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Over the course of the early modern period, cities and nations commissioned and sanctioned official pharmacopoeias: lists of simples (single-ingredient drugs) and compound medicines as well as instructions on how they should be prepared and given. The official pharmacopoeia was an attempt to control who could practice pharmacy and to prescribe how they did it. They were also created in the same spirit as other contemporary attempts to classify the natural world. The early modern period was an era of European expansion, when agents of empire, medical practitioners among them, went to diverse parts of the globe. There, the introduction reminds us, they “coopted much healing knowledge from African and Native American cultures” (p. 8). A lot of that knowledge appeared in the new pharmacopoeias.

As the essays here amply demonstrate, a pharmacopoeia was born of a desire to bring order to existing medicinal knowledge and to assess and potentially incorporate new knowledge. The contributors propose to expand the definition of what, exactly, a pharmacopoeia is in an attempt to integrate diverse ways of knowing into their analyses. Rather than restricting this definition to the technical meaning of an approved list of medicinal cures, they include any body of knowledge about drugs.

*Drugs on the Page* is divided into four parts, each of them focusing on a related subject. Part 1, “Pharmacopoeias and Textual Traditions,” features essays which focus on more traditional pharmacopoeias with the goal of understanding the process by which knowledge was included or omitted in them. Paula De Vos’s essay traces the Galenic textual tradition from antiquity on, showing how a variety of sources and influences culminated in the genre of the early modern pharmaceutical. Emily Beck traces both official and lay medical practice in sixteenth-century Florence by comparing the *Ricettario Fiorentino* and manuscript medical recipes. Madrid’s 1739 pharmacopoeia is the subject of an essay by Matthew James Crawford. Crawford finds it contained fewer American cures than one might expect, but, borrowing from and expanding upon geographer
Robert Voeks notion of a “disturbance pharmaco-poeia,” he argues their inclusion had “significant effects on the theory and practice of therapeutics of European physicians and pharmacists” (p. 76). Taken together, the essays demonstrate that an authoritative text like a pharmacopoeia can provide a window into how encounters with others—whether they were medieval Islamic empires, Indigenous groups in the Americas, or Florentine lay healers—challenged and revised medicinal knowledge.

The second part, “Pharmacopoeias and the Codification of Knowledge,” documents diverse efforts to both collect information about remedies and to bring order through codification. In doing so, it teases out the contradiction at the heart of such attempts. Any definitive declaration about which drugs and remedies were “good” was always incomplete. Justin Rivest’s essay examines the tension between public, established knowledge and secret, novel cures in France. Intriguingly, his look into the Contugi family’s branding of orviéatan foreshadows drug advertising in the United States today. Timothy D. Walker uses Brazil and India as case studies to argue that “the Portuguese played a fundamental role, of world-historical importance, in extracting healing knowledge about non-European materia medica from non-European peoples” (p. 120). Hans Sloane’s tenure as editor of the Philosophical Transactions is the subject of the chapter by William J. Ryan. Sloane’s willingness to include “imperfect knowledge” in the journal was mocked by some of his critics, but it offered an “epistemic middle ground between the messiness of colonial medicine and the orderliness of the pharmacopoeia” (p. 139).

“Pharmacopoeias and the Construction of New Worlds,” the third section, asks us to think about how knowledge circulated, or, even more critically, failed to circulate, across distances and cultures. Benjamin Breen asks why, when diasporic African healing knowledge was prevalent, cures from sub-Saharan Africa itself appeared infrequently in European pharmacopoeias. Christopher Parsons uses capillaire du Canada (maidenhair fern) to chart how this drug reflected evolving French ideas about the Americas. Kelly Wisecup’s essay on Samson Occom’s work, “Herbs & Roots,” shows it was culturally and geographically located, based upon a deep knowledge of a particular environment. Together, these essays show that the limits of information exchange and ways of knowing are necessarily bound up in specific cultural and environmental contexts.

Part 4, “Pharmacopoeias and the Emergence of the Nation,” explores the role pharmacopoeias played in asserting a nation’s sovereignty and identity. The three nations comprising Britain had, for a time, distinct pharmacopoeias, as Stuart Anderson explains, and the publication of each was delayed by political upheavals. In France, the pharmacopoeia was part of an effort to impose linguistic conformity, a process outlined by Antoine Lentacker. By managing the names of things, French officials hoped, they might control people and land, too. In the United States, meanwhile, medical practitioners sought to craft a distinct American identity by incorporating Indigenous cures. The trouble, Joseph M. Gabriel shows, was in rendering that knowledge fit for an Anglo-American audience.

A recurring theme throughout the essays is the tension between knowledge that was replicable and supposedly devoid of cultural context and that which was secret or bound up with practices Europeans deemed suspect. In the new United States, as Gabriel shows, doctors and pharmacists sought to learn all they could about “Indian Cures,” but this process often uncovered “Indian Secrets” that these professionals saw as an impediment to a true understanding of how such remedies worked. In Portuguese Africa, Breen argues, the effort to commodify African cures was stymied. Medicines that could not be “consumed in isolation from their original cultural context” were “pushed outside the boundaries of the med-
But this issue was about more than just a divide between Western and non-Western ways of knowing. As Rivest shows for France, the crown accorded exclusive privileges to some "pharmaceutical innovators," who usually lacked medical training, to sell a secret, proprietary cure (p. 81). In Italy, too, Beck reveals that although Florence’s College of Physicians established strident regulations for apothecaries, a lot of medicines were made by “unlicensed healers,” whose medical practices might diverge sharply from those proscribed in books. Thinking about such divergences across time and space opens a window into a world of medical practice beyond the pharmacopoeia.

The purported geographic frame of the book is Atlantic, but a global perspective might have been more fruitful. The majority of these essays are not really Atlantic, as they are largely concerned with developments on just one side of the ocean. Knowledge circulation was not only an Atlantic phenomenon. Trade in this period became global and botanical goods were at the forefront of that exchange. Many of the institutions and empires discussed in the book had a worldwide reach. One wonders how further attention to Africa, Asia, and the Pacific (which a few of the essays do partly address) would expand our notion of what medical knowledge was in this period and how encounters with new cultures challenged and expanded received wisdom. On a similar note, while the volume sets out to expand the meaning of “pharmacopoeia,” most of the essays are about traditional pharmacopoeias and related European-authored works. Wisecup’s essay (originally published in *Early American Studies*) is the only one that takes a non-European work as its central piece of evidence.

Despite these shortcomings, the essays here offer some intriguing insights into how pharmaceutical practices in a diverse array of settings were rendered in print. For early modern authorities, the need to have a pharmacopoeia was self-evident. The work of translating such knowledge into straightforward recipes and instructions for use was much more difficult. That process revealed the deep cultural, environmental, often embodied knowledge that went into even a “simple” cure. Environmental historians interested in plants in the early modern Atlantic, and especially in medicines and botanical exchanges, will find much of interest here.
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