Further Reflections on Locke’s Medical Remains

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Recommended citation:

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FURTHER REFLECTIONS ON
LOCKE’S MEDICAL REMAINS

PETER R. ANSTEY

Over the last fifteen years with the assistance of other scholars I have been attempting to understand the nature and importance of Locke’s interest in and practice of medicine. This has involved a sustained analysis of Locke’s medical and chymical remains and an attempt to mesh Locke’s medical interests with his views on natural philosophy. In this paper I would like to tidy up a number of loose ends in my study of Locke the physician. More specifically, I would like, first, to adduce to some evidence that I had previously overlooked (and some I had chosen not to mention) that impinges on some of my claims and interpretations of Locke and medicine. Secondly, I want to respond to one line of criticism of my interpretation of Locke’s medical writings. Thirdly, perhaps most interestingly, I would like to draw attention to a minor connection between Locke and one of England’s lesser-known female philosophers. This hitherto unnoticed evidence appears in two of Locke’s medical notebooks and is a tantalizing Lockean connection at an important moment in women’s philosophical thought in late seventeenth-century England.

Locke’s interest in medicine ran seamlessly into his interest in natural philosophy in general and his medical formation played an important role in his formation as a philosopher. Locke became a physician in the 1660s and remained one for the rest of his life, whereas he only gradually became a philosopher and was not known publically as such until the late 1680s with the appearance of the Abrégé.\(^1\) The picture that has emerged in my

\(^1\) John Locke, ‘Extrait d’un Livre Anglois qui n’est pas encore publié, intitulé ESSAI PHILOSOPHIQUE concernant L’ENTENDEMENT, où l’on montre quelle est l’étendue de nos connoissances certaines, & la maniere dont nous y parvenons’, Bibliothèque universelle et historique, tome 8 (1688): 49–142.
own work over the last few years is that Locke was not a Galenic physician but rather was a chymical physician: a physician with a Helmontian orientation and a practitioner of mercurial transmutational alchemy. He also practised physic amongst his friends and acquaintances and was sought out for medical advice, as well as seeking it himself from others.

Locke’s formation as a physician in the 1660s was largely self-directed. His main contemporary influences were Robert Boyle, from whom he learnt much of his chymistry and Thomas Sydenham, who modeled for him clinical, that is to say bedside, medicine. He was also influenced, though to a lesser extent, by the Helmontian physician David Thomas and by Richard Lower and Thomas Willis. Locke attended Willis’s lectures in Oxford in 1661–2, Peter Stahl’s chymical lectures in 1663 and later seems to have become a peripheral member of the group of Oxford physiologists. His close friendship with Thomas was long-standing and throughout they took every opportunity to discuss and practise iatrochemistry. Finally, influences on Locke that derive from his bookish learning are diverse and much of Locke’s medical reading has been analyzed by the late Guy Meynell.

Most of this summary about Locke the physician is uncontroversial and, apart from the claims about Locke’s chymical interests, both Helmontian and mercurial, little of it is new. Where I have diverged from the more traditional view of Locke’s intellectual formation and the role of medicine therein, is the manner in which I have downplayed the influence of the

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London physician Thomas Sydenham on Locke’s methodological views. There is no doubt that Locke had enormous admiration for Sydenham, though in this he was in a small minority among his contemporaries. In my view, however, the evidence just does not support the thesis that Locke’s views about the priority of experience over speculative hypotheses, his early critique of gross anatomy for therapeutics, his views concerning our lack of epistemic access to underlying causes of disease and his emphasis on the need for natural history, were derived from Sydenham.\(^5\)

As for Locke’s medical remains, there are six key writings that date from the five years from 1666 to 1670. They comprise, in chronological order, the Latin disputation ‘Respirationis usus’, the short essay on the nature of disease entitled ‘Morbus’, the pair of essays entitled ‘Anatomia’ and ‘De arte medica’ and the two short pieces associated with the proposed work by Sydenham on smallpox, namely, the ‘Epistle dedicatory’ and the ‘Preface’ to that aborted work.\(^6\) Then there are Locke’s medical case notes, his medical and chymical notebooks and the medical content in his journal and correspondence.\(^7\) Furthermore, there are Locke’s contributions to learned journals, such as his review of Boyle’s *Specific Medicines*, his *Philosophical Transactions* articles, his contribution to Boyle’s *General History of the Air* and his weather charts (some of which appeared in the latter two

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Finally, there are his views on health and the education of children as expounded in *Some Thoughts Concerning Education* and his conception of the self and his own self-diagnosis and medication.

As it happens, all of this material is deeply interrelated and cannot properly be understood in isolation from his extensive medical library and especially the carefully annotated books within it. It is worth taking just two of examples from these materials that are not ostensibly concerned with medicine, in order to appreciate just how interconnected is Locke’s medical thought with his other pursuits. First, his weather charts must be seen as part of his contribution to the natural history of the air and its relation to what we would now call environmental medicine. Secondly, his case notes on the operation and treatment of Lord Ashley’s hydatid cyst can only properly be understood in the broader context of the other sixteen documents in the trove of manuscripts relating to that operation. I am mentioning this diversity of sources and their interconnections, not for the sake of making the task of comprehending Locke the physician seem overwhelmingly complicated, but because this is a reflection in itself of Locke’s intellectual persona and the enormously rich context in which this was formed.

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§1. Additional evidence

First, we turn to six pieces of evidence that I had previously overlooked but which bear on claims that I have made in print concerning Locke’s medical biography and the content of his medical thought. The first five items are of only minor significance in their own right, but in this business it is the cumulative effect of many small deposits of evidence that allows us to achieve the correct perspective.

1.1 The ‘Anonymous Case Notes of Lord Ashley’s Abscess’

The first piece of evidence I overlooked is a simple observation that pertains to the Case of Lord Ashley. The document that Lawrence Principe and I call the ‘Anonymous Case Notes of Lord Ashley’s Abscess’ is actually in the hand of Sir George Ent. This was first pointed out by Olivia Smith in 2009 in her doctoral thesis.\(^1\) The importance of this observation lies in the fact that it allows us to posit one less person present during the operation and early convalescence and it reflects interestingly on Ent’s clinical practice.

1.2 Pierre Coste’s knowledge of Locke’s notes on the Ashley Case

A second piece of evidence concerning the Ashley Case that I overlooked is from a letter from Pierre Coste to the third Earl of Shaftesbury written on 7 June 1712, well after Locke’s death:

Il paroîtra aussi par lá que Mr Locke ne fut pas le seul qui dirigea cette operation, comme Mr Le Clerc l’insinuë. J’ai oui dire le contraire a Mr Locke ou du moins je l’ai conclu d’un journal que Mr Looke avoit dressé de toute cette affaire, qui me tomba par hazard entre les mains.\(^2\)

\(^{11}\) See O. Smith, ‘Lives, Letters, Bodies: John Locke’s medical interactions contextualised’, Doctoral Thesis, Queen Mary, University of London (2009), 35. The case notes are in Anstey and Principe, ‘John Locke and the Case of Anthony Ashley Cooper’, 450–54. The original manuscript is at the National Archives, PRO 30/24/47/2, fos. 1–2.

\(^{12}\) Coste to Shaftesbury, 7 June 1712: ‘It appears also from this that Mr Locke was not the only one who directed this operation [on Shaftesbury’s grandfather] as Mr Le Clerc insinuates. I heard Mr Locke say the contrary, or at least I have concluded it from
Coste refers to Jean Le Clerc’s ‘Eloge de feu Mr Locke’, first published in 1705.\textsuperscript{13} The term ‘un journal’ indicates that Coste is referring to Locke’s Case Notes on the Ashley Case. We can only speculate as to how the manuscript fell into his hands, but it may have happened after Locke’s death in October 1704 when his papers were being sorted out. Whatever the case, this is the only known reference to Locke’s account of the Ashley Case or indeed of any of the manuscripts relating to it from the early modern period.

### 1.3 The smallpox manuscripts: the ‘Epistle Dedicatory’

The third piece of evidence pertains to Locke’s dedicatory epistle written in 1670 for Sydenham’s projected work on smallpox that was to be dedicated to Lord Ashley. In a recent publication, John Burrows and I argue that the dedicatory epistle was composed by Locke.\textsuperscript{14} Locke commences that work with the following words:

> I know he takes but an ill way of paying his respects or gratitude & makes but ill use of the favour of a great man who ventures to prefix his name to a lie & desires the patronage of an noble person to gain credit to a falshood & make it passe the more unquestionable in the world. This consideration alone had I noe regard to truth conscience & the lives of men would make me very wary how I aske the many favours I have need from your Lordship & the trust you have reposed in me I returnd you such an affront to your Lordship & made you an accomplis in a cheat of noe lesse a concernment than the lives of men, by publishing to the world under your protection the cure of a disease dangerous & fatall to those who shall by my professions

the journal in which Mr Locke set out this affair, which by chance fell into my hands’, in \textit{Anthony Ashley Cooper Earl of Shaftesbury (1671–1713) and ‘Le Refuge Français’—Correspondence}, ed. R. A. Barrell (Lewiston: Edwin Mellen Press, 1989), 154.

\textsuperscript{13} J. Le Clerc, ‘Eloge de feu Mr Locke’, \textit{Bibliothèque choisie} tome 6 (1705): 342–411, at 356.

be tempted to make use of it.\textsuperscript{15}

Interestingly, Patrick Kelly pointed out in his edition of \textit{Locke on Money} in 1991 that two years earlier, in 1668, Locke wrote a very similar dedication to a draft work on interest that was also probably dedicated to Lord Ashley.\textsuperscript{16} It survives in shorthand at Bodleian Library MS Locke b. 3, fol. 1r, and Kelly expands it as follows:

It is not the vanity of \underline{prefixing a great name} to my trifles and sending them abroad \underline{into the world} under that \underline{protection} secure from the attacks of the wits and critics of the age. Yet the dedication of this book to you is not unlike their design who when they are not able to pay their debts hope to satisfie them by talking of money.\textsuperscript{17}

Not only are the underlined verbal parallels striking, but the rhetorical device of contrasting the greatness of the dedicatee with the trifles of the author in both pieces is compelling evidence of Locke’s authorship of the dedicatory epistle to the work on smallpox.

\textit{1.4 The smallpox manuscripts 1: Sydenham and Boyle}

A fourth piece of evidence also pertains to Sydenham. In the article on the authorship of the smallpox manuscripts, I discuss the evidence for Sydenham’s relations with Robert Boyle. This is because the traditional account of Locke’s relations with Sydenham has assumed that the latter was on close terms with Boyle and that somehow this reflected the high status in which Sydenham was regarded in medical circles. Kenneth Dewhurst, for example, has Sydenham befriending Boyle while the former

\textsuperscript{15} The National Archives, PRO 30/24/47/2, fol. 60, my transcription, underlining added.


\textsuperscript{17} Ibid., 202, underlining added.
was studying in Oxford: ‘their friendship was the most important feature of Sydenham’s Oxford career’ and ‘apart from his friendship with Boyle, Sydenham gained little academically during the three years of Oxford residence’. Unfortunately, there is not a shred of evidence that Boyle had any relations with Sydenham in Oxford, yet this sort of claim is typical of those who presume that Boyle and Sydenham were close. Thus, in order to set out the case that there is very little evidence that Sydenham enjoyed an elevated professional standing in the 1660s in London, I examined his relations with Boyle. I claimed in the article that Sydenham was very much on the periphery among Boyle’s acquaintances: Sydenham is not mentioned in any of Boyle’s publications or correspondence.

There is, however, one reference to Sydenham in Boyle’s Workdiaries which I overlooked, and it is worth mentioning it here for the sake of completeness. It has long been known that both Sydenham and Boyle, along with many others, were very interested in the powers of Valentine Greatrakes (1627–1683) the stroker. Around early September 1665 Sydenham gave two third-party accounts of Greatrakes’ healings to Boyle’s friend John Beale who passed them on to Henry Oldenburg. In a letter to Boyle mentioning the reports, Beale claims that Sydenham ‘presents his humblest service to you. He promiseth to overwhelme us with cleare evidences of such wonders, as would be incredible, if not soe well confirmd’. In early 1666 king Charles II commanded to Greatrakes to come to London and

18 Dewhurst, Dr Thomas Sydenham: His Life and Original Writings, 23 and 24.


while he was there he visited Boyle’s sister’s house and in Boyle’s presence performed a number of healings. One of those healed was a Mr Carrington who had been sent along by Sydenham. An entry by Boyle in Workdiary 26 for 10 April 1666 mentions the incident:

This night one Mr Carington Scivener liveing near Charing-Crosse was sent for by Dr Sydnham to my chamber to try whether he could disprov the efficacy of Mr G.’s hand.  

There is no doubt that this episode provides a link between Boyle and Sydenham that I omitted to mention in the article on the smallpox manuscripts, but does it establish, as Peter Elmer puts it in his recent monograph on Greatrakes, that Sydenham was ‘a close associate of Boyle’ and that Boyle ‘highly respected’ Sydenham? In my view there are no grounds for such claims at all: the evidence is just as easily read as consistent with other evidence that suggests that Sydenham was rather peripheral amongst Boyle’s acquaintances.

Interestingly, an account of Greatrakes’ healings in London was soon written up by the stroker himself in the form of a letter to Robert Boyle, who is listed as a witness to various accounts of specific healings. Now, as I mentioned in the earlier discussion of Boyle and Sydenham’s relations, the fact that Sydenham dedicated his *Methodus curandi febres* of 1666 to Boyle has been adduced as evidence of their close relationship. However, the fact that fifteen books had already been dedicated to Boyle by mid-1666, suggests that we should be cautious about reading too much into Sydenham’s dedication. To the list of fifteen dedications by mid-1666, we should also add Greatrakes’ *Brief Account* of 1666

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which is addressed to Boyle. Henry Stubbe’s account of Greatrakes, *The Miraculous Conformist*, which appeared earlier in the same year is also a letter to Boyle, though it is dedicated to Thomas Willis. No doubt the associations with Boyle were good for book sales!\(^{24}\)

1.5 *The smallpox manuscripts 2: Sydenham’s professional status*

Fifthly, I claimed in the recent article on the smallpox manuscripts that the extant evidence suggests, what Sydenham’s own words confirm, namely that he had trouble securing wealthy patients in his medical practice and that this may have been one of the motivations behind his plan to dedicate a work on smallpox to Lord Ashley.\(^{25}\) In order to reinforce this point it is worth examining Johanna St John’s book of medical receipts that spans from the 1660s to 1680. This book, a facsimile of which is available online,\(^{26}\) comprises 222 folios and contains hundreds of medical receipts most of which derive from London physicians of the time. Lady St John seems to have done the rounds of the practising physicians in the metropolis. There are receipts from heavyweights within the College of Physicians such as Francis Glisson, George Ent, John Mickelthwaite; receipts from celebrated London physicians, such as Richard Lower, George Bates, John Twysden, Thomas Trigge, Walter Needham, Daniel Coxe, Edward Browne, Edmund Dickenson, Thomas Allen, Luke Ridgley, Timothy Clarke and, above all, Thomas Willis; there are


\(^{25}\) Ibid., 210.

\(^{26}\) See Wellcome MS 4338. A digital copy is available at the Wellcome Library [http://archives.wellcomelibrary.org/DServe/dserve.exe?dsqIni=Dserve.ini&dsqApp=Archive&dsqCmd=Show.tcl&dsqDb=Catalog&dsqSearch=%28AltRefNo=%27MS.4338%27%29&dsqPos=0](http://archives.wellcomelibrary.org/DServe/dserve.exe?dsqIni=Dserve.ini&dsqApp=Archive&dsqCmd=Show.tcl&dsqDb=Catalog&dsqSearch=%28AltRefNo=%27MS.4338%27%29&dsqPos=0)
even receipts from Robert Boyle and his sister Lady Ranelagh and Prince Rupert. But there is no trace of Sydenham.

1.6 Biblioteca Marciana MS Lat. VII, 22
There are, however, a number of references to Sydenham in a medical notebook belonging to Locke that has only recently come to the attention of Locke scholars. This is the folio volume in the Biblioteca Marciana, shelfmark MS Lat. VII, 22. Attention was first drawn to this in recent times in an article by Michael Stolberg which appeared in 2014. This is in spite of the fact that a handful of scholars have examined the manuscript since the Second World War.

A full description and assessment of this medical notebook is now being carried out by J. R. Milton and myself, which we hope to publish in due course. It suffices to say here, that preliminary soundings indicate that, while it sheds important new light on Locke’s medical reading and method of commonplacing, it does not contain any significant new medical writings by Locke. Nevertheless, this manuscript will enrich our understanding of Locke’s medical formation and will enable us to tidy up a number of outstanding issues in Locke’s other medical notebooks, journal and the catalogue of his library.

§2. Locke and Helmontianism
We turn now to the question of Locke’s Helmontianism. In his extended review of my recent book John Locke and Natural

27 For a sampling, see Wellcome MS 4338, Glisson, p. 79; Ent, p. 80; Mickelthwaite, p. 171; Lower, p. 72; Bates, p. 31; Twysden, p. 48; Trigge, p. 177; Needham, p. 102; Coxe, p. 97; Browne, p. 14; Dickenson, p. 32; Allen, p. 43; Ridgley, p. 60; Clarke, p. 202; Willis, p. 172; Boyle, p. 18; Lady Ranelagh, p. 173; and Prince Rupert, p. 59.

28 It was unknown, for example, to Esmond de Beer, the editor of Locke’s correspondence, and is not included in Meynell’s ‘A database for John Locke’s medical notebooks and medical reading’.

Philosophy, J. C. Walmsley claims that Locke could not have been ‘an austere mechanist nor someone who eschewed “speculative” theory’ while at the same time being a chymical physician, a mercurialist and a Helmontian. He claims that in the 1660s Locke was a Helmontian, but by the publication of the Essay he had switched to an austere mechanism. According to Walmsley, ‘after Locke left Oxford in 1667, he only very rarely alluded to Helmontian views in his own notes and never published anything mentioning them’. The implication is that Locke was a Helmontian in 1667, but then (as Walmsley would have it, under the influence of Sydenham) he dropped these views as overly speculative and by the publication of the Essay was, in opposition to Helmontianism, a corpuscularian. Furthermore, with regard to my view of Locke’s Helmontianism, Walmsley charges that

[my] thematic approach to Locke’s work mixes and matches fragments of views from across his career and this may obscure the changing nature of his opinions. A chronological, rather than thematic, approach would likely clarify the relationship between Locke the Helmontian chymist in 1660s Oxford and Locke the corpuscularian in the published Essay.

How to respond to this charge? I am in full agreement with Walmsley’s suggestion that a chronological approach will serve to clarify the issue of Locke’s attitude to Helmontianism. So let me canvass some evidence that I do not mention in the book. We should note, first, that Locke did not publish anything on Helmontianism ever, not in 1667 or thereafter. Nor did he ever publish anything on mercurial transmutational alchemy. That these ideas never appear in print is no indication that he did not

31 Ibid., 256.
32 Ibid., 257–58.
subscribe to them. We know that Locke continued to pursue mercurial chymistry well into the 1690s from his medical notebooks, his journal and from his correspondence. Indeed, there is far more manuscript material pertaining to Locke’s mercurialist chymistry than there is published material pertaining to corpuscularianism. Might not there be traces of Helmontianism in these sources as well? Well indeed there is. In order to get a feel for the nature, persistence and application of Locke’s Helmontian conception of disease, let us examine in chronological order four minor incidents in his life, each four years apart, commencing in 1680.

Locke was acquainted with the Helmontian physician William Jacob and in August 1679 Sydenham wrote to Locke expressing the wish to meet Jacob and requesting that Locke ‘settle an acquaintance between us’.\textsuperscript{33} Then on 27 September 1680 Jacob replied to a (lost) letter from Locke providing a general description of how to treat ‘periodicall and morbifick ferments’. He likened them to the flux and reflux of the sea and had found that he could ‘suppresse the succeeding ferment’ of a fit when it was half or three-quarters towards its peak. He shared with Locke the medical receipt that he had found to be effective in these circumstances and Locke took the pains to copy the receipt into his journal.\textsuperscript{34}

Our second incident is from 1684 when Locke was in exile in the Netherlands. A journal entry relates that Paul Herman, Professor of Botany at Leiden, stimulated him to think through the symptoms of acute colic. He did so in terms of the \textit{archeus}. Here is the extract:

It is an hard matter to assigne a cause of this cure upon the ordinary hypothesis. But if the Colik be as I imagin from a convulsive constriction


\textsuperscript{34} William Jacob to Locke, 27 September 1680, \textit{Correspondence of John Locke}, ii, 259–60; Bodl. Library MS Locke f. 4, pp. 174–5.
of the guts furente archaeo [the archeus being enraged], tis possible that by combustions in these tender & nervous parts it may be diverted. That which seems some thing to make against this is that he [Herman] told me he cured this colik in a freind of his by a blistering plaister applied below the navel who found the pain goe away with the water that was let out of the blister JL

The third incident occurs another four years later, in 1688. While in Amsterdam, Locke recorded some chymical receipts that interested him in his journal. They are receipts for a universal solvent, for oil of white amber, for spirit of tartar, for spirit of sweet oil of mercury and for volatile spirit of tartar. These chymical substances are integral to Helmontian medicine. As Newman and Principe have shown, van Helmont, realising that the alkahest was beyond the reach of most chymists, offered the volatalizing of a fixed alkali as an inferior alternative. Reputedly, the most effective fixed alkali was salt of tartar. As a result, there was ‘a widespread enterprise among late seventeenth-century chymists’ to produce this substance. Needless to say, Locke was among them in 1688.

The fourth incident occurred another four years later still. As is now well known, in 1692, after Locke was appointed executor of Boyle’s chymical papers he came into possession of a crucial document for understanding the development of Boyle’s chymistry. As it happens, this is the only surviving manuscript to contain both the hands of George Starkey and Robert Boyle. It is little wonder that this document was of interest to Locke, because


36 Translated in Dewhurst, John Locke: Physician and Philosopher, 279–80, entries for 14 August 1688.

it too is concerned with the preparation of the volatile salt of tartar.\(^{38}\)

What are we to make of these incidents? There are two issues here, one of continuity of engagement and interest and one of theoretical commitment. On the question of the \textit{continuity} of Locke’s engagement with and interest in Helmontian medicine, rather than Locke’s interest in Helmontian chymistry tapering off or even terminating after the 1660s, there is evidence from 1686 until around 1694 that his interests were rekindled and that a period of renewed chymical activity coincided with the writing up of the \textit{Essay} and \textit{Two Treatises} in the late 1680s. The catalyst might well have been Locke’s new ‘Chymicall freind’\(^{39}\) whom he met in the Netherlands at that time, namely Francis Mercurius van Helmont, the son of the famous chymist and editor of his father’s works. There can be no doubt that Locke should be classified as a Helmontian physician from the mid-1660s until the mid 1690s.

This brings us to a passage which Walmsley claims shows that Locke ‘dismissed the Helmontian notion of the “Archeus”’, branding the \textit{archeus} as ‘obscure, insignificant, and unintelligible’.\(^{40}\) J. R. Milton agrees, claiming that Locke is treating ‘the central notion of van Helmont’s chemical philosophy’ ‘with unconcealed disdain’.\(^{41}\) They refer to Locke’s treatment of the term ‘\textit{archeus}’ in ‘Anatomia’ composed in late 1668. There Locke says:


\(^{39}\) David Thomas to Locke, 7 July 1688, \textit{Correspondence of John Locke}, iii, 481.

\(^{40}\) Walmsley, ‘Review of Peter Anstey’, 256.

There is something therefor in the body & the juices too curious & fine for us to discern which performs the offices in the several parts governs the health & produces the various motions in the body intus mens agitat molem, & upon whose unconceivable alterations depends our health or sicknesse, hence a fright which causes some diseases as epilepsies hysterical fits, & fatuity often cures others as agues & as some report the gout its self & tis probable in these cases twould puzzle the quickest sighted anatomist assisted too by the best microscope to finde any sensible alteration made either in the juices or solid parts of the body. Therefor this hidden δημιουργὸς was soe much out of the reach of the senses yea & apprehension of the ancients that not knowing what to conceive it they went above the clouds for a name cald it φυσίν ἀνάλογον τῶν ἀστρῶν στοιχείων, an expression however, obscure & insignificant more like to give us a usefull notion of the thing, then the anatomist to shew us this archeus by which name Helmont has as clearely & intelligibly explaind it to us as Aristotle by his description. But to put it beyond doubt that anatomic is never like to shew us the minute organs of the parts or subtile particles of the juices on which depend all its operations & our health.

But is Locke really dismissing the notion of archeus here? Taking the passage as a whole, we can paraphrase as follows: there really is something in the body too ‘fine for us to discern’ which ‘gOVERNS the health & produces the various motions in the body’. Aristotle called it a ‘nature analogous to the element of the stars’ and however obscure and insignificant this expression may be it is ‘more like to give us a usefull notion of the thing’ than what the anatomist can show us. The same goes for van Helmont’s description, if it seems obscure to us, it is likely more useful than what the anatomist can produce.

The target here is the anatomist and not the imperceptible power that governs health and produces motion in the body. This

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42 Latin: the mind moves the bulk [i.e. body] from within. J. R. Milton has pointed out to me that this Latin phrase is adapted from Virgil, Aeneid 6: 726–7.

43 ‘by which name Helmont has as clearely & intelligibly explaind it to us as Aristotle by his description.’ (marginal insertion) replacing ‘as Helmont pleases to call it’ deleted.

44 The National Archives PRO 30/24/47/2, fol. 36v, my transcription.
is consistent with Locke’s comment a year earlier in ‘Morbus’ where he claims: ‘How these small & insensible ferments, this potent Archeus works I confesse I cannot satisfactorily comprehend’. It is not tantamount to a disdainful rejection of the notion of the archeus but of a rejection of the claims of some anatomists. Locke had no illusions about the speculative nature of Helmont’s archeus, but it was an advance on what could be learnt from anatomy. Moreover, the point hardly originates with Locke. Here is how John Webster put it in 1653 in his Academiarum Examen after citing William Harvey’s achievements:

though it [medical knowledge] be grown to a mighty height of exactness, in vulgar Anatomy and dissection of the dead bodies of men, or the living ones of beasts, birds, and fishes; yet is it defective as to that vive and Mystical Anatomy that discovers the true Schematism or signature of that invisible Archeus or spiritus mechanicus, that is the true opifex, and disposer of all the salutary, and morbifick lineaments…of which Paracelsus, Helmont, and our learned Countryman Dr. Fludd, have written most excellently.

What then of the depth of Locke’s commitment to the theoretical claims of Helmontian medicine and the underlying Helmontian ontology? Walmsley calls Locke’s 1684 reflection on colic ‘Locke’s allusion’ to the archeus: it is ‘a useful shorthand for a disease’s possible cause’. For J. R. Milton, Locke is probably ‘using Helmontian language casually, without serious commitment’.

Three comments can be made in response to the view of Walmsley and Milton. First, it is worth reflecting on the nature of cognitive dissonance. Different philosophers have different

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45 British Library Add. MS 32554, p. 237, my transcription.

46 John Webster, Academiarum Examen, or the Examination of the Academies (London, 1653), 74.

47 Walmsley, ‘Review of Peter Anstey’, 256.

strategies for dealing with theoretical and philosophical commitments in their own beliefs that are in tension or outright contradiction. Moreover, there are various degrees of toleration for cognitive dissonance. In the early modern English context, for example, Boyle seems to have had far more tolerance for tension between various methodological and theoretical commitments than, say, Thomas Hobbes. Second, one strategy that Boyle deployed in the face of the conflicting demands of his commitment to corpuscularianism and mechanical explanations and his experimental results was to posit the existence of intermediate causes. The most notorious of these was the spring of the air, some properties of which he discovered experimentally, and yet which were not reducible to the mechanical affections of the building blocks of matter.49

The interpretations of Walmsley and Milton place the bar quite low in the case of Locke: their views imply that Locke would not have countenanced explanations in terms of the operations of an archeus once he had committed himself to a corpuscular matter theory and to the efficacy of explanations by analogy with the functioning of machines. Therefore, on their reading, Locke’s ‘allusion’ to an archeus as late as 1684 was a façon de parler rather than expressing theoretical and ontological commitment to Helmontianism. In my view, by contrast, in the case of the theory and practice of medicine, Locke had a higher tolerance for cognitive dissonance and we ought to look for Locke’s cast of mind, that is, the general characterization of his outlook, rather than to presume that he applied strict principles of logical consistency. Here Locke’s commitment to experimental natural philosophy, including experimental chymistry, and his deference to his mentors such as Boyle in chymistry and Newton in cosmology are also factors in play.

Thus, thirdly, the best way to approach this is to consider that given Locke’s earlier formation as a Helmontian physician it was only natural for the trajectory of his conception of disease to continue to deploy Helmontian categories, rather than, say, Galenic ones. A helpful parallel here is with the Cartesian vortex theory. Many English natural philosophers and readers of natural philosophy in England in the 1660s through to the 1690s, conceived of the structure of the world in terms of some form of vortex theory, deriving ultimately from Descartes. Thus we find Boyle in *Notion of Nature* of 1686 speaking of ‘the present System of our Vortex’.50 We also find Locke, nearly a decade later, in 1695, speaking in terms of vortices when describing the progress of the young Francis Masham to William Molyneux: ‘[Francis] understands geography and chronology very well, and the Copernican system of our vortex’.51 This is in spite of the fact that Locke was becoming increasingly sceptical of Cartesian cosmological ideas throughout the 1680s, particularly after reviewing Newton’s *Principia* in the *Bibliothèque universelle* in 1688. Indeed, the salient feature of Locke’s review is the manner in which he reproduces Newton’s arguments against Descartes’ theory.52

Just as there were a number of rival conceptions of the structure of the cosmos, so in the second half of the seventeenth century there were rival conceptions of disease. If we consider cosmology and nosology as placeholders, the traditional theories were in the process of being abandoned and new ones were now occupying the respective placeholders. Thus, the Galenic theory was in the process of being displaced by rival conceptions, the most popular of which in England was the Helmontian theory.

50 *Works of Robert Boyle*, x, 508.

51 Locke to William Molyneux, 2 July 1695, *Correspondence of John Locke*, vol. 5, 406.

Locke’s medical formation took place in a strongly Helmontian milieu and we know from a diverse range of evidence in his medical remains from the 1660s that he embraced Helmontian medicine, just as he (somewhat less reflectively) embraced a generic form of vortex theory. It would only be natural, therefore, that his intellectual trajectory as a physician continued in this track, conceiving of disease and therapeutics in Helmontian terms. This would most likely continue until he encountered strong grounds for changing his basic theoretical orientation. There is no evidence, however, that such a change ever occurred. That there is no trace of his Helmontianism in the *Essay* is no evidence that he did not continue to conceive of medicine in general, and disease in particular, in Helmontian terms. His tentative endorsement of corpuscularianism in the *Essay* and his ongoing interest in mercurial chymistry, far from being inconsistent with Helmontianism, are exactly what one would expect of Locke, given his close association with Boyle. The development of Boyle’s Helmontianism is now well understood, thanks to the work of Newman and Principe. They have demonstrated how it tended to be articulated more and more in corpuscularian terms. The assumption that one could not be both a Helmontian and a corpuscularian is to posit a polarization that does not fit the historical record.

§3. Locke and Anne Docwra (1624–1710)

We come finally to a hitherto unnoticed connection between Locke and the Quaker writer and tolerationist Anne Docwra. Born into a leading gentry family, Docwra (née Waldegrave) studied the law in her youth at the instigation of her father before marrying James Docwra. She moved to Cambridge after her husband’s death in 1672 where she became a prominent Quaker woman. Docwra published five books between 1682 and 1700. She was a proponent of religious toleration and held strong views on both the role of women in the church and enthusiasm.

Jacqueline Broad and Karen Green provide a helpful overview of her writings and their political and intellectual context in their *History of Women’s Political Thought in Europe*. What then of the connection with Locke?

In 1695 Locke, who was residing at Oates, the family home of Francis and Damaris Masham, recorded a treatment for cancer and king’s evil in one of his medical notebooks (Bodl. Library MS Locke d. 9, pp. 306–7). The receipt was for a combination of black lead and red lead boiled and mixed with oil of roses or linseed oil. This was then to be applied as a plaister to ‘cancerous knots’, particularly those in the breast of a woman. The source of this medical receipt is recorded in Locke’s notebook as ‘Mrs Docwra’. Could this be the Quaker Anne Docwra? Locke’s commonplace book that was left in the family of Francis and Damaris Masham after his death and is now MS Murray 416 in Glasgow University Library, confirms that it was. In fact, the entry in MS Locke d. 9 is copied from this commonplace book, where it is attributed to Anne Docwra. More interesting still is the fact that there are three other entries deriving from Anne Docwra. They are on strains, mouth sores and a receipt for a tincture of camphor. At least one of these receipts derives from a letter from Docwra to Damaris Masham.

Sadly, there are no traces of Docwra’s philosophy in any of Locke’s notebooks or correspondence. However, the mere connection with the Masham family brings into play a new set of possibilities concerning the mutual development of the views of Damaris Masham and Docwra and the possible mediation of Locke. In the period after 1695 when the entry on cancer was made, both Docwra and Masham published two books. Of

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56 Glasgow University Library MS Murray 416, sores, p. 79; mouth sores, pp. 80–82; cancer, pp. 84–86; sores, receipt for tincture of camphor, pp. 94–95.
particular interest here is the fact that 1700 saw both the publication of the fourth edition of Locke’s Essay which contained a new chapter entitled ‘Of Enthusiasm’ and the publication of Docwra’s short A Treatise concerning Enthusiasm, or Inspiration, of the Holy Spirit of God.  

While there are a number of parallels between the two treatments of the subject, especially the use of the notions of darkness of the soul and the dispelling of this darkness by the divine light, Locke is strongly opposed to enthusiasm whereas Docwra’s treatise is a defence of the phenomenon. Interestingly, Locke first mentions the possibility of adding a chapter on enthusiasm to the Essay to William Molyneux in March 1695, the very year of the earliest Docwra entries. Needless to say, it is now a desideratum to explore possible thematic and doctrinal connections between the triad of Locke, Docwra and Masham, for it is difficult to believe that they only discussed medical receipts.

University of Sydney

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58 Locke to William Molyneux, 8 March 1695, Correspondence of John Locke, v, 287. He had made his mind up to include the chapter by the following April. See, Locke to Molyneux, 26 April 1695, ibid., 352.

59 This paper was read at the Journée d’étude Empirisme et méthode dans les manuscrits médicaux de John Locke, ENS, Lyon, November 2014. I should like to thank the participants and Claire Crignon, Michael Hunter, John Milton and Sophie Roux for comments on an earlier version.
Appendix: Mrs Anne Docwra’s receipts

Glasgow University Library MS Murray 416, p. 79–86, 94–5.  

/79/ Straine
Take a quarter of a pint of a fresh Bullocks gaule that is new killd, & the like quantitie exact of the best single Brandy & boyle them together a very little that the spirits of the Brandy be not lost, lett them but just boyle, then lett it stand till it be cold, then put it in a glass stopped up, this Medecine will not keep good above a weeke. Heat a little at a time & bath the place greived as hott as ‘thou’ can well indure it & with a linning rag then wring the rag out & lay it upon the place greived this doe morning & evening for a weeke at least Lett the place be wrapped up in a clean rag besides and swadled up gently.  

Anne Docwra

This last Medicine is good for Old straines.

/80/ Mouth Sore
Take one ounce of French barley cal’d pearl barly, a quarter of an ounce of greene Licqueris after it is scraped and sliced, first boyle the barley in a pint of Spring water until it begins to swell, then put in the licquiris & and let them boyle untill one half of the liquer be consum’d; then straine it out through a small sive and put into the Liquor one ounce of hony of roses, the Mouth must be washed often ‘times’ in the day with this water a little

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60 Permission to publish these transcriptions has been granted by the University of Glasgow Library, Special Collections Department. N.B. ‘... ´indicates interlined text with caret.

61 Marginal heading. Page is headed ‘99’, i.e. 1699.

62 Replacing indecipherable deletion.

63 Italicized text is in Locke’s hand.

64 Marginal heading. Page is headed ‘95’, i.e. 1695.
wormed. This water must be made fresh every two days it will not keep longer good.

If the soare mouth be cancerous then every time it is new washed stop the places where the Cancer eates, or is sore with some of the best white lead in very fine powder, and when he goes to eate or drinkes wash his mouth with the water to wash out the powder and when he has eaten or Drunk wash his mouth again and use the powder and keep some powder always in the sore place as much as may be. lett him not swallow down any of the powder or as little as may be although it is a harmless medecine If he be troubled with much spitting his mouth must be very often washed to stopp that flux. This is the receipt that cured John Saul’s mouth.

I am of the opinion that if the white Lead powder be mixed with an equal quantity of black Lead in very fine powder it may be more effectual they are neither of them hurtfull to putt into the mouth only the black lead will smutt and discollour the flesh for a short time, I have seldome seen any Cancer upon the body or the King’s evill cured without black lead plaisters made up with some other ingredients. The King’s evill is some times cancerous and hath always something of the Same nature of a Cancer.

If thou thinkes thy Brother is incureable thou may’st try this medecine. I am perswaded it will give him much ease, and use only the white lead powder if the black Lead be offensive. They that will cure sore mouth’s & sore Eyes must dress them very often provided the medecines be very mild, not at all sharp

part of the letter in which the above written receit was sent

65 The bellman of Cambridge (see below).
66 Page is headed ‘95’.
67 OED, ‘smut’: to blacken.
68 Damaris Masham had three brothers.
69 Italicized text in Locke’s hand. The letter was from Docwra to Damaris Masham.
Now concerning thy Brother at London thy Brother John ⁷⁰ told me of his distemper in his Mouth about six weeks agoe I advised him to write concerning it that no sharp medecines may be used for they are certainly nought for him. I have had divers in Cure for Cancers, & through mercy I have had good Success with most of them but I never had but one in the mouth that I could say was an absolute Cancer, and that ‘was’ John Saul, the Bellman of Cambridge. it was mostly upon one side of his tongue ⁷¹/⁸² towards the roote of it, there was a hole eaten that I could put the end of my finger into it, He had been with a Surgeon before he came to me that had used sharp medecines that made it worse then it would have been if he had used nothing, he could scarce speak so as to be understood what he said, I cured him through mercy in a short time, in lesse then a week he could speak plain, I have here inclosed sent the receipt I used for him with some further directions, altho’ this receipt seemes meane and simple I have seen the good effects of it for all sorts of sore Mouths when other Medecines have failed, it takes out the inflamation and Stops the flux of humours and is a great easer of pain and heals quick.

Ann Docwra

/⁷³/

Take two ounces of black lead in fine powder one ounce of red lead in fine powder, three ounces of very good Sallat Oyle, boyle them together to the consistence of a plaister, which may be known by dropping a drop into cold water and if it will work up to a pill pretty soft it is enough and then poure it all into a paile of cold water and worke it up into a role

⁷⁰ John Cudworth.

⁷¹ Following an illegible deletion.

⁷² Page is headed ‘95’.

⁷³ Page is headed ‘95’.
If the Salve be overboyled it will be good for little, it will not cleave but if it grow hard with lyeing then melt a little of it at a time with a few drops of Oyle of Roses as occasion serves It is of so exceeding a dryeing nature that tis hard to keep it good for use many months without melting in a little oyle as before said with it.

Sometimes for to be used upon the face it is made of oyle of roses instead of Sallat oyle, and sometimes for the brest with Lintseed oyle but that is so excessive dryeing that the salve must be as little boyled as possible may be to make a plaister of it and make new very often.

My Kinswoman that first used this plaister made it mostly of Lintseed oyle. Alderman Foxe’s first wife of Cambridge had a Cancer knott on her brest as hard as a bone, a crooked one, about the bigness of my little finger and bent as one may bend their finger, about a finger’s length She used this plaister by my directions made of /85/ Sallat oyle for about foureteen yeares before she dyed, she felt no pain after she used it, neither did she perceive it grow bigger, She told me a short time before her death that she did not find that to be any Cause of her death She dyed of a deep Consumption & when her flesh was most wasted the knott appear’d much bigger then it did when her brest was plump. If it be Cancer or Kings evill if there be a sore it must be dress’d once a day but where there is only a knott lett the plaister lye so long as it will cleave close to the flesh lay on a new one as occasion serves, sometimes upon Knotts that are very hard I lay a little piece of leaf Gold as big as a new threepence or more according to the bigness of the knot it must be laid upon the midle of the plaister & so applyed to the midle of the knott, a little sheet of six pence price does usually serve for three or foure plaisters parted as equally as may be This sheet of Leaf Gold may be had at the painters.

Ann Docwra

74 Unidentified.

75 Page is headed ‘95’.
All the most eminent Surgeons belonging to the Hospital at London did meet about contriving this plaister for a Relation of mine that had a Cancer Knott on her Brest as hard as a bone, she used the plaister constantly it kept it without paine & it did not grow bigger but did not dissolve the hardness, She lived neare thirty yeares after to my knowledge a healthfull strong woman & may be alive still I have not heard of her death. I have used this plaister for several sorts of Cancers & the King’s evill with good Success, but some Cancers\textsuperscript{76} are not to be cured, where /86\textsuperscript{77}/ the Cancer is rotten & fixed to the bone. For a Cancer in the mouth, I have known some that have had it above a yeare and have recoverd

Ann Docwra

/94\textsuperscript{78}/ Sores

Tincture of Camphir

Take 2 Ounces of strong Spirits of Urine, & a pint of the best single Brandy wanting 2 Ounces, mix them together in a Glass bottle, then putt in an Ounce of Camphir at least Lett it be bruised or shied,\textsuperscript{79} stopp it very close and sett it in a warme place in the Chimney corner, for 2 or 3 days. and if the Camphir be not all disolv’d lett it rest at the bottom of the bottle poure out the cleare spirits from it as thou use it, putt a little at a time in a small Glass for present use that the bottle may not be often open’d and keep that little glasse close stop’d also least it loose it’s Virtue, Lett the Camphir be used as soon as thou have it for every day that it is kept by it’s self it will wast something, except it be kept in a box with flax seeds, but the sure way is to lett there be Camphir enough & some to spare at the bottom / 95

\textsuperscript{76}Following illegible deletion.

\textsuperscript{77}Page is headed ‘95’.

\textsuperscript{78}Page is headed ‘96’.

\textsuperscript{79}‘Shied’: thrown, OED.
of the spirits when it is made least they should bee too
The Camphir at the bottom of the bottle will be as good as it was at first and will help to make more when all the Clear spiritts is spent. This is how to make Tincture of Camphir

The way of using it & what it is good for is as followeth Putt a little at a time into a Spoone & stop the Glass again quickly, use it Cold it must not be heat, dipp thy Fingers into it & bathe the place grieved twice or thrice aday so long as it will drink into the flesh, if it drinkes in it is a signe that it may doe good but it must not be laid upon any raw place, the flesh will not beare it, but the sore must be Cover’d with a Plaister, and bath the flesh round about the Plaister so far as it feels sore or drinks in

This is a Medecin good for many things, to take out Inflamations and ease pain, it is good for bruises, and to stop Gangreens and festred sores & swellings, and pains in the Limbs in any part of the body, and the Gout, it may be used in any distemper’d part of the body comeing either from heat or Cold

I suppose the fixed Spirits may be something of more virtue then these

Ann Docwra

Page is headed ‘96’.
Following illegible deletion.
‘Tincture of Camphir’ repleacing ‘Spirits of Camphir’ deleted.
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