INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

'FOR PRIVATE FAMILIES, PUT UP IN THE COMPLEATEST MANNER, WITH AMPLE DIRECTIONS': DOMESTIC MEDICINE CHESTS

by

Allison Wehr Elterich

A thesis submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Master of Arts with a major in Early American Culture

Spring 2000

Bell & Howell Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

'FOR PRIVATE FAMILIES,

PUT UP IN THE COMPLEATEST MANNER,

WITH AMPLE DIRECTIONS':

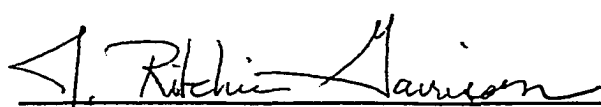
DOMESTIC MEDICINE CHESTS

by

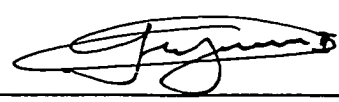
Allison Wehr Elterich

Approved: 

J. Ritchie Garrison, Ph.D.
Professor in charge of thesis on behalf of the Advisory Committee

Approved: 

J. Ritchie Garrison, Ph.D.
Acting Director, Winterthur Program in Early American Culture

Approved: 

Conrado M. Gempesaw II, Ph.D.
Vice Provost for Academic Programs and Planning

ACKNOWLEDGMENTS

Special thanks are due to many people whose contributions influenced and improved my work. Without the support and encouragement of Pauline Eversmann and Bernie Herman, I would not have entered the Winterthur Program in Early American Culture. They represent the truest definition of what it is to be a mentor. Ronald Hurst of Colonial Williamsburg introduced me to my first medicine chest and thus inspired a thesis topic. Neville Thompson and Mary Alice Cicerale provided invaluable direction and resources via the Winterthur Library. Heartfelt thanks go to my advisor, Ritchie Garrison, who has been part of my intellectual growth for years in the classroom, in museums, and throughout the writing of my thesis. He patiently and perceptively affected my work for the better.

A final debt of gratitude goes to my family for supporting me during two years of five-hour commutes between Delaware and Chesapeake, Virginia. They gave me the determination to reach my goal of completing the Winterthur Program. My husband's love and encouragement made what appeared impossible--possible.

TABLE OF CONTENTS

LIST OF FIGURES

ABSTRACT

Medicine chests, also known as apothecary chests or physick closets, are not particularly rare objects. They appear in many probate inventories, newspaper advertisements, and account books. Historic documents reveal their use from ancient times to the present. In America, they were carried on to the battlefield to treat Revolutionary and Civil War soldiers and they were a prerequisite for sea travel. Apothecaries and doctors used both portable and permanently fixed chests, to store the medicines with which they treated their patients. Few researchers, however, have focused on the acquisition, outfitting, and domestic use of these chests. This study will explore the role of domestic medicine chests between the mid-eighteenth and the mid-nineteenth centuries; a time when the field of medicine was becoming professionalized.

This study of medicine chests reveals medicine was treated as a commodity not unlike fashionable clothing and elegant houses. In addition to their medicinal purposes, some chests indicated the gentility and social status of their owners. In the eighteenth century, apothecary chests were not mass-produced objects. Most were imported from England and were rarely produced by American cabinetmakers. This thesis explores the process by which a customer decided to request a chest, determine its ultimate form, finish, dimension and utility, and acquire the knowledge to use the object and its contents. Further, it argues that elites used medicine chests to exhibit fashionability in a novel furniture form. Jean Skipwith and David Harper, two eighteenth-century persons, will serve as case studies of medicine chest users. This

study is based on extant medicine chests, probate inventories, craftsmen's account books, newspaper, diaries, cookery and recipe books, published medical sources, botanical literature, and home remedies.

INTRODUCTION

From the windows of her elegant plantation house, Lady Jean Skipwith saw a working plantation full of people, livestock, and activity. Although dozens of slaves and several children lived on the estate, it was easy to feel alone on the plantation's vast acreage and remote distance from the nearest town. In times of injury and illness, it is likely that Skipwith's family and slaves depended on her medical ministrations. Despite the Skipwith's and other gentry planters' economic status, a physician may not have been readily available in the sprawling and isolated countryside. A certain self-dependency was fostered by these circumstances. In the case of the Skipwith family, it seems possible that Jean may have adequately filled the need for medical advice due to her upbringing, botanical interests, and substantial library. Most importantly, Jean Skipwith owned a medicine chest.

She was born on 21 February 1748 in Blandford, Prince George County, Virginia. Her parents, Hugh and Jane Miller, named her Jane which she eventually changed to Jean. Her mother died at a young age and her father chose to return to Scotland. Twelve year old Jean along with her two sisters and two brothers accompanied their father to Glasgow. Unfortunately, Jean's father took ill and died shortly after their arrival. By age fourteen, Jean had lost both of her parents. Little is known of Jean's education other than her father provided her and her siblings with a substantial inheritance.[1]

At the late age of forty, Jean married Peyton Skipwith in October of 1788. Peyton and Jean were not strangers; Peyton first married Jean's older sister Anne.

Their fifteen-year marriage ended abruptly when Anne died in childbirth and left Peyton with four young children. Despite nine years as a widower, Peyton faced difficulty with his proposed marriage to Jean. In Virginia, strict church codes banned marrying a deceased wife's sister. Eventually, Jean and Peyton exchanged vows in Granville County, North Carolina where they circumvented the prohibition. Perhaps surprisingly, Jean and Peyton immediately began a family and Jean bore four children between 1789 and 1794. Consequently, Peyton's new family acted as the catalyst for the construction of a grand plantation house, Prestwould.[2]

The nearest town to Prestwould, Clarksville, Virginia, is located approximately one hundred fifty miles west of Norfolk in an area known for its picturesque landscape. Despite centuries of development in Mecklenburg County, the land retains its pristine lakes and scenic vistas. Originally settled by the Occoneechee Indians, this fertile land was part of their trading empire prior to the seventeenth century. In 1676, Nathaniel Bacon garnered their aid in fighting and defeating the Susquehanocks and then forced them south to North Carolina. Clarksville was incorporated in 1818 and supported a prosperous tobacco industry which supplied European markets. Goods were transported on the river routes through North Carolina while the land routes lead to Petersburg. This was the locale selected by Sir Peyton Skipwith and his second wife, Jean, Lady Skipwith, for their plantation, Prestwould.

Construction of Prestwould began in 1790 and was completed in 1795. Local granite was quarried for the elegant plantation house that was placed on a bluff overlooking the river. Jean Skipwith played an important role in much of Prestwould's design and decoration. Skipwith, an amateur botanist, oversaw the design of the

property's gardens. Though she lacked any formal training in botany, she was far from a dilettante. During her lifetime, Lady Skipwith (1748-1826) amassed a personal library that exceeded four hundred volumes. Her library has been described as "incomparably the largest and best made by a woman in Virginia."[3] Skipwith's library was remarkable, as was the woman.

Peyton had amassed great wealth by this time and was a large landowner in Mecklenburg, Surry and Halifax Counties. He possessed 6,661 acres of land, 144 slaves, 58 horses, and 188 head of cattle.[4] Jean Skipwith was an heiress in her own right and had lived independently since age fourteen. The Skipwith's combined affluence afforded them the opportunity to decorate their home in the finest manner available. Jean selected Prestwould's carpets, furniture, paint, and wallpaper; all ordered from Europe according to the latest fashion. Many of these objects have survived and are well documented due to Jean's careful notes and letters.

Of particular note are Jean's garden notes which are a rare eighteenth-century survival. Noteworthy in their detail, Jean's records have been used in the twentieth-century for the restoration of gardens at Colonial Williamsburg and other historic sites. Specific information on the varieties of plants that she ordered both locally and from abroad is present. They provide an invaluable glimpse of native horticulture in the late-eighteenth century. These notes, along with Jean's library and personal possessions, offer a vantage for exploring medical practice in a rural Virginia environment.

Jean Skipwith's medicine chest, in combination with her medical knowledge and books, enabled her to administer medical care where a trained physician was rarely available. Typical of the time, Jean's chest was ordered from abroad. The

Skipwith's agent, Dawes Stephenson, purchased the chest from A. Maxwell in London on July 3, 1800. The receipt for the chest reads, "a mahogany medicine chest complete £12.12 and a case for do £0.5.6. The price paid for this chest was comparable to a sideboard made by Petersburg cabinetmaker, Samuel White, for the Skipwiths in the 1790s. Although the Maxwell chest may have been beautifully crafted, it is clear that the medicines and instruments contained in the chest were significantly more valuable than the case. The local cabinetmaker,White, also made a "small medicine chest" for Peyton which was delivered on December 14, 1793 for the sum of £0.15.0. As neither chest has been located, it is difficult to compare the two chests. However, White's chest appears to be little more than a simple box. In fact, Peyton's bill lists packing boxes that were only slightly lower priced than the medicine chest.

Though Jean Skipwith's chest may never reappear, it is possible to speculate on the object. Medicine chests were not particularly rare objects. In America, they were carried on to the battlefield to treat Revolutionary and Civil War soldiers and they were a shipboard prerequisite for travel. Apothecaries and doctors used these chests, in both portable and permanent means, to store the medicines with which they treated patients. We know far less about the domestic use of medicine chests in rural settings, where families like the Skipwiths would have found the medicine chest a necessity. British craftsmen and merchants supplied the majority of the medicine chests used in America. Therefore, Jean's chest was not unusual in that regard. In fact, medicine chests crafted by American cabinetmakers are rarer than their Continental counterparts.

Medicine chests existed in England and Europe well before the colonization of America. Documented examples date to Greek and Roman times. It

seems likely that medicine chests were considered a necessity for travel to America and for colonial settlements. Newspaper advertisements confirm their existence in America by the early-eighteenth century. The following advertisement was published in Boston's Newsletter of July 16, 1711 (2:2):

> There is lately come from England a quantity of Druggs and Apothecary's Ware, done up some in large and others in small boxes, fit for Gentlemens' Families that live in the country distant from Doctors and for small Vessels that carry no chysurgeons etc. Wherewith any person may be reasonably furnished by Edward Caine in Pudding-Lane, Boston.

This advertisement explicitly states the perceived clientele for apothecary chests—rural "Gentleman's" families and shipboard crew and passengers with limited access to doctors. The variety of objects available to the customer is clearly suggested in this passage. Further, the chests "done up some in large and others in small" appear to be arriving "complete" from England. It is not known if these ready-made wares offered levels of workmanship and ornamentation comparable to custom-made objects.

Medicine chests, also known as apothecary chests or physick closets, could take a variety of forms. The object's size, number of compartments, materials, decoration, and accoutrements determined its cost. Presumably, most customers selected a pre-designed case. The glass and ceramic vials or bottles and other instruments and scales dictated the actual size of the compartments. Since glassblowing was far from standardized in the eighteenth century and less refined in America, most customers ordered bottles from abroad. The cabinetmaker, having assembled all the accessories for the chest, could begin construction. Compartments were custom designed around the bottles and instruments. A broken bottle could result in a difficult replacement for the customer.

A medicine chest's complexity and design was tied to issues beyond functionality. The completed chest was often lined with decorative paper, baize or velvet. Exotic woods, inlays and decorative hardware enhanced the chest's appearance. Though native plants were used by Virginians, the majority of medicinal ingredients were ordered from Europe. The vials and bottles of a medicine chest could have been filled and the object sent completely outfitted and ready for use by the customer. In order to function effectively as the container for medicines, ivory drawer pulls and velvet linings were unnecessary. The decorative elements of the chest were employed as markers of the owner's social status and style consciousness. For many owners of expensive and finely crafted chests, the object's style was often more important than its function. When looking at a chest from Goochland County, Virginia, this point seems apparent (Figure 1). Designed to mimic a piece of high-style case furniture, this medicine chest speaks to its viewers about elite notions of style and perhaps novelty. Many chests were displayed in the public rooms of the house. Their sophisticated design conveyed the owner's sense of style to visitors. It is possible that the well-designed cases were part of the druggists' sales strategy. Elaborate containers may have affirmed a sense of elaborate medical knowledge and willingness on the part of the consumer to spend excessively in hope of good health. The intricate medicine chests could have played to individuals' fears of illness and a mindset where expensive tinctures and pure plant extracts appeared better than cheap patent medicines. It is possible that some medicine chests were objects of curiosity versus a domestic essential. It is purported that Thomas Jefferson used his chest to organize seeds and other botanical specimens. And it seems possible to speculate on the variety of "catch all" functions such an object could serve.

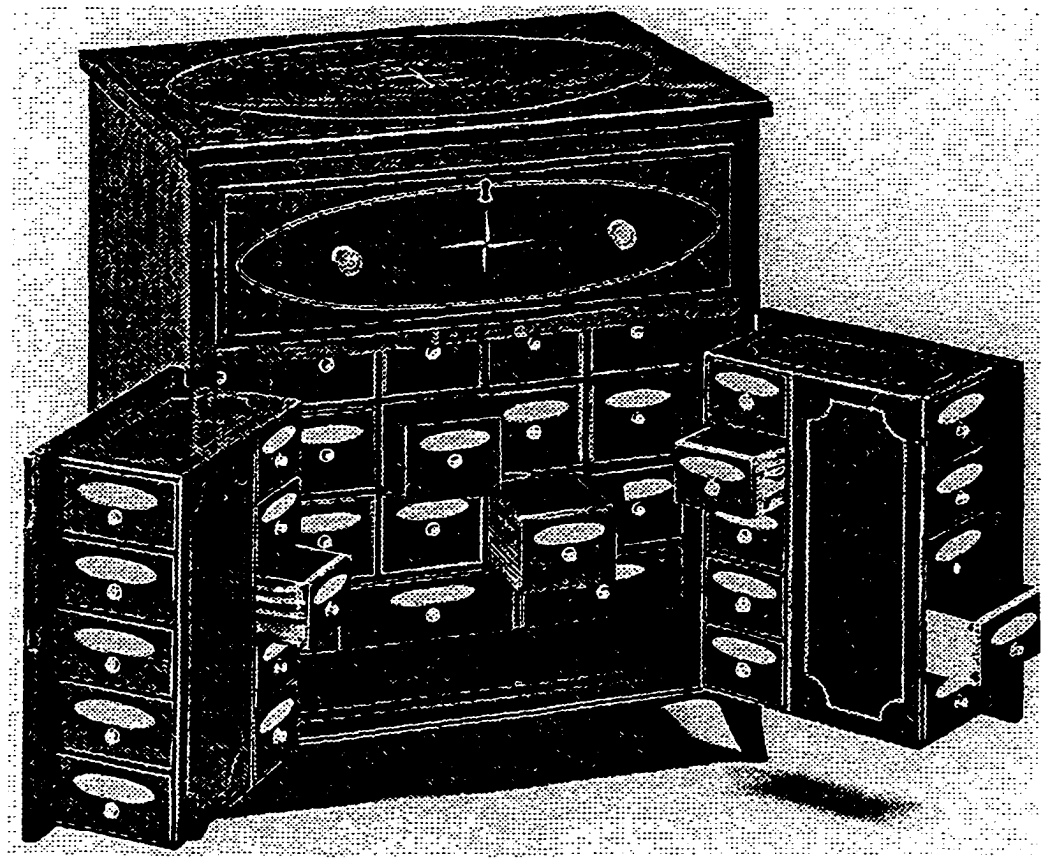


Figure 1. **Dandridge-Payne medicine chest from New Market plantation, Goochland County, Virginia, circa 1800-1815. Possibly made by American, James McAlester. Courtesy of the Colonial Williamsburg Foundation.**

The chest owned by Jean Skipwith was representative of the larger and more expensive chests which could act as identifiers of social status. The London craftsman who made her chest likely possessed solid cabinetmaking skills. Apothecary chests, though small, were often very complex objects. Advanced craftsmanship was needed to construct numerous compartments and drawers with minuscule dovetail joints. Likewise, hinged doors containing compartments with heavy bottles were often problematic to design and execute. Medicine chests seem to parallel clocks in their specialized assembly process—several different craftsmen were needed to assemble an individual object. Regardless of the chests' ultimate design and contents, an owner's decision to acquire and fill a chest for home use involved several considerations.

ACQUIRING A MEDICINE CHEST AND SELECTING ITS CONTENTS

It is difficult to determine how one gained the knowledge to own or use an apothecary chest. The history of medicine in Virginia during the late-eighteenth and early-nineteenth century was a period of transition. Galenic medicine, tracing its roots to the Greek physician, Galen, had begun to lose favor. Several medical colleges with formalized medical training gradually supplanted earlier medical practices. In 1765, America's first medical school, the College of Philadelphia, opened, but most medical colleges were established after the War of 1812. "Beginning in the 1760s, some educated doctors took the initial steps to reproduce in America the professional institutions that in England gave physicians a distinct and exclusive status."[5] These efforts at establishing medical licensure were largely unsuccessful for the next century and so trained doctors worked alongside lay practitioners. A counterculture of popular medicine would exist well in to the nineteenth century. The agrarian lifestyle of most colonial Americans allowed domestic medicine and self-doctoring to flourish. There were obvious differences between urban and rural medicine, in addition to the influence of various ethnic groups. In Virginia, Native Americans and African slaves undoubtedly affected the practices adopted by families like the Skipwiths. Immigrating colonists brought their local traditions to a new country with different plants and remedies than their homeland. This ebb and flow of medical knowledge and practice illustrates the complexity and variation that could be found in family doctoring and in the contents of family chests.

Medicine Chest Advertisements and the "Standard" Kit

If someone wished to buy a medicine chest, the purchaser need only glance at a local newspaper to find a wide selection of chests. Eighteenth and nineteenth-century newspapers were filled with advertisements offering new, used, imported, and American-made chests for sale. Evidence for both English and American chests are readily available in newspapers. An advertisement of Adam Gilchrist, merchant, in March 1789, offered "...medicine chests, neatly put up in London..."[6] South Carolina court records confirm that American craftsmen were also making chests. The cabinetmaker Charles Desel charged Peter Broughton for "making a Medicine Chest £1.5..." on April 25, 1798.[7] William Drewet Smith provided Philadelphians with

> a neat and general Assortment of Chemical and Galenical Medicines, Druggs, Patent Medicines, Surgeons Instruments, & c. Likewise Medicine Chests for Shipping, Plantations, and Iron Works, with proper Directions suited to the Disorders of the Country, on the lowest Terms.[8]

These advertisements show a variety of sources for securing a chest but more importantly the wide selection of medicines and instruments that could be found in chests of the period (Figure 2). Philadelphians could choose nearly any type of medicine from pure chemical compounds to mix themselves, to ready to use patent medicines. The newspapers also suggest that chests were customized according the place of use, e.g., an ironworks or a plantation. The inclusion of directions makes apparent that laymen were often medical practitioners rather than trained physicians.

One of the most intriguing questions raised by surviving apothecary chests is what medicinal substances were contained in the glassware and compartments? By understanding which ingredients owners used, it is possible to reconstruct historic treatments of injury and illness, the transmission of medical knowledge and practice in a variety of urban and rural settings, and personal preferences in medical treatment.

Figure 2. **Detail of medicine bottles contained in medicine chest from Philadelphia. Maker D.G. Wilson, J. Childs & Co. Courtesy of Wachovia Historical Society.**

Actual treatments depended upon a variety of influences including the physician's prescription, family receipts passed down through the generations, and from local plant lore from the cultural traditions of African-Americans, Europeans, and Native Americans. Medicine chests, though somewhat standardized in their form, provided for adaptation and change. Ingredients evolved with changing owners and changing medical knowledge.

Chests could be acquired in differing states of completeness; some were merely empty boxes; some contained the glassware but lacked the drugs; and others had full bottles, weights and scales, and possibly instruments such as lancets and cups. A 1795 advertisement in the Charleston City Gazette describes

> Medicine chests of all sizes, fit for plantations, vessels of war, merchant vessels & c. among which is a very complete one, fit for a large plantation or a farm, having not only Buchan's domestic medicine, with it, but also a late treatise in disorders incident to all kinds of cattle, with patent-phlemes for bleeding them &c. & c.[9]

Described as "very complete" the above chest would have been ideal for a remote plantation or farm location far from the prompt assistance of a doctor. The complete nature of this object provided a sense of security in the ability to treat a wide variety of ailments. Likewise, the volume of Buchan and the veterinary treatise would have surely been useful in such a rural environment. Buchan's *Domestic Medicine* was among the most popular works of its kind. Buchan espoused a naturalistic approach to treating disease and suggested that common sense approaches were often more affective than the heroic efforts of trained physicians. The inclusion of directions suggests the association of the planter or his wife acting as the doctor due to their literacy. Finally, the ad suggests the advancing nature of medicine in America. Disease in animals, as well as humans, was being examined. Surely farmers had an interest in

protecting their livestock investment by tending to animal health. Although crude and perhaps ineffective, treatments were being suggested to remedy illness. While many advertisements focused on marketing the chest according to it's size or style; more ads began to emphasize the contents, such as the "large, if not the most considerable and complete assortment of the best genuine Drugs and Medicines ever imported here."[10] Logically, a medicine chest was probably a one-time purchase leaving the druggist to profit most from the continued sale of drugs, patent medicines, and paints.

Despite the abundance of advertisements which enumerated specific drug names by the dozens, advertisements for medicine chests show them generally coming with "plain and easy directions"—implying a lack of user knowledge or ability.[11] It is not known whether the inclusion of directions was simply a standard accessory for a medicine chest. Since the large majority of chests were imported from England (location of the most prominent medical colleges in the eighteenth and nineteenth centuries), did the English presume a lack of medical knowledge in America? The wide availability of drugs and the absence of regulation created a precarious environment for home doctoring. Growing concern over health and well being and a popular skepticism toward the limited efficacy of medical professionals fueled demand for medicines. The combination of powerful drugs and a general lack of sophisticated physiological information certainly resulted in accidental fatalities through misapplication. The printed directions presumed treatment was limited to the literate. The printing of directions probably allowed for "mass production" of these objects which could then be easily packaged and exported from England to America. Further, if most drugs were imported from the Continent and Asia perhaps directions were needed to explain plants and substances that were not indigenous to America. Merchants could include

direction books as a marketing strategy to entice customers to try unfamiliar drugs. By the late-eighteenth century, these direction books had become virtually standard in domestic medicine chests. In the spirit of entrepreneurship, direction book publishers took advantage of American's increasing interest in health and hygiene, and families' fears of safe medical remedies.

The advertisements also suggest that it was the ingredients that customized a chest rather than the chest itself. Richard Tidmarsh offered "medicine chests and boxes complete, with glass ready to fit up for sea or country families, with plain and easy directions on the shortest notice."[12] His advertisement implies that the box and glassware are ready and need only be filled with the proper drugs according to the intended use. It is not known how these ingredients differed and whether they actually needed to. Like the crew on a ship, a family on a remote plantation could have limited access to a doctor or at least to a competent practitioner. Perhaps the medicinal contents were tailored to the locale of the owner in order to treat regional diseases and afflictions. Some common ingredients in American-owned, eighteenth-century chests were laudanum, lead, and mercury.[13] These ingredients illustrate the hazardous nature of early medicine. Toxic substances, in the hands of non-experts, provided for uncertain cures and possibly death. Almost uniformly fitted with locks, the medicine chests could be secured from curious children. Whether concocted by a parent using do-it-yourself doctoring books like The Poor Planters Physician or Every Man His Own Doctor or bottled by a hawker of patent medicines, the "medicine" of the time was still unrefined. The published guides to domestic practice saw wide circulation. The guides presented remedies in simple language and gave detailed descriptions of

diseases and their symptoms. These books empowered ordinary people to take control of their family's health.

It is not known how many medicine chests existed in the late-eighteenth through the mid-nineteenth centuries. Of these chests, the percentage which was sold "complete" seems comparable to those being offered as ready to fit out. Therefore, while large numbers of these chests were arriving from England with a kit of drugs selected for the American market; it seems probable that many chests were being filled with ingredients particular to the owner's background. Collections of historic family papers are filled with receipts for orders placed for specific compounds and handwritten family recipes specify local plants or herbs in their contents. Germans, French, Scotch-Irish and others brought their own medical knowledge that may have required the use of drugs not contained in the standardized English kit. Cultural beliefs in the supernatural and mystic healing practices also influenced the selection of remedies. Likewise, drugs were often expensive and some owners may have chosen to substitute local plants and substances for the costly imports. In *Domestic Medicine*, Buchan advised that simple ingredients and those that are readily available should be selected over "pompous prescriptions" with questionable efficacy and safety.

An increase in the number of advertisements and published medical companions points to the growth of prepared standard kits in the nineteenth century. The rise of consumer goods and growing interest in health and hygiene lead to an abundance of publications on self-help health advice. One doctor decided to expand on his previous book sales by marketing a new publication along with a medicine chest specifically designed to complement the publication. What follows is his advertisement.

> MEDICINE CHESTS – THE author of the New Family Physician, entitled the "Medical Companion," notifies the public that, he has

> prepared a number of Medicine Chests, on an approved plan, and particularly adapted to accompany that work.

The publishers of medical guides often expanded their clientele by producing guides to specifically accompany a medicine chest. Likewise, publishers who began by publishing guides solely as components of chests often expanded their publication of medical companions to the general public without the purchase of a chest. The supply of medical guides from the mid-eighteenth to the mid-nineteenth century was ample. Over twenty different guides were published in Great Britain and American publishers provided a similar number. The publishers of the guides encouraged self-sufficiency and a backlash against the often unsafe and ineffective medicines recommended by professionals. The guides also began to suggest that preventive medicine and healthy living were more healthful than toxic compounds. Secular and naturalistic approaches were suggested as the means to restoring health versus earlier beliefs in magical cures. This naturalistic approach was a response to societal beliefs in Protestantism and its rejection of mystic healing, and the democratization of medical knowledge.

Dr. Ewell's advertisement describes the medicine chest's contents in sufficient detail that we can examine the substances viewed as necessary for a chest of this time period.

> The chests are divided into five rows, and when opened display their bottles, of various sizes, all handsomely labeled and rising one above the other, as if placed on shelves.
>
> The first row presents six pint bottles, containing Castor Oil, Opodildoc, Tincture of Rhubarb, Tincture of Bark, Rheumatic Tincture, and Bitters.

Ewell's chest contains what are known as allopathic or orthodox medicines. These substances were used to set the body's humours in to balance. This form of medicine preceded the homeopathic medicine of the mid-nineteenth century which was milder

and used a minimum of ingredients. The substances listed below often produced harsh results in the attempt to purge the body of toxins and sweat the sickness out of the patient. The rhubarb, bark, and castor oil were used for stomach problems and to purge one's system by causing vomiting or relief of constipation. The opodildoc was rubbed on sprains or bruises and the rheumatic tincture caused sweating.

> The second row presents seven 12 oz. bottles, containing Calcined Magnesia, Peruvian Bark, Columbo Sulphur, Jalap, Antimonial Wine, and paregoric.

From the second row of ingredients, the medicine chest owner could treat coughs with the paregoric and break a fever with the Peruvian bark. The bark contained quinine, which was also used for malaria. Sulphur was thought to purify the blood and deal with scurvy. Jalap relieved constipation and antimonial wine caused sweating and vomiting. Perhaps the first recognizable ingredient to twentieth-century readers is the magnesia that calmed acidic stomachs and heartburn.

> The third row presents eight half-pint bottles, containing Sweet Oil, Spirits of Hartshorne, Spirits of Nitre, Sirup of Squills, Spirits of Lavender, Elixir Vitriol, Balsam Capivi, and Laudanum.

The third row contains ingredients that were thought to aid the female ailments of hysteria, weak nerves, and fainting. Spirits of hartshorne, which was made from ground antlers and acted as a stimulant, was prescribed for depression while spirits of lavender calmed nervous stomachs. The spirits of nitre could be used as an astringent but when undiluted it would burn or blister the skin. It was also used for venereal disease. The elixir vitriol usually contained copper and zinc sulfates that should make apparent its effectiveness in causing vomiting. Laudanum or tincture of opium was used and abused for numerous ailments. The addictive narcotic was recommended as a

painkiller and a cough remedy. In the Skipwith family papers, laudanum was prescribed for "restlessness, acute pains and asthma," and sleeplessness.[14]

> The fourth row presents nine 6 oz. vials, containing Rhubarb, Sal Tartar, Volatile Sal Ammoniac, Ipecacuanha, Gum Arabic, Nitre, Camphor, Alum, Borax, and Sugar of Lead.

The fourth row contained a variety of purgatives that ranged from the mild rhubarb to the harsh emetic alum. Alum was sulfate of ammonium that was used to produce vomiting. It was also used as a mordant in the dyeing process.

> The fifth row presents twelve 3 oz. vials containing Essence of Peppermint, Ether, Tincture of Myrrh, Tincture of Cantharides, Tincture of Flox Glove, Tincture of Steel, Tincture of Assafoetida, Solution of Arsenic, Tartar Emetic, Calomel, White Vitriol, Rust of Steel, and Crude Sal Ammoniac.

The prevalence of metallic substances in the chest's fifth row indicates the harsh nature of allopathic medicine. Many patients suffered as much from the severe treatments as from the ailments trying to be cured. Vomits, purges, enemas, and bleeding comprised the basis of most treatments. These 'heroic' treatments often put the patient in jeopardy and eventually their use and effectiveness came in to question.

> Besides large drawers, with divisions, containing scales and weights, mortar and pestle, spatula, lancets, syringes, injection pipes and bags, the various plasters & Ointments, Salts, Senna, Manna, Cream Tartar, Arrow Root, Prepared Chalk, Camomile Flowers, Antibilious Assafoetida and Alouc Pills; also, eight 1 oz. Vials with Opium, Red Precipitate, Corrosive Sublimate, Lunar Caustic, Toothache Drops, Turlington's Balsam, Oil of Worm and Aniseed. Of the medicines most frequently used there will be an extra supply enclosed in the chests, and ingredients for preparing the Tinctures.

The drawers of the chest contained many of the ingredients that would find favor during the nineteenth century. Patent medicines and mass-produced tonics like Turlington's Balsam of Life became more common. The presence of chamomile

flowers and senna indicate the movement toward homeopathic medicine that favored many organic substances and herbs as ingredients.

Dr. Ewell supplied his chest during a time when a growing middle class could afford the luxury and convenience of owning a medicine chest. His ad describes an aesthetically pleasing product filled with an abundance of ingredients. He seems aware of the growing market for domestic medicine chests and acknowledges the public's rising standards for safe and effective medicines

CONDITIONS

> These chests, made of mock mahogany, finely varnished, about two feet long, and nearly as deep, with good locks and keys, and strong brass mountings, will be presented to the subscribers, at their respective county court houses, at fifty dollars, when delivered.[15]

By the early nineteenth-century, most states had stopped enforcing standards for professional medical fees. Simultaneously, medical school attendance increased the numbers of doctors per capita and created market competition. Medicine was becoming commercialized and Ewell operated under a new system where his factory-made "mock mahogany" chests provided a modicum of style while taking advantage of an unregulated market where prices for medicine were escalating. Locks and mountings reminded consumers of both the dangerous and expensive contents. Fifty dollars was a substantial sum but one that many consumers were willing to bear. "No subscriber will be bound to take the chests, inless the medicine, both as to quality and quantity, meet their most sanguine expectations."[16] Increased competition resulted in advertisements of superior quality of drugs. Whether quality was improved is questionable. Better transportation systems did offer a greater variety of medicinal substances to the consumer.

> Orders from any part of the United States will be attended to. Families in this city and its vicinity, can be supplied with every species of medicine, at the Philadelphia prices, and warranted genuine, by applying at Dr. Ewell's Office, the south corner of Carroll's row, Capitol Hill.[17]

Ewell's product seems well conceived and represents all the demands of the early-nineteenth century consumer: a stylish chest, a wide variety of medicines, guaranteed quality ingredients, convenient quantities, and a fair market price. In consideration of the lack of licensure and fee regulation for physicians, self-doctoring remained a more appealing, although not necessarily more affordable option. The appeal of the family medicine chest was due in great part to a societal attitude of self-reliance and a lack of faith in the medical practitioners who still lacked professional standards and uniform training.

Though on a smaller scale, many other individuals dabbled at selling medicines and apothecary chests. Peter Broughton, a South Carolina planter, informed "the public that he still continues Business at the Corner of Elliot Street and the Bay, where a supply of Fresh and Genuine Medicines may be had upon reasonable Terms and all Orders from the Country will be punctually attended to. MEDICINE CHESTS, put up with neatness and dispatch."[18] It appears that Broughton was hiring the services of local craftsmen to construct medicine chests. Court records document a case between the cabinetmaker, Charles Desel, and Broughton over £1.5 owed to Desel for "making a Medicine Chest."[19] Broughton's advertisement raises another important concern among peddlers of medicine—freshness and authenticity. Without government supervision or quality controls, consumers had little protection from quacks and hawkers of low quality or impure drugs. Further, consumers were interested in receiving their medicine promptly to treat their ailments as quickly as possible.

Nearly every drug advertisement comments on the origin and date of medicines being sold. Freshness seemed to be a selling point that related to drug efficacy and quality, i.e., unspoiled substances. However, "freshness" is often ambiguously interpreted. For example, Samuel Duffield printed "a great part of the stock on hand was imported late last fall, amongst which is a large quantity of the best Peruvian, or Jesuit's bark [and] a general collection of the most approved Patent Medicines."[20] Since the advertisement was run in March, this means that the drugs could have been imported up to six months prior to the ad. This also does not account for how old the drugs were before their shipment.

The ad continues with Duffield assuring his customers that the medicines are "from the original ware-houses, viz. Turlington's balsam of Life, Bateman's drops, Godfrey's cordial, Daffy's elixir, Anderson's, Hooper's, and Lockyer's pill."[21] At a time when the medical profession was unregulated, these claims of authenticity may have offered a minimal sense of confidence regarding product safety. In reality, the lack of effective standards left many consumers with no means of recourse. Improved technology and the formation of medical colleges in America unfortunately did not usher in subsequent therapeutic advancements until later in the nineteenth century.

The firm of Betton & Harris, "Wholesale and Retail Chemists and Druggists," established a warehouse in Philadelphia at the end of the eighteenth century. Sparing no detail, their advertisement states they "have imported in the ships George Barclay, William Penn and the new Pigou from London, a very extensive assortment of the freshest Drugs and Medicines."[22] Betton & Harris were interested in circumventing the importation process and

> after surmounting many difficulties, they have established a Laboratory for the manufacturing of aqua fortis, and most of the chemical

> preparations which were formerly imported; such as red and white precipitates, calomel, emetic tartar, diaphoretic antimony, ether, sweet spirit of nitre...and a variety of other articles.[23]

Betton & Harris had more to gain as the manufacturers of medicinal substances than as middleman importers. The advertisement implies that they could offer reduced prices as manufacturers but whether the consumer realized any discount is unknown.

Unfortunately, most of the substances being produced by Betton & Harris were extremely harsh and would fall out of favor in the coming decades as homeopathic medicine replaced ingredients like aqua fortis, which was corrosive nitric acid. German doctor, Samuel Hahnemann, introduced homeopathic medicine, in the early nineteenth-century. Hahnemann refuted the harsh dosing of toxic medicines like lead and mercury and recommended a homeopathic system where minute doses of drugs were used to mimic disease systems and encourage a bodily healing response. For the druggists, buying in bulk represented another approach to acquiring drugs. Robert Bass, apothecary, informed the public of "a new and fresh assortment of drugs and patent medicines. As many of the most useful articles are imported in large quantities, he will sell them by the box or hundred weight, at a very moderate price."[24] Bass like many others seemed willing to discount his prices on drugs. The constant supply of drugs via incoming ships led to competitive pricing by rival drug suppliers.

The public's growing demand for drugs and medicine chests is reflective of the nature of health in the eighteenth century. The American colonies lagged behind many of the European practices and ideas. Colonists adjusting to a new land with different climates and new diseases struggled to secure competent medical advice. For most seventeenth and eighteenth century settlers, health conditions were poor. Limitations of shelter and clothing exposed people to a variety of disease carrying

vermin and insects. Diphtheria, smallpox, malaria, measles, whooping cough, scarlet fever, and yellow fever were common and deadly features of colonial life. Many Europeans had been exposed to smallpox but new, American-born colonists suffered epidemics of the disease with low survival rates. Eighteenth century hygiene that was poor and infrequent contributed to poor health. The common eighteenth century diet was high in meats, cereals, and alcohol, which lead to conditions like gout, dental decay, and scurvy. In sum, there was a great need for health care but limited information. Many Americans were relatively unhealthy by virtue of climate, diet, hygiene, and a lack of medical information.

Up until the decades after the American Revolution, most colonists were left to their own devices to treat and medicate illnesses and injuries. Trans-Atlantic travel often decreased their reserves and weakened their abilities to adjust to "seasoning" in the British colonies. Dispersed populations and slow transportation resulted in very limited access to doctors. The lack of formalized medical training or medical schools in the colonies resulted in a dearth of medical practitioners. Essentially, one was left to their own devices. Most medical knowledge was gained through trial and error. Women often undertook the role of family doctor and supplemented their experiential knowledge with recipe books and other published remedies. This atmosphere of self-reliance caused many to establish medicinal gardens and to collect and use native plants. Under these conditions, it becomes apparent why the medicine chest became an integral part of doctoring.

By the 1760s, medical schools and hospitals were being founded in cities like New York and Philadelphia. The growing colonial population, larger urban settlements, and continuing epidemics fostered a need for these institutions. The

public's overall interest in health brought gradual improvements in the form of increased hygiene standards, public waterworks, and systems for quarantining diseased patients. Thoughts on medicine were progressing from the realm of mysticism and misinformation to more standardized methods for understanding disease through rational thought and scientific investigation. This shift in thinking would lay the groundwork for medical advances, later in the nineteenth century. For the last decades of the eighteenth-century, however, most Americans witnessed epidemics that ravaged cities, and malaria filled summers. Given the state of public health, they maintained an on-going distrust of the medical profession's abilities to cure illness. This skepticism towards doctors reinforced the need to arm oneself with a well-stocked medicine chest, some medical advice books, hope, and prayers.

The changing nature of late eighteenth-century medicine resulted in numerous self-help publications which tried to keep current and meet the demand for information about health. An abundance of health related furnishings appeared during this time period when the home doubled as hospital. Beside medicine chests were closestools, nursing bottles, bedpans, pap boats, wheel chairs, bathtubs, and barometers, which warned of climatic changes thought to cause disease. These specialized objects grew more prevalent, in relation to societal demands for understanding and controlling health. Interestingly, the specialized forms displayed ornamentation and design, which paralleled stylistic trends in the decorative arts. An examination of medicine chests clearly illustrates a concern for stylistic conventions. Medicine chests were not only functioning as containers but also, as decorative objects, which could convey much about an owner's taste and perhaps status.

MEDICINE CHESTS AS DECORATIVE OBJECTS

The terminology associated with apothecary furniture was by no means standardized. References to an apothecary chest could suggest either a large cabinet on a stand used by doctors and apothecaries or the small portable versions used by families, seafarers, and other travelers desiring mobile medicines. The term, medicine chest, was more commonly used in America. Since doctors used these smaller chests for making house calls, it is often difficult to distinguish between a medical practitioner's and a family's chest. The medicinal ingredients or specialized instruments such as "bleeders" often act as the only clues to determining a chest's ownership. However, these methods are not foolproof. Even the most rural families may have had sophisticated ingredients, "professional" instruments, and elaborate cases which could easily be mistaken for those of a doctor. For example, compare the sophistication of the domestically used Goochland County, Virginia chest to the rather plain chest owned by Thomas Jefferson (Figure 1 and Figure 3). The Goochland chest, imitating a sophisticated piece of furniture and made of exotic materials like mother of pearl stands in stark contrast to the unornamented and purely functional box owned by Jefferson. These two chests represent the extremes of medicine chest design.

Although the contents of medicine chests gradually became more standardized, the actual chest or case piece continued to vary. The owner's taste and finances determined the quality and appearance of the medicine chest. Some people were surely as interested in the style of a chest as in its contents and function.

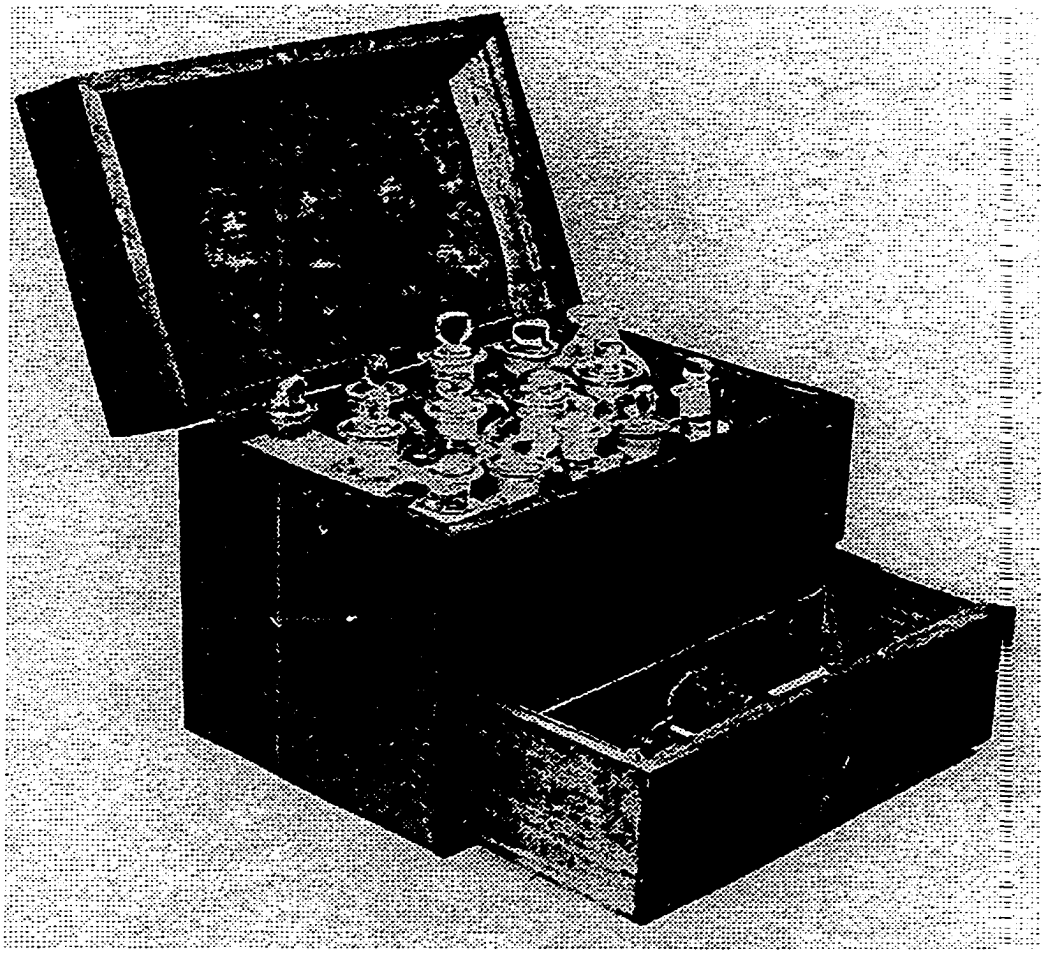


Figure 3. Medicine chest owned by Thomas Jefferson. Courtesy of Monticello.

In 1807, James Scot notified Charleston customers that he was selling "an elegant mahogany medicine chest with medicines compleate."[25] The difficulty in matching extant apothecary chests to their original owners leaves much open to speculation. However, we cannot assume that only elites owned the most ornate chests or that the simplest boxes belonged to owners of modest means. The medicine chest owned by Thomas Jefferson is a case in point (Figure 3). His object epitomizes simplicity and pure functionality. Jefferson's chest came into Monticello's collection in 1949. Made of mahogany and tulip poplar, this chest contains fourteen bottles and a bleeder in a black leather case. The chest is lined with green cotton velvet but is otherwise unornamented.[26] Little else is known regarding the origins of the chest and its use by Jefferson. It is probable that the chest was made by a local craftsman and perhaps someone working at Monticello.

Edward Pinto in his book on treenware devotes a chapter to the apothecary. His research suggests that most eighteenth-century chests were made of mahogany with a few exceptions executed in walnut. By the nineteenth century, preferences had changed to rosewood, satinwood, and oak, although mahogany continued in popularity, often as mock mahogany. Pinto separates chests into two general categories based on their construction and form. "One variety has a hinged lid, which when raised discloses a range of pigeonholes filled with labeled bottles of various sizes; below, are one or more drawers containing various fitted trays and boxes."[27] This type of chest was similar in appearance to dining furniture like cellarettes which held wine and liquor bottles in the same pigeonhole fashion. Eating utensils were also contained in compact boxes with hinged lids and specially fitted compartments to hold knives and forks. As with dining furniture, the medicine chests could exhibit stylish

ornamentation and contain exotic woods and decorative hardware. The second style of chest discussed by Pinto had "fixed or hinged tops, and a pair of doors. The hinge line of the doors is normally set 2 in. to 3 in. from the front, so that each door itself forms a cabinet fitted with small bottles; larger bottles are in compartments in the upper part of the main carcase, with small drawers pulling out below. Both types are usually provided with strong carrying handles." This type of chest represents an evolution in medicine chest use and style. The style of the chest with its tiers of medicine bottles mimicked apothecaries' store window displays and shop organization with shelves of medicines. Increased numbers of medicinal substances and more elaborate prescriptions, which demanded more numerous ingredients, required a more visible and specific arrangement of bottles in the chest. Both chests included strong handles, which identify the continuing portable nature and use of medicine chests.[28]

Each style of cabinet had its respective period of fashionability. The earliest cabinets, 1680-1720, were the "box door type" and had hinged lids (Figure 4). They were quite small with height, width or depth under eight inches. Most of these cases were made in the Low Countries and Germany. Surviving examples are made of walnut and have decorative steel mounts and strapwork. Decorative paper like that used by bookbinders lined the cases that were fitted with pewter phials and glass bottles with pewter caps. The box type cabinet was replaced by a lidded, casketlike chest (Figure 5) which predominated until approximately 1770 when the box type chest was again in demand.

The return of the box type chest was not without modification. These chests had increased dimensions often exceeding twelve inches in height and width. Also, cabinetmakers began to standardize the form (Figure 6).

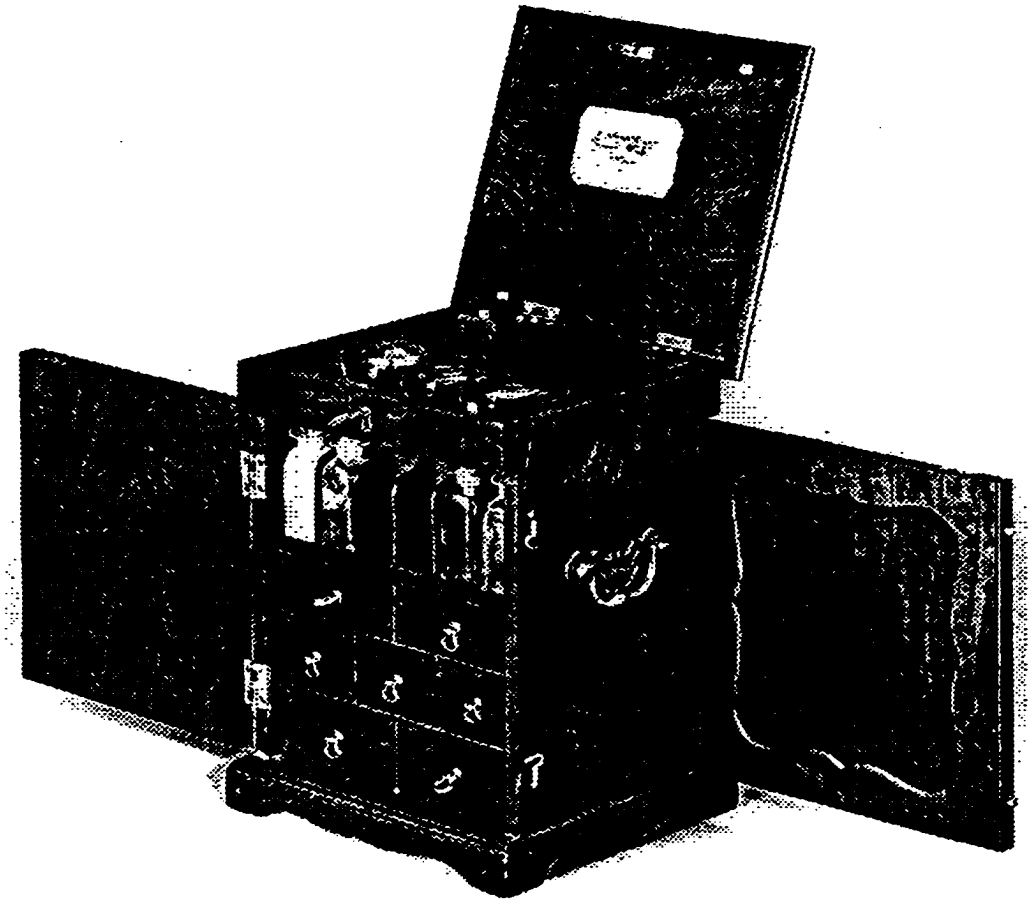


Figure 4. **"Box door type" medicine chest made by cabinetmaker, Philip Bell, of London circa 1772-74. Labeled mahogany cabinet. Courtesy of Colonial Williamsburg Foundation.**

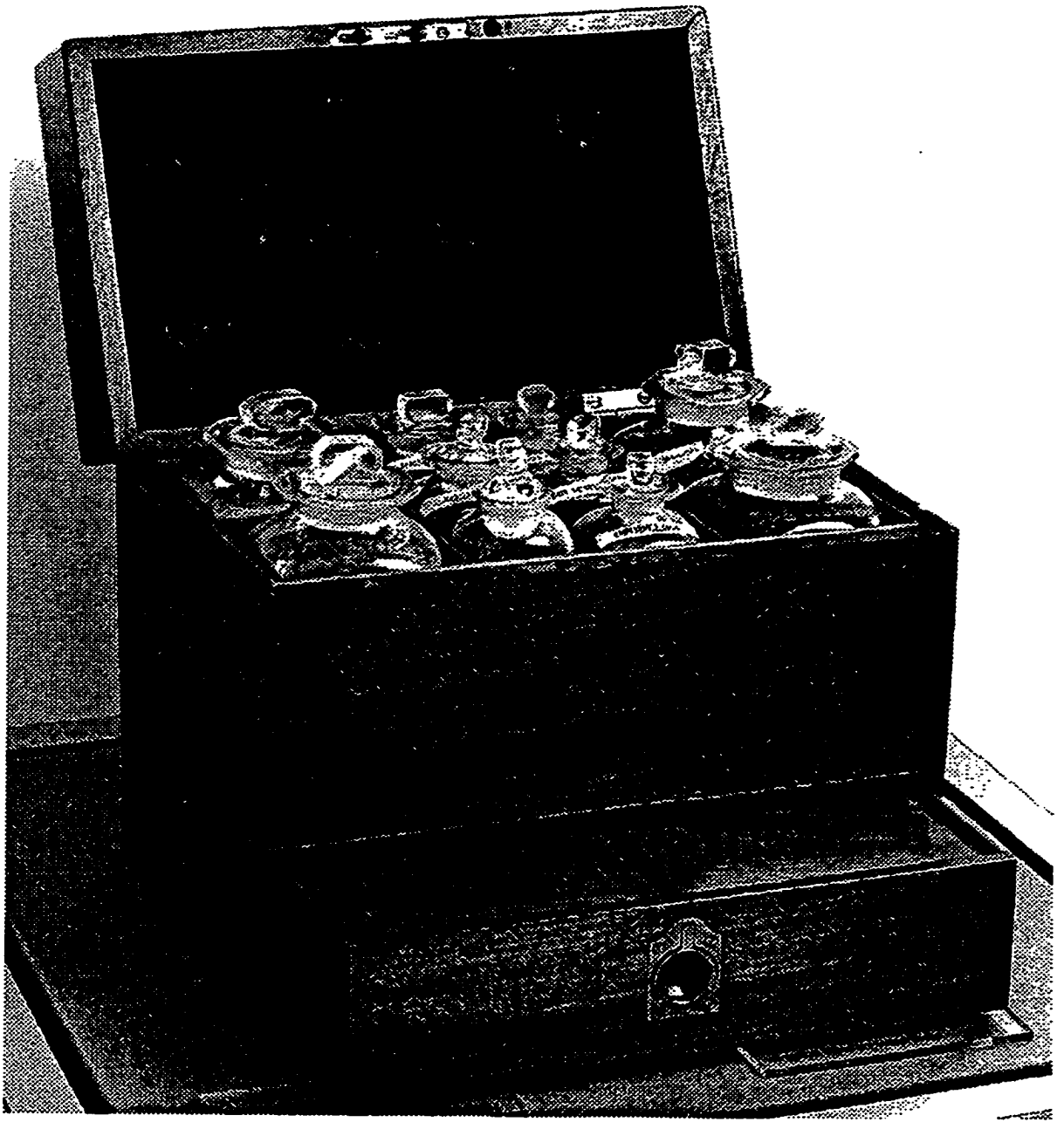


Figure 5. **Lidded "casket-like," mahogany apothecary chest circa 1775-1785. Collection of Old Salem, Winston-Salem, North Carolina.**

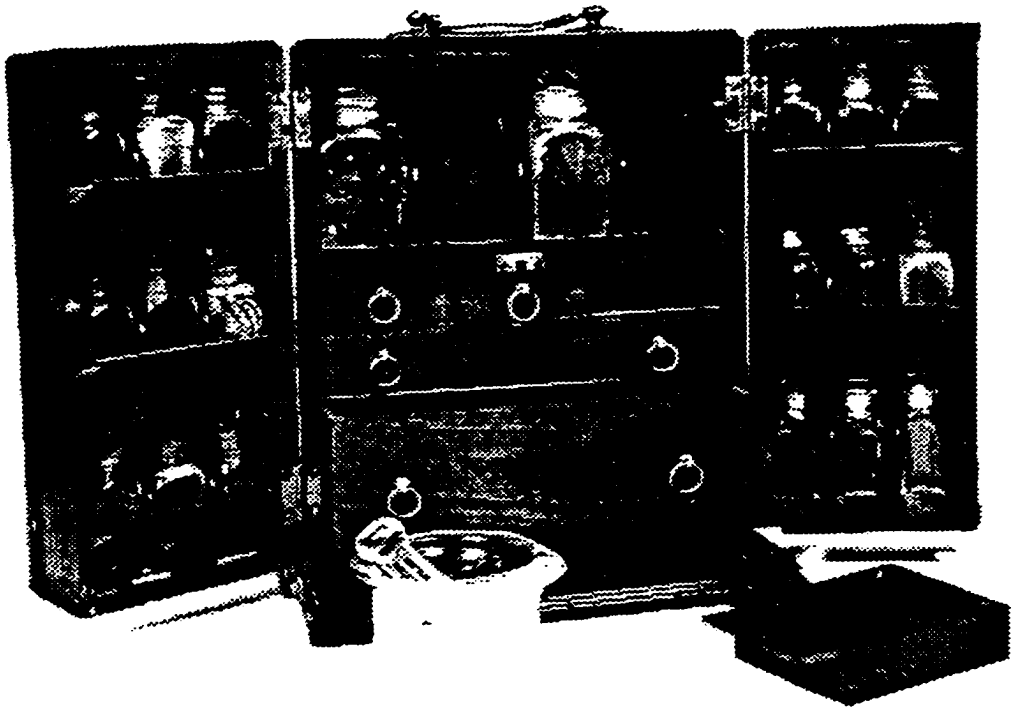


Figure 6. **Mahogany medicine chest with compartments for twenty-two bottles. Courtesy, The Henry Francis du Pont Winterthur Museum.**

The compartments in the doors held glass bottles, as did the upper section of the main chest. Typically, a series of fitted drawers were located below the bottle compartments of the main carcass. Further, these late-eighteenth century chests were commonly constructed with a hidden panel on the back of the cabinet. This sliding panel revealed space for several glass bottles—legendarily thought to contain poisons. By the turn of the century, the hinged lid chests without door compartments were revived. This style of cabinet continued to be made throughout the entire nineteenth century (Figure 7).

Although many medicine chests followed chronological stylistic forms, other objects were exceptions to such guidelines. Chests created by local craftsmen to satisfy specific customer requests could vary greatly from more common forms. A Goochland County, Virginia apothecary chest is one of the finest chests made by an American cabinetmaker (Figure 1). It is truly rare, being one of only a few documented chests with an American origin. This chest is massive when compared to the other chests in this study and is heavily ornamented. Inlaid with ellipses and a four-pointed star, this object imitates a scaled down version of Federal case furniture. Mahogany veneer, bone drawer pulls, and mother of pearl inlay enhance the chest's elegant design. The chest contains twenty small drawers, ten each in the hinged doors and another eighteen in the lower case. The large upper drawer is divided in to twenty compartments for bottles and instruments. This chest is likely the product of Virginia cabinetmaker, James McAlester. It represents one of the finest surviving American chests.

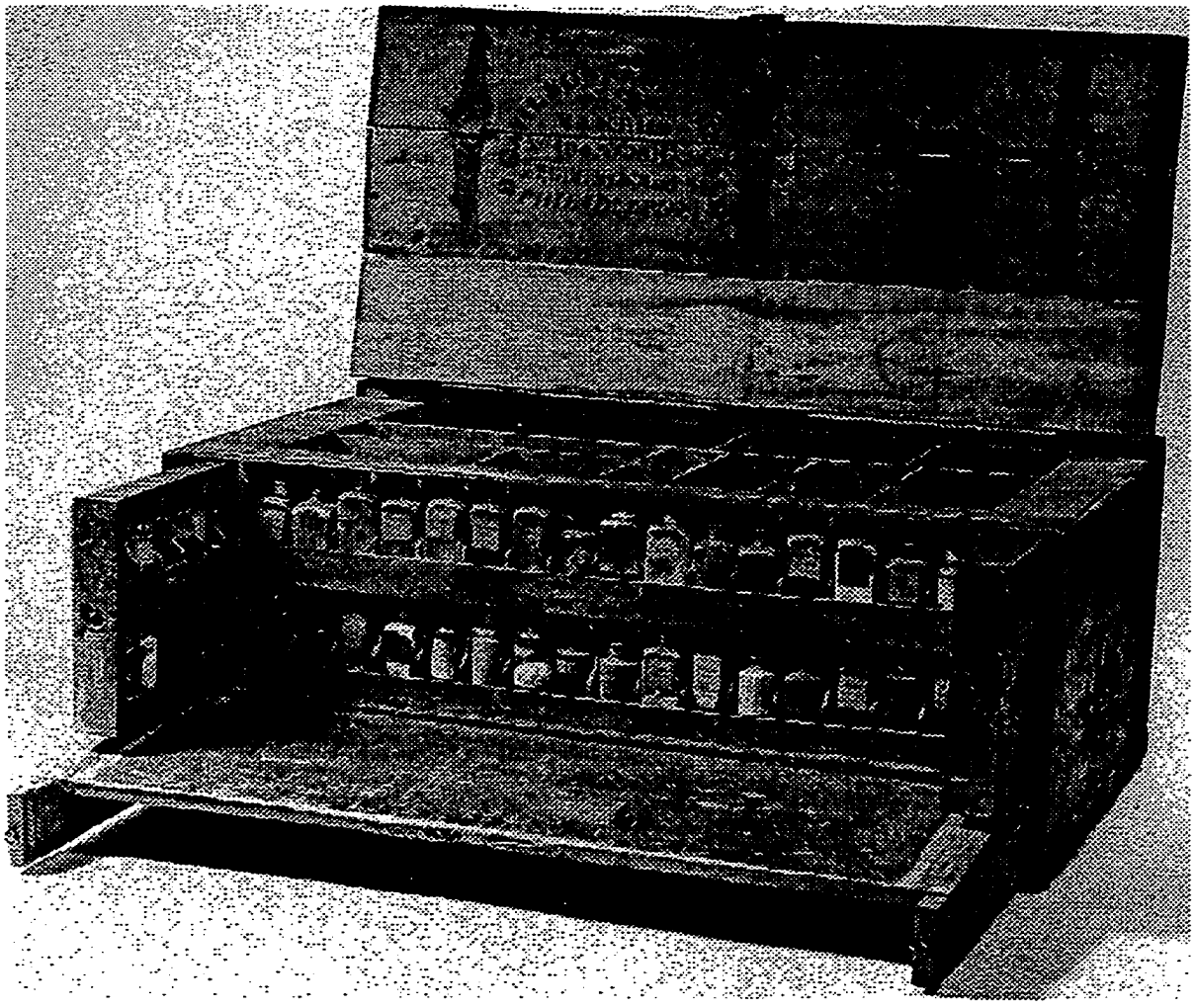


Figure 7. **Medicine chest made by D.G. Wilson, J. Childs & Co., Philadelphia. Courtesy of Wachovia Historical Society.**

Another surviving chest used in America illustrates how multi-layered in meaning these objects could be (Figure 8). The attention to design far surpasses the functional requirement of dispensing medication. A chest with Baltimore origins, now in the collection of the Museum of Early Southern Decorative Arts, rivals the Dandridge-Payne chest in its elegant design. This chest has been linked to a cabinet design illustrated in plate 120 of Thomas Chippendale's Director of 1762. The chest descended in the Fling family of Frederick, Maryland and was believed to have been used on a plantation.[29] When opened, the chest reveals twenty-four drawers in both the main body and doors. There are also thirteen divided compartments in the top of each door. Twenty-six compartments of varying dimensions are found under the hinged lid of the main body. The huge number of compartments (seventy-six) for medicines proved as impressive as the chest's stylish appearance. Chests like the aforementioned performed complex roles for their owners, as discussed earlier. It is interesting to contemplate what type of owner used such a chest and what qualities they possessed to request such an object.

Today, collectors value medicine chests according to their level of craftsmanship. However, equally if not more important is the completeness of the chest. Since most chests were constructed around a set of glassware and instruments, it is difficult to find replacement bottles that will fit a chest. The lack of standardization in glassware caused the need for custom-built chests. So while the construction process of the chest's form was becoming standardized its dimensions were not. A chest's rarity thus depends on its containing all of its original accoutrements and perhaps some remains of medicinal substances. Edward Pinto found rhubarb, bicarbonate and camphor as the most prominent ingredients in English chests.

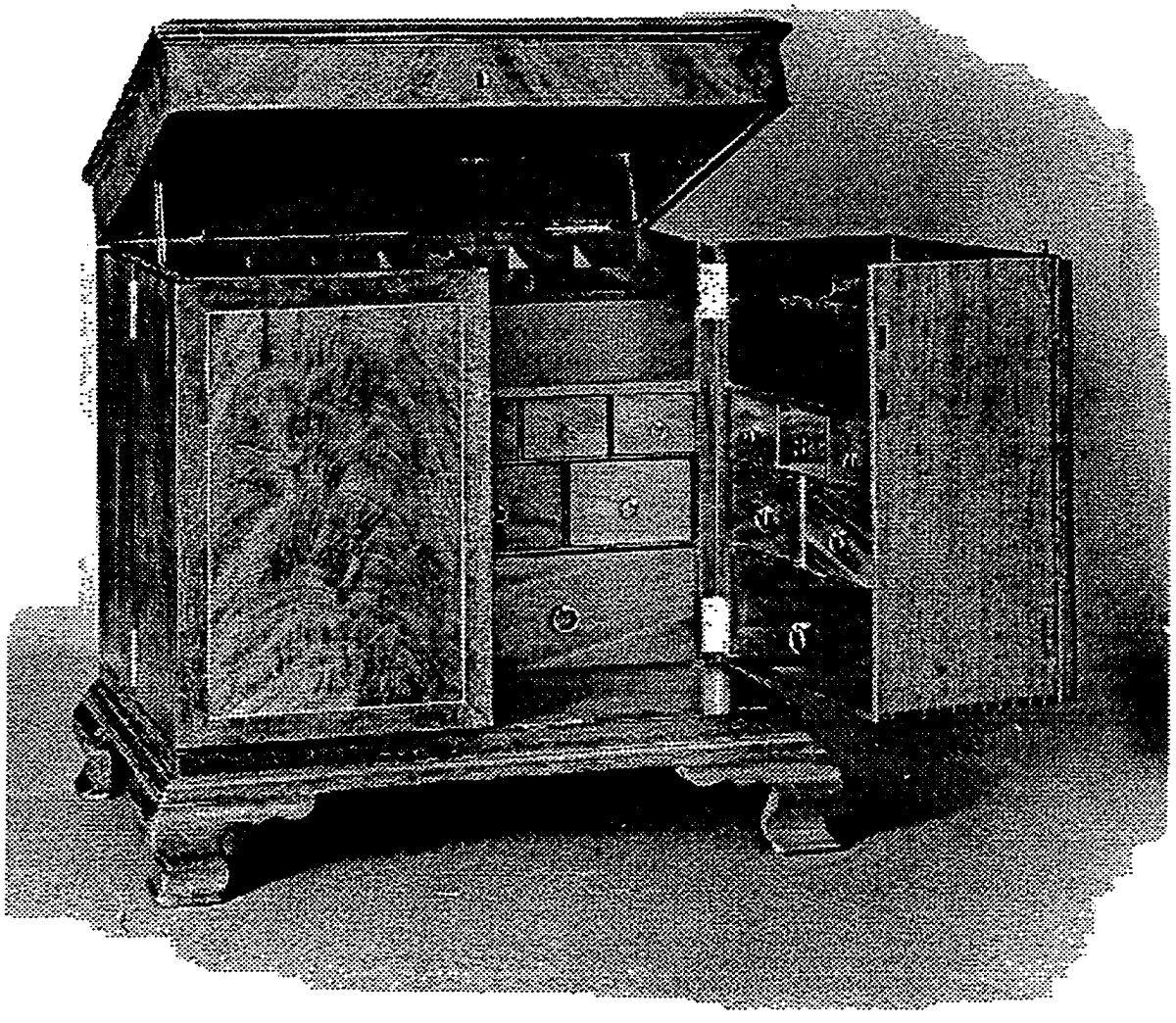


Figure 8. **High-style apothecary chest circa 1785-1795 with ogee bracket feet. Collection of the Museum of Early Southern Decorative Arts, Winston-Salem, North Carolina.**

Likewise, the glass bottles and stoppers in English chests were often secured with parchment, leather and thread during travel. Presence of these items enhances the value of the object by adding authenticity of use.[30]

The most common objects contained in a medicine chest, other than the medicines, were the tools for mixing and administering the remedies. They typically included the following items:

1. Hand balance or scale with weights, typically in brass or silver
2. Mortar, pestle, and mixing bowl--often made of glass and sometimes made of marble
3. Measures or double measures
4. Pill slab or mixing slab made of glazed pottery or glass
5. Palette knives or spatulas for mixing pastes
6. Bleeders, scarificators, cupping tools

Inclusion of these objects did not necessarily verify the owner's knowledge of how to use them.

The exterior of most chests with their recognizable stylistic details stood in contrast to the complexity of the chests' interior appearance. The inside was often more highly decorated and visually complicated. One quickly notices a level of elaboration and organization, which required significant skill and knowledge. The overwhelming multiplicity of drawers and substances created a structured ritual of remedy preparation and application. It took knowledge, discipline, and literacy to use a medicine chest. While the physical container could imply status, it also reminded users of their burden of responsibility. The medicine chest empowered the user with a sense of healing power but also with the sober reality of consequences related to life and

death. Each container structured human behavior into self-disciplined patterns. Each drawer or container was the catalyst for a series of actions and reactions. If the ritual was performed correctly and the user possessed the proper knowledge and skill than heath could be restored. The process, however, was usually uncertain. The portable nature of the box allowed a caregiver to perform medical ministration in a variety of settings. The physical box symbolically placed healing power in the hands of the user and reminded the sick of their dependency on the caregiver.

The evolving form of the medicine chest and its contents was in direct response to changes in medical knowledge and practice. By the end of the eighteenth century, there was a greater proliferation of published information that coincided with the identification of greater numbers of medicinal substances. In addition to the European imports, Americans had begun to identify native plants deemed efficacious. They exported over eight botanical substances, such as Seneca snakeroot, abroad. Within the medicine chest, ingredients were categorized according to their curative properties. This functional organization paralleled a greater societal interest in observation, investigation, and categorization of the natural world, during the late eighteenth century. The medicine chest as an object had begun to convey multiple meanings, outside of its healing function. The boxes's structure and design was in response to the influence of scientific thinking. There is also a layer of religious and psychological meaning conveyed by the chests. Like sacred reliquaries or precious spice cabinets, they carefully order and preserve treasured substances. These ingredients have the power to heal and harm. The life altering compounds contained in the chests bridged the realms of religion and science. One finds an intersection of

culture, class, levels of knowledge, religious belief, and fashion, all intricately layered in the design, construction, and use of a medicine chest.

OWNING AND USING A DOMESTIC MEDICINE CHEST

Jean Skipwith provides an exemplary opportunity to learn about owners and users of historic medicine chests. In her will she states, "to my Son in Law Tucker Coles, as a Small remembrance of me, I leave my Domestic Medicine Chest (by Maxwell) also the Encyclopedia Britannica, in Twenty Vol. Quarto."[31] This expensive object though viewed by Jean as a token of "remembrance" was specifically annotated as made by Maxwell. The identification of the maker could be due to its prestige or value. It could have also been noted to indicate which medicine chest to convey to Tucker out of several in the household. She was careful to note "my" chest, which could indicate the gendered ownership or use of medicine chests. Interestingly, the chest was bequeathed to her son in law and not her daughter. Did Jean select to give her chest the person with greater knowledge and likelihood to use it? Or did Jean have something different in mind like the object's fashionable or genteel associations?

With her expertise in botany, Jean Skipwith could readily understand many of the medicinal plants contained in her medicine chests. Her gardening notes and collection of receipts and newspaper articles reveal her familiarity with plants and their medicinal qualities. The books in Jean's library leave no question as to her knowledge. There are over twenty-nine titles in the category of botany, practical works and reference books. It is interesting to examine the chronology of titles purchased by Jean. They uncover much about her life before and after marriage.

> Jean Skipwith's obvious fascination with books of travel, history, politics, and biography suggest her very considerable natural intelligence and a broad and deep curiosity about the world. After her marriage, her private world was concerned with home and family, and her book acquisitions reveal this. Lady Skipwith purchased books on "housewifery" (medicine and cooking), gardening and botany, and reference works.[32]

A detailed analysis of these works provides insight on Jean's potential familiarity with medicine. Jean owned four cookbooks including one in her own hand. The others by Susanna MacIver, Elizabeth Raffald, Hannah Glasse, and Eliza Smith were popular volumes at the time. Though concentrating mostly on cookery, these books contained medical advice such as a "receipt against the plague" and "nourishment for the sick."[33] Two volumes of James Ewell's The Planter and Mariner's Medical Companion were present in her library. The 1813 edition contains newspaper clippings and annotations in Jean's hand. Jean, like Thomas Jefferson, owned Phillip Miller's Gardeners Dictionary, eighth edition, of 1768, which was a key reference for botanicals. In addition to the above books, Jean's library contained numerous reference works such as dictionaries, almanacs, encyclopedias, and the work, Valuable Secrets Concerning the Arts and Trades.

In addition to the published works, Jean wrote extensive gardening notes and a book of receipts. The collection of Skipwith family papers at the College of William and Mary contain handwritten "medical prescriptions" attributed to Jean.[34] The first entry "Antidotes" lists treatments for poisoning by nitric acid, corrosive sublimate and tartar emetic. The cures ranged from magnesia to egg whites. It is evident that toxic substances contained in medicine chests could often prove harmful, rather than healthful. The document continues by enumerating treatments for a variety of diseases that may provide insight in to the ailments of Jean's geographic area.

Croup, scarlet fever, small pox, bilious colic, and diphtheria were included in her notes. Several of the receipts Jean records deal with specific female ailments. Following instructions on how to tan leather, Jean records a concoction for treating "diseased ovaries." This receipt and ones for syphilis and obstructed menses were attributed a Dr. Williamson. Also among the receipts are directions for treating sheep made ill from eating "paw-paw" and "how to tell a horse's age by his teeth." It is possible that Jean's medical ministrations extended beyond the family to the plantation's animals.

The receipts are particularly insightful when examined for the ingredients being used to effect a remedy. Jean used substances as harsh as lead and calomel, in addition to patent medicines of the time like Bateman's drops and Godfrey's cordial. Many of the ingredients were mixed with brandy and flaxseed tea to make a tolerable drink. Others contained the potent laudanum and pulverized opium to aid sleep and the relief of pain. Among the notes is a handwritten table with columns listing medicine names, doses for adults and children, dosage and frequency of medicine, effects, and "diseases proper for."[35] The list includes twelve substances—all common to the medicine chests of the period and reflective of the allopathic medicine being used. Dover's powder, sweet spirit of nitre, paregoric elixir, and ipecacuanha were on the list. The ingredients were likely supplied from London where she frequently requested goods for her household. Other papers in the Skipwith collection indicate that Jean and her husband addressed medical topics in their correspondence with neighbors and family. In a letter dated 5 September 1792, John Stark Ravenscroft (Jean's nephew) of Petersburg, Virginia, writes of his ill health and his doctor's suggested remedies.[36] Similarly, Thomas Evans writes Peyton Skipwith to discuss curing his "fellow Same" who had an injured jaw.[37] The examination of documentary evidence surrounding Jean

Skipwith illustrates the multi-layered resources she had available to guide her in using her medicine chest for curative purposes. It is likely that Jean may have also used her chest for purposes beyond the obvious medical administration. Her expensive chest from London was probably as stylish as the other objects she selected for her home.

Medicine Chests and Social Status

In 1761, David Harper was aboard a ship traveling to various ports in the West Indies when he took ill. Upset that his voyage was "much longer, than every one concerned expected," he conveyed an urgent request to his brother to send medicine.[38] Harper stated his ailment "will be the death of mɛ" and he was correct in that prediction. However, by writing to his brother, he held out hope that he could regain his health.

> I beg that you will send me six bottles of that stuff that mother got from Doctor Wit. Send three by the way of Barbados and the other three by the way of Antigua. These send by the first opportunity as my life will depend on them going home in the vessel. Get a wooden box made and fix them in to it and put a direction on them to me.[39]

Harper's desperate letter provides a glimpse into the past and the historical context of medicine in the eighteenth century. David Harper, a silversmith, practiced his trade in the urban environs of Philadelphia. It was likely he was a Quaker since his letter was found among the Richardson family papers.[40] The letter establishes that Harper was aboard a ship that was selling flour in West Indian ports. He expressed his concern that "there is not half the flower sold" and he questioned whether the venture will "turne out a proffit to everyone."

Harper had traveled from one of the colonies' busiest ports, past the "Capes of Dellower," accompanied by another ship, and anchored at a small island east

of Guadeloupe called Grand Terre. Harper was a long way from home participating in a business venture either as his brother's agent or representing himself. Shortly after leaving port, Harper contracted a cold on the Delaware River. The shipboard climate and food seem to have antagonized his situation. Harper altered his diet, avoiding meats and other foods, and limited himself to bread and milk. However, the ailment which was fixed in his lungs caused continual coughing and he had "grone a near skeleton."[41] Every day the doctor sent Harper "some drink" which seems to have done little to improve his condition. Harper told his brother that "as for drugks or physick it is but little they have." Therefore, he "begs" his brother to send the "stuff" with which their mother had treated them previously.

Much can be learned about the context of healthcare of the period from Harper's letter. Harper was accustomed to using a specific type of medicine for his sickness which suggests his social and economic background. The medicine he mentions was administered or acquired by his mother which implies the role of gender with regard to family medicine. The medicine was specifically attributed to Dr. Wit, which establishes a framework of commercial or academic medicine versus folk, rural or home remedies. Harper's family was of an economic standing that could afford to visit a doctor rather than make do with a home remedy. Further, the medicine he requests was supplied in bottles which may imply either concoctions made by the doctor or mass-marketed patent medicines. In addition to this information, Harper supplies a comparative framework by describing the lack of medical treatment available in the Caribbean and aboard ship. Ironically, the ship's "doctor" is sending him something to drink everyday and yet the presence of said doctor seems to be no consolation or factor in his recovery.

The geographic differences in medical treatment or in remote locals such as plantations and ships were well documented and frequently noted in advertisements for medicine chests. Harper's lack of preparation and the poor quality of the shipboard medicines lead to his demise. Historian, Billy G. Smith, documents mariners as among the lowliest laborers and craftsmen.[42] His data illustrates their struggle to survive and the pattern of their wages barely meeting cost of living requirements. Poorly compensated crew faced hazardous and unhealthy shipboard conditions. Perhaps those higher on the social scale, like Harper, who may have been a supercargo should have been more aware of self-preservation and brought their own medicines with them.

David Harper and Jean Skipwith provide suitable case studies for examining the changing meaning of medicine, in a society with growing interests in maintaining health and increased desires for material goods. In his essay, "The Consumer Revolution in Colonial British America: Why Demand?," Cary Carson argues that the consumer revolution was caused by a demand for material goods which were now able to communicate certain things about an individual better than any other method. Gentility was one such trait that objects could convey in an internationally understood visual language. As we shall see, Carson presents several assumptions that form the core of his argument. He challenges scholars to test these propositions, in an effort to fully develop our understanding of the intensified demand for material goods in the eighteenth century. David Harper and Jean Skipwith provide suitable case studies for examining the changing meaning of one material good, medicine. Although medicine and medicine chests may appear unlikely candidates for signifying gentility or status, I will argue to the contrary. Medicine, like food, clothing, and shelter, can be classified as a necessity for survival and the maintenance of health. Yet all are found to

range broadly in their quantity, quality, variety, and cost. Therefore, it seems possible that one's access to a selection of medicines is quite similar to the available options in architecture, fashionable clothing, and gourmet cuisine.

Carson's first proposition focuses on rising standards of living throughout Europe, England, and eventually the American colonies. He summarizes previous research which concludes that "basic improvements affecting diet, dress, shelter, and furnishings" were occurring.[43] It is apparent that medicine and improving healthcare contributed to lower mortality, a better quality of life, and increased life expectancy. The lack of proper healthcare resulted in the deaths of some colonists and difficulties adjusting to new colonial climates and locales with indigenous disease for others. In fact, it is climate and food that seem to have most antagonized Harper's condition. Likewise, Jean Skipwith's location in remote western Virginia, far from accessible doctors, demanded a large and elaborate medicine chest, in addition to her husband's small portable chest used for travel.

Such geographical variations are noted in Carson's third proposition. Essentially, medicine, like other material goods, developed differently among regions according to "the wealth and stability of local communities."[44] Harper's expectation of medicine based on an urban, Philadelphia model was not met in the rugged West Indian ports, despite the presence of wealthy planters and merchants in that area. Jean Skipwith enhanced the function of her well-outfitted chest with a library of resources both academic and anecdotal. Realizing the limitations of her locale, she made great efforts to educate herself. These examples support Carson's idea that a variety of socio-economic factors had to be in place, in order to provide the stable environment necessary for the advancement of consumerism.

Harper and Skipwith seemed to be accustomed to using specific types of medicine for sickness which suggests their social and economic background. Medicines had become part of the growth of consumerism. Harper's mother administered the medicine in her family, as did Jean Skipwith. Both Harper and Skipwith were familiar with medicines attributed to academic practitioners. Harper's condition is deteriorating at the hands of a poorly trained doctor. Skipwith includes some folk remedies and family receipts with her published sources. Carson states that material goods increasingly "went far beyond improving basic physical needs."[45] Material goods, medicine in Harper and Skipwith's cases, became increasingly tied to class-influenced choices, rather than culture-bound choices. Therefore, while women may have maintained a role as the family caregiver, the use of home remedies and midwives diminished within certain classes, in favor of using commercially available compounds, scientific medical publications, and professionally trained doctors.

Medicine became a marker of group identity. "Fashion became a badge of membership in class-conscious social groups."[46] Medicine was gradually following the flow of fashion. The training of doctors became more standardized and degrees from prestigious medical schools in Philadelphia and Edinburgh became status symbols and reinforced the professionalism of the field. In urban centers, doctors had properly outfitted offices with impressive furnishings, equipment, books, and medical substances in ornamental containers, which demonstrated their increased authority and specialization. At home, sick people and invalids had pieces of furniture designed to insure their comfort but also demonstrate their fashionability. Upholstered wing chairs with expensive fabric slipcovers and cabriole legs were both functional and stylish. One could maintain and appropriate level of decorum, despite the unpleasant sights and

smells of sickness. Therefore, a myriad of material goods including: elaborate medicine chests, indigenous disease books, reclining chairs, bed jackets, pap boats, drug weights and scales, bed pans, and recipes for cooking meals for the sick, emerged in response to a demand for comfort and keeping up appearances in sickness and in health. In domestic medicine one finds an intersection between legitimate health concerns for the care of love ones and a desire for fashionability.

The growing appearance of myriad material goods was related to an increasingly mobile population which "required a set of conventions they could carry with them that signified anywhere they went the status they enjoyed at home."[47] Etiquette and a modified version of European aristocratic behavior became the means for defining status. In America, there was an expansion in the number of medicine chests appearing in non-urban homes based on retail advertisements and publication numbers for self-help works that accompanied chests. These boxes imitated the courtly physick closets owned by distinguished families in Europe. Elaborate gilding, carving, and jeweled inlays were adapted for American sensibilities. Several family medicine chests in the South appeared as scaled-down versions of case furniture; complete with elaborate cabinetry, exotic wood inlays, and mother-of-pearl and bone drawer pulls (Figure 1 and Figure 8). A European traveler would have quickly recognized and identified with the American, domestic medicine chests. Further, according to probate inventories, the chests were often placed in parlors, saloons, and dining rooms where they functioned as display pieces, quite distant from the ailing patients hidden in private bedchambers.

Some of the chests were made in the colonies, but many were imported from England. "British manufactured goods and fashions served additionally to induce

many ethnic peoples to accommodate themselves willingly or unwillingly to the dominant English culture."[48] Medicine chests supplied from England could be completely outfitted with British medicines or sent with empty glass bottles to be filled by the consumer. Increasingly, owners relied on the standard "kit" being marketed by British suppliers, rather than filling their vials with regional ingredients. Mass-marketed patent medicines could include over sixty different medicinal ingredients (Figure 7). The chests were expensive and often equal in value to highstyle sideboards and sets of dining room chairs. The variety of models accommodated a wide range of consumer budgets making chests available to the aspiring have-nots. Factory-produced patent medicines, chests, and direction books broadened the spectrum of potential owners even further. Easy to use guides, written in layman's terms empowered even the most timid home user and factory-made chests were far more affordable than custom-made versions.

However, widespread availability of chests did not democratize their ownership. Materialism "sharpen[ed] class differences" and operated as a "new kind of social control" over the underclasses.[49] The medicine chests owned by upper-class consumers like Jean Skipwith were miniature versions of apothecary shop windows. Rows of decorative glass vials with elaborately gilt and lettered labels were fit into velvet-lined compartments. The upscale, domestic, medicine chest portrayed obvious parallels between the elite owners and highly trained, medical practitioners. For a few, these chests were as stylish as any of their material possessions. For most, home remedies of broth or a bottle of tonic hawked by a quack marked their place in the social hierarchy.

Medicine chests, as markers of status and gentility, may appear questionable at first glance. Their explicit, curative properties seem to preclude their potential for fashionability. However, the history of medicine and surviving artifacts demonstrates how apothecary chests could go beyond the basic role of restoring health or easing pain. Diet, health, personal appearance, and the masking of unpleasant bodily functions were problematic challenges which etiquette and fashion sought to overcome. By inserting medicine chests into Carson's framework of emerging consumerism, one finds that medicine was modified to fit a model of desirable traits, current fashions, proper etiquette, and status bearing designs of the consumer revolution. The "demand" in British Colonial America extended to perhaps unexpected places—Harper's ship and Skipwith's rural plantation were two of these arenas.

American medicine chests from the colonial era up to the mid-nineteenth century contain complex meanings with regard to society's view of medicine, health care, life, and death. They illustrate the fragmentation of healthcare in a time of scientific and social change. As trained physicians sought greater scientific control and rigor, many families relied on self-doctoring, folk remedies, and mystic beliefs due to their skepticism regarding medical practitioners. Improved transportation and an expanding economy increased the availability of medical information and drugs to most everyone. Greater accessibility placed powerful and dangerous drugs in the hands of amateurs. Unsuccessful treatments and a poor understanding of disease and physiology led many families to see domestic medicine as a rational healthcare option. Life and death decisions, along with a societal preoccupation over health, made medicine chests powerful and symbolic objects—conveyors of healing power. Druggists and physicians took advantage of consumer demand and marketed chests with psychological appeal.

Through product packaging and visually appealing designs, they played to consumers' fears of purchasing inferior medicines for their loved ones. For the owners, medicine chests represented the hope of good health, during a time of uncertainty. As the chests were adapted to meet consumer needs for new ingredients and instructions, they also changed stylistically. This marriage of decorative form and medical function allowed the owner to perform the rituals of medical care at home while demonstrating their status and fashionability to the outside world.

END NOTES

[1] Mildred K. Abraham, "The Library of Lady Jean Skipwith: A Book Collection from the Age of Jefferson," Virginia Magazine of History and Biography, 91:3, page 302.

[2] Abraham, page 299-302.

[3] Elizabeth Coles Langhorne, Jean Skipwith, A Virginia Bluestocking: Address given at the Skipwith Family Reunion Held at Prestwould House, September 26, 1966, Clarksville, VA: 1967, page 7.

[4] Abraham, page 300.

[5] Paul Starr, The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry, New York, NY: Basic Books, 1982, page 30-31.

[6] City Gazette, or the Daily Advertiser, Charleston, SC, March 30, 1789.

[7] South Carolina Judgment Rolls, Court of Common Pleas, 1802, #61A, Charles Desel vs. Peter Broughton.

[8] Pennsylvania Chronicle, Philadelphia, PA, no. 326, April 12, 1773, page 47.

[9] Charleston City Gazette, Charleston, SC, no. 2429, May 6, 1795, advertiser, J. Chouler.

[10] Pennsylvania Chronicle, Philadelphia, PA, no. 76, June 27, 1768, page 175 and Pennsylvania Gazette, no. 2062, June 30, 1768, Richard Tidmarsh advertiser.

[11] Pennsylvania Chronicle, Philadelphia, PA, no. 76, June 27, 1768, page 175 and Pennsylvania Gazette, no. 2062, June 30, 1768, advertiser, Richard Tidmarsh.

[12] Pennsylvania Gazette, no. 2062, June 30, 1768, advertiser, Richard Tidmarsh.

[13] Laudanum was an opiate used as a painkiller. Lead was often used as an eyewash and mercury was used to treat venereal disease.

[14] A copy of the receipt book attributed to Jean can be found in the Skipwith Family Papers, Swem Library Manuscript Collection, the College of William and Mary, Williamsburg, VA, Box 25, Folder 1.

[15] Daily National Intelligencer, Washington, DC, March 11, 1819, 3-4.

[16] Ibid.

[17] Ibid.

[18] City Gazette and Daily Advertiser, Charleston, SC, January 11, 1798, 3-2.

[19] South Carolina Judgment Rolls, Court of Common Pleas, 1802, #61A, Charles Desel vs. Peter Broughton.

[20] Pennsylvania Chronicle, Philadelphia, PA, no. 80, March 7, 1783, page 45, advertiser, Samuel Duffield.

[21] Ibid.

[22] Federal Gazette, Philadelphia, PA, no. 1429, May 7, 1793, advertisers, Betton & Harris.

[23] Ibid.

[24] Pennsylvania Chronicle, Philadelphia, PA, no. 329, May 3, 1773, page 59, advertiser, Robert Bass.

[25] City Gazette and Daily Advertiser, Charleston, SC, June 9, 1807, 3-2, advertiser, James Scot.

[26] The medicine chest has a reputable provenance having descended from Jefferson's grandson, Meriwether Lewis Randolph, to his widow, Elizabeth Martin Randolph. She married Andrew Jackson Donelson in 1841 and the object passed to two of their great-granddaughters who sold it at auction in 1940 to Tennessee Governor, Prentis Cooper, who gave the chest to Monticello. It is not known who made the chest.

[27] Edward H. Pinto, Treen and Other Wooden Bygones: An Encyclopaedia and Social History, London, UK: G. Bell & Sons, 1969, page 11.

[28] Pinto, page 11.

[29] This chest was published in John Bivins and Forsyth Alexander, The Regional Arts of the Early South, Winston-Salem, NC: Museum of Early Southern Decorative Arts, 1991, page 57, figure 71.

[30] Pinto, page 12.

[31] Skipwith Family Papers, Swem Library Manuscript Collection, the College of William and Mary, Williamsburg, VA, Box 25, Folder 4, typescript of Lady Jean Skipwith Will from Will Book, Volume 11, 1821, page 68.

[32] Abraham, page 319.

[33] Abraham, page 319-320.

[34] A copy of the receipt book attributed to Jean can be found in the Skipwith Family Papers, Swem Library Manuscript Collection, the College of William and Mary, Williamsburg, VA, Box 25, Folder 1.

[35] Ibid.

[36] Skipwith Family Papers, Swem Library Manuscript Collection, the College of William and Mary, Williamsburg, VA, Box 5, Folder 86a.

[37] Skipwith Family Papers, Swem Library Manuscript Collection, the College of William and Mary, Williamsburg, VA, Box 3, Folder 63.

[38] David Harper letter dated February 4, 1761, Richardson Family Papers, The Winterthur Library: Joseph Downs Collection of Manuscripts and Printed Ephemera, no. 53.165.134.

[39] Ibid.

[40] Joseph Richardson was a prominent Philadelphia silversmith. He ranked among the city's elite. Other papers in the Richardson family collection show that Richardson often acted as a guardian or trustee. Further research may reveal the exact relationship between David Harper and the Richardson family.

[41] It is worth speculating how Harper's appearance psychologically affected him and his shipmates. Was this shocking or an expected result of marine travel? Were many crewmembers and passengers emaciated from poor shipboard diets?

[42] Billy G. Smith, The "Lower Sort": Philadelphia's Laboring People, 1750-1800, Ithaca, NY: Cornell University Press, 1990, pages 5, 54, 95.

[43] Cary Carson, "The Consumer Revolution in Colonial America: Why Demand?" in Of Consuming Interests: The Style of Life in the Eighteenth Century. Edited by Cary Carson, Ronald Hoffman, and Peter J. Albert. Published for the United States Capitol Historical Society by the University Press of Virginia, Charlottesville, VA: 1994, pages 502-503.

[44] Carson, page 518.

[45] Carson, page 513.

[46] Carson, page 522.

[47] Carson, pages 523-524.

[48] Carson, pages 664-665.

[49] Carson, page 682-683.

BIBLIOGRAPHY

PRIMARY SOURCES

61.1042, Decorative Arts Photographic Collection, Visual Resources, Winterthur Library, Winterthur, Delaware.

An Inventory of the Contents of the Governor's Palace Taken After the Death of Lord Botetourt: An inventory of the Personal Estate of His Excellency, Lord Botetourt, Royal Governor of Virginia, 1768-1770, Williamsburg, VA: The Colonial Williamsburg Foundation, 1981.

Bradley, R., The Country Housewife and Lady's Director, Sixth Edition, London, UK: Printed for D. Browne, at the Black-Swan, MDCCXXXVI.

Ducatel, Edme, Directions for the Medicine Chest, Baltimore, MD: Fryer and Rider, Printers, 1807.

Gunn, Dr. John C., Gunn's Domestic Medicine or Poor Man's Friend, Madisonville, (Tennessee?): Edwards and Henderson, 1834.

Index of Early Southern Artists and Artisans, Museum of Early Southern Decorative Arts, Winston-Salem, North Carolina.

Ladies' Indispensable Assistant. Being a Companion for the Sister, Mother, and Wife, New York, NY: published at 128 Nassau-Street, 1852.

Melville, Francis C., M.D., The Vessel-Master's and Steamboat-Captain's Medical Manual and Family Medical Guide, Philadelphia, PA: printed for the publisher, 1883.

Prime File, Visual Resources, Winterthur Library, Winterthur, Delaware.

Richardson Family Papers, The Winterthur Library: Joseph Downs Collection of Manuscripts and Printed Ephemera, no. 53.165.134.

Schenck, Ralph, The Family Physician, Fincastle, VA: Printed by Oliver Callaghan & William E.M. Word, 1842.

Skipwith Family Papers, Swem Library Manuscript Collection, the College of William and Mary, Williamsburg, VA.

South Carolina Judgement Rolls, Court of Common Pleas, 1802, #61A, Charles Desel vs. Peter Broughton.

Wills and Inventories, 1699-1709, Richmond County, Virginia, March 19, 1705/6, page 98.

Newspapers

Baltimore Patriot and Merchantile Advertiser, Baltimore, MD: April 11, 1820, 3-2.

Camden Gazette, Camden, SC, November 7, 1816, 3-3.

Charleston City Gazette, Charleston, SC, no. 2429, May 6, 1795, advertiser, J. Chouler.

City Gazette and Commercial Daily Advertiser, Charleston, SC, May 14, 1813, 3-2, advertiser John Whitaker.

City Gazette and Daily Advertiser, Charleston, SC, June 9, 1798, 3-5, advertiser, Peter Broughton.

City Gazette and Daily Advertiser, Charleston, SC, June 9, 1807, 3:2, advertiser, James Scot.

City Gazette and Daily Advertiser, Charleston, SC, January 1, 1798, 3-2

City Gazette and Daily Advertiser, Charleston, SC, March 4, 1809, 3-3.

City Gazette, or the Daily Advertiser, Charleston, SC, March 30, 1789.

Daily Compiler, Richmond, VA, January 10, 1818, 3-3, advertiser, Burr & Ustick.

Daily National Intelligencer, Washington, DC, March 11, 1819, 3-4.

Federal Gazette, Philadelphia, PA, no. 1429, May 7, 1793, advertiser, Betton & Harris.

Federal Gazette, Philadelphia, PA, no. 1527, August 30, 1793.

Federal Gazette, Philadelphia, PA, no. 1711, April 4, 1794.

Federal Gazette, Philadelphia, PA, no. 3101, September 31, 1798.

Federal Republican and Baltimore Telegraph, Baltimore, MD, April 5, 1817, 3-1.

Freemans Journal, May 19, 1784.

Georgia Republican & State Intelligencer, Savannah, GA, January 3, 1804, 2-1.

Maryland Gazette, June 19, 1755, page 3:2.

Maryland Journal and Baltimore Advertiser, June 19, 1781, page 2:3.

Maryland Journal and Baltimore Universal Daily Advertiser, June 12, 1792, page 3:2.

Newsletter, Boston, MA, July 16, 1711, 2-2.

Pennsylvania Chronicle, Philadelphia, PA, no. 30, March 7, 1783, page 45.

Pennsylvania Chronicle, Philadelphia, PA, no. 326, April 12, 1773, page 47.

Pennsylvania Chronicle, Philadelphia, PA, no. 329, May 3, 1773, page 59, advertiser, Robert Bass.

Pennsylvania Chronicle, Philadelphia, PA, no. 76, June 27, 1768, page 175.

Pennsylvania Chronicle, Philadelphia, PA, no. 80, March 7, 1783, page 45, advertiser, Samuel Duffield.

Pennsylvania Chronicle, Philadelphia, PA, no. 71, 1768, page 159.

Pennsylvania Gazette, no. 2711, May 29, 1782.

Pennsylvania Gazette, no. 3018, April 2, 1788.

Pennsylvania Gazette, no. 2062, June 30, 1768, advertiser, Richard Tidmarsh.

Pennsylvania Packet, January 2, 1781.

Pennsylvania Packet, September 11, 1779.

Pennsylvania Packet, no. 238, May 13, 1776.

Raleigh Register, June 20, 1817.

South Carolina Gazette, Charleston, SC, June 18, 1750, 2-2.

South Carolina Gazette, Charleston, SC, October 2, 1762, 2-2.

The South Carolina Gazette, Charlestown, July 2, 1753.

The South Carolina Gazette, Charlestown, July 2, 1753, advertiser, Samuel Carne.

The Virginia Gazette and General Advertiser, Richmond, VA, July 2, 1806, 3-1.

The Virginia Gazette, or the American Advertiser, Richmond, VA, October 22, 1785, 3-2.

The Virginia Gazette, or the American Advertiser, Richmond, VA: 22 October 1785, 3-2, advertiser, John K. Read.

The Wilmington Gazette, April 13, 1800.

The Wilmington Gazette, April 24, 1800.

The Wilmington Gazette, May 1, 1800, advertiser, S. Halling.

SECONDARY SOURCES

"The Garden Notes of Lady Jean Skipwith," in Garden Gossip, volume X, number 2 (February 1935), number 4 (April 1935), and number 6 (June 1935).

Abraham, Mildred K., "The Library of Lady Jean Skipwith: A Book Collection from the Age of Jefferson," Virginia Magazine of History and Biography, 91:3, pages 296-347.

Bennion, Elisabeth, Antique Medical Instruments, Sotheby Parke Bernet, London, UK: Philip Wilson Publishers, Ltd., 1979.

Bettmann, Otto L., Ph.D., A Pictorial History of Medicine, Springfield, IL: Charles C. Thomas Publisher, 1956.

Bivins, John and Forsyth Alexander, The Regional Arts of the Early South, Winston-Salem, NC: Museum of Early Southern Decorative Arts, 1991.

Blanton, Wyndham B., M.D., Medicine in Virginia in the Eighteenth Century, Richmond VA: Garrett & Massie, Incorporated, 1931.

Blanton, Wyndham B., M.D., Medicine in Virginia in the Nineteenth Century, Richmond, VA: Garrett & Massie, Incorporated, 1933.

Blanton, Wyndham B., M.D., Medicine in Virginia in the Seventeenth Century, Richmond, VA: The William Byrd Press, 1930.

Bragg, Laura M., editor, Contributions from the Charleston Museum, IV Apothecaries' hall: A Unique Exhibit at the Charleston Museum, Charleston, SC: Southern Printing and Publishing Company, 1923.

Brieger, Gert H., editor, Medical America in the Nineteenth Century: Reading from the Literature, Baltimore, MD: Johns Hopkins Press, 1972.

Bushman, Richard L., The Refinement of America: Persons, Houses, Cities, New York, NY: Vintage Books, 1992.

Carson, Cary, Ronald Hoffman, and Peter J. Albert, editors, Of Consuming Interests: The Style of Life in the Eighteenth Century, Published for the United States Capitol Historical Society. Charlottesville, VA: University Press of Virginia, 1994.

Crellin, J.K., Medical Ceramics: A Catalogue of the English and Dutch Collections in the Museum of the Wellcome Institute of the History of Medicine, London, UK: Wellcome Institute of the History of Medicine, 1969.

Elliot, Herbert A., "Sir Peyton Skipwith and the Byrd Land," in Virginia Magazine of History and Biography, 80:1, pages 52-59.

Gerdts, William H., The Art of Healing: Medicine and Science in American Art, Birmingham, AL: The Birmingham Museum of Art, 1981.

Gevitz, Norman, editor, Other Healers: Unorthodox Medicine in America, Baltimore, MD: The Johns Hopkins University Press, 1988.

Gill, Harold B., Jr., The Apothecary in Colonial Virginia, Charlottesville, VA: University Press of Virginia and Colonial Williamsburg Foundation, 1972.

Goler, Robert I. and Pascal James Imperato, Early American Medicine: A Symposium, New York City, NY: Fraunces Tavern Museum, 1987.

Goler, Robert I., Curator of Collections, The Healing Arts in Early America, Fraunces Tavern Museum, New York City, NY: Sons of the Revolution in the State of New York, Inc., 1985.

Gordon, Maurice Bear, M.D. Aesculapius Comes to the Colonies: The Story of the Early Days of Medicine in the Thirteen Original Colonies, New York City, NY: Argosy-Antiquarian Ltd., 1969.

Griffenhagen, George B., Early American Pharmacies: A Pictorial Catalog of Apothecary Shop Restorations Which Are on Exhibition in the United States, Washington, DC: American Pharmaceutical Association, 1955.

Griffenhagen, George B., Pharmacy Museums, Madison, WI: American Institute of the History of Pharmacy, 1956.

Hughes, Thomas P. Medicine in Virginia, 1607-1699, Richmond, VA: Garrett & Massie, Inc., Publishers, 1957.

Klepp, Susan E., "Lost, Hidden, Obstructed, and Repressed: Contraceptive and Abortive Technology in the Early Delaware Valley, in Early American Technology: Making and Doing Things from the Colonial Era to 1850, Judith A. McGaw, editor, published for the Institute of Early American History and Culture, Williamsburg, VA by University of North Carolina Press, Chapel Hill, NC: 1992.

Langhorne, Elizabeth Coles, Jean Skipwith, A Virginia Bluestocking: Address Given at the Skipwith Family Reunion Held at Prestwould House, September 26, 1966, Clarksville, VA: 1967.

Lansing, Dorothy I., M.D., editor, Medicine and Science in Early America Being the Collected Essays of Gifford, George Edmund, Jr., 1930-1981, Devon, PA: ANRO, Inc., 1982.

Matthews, Leslie G., Antiques of the Pharmacy, London, UK: G. Bell & Sons, 1971.

Pinto, Edward H., Treen and Other Wooden Bygones: An Encyclopaedia and Social History, London, UK: G. Bell & Sons, 1969.

Poynter, F.N.L., general editor, Glass and British Pharmacy 1600-1900: A Survey and Guide to the Wellcome Collection of British Glass, London, UK: The Wellcome Institute of the History of Medicine/Battley Brothers Limited printers, 1972.

Richardson, Lillian C. and Charles G., The Pill Rollers: A Book on Apothecary Antiques and Drug Store Collectibles, Fort Washington, MD: Old Fort Press, 1979.

Riznik, Barnes, Medicine in New England 1790-1840, Old Sturbridge Village, Sturbridge, MA: 1965.

Romaine, Lawrence B., "Medicine Chests" in The Chronicle of the Early American Industries Association, Volume II, Number 11, September 1939, page 81-84.

Rothstein, William G., American Physicians in the 19th Century from Sects to Science, Baltimore, MD: Johns Hopkins University Press, 1972.

Smith, Billy G., The "Lower Sort": Philadelphia's Laboring People, 1750-1800, Ithaca, NY: Cornell University Press, 1990.

Sobel, Mechal, The World They Made Together: Black and White Values in Eighteenth-Century Virginia, Princeton, NJ: Princeton University Press, 1987.

Starr, Paul, The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry, New York, NY: Basic Books, 1982.

Steele, I.K., editor, Atlantic Merchant-Apothecary: Letters of Joseph Cruttenden 1710-1717, Toronto, Canada: University of Toronto Press, 1977.

Steele, I.K., editor, Atlantic Merchant-Apothecary: Letters of Joseph Cruttenden, 1710-1717, Toronto, Canada: University of Toronto Press, 1992.

Turner, Susan McNeil, "The Skipwiths of Prestwould Plantation," Virginia Cavalcade, X:1, pages 42-47.

Urdang, George with F.W. Nitardy, The Squibb Ancient Pharmacy, E.R. Squibb & Sons, New York City, NY: E.R. Squibb & Sons, 1940.

Waters, Deborah Dependahl, Delaware Collections, Wilmington, DE: Historical Society of Delaware, 1984.

Wood, Serry, The Old Apothecary Shop, Watkins Glen, NY: Century House, 1972.

Young, Anne Mortimer, Antique Medicine Chests or Glyster, Blister & Purge, London, UK: Vernier Press, 1994.