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“Melancholy and Early Modern Soft Drugs: Self-Medication or Wellness?”

Today I’d like to talk about mental illness and its treatment in early modern Europe, specifically melancholy and the drugs used to treat it. According to traditional Galenic medicine, melancholy resulted from a surplus of black bile in the body, one of the four humors. Physicians recommended purgatives, especially the poisonous plant hellebore, to drive the black bile out and restore balance among the humors. But after 1492 a new battery of “soft drugs” – chocolate, tobacco, coffee, tea, distilled spirits, sugar, and opium – appeared in early modern Europe, all of them either for the first time or for the first time in mass quantities. They were all used initially as medicines, and especially as purgatives – in fact their use to cure physical ailments was a large part of why Europeans found the exotic new drugs acceptable. Less well studied is the use of these psychotropic drugs for mental health care, even though all these drugs were tried as a relief for melancholy. As the medical theories underpinning treatment shifted from traditional galenic medicine to iatrochemistry, the drugs continued to be used even as the rationales for using them changed. By the eighteenth century, nervous disease became the ascendant paradigm for understanding disease and the body, yet coffee, tea and the other soft drugs were still considered as cures. Also by this time the new drugs became entrenched in European culture as increasing numbers of people, especially in

the growing cities, made them a daily habit. One justification for this routine use was that they maintained one's physical and mental well-being – they became seen as preventative rather than curative medicines. Should we call this daily self-dosing to prevent or cure melancholy a form of self-medication and abuse, or part of an incipient culture of physical and mental wellness?

Moreover, what can the use of drugs to treat melancholy in the seventeenth and eighteenth centuries teach us about the use of drugs to treat mental illnesses today? In the twenty-first century the conversation surrounding medicines and mental illness centers on depression and anxiety, and their treatment with selective serotonin reuptake inhibitors (SSRI's) like Prozac and Zoloft. To explain how we have arrived here, historians have outlined two trajectories. In the first, depression and anxiety emerged in the second half of the twentieth century, replacing other diseases like schizophrenia as the most salient forms of mental illness. The second describes the great shift in treating mental illness from psychoanalysis to prescription medications, made possible by the discovery of tranquilizers like Miltown in the 1950's and SSRI's like Prozac (fluoxetine) in the 1980s. Their use was encouraged by pharmaceutical companies and the desire of health management organizations and insurance companies to maximize the productivity of physicians – it's much more efficient and profitable to prescribe a drug than to spend an hour every week providing therapy. Some historians, as well as contemporary observers, argue that the ideas of “depression” and “anxiety” were in some sense created by the network of medical professionals who benefited from prescribing and selling SSRI's. Not the severe forms of these diseases – suicidal ideation, panic attacks, and severe obsessive-compulsive disorder – but the more common manifestations of depression and anxiety that physicians have typically

diagnosed among the well-insured middle class. Critics have also noted that women were often the intended consumers of these medications, and that perhaps the serial popularity of Valium, other barbiturates, and Prozac in the late twentieth century represented a medicalization of what were really social problems, better cured by improving the social status of women than individual prescriptions.¹ Likewise, there is no lack of social commentators today suggesting that the perceived increase in anxiety, especially among young people, owes more to economic and social change and the emergence of social media rather than any organic change in the population's mental state.²

This paper takes a look at soft drugs and melancholy in order to compare the two illness-and-drug regimes, hoping that perhaps the United States in the twenty-first century can shed some light on western Europe in the early modern period and vice versa. Specifically, if, as I propose, we need to look beyond the most common forms of medically-approved cures for melancholy, such as hellebore, in the early modern period, might that suggest that historians of the recent past should expand their gaze to examine substances beyond psychiatrist-prescribed SSRI's for how people are actually treating depression and anxiety today? And if there are cultural reasons that help determine which drugs have become the most common forms of treatment of depression and anxiety today, might the same have been true for drugs and melancholy centuries ago?

¹ See for example Jonathan Michel Metzl, *Prozac on the Couch* (Durham NC and London: Duke University Press, 2003), David Healy, *Let Them Eat Prozac: The Unhealthy Relationship between the Pharmaceutical Industry and Depression* (New York and London: New York University Press, 2004), and Michael Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: The Johns Hopkins University Press, 2009).

² See for example the work of Jean Twenge and Jonathan Haidt.

I want to be clear that I am not equating early modern melancholy with depression and anxiety now. While “melancholy” can simply mean “depression” in popular usage today, in the early modern period melancholy was a multivalent disease with many forms and still more cultural meanings, some of which mirror depression and anxiety while others do not, such as the belief held by some melancholics that their body was made of earthenware and could break if the patient fell.³ Still there is an analogy to be made between the most distressing form of madness of the early modern period and the most distressing mental illness of today. And, I believe, we can also make an analogy between the medication that people used to try to cure or stave off melancholy with the drugs used today to cure or stave off depression and anxiety.

I. When early modern medicine considered mental illness, melancholy attracted the most attention, much like hysteria in the late nineteenth century, schizophrenia in the mid-twentieth century, or depression and anxiety today.⁴ Although recognized as a category of mental illness since the days of Hippocrates, in early modern Europe melancholy remained an ambiguous disease without clear definitions, although certainly caused by an overabundance of black bile. Its aspect had always varied, and as it took up an increasing amount of space in the Renaissance repertoire of diagnoses, it encompassed a broad range of symptoms including lethargy, obtrusive and depressing thoughts, capricious decision-making, sadness, rage, and psychotic breaks with reality. There were also moral and religious components to melancholy, and it was sometimes

³ Erik H.C. Midelfort, *Mad Princes of Renaissance Germany* (Charlottesville and London: University Press of London, 1992), p. 155-56.

⁴ For an insightful look at melancholy’s place in early modern culture, see Timothy Barr, “Without Apparent Occasion: Recent Research on Melancholy,” *Journal of the History of Ideas* 80/2 (2019): 313-32.

associated with a kind of genius creative insight.⁵ However it presented itself, melancholy was an illness that had both physical and mental components, disordering thought and mood, causing anguish among its sufferers and their families. Physicians searched urgently for ways to treat it, and as psychotropic drugs like tobacco, chocolate, coffee, tea, distilled spirits, sugar, and opium grew more common in western Europe beginning in the early seventeenth century they emerged as candidates for easing the symptoms of melancholy.

Early commentators on tobacco, one of the first new drugs to appear in Europe, had mixed opinions about its effects on melancholy. In 1614 when tobacco was just beginning to inundate England, the physician William Barclay called tobacco “Nepenthes” after the Homeric drug that makes the user forget sorrow and pain, because it had a

certaine mellifluous delicacie, which deliteth the senses, & spirits of man with a mindful oblivion, insomuch that it maketh & induceth ... the forgetting of all sorrowes & miseries. And there is such hostilite betwene it & melancholie, that it is the only medicament in the world ordained by nature to entertaine good companie.⁶

But other English observers warned that smoking made melancholy worse. The pseudonymous Philaretus, writing a decade earlier, believed that tobacco worked through the blood to increase the amount of black bile in the body and should under no circumstance be used by those with a melancholy disposition, lest “naturall melancholy be converted to unnaturall,”⁷ He believed that tobacco smoke affected the brain and caused the user to shun company – the opposite of Barclay’s judgment – and led to

⁵ Midelfort, *Mad Princes*, p. 4-5.

⁶ Barclay, William, *Nepenthes, or The vertues of tabacco by William Barclay Mr. of Art, and Doctor of Physicke* (Edinburgh: Andro Hart, 1614), fo. A4r.

⁷ Philaretus, *Work for Chimney-sweepers: or A warning for Tabacconists* (London: T. Este, 1602), fos G4r-G4v.

“terror, and feare, discontentment of life, false and perverse imaginations, and fantasies most strange.”⁸

Chocolate was another early arrival in European cities, more common in southern Europe than in the north. While the early documenter of chocolate Francisco Hernández believed that it helped alleviate melancholy, physicians who followed him were less sure.⁹ The true pharmaceutical nature of chocolate was always hard to pin down since different users prepared it differently, mixing cacao with a variety of other ingredients, and the Andalusian surgeon and physician Antonio Colmenero de Ledesma warned that if prepared improperly, chocolate caused melancholy. Drinking chocolate mixed with maize would lead to melancholy, he warned in his 1631 treatise on chocolate, as would cooking it hot with sugar or drinking the thick residue at the bottom of the chocolate pot.¹⁰ According to the converso physician Fernando Cardoso in 1637, chocolate could cause melancholy and should therefore be used only as a medicine in special circumstances. Cardoso warned that taking chocolate as a refreshment, as many people did in Madrid – especially elite women who drank chocolate three or four times a day, invited melancholy.¹¹

Physicians tended to see the mental effects of tea and coffee more positively. The Dutch physician Cornelis Bontekoe defended tea against the accusation that it caused

⁸ Ibid., fos. G2v-G3r.

⁹ Norton, *Sacred Gifts, Profane Pleasures*, p. 126.

¹⁰ Antonio Colmenero de Ledesma, *Curioso tratado de la naturelza y calidad del chocolate* (Madrid: Francisco Martínez, 1631), fos. 5v, 9v, 11v.

¹¹ Cardoso later moved to Verona in Italy and lived openly as a Jew. Fernando Cardoso, *Utilidades del agua i de la nieve, del beber frío I caliente* (Madrid: Hebraica, 2003; originally published Madrid: Widow of Alonso Martín, 1637), fo. 107v. For more on Cardoso, see Jon Arrizabalaga, “The World of Iberian converso practitioners, From Lluís Alcanyís to Isaac Cardoso,” *Más allá de la Leyendera Negra: España y la Revolución Científica/ Beyond the Black Legend: Spain and the Scientific Revolution*, Víctor Navarro Brotóns and William Eamon, eds (Valencia: Publicaciones de la Universitat de Valencia, 2007): 307-322; and Yosef Hayim Yerushalmi, *From Spanish Court to Italian Ghetto. Isaac Cardosó: A Study in Seventeenth-Century Marranism and Jewish Apologetics* (New York: Columbia University Press, 1971).

bile and anger, and asserted that it was a powerful cure for religious melancholy.¹² Most observers believed tea to be a sobering, cheering drink that counteracted sadness, like the English minister John Ovington, who had traveled to India aboard an East Indiaman for several years in the 1690's, returning to write *An essay upon the nature and qualities of tea*. He believed that if Europeans began drinking tea as they did in Asia, "we should quickly find that Men might be cheerful with Sobriety, and witty without the Danger of losing their Senses," in other words, tea held all the advantages of alcohol without its disadvantages.¹³ The early eighteenth-century Roman tea-sellers Agostino and Scozzese listed melancholy as one of the maladies that tea could help ward off, and a broadsheet advertising tea in London a little earlier claimed that tea was good for "cheering the Heart when oppress'd with Melancholy and Vapours."¹⁴ Yet later in the eighteenth century the Quaker physician John Coakley Lettsom told a story of one young patient of his who was suffering from a depression and melancholy that vanished after he gave up his prodigious tea-drinking habit. Weeks later he received a gift of expensive tea, began drinking it, and after one day returned to "his former dejection and melancholy, with loss of memory, tremblings," and a host of other mental afflictions.¹⁵ Like tea, most observers thought coffee had a positive effect on the mind and emotions, in particular brightening spirits and sharpening mental faculties, but there were some dissenters. Leonard Biet, a seventeenth-century French apothecary devoted to chemical medicine, wrote that the nature of the alkaloids and salts in coffee "strengthens the

¹² Bontekoe, *Tractaat van het excellenste kruyd thee*, p. 269, 399-401.

¹³ John Ovington, *An essay upon the nature and qualities of tea* (London: R. Roberts, 1699), fo. A2 r. See also Markman Ellis, Richard Coulton, and Matthew Mauger, *Empire of Tea: The Asian Leaf that Conquered the World* (London: Reaktion Books, 2015), p. 73-75.

¹⁴ Agostino and Scozzese, *Soccinto raguaglio*, p. 15; anon., "The volatile spirit of bohee-tea" (London: s.p., 1710?).

¹⁵ John Coakley Lettsom, *The natural history of the tea-tree* (London: Edward and Charles Dilly, 1772), p. 48.

memory and judgment, and gives the will complete freedom to direct all voluntary actions, by rectifying all melancholy and taciturn dispositions.”¹⁶

Beer and wine had long been known for changing the mood and mental abilities of their drinkers, but distilled spirits seemed like something new to early modern observers, and as the gin craze reached its height in eighteenth-century London, it attracted the disapproval of moralists concerned in part for its effects on the mind. Samuel Ward, a Suffolk minister with Puritan leanings, described how those with a melancholy disposition, given to “dumps and pensiveness,” would take a pipe of tobacco or a “cup of sack” to help stave off melancholy in a 1621 book of spiritual advice, but suggested that faith would be a better remedy for the mind and soul.¹⁷ Thomas Wilson, attacking rum and brandy along with gin in 1736, called attention to liquor’s effects on the body and mind. Continued drinking would cause “Dispiritedness,” and long years of immoderate drinking of spirits led to ill health, financial ruin, and “Melancholy and Despair, which ends in a Pistol or a Dose of some quicker Poison.”¹⁸

Of the two drugs that Europeans had at their disposal long before the arrival of tobacco, chocolate, coffee, tea, and distilled spirits, sugar was not touted as much for its effects on the mind, while opium attracted more attention. The English physician and intelligence agent Andrew Boorde recommended sugar to help against melancholy in his pioneering guidebook to health in 1547.¹⁹ Other medical writers, like the French Nicole

¹⁶ “Donne à la volonté une liberté entiere pour diriger toutes les actions volontaires, en rectifiant toutes dispositions tactiturnes & melancoliques.” Biet, Leonard, *Le Bon Usage Du Caffé Volatile* (Paris, 1687-1700), p. 24.

¹⁷ Samuel Ward, *The life of faith* (London: John Marriot and John Grismand, 1621), p. 43-45.

¹⁸ Thomas Wilson, *Distilled spirits the bane of the nation* (London: J. Roberts, 1736), p. 28, 30-31, 48.

¹⁹ Andrew Boorde, *A compendious regiment or a dyetary of healthe made in Mountpyllyer* (London: Wyllyam Powell, 1547), The xxvi Chapyter treateth of a dietarye for Melancholye men; see also Patricia E.S. Fletcher, “The Life of Andrew Boorde, c1490-1549” *Adverse Drug Reactions and Toxicological Reviews* 21/4 (2002): 243-52.

Prévost, recommended sugar as an ingredient in several different types of conserves to fight melancholy, but it is unclear whether this was as an active ingredient or just a sweetener for otherwise foul-tasting remedies.²⁰ Opium was thought to have a more profound impact on the mind. English minister and physician William Bullein recommended opium for “all diseases of Melancholie, the griefe and heaviness of the Splene” in his 1579 medical handbook.²¹ The peripatetic Italian-Genevan chemical physician Angelo Sala followed Paracelsus’ lead in prescribing opium or laudanum “for those that be Mad, Lunaticke, Phrantick, Epilepticke, &c.”²² English surgeon Thomas Brugis also recommended laudanum, or opium mixed with distilled spirits, to cure the melancholy, and also “in phrensies, and madness,” and the French Protestant apothecary Nicaise Le Fèvre who served Charles II of England reported that in India opium was taken to “prevent melancholly from seizing upon them.”²³ The French royal physician Jean de Renou warned, however, that opium was such a strong medicine that it could lead to madness and suicide.²⁴

Through the seventeenth and eighteenth centuries, the new exotic drugs became engrained in the consumption patterns of early modern Europe. Most medical writers supported their effectiveness against melancholy while others dissented, but all of the

²⁰ Nicole Prévost, *Prepositas his practise a worke very necessary to be used for the better preservation of the health of man*, trans. L.M. (London: John Wolfe for Edward White, 1588).

²¹ William Bullein, *Bulleins bulwarke of defence against all sicknesse, soarenesse, and woundes that doe daily assaulte mankind* (London: Thomas Marshe, 1579), fos. 1r-1v.

²² Angelo Sala, *Opiologia: or a treatise concerning the nature, properties, true preparation and safe use and administration of opium*, trans. Thomas Bretnor (London: Nicholas Okes, 1618), p. 29-30.

²³ Thomas Brugis, *Vade mecum, or a companion for a chyrurgion* (London: Thomas William, 1652), p. 104-07; Nicaise Le Fèvre, *A compendious body of chymistry*, trans. P.D.C. (London: Octavian Pulleyn, Jr., 1664), p. 37-38; see also Paul Dorveaux, “Les grand pharmaciens: XVII. L’apothicaire Le Febvre Nicaise dit Nicolas,” *Revue d’Histoire de la Pharmacie* 42 (1924), 345-56.

²⁴ Jean de Reneou, *A medicinal dispensatory, containing the whole body of physick discovering the natures, properties, and vertues of vegetables, minerals, & animals, the manner of compounding medicaments, and the way to administer them*, trans. Richard Tomlinson (London: Jo. Streater and Ja. Cottrel, 1657), p. 113.

soft drugs were recommended as healthy medicines against some diseases. But they were not simply medicines, they were also commodities that consumers purchased and used for pleasure, and buyers were deciding for themselves how frequently to take these drugs, with or without physicians' permission. Further, the recreational use of these drugs – consuming them for pleasure – shaded into a new understanding of how they might be used for health: to cultivate the health one already enjoyed rather than as corrective purges to fight illness. This was part of a broader trend in western European thinking about health care to focus as much on prevention as on cures. Those who were privileged enough to have choices ordered their lives to emphasize fresh air, personal hygiene, and food intake as part of a daily regimen of hygiene aimed at preserving health. The eighteenth century especially saw hygiene and dietetics attract more attention from western European elites, and the new soft drugs fit right in.²⁵ By incorporating the new stimulants into a home-based, consumer-driven use, sometimes daily use, western Europeans shed the discipline that physicians, natural scientists, and pharmacists tried to impose on the use of drugs, and on their oversight of their clients' health and bodies.

New stimulants like tobacco and tea became an everyday item of consumption for people during the eighteenth century just as the revival of Hippocratic medicine encouraged close attention to regimen, including diet, sleep, and exercise.²⁶ Physicians and their affluent patients gave close scrutiny to their diet, and they eagerly

²⁵ Gentilcore, *Food and Health*; see also Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2014) and Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester and New York: Manchester University Press, 2007).

²⁶ Kennaway and Knoeff, *Lifestyle and Medicine*.

incorporated early modern stimulants as a subject of their dietetic concerns.²⁷ Indeed while discussing tea in 1787, the Scots commentator Godfrey McCalman noted that there were climatic and physical reasons for Europeans, even more so than residents of the torrid zones along the equator, to develop such a “luxurious taste” for exotic drugs. “In northern sites,” he argued, “a coarse and heavy animal-machine, naturally in a vapid, and approaching a torpid state, finds pleasure in whatever is apt to rouse and agitate its spirits; namely, in travelling, dancing, fencing, hunting, war, the use of spirituous liquors, tobacco, tea, coffee, foreign spiceries, and pungent homegrown substances.”²⁸ Put another way, western Europeans incorporated the new stimulants into their daily routines as a way to regulate not just their physical health, but also their moods.

Meanwhile with the rapid growth of the import of new soft drugs, they began to occupy an indeterminate position between drugs and food. Nicolas Blégné, surgeon to Louis XIV and founder of perhaps the first European medical journal in the vernacular, published his *The correct use of tea, coffee, and chocolate for preservation and the healing of maladies* in 1687.²⁹ There he referred to coffee and chocolate as both a medicine (*remede*) and a food (*aliment*), and indeed to chocolate as a “medicinal

²⁷ For more on the combination of the consumer revolution and eighteenth-century medicine and drugs, see Patrick Wallis, “Consumption, Retailing, and Medicine in Early-Modern London,” *The Economic History Review* 61/1 (2008): 26-53; Patrick Wallis, “Exotic Drugs and English Medicine: England’s Drug Trade, c. 1550-c.1800” Economic History Working Papers, (143/10). Department of Economic History, London School of Economics and Political Science, 2010 <http://eprints.lse.ac.uk/28577/> (accessed 3/21/2020), Harold J. Cook and Timothy D. Walker, “Circulation of Medicine in the Early Modern Atlantic World,” *Social History of Medicine* 26/3 (2013): 337-51, and Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke: Palgrave Macmillan, 2014).

²⁸ McCalman, *Treatise on Tea*, p. 83-84.

²⁹ Albert G. Nicholls, “Nicolas de Blegny and the first medical periodical,” *Canadian Medical Association Journal* 31/2 (1934): 198-202.

food.”³⁰ Two Italian participants in the debate about whether chocolate broke ecclesiastical fasts writing decades apart, Giovanni Batista Gudenfridi and Giacomo Sanvitale, entertained the idea that chocolate was neither a food nor a drink but a medicant. Gudenfridi called it “a medical nourishment, and a nourishing medicine.”³¹ The new soft drugs straddled the divide between foods and pharmaceuticals, and the English physician Hugh Smythson devoted a section of his 1781 home medical guide, *The compleat family physician* to “certain Articles in common Use, which can neither be considered as Food or Medicine,” where he addressed tea, coffee, tobacco, and opium. “Among the higher classes, who from late suppers, late hours, and other nocturnal debauches, are without any morning appetite, the tea constitutes the breakfast, unaccompanied with bread, or any other eatable.”³² Opium earned its place in this section of the book because despite its excellence qualities as a medicine, “an abuse of it has of late years crept into this country.” Europeans living abroad in Muslim countries had imitated their hosts by adopting the daily use of opium to support their spirits and then brought that custom back home with them, requiring “large doses and frequent repetitions” to maintain the same effects as they continue to take the drug.³³

Like academic physicians, the authors of home health manuals and recipe books such as Smythson, Blégnny, Charles Estienen and Jean Liebault, and George Cheyne also offered advice on the place of food-medicines in diet. Their suggestions repeated the same advice for eating and drinking as moralists had since classical times: moderation

³⁰ “*aliment medicamenteux*,” Nicolas de Blégnny, *Le bon usage du thé, du caffè et du chocolat pour la preservation & pour la guerison des Maladies*. (Lyon: s.p., 1687; orig. Paris: Estienne Michalet, 1687), p. 183-84, 280-81.

³¹ “*un Medicamento nutritivo, e un nutrimento medicinale*,” Giovanni Batista Gudenfridi, *Differenza tra’ il cibo e il cioccolato* (Florence: Condotta, 1680), p. 47. See also Giacomo Sanvitale, *Memorie veridiche contrapposte alle memorie istoriche sull’uso del cioccolato in giorno di digiuno* (n.p., 1748), p. 21-22.

³² *Ibid.*, p. 750.

³³ *Ibid.*, p. 763-64.

in all things.³⁴ Yet their understanding of moderation might include daily use – in moderation – for the prevention of disease and maintenance of health. In his medical handbook of 1684 the English physician Thomas Willis recommended drinking coffee every day to purge the brain and sharpen one’s mental acuity, unless one had a choleric or melancholic disposition.³⁵ Likewise a century later the coffee proselytizer Benjamin Moseley of daily coffee drinking, advising “the general use of Coffee in England, as an article of diet, and ... as a safe and powerful medicine.”³⁶ In a separate medical tract published in 1800, Moseley observed how since the growth of sugar consumption in Europe over the past two hundred years, “There is now scarcely any person who does not mix, more or less of it, in his daily food,” and this has benefited the nourishment and health of the users.³⁷ Where others decried sugar and the drugs as enervating luxuries, they found favor with Moseley. “Since European countries have had intercourse with the East and West Indies, and a free and enlarged traffic with each other ... Europe has greatly improved in its regimen. The popular diet before,” he observed, “was crude, coarse, and unwholesome.”³⁸ Cornelis Bontekoe of course recommended large amounts of tea as part of one’s daily diet, and chocolate too had its promoters. The early English commentator on chocolate, Henry Stubbe, himself drank chocolate several times a day for years while in Jamaica and then also back in London during the mid-seventeenth century, and as long as one mixed the correct spices with the chocolate to match one’s

³⁴ Steven Shapin, “How to Eat Like a Gentleman: Dietetics and Ethics in Early Modern England,” in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles E. Rosenberg (Baltimore: The Johns Hopkins University Press, 2003), p. 21-58.

³⁵ Thomas Willis, *Dr. Willis’s practice of physick being the whole works of that renowned and famous physician wherein most of the diseases belonging to the body of man are to be treated of, with excellent methods and receipts for the cure of the same* (London: T. Dring, C. Harper, and J. Leigh, 1684), p. 137-43.

³⁶ Moseley, *Observations*, p. 36-38.

³⁷ Benjamin Moseley, *Medical tracts* (London: John Nichols, 1800), p. 157-62.

³⁸ *Ibid.*, p. 168.

humoral disposition and did not indulge “without measure,” it was a healthy daily regimen both as nourishment and a medicant.³⁹ Manuel Navas de Carrera, writing in the mid-eighteenth century, agreed, calling it an “alimentary medicine.”⁴⁰ He recommended its daily use for all, and acknowledged that for some “chocolate is already a daily bread.”⁴¹ Tobacco too could be part of a daily health regimen, as evidenced by the dismay of the Lombard Pier Luigi Origoni, who argued against the belief that tobacco “is an opportune remedy for preserving human bodies from infirmity.”⁴² Physicians’ willingness to endorse daily dosage of the new drugs grew as iatrochemical and mechanical medical theories gained traction in the eighteenth century. Under these new paradigms, physicians were less concerned to wait until diagnosing each individual patient’s humoral complexion before prescribing a medicine, and they also encouraged their willingness to disregard the old insistence that drugs should be taken only at certain seasons and times of day.⁴³

As an article of daily consumption, offered not by apothecaries but by coffeehouse proprietors and grocers, coffee shifted the decision-making over therapeutic choices away from physicians to consumers. Patients could choose between physicians who acted from different theoretical bases and applied different therapeutics, whether mechanical, iatrochemical, or traditionally Galenic.⁴⁴ Further, they always had access to

³⁹ Henry Stubbe, *Indian nectar, or a discourse concerning chocolate* (London: Andrew Crook, 1662), fos. A3r-6v, p. 91-93.

⁴⁰ “*medicamento alimenticio*,” Manuel Navas de Carrera,

⁴¹ “*el Chocolate yá es pande cada dia*,” *ibid.*, p. 54-55.

⁴² “*il Tabacco sia opportuno rimedio per preserver I corpi humani dale infermità*,” Pier Luigi Origoni, *Discorso contro l’abuso del tabacco* (Milan: Filippo Ghisolfi, 1643), p. 45.

⁴³ Andreas-Holger Maehle, *Drugs on Trial: Experimental Pharmacology and Therapeutic Innovation in the Eighteenth Century* (Amsterdam and Atlanta: Rodopi, 1999).

⁴⁴ For a brief overview of the historiography of the medical market in early modern Europe, see Jonathan Andrews, “History of Medicine: Health, Medicine and Disease in the Eighteenth Century,” *British Journal of Eighteenth Century Studies* 34/4 (2011): 503-15.

other providers of health care ranging from charlatans (here not meaning frauds, but simply those who hawked medicines via theatrical public performances and advertising), patent medicines, and a variety of “empirics,” which meant medicants that were aimed at curing a specific malady (or many maladies) without the help of a physician’s assessment.⁴⁵ The new soft drugs gave consumers one more choice in this marketplace, a choice unsupervised by physicians and apothecaries, and holding an ambivalent position in medical theories, approved by some physicians but disapproved by others. Governments declined to regulate the use of the drugs, and encouraged their use consumption of coffee to foster the prosperity of their overseas merchants and of planters in the growing colonies.⁴⁶

The intersection between daily medicinal use of stimulants and the “consumer revolution” of the seventeenth and eighteenth centuries in western Europe resembles nothing so much as the “wellness industry” today. Early modern Europeans were making their own decisions, guided by the market and personal preference with little or no oversight from medical decisions, to make a daily practice of consuming exciting new, exotic substances in order to preserve or mend their mental health. Tea, tobacco, opium, and the like are analogous to yoga, meditation, reiki, essential oils, aromatherapy, cleanses and microbiome supplements, and the like – all commodities or experiences one can buy aimed at maintaining physical and mental well-being. And if we can describe the use of consumer drugs to promote physical and mental health in early modern Europe as a kind of prototype of the wellness industry, we can also flip the

⁴⁵ David Gentilcore, “The ‘Golden Age of Quackery’ or ‘Medical Enlightenment’? Licensed Charlatanism in Eighteenth-Century Italy,” *Cultural and Social History* 3/3 (2008): 250-63.

⁴⁶ For coffeehouses as sites of dissent in the nineteenth century, see Iain McCalman, *Radical Underworld: Prophets, Revolutionaries and Pornographers in London, 1795-1840* (Cambridge: Cambridge University Press, 1988).

lens around. As much as historians have focused on SSRI's, we should also expand our vision to exciting new, exotic substances that consumers are choosing to consume with an eye toward their mental health, like ayahuasca, psilocibin, micro-dosing LSD, vitamins and supplements, cannabinoids, and CBD oil. Most of these revolve around the consumption of luxury health items, and few of them are prescribed by physicians but instead are chosen independently by medical consumers.⁴⁷ Despite their counter-cultural or “new-age” origins, they have become a big business – as in Gwyneth Paltrow’s GOOP.⁴⁸ Furthermore, the wellness culture aims not just to improve bodily health but also to fight stress and anxiety and improve mental well-being, even as anxiety and mental well-being suffer under the modern assault of consumerism – just like the new soft drugs did in the eighteenth century.

II. If there are social and cultural reasons that help determine which drugs become the most common forms of treatment for depression and anxiety today, like the changing business landscape of medicine, a tendency to medicalize women’s subordinate place in society, or the rise of social media, perhaps there were similar forces shaping treatments for melancholy. As time passed during the early modern period, the theoretical underpinnings of medicine were changing. First came iatrochemistry, or chemical medicine, which physicians like the idiosyncratic German who called himself Paracelsus and the Flemish doctor Joan Baptista van Helmont proposed as an alternative to galenic humors in the sixteenth and early seventeenth

⁴⁷ For an overview of the origins of today’s wellness culture, see Daniela Blei, “The False Promises of Wellness Culture,” *JSTOR Daily*, January 4, 2017; <https://daily.jstor.org/the-false-promises-of-wellness-culture/> accessed 2/9/2021

⁴⁸ *The New Wellness Revolution: How to Make a Fortune in the Next Trillion Dollar Industry*, Paul Zane Pilzer, ed. (Hoboken: John Wiley & Sons, Inc., 2002).

centuries. They believed it was salts, acids, and alkalines, not humors, that were the important components of foods and influenced health and sickness, although in practice iatrochemistry and humoral medicine lay side by side in the thinking and treatment of most seventeenth-century physicians.⁴⁹ In the eighteenth century, the nerves, and their connection between the body, brain, and mind, took center stage in medical analysis.⁵⁰ Again, concern for the nerves did not displace older paradigms of medicine. Instead it layered on top of previously existing models, as did other new paradigms such as the neo-Hippocratic revival that appeared in the early eighteenth century, and physicians tended to combine various elements of each doctrine in their own medical theories and therapeutic practice.⁵¹ Hypochondria started to take the place of melancholy as chemicals, vapors, and nerves began to replace the humors. While it retained much of the moral quality of melancholy – and melancholy did not yet disappear as a diagnosable disease – physicians also promoted hypochondria in order to sell their expertise in the increasingly commercial and competitive medical milieu of polite society, in part by offering up learned and witty conversation about medicine and the body to their clients, especially perhaps women. Hypochondria provided a language for

⁴⁹ For iatrochemistry, see Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York and London: W.W. Norton and Company, 1997), p. 201-11 and Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2nd ed. (Cambridge: Cambridge University Press, 2010), p. 102-03, and Alan G. Debus, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries*, 2 vols. (New York: Science History Publications, 1977).

⁵⁰ Eloy's treatise is undated but he mentions another book published in 1774. For vapors, see Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe*, trans. Leonhard Unglaub and Logan Kennedy (London: Palgrave Macmillan, 2011, orig. published 2003), p. 193-44.

⁵¹ For physicians mixing theoretical paradigms, see Joel Shackelford, "Paracelsian uroscopy and German chemiatic medicine in the *Medicina Pennsylvania* of George de Benneville" in *Medical Theory and Therapeutic Practice in the Eighteenth Century: A Transatlantic Perspective*, Jürgen Helm and Renate Wilson, eds (Stuttgart: Franz Steiner Verlag, 2008). For the Hippocratic revival see Andrew Wear, "Place, Health, and Disease: The Airs, Waters, Places Tradition in Early Modern England and North America," *Journal of Medieval and Early Modern Studies* 38/3 (2008): 443-65, Suman Seth, *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* (Cambridge: Cambridge University Press, 2018), and James Kennaway and Rina Knoeff, eds, *Lifestyle and Medicine in the Enlightenment: The Six Non-Naturals in the Long Eighteenth Century* (London and New York: Routledge, 2020).

explaining physical ailments, emotional distress, and fatigue among the leisure and fashionable classes, who did not have to work physically and therefore had no easy way to explain their emotional and physical exhaustion. As Jeremy Schmidt explains, hypochondria became popular “in part because it offered an explanation for the vague, uneasy feelings produced by the inevitable emotional deflation brought about through the pursuit of refined pleasures,” and in so doing offered a social critique of the over-refined urban elite.⁵²

Schmidt’s observation points to the way that the rise of nervous diseases was especially captivating to some physicians – and moralists – because it was deeply intertwined with the problems of civilization in the growing affluence and urbanity of the eighteenth century, and also with the new cult of sensibility. Faced with a seeming epidemic of nervous ailments among the elite in places like London and Paris, commenters blamed the growth of luxury, unnatural, overrefined social manners, and decadent over-consumption. This included excesses of food and alcohol but also of fashion and leisure activities, like gambling, theater-going, and novel-reading. The way forward was to return to a more natural lifestyle, like that of one’s forebears or the Rousseauian “natural man” of Enlightenment thought. The new cult of sensibility had medical aspects, too, promoted by celebrity physicians like George Cheyne in England and Pierre Pomme in France, that aimed to sooth the nerves by restoring simpler and austere habits of eating, exercise, and daily habits in general.⁵³ For example, the Edinburgh physician Andrew Wilson took issue with Rousseau’s position that it was the

⁵² Jeremy Schmidt, (Aldershot and Burlington: Ashgate, 2007), p. 150-62, 167.

⁵³ For an overview of sensibility in the eighteenth century, see G. J. Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago and London: University of Chicago Press, 1992); see also Beatty, *Nervous Disease*, p. 19-28.

manners of the ancients that made them more robust; Wilson believed that the mind follows the body, and Rousseau was wasting his time trying to imagine educational systems that would mold his fictional Emile or Heloise into models of clear-minded vigor. Instead it was the luxurious exotic foodstuffs from Asia and America that had led to the flood of “Hysterical and Nervous Diseases” in western Europe, and the most important thing that parents could be doing would be to stop giving sugar to their infants.⁵⁴ It is easy to see how sensibility’s moral and bodily reforms would target soft drugs like coffee tea, distilled spirits, and opium.

Wilson’s observation demonstrates that for critics who portrayed eighteenth century European elite urban society as overly sophisticated, overly refined, and surfeited with luxury, the emergent wellness culture provided a good target. Soft drugs were meant to sooth the nerves of the overrefined urban residents of early modern Europe, but could indulgence in them actually be making things worse? Some observers thought so. For example, in 1700 the anonymous French author of *The good use of tobacco in powder* explained that all strongly smelling ingestibles damage the nerves when used in excess. Furthermore, because the nerves of the smelling organ of the nose were connected so strongly to the rest of the body, snuff could cause vapors, and users were attacked by “hysterical and melancholy passions” among other nervous disorders.⁵⁵ John Hancock, who published a collection of opinions on tobacco even earlier in 1676, included the English chemical physician George Thompson’s assessment

⁵⁴ Andrew Wilson, *Medical researches: Being an enquiry into the nature and origin of hysterics in the female constitution, and into the distinction between that disease and hypochondriac or nervous disorders* (London: S. Hooper and Robson, 1776), 103-14.

⁵⁵ “passions hysteriques & mélancholiques.” Anon., *Le bon usage du tabac en poudre. Les différentes manieres de la preparer et de le parfumer, avec plusieurs choses curieuses concernant le tabac* (Paris: la veuve de G. Quinet, 1700), p. 19-23.

of smoking. He believed that smoking brought on a cycle of pleasant emotions followed by unpleasant ones. Tobacco brought on

a pleasing bewitching melancholy... O that I might always thus melancholize; not considering though the Prologue be cheerful, the Epilogue is often sad.; though the Spirits are as it were titillated, and charmed into a sweet complacency for a short space; yet afterwards a dullness, gloominess, seizes upon them.”⁵⁶

So tobacco tricked its users, first reviving the spirits and then bringing on melancholy.

Coffee, too, could work that way, and the Huguenot physician Daniel Duncan warned that coffee “occasions a Gayetie at first, which very soon determines a Melancholy.”⁵⁷ At the end of the eighteenth century Guillaume Massieu warned that if poorly prepared, coffee was “especially dangerous for the melancholy and the hypochondriacs.”⁵⁸

Tea was a particular concern. The celebrated Quaker physician and moral reformer John Coakley Lettsom found that most healthy people were unaffected by tea, but others of a weaker constitution “find themselves rather fluttered” for a while after a tea breakfast, with trembling hands, or affected by “involuntary trembling” after tea in the afternoon.⁵⁹ These symptoms affected the higher classes more than the lower, since tea’s effects were stronger the higher the grade of tea and the more expensive it is.⁶⁰ The higher grades, however, “affect the nerves” and cause drinkers to be “agitated by the most trifling cause, shutting a door too hastily, the sudden entrance even of a servant, and other the like causes.” Some even “are constantly seized with great uneasiness,

⁵⁶ Hancock, *The touchstone, or Trial of tobacco*, p. 28-30.

⁵⁷ Duncan, *Wholesome advice against the abuse of hot liquors*, p. 58-59.

⁵⁸ “L’usage du café mal torréfié est sur-tout dangereux pour les personnes mélancholiques & hypocondriaques,” Guillaume Massieu, *Traite du café, contenant l’histoire, la description, la culture et les propriétés, de ce végétal* (Paris: s.p., 1798), p. 97. It is possible that the author of this treatise was in fact Olivier de Serres, and Massieu only translated the original from Latin into French.

⁵⁹ John Coakley Lettsom, *The natural history of the tea-tree; with observations on the medical qualities of tea, and effects of tea-drinking* (London: Edward and Charles Dilly, 1772) p. 43. See also *Tea and the Tea-Table in Eighteenth-Century England, Vol. II. Tea in Natural History and Medical Writing*, ed. Richard Coulton (London: Pickering & Chatto, 2010), p. 137-38.

⁶⁰ *Ibid.* p. 44.

anxiety, and oppression” as soon as they take just one cup of tea, and Lettsom recalled one “young man of a delicate constitution” who suffered from “depression of spirits” and “melancholy” such that suicide was feared. The subject drank great quantities of tea, and as soon as Lettsom stopped the tea, the mental symptoms also ceased. A few weeks later he resumed with tea, and he returned to “his former dejection and melancholy, with loss of memory, tremblings, a proneness to great agitation from the most trifling circumstances, and a numerous train of nervous ailments,” and he immediately stopped drinking tea again.⁶¹ We might look at the cults of sensibility and nervous disorders in the eighteenth century as a kind of medical fashion, but this anecdote conveys an element of real human suffering.

in 1780 Dr. Hugh Smith identified tea as the cause of “melancholy, palsies, epilepsies, night-mares, swoonings, flatulencies, low spirits, hysteric, and hypochondriacal affections,” and indeed, an “innumerable train of nervous afflictions.”⁶² Furthermore, Smith asserted darkly, “The hysterics, which used to be peculiar to the women, as the name itself indicates, now attacks both sexes indiscriminately.”⁶³ Again tea provided a false cure: “this, like every other stimulus, either by constant use loses its effect, or unnerves the system it is meant to strengthen.”⁶⁴ Describing the body under the influence of tea, Smith added, “instead of being supported by nutritious ailment, its nerves are enfeebled, its spirits diminished, and all its functions enveloped with the gloom of melancholy. Even in the afternoon, when nature is exhausted by care and fatigue, we fly for refreshment to tea, which, instead of bracing, still further relaxes the

⁶¹ Ibid., p. 45-48.

⁶² Smith, *An essay on the nerves*, p. 38.

⁶³ Ibid., p. 53.

⁶⁴ Ibid., p. 45.

unnerved system.”⁶⁵ Tea hit women especially hard, exacerbating their nervous disorders. J.N. Surgeon’s 1745 publication on tea singled out “tender and delicate females” who found themselves suffering one to three hours after drinking tea from “anxiety, and a sense of weight on the praecordia.” These were symptoms of “an oppression upon the nerves,” as well as trembling, spasms, hysterics, and melancholy. Troublingly, some women then reached for a dram for relief, leading to the abuse of distilled spirits.⁶⁶

Here Surgeon worried about liquor as a vice that genteel women should avoid, but on its own it could occasion the familiar cycle of temporary, false relief and later depression. Edmund Gibson, Bishop of London, published a sermon entitled *An earnest dissuasive from intemperance in meats and drinks* and published it in 1740. He marked off distilled spirits from beer and wine, asserting that “Other Liquors, when moderately taken, cherish the Mind, and enliven the Spirits; without calling for any further Recruits ... But the seeming Relief that the Spirits receive from the Liquors which we are not speak of,” e.g. gin, “is not only of short Continuance, but frequently runs into Frenzy and Madness; inflaming instead of comforting; intoxicating instead of enlivening.”⁶⁷ And opium, too, could occasion the same cycle, as the Welsh physician John Jones warned in *The mysteries of opium reveal’d*, published in 1700. When first administered, opium soothed the mind, its effects “pleasing and comforting the sensitive soul,” but after the dose had worn off, “Melancholy does often (if not always) happen in some degree,” and “the Sense of Pleasure, newly lost, aggravates the Sorrow.”⁶⁸

⁶⁵ Ibid., p. 54.

⁶⁶ J.N. Surgeon, *Remarks on Mr. Mason’s treatise upon tea* (London: J. Roberts, 1745), p. 18-21.

⁶⁷ Edmund Gibson, *An earnest dissuasive from intemperance in meats and drinks: In a sermon preach’d in the parish church of Lambeth*, 5th ed. (London: E. Own, 1744; first published 1740), p. 20-21

⁶⁸ John Jones, *The mysteries of opium reveal’d* (London: Richard Smith, 1700), p. 235-37.

People in distress using drugs that make them feel better at first, but then worsen the conditions that caused the original distress sounds like the modern phenomenon of “self-medicating.” Alcohol, cannabis, and harder drugs like heroin and cocaine are all ways that traumatized people today seek relief from their anxiety and depression, but in self-defeating ways that end up worsening the underlying causes of their distress. Early modern critics observed the users of soft drugs doing the same thing – turning to gin or tobacco to brighten their spirits or calm their nerves, only to worsen their moods. Further, these critics tended to pinpoint the true, underlying causes of physical and mental malaise as the overconsumption of luxury goods, as part of the problems of over-refined modern urban life. Similar to Rousseau’s condemnation of the inherent falsity of eighteenth-century commercial society, where polite behavior and consumption patterns alienated people from one another and from their own true selves, drugs pulled people away from their natural mental states into a depressed state that they characterized as melancholy, hypochondria, or a similar nervous disorder. Like the glittering promise of sophisticated cities like Paris or London, soft drugs were a trap that lured in consumers hoping to brighten their mental states, only to betray them.

I hope that today I’ve shown how modern ideas about drug use and mental health can shed light on the early modern past, and how early modern examples can provide new ways of understanding drugs and mental health today. At the risk of conflating the very different disorders of melancholy on the one hand and depression and anxiety on the other, perhaps early modern wellness culture can turn historians’ gaze away from a singular focus on SSRI’s and provide fresh paths for exploring the relationship drugs and mental health, and contemporary ideas of self-medicating, and the cultural pressures that shape drug use, can illuminate the intersection of soft drugs, the

problems of over-refined polite society, and the cultural construction of drug abuse in early modern Europe