

TPWKY - Special Episode - Olivia Weisser

EW: [00:00:00] Hi, I'm Erin Welsh and this is, this Podcast Will Kill You. Welcome to the T-P-W-K-Y Book Club, a series where I invite authors of popular science and medicine books to the show to chat with me about their latest work. It's been such a fun series to put together, really making my inner bookworm so happy and we've covered some great topics over the years. If you'd like to see what we featured in the past or get a peek at some of the books that we're planning to feature in the future, head on over to our website. This podcast will kill you.com. There. In addition to finding all sorts of goodies from transcripts to sources, you'll find a link to our bookshop.org affiliate page. Under the extras tab on bookshop, you'll see a bunch of T-P-W-K-Y related book lists, including one for this book club as well as the kids book club put together by Aaron Updyke and posted on our socials. So if you're not following us there already, you should be. As always, we love hearing from you all about these book Club episodes and about our other episodes, your thoughts, your suggestions. We love it all. The best way to get in touch is through the Contact us form on our website or through the Submit Your Firsthand account form, which you can also find on our website. Two last things before moving on to the book of the week. That is to please rate, review, and subscribe. It truly helps us out. And second, you can now find full video versions of most of our regular season episodes on YouTube. Make sure you're subscribed to the exactly right Media YouTube channel, so you never miss a new episode drop.

Londoners in the 17th and 18th centuries were no strangers to infectious disease. Plague, tuberculosis, typhus, measles, and smallpox, all reared their pestilential heads at some point or another. But alongside these well-known and highly broadcast afflictions, lurked, another disease so feared and so stigmatized that it was sometimes known as the secret disease. We know it today as syphilis. Syphilis or the pox, as it was also called, was among the most feared diagnoses in early modern London. Not just because there were no effective cures and it could lead to painful sores or even death. If your PX infection became public knowledge, you would likely face deep stigma and shame. You may even be ostracized from your friends and family with so much at stake, it's no wonder people went to great lengths to manage or conceal their condition in the dreaded pox sex and disease in early modern London. A. Author, Dr. Olivia Weisser, associate professor of History at the University of Massachusetts Boston peels back the curtain on the most intimate facets of Londoners' lives centuries ago, drawing from a wide variety of sources, from court records to recipe books, P cure advertisements to personal diaries. Dr. Weisser transports readers back in

time to the dirty streets of London. Where might an impoverished maid seek help for her infection? How might a gentleman choose between the many ready-made concoctions in the city's alleys? Who were behind these lauded tinctures and ointments that provided nothing more than hope. The dreaded pox is a fascinating glimpse into the daily lives of early modern Londoners, as they navigated a world where sex and shame were so deeply entangled. While today, we have more scientific knowledge and the ability to treat and cure many sexually transmitted infections. That world is still familiar to us in many ways. Which leads us to ask how far we have actually come and how much further we still need to go. I had such a great time chatting with Dr. Weisser, and I'm so excited to share our conversation with you all. So let's just take a quick break and get right into it.[00:05:00]

Dr. Weisser, thank you so much for joining me today.

OW: Thanks for having me.

EW: I cannot wait to dive into the world of venereal disease in the London of past centuries with you. It's gonna be a great time. And I'm curious though, could you tell me what drew you to this area and this era of scholarship?

OW: A lot of people know that there was a ton of venereal disease in this time period, so this was a rampant disease, and we know a lot about the disease because just so many people seem to be affected by it. There's some historians who predict that. If you were a grownup living in London in the 1700s, you would have up to a 20% chance of getting infected, which is an astounding number.

EW: Yeah. Truly.

OW: And I don't know whether that's true, I trust them, but it's just appalling, like how, how prevalent this disease was. So we. We know a lot about the disease. We know a lot less about what it was like to live with it. So that was kind of the historical problem that I faced. What was it like to endure this disease? What was it like just for a normal person living in the city? And so the answer to kind of do that work, I tried to look in non-medical places, so I tried to look outside hospitals outside. I did look in consultation rooms, but I tried to look in everyday sites in the city to try to recover. Just lived experiences with this disease. And what I ended up writing was a book that's as much about the history of a city as it is about the history of a disease.

EW: Which is what I love so much about it. You really transport readers to this era before germ theory, where London is growing at such a rapid pace and sex is changing. You know, all of these different components are changing, but also at the same time, we have these sentiments of shame and secrecy that surround not only sex, but then of course anything that's tied to sex, including this disease. And, you know, we, we talk about, we've been talking about this disease. What is, what is pox like, what, what could pox be used to describe or label in terms of our modern classifications of disease?

OW: It's a great question and one that I get a lot and my easy answer if, if it's really helpful to have some sort of modern disease equivalent in your head thinking about this topic. My easy answer is. Syphilis, it's most likely that's the disease we're talking about. The, the more kind of historically accurate answer is it could be any number of STIs, what we would call STIs. So, you know, you think chlamydia, gonorrhea, syphilis, it could be any of those. And they use this term venereal disease as this umbrella category that was expansive. So all of these, what we now differentiate as different STIs were kind of. All encompassed within that one term. They, in the past pre germ theory, like you mentioned, they didn't differentiate these categories the way we do. Um, but it, it can be helpful to kind of have that in your mind to just think about like, what, what was happening to these people's bodies? You know, like what were they, what were their symptoms? What were they enduring?

EW: You talked about how pox was, or venereal disease was so common in this era. I mean, you like 20% possible lifetime risk, which is. Mind blowing again. Why was it so high? Like what? How, how was sex changing in London during the 17th and 18th centuries?

OW: A lot of historians of sexuality have argued that sex was changing a lot, that people have used the word revolution, like a sexual revolution in this time period. And there is a lot of evidence that sex was changing, that people were just having more, uh, sex outside of marriage. There was many, there's much more evidence of men having sex with other men. The development of what were called Molly houses, like kind of like the proto gay club. And so there is evidence that. There's just more sexual activity in this time period. My sense from writing this book is, and a lot of what I see changing is more due to the changes of the city as opposed to changes in sexual behavior that the city, because it's such a London specific story, and I think it would be a very different book if it were a different geographical location. It's a very London story because the city was changing demographically, commercially. It was just. Growing so exponentially in this time period. There's this huge influx of people, this urban dense mobile population, a huge influx in consumerism and all of that

creates this kind of chaotic environment where on a concrete level there was just a lot of transactional sex [00:10:00] happening. And then, um, a lot of disease and then also a whole market that kind of develops. To treat it. So, uh, there the kind of short answer is yes, just more people are having sex. And also I think what's really changing is this, this urban center that accommodates this kind of hotbed of sexual activity and disease.

EW: As you describe sex was, it was transactional nature, but it was also a private matter. Like it wasn't necessarily something that was discussed openly. And venereal disease was also called the secret disease, which kind of denotes again, its shameful nature. And so given these intense pressures to remain silent about sex or about the pox, I'm guessing it's not something that was openly written about. For many people, whether in diaries or or not. And so I'm curious about your sources and what types of sources did you find helpful in researching for this and how often did you have to read between the lines?

OW: A lot. I had to read between a lot of lines. I did. My initial take was exactly what you mentioned. I'm gonna look in private writing people certainly. If, if you're, if you're dealing with such a, a stigmatizing kind of life altering ailment, surely you wrote about it and it was really hard to find people writing about their firsthand experiences in personal writing. So I found lots of examples of people describing other people. In letters or diaries, much harder to find first person accounts. That makes sense. For all the reasons you just said. It's this steeply stigmatizing disease. People didn't wanna admit they had it, they would use euphemisms. So what I did was I tried to think creatively what are other kinds of sources I can use to get at that experience outside of personal writing. So I look to recipe books to try to kind of recover what people were doing at home in these. Semi-private moments. What were what? How were people trying to treat themselves privately? I looked to court records to try to get access to kind of non-elite people giving testimony in court where the disease comes up in court. So I tried to also use sources that we know that historians have used for decades to talk about this disease and study this disease like advertisements for. Patent drugs, so what we would call over the counter cures, but I tried to look at them in a new way. So the kind of typical way historians use these sources is they look at how healers are promoting themselves, how they're marketing their, their drugs. I decided to look at the address printed at the bottom of the ad, which is where the healers said, you can come by my. My pill or come get my elixir. And it wasn't always at their house. It was sometimes an address to a book stall or a chocolate shop or a bakery. And I decided to make a map of where you can find cures for this disease. So it's just one example of using a, a historical source we know about that's been used many, many times, but just trying to use it in a new, more creative way, um, to get at a different slice of the story.

EW: Let's take a quick break and when we get back, there's still so much to discuss.

Welcome back everyone. I've been chatting with Dr. Olivia Weisser about her book, the Dreaded Pox Sex and Disease in Early Modern London. Let's get back into things. Not just what this disease, the effect of this disease on someone's body, but the, the effect that it had on their social standing on their relationships, on how they viewed themselves. And there was early on in your book, a really fascinating kind of series of diary entries where Samuel Pepys writes about his brother, and there's this kind of question of does he have venereal disease? Is he dying of venereal disease? Is he getting the all clear and just these intense. Emotional perspectives of how someone's relationship is changing based on a diagnosis. And I thought that was just a really fascinating glimpse into the effect that this disease could have on someone's life.

OW: Yeah, and it's a great example of how those third party account, you know, before I was saying, oh, it's so frustrating I can't get a first person account. Peeps isn't writing about himself, he's writing about his brother, but it's still has so much to offer us. In terms of kind of insight into just the emotional toil of a diagnosis. 'cause of course, peeps is just worried about himself. He's worried about number one, what is this gonna do to my reputation? Uh, we have the same last name. What are we gonna do? So, uh, and I just love his, this diary by Samuel Peeps is just really, um, intimate and candid in a way that. We don't often see in diaries. Um,

EW: yeah. [00:15:00] Yeah. It's fun. I was like, we need a TV show based on this diary. It sounds

OW: like I support, I support that. I would watch it. Yeah. I would love to consult on it. Just on the record. Thank

EW: you. All right. Well, I think we have an idea in place. Let's go. Yeah. And in, in addition to these, you know, court records, advertisements, personal diaries, the PX also makes an appearance in creative work from this era, whether, and it's in a song or a book, or a play, or an opera or something like that. When it does make an appearance, what did it signify?

OW: It almost always signified debauchery or vice or, um, illicit behavior. And I mean it, when you look in court records that have nothing to do with sex court records for, you know, I looked at a lot for marriage separation or things that aren't sexual necessarily. It comes up as just like a slander for just bad, illicit negative. It's often used to describe women, so the disease typically kind of

stereotypically was blamed on women, and there's lots of medical debates about how women, there's something about women's bodies physiologically that make them. Prone to not only spreading the disease, but somehow like creating fomenting it in their hot wombs. And so this phrase, Pocky horror was used all the time as just kind of like a general slander to just connote bad, immoral behavior. You know, there were lots of debates. Where did it come from? Is it from the new world? Is it from the old world? And there were a lot of assumptions that at first it comes from women. It must be, you know, women are to blame, obviously, time and again. Um, and then. As the, you know, Londoners at least are seeing all these new kinds of people that they'd never seen before, and diseases and plants come into the metropol from these new world explorations. It kind of shifts a little bit and there's this layering of, well, it also, this disease also must originate in women's bodies who are from hot climates. There's something about their hotness. They're heat. And then there's all these debates that it must come from the new world. It couldn't possibly come from here, and it's being brought from the new world and therefore we need to ingest the plants from the new world as our treatment because they will be suited best to treat this disease. So there is lots of talk about who to blame, and there's a whole nother discourse about like. You know the English, call it the French disease 'cause it comes from France and the French call it the Italian disease. 'cause you know, and everyone's passing trying to

EW: shift the blame. Yeah,

OW: exactly. Passing the blame around. So there's definitely debates about it. And they never settle on one. Answer. It's always up for debate. Exactly.

EW: Of course, of course. And so even when this idea of where it came from shifted, it still was women at the source of it that were like, were, were men ever blamed? Or was it ever thought like this is his fault for, you know, whatever.

OW: It's such a good question. And if you look in the obvious places, and by obvious I mean historical documents that are about the disease that say venereal disease on the cover or the great pox, these are all euphemisms for the same kind of nexus of diseases. It's it's always women. It's always women. But when you start looking at non-medical sources at the kinds of sources I've been talking about, so for example, court records or women trying to sue for a separation, like basically a divorce. You see that it's not at all the case, that the, that there's a difference between what I would say is the discourse, like the narrative, the story people tell, and the reality on the ground. And the reality on the ground. When you look at medical cases of, um, who's coming to get treated

and when you look at court records and who's talking, it's so clearly not women who are being blamed. Time and again. Yeah, my husband went to the bathhouse, slept with a prostitute, came back, infected me. I mean, it's, it's so different from what the discourse is in these other kinds of texts.

EW: We've talked about how this is an era pre germ theory, but that doesn't mean that contagion was not a concept. And so, you know, just based on what, what you said, it was clear that people saw the connection. It was like, okay, well we know the root of transmission. How much did just the act of sex, was that everything or was it also a role of constitution type of sex? You know, what were the, the set of circumstances that people believed led to somebody else developing or transmitting ps?

OW: They absolutely understood the sexual connection. It was a different kind of connection than what we have in our minds. So we have in our minds, you have sex with someone who has a STI and you contract it. They had a much more complex understanding of the role of sex within just daily life, and so. It wasn't necessarily just sex with an infected person. It could have been too much sex or the wrong kind of sex, or not the, the kind of activity that is healthy for your [00:20:00] particular constitution. So it was a much more kind of complicated interaction. And then layered on top of that, there was also this belief that you could get this disease from non-sexual interaction. So there were two. Kind of forms of this disease, and I'm saying disease as if it's this one thing, and it's just this kind of collection of symptoms. One was what we might have in our minds, and this is what they called the great px, A con, A true PX is what they called it. And this is. A more severe form of a venereal disease that you would get from penetrative sex. And then there's this milder form, and that's where we see words like clap and gonorrhea, which are not kind of one-to-one. They, they don't correlate to what we think of when we say those words. Today. This was considered to be a milder form of the disease, and you could get it from sharing a drink, a glass, you could get it from, there's one example I found where someone, uh, shares a glove.

With somebody, or you can get it from sharing a bed and just like sweating in the sheets. So the idea was that this milder form of the disease you got from spreading Pocky matter is what they called it. And that could be from sexual activity, but it could also be from these nonsexual activities. And then. To make it even more complicated, another way you could get that mild form of the disease is through not the spread of pock matter, but just from trauma to your genitals. So there's one man who talks about falling off his horse and getting a clap. And another case I found where someone talks about getting hit in the groin with a stone and he gets the clap. So. I think the, the modern mind is like,

wait, well what did he really have? 'cause it, and I, I don't know. I just don't know. Maybe it, who knows? We'll never know. But it gets very complicated when you, especially when when I was looking at court records where all of a sudden the difference between getting this disease from a stone versus someone sexually assaulting you is. Huge, right? That that's a felony versus a misdemeanor versus nothing. So it be it. It becomes really important in certain contexts to kind of parse these types of diseases.

EW: In your book, you describe the pox as seeming modern for its moment, and you call it the first modern disease. Can you tell me more about what you mean by the first modern disease and how this perception is kind of reflected in writing from the time

OW: I, I use that word. To kind of capture the way we think of disease, and I think it's something that we take for granted that a disease is a biological entity that affects all of us more or less the same way. So if you and I both are given the same diagnosis, we'll probably manifest the same set of symptoms. If you and I have the same set of symptoms, we'll probably be diagnosed with the same disease that this, this idea that diseases are fixed. That they are all affecting all bodies more or less similarly, and that they're treated and progress more or less. Similarly, this is a modern concept that's born in the 19th century. So this book that I wrote is before any of that. It's way before germs, the discovery of germs and germ theory. But it's also before this kind of conceptual, what I would call revolution in thinking about diseases as stable uniform entities. So this time period, diseases like we've been talking about, they're fluid. They're a group of symptoms. You and I could have the same symptoms and get completely different diagnoses because you are in Denver and I am in Boston, and you. Live near a swamp and I don't, or whatever. You had oatmeal for breakfast, whatever, right? Like any number of factors will, will be given completely different diagnoses and we'll have completely different treatments. So this time period, this pre-modern era, diseases are fluid, they're individual and they just are symptom based. So they're very subjectively understood, and so when I say this is the first modern disease, what I found in doing this research is that this venereal disease looks more like our modern, that kind of post 19th century way of thinking about disease.

And it's not because of some revolutionary idea about disease progression or some discovery of a. Bacteria or some kind of medical breakthrough. It's just because the disease was so shameful and that it's the shame of the disease that leads healers, for example, to look to bodies in ways that look bizarrely modern, looking for patterns across bodies in ways that we don't see until much, much later and the 19th century, or because of the shame of shopping for a cure.

Patients look to over the counter cures, these kind of one size fits all treatments that, again, are kind of outta step with time. So by looking in these kind of non-medical places, the kind of composite image of the disease that I was able to piece together looks more like a [00:25:00] 19th century, kind of like a modern disease than the other diseases of that moment. And that's because of the stigma, not because of the science.

EW: I was just thinking about this the other day, how this huge transition into putting diseases into boxes, standardizing them. Everyone, as you said, has the same sim signs and symptoms. Has the same diagnosis, has the same treatment, and is expected to have the same disease, you know, progression course. And I feel like. Now we're, we're finally like in modern medicine today or like cutting edge is like, it's all about precision medicine. Mm-hmm. It's all about seeing each individual. Yep. And so we've almost, in a way, come full circle.

OW: Totally. I, there's, so that's why I love studying this time period. It's so unfamiliar and yet the parallels are so mind blowing. I mean, I think it, it's absolutely, we have this kind of tailored medicine today that in many ways almost mirrors the kind of. Clinical encounters that I'm finding in this pre-modern era. And the same with the market, right? I was talking about those, uh, advertisements and making that map. What was so interesting making that map, what I found was, oh, this, these cures were sold everywhere. There was not like a neighborhood where you would go get one of these cures. They were sold everywhere, and they were sold out of these anonymous, non-medical places, bookstores, bakeries, chocolate shops, and to me, coming back to this point about. Parallels to today, it's, it's almost like the leading edge of what we've achieved today where you can just be in your pajamas, online purchase, whatever embarrassing thing you wanna purchase, and no one will ever know. And it's like we have achieved the ultimate anonymous shopping experience, but we see this very early history of it in the 16 hundreds.

EW: Let's take a quick break here. We'll be back before you know it.

Welcome back everyone. I'm here chatting with the wonderful doctor Olivia Weisser about her book *The Dreaded Pox*. Let's get into some more questions. It was anonymous out of necessity, right? Because of this disease was so shameful, and I just kept thinking about how the doctors that were handing out these diagnoses held this tremendous amount of power in the knowledge that they had, and just to kind of get a perspective on, on what that power was or how impactful this diagnosis could be. If someone's diagnosis was made public, what kinds of consequences might they face, and how did that differ based on things like their initial social standing or their gender or their race? Like how

did all of these things kind of combine and to be like, the consequences are different for each individual person.

OW: It mattered more for women than for men, for sure. And it comes back to what we were talking about earlier, about blame. There was a double standard in this society. It was a deeply patriarchal society, and a woman's reputation was intimately tied up in her sexual reputation. So a diagnosis of this disease, if you are a married woman. There would be suspicions of adultery. If you were a servant, let's say an unmarried single woman working in someone's home as a servant, you would probably lose your job. And there's a case that I talk about at length in the book. That's exactly, exactly what happens. A servant, she's suspected of having this disease, she's a caretaker of small children in the home of merchant, and the children end up getting this. Venereal disease and the, the doctor who comes decides it's, there's nothing sexual, there's nothing onward happening here. Just, it's one of those mild forms of the, the disease that she spreads to the children by sharing a bed with them through Pocky matter. So she's sweating in the, in the bed and somehow they're getting the disease. But the problem is she has it, she has the pox and she denies it, and they finally confront her and they find hidden under her bed a box full of medicines that are just for the pox that are very clearly for the pox. They're made of mercury and ingredients that you. Obviously used to treat this disorder, and she's basically succumbs to all the, the pressure and is like, okay, you got me? Yes, I, I am ped. And she, she loses her job. So there are absolutely severe repercussions for a diagnosis. And the the flip side is if you're a man and you're diagnosed, it's not a big deal.

EW: Right. It's like, well, this wasn't your fault. We understand it happens to everyone. Yeah.

OW: Boys will be boys.

EW: Boys will be boys. Yeah. Good stuff. Yeah. And you know, speaking of, I think another part of this, you know, boys will be boys, different consequences for different genders. You, you explore what happens in the short and long, long-term with, with the diagnosis of px. With two individuals, Betty and John, these hypothetical kind of people who have a brief sexual encounter at Bartholomew Fair and which results in John getting the pox. [00:30:00] Can you tell me more about Betty and John and how they might have found themselves at the fair? What would've happened immediately after? I loved this little thought experiment of walking through what happens to these two people after this encounter.

OW: I discovered Betty, who is a fictional character from a ballad. So these are songs that were typically sung in taverns, like drink, basically drinking songs. They were pinned up in coffee houses and taverns, and they were said to music. And I searched through the ballads to try to find out, well, how does venereal disease come up in these songs? And I found this story of Betty, who's a prostitute, who's plying her trade at the Bartholomew Fair, which is this annual cloth fair in the north of London every August. So I kind of. Did something that is a little controversial among historians, which is I took this document and I kind of extrapolated from it and made up a story using actual historical sources. So I used medical cases and account books and letters to kind of piece together. What would it have been like to be John? Fictional person I made up, well I didn't make him up. He was in the ballad who's infected by a prostitute at the fair. So there is a lot of historical kind of evidence undergirding what I'm doing. But it is a fictional story and I just, you know, John in the ballad is described as this country, Rube. This guy, this young guy who's like in the big city for the fair, trying to, you know, have a couple of fun days where he buys a bunch of trinkets to bring home to his family. And the thought experiment I do is, first of all, I looked at maps and I tried to figure out like, okay, how would he enter the city? What would he have seen and smelled when he came into the city? What would it have been like for this guy to show up at this fair, which was a pretty chaotic, overwhelming place full of stimuli where he's probably seeing things he's never seen before.

Venetian uh, women walking on tight ropes or playing pipes or. Rides and food and smells. So I tried to kind of imagine what it would've been like to be him. And then also the flip side, what it would've been like to be Betty, this woman who was probably living in a precarious situation, she probably lived in a home with. Other women who were selling their bodies to make ends meet, how she would've approached him. They probably went behind a tent. So I kind of just tried to imagine what it would be like to do this, and then the, you know, the repercussions of it. Like John realizing that he was infected and that he loses all of his money, right? So she picks his pocket. As they're doing the deed, which comes up again and again in ballads. So, and then I kind of just imagine like, okay, well what symptom would he have had? First, probably it would've burned when he went to the bathroom and he probably would've seen something in his underwear, and what would it have looked like? So then I tried to kind of look to medical text to piece together what people said it looked like. What did your excretions look like? It gets pretty. Grizzly

EW: it. I mean, it does. It was also so fascinating to think of like how much would he have known beforehand about what to look for or the questions to ask, or if he would've had to consult like a dear friend to be like, Hey man, have you ever seen anything like this? I've got something going on.

OW: Yeah, I mean, it was called the Secret Disease that you Men, you mentioned that name in part because secrets was slang for genitals. So a woman's genitals were called her secrets.

EW: Like privates. Yeah,

OW: exactly. Exactly. But it was also called a secret disease because people didn't wanna talk about it, and it was shameful and it was also. Secretive like it, it was the great buggo. Like you, it could be, your symptoms could be chalked up to completely different disorders if that's what you wanted. So a lot of people did consult their friends and kind of ask around and read. There are these, all these books that exist at the time that are basically like, this is how you tell whether or not you're clapped or whether or not you might have. A more innocuous disease like the whites, which is basically a pre-modern yeast infection. Okay. But it can look like a clap. Mm-hmm. So there's like medical texts, popular medical books that people would probably not very many people could afford to purchase, but maybe would borrow or access or purchase if they could afford it to try to parse out these symptoms. And there was a whole industry around this question.

EW: Yeah, I mean, absolutely there was. And so let's say that, you know, John self-diagnosis or has a friend to, gives him advice and says, you know, I think, I think you, I think this is what you've got. You've, you've got the pox man. I. Where does he go next? Like as you said, you've got these, these advertisements where you can get a clap, cure, a pox treatment all over the city. Like where would he see these advertisements? How would that knowledge get to him? And then how would he find the right one for him?

OW: So if it really depends on how much money you have. So if you're very poor, you have nothing, you wouldn't be able to buy anything. You wouldn't be able to hire [00:35:00] somebody. So you would probably go to what was called a pox hospital. A pretty punishing, unpleasant place. We know a lot about Pox hospitals, 'cause hospitals have a lot of records. So we have like pretty amazing histories about these institutions. And then if you're really well off, you would probably hire somebody. You would probably hire a, a surgeon or a healer or just like someone random without any credentials, who claims they can heal this disease. You might move into their house maybe because you wanna undergo a lengthy treatment that causes a lot of conspicuous side effects, sweating, spitting. You don't wanna do that in public. So you might move into their home. Maybe they have a sweat bath. A bath, a bathing house you can use or, and this, this person would tailor customize their treatment plan just for you, just for your

bodily constitution, your situation, your symptoms. That would be very expensive.

So then there's everybody else. And I decided John was in the everybody else category. He's new to the city. He probably doesn't have a lot of money. Well he has no money 'cause. She picked his pockets, so he is kind of lumped in with everyone else, which is the kind of the population I was trying to recover. We know the most about those two ends, the very poor and the very well off, because that's where they're the most sources, but everybody else would probably go to. The book Stall Lining, the Royal Exchange or the Apothecary Shop, or the the chocolate shop or wherever, to try to get one of these over the counter cures. They're cheaper, they're more accessible, they're quicker, they're not as conspicuous, and they're just more accessible. And the chaos of the city can make the shame of the shopping experience. Not, not as big of a problem. So, and then there's people, John wouldn't fit into this category then They're the people who would make their own cures at home, who would need to have not just the resources to do that, but the know-how to do that. And it's, it's complicated work.

EW: I wanna talk more about these clap cures, these, these people who found themselves. Producing and selling these treatments, how did they find themselves designing and selling these treatments?

OW: Some of them say their secret recipes passed down from my grandfather. You know, they claim to have some sort of lineage. Others who are new to the city. 'cause remember, this is the time where there's just this huge influx of immigrants to the city to make money. This is a really growing urban area. It's claim, oh, I learned this on an Italian warship, or I learned this from treating the, uh, Turkish emperor's brother. So they kind of claim to have foreign knowledge, exotic foreign knowledge. So they're all different ways. People claim they get the knowledge to produce these things. At the end of the day, it seems like a lot of people were just. Making more or less the same stuff. Like I, I don't know what was in a lot of them 'cause they don't say they're secretive. I don't know how different the different pills and tinctures that were being sold really were. But I do know from looking at what's, what we do know about how they were made, they were horrifying. A lot of them had turpentine in them. A lot of them had mercury, which would cause that prodigious sweating. It would cause mercury poisoning, right? We would, we know to be mercury poisoning. It would make your teeth fall out if you ingest it. It, you know, makes you spit a lot. So there's one person who said they spit, they salivated five pints a day.

EW: Ooh,

OW: if you, and then it would also be used as an ointment, as a solve. And you would rub it on your body and it would make you sweat. And the idea was, this was logical within the day. The idea was, oh, if, if you have stuff coming out, that's the poison. That's the venom coming out. That's good. That's helpful. This is good that, you know, we see it and we think that's a terrible idea. Do not eat mercury and turpentine, but they had a really different medical logic

EW: to show that, hey, this is doing something to you. Therefore it must be doing the right thing to you.

OW: Exactly, exactly.

EW: Thinking about the number of advertisements that you found and this map that, this beautiful map that you made, I, I just love it so much. I think it also just shows that it was a. Kind of a good business model to, to go into this at, at 20% of a lifetime risk of, of developing venereal disease. That means a lot of cures are gonna be sold.

OW: Yes, and I think that, you know, we know this to be true, like a lot of people had this disease and a lot of people got in on the game to treat it because you could make money doing it. It was, and a lot of the ways these guys who were selling these cures were trying to kind of compete with each other as they would accuse each other of greed of doing exactly what you're saying. Just, oh, you're just a cobbler. You don't have a medical background, you don't have a secret tincture that was passed down to you from your grandfather like me. You're just like. A tinkerer who's trying to get in on the game. So they, they knew that, and they used that as a, you know, a way of kind of fighting with each other.

EW: I mean, uh, yeah, I mean, competition must have been quite stiff and with so many different people out there, you had to stand out in some way or another. [00:40:00] But then there was also, as you said, this flip side of people who were making home remedies based off of recipes. What do these recipes look like? Not in terms of like what ingredients were there, but where were they found? What types of books or were they just scraps of paper? How was, how would someone come across this knowledge?

OW: These were found in what were called recipe books, and we think of cooking recipes when you use the word recipe, but these recipe books would usually be combinations of. Cookery medicine and cosmetics. Mm-hmm. Sometimes they would be organized, sometimes they'd be all one of those three categories. Sometimes they would be a mix and they were basically a very

practical how-to guides and they'd be organized. Sometimes they'd be indexed. So these were incredibly valuable books. They were collections of domestic knowledge of. You know, non learned, everyday household medical knowledge and cookery and cosmetics, and they were passed down. They were valued possessions. They were often bequeathed to kin. And you can see in the handwriting of them, the layers of people who passed down these documents and amended them. Right? You can see the handwriting change or people write in the margin, this didn't work, or I tried this, or changing the quantities or the ingredients so you can kind of see it. In the handwriting and the crossing outs over time. Oftentimes we don't know who wrote them or who the original compiler is, so it can be a little confusing, but there are tons of these that exist in archives, and I just started going through them and looking for, okay, were people treating themselves at home for this really stigmatizing disease? Do we see recipes And and we do there. There are lots of them.

EW: You touched a bit on this in terms of who would be able to go out and buy a cure versus treat at home, but who did have the resources and the know-how? Who had these access to these recipe books to make these at home remedies?

OW: What I love about recipe books is it's one of the places, at least in the history of medicine, in the pre-modern era where we see a lot of women writing. So it's harder to find a lot of women practitioners. We know there were a lot of female practitioners, but they didn't keep case books at in the great numbers the same way men, male practitioners did. So it's just harder to find historical evidence of female practitioners writing things down. Recipe books are one of these places where there's just a lot written by women. There's a lot of recipes by men too. It's not an all female genre by any means, but we get more women writing about medical practice than we get. Otherwise, and a lot of these women, A, you need to be literate. So that means it's by default the highest levels of society, right? If you're impoverished, if you're barely making ends meet, if you're Betty at the fair selling sex, you're not gonna probably have a recipe book or keep a recipe book. So these are pretty like middling to upper status women who have the time and the literacy skills and the resources because to make these recipes. They are not, they are no joke. They are complicated and very technical and in many ways not that different from what you would buy at the bookshop or what you would get if you hired a healer and lived at his house for three weeks. They require sometimes equipment, glassware, cookware, and this was a time when people didn't have a lot of stuff, so it wasn't nothing, and then you had to source all the ingredients, which could be hard to get. So I think we in our minds think, oh, well, surely you grow them in your garden. And yes, you could grow if you had a garden, right? We're talking about urban London. But if you did have a garden, you could probably grow a lot of these things that you needed for these recipes. But you also

probably had to go out into the city and source some pretty hard to get ingredients. Some of them required amber grease from Wales. Some required gold dust. So this was not just something any old person could do.

EW: A lot of this diagnosis, it seems to be self-diagnosed. People were recognizing symptoms in themselves and then saying, okay, I think I have this. I'm gonna go find treatment myself. But then there were some people who consulted or who had access or were able to consult a physician, and it was very striking and not surprising necessarily, I think given the time, but like how physicians almost seem to operate on the basis of assuming that their patient was lying. About what was going on. Can you tell me more about what that experience would be like from a patient perspective? Who goes and consults with a doctor about symptoms of venereal disease that they're not sure what they are?

OW: It's hard to say what was going on in patients' minds because of course we only have the writing from the other side. Right. We only have the practitioners writing. So it's a fun thought experiment. And my guess is that often they legitimately didn't know what they had. And I think more often they did know and they were trying to get, and I don't wanna say they were lying, but they were trying to. Get the most out of the situation. And that could be to try to save face or to save their reputation or [00:45:00] save their marriage or whatever that could be just trying to get the treatment they thought they needed without the diagnosis. So you see this time and again of them, of patients trying to kind of get a scurvy, it was usually scurvy 'cause there was something about the symptoms that. They one could really easily be replaced by the other, get the diagnosis. That's innocuous. That doesn't have the shame. Doesn't have the stigma, but that comes with the treatment that does the work of treating this 'cause they're treating symptoms, right? This is before the treatment of actual disease. So I think there is a little bit of. Truth to this sense that you get from reading the case books by practitioners, that there is a little unreliability from the patients, but we, we can never know, uh, 'cause it's all through the eyes of these practitioners who are very keen to make themselves look good.

EW: Right. Which is then part of that is like, well I am an excellent doctor because I saw past to the patient's lives and their efforts, efforts to conceal

OW: exactly.

EW: We, we've touched on this a little bit throughout, and I wanna, I wanna end just by kind of asking more about these parallels that you have seen throughout researching for this throughout your experience, you know, in this,

in this early modern London. What parallels you see between veneered disease then and disease now, or just medicine then, and medicine now, and some of the things that you observed, um, throughout this process?

OW: I think we already talked about the market forces, you know, that this kind of early version of the capitalization of medicine. I think the biggest parallel I found, you know, I was writing this during COVID, most of it during the COVID times when it was pretty bleak, and I just kept thinking about stigma and shame. And I know, you know, COVID is not an STI, it's really different. But there was stigma. There was this kind of like, well, were you wearing a mask? Did you, did you take a PCR? You know, like there were kind of assumptions people had about proper behavior and so I, I did spend a lot of time thinking about like, how do we blame people for diagnoses and like, what does it mean to have to get that positive test back and think like, oh man, I should have done this differently, or it was my fault, I didn't.

Do the right thing. So I think I make a lot of connections to HIV in the, in the book. I think 'cause it's just the most obvious parallel for me, thinking historically about STIs and shame and silencing and how shameful diseases silence suffers. You know, the famous. Activism of the AIDS movement in the eighties was silence equals death. And I don't wanna, you know, glibly compare the PS in the 17 hundreds and 16 hundreds to HIV because there's immense differences. But I think that role of shame in silencing us and the work of recovering everyday lives of like how we cope with shameful diseases is a trans historical truth. Something that. You know, I'm reading these people's letters, suffering from these diagnoses, and how am I going to, you know, tell my family and what am I gonna do and hiding in the spa town to get treated in secret? And it does feel like there are these kinds of connections to that kind of suffering, that shameful and silencing that we see. In 1980s New York or today, there are many parallels that I, that I saw doing this work, but, and I think that's the, the cool thing about studying this time period is it's so different from ours, it's so unfamiliar, and yet there are these parallels that are, that, that kind of shine through and it gives us kind of the clarity for thinking about the world we live in.

EW: Some things being timeless in some ways, and the shame of disease, regardless of the type. But you know, I know that some disease carries with it more shame than others. But I, I just wanna thank you so much for such a fascinating book, such a wonderful conversation. It has been so enlightening to chat with you and get more into the, the nitty gritty of venereal disease. So thank you.

OW: Thank you so much. I appreciated this. This was really fun.

EW: A big thank you again to Dr. Olivia Weisser for taking the time to chat with me. If you enjoyed today's episode and would like to learn more, check out our website. This podcast will kill you.com, where I'll post a link to where you can find the dreaded PX Sex and Disease in early modern London, as well as a link to Dr. Weisser's website where you can find her other incredible work. And don't forget, you can check out our website for all sorts of other cool things, including but not limited to transcripts, quarantining recipes, show notes and references for all of our episodes. Links to merch. Our bookshop.org affiliate page are good reads [00:50:00] list a firsthand account form and music. By bloodmobile. Speaking of which, thank you to Bloodmobile for providing the music for this episode and all of our episodes. Thank you to Lianna Squillache and Tom Breyfogle for our excellent audio mixing. And thanks to you listeners for listening. I hope you liked this episode and our loving being part of the T-P-W-K-Y Book Club. A special thank you as always to our fantastic patrons. Your support means everything. Until next time, keep washing those hands.