendants to believe she had delivered the animals naturally. She had long accounted for the rabbits by explaining that while thinking she was with child, she was startled by a rabbit while working in the fields. Immediately she desired the rabbit for a meal, but was unable to catch the animal. Her cravings were further increased by a dream about rabbits, yet her longings remained unfulfilled. However, few of the popularized versions of Toft's case gave her longing more than casual notice.

In May 1727, a pamphlet entitled The Strength of Imagination in Pregnant Women examined appeared in London. The anonymous author (James Blondel) identified himself as a member of London's College of Physicians and claimed to have written the work in response to the delusion created by the "Cheat at Godalming

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2 L. Lewis Wall reviewed this incredible case in "The Strange Case of Mary Toft (Who was Delivered of Sixteen Rabbits and a Tabby cat in 1726)", Medical Heritage 1 (1985):199-212. An earlier work, not cited by Wall, by S.A. Seligman "Mary Toft-The Rabbit Breeder", Medical History 5 (1961):349-60 recounted the adventure in a similar way. See also Lord Onslow's note to Sir Hans Sloane, cited in the British Medical Journal, 25 July 1896, p.209. The broader political and social components of this case have yet to be delineated.
However, another member of the College, Daniel Turner, deemed *The Strength* to be an attack upon his own work, "Spots and Marks of a diverse Resemblance impressed upon the Skin of the Foetus, by the Force of the Mother's Fancy" in his book on skin disease first published in 1714. In September 1729, Turner responded to Blondel's pamphlet with *An answer to a pamphlet on the Powers of Imagination in Pregnant women*. Later that year, Blondel issued a second work, *The Power of the Mother's Imagination over the foetus examined*, in which he identified himself. This work prompted Turner's final reply, *The Force of the Mother's Imagination upon the foetus in utero still further considered* (1730).

Toft's case was not the first to incite controversy over whether a pregnant woman's emotions, cravings, or imaginings could mark or deform her foetus. Some of the earliest examples citing the possible consequences of an expectant mother's imagination are found in Greek writings, others in the Bible.


4 The twelfth chapter of Turner's *De Morbis Cutaneis* (1714). Turner appears to have used the terms "fancy" and "imagination" synonymously and interchangeably in his writings on the maternal imagination. Henceforth, this work will be referred to as "Spots and Marks."

5 Henceforth, *The Force*.

6 One case, purportedly from ancient times, involved a child of "Ethiopian Complexion" who was delivered to white parents. Physicians and philosophers explained the child's colour as the
Although convictions about the power of the maternal imagination can be found primarily in folk belief, many medical, religious, and philosophical authorities also supported this view. It can also be found in many popular writings.

By the early eighteenth century, several medical authors had expressed incredulity that children's physical markings, result of the mother's "Intent viewing" of a picture of an Ethiopian that hung in her bed chamber throughout her pregnancy. Many authors, including Daniel Turner, attributed this case to Hippocrates. M.D. Reeve, in a recent work covering much of the Renaissance literature on "Conceptions", Proceedings of the Cambridge Philosophical Society No. 215, n.s., No. 35 (1989):93, has shown that this case did not originate with Hippocrates, but rather its misattribution to the Father of Medicine can be traced to De Viribus Imaginationis, the 1608 writing of Thomas Fienus. I am indebted to Amal Abou-Aly for this reference. James Blondel, Turner's opponent, also argued that no such case existed in the Hippocratic Corpus. Yet, a similar case which Reeve described as the "Andromeda effect" appeared in Aethiopica, a work of Heliodorus. Discussion of the Biblical passage will follow.

Such authorities as Galen, Michel de Montaigne, and Rene Descartes addressed the power of the mother's imagination. J.W. Ballantine's comprehensive search of the medical and philosophical literature from antiquity through the early twentieth century for reference to this maternal power remains the most complete bibliographic source to date. See the section on maternal impressions, the general nineteenth-century term describing the effects of the mother's imagination in his Manual of Antenatal Pathology and Hygiene, vol. 2: The Embryo (Edinburgh: W. Green and Sons, 1904), pp.105-28. Many of the works published since 1904 were included in the bibliography of my thesis "'Out of Sight, Out of Mind?': The Daniel Turner-James Blondel Debate over Maternal Impressions." (M.A. Thesis, The Johns Hopkins University, 1987), pp.83-95.

resembling such things as fish scales or limbs deformed in the shape of bear claws were results of the mother's wayward imagination, fright or cravings.9 Yet, as numerous citations suggest, it was the London dispute in the late 1720s between Turner and Blondel which drew unprecedented attention to this concern.

In this chapter, I will examine the arguments presented by Turner and Blondel and discuss probable reasons for their differences. Two primary points of their disagreement: the identity of the imagination, and the process of generation will be analysed. Then, the authors' endeavour to gain public appeal will be examined. Finally, I discuss the responses which this dispute provoked in the periodical literature, and in English and Continental commentaries which appeared later in the century.

**Turner and Blondel on the Mother's Imagination**

James Blondel presented the whole issue of the power of the mother's imagination as a "vulgar error", scorning the credulity

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9 For example, Johann Conrad Brunner, in 1683, criticised Johann Conrad Peyer's belief that maternal influences were capable of marking the foetus. See F.J. Cole, *Early Theories of Sexual Generation* (Oxford: Clarendon, 1930), pp.57-58, 61. Francesco Maria Nigrisoli also argued against the common belief in the power of the maternal imagination in his *Considerazione Intorno alla Generazione de' Viventi* (Ferrara: B. Barbieri, 1712), p.5.
of the medical practitioners involved in Toft's case. Nothing "can be more scandalous", he exclaimed, "than to suppose, that those Whom God Almighty has endow'd, ... with so many charms ... [and] an extraordinary Love and Tenderness for their Children ... [are made to] bread [sic] Monsters by the Wantonness of their Imagination". In order to disprove this "vulgar error", he set out an argument based "partly by Reason, and partly by Anatomy". Blondel acknowledged that circumstances such as falls, accidents, irregular diet, dancing, running, riding, excess laughter and frequent sneezing had caused some mothers to damage the "Prosperity of the Foetus" and miscarry. Sudden surprise, or strongly expressed anger or grief were also, on occasion, capable of producing similar results. Yet, he noted, most women experience various emotions or longings at sometime during their pregnancy without producing marked children. Furthermore, many mothers of marked or deformed children claimed to have endured an entirely peaceful pregnancy. Blondel therefore concluded that the imaginationists's claim was based on recognizing some irregularity upon the child after birth (ad hoc, ergo propter

10 Blondel, The Strength, title page. Blondel's use of "vulgar" in the sense of the common people is similar to Thomas Browne's discussion of such errors in his Pseudodoxia Epidemica: or Enquiries into Vulgar and Common Errors (London: T. H. for E. Dod, 1646). Browne did not, however, include the power of the mother's imagination as an erroneous belief.

11 Blondel, The Strength, Preface.

12 Ibid., p.10.

13 Ibid.
hoc). He further noted the imaginationists's inconsistency in attributing the same defect to opposing causes. For example, he surmised that if a pregnant woman either longed for or had "a great Aversion" to mussels, she was "reputed to run a vast Risque" for delivering a child marked with a resemblance of that shell fish somewhere on the body.14

Blondel provided alternative explanations of ape-like, frog-faced and bear-clawed children. For instance, he recounted a tale, which he attributed to Nicolas Malebranche, in which a child was born with bones "broken, in the same Places where Malefactors are broke[n upon the rack]". Unlike Malebranche, who attributed the cause of this condition to an expectant mother having witnessed such an event, Blondel argued that "Tis very probable, this young Man ... [was] troubled with the Rickets, [such that] the Bones of the Carpus and Tarsus had never come to their full Perfection [in utero], but did remain Cartilaginous, [so that] the Ligaments ... relaxed, and the Articulations ... [appeared] loose ... upon the least Touch".15 Blondel also

14 Ibid., p.14. J. Du Plessis described and illustrated the contemporary case of a child born "in all respects like a Lobster" due to its mother's longing when not able to pay the "Exorbitant Price" asked for such a fish in Leadenhall market. See his A Short History of Human Prodigious & Monstrous Births of Dwarfs, Sleepers, Giants, Strong Men, Hermaphrodites, Numerous Births, and Extream Old Age &c., British Library, Sloane MS 5246, f.13.

15 Blondel, The Strength, pp.28-29. As later described, Blondel was a Huguenot. Following the principles of his faith, Blondel would likely have opposed Malebranche's attempt to reconcile Cartesian physics and philosophy to the Catholic doctrine. See T.L. Hankins, "The Influence of Malebranche on the Science of Mechanics during the Eighteenth Century", Journal of
reexamined a biblical example which had been frequently used to prove the power of imagination. Genesis 30: 25-39 recounts Jacob's revenge against Laban. Laban, who had offered Jacob all the mottled offspring from his flock, removed all the sheep with spots and speckles, provoking Jacob to devise a plan to produce mottled sheep. Jacob stripped the bark from some branches, giving them a ring-streaked appearance, and placed them by a water trough. Jacob planned that when the ewes, in heat, came to drink, they would see the streaked branches and be inclined to produce marked offspring. Blondel claimed that this tale exemplified the "Axiom of Logick" which stated that an argument which proved too much, proved nothing.16 Blondel further argued that the "Diviners" (i.e., translators) during the reign of James I had been "guided more by their Prejudices, than by the Original [Hebrew]". Preferring, he said, the pristine over "all the Commentators in the World", Blondel identified the inconsistencies between the "Authorized" version and his own translation.17 He surmised that the ewes in "that hot Country,"


16 Blondel, The Strength, p.34.

had been taught a "Trick ... in Expectation of their Victuals", so that they "could have no water, except [when] they drank it, where the part[ly]-coloured Rods [i.e., dappled branches] were placed". Although this colour may have become "very pleasant to them", their offspring resulted only from a "natural... Inclination towards the speckled Rams [in] preference to the others".18

Blondel credited other imaginationists's fables to the "Ignorant People's" lack of judgment, and the "tale-monger's...Enthusiasm and Bigotry," and the attempts of "Cruel Mothers" to move "Charity and Benevolence" in order that they might live "lazy and indolent" lives.19 As evidence for his view, Blondel urged his readers to consider why it was that "Irregularities ... occasioned by the Strength of Imagination ... appear more on the Body of Beggars, than ... [on] any other people?"20 He also claimed that the only reason so many midwives

18 Blondel, The Strength, pp.34-36. According to the biographical entry in Ollivier and Raige-Delorme Dezheimeris's Dictionnaire Historique de la Médecine. 1828, v.1, p.418, Blondel was well versed in the Dead Languages, particularly Hebrew, and he wrote a large number of theological works. Reeve, in "Conceptions", p.97 claimed some aspects of Blondel's account were "more accurate than any I have found in the commentaries." Samuel Kottek, in his "La Force de L'Imagination chez les Femmes Enceintes: A Propos d'un Texte Biblique Apporté par J. Blondel en Illustration à ce Thême Controversé", Revue D'Historie de la Médecine Hébraique 27 (1974):43-48 elaborates upon Blondel's Biblical citations.

19 Blondel, The Strength, pp.20, 22

20 Ibid., p.21. He further recommended such deceitful vagrants to be tried by the "Coventry Act." Although J. Du Plessis, in Short History of Human Prodigious & Monstrous Births, f.52 described how deformed children were often left to beg on
and physicians supported the imaginationists's view was to cover up their mistakes made during the childbirths they attended.21

Blondel argued that the irregularities seen on children appeared "over and over again" in such a similar pattern that he proposed all such claims could be compiled into a "catalogue" under four classes.22 First were marks caused by variation in the number and combination of body "Particles". For example, blemishes could be accounted for by superficial blood vessels appearing through the surface of the skin, when the blood was more "rarified" in summer, as opposed to winter when it was more "concentrated". Second, distempers could arise from obstructions in utero. For instance, hydrocephalus, in which obstructions could "turn" humours to favour one part of the brain over another part of the body. Third, by the growth of foetal parts being disproportionately interrupted, in which an "Obstruction of some vessels" could stop the "Nutrition" of dependant parts, thereby hindering development. This situation, he claimed, accounted for protrusion of viscera. Finally, any extreme force or violence upon the body of the uterus could create such a convulsion that "two or three Ova ... [were] intermixed ... to make an odd and


22 Ibid., p.95.
In 1729, Turner responded to Blonde's *Strength* with *A Defense*, repeating much of the argument contained in his original "Spots and Marks" first published in 1714. In this earlier work Turner had described the "great Influence" which passions such as joy, anger, sorrow and fear had over the "Blood and nervous Fluid, or animal Spirits, and consequently [over] the whole body". Like the passions, Turner described how the imagination could induce "great [physical] Changes and Alterations". In this work, written for a surgical audience, Turner included forty case histories drawn from classical and contemporary sources, in which markings, deformities or diseases were attributed to the "Fancy" or "Force" of imagination. Of the cases, thirty-six specifically pertained to pregnancy. For example, one attributed a girl's extreme hairiness to her mother's "unhappy ruminating" over a picture of the hirsute St John the Baptist. Another case described a cat-headed girl who was delivered from a mother

23 All of these examples were drawn from Blondel's *The Strength*, pp. 94-106.

24 Turner, "Spots and Marks", p.105. For example, he described that when people experience sorrow, "their Spirits move slow and dull, both in the Brain and into the Praecordia [around the heart], hence from their languid Influx, the Circuit of the Blood is retarded through the Ventricles." Ibid., p.104.

25 Turner's examples were drawn from such classical authorities as Aristotle, Pliny, and Soranus, together with more contemporary sources including Ambroise Pare, Thomas Bartholin, Joannes Schenkius, and Robert Boyle.

26 Turner, "Spots and Marks", p.114. This case was also included in the works of Schenkius and Pare.
who had been frightened during her pregnancy by a cat jumping into her bed. A third, which had occurred in London, involved the child of Sir "J.B." whose "Lady [then with child, was] frightened at the unexpected View of a Beggar's stump Arm upon her Coach Door". Following this incident, according to Turner's account, Lady B. was "brought to Bed of a Child ... wanting one of its hands". Other deformed children were presented as evidence of the potential for maternally marking a foetus. Turner also repeated accounts of variegated markings (Naevi sive Maculae Maternae) on infants which arose from a pregnant woman's craving for various fruits or longing for red wine. Although Turner claimed to have included such cases in a chapter of a treatise on skin diseases simply "For the Reader's Diversion", he also introduced similar cases which he claimed to have attended himself.

In his work on Diseases Incident to the Skin, Turner, an experienced surgeon, guided his readers through the treatment of many external disorders. On the treatment of "fruit-shaped

27 Ibid., attributed to Bartholin.

28 Ibid., p.116. "J.B." was most likely the MP, Sir James Bateman (1660-1718), from Soho Square, London.

29 In a later publication, Turner detailed several hundred cases which he attended as a London surgical practitioner roughly between 1694 and 1711. Turner's view of London surgical practice as a corrupt trade, dominated by untrained and unskilled pretenders is documented in Apologia Chyurgica and The Present State of Chyrurgery.

30 Turner claimed that a surgeon was "the most proper Person to be consulted" for disorders requiring "Manual Operation" in the preface of Syphilis. Attempts by officials of the Barber-
excrescences" which arose from the maternal imagination, Turner instructed his readers that it was "necessary to consider the Part on which they are seated, to what Parts adjoining, and with what communicating: What vessels they may be fed by: What Compass they take, [and] how deep they enter".31 Once this was determined, the growths could then be tied off at their stalk or "pedicule" and cut away, but only during "the Season when they look palest, lie flattest and softest, and are least troublesome".32 He argued that these tubercles and spots, "like the Fruits they resemble, have their Times of bloom, ripening and languishing, tho' never quite dying or falling off [by] themselves".33 Illustrating the treatments he proposed, Turner presented three cases in which he had achieved success. He described how he had surgically removed from three children facial markings which were shaped like a raspberry, a currant, and a shrimp. Turner reported the mothers's testimony that these markings had all resulted from particular unfulfilled longings which they had experienced during pregnancy.

Discussion of monstrous births of all sorts were common in London and Londoners had a taste for accounts of human

Surgeons' Company of London to legally expand their realm of care has been documented in many traditional surgical histories, for example, C. Wall, History of the Surgeons Company, pp.25-26.


32 Ibid.

33 Ibid.
Members of all classes regularly gathered at "raree" shows to see various freaks of nature. The social elite frequently sponsored private exhibitions of nature's aberrations, while the intellectual elite discussed probable origins of monsters before such august bodies as the Royal Society. Although many natural philosophers had turned their attention to analyzing the underlying forces and powers of natural phenomena such as gravity, light, meteors, and earthquakes, marvels, miracles, and magic apparently still remained "in vogue" among London's populace. Given this

34 C.J.S. Thompson, in The Mystery and Lore of Monsters (London: Williams & Norgate, 1930), p.63 claimed that London was the Mecca for every variety of monster, and Colin Clair in Human Curiosities (London: Abelard-Schuman, 1968), p. 93 stated that by the early 1700s, inhabitants of this city had acquired a taste for monsters that reached "the proportions of a disease."

35 Richard Altick, in his delightful The Shows of London (Cambridge, Massachusetts: Harvard University Press, 1978) provided many well-documented accounts, see especially pp. 36, 42, and 49.

36 From Robert Boyle's description of a monstrous calf in the first issue of the Phil. Trans. Roy. Soc. in 1665/6, through the first third of the eighteenth century, monsters were frequently reported to the Royal Society. Katharine Park and Lorraine J. Daston discuss several of these reporting in "Unnatural Conceptions: The Study of Monsters in Sixteenth-and Seventeenth-Century France and England", Past & Present 92 (1981):46-51.

37 See Blondel, The Strength, p.3. John Maubray claimed that the birth of monsters "signify and portend something extraordinary or more than NATURAL to us Mortals" in his popular The Female Physician, The Whole Art of New Improv'd Midwifery (London: for James Holland, 1724), p.372. See also D. DeFoe's popular A System of Magick. Although Keith Thomas concluded that traditional belief in magic had significantly declined by the end of the seventeenth century, he noted that remnants of these beliefs continued to linger in the eighteenth century. See his Religion and the Decline of Magic, esp. pp. 633, 656-68.
setting, it is perhaps not too surprising that Turner's discussion in "Spots and Marks" seems scarcely to have been noticed when first published in 1714.38

The issue of folk beliefs about pregnancy only appears to have been seriously raised after the Toft case. Unlike contemporary disputes within the College of Physicians which were often intraprofessional and divided along political lines,39 the Toft case involved professional and public beliefs. Physicians and surgeons were scorned by fellow practitioners for having been duped by a country woman's tale about her pregnancy. This was the context in which Blondel sought to expel from physic what he saw as a folk-belief.

Blondel had become a licentiate of the College of Physicians in 1711. Reportedly born in Paris in 1665, Blondel studied medicine at the University of Leiden, receiving his medical degree in 1692.40 Iatro-mechanical theories, like those taught

38 The lack of references to this chapter before 1727 is corroborated by Turner's view that until 1727 his work "never gave offence, at least that I have heard". See Turner's "An Answer to a pamphlet on the power of imagination in pregnant women," also printed under the title A Defence of the XIIth Chapter of the First Part of a Treatise De Morbis Cutaneis affixed to Turner's Discourse Concerning Gleets (London: J. Clarke, 1729), p.3. The latter publication was available for my use. Henceforth, A Defence. Turner's opponent, James Blondel, also claimed that he was the "First, who has ever writ on this Side of the Question." See his The Power, p.143.


40 Standard biographical entries state that he was born in Paris in 1665, and that his father, a French legal counselor, desired a similar career for his son. The most informative sources for Blondel that I have found are N. Eloy, Dictionnaire
in Leiden and later espoused by many London physicians,41 are evident in Blondel's writings. Little else, however, is known about his life other than his Huguenot affiliations.42

Turner's writings are more self-revealing than those of Blondel. A High-Churchman, Turner's professed intolerance of separatists from the Anglican Church would likely have set him

41 Anita Guerrini has studied Newton's influence on contemporary medical writing. See, for example, her "Archibald Pitcairne and Newtonian Medicine", pp.70-83, and "Isaac Newton, George Cheyne and the 'Principia Medicinae'", pp.222-45.

against the dissenting Huguenots. Moreover, as he ranked staunch Whigs including Richard Mead, William Cockburn, and Nicholas Robinson among his adversaries, the Huguenots's support of Whig ideas may have fueled some of Turner's antagonism against Blondel. However, as previously discussed, Turner's writings were based on more than recognizable partisan politics. Turner castigated medical writers who "dogmatically" proclaimed that medicine should be based upon particular theories or hypotheses. He was opposed to the iatro-mechanical theories common among contemporary "Newtonian" physicians. His disagreement with Blondel's iatro-mechanical arguments is central to their entire dispute.

Similar in format to Newton's Principia, Blondel's work began with a set of propositions (See Table 6.1). He argued that once these propositions were "all put together," they would "amount ... to a full Demonstration of his thesis". In his Defence, Turner selectively criticised Blondel's "hypothetical" deductions. He claimed that Blondel's propositions were

43 Turner's religious convictions are most explicit in the preface and "Espostulatory Epistle" of his "Religio Medici Reformata".

44 Gwynn, Huguenot Heritage, pp.110-43.

45 Although somewhat different in content from the principles predating the Principia, Blondel's propositions were used as the foundation of his argument in a way markedly similar to Newton's.

46 Blondel, The Strength, p.4.
Table 6.1: Blondel's Propositions

1. By IMAGINATIONISTS, I mean those, who believe in the Power of the Mother's Imagination over the Foetus.

2. There's no Solutio Continui without Force or Violence.

3. Imagination must act by some means.

4. Passion, in respect of the Mind, is a Modification of Thoughts, but Motion in Respect of the Body.

5. Passions act upon the Body by accelerating, or diminishing the velocity of Blood, and Spirits.

6. Imagination cannot act beyond the Sphere of the Soul, and of the Body.

7. There is no sensation without Nerves.

8. Nerves being once divided can never reunite.

9. A Ligature, or a Pression upon a Nerve, or a Blood Vessel, makes them useless, so long as it lasts.

10. The longer is an Artery, the slower is the Motion of Blood, at the Extremity of the Vessel.

11. The Rudiments of all Plants and Animals are from the Beginning of the world.

12. Conception is independent on the Mother's will.

13. The ovum is for a long Time in the Fallopian Tube, and in the Uterus without Adhesion.

14. The Foetus has a sensation, and a circulation of the Blood independent on the Mother.

15. Deformities ought to be less amazing than the vast Number of regular Bodies.

These propositions were listed in Blondel's Power, and had previously appeared in similar form in Strength. The earlier work also contained the proposition: "There are not in the World, two Atoms, that be both alike".
no more to the Matter in hand, than if
you had told us, that if we take three or
four Strands of equal length, and lay them
in the proper Position, they will make
either a Triangle or a Quadrangle; but if
any one of the three or ... four be longer
or shorter than the rest ..., neither
[figure] ... will be equilateral, and so
deduced this Ergo, that the Mother's
Imagination can not mark the Body of her
Infant.47

Turner explained that no hypotheses were needed to account for
the consequences of the maternal imagination other than that "our
Maker [had] placed such a relation between certain Causes and
their Effects".48

Blondel, on the other hand, represented the
imaginationists's belief as irrational and mathematically
unsound. He postulated that for every 100,000 pregnant women, at
least 25,000 of them were "exposed to the Danger and Fury of
Imagination". Yet, only three hundred children would appear
"stampt with any tokens" of their mother's imagination. Of these
three hundred children, he estimated that one half were born to
women who were unexposed to wayward thoughts during their
pregnancies. From these approximations, Blondel calculated the
numerical odds against an effect of the force of imagination were
24,850:150 (or 166:1).49

47 Turner, A Defence, pp. 88-89. This is perhaps the most
distinct example of Turner's criticism of the mathematical way of
argument as purported by many iatro-mechanical, as well as iatro-
mathematical physicians.

48 Ibid., p. 69.

Identity of Imagination and its Power

Historians, philosophers, literary critics and psychiatrists agree that the imagination intrigued "Enlightened" English authors, but there was no consistent philosophical basis to its invocation.52 For instance, Joseph Addison popularized Locke's...

51 Ibid., p.8.
ideas when describing the "Pleasures of Imagination" in eleven consecutive issues of *The Spectator* in June-July 1712. Robert James's *Medical Dictionary* on the other hand described the imagination using Aristotelian terminology as did *Chambers' Cyclopedia*. Remnants of Cartesian views can be found in some contemporary medical writings on imagination, but most authors incorporated Newtonian ideas and terminology into their works. The most explicit example of Newtonian borrowing seems to have been that of the self-proclaimed London physician Thomas Morgan who, in 1725, defined the passions, including the imagination, according to a Newtonian equation of a force equal to the product of nerves (body) and the animal spirits (acceleration). As the titles of Turner's and Blondel's writings suggest, the role of "Force" or "Power" of the imagination was also a key issue in


53 Philip Shorr noted that many marvels, including children born alive without heads, were discussed in *Chambers' Cyclopedia*. Yet he added, "in all fairness to the cyclopedist," that some of the more questionable ancient marvels had been omitted. Science and Superstition in the Eighteenth Century: A Study of the Treatment of Science in Two Encyclopedias of 1725-1750 (New York: Columbia University Press, 1932), p.110.

their discussions.55

Turner and other imaginationists claimed that imagination acted similarly to the passions. Blondel denied this. He began his discussion of the issue in The Strength by proclaiming his intention "to determine What is Passion, and how, and where it affects the Body".56 He explicitly borrowed the Lockian definition that passion "In Respect of an intellectual Being, is a modification of Thoughts; in respect to a corporeal Being, [a modification of] Motion".57 Blondel used this definition to distinguish between passions which affect the mind and those which affect the body. Although both Turner and Blondel claimed that some passions could produce bodily effects, Blondel specified that the action of the imagination was confined to the mind. Blondel then sought to establish the conditions by which the passions were capable of producing physical effects. He claimed that strong mental attention to a particular object, whether with "Desire" or in "Abhorrence", was incapable of

55 Turner's use of "Power" of Imagination in "Spots and Marks" and The Force in his 1730 work implied, as will be discussed, an immaterial impetus, whereas the implications of Blondel's use of the terms "Strength" and "Power" remains uncertain. Such terms were consistent with his adherence to "Newtonian" doctrine, given Blondel's displayed talent as both a scholar and wit, he may have used these terms as a parody upon Turner's titles. As such, it supports Simon Schaffer's claim that a Newtonian language was often used "for specific pugnacious purposes." See "Newtonianism," in R.C. Olby, et al. (eds.), Companion to the History of Modern Science (London: Routledge, 1990), p.617.

56 Blondel, The Strength, p.52.

57 Blondel included this as his fourth proposition listed at the beginning of The Strength.
producing any change in the body since the blood or spirit flow remained localized within the brain. Any impassioned longings or cravings during pregnancy were, he argued, like the imagination and other "intellectual" thoughts, "Scene[s] ... confined within the Mother's mind".58 The corporeal self, he claimed, could only undergo a physical response to a violent passion which was mentally sensed as a "sudden change". Fright, for instance, could, he argued, "violently" accelerate the flow of blood and spirits throughout the body. This altered flow, he continued, resulted from the "Mind" detecting a distinct change, i.e., making a judgment, between an "Object, which we are used to, and an extraordinary one".59

Employing Lockian ideas, Blondel refused to accept that the comparative judgment of objects and events was an innate "species" of understanding. Instead, he argued that some "Ratiocination" was required for making such judgments. Foetuses, so he claimed, were in a "Limited" developmental state, and unable to reason logically. They were both "unacquainted with . . . objects that disturb the Mother" and incapable of making any "Reflexions" upon them. Consequently, even if a pregnant woman experienced a violent passion, her foetus was unable to "sense" any change, and therefore it was protected from harm.60 This view had an anatomical corollary (see below).

58 Blondel, The Strength, p.54.
60 Blondel, The Strength, pp.51, 94.
Unlike Blondel, Turner claimed that imagination could produce both mental and corporeal effects. His view of the imagination as a "Faculty of the sensitive [not rational] Soul", together with his mechanical explanation of its actions, explicitly followed the expositions of Thomas Willis.61 In his account of the working imagination Turner identified the "Image of the thing desired or fear'd, being constantly represented to the mind" as the "formal Cause" of imagination. He also noted that when an individual was "excited at the Appearance of the Object," the "Appetite" was stirred so as to incite "local Motion" of the "Blood and nervous Fluid" in "some Part of the Brain".62 Having generated such a "power", the images or "Species" which had been sensed and impressed "upon the outward Organs," were, "by a most quick Irradiation of the nervous Fluid [...] delineated inwards ... apprehending all the ... corporeal Things according to their external Appearance". To explain the specific process in which a likeness of the image was produced upon the foetus Turner drew upon the Galenical writings of Thomas Fienus. In his De Viribus Imaginationis (1608), Fienus had explained that the imagination induced "read changes" in the body.


solely by stirring up the emotions. Such rarefied emotions were "transformed" from the mother's body to the foetus, the impressed immaterial "species" from the mother's imagination became expressed as a result of the imagination's conformative power. Turner, like Fienus, argued that only the malleable foetus, and not the adult mother, was susceptible to any impressed "species" from the imagination.63

Blondel, who had attended Pitcairne's lectures at Leiden, used a deductive Newtonian approach to sustain his hypotheses regarding the maternal imagination. As his first proposition illustrates, Blondel claimed all life was reducible into atoms. He further argued that the interactions of the atoms were "deduc[able] from the Laws of Motion".64 This reductionist argument echoed that of other iatro-mechanists who removed or displaced God from a central position in their depictions of natural phenomena. The basis of their "natural religion" was


reason.

Like Blondel, Turner also described the imagination as being "transacted by mechanick Laws". But Turner appears to have accepted these mechanical explanations only to a point, beyond which he resorted to nature as the explanation or cause of action. Underlying his mechanistic terminology, Turner accounted for the actions of the imagination as derived from a hidden, vital, spiritual, unknowable ultimate "Cause" which, he claimed, had been provided by the Creator. For example, Turner described how intermeshed between the "sensitive Soul and nervous Fluids" there were "Springs and Wheels" which, by the intervention of "Nature", open "little Doors of the Nerves, and conduct ... certain Spirits to [them]". It has been argued that by the end of the 1720s, following Newton's death, the mechanical explanations of invisible actions were gradually giving way to more "quasi-vitalistic" theories. Turner possibly drew on this vitalist outlook when arguing that humans were guided as Nature dictated. He claimed that Nature's role in internal physical workings was akin to the force underlying the "effects of the


66 Ibid.

Magnet". It was this same immaterial force, he argued, which drew the mother's imagination to the foetus. Turner's emphasis on an underlying immaterial substance, existing in both the mind and the body, was in distinct contrast to Blondel's mind-body dualism.

Turner and Blondel also disagreed over who was reliable as an authority. Turner's reliance upon Fienus's and Willis's descriptions of the imagination exemplify his appreciation of earlier authoritative doctrine. Such appreciation is also seen in the numerous case histories he selected from ancient or classical writings. Blondel ridiculed the imaginationists's use of "ancient" authority, noting that they were "obliged" to place their arguments in "old Antiquity or in remote Places" since outrageous examples were not to be found in modern literature.

Although distinguishing Turner's adherence to traditional doctrine from Blondel's espousal of Newtonian science allows some differentiation between the two physicians, it would be inaccurate to designate this dispute as a controversy between the

68 Turner, A Defence, p.133. Turner did not mention this reference to the attractive force of the magnet in 1714, but added it to his 1729 treatise. Over this time span, the study of attraction had gained the status of an independent field of study in natural philosophy. Nicholas Robinson, perhaps London's most staunch Newtonian physician, claimed, in 1725, that one problem unsolved by attractive particles was the influence of the mind on the body. As cited by A. Guerrini, "Newton, Cheyne, and 'Principia',' p.242.


Ancients and the Moderns. For Turner also used terminology and "quasi-vitalist" ideas consistent with contemporary modern medical writers. Moreover, he challenged the use of mathematical or hypothetical reasoning as evidence. Such a challenge, particularly when emphasizing the role of observation, was, as Theodore Brown has shown, beginning to gain much support from the leading "modern" figures of the College of Physicians by the mid 1720s.

The role of observation brings forth another crucial distinction between Turner and Blondel; their use of "experiment" as opposed to "experience". Blondel used experiment to mean demonstrable evidence or proof suggesting a Newtonian borrowing. He claimed to accept "nothing but what is certain and known, or demonstrable by Experiments. In contrast to imaginationists's accounts which, he said, were based upon "Quibbles and Puns,

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71 Joseph M. Levine, in his reappraisal of the debate between the Ancients and the Moderns beyond that of R.F. Jones, qualified the eighteenth-century supporters of the ancients as selectors, borrowing only the passages they found most useful from ancient doctrine, ignoring the rest. Moreover, he argued that the essence of the battle was a question of history, i.e., the "meaning and use of the past" and the "method of apprehending it." See "Ancients and Moderns Reconsidered," Eighteenth Century Studies 15 (1981):78, 84. The ancients/moderns question was brought to public attention in London literature of late 1726 with the publication of Gulliver's Travels. The work added support to those who preferred the ancients for, as G.S. Rousseau argued, it illustrated the modern's "craze over absurd scientific effort." See Rousseau's "Science," in Pat Rogers (ed.), The Eighteenth Century (The Context of English Literature) (London: Methuen, 1978), p.161.

72 T.M. Brown, "Mechanism to Vitalism", pp.188-92.

73 Blondel, The Strength, p.37.
Suppositions and *Canterbury Stories*.74

Turner appears not to have distinguished between the evidence offered by "experiment" or "experience". For example, he described each of his case histories as an "experiment" and collectively referred to them as "experience".75 Relatedly, Turner represented these collective cases as multiple verifications of the "truth". The "greatest part" of the cases, taken from Hippocrates, Galen, Malebranche, Fienus, Boyle and other authorities, had been "undeniably attested and unquestionably recorded".76 The earliest reported cases were validated by similar accounts observed and recorded by later authorities. Turner argued that these men, like gentlemen of his own time, were to be taken on the "credit" of their word.77 Should we, he enquired, "discredit all ancient History ... [regardless of] how well or sufficiently ... [cases were] attested at the times they fell out, and credit nothing we have not seen, or cannot warrant from the Testimony of our own Senses?"78 He added that if the conjoined twins who were recently paraded around London would have been "presented one hundred Years past, it ... [would] have been reckoned by Dr.


77 Ibid., p.70.

Blondel as a Fiction.\textsuperscript{79}

Turner's apparent indiscriminate use of these two terms also distinguishes what he and his opponent accepted as proof. Blondel defined experience as the "Knowledge of a Matter of Fact" drawn from "a sufficient Number of Observation[s]". To qualify as valid, he claimed that such observations should relate to "several Branches of the Fact in question". Additionally, they should be "clear, and intelligible, and grounded upon the Testimony of our Senses, and not depending upon occult Qualities, Suppositions, Conjectures, Hear-says, and Casualties". For example, he argued that no credence should be given to reports from Bartholin, whose writings he characterized as a "Net [catching] any Thing communicated ... good or bad, without any Distinction".\textsuperscript{80} Instead, the observations should be "Uniform, and not contradictory," and procured "in such a Number, as to over-ballance all Objections, or Counter-Observations, by a vast Disproportion". Testimony from "Hear-say, ... [i.e.] second or third Hand" was "to be received with a great deal of Caution". Blondel claimed that the cases from Heliodorus, whom Turner had cited, were an admixture of "Fable[s]" and fact, aimed only to "beautify his work".\textsuperscript{81} Instead, Blondel urged his readers to set each of the case histories within the period in which they were written. Credit given to witnesses unknown to the observer

\textsuperscript{79} Ibid., p.59.

\textsuperscript{80} Blondel, \textit{The Power.}, p.42.

\textsuperscript{81} Ibid., p.39.
should diminish "In Proportion of the Distance of Places and Times" of the occurrence. Blondel directed that witnesses should be "true, honest, and without any Interest to cheat". Additionally, they must be "Judicious" and "neither credulous, nor prepossest, nor too hasty" in their judgment. Finally, "Witnesses are not to be trusted, if it be discovered, that, at any Time, they have been found to be false". By following such guidelines, Blondel assured his readers that their "impartial judgment" would find them concurring with his arguments regarding the power of the maternal imagination.

Generation and Foetal Development

Although Turner organized his writings around the mother's imagination, Blondel argued that generation was the central issue. Historians of reproduction have represented preformationism as the predominant generation theory of the 1720s. This theory proposed that the embryo was existent in a

82 Ibid., pp.6-7.

83 Blondel repeatedly turned the course of argument to foetal development and generation. Additionally, his citations are primarily verifications of his views on these topics.

fully preformed, yet miniature state prior to conception. Arguments arose between preformationists over whether the preformed entity existed in the ovum (ovists) or in the sperm (animalculeists).85

Blondel was a preformationist, and claimed that ovism and animalculism both held "a great Deal of Truth ... partly grounded upon many undisputable Experiments". Citing the disparate experimental findings of Rene de Graff, and Antony van Leeuwenhoek, Blondel noted that he could "reconcile" their conclusions about formation.86 Specifically, he claimed that "they all agree ... that the Parts of the Foetus are existent somewhere before conception.87 Blondel also employed the emboitment theory.88 This stated that the embryonic forms of

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87 Ibid., p.46.

88 Emboitment, first proposed by Swammerdam and Malebranche in 1669, is lucidly discussed by Peter Bowler in "Preformation and Pre-existence in the Seventeenth Century: A Brief Analysis," Journal of the History of Biology 4 (1971), esp. pp.221-22, 237-
all living beings had been in existence since the beginning of
time. Smaller and smaller forms of each species were incased or
embodied within the generative seed ad infinitum. Development
occurred by an increase in the size of a pre-existent embryo.
Blondel argued for the consistency of preformation with mechanism
and design.89 He placed the active role of the Creator back to
the "Beginning of the World"; the time, he claimed, when the
"Rudiments of all Plants and Animals" were formed.90 Providence,
had guided generation along a determined path since then.
Following this path was consistent with Blondel's view of
uniformity in Nature and it allowed him to disavow that a
creative or vital force was necessary to explain each individual
creation. Instead, the events of conception were dependant upon
general providence. Blondel expanded the emboitment argument to
support his proposition the "conception is independent of the
mothers will". He claimed that just as a woman cannot, by her
fancy or imagination, promote or delay conception, withhold
nourishment from her embryo, or select the sex, number, colour,
size, strength, or resemblance of her child, "it is not within
her power to disfigure it either".91

89 Blondel did not develop his argument to the religious
extremes of Malebranche and Swammerdam who extended their account
of emboitment to explain the doctrine of original sin (Ibid., p.
238).


91 Blondel, The Strength, p. 48.
Turner rejected preformationism. He claimed that both the ovist and the animalcular theories of generation were "unsatisfactory" and rather "ambiguously ... concluded". To highlight such ambiguity, Turner argued that neither animalculists nor ovists had fully accounted for the presence of mixed generations. He noted that regardless of whether the male or the female was thought to provide the essential seed, neither theory could account for mixed breeds such as mules. Therefore, the generation must be, Turner claimed, the result of contributions from both male and female seed. This argument was akin to that used to support epigenesis in the preceding century.

Turner, however, was not supportive of materialist epigenesis. Rather, he explicitly adopted the argument of his contemporary, James Drake. Drake, a London physician and Tory pamphleteer, refused to accept preformationism on the grounds of a lack of human evidence. To account for individual variation,

93 Ibid., p.90. Turner had not reintroduced this classical notion, but rather reemphasized this argument which may be found in many other contemporary accounts. Specifically, he cited Sir John Floyer's report in Phil. Trans. Roy. Soc.
94 Theodore Brown has claimed that Drake's generation arguments were directed against the preformationist theory of the Newtonian mathematico-physician, Archibald Pitcairne. See "The Mechanical Philosophy and the 'Animal Oeconomy'", p.269.
95 Drake had argued that the "Existence of a form'd Animal in the Ovum has never been prov'd, but suppose'd only from Analogy ... to the Seed of Plants." Additionally, he claimed that animalcules "may only be Particles of a mixt Fluid in motion." See his Anthropologia Nova, v.1, p.352.
and deformities, Drake invoked the mother's wayward imagination and the "plastick power" of nature. This power had been described in various ways by seventeenth-century British luminaries including Ralph Cudworth, Matthew Hale, Henry More, Robert Boyle, George Rust, and William Harvey. Its use appears to have declined by the 1720s, but both Turner and Drake continued to rely upon it in their explanations of foetal development. Turner argued that merely acknowledging "the general Providence ... of that Being which created [nature]", as Blondel had done, showed insufficient reverence to the Creator. Indeed, he claimed that most attempts to explain situations by general providence failed to demonstrate life's total dependence upon God. Humans were, as Turner noted in his private devotional, "only passive" beings, dependent upon individual guidance by the Creator's "Invisible hands". This presence was, Turner argued, especially necessary at the beginning of life. For, it was at this time that the "Plastick Power" of nature first intervenes, and the Creator molds the "Dough" or


98 Turner, "Religio Medici Reformata", f.3. Other than in his private devotional, Turner's published views on the role of the Creator are found in his Discourse Concerning Fevers, 2nd edn., 1736, preface and especially pp. 90-94.

99 Ibid., p.6.
"Paste" into human form. On these grounds he concluded that the ovists's and animalculists's attempts to explain the operations of generation were futile.

In addition to their differences over theories of generation and the role of the Creator, Turner and Blondel also disagreed over the anatomical relationship between the mother and the foetus. Turner argued, adopting the London anatomist William Cowper's description, that blood circulated between the mother and the foetus and that this blood flow was developed during the early stage of pregnancy. Blondel, however, argued that since "before Pregnancy, the [mother's] Veins and Arteries of the Uterus are all matched together," one simply does not find "idle uterine Vessels, to joyn with those of the Placenta" during pregnancy. He concluded that the placenta was solely of foetal origin, and was in no way connected to the uterus. Allowing that the uterus was merely an elastic container in which the developing foetus took "Lodging for a short time," he postulated that no connecting circulation to the foetus was necessary. Turner, denying Blondel's claim, invoked the opinion of contemporaries including James Keill, James Drake, and John Freind that foetal nourishment was entirely dependent upon

100 Turner, A Defence, pp.97-98.

101 W. Cowper, Anatomy of Humane Bodies, see Table 54 and its explanation. Cowper described this blood flow as bidirectional.


103 Blondel, The Strength, p.47.
designed and inter-connected circulations.104

Blondel replied with further "evidence" supporting his argument. He explained that the vessels seen as tortuously winding around the uterus had been laid out and adapted to "check the Violence of the Blood" that reached the area.105 Nature had taken "great Care ... [to] preserve the Ovum against the Impetus of the Blood and of the Spirits".106 This arrangement of vessels, he claimed, provided additional proof that independent circulations existed. Were it not so designed, Blondel argued, birth itself would, Blondel continued, present an "eminent Danger, [because] so much Blood ... would discharge in a short Time" such that the mother's life would be in jeopardy.107

Blondel added a list of quantitative proofs, noting that there was "not ... an equal Number of Pulsations" between "the Mother's Pulse, and ... the Umbilical String".108 Thus, having combined rational, anatomical and experimental evidence, Blondel claimed to have "proved" that no blood circulated between the mother and the foetus. He presented a similar argument against any nervous connection, and concluded that no pathway existed through which


105 Blondel, *The Strength*., p.121.

106 Ibid., p.114. Furthermore, Blondel argued, following William Harvey's claim, that since the "most violent of all" passions, that of coitus, did not cause the ovary to swell or alter the generative process in any way, any lesser passion would not be transmissible either.

107 Ibid., p.124.

108 Ibid., p.123.
any maternal passions could be transported to the foetus. Turner responded to Blondel's claims with contrary evidence. He reported that an acquaintance in London "who has a large Share in the Practice of Deliveries," informed him that "very little variation" existed between the maternal and foetal pulses.109 But even if variations were found in individual cases, Turner reminded readers that it was "well known" that one's pulse is, at times, "different ... [between the] two Wrists".110 At a time when, according to one historian, enthusiasm and philosophical predilection were the criteria which readers used to distinguish among theories of generation, Turner's and Blondel's dispute can be seen as more than an argument between a rationalist and an empiricist.111 Their disagreements often originated from their different choices and interpretations of evidence, particularly as to whether that evidence was derived from experiment or from personal experience.112 This difference underlying Blondel's and


110 Ibid., p.154.


112 Joseph Needham made this claim in "Limiting Factors in the Advancement of Science as Observed in the History of Embryology," Yale Journal of Biology and Medicine 8 (1935):15. Although Blondel specified reason as one component of his argument and Turner gathered empirical detail, a lack of a clear distinction between the two protagonists supports Andrew Wear's recent claim that rationalist(empiricist divisions more likely represent an historical categorization than an historical fact. See Wear's "Medical Practice in late Seventeenth- and Early
Turner's use of evidence significantly altered their explanations of similar case histories for their readers.

Appeal to the Public

Unlike the discussions and demonstrations in the closed meeting halls of the Royal Society and the College of Physicians, Blondel and Turner staged their dispute in public. Such polemical pamphlet warring was not uncommon in early eighteenth-century London. Unlike lengthy books, pamphlets were quicker to print, lighter to distribute, cheaper to purchase, and easier to digest in a short period; all of which allowed authors to reach a wider audience. Turner and Blondel reserved the final judgement of their dispute for their readers. Like Eighteenth-Century England: Continuity and Change," in Roger French and Andrew Wear (eds.) The Medical Revolution of the Seventeenth Century (Cambridge: Cambridge University Press, 1989), p.304. Indeed, Turner praised London surgeon Richard Blundell for having "Declined Mathematical Argumentation ... [and] invoke[d], rather a rational Empiricism." See the dedication in Turner's Syphilis.

113 See D. Harley, "Honor and Property", pp.138-64. Adrian Wilson, "Politics of Medical Improvement", pp.7,8, also discusses the uses of pamphlets as "appeals for public support". H. Schwartz described a contemporary appeal for a wide audience by religious groups in his The French Prophets.

114 N.D. Jewson first discussed the public's role in determining the care and medicines they received in his provocative "Medical Knowledge and the Patronage System", pp.369-85. Roy Porter has also argued that part of a physician's success at this time depended upon "public favour," and has documented how physician's arguments were addressed to the public. See "Laymen, Doctors, and Medical Knowledge in the Eighteenth Century: the Evidence of the Gentleman's Magazine" in R. Porter (ed.), Patients and Practitioners (Cambridge: Cambridge
contemporary advertisements for specific remedies, their pamphlets aimed to persuade the public. However, Turner and Blondel waged their war over medical beliefs and philosophies rather than a particular type of treatment or practice.  

Although the care of pregnant women might be considered a feature of their dispute, both authors offered similar practical recommendations. Turner cautioned women to remain calm during their pregnancies, urging them to resist craving for particular food or drinks and to avoid any environment in which they might become frightened.  

Blondel also attempted to calm expectant mothers, urging them to "bear those Sights" commonly believed to produce marks and deformities on their children with "Christian Pity and Compassion", rather than with "Fear and Apprehension". In their arguments concerning the power of the maternal imagination and the process of generation, Turner and Blondel endeavoured to establish a "particular reading of


115 Medical practitioners regularly confronted "quack" remedies in attempts to dispel any mystery about "miraculous" curative powers the remedies were claimed to have held. See for example, F. Doherty, "The Anodyne Necklace", pp.268-93.


nature and its behaviour\textsuperscript{118} To do so they employed rhetorical devices common in contemporary pamphleteering. For example, Blondel depicted his position as if he were "at the Bar pleading... [his] Cause" for judge and jury\textsuperscript{119} While at first he claimed to have "thought it unreasonable, unjust, and contrary to the Laws of War, to single Dr. Turner in a Crowd of Tale-mongers, and to fire upon him separately", he later exposed Turner to the public as "the Aggressor\textsuperscript{120} Furthermore, Blondel represented his opponent's criticisms as a personal "Injustice". Turner, Blondel claimed, does "seldom quote me right, he alters my Words, or intermixes some of his own, and yet he has the Confidence to print the Whole in Italick\textsuperscript{121} Such tactics, Blondel added, proved Turner's work to be a "gross Imposition upon the Publick\textsuperscript{121} This portrayal of Turner as a devious or dishonest rhetorician held particular significance given that the public was designated as the ultimate arbiters of their dispute.

Turner also appealed to the public, and used legal accusations which gave his argument the sense of a need for adjudication. "Judge B\textsuperscript{121} had not proved what he had


\textsuperscript{119} Blondel, \textit{The Power}, p.iii. Legal terminology comprised much of the pamphlet warring of the day. Yet, Blondel may have been familiar with such terminology for some biographical sources claim his father was a French legal counselor.

\textsuperscript{120} Ibid., p.ii.

\textsuperscript{121} Ibid., p.iii.
intended in this "Trial". Instead, Turner claimed, Blondel had only succeeded in misleading the reading public [his jury] by "banter[ing them] out of their senses".122 Turner reassured his readers that despite Blondel's excellence in pamphlet soldiery, his "Gunnery" had been received as "nothing but mere Flash, and empty Bounce".123

In his quest for public support, Turner devoted particular attention to Blondel's explication of the Biblical passage on Jacob's sheep. This "Textuary", Turner argued, exemplified how Blondel could alter a "plain, natural, and genuine Construction" into one which, "for the most [part was] confus'd, perplex'd and unintelligible [sic]".124 Turner denounced Blondel's translation, calling it "irrelevant", and claimed it was typical of the way Blondel misrepresented the entire maternal imagination issue. "What [a] pitiful spoiling of a Text," Turner observed, "What a jumbled Story furnish'd out of two as plain Verses [as] are to be met with in the sacred Pandects!".125 Thus, appealing to fellow Anglicans and other religious readers, Turner represented Blondel as sacrilegious for having tampered with the word of God.

The arguments and aims of Turner and Blondel appear similar to those in contemporary pamphlets. Fog's Weekly Journal of 1729 claimed that political pamphlets were written either to

123 Ibid., pp.57, 79.
124 Ibid., p.126.
125 Ibid., p.129.
"disabuse the Publick in Respect to some false notions with which the People by the Articles of designing men may be posses'd", or to serve "some, Parts, Faction, or particular Set of Men, in which case ... [the pamphleteer had] a Tendency towards ... deceiving and imposing upon Mankind". The Journal claimed that, in the first case, authors generally relied upon "undeniable Facts, and plain Reason, for the Support of Truth", whilst in the second, one finds "Supposition, Conjectures, long Arguments grounded upon Facts which cannot be prov'd, and which perhaps many know to be false". To "silence the Opposition", the anonymous author claimed "it is Ten to One" that the pamphleteer calls "God to witness".126

Aftermath of the Battle

The extent to which the public exercised any adjudicatory role is unknown. In part, this stems from our lack of understanding "who read whom" during this period.127 Turner's and Blondel's use of pamphlets, however, appears to have effectively advertised their names and medical campaigns which, despite the personal slanders, perpetuated the reputation of both authors. Although their readership remain unknown, sources suggest that "Dr. Blondel's dispute with Dr. Turner made no small

126 Fog's Weekly Journal, Saturday, 30 August 1729.

127 This lack of understanding is also central to difficulties in determining what knowledge became popularized during this time. See my "Acquiring Surgical Know-How", pp.42-71.
"N.M.", a Grub Street journalist, represented their dispute as causing such a commotion that he urged "Waste-paper merchant", James Jones, to "speedily interpose, and reconcile [these authors] ... who have poured out such a profusion of learning and logic, ... that it is feared, they will soon entirely exhaust, not only the argument, but themselves".129

The responses from the public and from fellow professionals which this dispute continued to provoke demonstrated that, unlike the Toft case, there was no immediate resolution of the imagination issue. Both Turner's and Blondel's arguments continued to gain support for a number of years. For example, one London treatise of 1772 supporting Blondel's claims, stated that if mental longings were actually conveyed from the mother to the foetus, children's deformities would have been much more varied. Since women think so often about their clothing, the author argued, the imprinted markings upon their children should "depend on the reigning fashion".130 The London physician John Mauclerc helped sustain Blondel's argument for more than a decade.


after Blondel's death.131 Following Blondel, Isaac Bellet also claimed to have "proved, by incontestible arguments, drawn from both reason and experience that it is a ridiculous prejudice to suppose it possible for a pregnant woman to mark her child" via her imagination.132

Turner's argument also received support. A report in Gentleman's Magazine of 1735 claimed it uncanny that the mother of a young boy whose skin annually turned to a dusky yellow colour and was subsequently shed "can't remember any Fright" during her pregnancy.133 As with other similar reports in the periodical, this case history was abridged from Philosophical Transactions.134 Besides natural philosophical writings and the popular press, extraordinary childbirths attributed to a mother's
wayward imagination also featured in the popular tales of Martinus Scriblerus, Peregrine Pickle, and Tristram Shandy.  

The imagination remained a controversial subject in medical, scientific, and literary writings throughout the eighteenth century. Consider, for example, the attempts of two widely recognized authors to quantify the force and intensity of imagination. David Hartley described the relationship between maternal longings and his own doctrine of vibrations and associations in his Observations on Man (1749). James Long also discussed connections between images and actions in his Inquiry into the Origin of Human Appetites and Affections (1747).

Reproductive generation, the other major component of the Turner-Blondel dispute, also remained both a controversial and popular area of investigation. Disputes over preformationism

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became increasingly pronounced later in the century,138 when new experimental evidence was adduced in favour of epigenesis.139 In light of this experimentation, some physicians and natural philosophers reexamined the question of whether the mother's imagination could affect embryological development.140 Although few specifically referred to Turner and Blondel, they continued to address concerns about generation similar to those which had been raised in Turner's and Blondel's dispute.

Turner's and Blondel's influence spread beyond London. Turner's De Morbis Cutaneis, including "Spots and Marks", was translated into French (1743) and German (1766). Blondel's 1729 pamphlet was printed in French (1737), Dutch (1737), German (1756) and Italian (1760).141 The citation of these works in

138 For example, the Haller-Wolff debate as brilliantly analysed by S. Roe in Matter, Life and Generation.

139 F.J. Cole, Early Theories of Generation, p.53. Yet ovists continued to battle animalculest. The evidence which ovists Albrecht von Haller, Charles Bonnet, and Lazzaro Spallanzani gathered showed that the female was chiefly responsible for in utero development. It was used, by some, in support of the impressionist's argument.

140 For example, it has been claimed that William Hunter questioned each pregnant woman in a "large" London lying-in-hospital whether anything had "specially affected" her mind during pregnancy, and he recorded the answers. After many years of collecting this information, Hunter had not found "one instance" suggesting a relation between the woman's answer and any "abnormal structure" on the child when delivered. John Brown, "Notes and Observations on Maternal Impressions" (M.D. Thesis, Glasgow, 1887-1888), p.3. Hunter scholars, however, have not uncovered any evidence to support that such experimentation occurred. (As related in Wellcome Institute Inquiry RQ No. 817b, 6 December 1983)

Continental disputes over the power of imagination attest to their international appeal. Lengthy quotations from the Turner-Blondel dispute also appeared as one of the remarkable, newsworthy, international events reported in the widely published letters of *The Jewish Spy*. Many European authorities also expressed interest in the power of the maternal imagination. Buffon, for example, used an argument similar to Blondel's, denying that the transfer of the mother's imagination to her foetus was possible since no maternal-fetal vascular connections existed. Albrecht von Haller discussed the role of the invisible mechanisms, including the imagination, in his writings on sensibility and irritability. Since the eighteenth century, many writers have cited the Turner-Blondel dispute in their histories of embryology and sexuality, discussions of human


variation, beauty marks, general literary criticism, anthropologies of the body, and most recently, as evidence for reincarnation. But although Whiggish historical accounts have praised Blondel as victorious, and designated Turner as "credulous", re-examination of the debate shows, from a contemporary perspective, the partiality of such judgments.


146 See, for example, L.J.A. Lowenthal, "Daniel Turner and 'De Morbis Cutaneis'", pp.517-23 and R. J. Mann, "Daniel Turner, the First British Dermatologist", pp.62-66. Even the more historically grounded writing of P.J. Hare perpetuated Turner's unfavourable reputation in his Our Credulous Countryman. One important exception is the short article by A. Lyell, "Daniel Turner... The Man Seen in the Pages of His Book of the Skin", pp.162-70. Here (p.168), Lyell explained Turner's reliance upon authority more as a reverence for earlier works than as a blind acceptance of their word.
Chapter 7. EXPOSING THE SECRET DISEASE: TURNER ON SYPHILIS

Despite little demographic evidence, historians and sociologists have argued that syphilis or lues venerea (i.e., venereal plague or pestilence) was rife, apparently endemic in early eighteenth-century London.1 Contemporaries linked its prevalence with "whore mongering" or prostitution; a trade which, like the disease, was deemed as "epidemical and spreading".2 London prostitutes were found "plying their trade" at all public shows, feasts, churches, plays, and parks; the same types of places to which, contemporaries claimed, most cases of syphilis owed their origin.3 A typical scenario describes one fifteen year old girl's pox originating after she was


seduced from her Mother's House ... carried first to the Play, the initiating Place of Immorality and Profaneness, then, after a midnight Revel at the Tavern, where the poor Creature was intoxicated, instead of being brought Home, (as was promised,) [she] was conveyed to one of our Stews or Bagnios, the Finishers of [Immorality] ... where the vile Monster having satisfy'd his Lust, sent her Home in the morning to her disconsolate Parent.4

These conditions, however, were not peculiar to the eighteenth century. London prostitutes had been blamed for the spread of syphilis for several centuries. One difference was that sufferers in the 1700s typically claimed to have acquired their disease through misfortune or accident, laying less emphasis on the sinful or Providential origins of this disease than their Puritanical forebearers had done.5

I have yet to find evidence of any social campaigns to control venereal disease instigated during this period like Edmund T. Burke, Paul McHugh, and Alan Brandt have described for later centuries.6 The physician and satirist, Bernard

4 D. Turner, Syphilis, pp.192-93. The vivid reality of this "fulsome bawdy preachment" gains support from a critic's claim that it does more to "teach young fellows how to get the pox than how to cure it". "Excellent instructions! Are they not?" John Douglas, A Dissertation on the Venereal Disease wherein a Method of Curing ... without ... Mercurial Drenches, Vomits, ... and ... a Salivation (London: for the Author, 1737), Part 2, pp.14-15.


6 Edmund T. Burke, The Venereal Problem: a Description of the Venereal Diseases, their History, their Prevalence in Great Britain, their Effect upon the National Life, the Factors Causing
Mandeville's 1724 suggestion to curtail the spread of venereal disease by legalizing public prostitution and better regulating London's stews was never enacted. Similarly, little action was taken upon Robert Poole's suggestion that by denying prostitutes the necessary medical remedies, they would become "more cautious and circumspect in their Behaviour". And few contemporaries appear to have supported preventative measures such as the condom, which purportedly gained its introduction to London through Daniel Turner's writings. Instead, many physicians and surgeons appear to have expressed more concern over determining whether syphilis originated as a 1492 "Columbian Exchange" or if documents proved it had existed in twelfth-century Southwark


8 R. Poole, Physical Vade Mecum, Dedication, p.xi.

9 D. Turner, Syphilis, 1717, p.74. For a full account of the search for the origins of this prophylactic, see William E. Kruck, Looking for Dr. Condom (American Dialectic Society Publication No. 66), (University, Alabama: University of Alabama Press, 1981).
brothels.  

Venereal disease was surrounded by a layer of secrecy. Sufferers and healers generally claimed syphilis was contracted through coupling the "secret" parts. If contracted through secret dalliances, the inflicted kept their predicament secret from their spouses, at least initially. In fear of his "reputation", one victim paid a quack twenty-five Guineas for his treatment, ten for "its cure", and fifteen for "Secrecy". Some obtained their treatments through secret shop entrances, often during the night, and medicines were sent through "utmost


Privacy" to other individuals, many of whom used "Feigned Names". Daniel Turner claimed that some patients even wore masks to keep their identity secret when personally calling upon practitioners. And numerous advertised medicines claimed their panacean powers were derived from secret ingredients. Given this context, it is not surprising that venereal disease had, in common parlance, become known as the "secret disease".

Identifying venereal disease as the secret disease does not imply this disease was not openly discussed. According to many newspaper writers, playwrights, physicians and surgeons in early eighteenth-century London, the "secret disease" was hardly kept secret. Indeed, its afflictions were known because of its demonstrative signs. As revealed by one contemporary verse, "You stare and wonder at my nose being flat, Which only tells you what Sport I've been at."

It appears that once the signs of venereal disease became exposed, many afflicted individuals endeavoured to make their disease secret. The great amount of advertising of and


expenditure for treatments of this disease demonstrates that the "secret" disease was a major concern in early eighteenth-century London.

But what did practitioners and patients recognize as the "secret disease" during this period? How many venereal diseases were there? Were they curable? What was used to treat the diseases? Were treatments directed only to alleviate external manifestations and thus, keep the disease a secret? And, What distinguished orthodox treatment from quack remedies?

As syphilis, in particular, was among the most common diseases early eighteenth-century practitioners claimed to have treated, I am interested in uncovering what these practitioners recognized as syphilis, that is, to determine an occupationally-constructed view of syphilis for this period. Therefore, I begin this chapter by examining the typical appearance of London's syphilitics as described in contemporary surgical, medical, and quack writings. I examine how this presentation of syphilis was related to selecting who should treat this disease. And, since many syphilitics were purportedly cured, I am interested in determining what practitioners described as "cure". Finally, I identify several of the treatments contemporaries used to achieve these cures, and I examine the distinctions between what was considered as orthodox vs. quack treatment for syphilis.

Scores of publications on venereal disease were published in the English vernacular during the first half of the eighteenth century. (See Table 7.1) In addition to this vast amount of
Table 7.1. Vernacular English Writings on Venereal Disease

<table>
<thead>
<tr>
<th>TURNER'S WORKS</th>
<th>PUBLICATION DATE</th>
<th>OTHER AUTHORS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1670-90</td>
<td>Harvey, Wiseman, Ucay Maynwaringe,</td>
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<td></td>
<td>1691-1700</td>
<td>Lister</td>
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<td>1701-05</td>
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<td></td>
<td>1706-10</td>
<td>T.C., Spinke, Marten</td>
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<tr>
<td></td>
<td>1711-15</td>
<td>Boulton, Cockburn, Harris</td>
</tr>
<tr>
<td>Syphilis</td>
<td>1716-20</td>
<td>Beckett, Cam, Wiseman</td>
</tr>
<tr>
<td>Modern Quack</td>
<td>1721-25</td>
<td>Chicoyneau, Dunn</td>
</tr>
<tr>
<td>Discourse Concerning</td>
<td>1726-30</td>
<td>Petit, Boerhaave,</td>
</tr>
<tr>
<td>Gleets; Letter to Mr Fern;</td>
<td></td>
<td>Cockburn, Garlick, Brown</td>
</tr>
<tr>
<td>(Hutten's) De Morbo Gallico</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancient Physician's</td>
<td>1731-35</td>
<td>Sparrow, Belloste, Brest Dover, Bradley, &quot;Country</td>
</tr>
<tr>
<td>Legacy...Survey'd; Discourse</td>
<td></td>
<td>Physician&quot;, &quot;Mercurialist&quot; &quot;Hydrargyrum&quot;, Knight,</td>
</tr>
<tr>
<td>on Quicksilver; Account of</td>
<td></td>
<td>Atkins</td>
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<td>M. Belloste's Pill; Case of</td>
<td></td>
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<tr>
<td>Barton Booth; Drop and Pill</td>
<td></td>
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<td>of Mr. Ward Consider'd</td>
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<tr>
<td>(Luisinus') Aphrodisiacus;</td>
<td>1736-40</td>
<td>Clutton, Robinson, Douglas, Armstrong, Astruc, &quot;Country</td>
</tr>
<tr>
<td>Syphilis. Part II</td>
<td></td>
<td>Physician&quot;, Desault</td>
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</tbody>
</table>
In contemporary literature, few topics in medical history have attracted as much attention as syphilis. Thus, for the historian, the need for selectivity arises. As I am primarily interested in the surgical and medical careers of one contemporary London practitioner, Daniel Turner, my emphasis lies upon his writings, the patients he treated, the treatments he administered, and the criticisms against these treatments. I justify selecting Turner's writings over those of his contemporaries as he was London's most outspoken author on venereal disease for over twenty years. But to place my account of Turner in the context of contemporary writings, I discuss his writings in relation to those of his explicit allies and opponents. Among these, his compatriots John Marten, William Cockburn, Thomas Dover and Joshua Ward, as well as contemporary French authorities on this disease, including Jean Astruc, Francois Chicoyneau, Augustine Belloste, and Pierre Desault.

Recognizing the "Clapped" and the "Poxed"

Contemporary treatises and advertisements described various physical manifestations of syphilis. Although not uniformly consistent, the accounts paint a verbal image of the disease. These accounts concentrated upon afflictions of the most visible regions of the body, specifically the head, hands and arms. Genital afflictions were also described. The typical composite head-to-toe account which follows comprises what Daniel Turner described as the "Principal, univocal, pathognomonical, ... [and] demonstrative Signs" of syphilis.

Crusty scabs or pustules were found among the hairs of the head, often accompanied by deep-seated swellings or nodes from the cranium. Membranes of the nostrils, throat and palate were affected with ulcers and "gummy Swellings", whereas the bony substructure of the nose and palate was often eaten away by a caries that ensued from long-standing syphilis. The "venereal

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17 These verbal images counterpoise the paucity of contemporary artistic renderings. R.S. Morton has provided an artistic overview of "Syphilis in Art" in a series of articles published in Genitourinary Medicine. For a discussion of the art in the seventeenth and eighteenth centuries, see Part 3 of this series in 66 (1990):208-21.

18 D. Turner, Syphilis, 1739, p.85.

19 Afflictions of the scalp were, at least among certain classes of men, quite noticeable as their heads were generally kept shaved beneath their wigs. For example, in order to show Turner the scabs on his scalp, one patient was described as first "lifting up his wig, and taking off the Rags he had put on [the scalp] to prevent the[ir] Adhesion" to the wig.

20 Some of Turner's patients grew concerned about the pox when they noticed that the food they ate or smoke they inhaled from their pipes came out through their nostrils; a sign which
venom", Turner argued, made a victim's bodily humours so "sharp and corrosive" that they ate into the cheeks, made "sores in the Mouth, upon the Tongue and Lips ... and prey[ed] upon the Bone" as well. Reddish-brown scales formed along the insides of the fingers and the palm of the hands. These scales and the "Boils and Blotches" formed elsewhere over the body arose, Turner argued, from syphilitic poisons in the blood "striv[ing]" to "throw themselves out". The small joints of the hands were, like the bony facial structures, often affected with "caries". These joints, particularly in children, first appeared swollen and later erupted as the caries spread from inside out. Deep seated swellings and nodes, Turner argued, had a propensity for developing along the ulna (i.e., the medial bone of the forearm). Glandular tumours commonly developed in the groin, and hard chancerous ulcers formed on, in, or around the genitalia. At times, purulent matter (i.e., pus) dripped from the urethra, and victims experienced excessive pain upon "making water". One patient vividly described his excruciating pain in the following letter, dated 9 September 1710.

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22 D. Turner, *Syphilis*, p. 28. Such arguments also appeared in contemporary literature accounting for the sores on plague victims.
Oh! Now I have a pressing to make water...
Oh! it scalds me to Pieces, 'tis like Fire...
Oh! Pocky Where, Thank God for a little
Ease, I have heard and read of passing Pins and Needles, but never felt what it was till now...

Occasion to pass again... Oh! what shall I do? Oh! that this dribbling was over... it makes me shudder... Scalding hot Water... just like Fire... as red almost as Blood...

I hope it has more laid the State of my sad Case before you, and shewn you, (I am sure it did me) what sharp fits of Pain in my Water I endur'd while I was scribbling [this letter to you]. For God sake send me some Ease, I feel it coming again... Pray be Plain in your Direction.23

Nodes similar to those growing upon the ulna also affected the tibia of the lower leg. Similarly, the small joints of the ankle were affected like those in the hands. Swellings or gumata (i.e., strumous tumours filled with a "gumous" substance) also arose from many muscles in diverse locations about the body. Their size and painfulness were claimed to increase during the very early hours of the morning, creating the nocturnal pains which many syphilitics claimed kept them from bed rest.

These signs of the "infection" did not appear all at once or even at all on everyone who became infected.24 Contemporary accounts discuss recognizable sequences or patterns of signs appearing at different stages or degrees of infection. Surgeon John Marten, for example, described four degrees of venereal disease, beginning with an infection confined to the genitals,


progressing through stages of severity until, in the fourth degree, the patient's brain and spinal "marrow" and "Nervous Juice" were corruptio totius substantiae, "oftentimes" leaving the patient beyond cure.25 Others distinguished between inward and outward venereal diseases. One patient, for example, was told he suffered from an "inward Pox", and that if it had been "attended with Running or Blotches on the outside of his Body", the practitioner would "have cur'd him for half the Money."26

Turner distinguished venereal disease as being either recent or confirmed. It was "very necessary" to distinguish between these types, he argued, for each required "very different" forms of treatment.27 He identified a recent or first infection by a "dripping" of purulent matter from the urethra, often accompanied by a genital chancre which, he claimed, produced much "Pain and Smart" when making water. This infection, which Turner preferred to call stillicidium purulentum, was known among contemporaries as the dropper, the burning, gonorrhea, gleets, or more colloquially, the clap. If the clap was not "dried up", and its "venom" was not "evacuated", Turner argued "a Pox may [then] happen to commence".28 Turner described the pox (i.e., syphilis, lues, the great pox, or the French Disease) as the confirmed or second stage of venereal disease. More specifically, it was the

25 J. Marten, Treatise of the Venereal Disease, 1711, p.479.
26 D. Turner, Syphilis, 1732, p.124.
27 D. Turner, Syphilis, 1717, p.17.
28 Ibid., pp.24-25.
"usual Consequence" of an untreated, "ill-treated", or "empirically flubber'd over" clap.29

The idea that different venereal diseases were malignant or corruptible into other forms was consistently expressed among most contemporaries throughout Turner's lifetime. This finding supports the notion that the "metastatic translation" of diseases was, as Malcolm Nicolson has convincingly argued, "virtually [a] constant feature" of eighteenth-century disease theory.30

Medico-surgical authors frequently claimed it was difficult to distinguish venereal disease from several other distempers. Some stressed the similar appearance between syphilis from the itch, a disorder many contemporaries claimed was at least as common as the pox. Turner, however, argued that the itch was contained or "circumscrib'd" within the "cuticular Compage" (i.e., the skin) whereas venereal disease, being of a more "septic, arsenical, or caustic Quality", often "corrupt[ed] not only the outward Teguments" but "devour[ed] ... Flesh and Bone" as well.31

Turner also distinguished the gleeting (i.e., running)

29 Ibid., p.81.


associated with gonorrhea from the "the whites" or Fluor Albus; a "common" female disorder resulting in the flow of a "slimy yellowish matter" instead of a normal menstrual discharge. He argued that this distinction was crucial as many women believed their "Running" to be the whites, and let it "run into the last Degree of a Pox, before they knew what their illness was, or looked for [a] proper Remedy".

Some practitioners distinguished syphilis from skin diseases more upon a patient's moral fiber than upon any outward manifestation. One 1721 account claimed that if a patient presented with "Ulcers or running Sores, red, yellow, blue, or dark Spots, Pimples, or Blotches on the Face, Arms, Legs, or any other Part of the Body" and was deemed to be of "sober discreet" character, he was diagnosed with scurvy. But, if he was "inclined to wantonness by reason of his Youth, or sly Countenance", then he was diagnosed with "the Pox".

Like many of his contemporaries, Turner also claimed different individuals held various susceptibilities to venereal

32 John Quincy, Lexicon Physico-Medicum: or, A New Physical Dictionary (London: A. Bell, 1719), p.157. According to Quincy, the whites was a "Distemper common to the Female Sex" arising from a "Laxness of the Glands of the Uterus, and a cold pituitous Blood".

33 D. Turner, Syphilis, 1717, p.27. Turner mentioned a "great Dispute among ... modern Writers" over distinguishing these diseases, but appears to have explicitly accepted Walter Charleton's distinction based upon the quantity of fluid and whether it flowed throughout the month. (Ibid., pp.30-32).

34 Medicina Flagellata, p.18.
disease. Men, for example, were claimed to be "easier infected" and "sooner cured" than women.35 And it was not impossible for patients with "peculiar temperaments or constitutions" to be "pox'd almost as soon as [they were] clap'd".36

Extending Malcolm Nicolson's argument, I find that patients and practitioners apparently shared the belief that venereal diseases spread through the body in some "malignant", "corruptible", or "sequential" fashion. Recognizing this shared belief helps explain why those who were suspicious of having "been clap'd" sought immediate curative remedies. This action was uncommon among Londoners who, as I've shown in Chapter Two, often suffered disorders, particularly surgical disorders like ulcers, tumours, and hernias for many months, even years before seeking care. But the "Women of the Town" (i.e., prostitutes) took "Alarm" as "soon as their Water disturb[ed] them", and immediately sought cures.37 Similarly, most of Turner's venereally-infected patients "applied themselves" to him within days of first experiencing a "scalding" upon making water or noticing a continuous drip from their genitals. What, then, prompted those who believed themselves venereally infected to

35 D. Turner, *Syphilis*, 1717, pp.34-35. Contemporary accounts also describe that a man's susceptibility to syphilis depended upon whether he was circumcised and whether the whores with whom they dallianced were frigid. For, as the physician Gideon Harvey had proposed in his *Great Venus Unmask'd*, 2nd edn. (London: B.G. for N. Brook, 1672), frigid whores were "less contagious" than those who openly enjoyed their pleasures.


37 Ibid., 1717, p.27.
seek immediate care?

For many, perhaps most, it was fear. Fear of developing a more painful stage of venereal disease. Fear of being "found out" by their spouse. Fear that the "telling" signs of the disease would "risque their Characters in the [business] World".38 This fear, Turner argued, particularly existed "among the Tradesmen or Citizens" who worried that without rapid treatment, syphilitic throat infections would cost them their "proper Tone of their Voice", and consequently, "their Reputation".39

"Syphilophobes" loomed large in the anecdotal literature.40 And in reality, the quacks of Turner's day, as Roy Porter has shown, commonly traded upon the fears of potential "patients".41 Scores of English vernacular publications from the first half of the eighteenth century indicate that fear drove people to obtain any medicine advertised as an immediate cure.

38 Ibid., 1727, p.218.
Obtaining Cures

Selling a curative product largely depended upon effective advertising, and London was filled with advertisements for "curing" venereal disease. As Francis Doherty has recently argued, "Being in the venereal trade meant cashing in on anything that might be guaranteed to bring in the customers". The public was made aware of potential cures through the handbills persistently passed their way and posted on signboards throughout the city, through the practitioners hawking their cures on the streets, at booksellers or coffee houses, and through the many pages of advertisements in the rapidly expanding periodical press. Those thinking themselves venereally inflicted could shop for remedies as a consumer shopping for goods.

Case study evidence indicates that many venereal sufferers first turned to the local, self-acclaimed healers whose advertisements had appeared most convincing. Other sufferers, particularly middle class men who had not initially sought out street practitioners, often called upon the advice of "gentlemen" in coffee houses or barbershops, those "dens of male comradeship". Here, not only could they confirm their suspicions with the experience or knowledge of their comrades, they could also select from a variety of remedies sold within. Although the ingredients of the remedies most barbershops offered were secret, the name brands were often the same as the products

advertized on "quackbills" posted around the city. Thus, the same product appears to have often been distributed to different classes of patients through different venues and, at times, for different prices. This commercial exchange suggests an intra-London drug trade had already been well formed.

Who Treated Venereal Disease?

W. F. Bynum, upon examining much of the contemporary venereal disease literature, cogently argued that the treatment of this disease actually became a special form of practice or specialty in eighteenth-century England. I agree that some practitioners, both quack and professional, gained their reputation and amassed vast wealth as venereologists. But much of the contemporary literature, together with most surviving case history evidence, suggests to me that caring for syphilis patients was recognized as an aspect of the surgeons's calling. That is, surgeons were both publicly and occupationally recognized as caretakers of syphilis, at least of the stubborn, resilient, recurrent, or previously mis-managed cases of syphilis. I offer several reasons as to why this form of the disease remained part of general surgical practice.

English surgeons were traditionally provided practical written instructions in treating syphilis at least as far back as

the late sixteenth century. At this time, and in the early eighteenth century, orthodox surgeons were primarily treating externally manifest disorders whereas internal disorders were cared for by physicians. As mentioned above, syphilis was recognized and diagnosed primarily upon its external appearance; therefore, its care, as many surgeons argued, fell to the surgical trade. Turner, for one, claimed that "if we consider many of the [Signs] and Symptoms" of syphilis, the undertaking of its "Cure" was by "right" the surgeon's province. For the cure, he expounded, often required much "manual Operation". Treating syphilis implied having to apply caustics to "lay open the Venereal Abscesses, to rub down the Verrucae, to extirpate Caruncles; ... to lay bear rotten Bones, or [to apply] Cauteries ... [upon bones] for Desquamation". After providing this scenario, Turner concluded, "it must be granted, that the Surgeon is the most proper Person to be consulted" for treating syphilis. Similar arguments appear in the contemporary writings of surgeons John Marten, John Douglas, Edward Dunn, and physicians Richard Boulton, Richard Brown, John Freind, and Bernardino Ramazzini as well as in popular works such as R. Campbell's London Tradesman and newspapers such as The Grub-

45 William Clowes, _A Briefe and Necessarie Treatise, Touching the Cure of the Disease called Morbus Gallicus_ (London: Flesher, 1587).

46 D. Turner, _Syphilis_, 1717, preface. Turner also described special medical preparations applied to candles which were passed up the genital openings to detect venereal caruncles. Ibid., pp.61-62.
Surgeons were also the primary caretakers of syphilis on the Continent. By the early eighteenth century, the syphilis treatises of F. Chicoynenau, J. Petit, A. Belloste, V. Brest and P. Desault had been translated into the vernacular and sold seemingly well in London bookstalls. The manual treatments these authors recommended were explicitly cited by many later English surgical authors, indicating the adoption of some foreign methods in treating this disease. The French writings appear to have held particular influence with English surgeons; what better way than to emulate French treatments for what the English so readily referred to as the "French disease" (or French Pox)?

Surgeons also appear to have been used to manually administering long, labour-intensive treatments. A contemporary case book from St Thomas's Hospital, for example, indicates that surgeons William Cheselden, Josiah Paul, and James Ferne routinely attended many "foule" (i.e., venereally diseased) patients throughout their standard twenty-one- or thirty-one-day courses of treatments. London surgeon John Douglas described


49 The Medical Library, St Thomas's Campus, UMDS, "Charles Oxley Notebook, Case notes of surgical patients admitted to St Thomas's Hospital, 1725-26", MS. S2.a.6., final section "Observationes and Ptyalismum pertinented". I discuss these treatments in "Sacred Sanctuaries for the Sick": Surgery at St
that patients treated outside the hospital often received a surgeon's care for one, often two months. From what we know about contemporary medical practice, many London physicians, particularly those of the College, were less likely to embark upon such lengthy, time-consuming, manual, labour-intensive types of treatment.

These labourious efforts of surgeons were likely driven, in part, by the lucre gained from treating syphilitics. Syphilis was present throughout society. London physicians, again particularly those of the College, typically treated, or at least are typically described as having treated upper class patients, whereas surgeons appear to have treated any who sought their care or were brought to their surgery. Of course, not all of the individuals who sought help from a surgeon were persuaded to

Thomas's", pp.53-54.

50 J. Douglas, A Dissertation on the Venereal Disease Part 3, p.27.

51 It is frequently speculated that many London physicians spent their days in coffee houses writing prescriptions, some never actually seeing most of their "patients". Yet, physicians of the early eighteenth century appear to have been more sympathetic to venereally diseased patients than the European physicians Ulrich von Hutten described two centuries earlier. Hutten described that physicians typically "fled from the presence of syphilitics". Hutten, De Morbo Gallico, as cited by R. Davenport-Hines, Sex, Punishment, and Death, p.25.

52 D. Turner dedicated the second section of his Syphilis, Part 2 to two surgeons. One of these, Mr. James Dansie, surgeon to the Hospital at Kingsland, had, according to Turner, treated many syphilitics "of high Rank and Condition". The poor were also not deprived of syphilis primarily, according to Stanley Dana Nash, because they had their share of the available prostitutes. See Nash's "Social Attitudes towards Prostitutes in London from 1752-1829" (PhD dissertation, New York University, 1980), p.9.
undergo the lengthy, extensive treatments the surgeons recommended. Surgeons who succeeded in these negotiations, which often involved setting the patients up in the surgeon's own home or in a nearby rented accommodation, were able to contract a set length of service for set fees. And since thousands of people appear to have been afflicted with some venereal disorder, securing syphilis treatment as part of their trade offered surgeons a way to gain a more constant, predictable, steady business than did treating other types of accidents.

Finally, and, in my opinion, most importantly, the willingness of syphilitics to seek surgeons's care suggests that surgeons were able to, or at least were thought to be able, to successfully cure this disease. Evidence abounds that syphilis was curable. For example, Samuel Palmer, admitting surgeon to the Lock Hospital in Southwark and correspondent of Turner's, reported that between January 1719/20 and January 1720/21, 108 of the 115 syphilitics he admitted to the Lock were later "cured and discharged". At St Thomas's Hospital, nearly all of the thirty-four "foule" patients treated between 1 May and 1 September 1726 were discharged as "cur'd".


to Westminster Infirmary, claimed to have never sent one of his "several hundreds" of venereally-diseased patients away "uncured". Edward Dunn and William Cockburn attest to similar curability in their public (i.e., non-hospital) practices. Before explaining how they achieved these cures, I first examine what contemporary surgeons considered as being "cured". Specifically, I compare Turner's descriptions of cure in a series of thirty syphilis patients' case histories with his depictions of the cures local quacks claim to have achieved.

Syphilis Cured?

Twenty-six of the thirty patients Turner described in his 1727 Syphilis. A Practical Dissertation of Venereal Disease were "cured" through his treatment. Turner used the term "cure" when any one of the following therapeutic objectives had been reached. Cure involved "easi[ng] the Smart" of making water, "lessening the Running" of the clap, "mending the colour" of the urine, and "drying up" scabs and pustules. In addition, he sought to "resolve" the bubos, "mundify" the "chankerous" ulcers, "reduce" nodus protuberances, restore the ability to swallow with ease, preserve the voice, and "relieve" the "Great [nocturnal] Pain" in the head and legs.

55 J. Douglas, Treatise on Venereal Disease, Part 3, p.53.

56 Four patients died, two of which Turner claimed died not from his hands, but from the intervention of a quack.
To achieve these cures, Turner's patients often underwent months of therapy. For example, salivating a patient, a common therapy more fully described below, required that a patient be "laid down" (i.e., bed ridden) for a month. "Strictly conform[ing] to the Rules prescribed", (i.e. keeping to one's "Chamber the whole time"), Turner argued, greatly "contribute[d] to the success of these Cures".57 Yet, he claimed that "'tis seldom" that surgeons "have such Opportunity" of this "Convenience".58 Despite the public belief that incompletely treating the clap often led to a confirmed pox, Turner acknowledged that surgeons often compromised ideal treatments according to the patient's demands.59 One patient refused salivation on the grounds that his work "Affairs ... [did] not favour ... such recess from [his] Business".60 Thus, Turner resolved to treat him by fumigation, a less-confining form of treatment. Another gentleman also refused to be salivated because his "concerns in merchandizing being very Great" would "by no means ... allow his getting out of the way" for an entire month. Only when his condition was greatly exacerbated did he submit to salivation.61 Another patient discharged himself from Turner's full course of treatment at the time he "reckon[ed]  

57 D. Turner, Syphilis, 1717, p.147.  
58 Ibid.  
59 Ibid., p.32.  
60 D. Turner, Syphilis, 1727, pp.255-56.  
61 Ibid., p.305.
himself well". 62

Turner described most of his patients as having achieved complete cure, that is, having resumed "a perfect State of Health". One "Sober and virtuous Gentlewoman" was, after weeks of treatment, reported to be in "every Way improved".63 Turner described another patient's "Appetite, Complexion, and Flesh" as being fully "recruited".64 One gentleman's health improved to a "sound State" excepting that his swallowing and speech were not "so readily performed as before".65 Only one patient reportedly received little benefit. Although this patient "subsist[ed]", Turner claimed he did so "very miserably".66

Distinct from our present day understandings of "cure", cure in the early eighteenth century appears to have been the general state of a patient's health at the time he was "dismis'd" from private care or "discharg'd" from hospital. Few contemporaries reported what we would call today "patient follow-up". Turner did, however, provide glimpses into the futures of five venereally-diseased patients he claimed to have "cur'd". One gentleman was described as "fat and lusty" a year later, and the cure of another "stood firm" some two years after treatment.67

62 Ibid., p.211.
63 Ibid., p.240.
64 Ibid., p.261.
65 Ibid., p.235.
66 Ibid., p.292.
67 Ibid., pp.271, 300.
Another gentleman married a year after his treatment, but, whether through his previous infirmity or his advanced age, this patient complained to Turner that "his [marital] Abilities" were "not answerable to his Inclinations". 68 Another patient Turner cured, being "well tired with Venus's wars ... enter'd those of Mars" in which he was "not long after ... kill'd in an Engagement". 69 But one of Turner's "cured" patients was not entirely freed from his troubles. According to Turner, it was many Months, I may say Years, before [this patient] ... would believe he was well, if he does yet: For [a] long Time after ... when he was hot with riding or walking in the Summer Time, ... [and] an Efflorescence [appeared on the] Parts of the skin next to [the earlier "Stigmata" of syphilis], he would come to me as a Person affrightened, for fears of his Malady returning; and having read much of the Disease, especially the Quack Bills, ... he would apply every Symptom to himself: So that if his Head ached ever so little, as after a drinking Bout it did sometimes, or a Pimple appeared about him, nay if it was but a Flea-bite, ... it was sufficient to cast him into a Fit of Melancholy, and make him pass away whole Nights ... feeling of his Nose and Shin Bones. 70

All of the above mentioned criteria of cure were, for Turner, aimed at removing the "venereal venom" that was lurking within. This point distinguishes Turner's meaning of cure from the "Aim" of "London Quacks". The latter, he argued, only sought to stop the urethral running and heal the outward sores, disregarding any possible consequence of a confirmed case of the

68 Ibid., p.208.
69 Ibid., p.275.
70 Ibid., p.224.
London physician Edmund Packe claimed it was a problem to judge cure only by the absence of visible signs. "Nothing is more common", he argued, "and indeed unavoidable, that a Return of Distempers (with their Symptoms) ... one Day after ... [many practitioners] believe they are cur'd". To overcome this calamity, surgeon John Douglas urged orthodox practitioners to pursue their course of treatment "untill the symptoms have all disappeared, and some little time after".

Relatedly, Turner discredited reports that syphilis patients had been "partially cured"; a "new Phrase" he claimed the French commonly used for "palliating". One type of palliation for syphilis was described in a contemporary verse.

> When Noses drop, and Shins do scale,  
> And Mercury and Aegypticum fail,  
> When Bubos, Pains, and Chancrous Sores in spight  
> Of Art the tottering Tenement hourly fright;  
> When Strength is wasted, Flesh become  
> Past help of China and Guaiacum,  
> Then Doctor cease, poor Patient must endure,  
> And be content with patching, where's no Cure.

The principles of the French "Partial" cures are discussed below.

Suffice it to say here that Turner argued that "Partially cured"

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patients were likely to retain their inward poison and, consequently, never become fully cured.

Treating Syphilis

The "acceptable" forms of treating syphilis had altered by 1739, the date of Turner's last publication, from the standard therapies used twenty years earlier. I do not claim that Turner himself instigated this change, for in many ways Turner remained one of the old guard. Rather, Turner's writings illuminate many contemporary concerns about administering effective but non-hazardous remedies. Additionally, they exemplify how being deemed a "quack" vs. a "guardian of orthodoxy" depended as much upon the treatments a practitioner administered as upon his qualifications to practice. Confining my examination of the contemporary therapeutic disputes to Turner's writing and that of his explicit opponents and supporters, I shall, in turn, examine Turner's descriptions and expressed attitudes towards treating syphilis with mercury, salivation, fumigation, and guaiac. In conclusion, I explain how Turner distinguished between orthodox and quack syphilis therapy, and identify how particular orthodox treatments had altered by 1739.

No single universally-accepted treatment existed to cure syphilis. Rather, exponents of a variety of therapies appear in the contemporary surgico-medical literature. However, many of these remedies as well as those in quack handbills contained some
form of mercury. Prince's Powder, for instance, a red precipitate of mercury, was one of the most common "Chemical Quack Remedies" and was also recommended in Quincy's Pharmacopoeia. Mercury was also among the most common ingredients present in the remedies distributed gratis to charity patients, sold to commoners in local shops, and offered to the aristocracy, the nobility, and the Royal household.

According to some contemporary practitioners, mercury was a godsend; to others, the devil incarnate.

Mercury as us'd, the Body fills,
With wholesome Goods, or noxious Ills,
And quickly Cures, or quickly Kills.77

Like most London practitioners of the 1710s treating venereal disease, Turner was a mercurialist. He claimed mercury was the "specifik" or "antidote" for syphilis. It was, he claimed, the "only antisyphilitic Remedy ... we ... know of." During this time, various forms of mercury were available for the use of surgeons, physicians, and quacks. White sublimate, calomel, red, white, yellow, and green precipitates (i.e., oxides of mercury), natural and artificial cinnabar (mercury and sulfur) as well as

76 Turner noted the quack's common distribution of the Prince's Powder in Syphilis, 1717, p.66. This same remedy was recommended in Quincy's Pharmacopoeia Officianalis & Extemporanea; or, A Complete English Dispensatory, 2nd edn. (London: A. Bell, 1719), p.663, as cited in Leonard J. Goldwater's Mercury: A History of Quicksilver (Baltimore, Maryland: York Press, 1972), p.239.

77 J. Marten, Treatise of Venereal Diseases, p.651.

78 D. Turner, Syphilis, 1732, pp.147, 154.

79 Ibid., p.370.
crude mercury or quicksilver could be obtained from apothecaries.80 Mercurial products were administrable internally by mouth, or externally by frictions, fumigations, salivations, clysters, or through impregnated plaisters applied on the limbs, as girdles, or as socks.

Numerous disputes ensued over selecting the precise form of treatment. Turner distinguished himself from some mercurialists by restricting his use to particular forms of external and internal administration. Topically-applied mercurials, he claimed, digested, deterged, and cicatrized external syphilis ulcerations. But some "subtil Particles" of these external preparations would, he continued, also "insinuate" themselves "thro' the Pores [of the skin] into the Lymphatic Vessels" whereby they were "instantly convey'd to the Glandules" to "subdue" the venereal "Poison lodg'd therein".81 For "mild" forms of the pox, Turner frequently prescribed the use of calomel (i.e., mercurous chloride or mercurius sublimatus dulcis) to be "given inwardly".82 Indeed, he grew quite incensed over many

80 Quincy's Pharmacopoeia, 1719, listed sixteen forms of mercurials including crude quicksilver, Arcanum Joviale, Mercurius Sublimatus, Calomel, Mercurius Resuscitatus, Mercurius Praecipitatus ruber, albus, and viridus, The Prince's Powder, Panaceae Mercurii rubra and alba, Turpethum Minerale, Arcanum Corollinum, Aethiops Mineral, and Cinnabar Nativum and Factitium. J. Marten's Treatise of Venereal Disease includes even more preparations of mercury, see p.663.


contemporaries's use of crude mercury as a panacea to treat all forms of venereal disease. Crude mercury, he argued, was quacked from London streets, and distributed by "Plowmen, Farmers, [and] Swine-heard" who were "destroying" local inhabitants as "people do with Buckets of Water, to quench the Fire of another Nature". Turner claimed first-hand knowledge of its effects, having used it on patients early in his surgical career. But the hazardous consequences he observed in his and other surgeon's patients had prompted him to abandon its use, and he urged fellow London surgeons to desist using it as well. Specifically, Turner urged practitioners to reduce the amount of external mercury they applied and to quit administering crude mercury orally.

Turner regarded orally administered crude mercury as totally inefficacious against the syphilis poisons in the body. It was "doubtless the Case", Turner argued, that many "thinking the

83 D. Turner, Syphilis, 1732, p.151.
84 Ibid., pp.100-07.
85 Among the harmful consequences of crude mercury treatment Turner described were haemorrhages from the "Lungs by the Mouth, and from the Brain by the Nose", blood vessels of the adnata (or albuginea) of the eye "burst[ing] open", and the loss of vast quantities of blood in the stool. See D. Turner, "A Discourse on Quicksilver", in Idem, The Ancient Physician's Legacy Impartially Survey'd (London: J. Clarke, 1733), "By Way of Postscript", pp.131-80. John Marten, among many others, also noted that "ill prepared" and "untimely Administration" of mercury often led to "Tremors, Spasms, Pains, Weaknesses, Lamenesses, Impediment of Speech, loss of hearing, Tasting, Smelling, [and] decay of Sight." See Marten's Treatise of Venereal Disease, p.651.
[oral mercurial] Remedy is working Miracles in their Blood, might find it in their Breeches, or on the Ground, if they mist it in the Close-Stool".86 The literature is teeming with anecdotal stories and experiments recounting how orally administered mercury was apt to quickly pass through one's system. Many patients humourously described how their mercury often "slip[ped] away with a Crepitus".87 Perhaps the most entertaining tale was that of a "mercurial Lady" who,

while Dancing at a publick Assembly, happened to let go some Particles of the Quicksilver she had taken in the Morning, which shinning on the Floor, in the midst of so great an Illumination, like so many Brilliants, ... [prompted] several [others to] stoop down to take them up; but finding themselves deceived, it afforded much Laughter among the Gentlemen, and Blushing among the Ladies, especially she that was most concerned.88

Turner also recalled how the surgeon, Mr Bradley, had administered pre-weighed daily doses of mercury totalling sixteen pounds over nine months. During this time, by "Washing" the mercury from his "Excrement, as it came from his Body", he preserved his collection "in a Bottle". Upon weighing it afterwards, he found "there wanted only one Ounce and [a] half" of sixteen pounds; this discrepancy, he claimed, was "lost in the washing".89

Turner suggested that the inefficacy of oral administration

86 D. Turner, Discourse on Quicksilver, p.144.
87 Ibid.
88 Ibid., pp.144-45.
89 Ibid., pp.143-44.
was likely due to its minimal absorption. If little mercury was actually absorbed, this explained, so Turner claimed, why many quacks and orthodox practitioners alike had been administering increasing doses in hopes of obtaining a cure without achieving success. Moreover, he claimed it produced internal toxic effects as it came in contact with the lining of the guts. Thus, the increasing doses being given, he argued, only quickened the internal toxicity which could ultimately kill the patients while leaving their syphilis unchecked.

To further persuade his readers that mercury was not absorbed, Turner described the experiment which had convinced him of this fact. Turner had employed a young man to remove the "stomach and Intestines of a Bitch" upon which he made a "firm Ligature around the Rectum". He then poured a measured quantity of crude mercury through the oesophagus leading to the stomach, tied that end off, and "shook it about till [the mercury] was past over the Pylorus [region of the stomach], and had entered the Intestines". After leaving it lie for "some Hours", he shook it again, and let the mercury settle to a lower point in the intestine. He repeated this procedure a number of times until he "perceived the whole Mass [had] fallen down upon the Ligature, at the lower end of the Rectum". At this time, he noted that "not one" of the globules of mercury had "passed thro'" the coats of either the "smaller or larger Gut". Only when pricking the lower bowel wall with a pin after first compressing the mercury into
that region did he get any mercury to spill out.90 Turner argued
that this experiment demonstrated that mercury was not absorbed
from the stomach or intestines on its passage through the animal
guts, thereby "proving" that orally administered crude mercury
was an inefficacious treatment.

Turner did not completely reject the use of crude mercury,
only its oral administration. Indeed, he favoured its use when
applied "in the way of Uction", literally rubbing it into the
body. In the 1710s and 1720s, mercurial unctions were commonly
used to bring forth internal venereal poisons through the
excessive production of saliva, a process labelled
salivation or ptyalismus. Turner advocated salivations for both
the mild and "stubborn or rebellious" pox. For the latter, he
claimed crude mercury was the "safest and most commodious" way of
salivating patients which was "generally used by the surgeons of
the Town".91 In administering a salivation, mercury was rubbed
upon a syphilitic's arms and legs in sufficient quantity to

90 Ibid., pp.136-38. Several contemporary experiments with
crude mercury were reported in the Royal Society's Philosophical
Transactions. Investigations somewhat similar to Turner's are to
be found in Dr Madden's "Account of what was Observ'd upon
Opening the Corpse of a Person who had Taken Several Ounces of
Cantwell's "Pernicious Effects of Crude Mercury given
Internally", 40 (1737-38):139-42.

91 D. Turner, Syphilis, 1717, p. 106. Turner, however, like
his contemporary Henry Bradley, was not opposed to using other
mercurials internally. Bradley was primarily opposed to Thomas
Dover's claims of the panacean powers of crude mercury. See
Bradley's Physical and Philosophical Remarks on Dr. Dover's late
pamphlet, entitled, The Ancient Physician's Legacy (London: C.
Rivington, 1733).
excite the noxious humours to induce an ample production of spittle.\footnote{Turner specified that mercury's transport through the skin was aided by mixing it with terebinthe (turpentine) or axungia (hog's lard).} The saliva was thought to contain the poisonous venom. Turner advocated rubbing in the unguent beginning with the ankles then the thighs, but completely avoiding the chest or belly; areas in which he claimed mercury could produce the harmful effects. Besides, as Turner argued, the "pores of the other parts" were "sufficient to lett the Mercury into the Blood, which being once Admixt there with, it is less material by what particular Pores it had its first Admittance".\footnote{D. Turner, Syphilis, pp.189-90.} And with his patient's further safety still in mind, he claimed he "can not see the Reason" why his predecessors used "so much greasing or daubing" of mercury when, as he claims to have found, a small amount will produce the same effect.\footnote{Turner disagreed with Gideon Harvey's widely reputed Great Venus Unmasked which advocated the use of many pots of quicksilver (Ibid., pp.190-91). Additionally, he argued that patients would receive added benefit if allowed to rub in the mercurial unguent with their own hands. Bernardino Ramazzini also recommended this form of application in A Treatise of the Diseases of Tradesmen (London: for Andrew Bell, Ralph Smith, Daniel Midwinter, Will. Hawes, Will. Davis, Geo. Straughan, Bern. Linot, Ja. Round, and Jeff Wale, 1705), p.25.} Additionally, Turner argued that surgeons should guard against "too sudden[ly] r[a]ising" a salivation and "too long [of its] continuance".\footnote{D. Turner, Syphilis, p.205.} If these conditions went unheeded, there were often "Accidents..."
attending a Salivation", many of which, he claimed, proved fatal.96

In his De Morbis Cutaneis, Turner had advanced salivation as the most commonly observed human experiment which demonstrated the efficacy of externally administered remedies to effect an internal cure. Syphilis was, according to Turner's definition, a disease internal in its origin but which, in its natural course, became outwardly manifest. He cited the ability of externally applied mercurials effecting inward cures as evidence of the therapeutic capacity of the pores in the skin.

In 1730, Turner claimed that "several hundred Persons" were salivated "yearly, in the Cities and suburbs of London and Westminster".97 Earlier in the century, salivation had become the standard form of treating "foule" (i.e., venereally diseased) patients admitted to London's "sacred sanctuaries for the sick": St Bartholomew's and St Thomas's hospitals.98 St Thomas's surgeons, for example, used the same way to "raise" a salivation as Turner described.99 One hospital pupil specified that these

96 Among the "accidents" Turner listed were diarrhoea, dysentery, sickness and vomiting, sore mouth, haemorrhages, overcostiveness, dropsy and palsy. (Syphilis, title page).

97 D. Turner, Aphrodisiacus, p.xxxv.

98 Turner's phrase for the two hospitals as used in his Apologia Chyurgica, p.115. I previously described St Thomas's practice of treating venereal disease in "Sacred Sanctuaries for the Sick": Surgery at St Thomas's", pp.53-54.

99 Mr. Paul preferred the unction whereas Mr. Fern favoured calomel.
methods "may safely be us'd according to Turner".100

When a patient "w[ould] not Salivate", then Turner recommended the use of a cinnabar fumigation.101 Cinnabar was a mixture of mercury and sulfur. If the patient's whole body was to be fumigated, he or she was placed upon a seat which was "perforated" somewhat "like the close Stool". A blanket was wrapped around the patient entirely "enclosing" his body and head, and it was secured to a "Hook" in the ceiling.102 Cinnabar was "sprinkled on" a hot iron which was placed below the seat, and the fumes ascended through the chair, guided by an inverted funnel so that they would flow "all round the Diseased Parts".103 If fumigation was to be used primarily for treating stubborn syphilitic ulcers in the nose, mouth and throat, as Turner recommended, the blanket-enclosed patient was directed to hold the cinnabar in an earthen platter on his knees, and repeatedly inhale the fumes. Turner generally "smoaked" or fumigated these patients in the "Night and Morning ... for about a week".104 As in salivating, Turner urged practitioners to keep patients "confined" to their house "During the Course" of treatment. Fumigation, however, more readily allowed patients whose

100 In "Observations and Ptyalismum pertinented", in Charles Oxley Notebook".

101 D. Turner, Syphilis, pp.84, 217.
102 D. Turner, Syphilis, 1727, p.173.
103 D. Turner, Syphilis, 1717, p.51.
104 Ibid., pp.62-63.
"Business would not permit" the confinement which salivations required to go "about their Affairs as usual, only wearing a bit of Flannel under their chin, as a Muffler, to keep their Throat warm".105

For patients whose temperaments or state of disease prevented these means from effecting a cure, Turner considered the use of Guaiac, also known as Lignum vitae, the "pock wood" and the "Indian cure" or "Indian Decoction".106 Guaiac, a wood introduced into Spain and Portugal from the New World in the early sixteenth century, developed a mixed reputation in Europe over the following two centuries regarding its efficacy in curing syphilis. In 1728, the "guaiacum vogue" was "once again revived".107 "Must the venereal Patient, who ... can receive no Help from Mercury, be forsaken as desperate?" "No", claimed the respected medical sage and Turner's Continental contemporary, Herman Boerhaave. Just "read [Ulrich von] Hutten's Treatise [De Morbo Gallico], and ... you shall find [that] the most intricate or deeply radicated Evils of this kind, may be scoured out or

105 Ibid., p.173.

106 D. Turner's "Prefatory Account of Professor Boerhaave's New Comments on the Venereal Disease; and some Animadversions thereon," prefaced to Turner's A Discourse Concerning Gleets (London: John Clarke, 1729), p.xlii. Robert S. Munger discussed the origin and used of Guaiacum in "Guaiacum, the Holy Wood from the New World", Journal of the History of Medicine 4 (1949):196-229. B. Ramazzini suggests that guaiacum and mercury were not mutually exclusive remedies. Specifically, he found guaiacum useful to "correct" the disorders "occasion'd by the Mercury". Ramazzini, Diseases of Tradesmen, p.25.

Turner had read Hutten's *De Morbo Gallico* (1533) in the early years of his surgical practice. Indeed, he was so intrigued with it at the time, claiming "no Physician, has given us ... a better and more graphical Account of the Disease", that Turner made himself "Master of the Old English Letter, the Orthography ... and many obsolete Words and Phrases" used in the old English version of Hutten's work, and "transcribe[d]" it into his "modern Idiom". After having laid this transcript aside some thirty years, Turner returned to it while writing his *Syphilis* in order to add "some account of the Rise and Progress of that Disease" to his own work.

Turner ultimately republished Hutten's *De Morbo Gallico* in the "modern" English vernacular together with a lengthy introduction in 1730. He claimed he wanted to show readers


109 Ibid.

110 Ibid. Turner was probably also drawn to Hutten's explicit "Reproof" of the actions of the "Secret-mongers" of quack medicines and those "Learned Triflers" who, according to Hutten, "thought nothing could be done but from certain physical Axioms ... [or according to] their 'Canons' of theory", from which "there was no deviating". Rather, Hutten "valued and esteemed" men not "pinn'd ... down to these Rules ... but [who] practis[ed]" only by a "simple Method, [which was] confirmed to them by Observation, and justified by Experience". D. Turner, *De Morbo Gallico*, 1730, preface. Turner reiterated similar sentiments in his own writings some two centuries later.

111 There was much contemporary interest among some London physicians to introduce "new Impressions" of classical medical works in the English vernacular, for example T. Dale's
how both Hutten and Boerhaave were "endeavouring to prove" that "there is in this Decoction something peculiar" which after being "raised into Steams" and "incorporated with the Blood" ... unites more readily with the "Morbific Particles" than did mercury. He claimed it then discharged the venereal particles in the "Form of Dew or Vapour".112

But Turner had not yet accepted Hutten's and Boerhaave's arguments as proof. And thus, it remains puzzling why Turner drew so much attention to guaiac therapy while at the same time he remained doubtful whether it would actually "succeed where Mercury will not".113 He mentioned having used it on only one patient, and few London colleagues offered any account of having used it either. Nevertheless, Turner withheld too strong of an opinion over its use until guaiac could be "more thoroughly tried" by his colleagues.

Turner, however, did not pursue further investigations into guaiac's efficacy himself. He generally claimed to have cured patients with mercurial salivations. Thus, for his own practice, there seemed to have been little need of changing his form of treatment. Rather, Turner promoted another group of practitioners to perform such "experiments": London hospital translation of Jodocus Lommius's A Treatise of Continual Fevers (London: T. Brotherton, 1732). Others turned their interest to compiling histories of particular diseases, such as John Armstrong's Synopsis of the History and Cure of Venereal Diseases (London: A Millar, 1737).

112 D. Turner, De Morbo Gallico, Preface to the Reader.

113 Ibid.
surgeons and physicians.

In hospital, a patient's ability to select their practitioners and their type of therapy was drastically curtailed, from what N.D. Jewson, R. Porter and L. Beier have described occurred in the contemporary city marketplace medical practice. Once patients were admitted to St Thomas's Hospital, for instance, they were obliged to obey the hospital orders read to them upon admission. Patients failing to do so were upon "perill of being excluded [from] the Hospital". And for the syphilitics in these hospitals, such a threat, Turner intimated, was equivalent to abandoning their last resort for help.

By 1730, there were six hospitals in the London environs. Three were general hospitals, whereas Guy's, the Lock, and Kingsland Hospitals also accepted patients deemed as "Incurable". Historians of Guy's Hospital have claimed people "generally understood" incurables to mean individuals suffering "loss of limbs, blindness,... other natural or accidental deformities", specific distempers, including asthma, consumption, cancers and "even [old] age itself". These hospitals also admitted


115 Item 46 of the 1707 St Thomas's Hospital Orders, reprinted in R. Poole's Physical Vade Mecum (London: E. Duncomb, 1741), preface, p.11i. Poole also desired for these rules to be "set up in each Ward, in publick View".

116 St Bartholomew's, St Thomas's, The Westminster Infirmary, Guy's, The Lock, and Kingsland hospitals.
syphilitics. Turner recommended that guaiac's efficacy be tested out at one of London's "hospitals of Incurables". Although he did not regard most syphilitics as incurable, he recommended the "Incurable" hospitals to "experiment" with guaiac for other reasons. In particular, he regularly consulted with a number of surgeons at these hospitals. Although he despised the use of hospitals in training would-be surgeons, he admired the work of James Dansie at Kingsland, and Samuel Palmer and Peter St Hill of the Lock. Moreover, Turner emphasized that syphilitics were present in the largest numbers at these hospitals. Thus, if any benefit of guaiac was to be found, he claimed it would be more readily observed in a hospital with many syphilitics. More particularly, patients in these hospitals would, Turner claimed, be "under the Care of Gentlemen [in] every Way qualified for making their observations, [and] having Opportunities beyond most others of singling out what Subjects they please to work on in this way". Turner's description of hospitals as houses of human experiment where the effects of new remedies might be tested upon a large number of patients was


118 Turner appears to have accepted the Barber-Surgeons' Company's 1695 denouncement of hospitals as "breeding" grounds for "Illiterate and Unskillful pretenders" of surgery. J.F. South, *Memoriais of the Craft of Surgery*, pp.246-47. It should be noted Turner's colleagues had each gained their initial training through apprenticeship.

consistent with the "project" proposed by John Bellers in 1714.120

Treating Syphilis: Who's a Quack?

In his 1718 *The Modern Quack*, Turner identified five characteristic types of quacks. Specifically, the "Empirical Practitioner" or mountebank, the "Libelling Quack" or "practicing Pamphleteer", the "Chyrurgick Barber", the "Pretending Bonesetter", and the "City Doctress".121 These characterizations primarily identified various types of the "thousands of false Pretenders" which Turner claimed filled the streets of London.122 In addition, Turner argued there were variously "qualified" individuals who practiced some form of quackery as well. These quacks included any one "bred up to a Mechanic Employment, ... [who falsely] set up for a Doctor or Surgeon"; one who after living only "a Year, two or three, with one ... of the Profession ... endeavor[ed] to screen himself" with an ecclesiastical license to practice; one "legally bred up" in the profession, but who advertized particular universal remedies; or one trained in


"Physic, Pharmacy or Surgery who ... intermeddles in all three".123 I examine several of the individuals's practices which Turner described in his writings on the treatment of venereal disease in order to determine why he regarded certain practices as quackery. I then identify Turner's plans to exploit these quack practices and discuss his attempt to implement a standard orthodox form of treating venereal disease. In conclusion, I discuss how the practice of salivation, the treatment Turner chiefly supported, once considered an orthodox form of treatment, had, over twenty years, gradually become a practice some of his colleagues regarded as quackery.

Turner regarded it as quackery for a surgical or medical author to "conceal ... from the Reader" anything he knew that might be of help to patients.124 In particular, Turner despised any author promoting secret remedies. It was this fault, Turner claimed, that lay at the heart of a work entitled The Symptoms, Nature, Cause and Cure of a Gonorrhea (1713). He rebuked the author of this work, his contemporary and fellow licentiate of the College of Physicians, William Cockburn for keeping the remedy of the cure he promoted a secret. This secrecy, Turner argued, was a tactic of quackery.125

In contrast to Cockburn's quackery, Turner's contemporary Dr Thomas Dover openly disclosed his venereal disease remedy: orally

123 Ibid., postscript, pp. 151-53.
124 D. Turner, Syphilis, 1717, close of preface.
administered quicksilver. Although Turner was a mercurialist he was opposed to this form of mercurial administration. He also expressed outrage at Dover for promoting this remedy as a "panpharmicon" or panacea. Indeed, Dover recommended using large doses (i.e., several pounds) of mercury as a cure not only for venereal disease, but also for hysteria, intestinal infestation and obstruction, scrofula, infertility, asthma, elephantiasis, and scorbutic ulcers.

Dover first propounded his panacean claims of quicksilver in The Ancient Physician's Legacy to his Country (1732). In the following year, the surgeon, Henry Bradley and an anonymous "Country Physician" were among the first to counter Dover's claims. But it was Daniel Turner who, in 1733, made what has been called the first "serious examination" of Dover's writing, dissecting it piecemeal in his The Ancient Physician's Legacy impartially survey'd.126

A publishing war ensued over this "crude-mercury mania", chiefly between Turner and Dover, but backed by respective allies

as well. Within the following year, a number of anonymous authors, identifying themselves by such titles as "The Mercurialist" and a "Gentleman of Trinity College, Cambridge" upheld Dover's claims of mercury. Dover, too, republished his Ancient Physician's Legacy, defending his claims of quicksilver on grounds of both theory and practice. According to Dover, injuries resulting from any medicinal agent were due to the agent's shape or form. Hazardous agents, he argued, were always marked with "spiculae, points, and edges"; thus quicksilver, which always retained its "globular form", was perfectly harmless. Dover added further support of mercury's efficacy by publishing eight signed testimonials. Additionally, in disapproval of those who dubbed him the "Quicksilver Doctor" and "Quicksilver a-la-mode", Dover defended his opponent's rebuff arguing

127 Graham Everitt's term for this "furore", as used in Doctors and Doctors: Some Curious Chapters in Medical History and Quackery (London: Swan, Sonnenschein, Lowrey & Co., 1888), pp.104, 106.

128 There is a general acceptance among Dover scholars that the "Gentleman of Trinity College, Cambridge" was Dover himself. Indeed, Dover received his M.B. from Cambridge in 1687, but had been admitted as a "pensioner to the Scholar's table" at Caius College.

129 K. Dewhurst, Quicksilver Doctor, p. 155.
Pray do not you gentlemen, physicians, surgeons, and apothecaries prescribe it [i.e., mercury] almost every day of your lives? I avow you do; only you disguise it, and I give it in such an open honest manner that my patient cannot be deceived in taking it.130

Dover's detractors, including Turner, adduced much first- and second-hand case evidence against Dover claiming the large quantities of mercury Dover used had produced quite hazardous effects. They scorned him for returning to the practice of the "Ancients", i.e., those who administered mercury in the much more unregulated fashion like seventeenth-century practitioners. Turner claimed he "might forgive [Dover's] Quackery if he would [only] quack safely".131

As in many contemporary medical disputes, no quick resolution over Dover's medicine was reached.132 Neither the College of Physicians nor the Society of Apothecaries made an official pronouncement regarding Dover's treatments. Rather, each side continued to gain adherents primarily by publicly denigrating their opponent.


131 D. Turner, Ancient Physician's Legacy ... Survey'd, p.59.

132 Dover's work continued through at least eight editions, the last printed in 1771. And after both Dover and Turner were dead, respected authorities like George Cheyne continued to laud mercury as the "only true Panacea, and Universal Antidote". See Cheyne's The Natural Method of Curing [sic] the Diseases of the Body and the Disorders of the Mind (London: G. Strahan and J. and P. Knapton, 1742), p.119. D. Harley discussed similar outcomes of disputes in his "Honour and Property", pp.138-64.
Turner entered into a similar dispute with the French physician Augustine Belloste. Belloste had become renowned in France for the use of a particular mercurial pill for treating all forms of venereal disease. Like his initial feelings for Dover, Turner vowed that Belloste had an "Honest Intention of serving the Public". But his anger flared once Belloste, "like most other Men, ... resolv'd to make the most he could of his Nostrum". Turner claimed that as

Soon as I found him making a Secret of what is known to the Whole World, [i.e., "valuing so common a Remedy at an extravagant Rate"] ... I was forced to alter my Opinion both of the Man and his Medicine; and can esteem the latter no other than a Piece of vile Empiricism.

In order to resolve the contemporary dilemmas over selecting the most efficacious and least harmful form of therapy, Turner proposed that a more open and accurate method of reporting many practitioners's experience was needed. His efforts to compile case studies as evidence are best exemplified in his tirade against Joshua Ward.

Ward, trained as a drysalter with no qualification in physic, surgery, or pharmacy, developed a reputation as a dispenser of his emetic "Pill & Drop"; a medicine Marjorie Nicolson rightly claimed was "one of the most notorious medicines

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133 Daniel Turner, as cited by [T. Dover], Encomium Argenti Vivi: a Treatise upon the Use and Properties of Quicksilver (London: for Stephen Austin, sold by J. Roberts, [1733]), pp.61-64.

134 Ibid., p.62.
of the XVIII Century". Ward had returned to London from France in the early 1730s claiming to have "supported himself chiefly by the sale" of this nostrum during the preceding sixteen years he spent on the Continent. He ascended the ladder of social recognition soon after his return by curing George II's dislocated thumb; a task the royal surgeons and physicians had been unable to achieve. And from this newly derived social status, Ward began his practice, or more accurately, his business, of dispensing his "Pill & Drop" in London.

Principally, Ward advertised his "Pill & Drop" as effective in treating numerous disorders, not the least of which was venereal disease. Some twenty thousand individuals were claimed to have benefited from this remedy during Ward's first nine months back in London. But opposition to Ward's remedy, as well as to his possible popish inclinations, quickly followed. He was first attacked in the Daily Courant on 28 November 1734. Other periodicals including the Daily Journal, the Advertiser, and the Gentleman's Magazine soon joined the campaign against Ward; the


136 M. Nicolson, "Ward's 'Pill and Drop'", pp.177-78. Both the pill and drop primarily acted as emetics.
most relentless being the Grub-street Journal.137

Turner, too, soon became, as Eric Jameson described, one of Ward's "most active critics".138 Indeed, Turner displayed more vehemence against Ward than against any other single individual in all of his writings.139 Turner's argument against Ward combined elements of his disputes with Cockburn's recommendation of secret remedies and with Dover's and Belloste's proposals of panaceas. Turner explicitly opposed Ward "trying Experiments with Remedies, so often hazardous" to "Great Numbers of ... People, who, ... so readily come" to him, and "promiscuously" take his "Pill & Drop" in "want of proper Information" of what they are actually swallowing.140

In order to demonstrate how Ward's claims ran contrary to what he represented as orthodox practice, Turner gathered much case evidence demonstrating the "mischief" which he attributed to Ward's medicine. One "poor Fellow", for instance, who had been Turner's patient "for a Venereal Head-ach" produced "between sixty and seventy Stools" and was in "the most imminent Danger of

137 The campaign lasted several years, and according to a historian of periodical publication, Ward's "Pill & Drop" was given more space in the Grub-street Journal than any other subject in the paper's history. J. Hillhouse, Grub-street Journal, p.272.


139 Given Turner's disputatious nature as evidenced by his more well-known dispute with his colleague James Blondel, the enormity of his opposition against Ward is even more significant.

his Life" after taking only "One single Pill". Turner reprinted twelve similar incidents which had previously appeared in the Grub-street Journal and the Gentleman's Magazine for the "Satisfaction of all those in whose Hands" these periodicals had "not fallen". He was soon joined by many allies seeking to depose Ward by exposing the identity of the "Pill & Drop". By gathering testimonials as evidence of the previously untold miseries resulting from Ward's remedies, they hoped to convince the public to quit using his medicines.

The efforts to suppress Ward's claims offer insight into what contemporaries viewed as tests and proof of the effects of unknown remedies. Some, like "Philo-Chymicus", and later, John Page, performed comparative assays between Wards's "Pill & Drop" and known substances in order to ascertain the identity of any harmful ingredient in Ward's concoction. Turner compared the colour and internal "workings" of Ward's medicine with his general knowledge of other strong emetics, arsenicals and antimonials. One London physician, Edmund Packe, argued that attempting to identify the composition of Ward's medicines only by "Analogy" exemplified what he considered was Turner's "Ignorance of Chymical Pharmacy". Packe, himself, however, did

141 Ibid., p.15.
142 Ibid., pp.29-32.
143 Philo-Chymicus, Pillulae Wardearæ Dissectio & Examinatio: or Ward's Pill Dissected and Examined... (London: Osborne's, 1736); John Page, Receipts for Preparing and Compounding the Principal Medicines Made use of by the late Mr. Ward (London: Henry Whitridge, 1763).
not describe the results of any more rigorous chemical testing, but rather, he generalized that the effects of harsh emetics were not comparable to the benefits derived from Ward's "Pill & Drop".144

In a pamphlet discussing Ward's medicine addressed to James Jurin, one of the censors of the College of Physicians, Turner proposed adopting Robert Boyle's guidelines for experimenting with newly claimed remedies as a way of avoiding hazards. Specifically, he claimed Boyle put the matter and the remedy "into the Hands of some learned and experienced Physician of his Acquaintance, to make ... Trials therewith, ... [that] might be done with Safety, and to report" the consequences back to him. If the remedy was found to be "safe and beneficial", he suggested its use be "encourage[d]". But if it was in "any ways detrimental", he argued one should "point out the Danger", and lay the remedy "wholly aside".145

In reality, Turner's plan to gather evidence against Ward's claims ran along somewhat different lines. Rather than promoting new trials of Ward's medicine in the hands of "some learned and experienced Physician", Turner appealed to the public to "send [him] an Account of what they know ... from taking ... these Medicines". He requested reports of both the "Good and Bad Consequences", claiming that only in such gathering of

144 E. Packe, Answer to Dr. Turner's Letter, title page. Packe attacked Turner piecemeal throughout the work.

145 Ibid., p.9.
information can "equal Justice ... be done". He specified that contributors provide "Facts" which they had "truly" observed, together with the "Patient's Names and Places of Residence". Turner specifically urged parish clerks to "lay the strictest Injunction" upon parishioners to "make a true Report" of the incidents "immediately ensuing" upon taking Ward's medicine. This information was to be left in a letter addressed to Turner at John Clarke's Bookshop under the Royal Exchange. As a matter of confidence, Turner added that the "person's Name who sends such Information, shall be made no other Use of, than [the sender] himself gives free Permission". Thus, the public would compile the data of which Turner viewed himself the ultimate arbiter.

Whatever responses Turner may have received remain unknown. But the publicity of the campaign against Ward's remedies appears to have actually supported his business. Ward established three privately-run infirmaries in London for whose patients, primarily charity patients, he took direct charge. This business captured the attention of some of Turner's professional colleagues. Dr Packe, for example, supported Ward's claims for his "Pill & Drop" after seeing first-hand how Ward was treating his patients. He wrote an invective against Turner's "injurious Treatment of Mr Ward" and "encourage[d]" collegiate physicians to follow the "God-like" example he claimed Ward exemplified by dispensing such

146 D. Turner, Ward's Drop and Pill ... Consider'd, p. 38.
"extraordinary" medicines to the poor.147 This dispute over Ward's claims illustrates the diversity and discordance over ideas about medicines and medical practice between collegiate physicians during this period.

My final example of the practices which Turner considered as quackery is drawn from a series of Turner's writings on venereal disease. In 1729, Turner challenged the gonorrhea treatment described in a newly translated work entitled a Treatise on the Venereal Disease. The author of this work, the renowned Leiden physician, Herman Boerhaave, described that a venereal patient should be treated until there was an "Absence of all ... Symptoms" of the disease.148 If, "after a strict Enquiry", no signs of the disease were found, Boerhaave recommended that the external parts be washed, bathed, and covered with a mucilage or medicated emplaister.149

Turner argued that if the "Absence of Symptoms ... [was to] be your Guide" for treating venereal patients, or even those suspected of being venereally infected, one had a "sorry Chance" of obtaining a cure. For often, he claimed, individuals come to practitioners in fear after mingling with a foule partner before any signs of the disease were "to be expected".150 He further claimed that a consequential pox could likely develop if the

147 E. Packe, Answer to Dr. Turner's Letter, p.34.
148 D. Turner, Discourse on Gleets, p.xxix.
149 Ibid., p.xx.
150 Ibid., p.xxix.
patient's visible disease only were treated, rather than the venereal venom expelled. Thus, Boerhaave's therapeutic aim of only healing the outward sores was, to Turner, like the aim he described of the Modern Quack.

Turner also expressed concern that Boerhaave implied these patients should be treated with only external medicine. Treating a patient only with "Lotions and cataplasms" and omitting the "proper Alexipharms, internally administer'd" was, Turner argued, not "much wiser" that expecting one "bit by a mad Dog or Viper ... to be cur'd by [only] an outward Salve or Ointment". Rather, Turner claimed, one must "evacuate the Malignity" of the "Poison" first by "Proper [internal] Purgatives", and then "heal the Ulceration by [external] Agglutinants or Balsamics. Just as Turner regarded that purging was necessary for treating the clap, he argued it was also needed to cure the pox. Not all contemporaries, however, agreed with this view. François Chicoynneau, a physician in Montpellier, claimed to have cured many syphilits without ever administering a purge. More adamantly, he denounced salivation as an "ineffectual & pernicious" form of treatment. Instead, he recommended that only small doses of "Quicksilver Ointment" be applied by "friction".

151 Ibid., pp.xxii-xxiii. Elsewhere, Turner presented a similar argument against Cockburn's claim that only "pocky Chancres" required "Internals", for the rest were completely "removed" by "Topicks". See Turner's Syphilis, 1732, p.84.

152 D. Turner, Discourse on Gleets, pp.xxii-xxiii. Turner avoided mercurials in treating a simple clap, for calomel, he claimed, was too strong of a purgative, and crude mercury lacked "those Agglutinating Particles" (Ibid., pp.31, 51-52).
These frictions had gained some acclaim on the Continent where, as later in England, they became advertized as the "Montpellier Method".153

Turner completely disagreed with Chicoyneau's argument. In remarking upon each of Chicoyneau's points, Turner claimed experience had taught him to the contrary. Salivation had, he argued, annually cured "Hundreds" of London patients, many of whom had "fruitlessly" undergone previous treatments only with frictions.154

Another French physician, Pierre Desault of Bordeaux, claimed that the "whole Secret" of curing syphilis derived from "keeping the Patient's Body open by Clysters".155 Thereby, in modifying the "Montpelier Method", Desault recommended that syphilitics be treated primarily by purging, in addition to using only mild frictions. More emphatically, like Chicoyneau, Desault disdained salivation. Consistent with his earlier dispute, Turner opposed Desault's method, and claimed never to have "seen or known" anyone with an inveterate pox to be cured without

153 For a description of this method, see F. Chicoyneau, The Practice of Salivating shewn to be of no Use or Efficacy in the Cure of the Venereal Disease, translated by C. Willoughby (London: J. Roberts, 1723) and R. Brown, A Letter from a Physician in London ... giving an Account of the Montpelier Practice (London: J. Roberts, 1730).

154 D. Turner, Syphilis. 1727, p.352.

submitting to salivation.156

Desault met Turner's objections through correspondence, but their differences were aired to a wider audience through the intervention of London surgeon, John Douglas. Douglas claimed to have treated "several hundreds" of venereal patients by friction and gentle purgation without ever sending "one away uncured".157 In 1739, Douglas published an "Answer" to Turner's "bitter Invectives" false Insinuations and Gross Misrepresentations" of Desault's method of cure. Can "T____r and company" not see, he argued, the difference between

spitting four, five, or six pints a-day, for a month, sometimes two [while suffering with] all of the parts of the mouth inflamed, ulcerated, tumified, and excessive[ly] painful, the face puffed up, the voice suppressed and inarticulate, and [with] such a difficulty in swallowing that it is seldom possible to get [even] the smallest quantity of liquids down, ... and taking two or three gentle purges a-week, and eating heartily all the while?158

156 Turner published correspondence from Desault's countryman, Monsieur Perochon of Bordeaux in favour of salivation in which Perochon claimed Desault's method was "entirely exploded" such that he knew no one still following this practice in Bordeaux. D. Turner, Syphilis Part 2, pp.245-46. It is noteworthy that this is the only contemporary Frenchman whose writing or practice Turner explicitly favoured. More often, Turner reflects the national tradition of remaining what Jeremy Black describes as "Natural and Necessary Enemies" against France. See Black's Natural and Necessary Enemies: Anglo-French Relations in the Eighteenth Century (London: Duckworth, 1986).

157 Douglas, Treatise on Venereal Disease, Part 3, p.53. Interestingly, he claimed that although they were "well cured" without the "least visible sign of the distemper remaining", "two or three ... still pretended to have pains here and there" due to the "fear of paying" for their treatment. Ibid.

158 Ibid., p.27.
Douglas identified four surgeons and six physicians in London who also favoured frictions without salivation, and claimed he was working to have all the local hospitals "fitted up" to use purges and only mild frictions. Finally, Douglas insinuated that Turner retained the practice of salivation primarily because it was more "profitable" than short-term frictions. Jean Astruc, France's most authoritative venereologist, also argued that "all Degrees" of venereal disease could be removed by "mercurial Remedies without [bringing the patient to] a Salivation".

Comparing Douglas's writing from 1737-39 with that of Turner's over the preceding twenty years offers an important insight into the change of accepted orthodox syphilis treatment. By the late 1730s, Douglas was promoting the use of only small amounts of mercury through frictions, certainly not enough to bring on the salivation that he despised. Working back through the literature, I find that support for frictions as opposed to

159 Ibid., pp.154-55. "What say ye to this?" he added, "Is not the milch cow [his deprecating term for Turner] in danger of going dry?" Douglas identified physicians Mead, West, Douglas, Sanders, Nisbett, Owen, and Wodrow in support of friction as well as surgeons Paisely, Deverell, Glen, and Horton.


161 J. Astruc's Treatise on Venereal Disease as cited by D. Turner in Aphrodisiacus, p.xxx-xxxi. Astruc held little regard for Turner's writing style, claiming it was "not so methodically delivered ... nor placed in that order as might have ... afforded a fuller Insight into the Nature of this Distemper", as cited by Turner, Syphilis, Part 2, p.viii. Turner, too, disapproved of Astruc's writing agenda to compile an encyclopaedic account of "useless Divisions" and "unnecessary Distinctions" which were "superfluous and foreign" to practical means of cure. (Turner, Syphilis, Part 2, pp.53-61).
salivation began gaining strength in the early 1730s. It was also at this time that guaiac, Dover's mercurial remedy and eventually, Ward's "Pill & Drop" began to gain public and professional support as well. Thus, it appears there was a general, though gradual, movement towards finding alternatives to salivation as a method for treating syphilitics. Why was this so? And, What does this say about Turner?

At present, I have set aside investigating whether any changes in theoretical arguments might underlie the expressed changes in practice for two reasons. First, support for the belief that a venereal venom produced the damaging effects seen in venereal disease appears to have held strong sway throughout the twenty years in question in both England and France. Second, this thesis centres around an individual who explicitly based his practice upon observation and experience rather than upon theory.

Neither the College of Physicians nor the Barber-Surgeons' Company formally urged practitioners to quit salivating patients in favour of other methods. Indeed, a constituency of both physicians and surgeons may be found among the supporters of each alternative therapy as well as among the old guard of "sworn salivators". Thus, promoting an alternative to salivation was not, at this time, so clearly divided along surgeon-physician lines as some historical accounts have suggested.162

162 C. Willoughby anticipated that opposition to salivation would generate a similar response from both physicians and surgeons as the response had been to proposals for safer and gentler methods of treating smallpox. See the introduction of his translation of F. Chicoysneau's The Practice of Salivating, p.iii.
Instead, subscribing to salivation as a public practitioner in the late 1730s appears to have been passe. Although its use for hospital patients does not appear to have declined, salivations by public (i.e., non-hospital) surgeons under whom patients had more say about their treatment than in hospitals distinctly lost the level of support it boasted of some ten years earlier. Instead, several new alternatives were available whereby patients could have more time to go about their day-to-day business, without having to be "laid down" for a month. Only brief contact with practitioners was required, whether the practitioners were qualified or quack.

Quackery was not exclusively a term used to describe the practice of unqualified mountebanks. Advocating particular remedies was enough for some members of the orthodoxy to identify any supporter of these remedies as a quack. Indeed, in 1739, many qualified London practitioners no longer considered salivation as an orthodox form of treating syphilis. What then of Turner? If Douglas be our guide, and he is the only contemporary guide to this issue we have, he insinuated that by Turner's "bigotry" to "antiquity"; by his adherence to "old" outmoded "notions" and practices rather than adopting the "modern" less hazardous forms of treatment; and by retaining "old forms" of treatment merely "because they are profitable"; Turner was nothing better than a quack. "Rail T[urner]! rail! Your Craft's in danger, if the truth prevail".163

Having led London's crusade against quackery from as early as 1695 through 1739, Turner's practice was ultimately designated as quackery by a similarly-aged, similarly-trained surgical colleague. What an ironic turn for Turner, the physician probably most keenly attuned to abolishing quackery in all London. Turner's situation, at least from Douglas's view, exemplifies W.F. Bynum's dictum that "quack is as quack does".164

CONCLUSION

In this thesis, I have presented Daniel Turner's career as being both typical and atypical. He gained his initial surgical training through apprenticeship. Not surprisingly, as a surgeon, Turner appears to have encountered patients who suffered from disorders that were comparable to those described by his contemporaries. His remedies and operations were consistent with those of many other orthodox surgeons in his day. Thus, Turner's experiences as a surgeon appear to have been, in many ways, typical of those of an early eighteenth-century London surgeon.

Yet, Turner distinguished himself from his surgical colleagues in several ways. Foremost, Turner was the most prolific author of surgical works in early eighteenth-century London. He used this output to establish a reputation as an authority in surgery and as a man of letters. In these works, Turner detailed his endeavours to improve the art of surgery and advance the status of surgeons by liberalizing what many saw as a mere mechanical handicraft. Although Turner never engaged a single apprentice, in one sense, he aspired to become the master of all young surgical practitioners. His Art of Surgery, would, according to its author, prove to become the "most instructive" surgical guide in the English tongue.1

Turner differed from his colleagues in several of the views he expressed in his writings. His ardent opposition to

1 D. Turner, Art of Surgery, 1725, v.1, To the Reader.
theoretical medicine, particularly iatromechanical-based medicine, in favour of "quasi-vitalist" beliefs was unusual among the surgico-medical authors in Newtonian London. His view that the skin transported externally-applied medicines inwardly, his appeal to the public regarding his belief in the power of the mother's imagination, and his attempt to expose Ward's "Pill & Drop" also distinguished his approach from those of a number of contemporaries.

The views Turner displayed in his writings may be explained in terms of "duties". He argued that eradicating London's mechanical theorists and quacks would fulfill both a practical "duty" to his nation for the benefits of future generations of people and practitioners, and a moral "duty" to his Creator. The traditional restraint upon surgeons to administer only external medications contradicted what Turner argued was a surgeon's "duty" to provide his patients complete cures. He continued this crusade as a physician, attempting to convince his colleagues of the necessity that, in order to treat the whole patient, surgeons must be allowed to administer internal physic.

I have found that Turner's writings also reveal many attempts to improve his social position. Striving to move up in society was not uncommon in Turner's London, and through my biographical examination of Turner I have demonstrated the ways in which Turner attempted his social climb. In order to gain recognition as a scholar, Turner displayed himself as a robed man of learning in all of his early published works. He also
displayed his scholarly writing talents before the Royal Society through several papers he had written. Gaining the favour of the Royal Society and ultimately being invited into their Fellowship would certainly have furthered Turner's contemporary reputation as a scholar. But Turner's quest for recognition by this Society was in vain. When this opportunity of social enhancement was closed to him, Turner attempted to improve his position as a surgical tradesman. Perhaps Turner's most revealing attempt to gain recognition was his turn from the practice of surgery to the practice of physic. As a physician, Turner was able to marry into a landed family, acquire the leisure through which he could turn his attention to writing, and eventually acquire land holdings of his own.

Turning to physic did not stop Turner's social climb. He published a scholarly treatise to gain the "approval" of the College of Physicians. Later, he went to unusual lengths to obtain an M.D.. Although this honorary degree possibly diminished the gap between his background and that of many of his university-educated physician colleagues, it did not elevate him into the position of a Fellow of the College. Instead, the way Turner bartered for this degree prompted some Fellows to mock his M.D. as signifying more of a "multum donavit" than a medical doctor.2

Not all of Turner's writings met with approval. James

2 J.M. Toner, Contributions to the Annals of Medicine and Medical Education, p.66.
Blondel's vehement verbal attacks against Turner's views over the power of the mother's imagination attracted other criticisms of Turner. Turner's writings on syphilis treatments prompted the tirade of his surgical colleague, John Douglas, who represented Turner as a quack. The popular press also denounced Turner. Specifically, they opposed his "digressive" writing style. James Douglas identified Turner's method of contriving passages in his opponents' works in order to satisfy his own objections as Turner's own invention; a contrivance Douglas labeled a "Turnerism". Despite the slanders, Turner's name and campaigns were advertised through the pamphlet wars, thereby promoting his public reputation during his lifetime.

Turner received mixed responses from succeeding generations. Some surgeons, like Percival Pott, cited his writings as faithful representations of their age. Eighteenth-century encyclopaedists of surgical writings dutifully recorded Turner's contributions. But by 1800, Turner's image as an authority in surgery had lost some of its lustre. Turner had been eclipsed by British surgical authors including Percival Pott, William Hunter, and John Abernethy. The writings of these authors were relatively deplete.

4 J. Douglas, Dissertation on Venereal Disease, part 3, p.2.
5 See, for example, Joannis Jacobi Magnet, Bibliotheca Scriptorum Medicorum (Genevae: Perachon & Cramer, 1731), v.4, pp.403-04; Stephani Hieronymi de Vigilis, Bibliotheca Chirurgica (Vindbonae: Joannis Thomae, 1781), v.1, pp.80, 717, and v.2, pp.1596, 1844-5; and Hermanni Boerhaave, Methodus Studii Medici (Amstredami: Jacobi a Westein, 1751), v.2, pp.645, 766, 943.
of the sort of detailed, instructive, "digressive" case-histories Turner had used. For, rather than emphasizing the importance of treating the whole patient and using remedies and procedures gathered from ancient authorities as Turner had done, later eighteenth-century surgical authors highlighted the "advancements" they said could be made in surgery by "improving" surgical technique. Thus, the art form which Turner sought to liberalize into a patient-oriented practice was returning to what could be seen as a mechanical, instrument-oriented practice.

Turner's persistent campaign to reform surgical practice was not realized in his lifetime. Soon after the time of his death, however, surgeons's accusations against barbers "pretending" to practice surgery soon became passé. The barber-surgeon mould of Turner's generation was recast after the establishment of a Company of Surgeons independent from the Company of Barbers in 1745. But consistent with Turner's aim to elevate the status of surgeons, the establishment of this Company, and in 1800, the foundation of a College of Surgeons of London, further "advanced" surgeons's professional standing.

Early nineteenth-century writers dismissed Turner altogether. Thomas Bateman, in his widely reputed A Practical Synopsis of Cutaneous Diseases, pointed out many passages in which he claimed Turner "confounded" the study of skin disease. For this, he deemed Turner "our credulous countryman".6 However,

6 Thomas Bateman, A Practical Synopsis of Cutaneous Diseases (London: Longman, Hurst, Rees, Orme, and Brown, 1813), footnote p.148 and p.59. See also P.J. Hare, Our Credulous Countryman.
by 1850, a century after Turner's death, chroniclers of skin
disease endorsed Turner's "pioneering" contributions to
dermatology. After that time, Turner's enduring legacy, chiefly
among dermatologists, is evinced by the use of "Turner's cerate"
well into the twentieth century. Later in the twentieth
century, some three hundred years after Turner's birth, London
physicians and surgeons paid tribute to Turner in their
establishment of the Daniel Turner Dermatology Clinic.

It has been said of Turner's contemporary John Woodward
that, although "not a great man", he was "a man of near-
greatness, ... who left his mark upon his own time, and ... for a
long time afterward, but who slipped ... gradually ... into
oblivion". But by examining Woodward's "many-sided" characters,
his "sundry interests and several careers", Joseph Levine has
vastly expanded our understanding, not only of Woodward, but more
significantly of the contemporary meaning of the ancient-modern
dispute in which Woodward so ardently engaged. More recently,
Roy Porter has taken the life of Thomas Beddoes, a physician

7 Alan Lyell noted that Turner's Cerate was found in the
Dispensatory of the U.S.A. through, at least, 1955. See his
"Daniel Turner ... The Man Seen in the Pages of his Book on the
Skin", p.168.

8 The Daniel Turner Clinic was co-founded by dermatologists
Peter Copeman and Richard Staughton, first at St Stephens's
Hospital in the late 1970s, later moving to the Westminster
Hospital. At present, plans are being negotiated to move this
clinic to the merging Westminster and Chelsea Hospitals, with
hopes of opening a Daniel Turner Ward there as well.

9 Joseph M. Levine, Dr. Woodward's Shield: History, Science
and Satire in Augustan England (Berkeley: University of
whose reputation after his 1808 death "soon became just a historical footnote", and reconstructed an historical account of the meaning of health and medicine, the "oral culture" of sickness, and Beddoes' confrontations with the "Enlightened classes" of late Enlightenment England. Turner, too, has not gained the historical reputation of a "great" man. But exploring Turner's career contributes to our understanding of a surgical practitioner's occupational concerns and his patients's fears of surgery in the early eighteenth-century. In addition, Turner's writings reveal the persistent fight that a surgeon and later, a physician, faced in persuading patients to undergo treatment, in protecting his occupational turf, in preserving his own "professional" reputation, in defending his publicly-expressed views, and in advancing his position in both his "profession" and in society.

Examining Turner's career also provides insight into the hierarchy of surgeons and physicians in the so-called "marketplace" of practice in early eighteenth-century London. Despite the rigid official distinctions between physicians and surgeons, as well as between surgeons and barbers, their actual practices appear to have been intermixed. Working with patients often involved more of a grey area in which surgeons and physicians often assumed similar responsibilities and forms of treatment. These somewhat overlapping practices between physicians and surgeons were particularly apparent in the

treatment of skin disorders and venereal disease. "Quacks" of all varieties and qualifications were seen by other practitioners as their greatest threat. Unorthodox practitioners continued to treat many, perhaps the majority of "patients" during this period. "Progress" for surgeons became less directed at restraining quack surgical practitioners, and it focused, instead, upon the promotion of book learning as a way of liberalizing surgery from being a mechanical trade. Training in this mechanical art, however, did not inhibit ambitious surgeons from advancing themselves. Indeed, some of the censors of the College of Physicians acknowledged surgery as a trade with sufficient prestige from which, through certain efforts, one could "advance" himself to the practice of physic. Daniel Turner set an example of how, through self-education and self-promotion, an individual could make this climb. And Turner's climb, itself, is an example of the growing importance of the role of the individual in eighteenth-century England. Based upon the reception of his written works, Turner gained recognition as a scholar and an authority in surgery. But he was unable to gain the respect and recognition of a physician trained by more conventional standards and the necessary patronage to become more fully recognized as a gentleman. Despite the increasingly fluid appellation of "gentleman" in the eighteenth-century, it appears that one's birthright remained a steadfastly limiting factor as to who was recognized as a true gentleman in Augustan London.
Appendix 1. Vernacular Surgical Treatises 1685-1745


______, *Practical Chirurgery*, 1689.


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______, *The Hospital-Surgeon*, vol.2, 1729.

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Appendix 2. Altham-Turner Family Tree
(folded)
Appendix 3. List of the books Turner gave to Yale Academy

A. Turner's own writings

**De Morbis Cutaneis. A Treatise on Diseases Incident to the Skin** (London, 1714).


**Syphilis. A Practical Dissertation on the Venereal Disease** (London, 1717).

**The Modern Quack or the Physical Imposter Detected** (London, 1718).

**A Remarkable Case in Surgery** (London, 1709).

B. Other medical/surgical writings


C. Religious commentary


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Philo-Chymicus, Pillulae Wardearae Dissectio & Examinatio: or Ward's Pill Dissected and Examined, and its True Composition Plainly Discover'd, even to an Ocular Demonstration. In a Latin Epistle to the Ingenious Dr. Boer?ave, Professor of Physic in the University of Leyden, now translated into English by a Chymist of London (London: Mr. Osborne's, 1736).


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