SPRING 2026

UC SANTA BARBARA

THE UNDERGRADUATE JOURNAL OF HISTORY

Vol. 6 | No. 1

© The UCSB Undergraduate Journal of History
3236 Humanities and Social Sciences Building
The Department of History, Division of Humanities and Fine Arts
The University of California, Santa Barbara
Santa Barbara, California
93106-9410

Website
https://undergradjournal.history.ucsb.edu/

Article Submissions

Papers can be submitted for publication at any time via our website's submission portal. Manuscripts must be between 3,500 and 7,500 words long and completed as part of a student's undergraduate coursework at an accredited degree-granting institution. Recent graduates may submit their work so long as it is within 12 months of receiving their degree. The Journal is published twice yearly in Spring and Fall. See the Journal website for more information.

micro historia

Are you eager to get published but want to start small? This is your chance: the *UGH Journal* is excited to offer undergraduate students the opportunity to showcase their historical skills: micro historia. These microhistories, inspired by other scholarly journals and public history blogs, showcase in less than 1,500 words a historical interpretation of a single primary source — a document, object, or collection — to demonstrate how historical research deepens our understanding of the past and present. Think of these as historical writing in action.

Cover Image:

California Poppies (2026) - Kristen Marshal

Knowledge Making and Treatment in Early Modern Recipes: Baker, Woolley, and Shirley.

Annabelle Hurst[1]

Introduction

In her 1674 housewife guidebook, *A Supplement to the Queen-like Closet,* Hannah Woolley assures her readers that she will share "none, but such things as [she] has had many years experience of, with good success."[2] In line with that promise, Woolley introduces her medical recipe collection with a list of some thirty people she has cured over the years. Their ailments range from being bitten by a mad dog to infection by the plague, to having had a pitch-fork rammed into their eye.[3]

Woolley goes on to share a number of her medical recipes or "receipts," developed over years spent working in English noble households and helping neighbors treat various medical ailments. Woolley was writing to the early modern noblewoman and shared her medical receipts alongside culinary recipes, seamstress tips, and laundering suggestions.

While today the inclusion of medical instructions in household management literature may seem odd, recipe collecting was an important aspect of early modern homemaking. Early English homemakers obsessively collected recipes for a wide variety of medical issues, and seventeenth-century England has been described as experiencing a "recipe fever."[4] Homemakers jotted down quotes from medical texts like Woolley's, traded medical advice with friends and family, and took note of recipes' successes and failures in large notebooks.

Medical recipes had been important to homemakers long before the seventeenth century. In the medieval period, medical recipes were often presented alongside charm instructions and culinary recipes.[5] The early modern era, though, saw shifts in the way these recipes were shared. The birth of a rich print culture had increased the spread of medical recipes. There was a rich supply of healthcare-related books in England: over two hundred recipe books were printed in the seventeenth

---

[1]Annabelle Hurst is a senior at the UC Santa Barbara, where she is earning her B.A. in Political Science and History. She is interested in women's history and early modern miscellanies.

[2] Hannah Woolley, *A Supplement to the Queen-like Closet, or, a Little of Everything: Presented to All Ingenious Ladies and Gentlewomen* (London: Richard Lownds, 1674), A4.

[3] Woolley, *Supplement*, pp. 9-12.

[4] Elaine Leong, *Recipes and Everyday Knowledge* (Chicago: The University of Chicago Press, 2018), 2.

[5] Laura Mitchell "Magic or Medicine? Healing Charms in Fifteenth-Century English Recipe Collections," The Recipes Project, Accessed May 4, 2026, https://doi.org/10.58079/tcla.

century, sixty of which were new titles (as opposed to reprints).[6] Additionally, particularly in the second half of the seventeenth century, there was a rise in recipe books written by and for women - such as Woolley's book, *A Supplement to the Queen-like Closet*.[7] Overall, this meant that in the early modern period, recipes from England and the continent were being disseminated faster than ever before, and women like Woolley gained the ability to share knowledge with household managers across England.

As more transcriptions of recipe collections have entered the medical history field, scholarship has turned towards looking at the recipes to learn about knowledge and medicine in early modern England. The focus on recipes has been coupled with a pivot towards previously unrecognized areas of healthcare, primarily at the household level. For example, Anne Stobart, in *Household Medicine in Seventeenth Century England,* illustrates the importance of early modern "self-help," describes the ways that household healthcare providers consulted physicians, and outlines the importance of household studies in understanding the broader medical economy.[8] Elaine Leong has looked extensively at both domestic recipe collections and published texts to argue that early modern English men and women made the home into a site of learning, and to illustrate the social nature of recipe-collecting.[9] Furthermore, recipe and household studies have helped develop a better understanding of women's roles in healthcare. Stobart and Leong emphasize the role both men and women played in household healthcare, arguing that household healthcare was not necessarily gendered, but that women played an important role in it. Leigh Whaley, in *Women and the Practice of Medical Care,* argues that women were the ones "who had and who passed on the theoretical and practical knowledge of healing."[10] On the whole, recipe collections have been able to expand historians' views of the medical economy, print culture, and women's role in healthcare. The field of recipe research, however, is still developing: many recipe manuscripts have yet to be fully transcribed and digitized, and many more still need to be analyzed and integrated into scholarship.

In this paper, I aim to contribute to the growing field of early modern recipe research through an analysis of three distinct recipe collections: Hannah Woolley's published recipes in *The Supplement to the Queen-Like Closet* (1674)*,* the household recipes of Margaret Baker (approx. 1675), and the

---

[6] Leong, E*veryday Knowledge*, p. 149.

[7] Leong, *Everyday Knowledge,* p. 149.

[8] Anne Stobart, *Household Medicine in Seventeenth Century England (*London, New York: Bloomsbury Academic, 2016).

[9] Leong, *Recipes and Everyday Knowledge.*

[10] Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe* (Houndmills: Palgrave MacMillan, 2011), p. 173.

recipes of Dorothy Shirley (approx. 1693/4-1721).[11] My analysis demonstrates two main points: that recipe collections are living documents, rather than a list of just best treatments, and are therefore relics of experimentation; and that recipe collections are collaborative documents that reflect social exchange between collectors, physicians, friends, and family. From those two points, I conclude that recipe collections are highly personalized documents that reflect the specific social and intellectual work of household recipe makers.

Introducing Sources

Margaret Baker was a seventeenth-century woman who left behind a large variety of medical recipes.[12] In total, Baker created three recipe manuscripts, one of which (V.a.619) was transcribed in 2016 at the University of Colorado and is currently held by the Folger Shakespeare Library - this manuscript will be the primary focus of this paper.[13] The transcribed manuscript includes one hundred thirty-two folios of handwritten medical, culinary, and cosmetic recipes. Excluding culinary recipes, there are some one hundred eighty-two receipts in Baker's manuscript.[14] The manuscript concludes with a table of measurement sizes and notations, as well as excerpts from other medicinal texts.[15]

Outside of what is shared in her recipes, not much is known about Baker's life. Historians at the University of Essex have theorized that she lived somewhere in the English Midlands, near the border with Wales.[16] Transcribers also believe that she was either a well-travelled woman or involved in immigrant communities, as she references non-English physicians and uses what could be a Dutch "y" with an umlaut over it on occasion.[17] It is likely that she was relatively well-educated and well-read: her

---

[11] Margaret Baker, "V.a.619: Receipt book of Margaret Baker [manuscript]," Folgerpedia, https://folgerpedia.folger.edu/mediawiki/media/images_pedia_]folgerpedia_mw/3/35/V.a.619_Reading_Copy.pdf and Dorothy Shirley, "V.a.681,: Receipt book of Dorothy Shirley," Folgerpedia, (fols. 12v, 58v). https://folgerpedia.folger.edu/mediawiki/media/images_pedia_folgerpedia_mw/d/df/Laroche_Transcription_V.a.681.pdf

[12] "The Baker Project." The EMROC hypothesis. Accessed February 15, 2025. https://emroc.hypotheses.org/ongoing-projects/the-baker-project#_ftn4.

[13] "The Baker Project." The EMROC hypothesis.

[14] Baker, "V.a.61."

[15] Baker, "V.a.61" (fols. 132v - 133v).

[16] "The Baker Project," UoE Baker Project. https://sites.google.com/prod/view/uoebakerproject/medicine?authuser=0.

[17] "The Baker Project," The EMROC hypothesis.

use of Latin terms and quotations of Latin writings suggests that she knew Latin, and she includes excerpts from other medical texts in her recipe book.[18]

Dorothy Shirley's collection was passed down to her through family members. Shirley received the collection at the age of ten from her aunt, most likely following the death of her mother.[19] As such, the book includes recipes written by an older female family member before the bulk of Shirley's recipes. This makes her manuscript a "starter collection," a collection built off the recipes of another contributor who started it.[20] Shirley herself, like Baker, expressed a level of dedication to expanding her recipe collection through interaction and research. She kept the recipe book until her death in 1721.[21]

Hannah Woolley was a popular cookbook and lifestyle literature author in the seventeenth century. Born in 1623, and not of noble birth herself, Woolley learned medical practices from her mother and sister, and honed her skills while working in two noble households in adulthood.[22] Later on, she and her husband opened and ran a grammar school at Newport, where she helped manage student health.[23] She published seven books in total, and became a popular name in the household literature genre.[24]

The inclusion of Woolley in the analysis of domestic recipes is beneficial for a few reasons. For one, comparisons with print media fill in the gaps left by private recipe collections and vice versa. Woolley's text includes important biographical information about how women actually learned medical skills, which can be used to expand claims about domestic recipes into the actual formation of practice. Household recipe collections are casual documents, and so, while they lack biographical information, unlike printed recipes, they include an abundance of citations and personal annotations that reflect the process of recipe building. Biographical information helps show the process of building skills over a lifetime, while personal collections show the process of singular recipes. Second, Woolley's

---

[18] "The Baker Project," The EMROC hypothesis.

[19] Rebecca Laroche, "'Here Begins the Good': A Woman on the Edge of Medical Practice." Early Modern Studies Journal, Volume 8: Celebrating Ten Years of the Early Modern Recipes Online Collective (2022).
https://earlymodernstudiesjournal.org/review_articles/here-begins-the-good-a-woman-on-the-edge-of-medical-practice/.

[20] Leong, *Everyday Knowledge*, p. 15.

[21] Rebecca Laroche, "'Here Begins the Good'"

[22] Margaret J. Ezell, "Cooking the Books, or, the Three Faces of Hannah Woolley," *Reading and Writing Recipe Books, 1550–1800*, September 30, 2018,
https://doi.org/10.7765/9781526129901.00017.

[23] Woolley, *Supplement,* 9.

[24] Leong, *Everyday Knowledge,* 150.

gender makes her a particularly valuable source. Woolley is considered one of the first popular female authors in her genre, and she wrote directly to housewives. As such, her book can be used to draw conclusions on the way women developed knowledge and to help illustrate the important role women played in healthcare. Finally, Woolley provides a particularly interesting point of comparison for Baker, as some of Baker's recipes have been linked to another one of Woolley's books, *The Accomplish'd Lady's Delight,* published in 1675.[25] There, a recipe for fennel oil that mirrors Woolley's in both ingredients and language was used to date Baker's manuscript to 1675.[26] The similarity between the recipes insinuates that Baker herself was reading Woolley's work, or someone close to her passed on the recipe.

Here, I primarily focus on Baker's manuscript, but by bringing Woolley and Dorothy into my analysis, I offer a more nuanced understanding of early modern recipe making. Shirley serves to supplement conclusions formed from Baker's recipes and to exemplify the variety of ways in which recipe collectors collaborated, as her collection was developed over a longer period of time than Baker's. Domestic recipe making went hand-in-hand with the growth of published texts on early modern medicine. Household recipe collections pulled from and interacted with the published recipes in books such as Woolley's.[27] As such, Woolley's published account is a literary counterpart to the private collections of Shirley and Baker. Together, these three sources show the multiple ways experimentation and collaboration appear in recipe collections.

Experimentation in Recipes

Early modern recipe keepers actively experimented with their recipes. They constantly tried out new methods, annotated past recipes, and let friends and family know of their successes and failures.[28] Elaine Leong situates household recipe experiments alongside other knowledge-making practices of the time. She writes that recipe makers and other groups of "knowers" (such as John Locke, Hugh Plat, and Francis Bacon) shared not only equipment and production processes, but also "a sensibility in privileging empirical and experiential knowledge."[29] She looks at a variety of "recipe trials," where men and women gathered recipes from friends, family, and books, and tested them themselves in the home, to show how, as households built their recipe collections, they also built knowledge. The collections of Baker, Shirley, and Woolley reflect the experimental nature of recipe collecting.

---

[25]Hannah Woolley, *The Accomplish'd Lady's Delight* (London, 1675). The Library of Congress, http://hdl.loc.gov/loc.rbc/Pennell.20945.

[26]"The Baker Project," the EMROC Hypothesis.

[27]Leong, *Everyday Knowledge,* chapter six.

[28]Leong, *Everyday Knowledge*, p. 6.

[29]Leong, *Everyday Knowledge,*p. 6.

Ailment	Count
Eyes	21
Stone	16
Ague	12
Sore	12
Cough	10
Scald	9
Fellon	7
Worms	7
Ache	6
Back	6

Table A1: Frequency of the ten most repeated illnesses in Margaret Baker's Recipe Manuscript (V.a.619) (excluding culinary and cosmetic recipes).

Baker's recipe collection shows experimentation through her repetition of multiple recipes treating the same injury or sickness with different ingredients. Rather than recording just one suitable treatment for an illness, Baker included a multitude of recipes treating the same issues. Table A1 shows the frequency of the ten most common medical treatment types in her collection. Notably, throughout Baker's manuscript, there are at least twenty-one treatments for the eyes - these treat red, sore, and watery eyes (often curing all three issues at once). There are sixteen recipes treating "stone" (kidney or bladder stones).[30] Other common recurrences throughout her manuscript are gout, with at least six treatments, and worms, with seven. She also has a large repertoire of medicines for everyday injuries such as aches (six recipes), sores (twelve recipes), and scalds (nine recipes).[31] Finally, she includes a large number of cosmetic recipes (excluded from Table A1), with twenty-five treatments for assorted face washes and pimple or freckle removing waters.

[30] Baker, (Fols. 6v, 17v, 39v, 43v, 52v, 55v, 57v, 63v, 67v, 68v, 85v, 123v, 86v). Also see table A1.

[31] See table A1.

While Baker's repetitions certainly show what recurring issues she dealt with, they also illustrate the experimental attitude of her work. Oftentimes, her repeated treatments would take on entirely different forms from other recipes she included for the same issue. Looking closely at Baker's treatments for kidney stones shows that treatments for one ailment could differ quite widely. One recipe treating "stone" reads:

> Take the kernell of slowes, dry them by the fier in a dishe convert them in to a pouder by it selfe then take the rootes of allisander; perfly; pellitory of the wall holly=hockes of euery one a lytle quantety; seeth them all in white wine straine it in to a faire vessell & when you drinke; first & last of it put in to euery draughte halfe a sponefull of the kernell pouder.[32]

A second one reads:

> Take a quarte of milke a pinte of white wine & one pinte of ale; make this in a possett take^ take ; of the curd cleare that your drinke may be cleare; then take one handfull of breake stone; one hand full of white sasaphrae; one handfull of ashen cayes & take outt the seedes of them; & one handfull of persolie; & ^one sticke of grene licorrish scrape it & slise it sixe blew figes a few reasons of the sonne & stone them; boyle all these thinges in the possitt drink vntill it come to a pinte then sweeten it in tow ounces of white sugger canday and when the stone doth breakeflett them drinke it in the morn- inge first; and last in the evening.[33]

Other than the inclusion of white wine (which Baker used in a significant portion of her recipes), these recipes rely on relatively different ingredients and methods. In fact, across all of Baker's recipes for the stone, she tends to use different ingredients. While white wine, ale, and some herbs are repeated occasionally, they are not consistently present.

Differences in recipes most clearly show up when Baker lists two recipes for the same issue back-to-back. For instance, she presents four healing salves in folio seventy: the first one is labeled "Necotia salue to drawe & heale," and the next three are all "for the same."[34] There is no notable ingredient repetition across the four recipes, save for the appearance of "necotia" in the first two.[35] The order of the recipes implies that they were entered all at the same time, bringing up the question of why Baker might put in four different recipes for the same issue at once. It is possible that she intended to test each of them out, or perhaps she received all from one source with recipes for healing salves, and wrote them down for later use. Either way, Baker intentionally included several approaches in her

[32] Baker, (Fol 43v).

[33] Baker, (Fol. 39v)

[34] Baker, (Fol. 70v)

[35] Baker, (Fol. 70v). Based on the spelling, Necotia leaves likely refer to nicotiana or tobacco

collection, pointing to a tendency towards open-mindedness in her collecting, rather than a search for single solutions. Later on, she adds in two other salves with the same purpose, implying that she was unhappy with the first four, or that she was interested in developments within the latter two.[36] Baker was open to new approaches and continued adding recipes even if she already had her own approach.

Ailment	Count
Worms	3
Gout	2
Eyes	2
Gravel (stone)	2
Blood flow	2
Treakle water	2
Canker	1
Collicke	1
Scurvy	1
Sore	1

Table A2: Frequency of the ten most repeated treatments in Dorothy Shirley's Recipe Manuscript (V.a.618) (excluding culinary and cosmetic recipes).

Like Baker, Shirley repeatedly added new recipes to her collection that treated the same issue. Table A2 shows the frequency of the ten most repeated medical treatment types in Shirley's collection. In particular, she included a multitude of different recipes for gout, kidney stones, and worms. She also included numerous recipes for universal treatments - common cure-all recipes such as surfeit water. Nevertheless, Shirley clearly had her own preferred ingredients for certain ailments. In two "dyett drinks for gout," she includes nearly identical ingredients: dock root, burdock root, juniper berries, dorcas seed, and ale.[37] The only real difference between the two is the inclusion of Seville oranges in the

[36] Baker, (Fols. 72v, 75v)

[37] Shirley, (Fols 12v, 58v).

first, and that the second is also listed as a treatment for scurvy.[38] The inclusion of oranges in only the first recipe opens up the question of why they were excluded in the second: Did Shirley try the recipe and decide that the oranges somehow made it less effective? Here, editing of similar recipes reflects a process of growth across Shirley's treatment methods. She may have had some preferred ingredients, but also freely added on or removed from those ingredients to adjust recipes.

The same trend of favored ingredients appears when looking more closely at Baker's treatments for itches. In two of her itch recipes, she uses unwrought wax and (concerningly) white lead.[39] The presence of these nearly identical ingredients suggests a preferred method or set of ingredients, generally when treating itches, or even experimentation within one method. At the same time, a variety of other itch recipes in the manuscript use completely different ingredients. The dual presence of similar ingredients across some treatments signals that Baker had preferred methods that she used at times, but vast differences in recipes imply that she was experimenting outside of her field of comfort at other times, and was open to integrating new ingredients.

Finding alternative methods could be done simply for the sake of growing one's knowledge, as is evidenced by other early modern recipe-makers. In letters between Edward Conway, second Viscount Conway and Killutagh, and his nephew, Colonel Edward Harley, Conway asks his nephew to visit a local expert and attain a recipe for making red ink with vermillion.[40] Conway already had an "excellent way" to make the ink himself, using another ingredient. He simply desired another recipe to build on his current knowledge.[41] So, incorporating new approaches to recipes did not necessarily take place due to dissatisfaction with past recipes. Inclusion of completely different approaches implies that either Baker was unhappy with her already collected recipes, and sought new ones in search of a more suitable cure, or that (like Conway) she simply wanted to supplement her knowledge, and familiarize herself with a variety of approaches.

Recipes could also be repeated as collectors pulled from different sources. Woolley includes significantly fewer repetitions for treatment than either Baker or Shirley, with the exception of gout, for which she includes four recipes. The fourth makes a general treatment for gout.[42] It mirrors the ingredients used by Baker in several of her gout treatments (neates-foot oyle, lethargie of gould, and unwrought wax), implying that these were popular ingredients across gout treatments. The presence of common gout treatments alongside other gout treatments in Baker's recipes signals that Baker was

[38] Shirley, (Fol 12v, 58v).

[39] Baker, (Fols. 75v).

[40] Leong, *Everyday Knowledge,* 72. For letters cited in *Everyday Knowledge,* the British Library: BL, MS Additional 70113, bundle 3, letters dated 27 August 1650 and 3 September 1650.

[41] Leong, *Everyday Knowledge,* p. 72.

[42] Wolley, *Supplement*, pp. 19-20.

both pulling from popular recipes and bringing in more specialized approaches, perhaps from family and friends. Her recipe repetition, therefore, reflects a variety of methods of gathering treatments.

Elaine Leong outlines the stages of development that recipes underwent before being permanently included in a collection. She argues that recipes went through a testing stage, wherein recipients judged their value or awaited input from a trusted source before integrating the recipe into their own use.[43] Thus, it's possible that Baker recorded some recipes outside of her comfort zone with the intention of testing or verifying them. Stages of experimentation, for her, could include inputting the recipe, even if she already had her own treatment. From there, she may have tested out recipes and later accepted or rejected them from her collection.

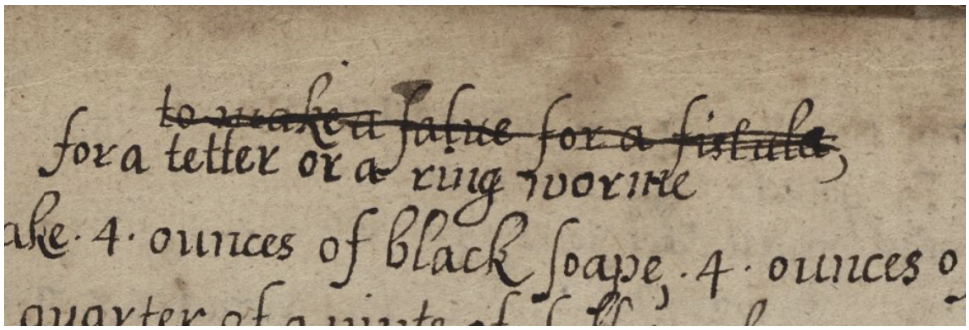

Figure B1.1: Annotations in Baker, fol. 12v[44]

[43] Leong, *Everyday Knowledge,* pp. 76-78.

[44] Baker, (fols. 12v). Picture from the Folger Shakespeare Library manuscript: https://digitalcollections.folger.edu/bib263402-348842?_ga=2.233762142.1100218106.1741061803-1618770166.1737528807

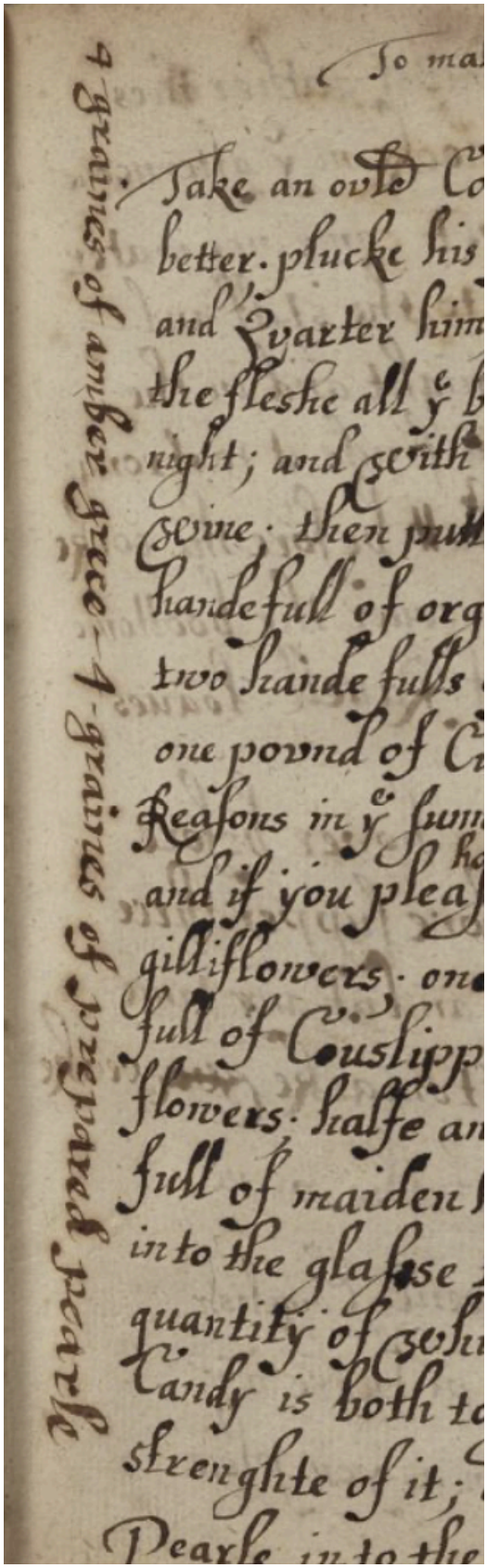

Figure B1.2: Annotations in Baker, fol. 46r.[45]

One way the process of experimentation is recorded is through annotations. Recipes are casual documents, and authors often crossed out and annotated sections of recipes as they developed their collections. Figure B1.1 shows one occasion where Baker rewrote the title of a recipe (or perhaps crossed out a recipe she had only begun), and Fig B1.2 shows Baker writing notes in the margin on the ingredients in a recipe.[46] Casual writing mechanisms reflect the personal nature of these documents, and the processes of experimentation involved in their making.

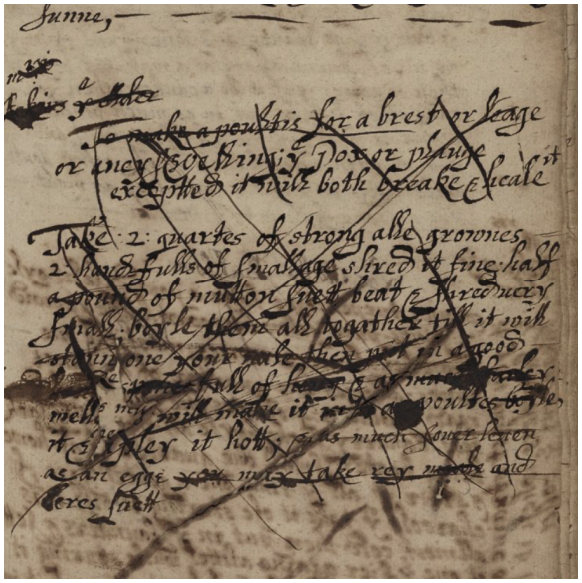

Figure B2.1: Baker crossing out entire recipes, fol. 115r.[47]

[45] Baker, (fols. 46r). Picture from the Folger Shakespeare Library manuscript: https://digitalcollections.folger.edu/bib263402-348842?_ga=2.233762142.1100218106.1741061803-1618770166.1737528807

[46] Baker, (Fols. 12v, 46r.)

[47] Baker, (fol. 115r). Picture from the Folger Shakespeare Library manuscript: https://digitalcollections.folger.edu/bib263402-348842?_ga=2.233762142.1100218106.1741061803-1618770166.1737528807

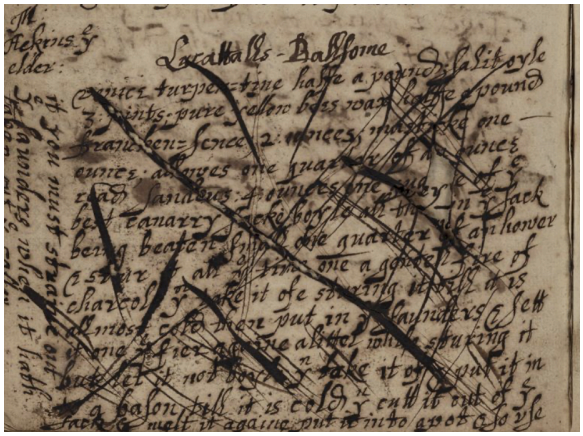

Figure B2.2: Baker crossing out a second recipe, fol. 115v.[48]

There are two occasions where Baker seems to have completely removed recipes from her collection. Fig. B1.1 and B1.2 show that twice, once on fol. 115r, and again on 115v respectively, she completely scratches the recipes out.[49] Leong writes that annotations demonstrate "patterns of trying and testing recipe knowledge."[50] Both recipes also cite an outside contributor, and neither is rewritten later, insinuating that there was not a mistake in transcribing the recipe (as then, it likely would have been rewritten), but that Baker was otherwise unhappy with it. Complete crossing out may signify that she, or someone else close to her, had tried the recipe and decided it was ineffective enough to warrant complete removal from her collection. These annotations in Baker's manuscript show a high level of interaction with her recipes, and that she actively denoted the worth of her recipes and kept track of her findings.

In comparison to domestic collections, published recipe collections present far fewer recipes to the reader and therefore, fewer repetitions. Published texts represent one specific set of treatments, not a collection developed over time and tailored to a family's needs. Oftentimes, published texts include an entire collection of treatments with very few recipes being credited to anyone besides the author.[51] Leong argues that focusing on just one figure as the author of a collection could serve to maximize

[48] Baker, (fols. 115v). Picture from the Folger Shakespeare Library manuscript: https://digitalcollections.folger.edu/bib263402-348842?_ga=2.233762142.1100218106.1741061803-1618770166.1737528807

[49] Baker, (fols. 115r-115v). Pictures from the Folger Shakespeare Library manuscript: https://digitalcollections.folger.edu/bib263402-348842?_ga=2.233762142.1100218106.1741061803-1618770166.1737528807

[50] Leong, *Everyday Knowledge*, p. 14.

[51] Leong, *Everyday Knowledge,* p. 156.

profits, and that omitting authors of individual recipes in books serves to further emphasize the author of an entire collection.[52] Woolley's lack of repeated treatments in *A Supplement to the Queen-Like Closet*, then, fits into broader trends within published works. Woolley, in the introduction to her book, writes that she will only teach "those things wherein people cannot easily err."[53] She clearly intends to share only a select few, easily replicable recipes, and goes on to include very few repetitions in her recipes.

A lack of repetitive recipes in Woolley's published collection, though, does not necessarily signify a lack of experimentation. In her introduction, Woolley emphasizes that the recipes she includes are chosen because of the ease with which readers could use them, which implies that these recipes were selected out of a broader collection.[54] She even adds that she will not be including the recipes for cures she used in some of her own treatments, because they would be too difficult and would require too much judgment.[55] Woolley's filtering of recipes means that she had her own levels of experimentation: she was able to treat illnesses in a variety of ways, and concluded that these were the most effective methods for her audience. Her selection, then, shows that some methods of treatment may have been preferable to a certain skill level, and that it was broadly accepted that there could be a variety of ways to treat one illness.

Woolley further showcases experimentation by providing biographical information describing the long-term development of medical skills in the household. She stresses her experience with medicine: besides the list of patients she had cured, she describes her experience as a practitioner in noble households in detail. She cites both her time running a school alongside her husband and caring for others in noble households as having given her sufficient experience to make recommendations to others.[56] Her life story shows that medical knowledge was developed through hands-on experience managing the home. Knowledge was developed over the course of a lifetime, through time spent healing those close to a household. Woolley tells us that, rather than simply recording what recipes came their way, early modern recipe makers were building a set of medical knowledge through practice.

Recipe manuscripts, therefore, acted as living documents. As shown in Baker's and Shirley's manuscripts, recipe collectors continually tried new methods and reflected on past techniques. They were unafraid to add in recipes for the same issue, using vastly different ingredients than they had used before, and took note of their success. These documents reflect knowledge that was developed over

---

[52] Leong, *Everyday Knowledge,* p. 156.

[53] Woolley, *Supplement,* "To the Reader."

[54] Woolley, *Supplement,* "To the Reader."

[55] Woolley, *Supplement,* "To the Reader."

[56] Woolley, *Supplement.*

time, and Woolley describes how knowledge was built through experience, healing family members and neighbors. As such, recipe collections can be considered records of experimentation and of the development of practical knowledge in the household.

Collaborative Recipes

Early modern English recipe collections further reflect pathways of socialization and exchange between recipe collectors.[57] Recipes were hardly ever the work of a single person. It was common for recipes to be collected from friends, neighbors, books, and visits to practicing physicians.[58] Early modern recipe collectors included their own recipes for specific illnesses, but also added recipes from outside sources. Anne Stobart has shown that medical advice was often exchanged through letters, with references to physicians or personal knowledge and advice often dominating letters to sick family members.[59] Elaine Leong claims that recipes operated not only as medical records, but also as a sort of social network and gateway. She describes early modern women and men exchanging recipes in social settings, writing that "no social occasion was unsuitable for exchanging know-how."[60] The collaborative nature of recipe manuscripts is reflected in the markings on recipes and in the citations and references made by recipe collectors.

It was common for recipe collectors to cite physicians in their collections and to include recipes sent to them directly by physicians via letter.[61] Families would exchange long-lasting correspondences with trusted physicians to find the best course of treatment for continuous health issues.[62] They would then circulate these recipes within their own social circles, bringing physicians' advice into exchange between different households.

Baker references a variety of friends and family members, physicians, and medical texts. Notably, she credits an Italian physician named Matthew Lucatalla several times.[63] Baker attributes a recipe for "Lucatella's balsam" to him, and describes him as an "etallian newly ariued & neuer sould heare before."[64] This could potentially refer to a popular treatment called "Balsamo Locatelli" - a recipe created by Lodovico Locatelli, who wrote several pharmaceutical books in Italian, and lived in London

[57] Leong, *Everyday Knowledge.*

[58] Stobart *Household Medicine.*

[59] Stobart, *Household Medicine.*

[60] Leong, *Everyday Knowledge*, p. 76.

[61] Leong, *Everyday Knowledge,* pp. 41-42.

[62] Stobart, *Household Medicine.*

[63] Baker, (fols. 1v, 2v, 76r, 115v).

[64] Baker (fol. 1v.)

with a Lady Stafford in the mid-1600s.[65] If so, the appearance of his recipe in Baker's collection shows how recipes created by individual physicians would circulate through other recipe collections.

Baker's collection also illustrates the importance of adding credibility to recipes through stories. Even adding in the title "doctor" could serve to build legitimacy for a recipe, but often, a story of a recipe's successful use would go further. Baker cites a "docter steuens," in an entry that begins "the coppie howe to make a sufferant water that docter Steuens phissision," and includes a story of the doctor curing the Archbishop of Canterbury.[66] The story matches a recipe found in a miscellaneous recipe book in the archives of the Royal College of Physicians, implying that the recipe was widely circulated.[67] Because the recipe was likely from a text, Baker's decision to go through the trouble of copying down details of how the water was used in a particular case exemplifies how recipe makers built credibility for recipes. Having come from a doctor and having been used by the Archbishop of Canterbury obviously played enough of a role in the importance of the recipe for her to want to remember it well. Similarly, in her recording of Lucatella's medicine, Baker includes a description of how Lucatella used it to cure himself. In both cases, the story surrounding the medicine was recorded, seemingly to give the recipe more legitimacy in the collection. Both of these cases illustrate the importance of citations as a record of collaboration as well as a method of building credibility.

Woolley, though limited by the nature of her genre, also uses citations to build legitimacy. In published recipes, oftentimes the focus would be the singular author or selling name of the collection, likely to appeal more to readers.[68] Leong points out that "the emphasis in most printed recipe books was on the author or compiler of the entire collection."[69] As such, it was less common for published authors to credit other authors for their recipes, whereas in domestic recipe manuscripts, compilers placed extra importance on citations to record where a recipe came from. Still, Woolley occasionally points to contributors in her work. Like Baker, she references several physicians: for example, a

---

[65] Jessica Rabe, "Balsamo Locatelli," Lady Arundel 1654–2054, accessed May 4, 2026, https://doi.org/10.58079/qpdk

[66] Baker, (fol. 121 v.).

[67] A copy of the manuscript mentioned in the archives can be found at: "MS447 Medical Miscellany," Internet Archive, January 1, 1970, https://archive.org/details/ms-447-full/page/n5/mode/2up. For the description on the Royal College of Physician archives: "MS 447: Medical miscellany, including prescriptions, recipes, and copies of letters." Royal College of Physicians. https://rcp.adlibhosting.com/Details/archive/110001579

[68] Leong, *Everyday Knowledge*, Chapter Six.

[69] Leong, *Everyday Knowledge*, p. 157.

"Doctor Matthias" for a recipe against a bite from a mad-dog.[70] While she may not have cited as many recipes as Baker, the fact that she still occasionally credited other physicians shows the continued importance of interactions with physicians in published texts. References to other medical professionals show how interaction occurred even between published authors and physicians, and that this collaboration was valued by readers.

Recipe collections also record social exchanges between family members, friends, and neighbors. Baker extensively references friends and family members throughout her manuscript, with recipes closer to the end of her collection being predominantly (but not entirely) attributed to outside sources. There are eleven recipes attributed to a Mrs. Moore, and many others to cousins, as in "my cousin staffords."[71] The term cousin may have referred to a literal cousin, but also could be in reference to a number of other family alliances, as the term was more usually used in early modern language.[72] Notably, there is a numbered list of one hundred and twelve recipes that could have all been attributed to a "Mistris Weeks," whose name is written at the start of the list (though, included in the list is another balsam seemingly by Lucatella).[73] Excluding the list, there are forty-eight recipes in the manuscript that either directly credit an outside creator or reference somebody else's experience with the recipe, making up over ten percent of the recipes in the collection.

Some contributors were in semi-regular communication with Baker. Mistress Moore, for instance, is referenced eleven times total throughout the manuscript, signifying a regular exchange of knowledge between the two women.[74] The recipes credited to Moore are culinary as well as medical, pointing to an easy exchange of household knowledge that included but was not limited to medical issues. Moore's medical recipes often treat general illnesses for which Baker offers some of her own treatments, such as gout, the plague, and jaundice. Her sharing of treatments for popular illnesses implies that the two could have been regularly exchanging personal treatments for common issues - perhaps discussing what the best treatment was for a widespread disease.

The collaborative nature of recipe making explains some of the repetition of recipes. Contributors often added treatments for illnesses already treated by Baker. Several contributors input plague preventatives to Baker's collection, including Mistress Blackewall, Mistress Weekes, and Mrs. Moore. Baker has six of her own plague preventives, without these contributions.[75] This shows that,

---

[70] Woolley *Supplement*, p. 21.

[71] Baker, (fols. 111v - 116v).

[72] Leong, *Everyday Knowledge,* p. 76.

[73] Baker, (fols. 56v - 78v). "Lucatella's Basalm" is found on Fols. 75v.

[74] Baker "V.a. 619." (Fols 111r, 111v, 112v, 113v, 116v, 120r, 123r.)

[75] Baker (Fols 11v, 23v, 56v, 77v, 81v)

even if Baker already had her own treatment, she was also willing to take note of friends and family's methods.

Burges	Baker	Blackewall	Moore
Malmsey or Muscadine	Malmsey or Muscadine	Muscadine	
Rue	Rue (referred to as "herb of grace")	Rue	Rue
Sage	Sage	Sage	
Longpepper	Longpepper	Longpepper	
Ginger	Ginger		
Nutmeg	Nutmeg	Nutmeg	Nutmeg
Mithridate	Mithridate	Mithridate	
Treacle (Venice or London)	London treacle	Venice treacle	London Treacle
Angelica water	Angelica water	Angelica water	
			Sugar
			White wine vinegar

Table C shows ingredients used in three different plague recipes in Baker's manuscript and a common plague preventative called "Dr. Burges's Water for the Plague."

Comparing different outside contributions to Baker's plague treatments illuminates broader patterns of collaborative knowledge development. Baker's recipe, titled "A medicine against the Plague measells; smale Pox: surfett; & diuers other diseases," is identical to a recipe called "Dr. Burges's Water for the Plague:" a common plague preventative that has been found in slightly different forms in a

variety of early modern recipe manuscripts.[76] Table C shows the ingredients of Baker's recipe, a recipe contributed by Mistress Blackewall, one from Mrs. Moore, and Dr. Burges's Water. The table shows that the ingredients that Baker uses are identical to Dr. Burges's Water. Because the recipe is not attributed to anybody else, this similarity signals that Baker had likely found it on her own, potentially in a popular guidebook. Furthermore, Blackewall includes most of the same ingredients as Baker, only missing ginger, meaning she had likely also been exposed to Dr. Burges's water. This inclusion reflects multiple pathways of social exchange: both women would have found popular treatment methods on their own, but then would have presumably discussed and exchanged these recipes with each other, therefore having had to gather knowledge from popular sources and from closer personal connections. The very slight change in ingredients between Baker's and Blackewall's treatments, means that Blackewall must have been exposed to a different version of the recipe, or have found it to be more effective without the ginger on her own. This shows that popular recipes circulated in different forms, and were edited and changed as collectors were introduced to them. Moore's recipe reflects more variety: she only includes three of the same ingredients as the other recipes: rue, nutmeg, and treacle - Blackewall and Baker use Venice treacle (a plague treatment also called theriac), and Moore includes London treacle (an English version of Venice treacle).[77] The similar ingredients, all popular in a variety of recipes, could simply reflect common plague treatments. At the same time, the large differences between the treatments show that recipe collectors could be exposed to vastly different treatments. The plague was a serious fear for early modern home-keepers, and the women may have been exchanging modifications on common preventatives in conversation about the sickness, possibly suggesting certain ingredients as alternatives to others, or, like Moore, putting forward entirely different methods. Inputting new recipes received from friends and family for previously treated issues puts recipes into broader social discussions, wherein homemakers developed knowledge in association with each other, and the knowledge they had gained from their own sources.

---

[76] Amy Tigner, "Dr. Burges's Plague Water," EMROC, accessed March 4, 2025, https://emroc.hypotheses.org/1539.https://emroc.hypotheses.org/1539. Also in Yann Ryan, "Recipes for Dealing with the Plague in Shakespeare's England," Folger Shakespeare Library, accessed March 4, 2025, https://www.folger.edu/blogs/shakespeare-and-beyond/recipes-plague-shakespeares-england/. For a similar transcription of the recipe, see created by Walter Baley and Richard Blundell, 1600. V.a.140. (https://folgerpedia.folger.edu/Transcribers#V.a.140)).
For Bakers recipe see Baker (fol. 81v).

[77] For Blackewall's preventative: Baker (fol. 113r). Moore's Preventative: Baker (fol. 113v). For information on plague preventatives: Yann Ryan, "Recipes for Dealing with the Plague in Shakespeare's England."

Recipes added by a contributor could be tested and rejected. As discussed in the previous section, authors would often annotate their recipes as they worked. In Baker's collection, the crossed-out recipes mentioned previously (Figures B2.1 and B2.2) show how recipe collectors integrated both experimentation and collaboration into their collections.[78] Both crossed-out recipes are credited to other contributors. The removed recipes being cited imply that they were offered in a social setting and later tested out and rejected (or even gone back to, discussed, and rejected). As Leong has established, it was common for recipe recipients to verify or check recipes they received from acquaintances or to wait to try something until somebody else verified its worth.[79] Here, crossed-out recipes show how Baker integrated outside knowledge into her collection and reveal the tendency for early modern recipe keepers to accept or deny knowledge. Collaboration, then, involved practical fact-checking, as well as a social context of knowledge exchange.

Shirley, like Baker, credited a variety of outside sources in her recipes, again showing the social nature of recipe collecting. However, Shirley also shows the more extensive ways that recipe-making was collaborative. Shirley's text is what could be referred to as a "starter collection," meaning her book begins with a number of recipes provided by a family member.[80] She then built off of those recipes for the rest of her life, using them to begin her own household healthcare system. In this way, Shirley shows how recipes could be exchanged over long periods of time, with collaboration happening not just between people in the present, but between past and future collections. Recipe makers, when building their collections in this way, were in dialogue with past family members as well as their own present-day physicians, texts, and friends.

The popular literary genre of medical recipes opened up recipe exchange not only between private, but public domains as well. Authors like Woolley were commonly drawn on in household recipe collections, alongside names like Culpepper, Hughe, and Locke.[81] Baker references three physicians in her collection "with certainty."[82] The first is a Tobias Dornkrell ab Eberhertz, a famous German physician. Baker references a confect of coriander seed taken from "dorncrellius his dispensawrie" - likely referencing his *Dispensatorium Novum Continens Descriptiones et Usum*

[78] See Figures B2.1 and B2.2

[79] Leong, *Everyday Knowledge*, p. 79.

[80] Rebecca Laroche, "One Page, Four Inscriptions, Three Households: Folger Shakespeare Library," Folger Shakespeare Library. accessed March 20, 2025, https://www.folger.edu/blogs/collation/three-households/.

[81] Leong, *Everyday Knowledge*, p. 6.

[82] "The Baker Project." The EMROC hypothesis.

Praecipuorum Medicamentorum.[83] She also copies an entire section from *An Exact Collection of the Choicest and most Rare Experiments and Secrets in Physick and Chyrurgery* (1659) by the Italian physician, Leonard Phioravant.[84] Finally, Baker copies out a section from the *Breviary of Health* by Andrew Boorde (originally printed in 1547).[85]

Baker's wide-ranging inclusions from popular medical literature show how household collections were pulled from written sources. Aside from those physicians, Baker also includes a recipe similar to one of Woolley's for fennel oil. All of these references show that Baker was actively reading about and seeking new knowledge to build her recipe collection. But Baker goes even further than simply inputting recipes she read into her collection, by at times, editing or changing them. For example, the EMROC hypothesis traced her excerpt from the *Breviary of Health* to a minimum of three chapters from the first and second volumes of the text.[86] She also includes a treatise outlining alchemy as one of four pillars of medicine at the end of her manuscript, but refers to the alchemist as "she" rather than "he" (uncommon for the time).[87] Those changes imply that Baker was actively engaging with, analyzing, and editing what she read as she assimilated it into her collections. Her edits show that collaboration with literature could become highly personalized and was an active (not passive) practice.

Collaboration comes most clearly into play for Woolley in her descriptions of her own medical training. Woolley relied on training from a number of other people to develop her knowledge. Introducing her recipes, Woolley describes having begun her medical education with her mother and sister explicitly, and then having spent time working in two noble households.[88] Like Shirley, then, her

---

[83] Baker (Fols. 15v-16r) The EMROC Hypothesis notes that her using his latin name and referencing the Latin book rather than the translated version signals that Baker was familiar with Latin. The connection of "dorncrellius" and Tobias Dornkell ab Eberhertz was originally made by a user on a Zooniverse forum, here at https://www.zooniverse.org/projects/zooniverse/shakespeares-world/talk/196/56539?comment=113128&page=1. EMROC also gives credit to Virgilia (surname), in Dr. Rebecca Laroche's ENGL 3900 course

[84] Baker "V.a. 619" (Fol 19r). "The Baker Project." The EMROC hypothesis. Leonard Phioravant, *An Exact Collection of the Choicest and most Rare Experiments and Secrets in Physick and Chyrurgery* (London, 1659), pp. 148-149.

[85] Baker "V.a. 619" (fols. 22r-23r) "The Baker Project." The EMROC hypothesis.

[86] "The Baker Project," The EMROC hypothesis.

[87] "The Baker Project," The EMROC hypothesis.

[88] Woolley, *Supplement*, p. 12.

knowledge was built on previous generations. Woolley also writes that she "procured knowledge" from the "physicians and chirugions" of her first noble employer.[89] The inclusion of family members, household collaborators, and practicing physicians points to a system of knowledge developed alongside others, rather than in solitude. Building knowledge of recipes was not only social in regard to the exchange of recipes, but also in that it necessitated learning practical knowledge from and with other people.

Like Woolley, Baker and Shirley would have practiced medical care with and on other people. Baker's interaction with others is shown in her recordings of recipes from physicians, whom she may have visited herself, and from friends and family, whom she likely discussed recipes and treatments with on a regular basis. Bringing in recipes contributed from other men and women shows how recipe exchange followed social pathways, and repeated names show the regularity of exchange. Shirley's collection exemplifies how families fit together to exchange knowledge and build recipes over time. Woolley describes the ways these processes happened in the actual household over the course of a lifetime. Together the three women illustrate the many ways that recipes and medical knowledge were social practices.

Conclusions

My comparison of domestic recipes, supplemented by published collections, shows the interactive, engaged approaches to household management that early modern household recipe collectors used. Baker and Shirley's desire to include more than one treatment for each illness, alongside annotations, testing, and rejecting recipes, shows the active element of recipe making. Woolley's biographical supplements provide a counterpart to domestic collections by actually recounting how knowledge was practically built in the home over the course of years.

The three collections also illustrate the social nature of recipe exchange. The women interacted with medical professionals to gain knowledge and circulated recipes through social chains. They built on knowledge from medical treatises and physicians, but they also traded techniques with friends and family members. Household medical skills, then, were developed in tandem with others and were a social activity.

My paper has served to expand on ideas developed in recent years by other scholars in the fields of medical and household history by applying these ideas to the recipe collections of Baker, Shirley, and Woolley. I have illustrated how recipe exchange turned the household into a collaborative learning site. This by itself is not a new argument, but by using these three specific recipe collections, I have shown

[89] Woolley, *Supplement,* p. 8.

the variety of very specific ways that collaboration and experimentation show up in recipe collections, both personal and published.[90]

An important aspect of my study not explicitly emphasized in my paper is the role of women in the household. While it has been proven that both men and women interacted with household medicine and contributed to recipe collections, and that recipes were not necessarily gendered, it matters here that women were interacting with building fields of knowledge.[91] Baker's collection clearly shows that women interpreted literary knowledge and gathered information in an experimental fashion while they built their collections. Her social circles involved contributions from a number of women: of the forty-six recipes near the end of the book that are mostly attributed to outside sources, thirty-one are from women. As such, she shows how women's social circles could be oriented towards the development of healthcare practices. Past early modern medical histories have not focused on women, unless discussing midwifery or witchcraft. But women were thoroughly involved with the exchange of medical ideas in the household. Researching household healthcare, then, is a way to illustrate the importance of women to the early modern medical culture and economy.

Furthermore, looking at sources from households serves to show the role of everyday people in the course of history. Domestic recipe collections are the private counterpart to a booming medical print culture in seventeenth-century England. In the same way that text messages, grocery lists, and even social media posts now can help future historians shape the economic and political situation of today's world, household recipes (alongside letters, diaries, and other personal accounts) reflect broader movements in early modern history. These sources show us how everyday people took on forms of knowledge-making and reacted to the literary world in their own domestic and social settings.

The field of recipe research leaves a lot to be developed by future scholars. Currently, recipe collections tend to focus on the lives of upper-class men and women, as they had more access to books, ingredients, and physicians. There is a need for research into how lower-class communities related to the exchange of medical knowledge, and how they fit into the broader medical economy of seventeenth-century England. Elaine Leong has looked at the ways that servants and lower-class household medicine worked behind the scenes in medical households.[92] And, here, Woolley to an

---

[90] Elaine Leong in *Recipes and Everyday Knowledge*, for instance, shows both the experimental and collaborative nature of medical recipes.

[91] Elaine Leong in *Recipes and Everyday Knowledge* and Anne Stobart in *Household Healthcare* argue that recipe building, though heavily included women, were not necessarily gendered, pointing out evidence in recipe collections and letters that both men and women were engaged in the process of collecting recipes.

[92] Leong, *Everyday Medicine,* Chapter Two.

extent shows how women not of noble birth themselves developed skills working in elite households. But, so far, these descriptions remain primarily focused on the accounts of elite households, and scholars will need to turn to other medical accounts to learn more about how everyday people of all classes fit into the medical world of seventeenth-century England.