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THE ART OF TRAVELLING IN GOOD HEALTH: ASSESSING AND ADDRESSING THE RISKS OF MOBILITY IN EARLY MODERN EUROPE¹

*L'art de voyager en bonne santé : évaluer les risques de la mobilité dans
l'Europe moderne*

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Abstract: Through English and French examples from the early modern period, and with parallels to the ongoing Covid crisis, this article highlights the important intersections of medical history and travel studies regarding the importance of health in discussions on travel. Considerations on the risks related to travel were an integral part of early modern ideas on mobility. Travel advice literature, art of travel dissertations and private documents confirm that travel was deemed to be a dangerous undertaking for both body and soul: the road itself, foreign climes, and foreign mores were deemed to be possible sources of unease, discomfort and even severe danger. Careful preparation and “risk assessment” allowed, however, not only to mitigate such dangers, but also to benefit from exposure to them, for the development of the traveller and of their country.

Résumé : À travers des exemples anglais et français de la période moderne, et des parallèles avec la crise du Covid, cet article met en lumière plusieurs points de convergence entre l'histoire de la médecine et l'histoire des voyages en matière de santé en voyage. La prise en compte des risques liés au voyage faisait partie intégrante des discussions sur la mobilité à l'époque moderne. La littérature de conseils de voyage et des « arts de voyager », ainsi que les documents privés, confirment que le voyage était considéré comme une entreprise dangereuse pour le corps et l'âme : le trajet et la route, les climats et les mœurs étrangères étaient tous considérés comme de possibles sources de désagrément, d'inconfort, voire de grave danger. Une préparation et une évaluation des risques méticuleuses permettaient cependant, non seulement d'atténuer ces dangers, mais aussi d'en tirer profit en y étant exposé, pour le développement du voyageur et de son pays.

Keywords: body, health, risk, travel preparations, travel advice

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1. Some of the ideas presented in this article were discussed during the workshop “Travel and Health” held in May 2022 in Exeter. The authors wish to thank the participants of the workshop, and the universities of Aberystwyth (Centre for the Mobility of People) and of Exeter (History) for their funding. They also wish to express their gratitude to Dániel Margócsy for his comments on a draft of this article.

Mots-clés : corps, santé, risque, préparatifs de voyage, conseils pour voyageurs

Published in 1671, George Meriton's *Geographical Description of the World* included a section on "precepts" to be observed by prospective travellers. These included general advice about establishing local conditions, environment, and customs (as well as favourable inns) at the destination, so that adequate preparations could be made². The traveller should plan to ensure access to funds whilst abroad to make sure that they remained suitably fed and clothed, and avoid packing more luggage than was absolutely necessary³. Also included were tips directly related to health: the traveller should ideally arrive at his destination at the "seasonablest" time of the year and fittest time to travel to avoid climatic extremes and the resulting stresses on the body. On the day of travel, only a small breakfast should be eaten "that ill smells may not offend him" and thereafter a close watch maintained on health, avoiding extremes of hot and cold, and observing a moderate diet⁴.

Similar examples feature in most texts within the "art of travel" (*ars apodemica*) literature, but also in guidebooks, travelogues and – as Meriton's example shows – related genres such as cosmography; their advice is inspired by, overlaps with and completes ideas that feature in health instruction (*regimina*) works. As Daniel Carey's survey of the *ars apodemica* tradition has shown, the various actors (educators, philosophers, clergymen, statesmen, among others) who contributed to the genre extolled the many supposed benefits of travel: broadening knowledge, the development of character and civility, and the observation of other practices, customs and peoples that might prove profitable in policy and business, and the physical development of the body⁵. These texts offered guidance on a variety of topics, starting with the ways to plan a journey and manage finances, language and customs, to the method to describe the life and conditions in countries and cities. One of these traditional elements of the apodemic genre⁶ was the assessment of some of the prospective dangers – moral, but also physical – that might befall the unwary traveller, which might in turn define who should and should not travel, at what age, and under what circumstances⁷.

In some cases, health-related considerations could become a predominant feature of the text. In Hans Ottokar Reichard's 1793 *Conseils aux touristes*⁸, one of the

2. George Meriton, *A Geographical Description of the World with a Brief Account of the Several Empires, Dominions, and Parts Thereof (...) Together with a Short Direction for Travellers*, London: Printed for William Leake, 1671, 345-6.

3. *Ibid.*, 346.

4. *Ibid.*, 348-9.

5. Daniel Carey, "Advice on the Art of Travel", in Nandini Das and Tim Youngs, *The Cambridge History of Travel Writing*, Cambridge: CUP, 2019, 395, 401.

6. On the schematic nature of art of travel texts see Justin Stagl, *A History of Curiosity: The Theory of Travel 1550-1800*, Chur: Harwood Academic, 1995.

7. *Ibid.*, 392-3.

8. Ottokar Reichard, *Conseils aux touristes de 1793*, Paris: Ed. de la Courtille, 1971 (fac-simile of the edition of Weimar, 1793).

last examples of an extensive apodemic dissertation on the overall benefits and best practices of travel, the health-related discussion ultimately amounts to nearly half of the entire text. Reichard's advice to travellers of all kinds (using the relatively novel term in apodemic literature, "tourist") combined pre-existing "best practices" – it reproduced the health section of count Berchtold's recent apodemic compendium⁹, but also an advice taken from naturalist Peter Simon Pallas against snow blindness, itself inspired by practices used by inhabitants of the polar regions – with further suggestions on a wide variety of topics. According to Reichard, the traveller should be sufficiently well informed to be his own physician, but should also have basic veterinary knowledge to take care of his horse, since its health was inextricably linked to the traveller's own health. Further highlighting the importance of what we could call the non-human components in human health on the road, attention should be paid to the quality of the "travelling bed", carriage and other key objects. Physical exercise was considered important, but – in line with early modern Western opinions on vital energies – extreme exhaustion was to be avoided: this is probably why, without further explanation but in very strong terms, he advised against onanism at sea, viewing it as a mortal danger. Health-related suggestions could be specific to conditions and to the types of visitors: Mme de Genlis, writing her *Manuel du Voyageur* – a work Daniel Roche called appreciatively an "ambulant school of economy"¹⁰ and a rare meeting point of apodemic literature and useful practical advice – when travelling as a royalist exile, provided a vast set of advice for the on-the-road household including specific ideas for mothers travelling with young children in unfamiliar surroundings, with particular attention to the quality of food and bedlinen¹¹. Meriton's advice was directed to all travellers, but we can probably link his advice to the 1666 publication of the questionnaire of the Royal Society of London, which turned everyone on the road into potential scholarly informants¹².

Mobility and considerations on health (both preventive measures and best practices on the road) go hand in hand. Since the beginnings of the Covid pandemic, the potential risks of local, national and international travel as a vector for the spread of the disease have been central in debates about containment and avoidance. The mapping of Covid, identification of disease "hotspots", travel bans and subsequent restrictions on movement all form part of a broader assessment of risk, both to individuals and societies. With the onset of the pandemic, historical parallels were established about previous regimes of "managing" epidemics and pandemics, but less attention was

9. Leopold Berchtold, *An Essay to Direct and Extend the Inquiries of Patriotic Travellers* (London: for the author, 1789).

10. Daniel Roche, *Humeurs vagabondes : de la circulation des hommes et de l'utilité des voyages*, Paris: Fayard, 2003, 168-9.

11. Félicité de Genlis, *Manuel du Voyageur*, Berlin: J. F. de la Garde, 1799.

12. Robert Boyle, "General Heads for the Natural History of a Countrey, Great or Small", *Philosophical Transactions of the Royal Society* I/11 (April 1666). The set of instructions was reworked and extended numerous times.

devoted to the very idea of desirable and undesirable mobility, and the way risks of mobility were assessed. In many respects, the numerous sets of instructions such as Meriton's precepts prefigure the modern "risk assessment form", a document that became all too familiar to us. Just as now, travellers were asked to consider and plan for any potential risks linked to both their journey and destination, including the possibility of refraining from travel.

Despite its contemporary echoes, and despite the relevance of the question within both immediate local contexts and larger, global histories of both mobility and health, relatively little scholarly attention has yet focussed directly, beyond individual case studies, on how travellers in the past either understood the potential risks of travel or planned to deal with them. Similarly little attention was devoted to the whole *regimina* corpus. Through examples taken predominantly from British and French sources, this article seeks to highlight the importance of the study of the relationship between health risks and travel, suggesting that their interdisciplinary exploration has the potential to offer new insights into the interconnected histories of mobility and its literatures, medicine, health, and the body. A first section will explore the range of health risks and dangers that were (rightly or wrongly) considered, and the ways in which physicians, travel theorists and travellers themselves prepared for these. The second section will turn the perspective around and explore how the risky business of travel was essential for health, either by the salutary effects of the exposure to danger itself, or through the more complex long-term benefits of mobility phenomena. In the final section we outline some of the many possibilities for future studies of health risk and travel, some of the sources that might prove fruitful, and also some of the important conceptual questions that any such study would need to address, from the nature of travel and travellers to questions of authority in the generation and reception of advice. Here we also draw modern parallels with the centrality of travel and risk in debates about Covid, travel and populations.

Preparing body and soul

Before modern tourism, as Barbara Korte has noted, travel was widely viewed as a dangerous pursuit, leaving travellers vulnerable to all manner of physical, moral and spiritual threats; despite the even increasing scale of mobility in Western Europe, these dangers did probably hold back some from travelling¹³. We encounter the same opinions in early modern literature on travel, and such a dangerous business bade prospective travellers to prepare. The weighing of risks to the traveller's physical, spiritual and mental health, against the expected benefits of the travel, formed one of the core principles of the genre of *ars apodemica*, since its forerunners in the Antiquity.

13. Barbara Korte, "Practices and Purposes", in *The Handbook of British Travel Writing*, Barbara Schiff (ed.), Berlin and Boston: De Gruyter, 2020, 95.

In their preparations for travel, individuals had to negotiate and evaluate known challenges, but also prepare for the unexpected; this, in turn, coloured decisions about their travel, destination, health and likelihood of returning. Once underway both the journey and destination were imbricated with further layers of situational and circumstantial risk, which again had to be accounted for. Whilst much of this literature (and indeed much of the focus in existing scholarship) was naturally focussed upon the period post-arrival, it is also possible to discern something of the period before travel.

The various dangers of travel formed the core of most anti-travel advice. In 1595, Sieur Pontaymeri was delighted to report that, with the creation of the first nobleman's academy in France, there was no longer need to expose young French noblemen to the multiple dangers of travelling to Italy¹⁴. Joseph Hall's well-known anti-travel essay, *Quo Vadis*, was centred on avoiding the exposure to spiritual risk¹⁵. While the above two considered dangers on a national level, B  at de Muralt's ambiguous *Lettres [...] sur les Voyages* concerned itself mostly of individual dangers to the traveller's mental health¹⁶. If travel was to be attempted, it required careful planning, considering even the worst possible scenarios. In 1664, Thomas Neale entreated young men about to go abroad to "clear themselves of unnecessary passions" and to settle their affairs before departing¹⁷. Edward Leigh's 1680 discourse on travel agreed, recommending that travellers should be of "competent age" and healthy and should make a will before departing¹⁸. Indeed, aside from the sickbed, imminent travel was one of the only other common reasons for making a will in the early modern period. These considerations could take a specific, gendered form as well. Women were largely excluded from the world of early modern pleasurable travel. Next to widespread overall condemnation of female curiosity, this was because of the so-called inability of the women to deal with the hardship of travel, and the dangers that lurk on female virtue on the road. Female travel was condemned by (almost exclusively male) apodemic theorists based on their subjective weighing of pros and cons: there were no benefits to be expected, only multiple threats¹⁹.

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14. Alexandre de Pontaymeri, *L'Acad  mie ou Institution de la Noblesse Fran  aise*, Paris: Iamet Mettayer & Pierre L'Huillier, 1595.
 15. Joseph Hall, *Quo Vadis? A Lust Censure of Travell as is Commonly Vndertaken by the Gentlemen of our Nation*, London: Edward Butler for Nathaniel Butter, 1617.
 16. B  at Louis de Muralt, *Lettres sur les Anglois et les Fran  ois. Et sur les Voyages*, Geneva: Fabri & Barillot, 1725.
 17. Thomas Neale, *A Treatise of Direction, how to Travell Safely and Profitably into Forraign Countries Written by Thomas Neale*, London: Printed for Humphrey Robinson, 1664, 22.
 18. Edward Leigh, *The Gentlemen's Guide in Three Discourses, First of Travel, or A Guide for Travellers into Foreign Parts...* London: Printed for William Whitwood, 1680, 2-3.
 19. This exclusion of women from travel often used the example the rape of Jacob's daughter Dinah. For a survey of scholarship on the question, and of the few female apodemic authors, see G  bor Gell  ri, "Ars apodemica gendered: female advice on travel", in *Travel and Conflict in the Early Modern World*, G  bor Gell  ri & Rachel Willie (eds.), London: Routledge, 2021, 205-25.

The assumption in much advice literature was that travel was only for those who, upon departure, were of sufficiently robust body and health. Long-term disability was a counter-indicator: according to Thomas Palmer's travel advice, next to women, "fooles" and "lunatics", it is "decrepit" persons who should be forbidden from travelling²⁰. Physicians agreed that, apart from travel specifically for the purpose of cures, it was to be avoided for the sick or weak, as it was considered to be potentially harmful and might impede recovery. George Wateson's 1598 *The Cures of the Diseased* recommended that those suffering from erysipelas (which he noted was prevalent in hot countries such as Spain) "not to travel or laboure until they are recovered²¹". In 1596, *A Rich Store-House or Treasury for the Diseased* identified "Overmuch heate in Trauaylinge" as a key factor in diseases of the brain²². Bullein's *Bulwarke of Defence against all Sicknesse, Soarnesse and Woundes* argued that sufferers of bladder stones and "gravel" should take care "not to be too much hoat or colde, neyther mutch travel, or sitting idle, but good exercise &c²³". When it came to decide what travels could be possibly envisaged, much depended too on the choice of destination. Hot climates in particular were considered to place travellers at risk of gastro-intestinal conditions such as dysentery, which the 1674 *Sick Man's Jewel* considered to be a "contagion of those hot parts of the world²⁴". For others travelling in a hot climate might cause "wakefulness and perturbation of the mind²⁵".

Practitioners' beliefs in the potentially injurious effects of travelling were apparently backed up by their patients. In 1618, Barnaby Barcoll consulted a physician after he "did ride a great iourney & distempered his blood & sinc his face & necke swelled with litle hard wheels & knobs²⁶". In their letters home Grand Tourists detailed the bevy of fevers, fluxes, coughs and colds that assailed them as they travelled across Europe²⁷. Some, for example, were fearful of the effects that travel, or transport might have on their bodies or constitutions. In 1732, the Duchess of Bedford wrote to her grandmother ahead of a planned journey to Lisbon and Naples, fearful of the pains in

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20. Thomas Palmer, *An Essay of the Meanes how to Make our Travailes, into Forraine Countries, the More Profitable and Honourable*, London: H. L. for Mathew Loanes, 1606, B1r.
 21. George Wateson, *The Cures of the Diseased, in Remote Regions, Preventing Mortalitie in Forraine Attempts of the English Nation*, London: Printed by Felix Kingston, 1598, 17.
 22. A. T., *A Rich Store-House or Treasury for the Diseased*, London: Printed by Thomas Purfoot, 1596, 28.
 23. William Bullein, *Bullein's Bulwarke of Defence against all Sicknesse, Soarnesse and Woundes*, London: Printed by Thomas Marshe, 1579, 44.
 24. Anon., *The Sick-Man's Jewel, Wherein Is Discovered a Speedy Way by which Every Man May Recover Lost Health, and Prolong Life*, London: Printed by T.R. and N.T., 1674, 154-5.
 25. Michael Ettmuller, *Etmullerus Abridg'd: Or, A Compleat System of the Theory and Practice of Physic*, London: Printed for Andrew Bell, 1703, 430.
 26. "CASE46845", *The Casebooks of Simon Forman and Richard Napier, 1596-1634: A Digital Edition*, Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues, and Natalie Kaoukji (eds.), <https://casebooks.lib.cam.ac.uk/cases/CASE46845>, [accessed July 7, 2022].
 27. Jeremy Black, *The British Abroad: The Grand Tour in the Eighteenth Century*, Stroud: History Press, 2009 edition, 199.

her side and back that might be brought on by the least sensation of nausea or retching aboard ship²⁸. Other types of transport apparently carried their own discomforts and dangers. In the early modern period, domestic recipe collections included remedies to treat various travel-related conditions, from aching feet to sore backsides (the latter involving rubbing olive oil inside the buttocks) irritated by long days on horseback or in coaches²⁹. The lack of medical care at destinations was another matter that played on the minds of travellers. One of the key considerations when arriving at a new destination was to establish both the availability and credentials of medical practitioners there. As Jeremy Black noted, British travellers often relied on local medical practitioners, but were keen to consult English physicians if any were available³⁰.

More generally, as apodemic literature suggested, knowledge of the conditions, climates and environments of intended destinations was key. Ideally, a traveller was expected to be reasonably well-informed in the care of their own health, be able to “cure himself of some distempers”³¹, be wary of the change of air and the hazards of the journey, and to take their own store of medicines in case they proved hard to procure once abroad. Advice literature sought to prepare travellers for the many and various health dangers that might befall them, and this advice developed in line with (although often lagging behind) current medical theories. The 1793 *Useful Instructions for Travellers* stressed the importance of frequently opening carriage windows to refresh the air. Indeed, health was an important component in the material culture of travel. Although not in great numbers, medicine chests and travelling cases began to appear in the advertising pages of newspapers, and offer further evidence of the importance of, and interplay between, health and risk. The author of the *Useful Instructions for Travellers* suggested that people would “find a very great inconvenience should they neglect taking a small medicine chest, and other necessities, to provide against accidents that may happen on the road”³². The book contained instructions to attend to minor wounds, including falls from horseback, along with various preparations for treating conditions such as haemorrhoids that might result from long periods spent in a sedentary position³³. Other kinds of medical equipage for travellers could be found in advertisements, suggesting both that there was a market for such items, and also that travellers liked to furnish themselves with a store of remedies from home. Such items were sometimes created bespoke by practitioners. In 1772, the preface to *The Family Physician* by the apothecary Hugh Smith, included an advertisement for chests

28. *Ibid.*, 15.

29. For example see Andrew Boorde, *The Breuiarie of Health Wherin doth Folow, Remedies, for all Maner of Sickneses & Diseases, the Which May be in Man or Woman*, London: Printed by Thomas East, 1587, 83.

30. Black, *British Abroad*, 198–9.

31. William Symson, *A New Voyage to the East Indies [...]*, London: A. Bettesworth, 1715, 220.

32. An Experienced Traveller, *Useful Instructions for Travellers*, London: Printed for the author and sold by J. Owen, 1793, 11.

33. *Ibid.*, 9, 13, 15.

of medicines of various sizes and quality, including for travel. Indeed, one of the stated aims of the book itself was to provide a portable self-help guide for diagnosis and treatment. Amongst those identified by the author as beneficiaries were sea captains, “gentlemen whose business may call them to take a long voyage, or travel by land to unfrequented or poor places”, and plantation settlers³⁴. In 1779, an advertisement appeared in the *Royal Gazette of Jamaica* for a “neat and compact medicine chest”, containing medicines “from Apothecaries Hall”, instruments and “other things suitable to the practice of the climate”. The chest was deemed suitable not only for a “man of war, privateer or plantation”, but equally for a “party on an expedition”³⁵.

It is even possible to detect something of the issue of health risk in advertisements for non-medical items of travel equipage, becoming available in the 18th century. Travelling hats and caps for example were advertised variously. The London hatter Gouldsmith advertised his “Travelling hats for gentlemen” in 1788, emphasising their durability – “made so very hard in the crown, they will be found useful in case of blow or fall”³⁶. Fur-lined travelling coats for men and women, such as those advertised by Hartshorn’s Warehouse in Wigmore Street, London, in 1786, provided warmth and comfort on short or long journeys³⁷. Whilst advertisements did not specifically refer to health, the clear emphasis was nevertheless on the protection and preservation of the body.

Health risk came in many forms. As Guillaume Linte has suggested, the expansion of travel in the early modern period exposed European bodies to new threats from extreme climates (“torrid zones”) raising questions about fitness for inhabitation³⁸; this trope of the unforgiving foreign climate will of course become a key topic in colonial travel writing. As Andrew Wear and others have noted, perceptions of the potential healthiness, or otherwise, of “foreign” countries and climates in the early modern period were derived from the Hippocratic treatise *Airs, Waters, Places*. Hippocrates postulated that bodies were a product of the environment into which they were born, and were therefore shaped by, and suited to, those conditions³⁹. If some places threatened to take away health, however, others had the potential to restore it. Certain countries, environments and destinations became renowned for their healthy situations and restorative climate or waters. The topography of a destination was in

34. Hugh Smith, *The Family Physician being a Collection of Useful Remedies*, London: Printed by the author, 1772, v, vi.

35. “A Medicine Chest”, *Royal Gazette of Jamaica*, 20 November 1779, 8.

36. “Hunting, Shooting, Travelling Hats and Caps”, *Morning Post*, 17 August 1788, 1.

37. “At Hartshorn’s Warehouse...”, *Morning Post*, 25 December 1786, 1.

38. Guillaume Linte, “‘Hot Climates’ and Disease: Early Modern European Views of Tropical Environments”, in *Disease and the Environment in the Medieval and Early Modern Worlds*, Lori Jones (ed.), London: Routledge, 107–23, 110–1.

39. 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, 444.

fact a key consideration for health travellers, who considered factors such as climate, altitude, food and water, and also indigenous diseases, in their decisions about travel⁴⁰.

Everything from the length of the journey, its route, the mode of transport, as well as the destination, threatened to upset the delicate balance of the body. In the early modern period, even short journeys likely carried their own perils, from the condition of the roads to the presence of criminals. Falls from boats were common, leading to injuries and drownings. The frequency of drowning as a cause of death in the 18th century was indeed one of the primary motivating factors behind the establishment of the Royal Humane Society in 1774 – originally the “Society for the Recovery of Persons Apparently Drowned”. Falls from horseback – even on short journeys – could lead to contusions, broken limbs or, at worst, death. A typical example is that of the death of Francis Bradford in Monmouthshire, Wales in 1657, when his horse suddenly bolted, unseating him, but trapping his feet in the stirrups, causing fatal head injuries as he was dragged along⁴¹. Even minor conditions like blisters, sore or chafed skin, or travelling outside in damp, cold conditions could prove uncomfortable and troublesome.

International travel brought longer and potentially more dangerous challenges, from lengthy sea voyages to negotiating treacherous mountain passes. In 1729, the author of the *Practical Physician for Travellers* summed up the “misfortunes” that could accompany travel, such as “the places we travel to, the change of air, the unusual diet we meet with, the various sorts of liquor, [...] fatigues of the mind” and also practical discomforts such as “cold and wet linen”⁴². As Joyce Chaplin has suggested, whilst Hippocratic concepts of “Airs, Waters and Places” remained influential in conceptions of climate and corporeality, this ran parallel to ecumenical ideas, for example amongst circumnavigators, that humans were not suited to life at sea, and suffered from maladies that only abated once they returned to land⁴³. Alain Corbin highlighted that, before becoming a source of attraction, the sea was source of numerous such fears: beyond its dangers in and to life, it was threatening in death, as the bottomless depths carried the fear of the lack of a Christian burial⁴⁴. Even at the most basic level, displacement to an unfamiliar country or environment could cause anxiety. The mere sight of unfamiliar landscapes, peoples and customs, different foods, and particularly unclean or unsanitary conditions, all acted on the minds of travellers, serving to remind them that they were strangers in a strange land. Whilst for many

40. Harriet Deacon, “The Politics of Medical Topography: Seeking Healthiness at the Cape in the Nineteenth Century”, in *Pathologies of Travel*, Richard Wrigley and George Revill (eds.), Amsterdam: Rodopi, 2000, 280-1.

41. Gwent Archives, MS D43:4216, Commonplace Book of John Gwyn, mid 17th century, f7v from back.

42. Anon., *The Practical Physician for Travellers, Whether by Sea or Land*, London: Printed for Frances Fayram, 1729, 1-2.

43. Joyce E. Chaplin, “Earthsickness: Circumnavigation and the Terrestrial Human Body, 1520-1800”, *Bulletin of the History of Medicine*, 86:4 (2012), 515-42.

44. Alain Corbin, *Le Territoire du vide: l'Occident et le désir du rivage (1750-1840)*, Paris: Aubier, 1988.

this novelty might be stimulating, for others, the sensation of being far from home and the familiar might just as easily engender apprehension.

Taking all this into account, it seems reasonable to assume that travellers were aware of the inherent health risks that lay before them when they planned a journey. What is not so certain is how far this awareness informed or actively shaped preparation to travel. Part of the problem lies in how to access this information. With some notable exceptions, apodemic literature and even most early modern guidebooks were relatively quiet on the issue of the preparation stage of travel. Whilst general advice was given about prevailing conditions at destination, and sometimes about local medicines or practitioners, few advised travellers on how, if at all, they should look to prepare bodies and/or minds for the journey or destination, what medicines to perhaps take before or during the journey, or to keep handy whilst abroad. Likewise, unless they were part of a larger programme of life-writing, the majority of narratives of individual travels generally commenced with the start of the journey, saying relatively little about the days or weeks beforehand. When we encounter specific comments on preparations to protect physical and mental/spiritual health taking place before most trips, these often betray the author's other priorities. Thus, in the travel advice section of his bestseller *The Spectacle of Nature*, Abbé Pluche suggested that carrying a copy each of the *New Testament* and of Thomas à Kempis's *Imitation of Jesus Christ*, and an awareness of the dangers of "arrogant philosophy", was more important than warm cloths and letters of introduction⁴⁵ – sound spiritual advice to be sure, but possibly not of the greatest use when exposed to the physical realities of travel.

Encountering people of other walks of life, nations and cultures was perceived as the key benefit of travel. However, as highlighted throughout, these encounters were not without dangers. Travellers in territories where other religions are dominant were regularly reminded never to discuss questions of religion lest they should cause offence and risk confrontation; respect of local mores and customs is an apodemic trope. Within the neo-Platonic tradition that dominated moral travel advice since the inception of the genre in the 1570s, such considerations are known under the term *prudentia*, prudent behaviour. As we argued in this point, the need for *prudentia* was also to be understood in medical terms: both because it was considered prudent to prepare for all possible scenarios, and because it was understood also in medical terms at the time. Thus, William Symson argued that travellers should know how to moderate their behaviour towards different kinds of people exactly because "so different in Humours to those they continually meet with"⁴⁶. Just like in moral terms, prudent preparations were not simply prolegomena to successful travelling – they were part of the overall travel experience. And, similarly, the numerous dangers encountered did

45. Antoine Pluche, *Le Spectacle de la Nature, ou Entretiens sur les particularités de l'Histoire naturelle [...]*, Paris: veuve Estienne, 1732-1750, vol. VII, 457. On the apodemic dimension of this best-seller of scientific vulgarisation, see Gábor Gelléri, *Lessons of Travel in Eighteenth-Century France: From Grand Tour to School Trips*, Martlesham: Boydell and Brewer, 2020, chapter 3.

46. Symson, *A New Voyage*, 220.

not exist simply to prevent from travelling or to make the experience more difficult: they were understood as unavoidable and even necessary components of travel.

Discomfort, danger, risk, and their benefits

At a time when the privilege of pleasurable mobility extends to a much larger percentage of the population than probably at any earlier moment in human history, our ideas of preparation for travel focus on comfort and safety. Looking back into the early modern European literature of advice for travel, both concepts are to be approached critically. Excessive comfort during travel was often advised against: if every comfort of the home was present on the road, the experience of mobility would not be genuine. More specifically, Rousseau advised against comfortable travel “in softness” as it is the form of mobility for women: next to freedom and independence from pre-existing infrastructures, this was a key reason for his preference for horse-riding and, in particular, for walking⁴⁷. In the apodemic sections of her “countertext” to *Émile*, the educational novel *Adèle et Théodore*, Madame de Genlis attempted to dismantle systematically this idea of the female “weaker vessel”, suggesting that in a well-educated young woman such delicacies do not need to persist⁴⁸.

When it comes to safety, and despite all the dangers that were to be taken into consideration, we see a similar situation. A journey entirely devoid of some level of danger is no different to remaining in the safety of one’s nation and one’s family. Assessing where the frontier lies between a welcome, manageable level of risk that enhances the travel experience, and excessive danger that is to be avoided, was a key apodemic consideration – for the traveller, or for their tutor – prior to travel, and during the trip itself. As Sarah Goldsmith’s study of Grand Tour correspondences has shown, the deliberate and curated seeking of danger was an important component in the construction and articulation of masculine identity amongst young men on the Grand Tour. The body of the young gentlemen was meant to be exposed to a level of risk and was expected to overgo a radical transformation through these experiences⁴⁹. Travel was danger, but this danger could be mediated. This was not simply a question of mitigation: risk and danger were inherent parts of the endeavour, and they could be orchestrated, staged, and carefully exploited to enhance the worth of the travel experience, as well as of the resulting travelogue and the status of its author⁵⁰.

47. Jean-Jacques Rousseau, *Émile ou de l’Éducation*, Amsterdam: J. Neaulme, 1762, book V.

48. Genlis, *Adèle et Théodore ou Lettres sur l’éducation*, Paris: M. Lambert & F. J. Baudouin, 1782. For an assessment of this text, see Gelléri, “*Ars apodemica* gendered”.

49. Sarah Goldsmith, *Masculinity and Danger on the Eighteenth-Century Grand Tour*, London: Royal Historical Society, 2020.

50. For the idea of travel as “orchestrated” and “constructive” conflict, see the preface of Gelléri and Willie to the edited volume *Travel and Conflict* (7).

Similarly, in travel writing, narratives of the “suffering traveller” ultimately come to add to the traveller’s worth. As explored for example in the case studies of the special issue of *Viatica* “Le corps du voyageur”, putting on display the bodily experience of the traveller could be in service of various agendas⁵¹. A spectacular early example of what could be called, with Greenblatt’s term, “self-fashioning” through explicit presentation of travel risk to health is Thomas Coryat, who famously described the seasickness experienced upon crossing the Channel within the first sentence of his *Crudities*: “I had varnished the exterior parts of the ship with the excrementall ebullitions of my tumultuous stomach, as desiring to satiate the gormandizing paunches of the hungry Haddocks”⁵². Whilst the episode itself was brief, it was nevertheless important enough to feature even among the travel incidents represented on the woodcuts on the frontispiece of his book. This incident added to the overall burlesque tone of the work, but also to the kind of overall image of hardiness and expertise that Coryat aimed to build throughout the narrative, with the future goal of securing a lucrative position at court.

Travel’s complex relationship with health also reaches well beyond the question of assessing and mitigating risk. This has certainly exercised specialists of cognate fields, such as medical history. In the past thirty years, questions have been raised about, for example, travel for health, disease demography and topography, climatology and concepts of the healthiness and ill-health of different cultures, environments and climates, medical practice and education. For the early modern period, studies have particularly focussed upon questions of the health implications of travel for the humoral body and in particular the effects of foreign climates on bodies born in different areas. More recent approaches towards health and travel have benefitted greatly from interdisciplinarity and cross-pollination with, for example, historical geography and environmental history. An emerging strand in historiography of medicine, for example, is a focus on climatology, environment and risk, which in turn has implications for our understanding of travel and its literary expressions. As Lori Jones notes, humans have always shaped and affected the environments in which they live which, in turn, has had profound effects on the type, spread and pathology of disease, from ancient times to the present day⁵³. Others have explored the impact of travel upon the early modern pharmacopoeia and the impact of “new” medicines and medical botany on the production of medical knowledge. As Thomas Anderson argues, the 17th and 18th centuries saw European naturalists travelling to tropical climates in growing numbers for the purpose of “bioprospecting”, collecting samples of new plants and substances that might prove efficacious. In this sense tropical colonies

51. “Le corps du voyageur”, Philippe Antoine (ed), *Viatica* 1, 2014, <https://revues-msh.uca.fr/viatica/index.php?id=280>, [accessed August 28, 2022].

52. Thomas Coryat, *Coryat’s Crudities: Hastily Gobled up in Five Moneth’s Travels*, London: William Stansby for the author, 1611, 1.

53. Jones, *Disease and the Environment*, “Introduction”, 2-3.

were increasingly central to European medicine and treatment⁵⁴. This activity led, in turn, to a rich literature of preserving and protecting natural specimens during long journeys⁵⁵.

Beyond the idea of a morally and physically welcome risk, travel itself was seen as being beneficial to the body, a healthy and potentially curative practice. In 1558, “temperate travel », along with moderate diet and good air, was one of English physician and cleric William Bullein’s “chief medicines”⁵⁶. As travel expanded through the 17th and 18th centuries, an increasing number of specialists looked to its restorative and healing potential. Beyond travels to take waters, a practice known since Antiquity, travel could be a cure through change of climate and scenery. The physician Peter Paxton’s 1701 *Essay Concerning the Body of Man* recommended travel into warmer regions as a cure for coughs and catarrh⁵⁷. The growing popularity of British and European spa towns in the early modern period saw “taking the waters” become a fashionable as well as a healing practice⁵⁸.

In the right circumstances, even elements that were previously considered uncomfortable, threatening or even dangerous could be occasionally re-purposed as a cure. The English physician Thomas Sydenham prescribed long journeys by coach or horseback as a remedy for “bilious cholick”, sometimes even lending his own horse to his patients⁵⁹. In his 1756 *The Use of Sea Voyages*, quickly translated into French as well, Scottish physician Ebenezer Gilchrist turned even seasickness, a bane of so many travellers’ existence, into a cure: “The first effect of sailing is the sickness, which takes place immediately, and, just entering on a sea voyage, cleanses the first passages of such bad humours [...], of impurities and disorder of the blood⁶⁰”. And not only is what used to be a dreaded condition now a useful cure against consumption, it is

54. Thomas Andrews, “Medicine and Travel in the Colonies (1600-1750)”, in *Encyclopaedia of Early Modern Philosophy and the Sciences*, Dana Jalobeanu and Charles T. Wolfe (eds.), https://link.springer.com/referenceworkentry/10.1007/978-3-319-20791-9_615-2 [accessed July 12, 2022]. For the operations of the medical marketplace outside Europe, see Pratik Chakrabarti, “Medical Marketplaces Beyond the West: Bazaar Medicine, Trade and the English Establishment in Eighteenth-Century England”, in *Medicine and the Market in England and its Colonies, c. 1450-1850*, Mark Jenner and Patrick Wallis (eds.), Basingstoke: Palgrave, 2007, 196-215.

55. See numerous such works listed in Silvia Collini & Antonella Vannoni, *Les Instructions scientifiques pour les voyageurs (xvii^e-xix^e siècle)*, Paris: L’Harmattan, 2005.

56. William Bullein, *A Newe Booke Entituled the Gouvernement of Healthe Wherein is Vttered Manye Notable Rules for Mannes Preseruacion*, London: Printed by John Day, 1558, 11.

57. Peter Paxton, *An Essay Concerning the Body of Man, Wherein its Changes or Diseases are Consider’d, and the Operations of Medicines Observ’d*, London: Printed for Richard Wilkin, 1701, 368.

58. For examples see “The Medical History of Waters and Spas”, Roy Porter (ed.), *Medical History Supplement n° 10*, London: Wellcome Institute, 1990; Karl Wood, *Health and Hazard: Spa Culture and the Social History of Medicine in the Nineteenth Century*, Cambridge: Cambridge Scholars Press, 2013; Phyllis Hembry, *The English Spa: A Social History*, London: Continuum, 2000.

59. Thomas Sydenham, *The Whole Works of that Excellent Practical Physician, Dr. Thomas Sydenham*, London: Printed for R. Wellington, 1701, 145-6.

60. Ebenezer Gilchrist, *The Use of Sea Voyages in Medicine*, London: s.n., 1756, 47.

also much less dangerous than medication: “The seasickness can be sustained with safety for hours, days, weeks, a longer time by far than we date attempt to promote vomiting, or a nausea, by any medicine thrown into the stomach, and affecting it immediately⁶¹”. With the spread of travel within the Western world, and the increasing commodification of not only the roads of Europe, but even of the sea, it was possible to overturn earlier ideas on what represented danger and discomfort. However, this was only possible for those when travelling was a choice – managing the travelling conditions of those in forced mobility, such as enslaved people and convicts, remained a very different set of questions.

Another important dimension of cross-pollination between travel and health is to be found within the mobility of health professionals. Whilst much attention has focussed on tourists and civilian travellers, others have explored the place of health as part of occupational travel. As a collection of essays edited by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga have shown, the practice of the *Peregrinatio* – in essence a medical Grand Tour – saw medical students and practitioners travel to emerging centres across Europe in the early modern period in the pursuit of medical qualifications and experience⁶². Travel instructions for the aspiring physician represent an entire sub-genre of *ars apodemica*. The most famous early example is Lorenz Gryll’s influential 1566 oration⁶³; variations around the same topic, updated to current circumstances in an ever-expanding world, can be found in dissertations submitted to various Western medical faculties well into the 19th century. In these cases, the pursuit of medicine was a broad catalyst for travel, the processes of which also exposed students to potential risks to their own life and health; however, their exposure to the variety of climates made them a much better-informed professional. Another key development, more systematically studied over the last decade, was that of the emergence of a dedicated professional body covering the interconnected fields of travel and health, that of “sea surgeons”⁶⁴. Their initial focus was the health of sailors, but they became also instrumental in surveying forced mobilities: cargoes of enslaved, and transported convicts.

In many respects therefore, the supposed health benefits, as well as the dangers, of travel, both in terms of short and long journeys, can reveal much about early modern concepts of travel more broadly, its supposed effects on the corporeal body and the mind, and of the relationship between Europeans and “other” peoples and

61. *Ibid.*, 91.

62. *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789*, Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (eds.), Farnham: Ashgate, 2010.

63. Lorenz Gryll, *Oratio de peregrinatione studii medicinalis...*, s.l. [Ingolstadt?], 1566. On this text, see Thomas Haye, “Lorenz Gryll (d.1560): a Traveller in the Service of Medical Training”, in *Artes Apodemicae and Early Modern Travel Culture 1550-1700*, Karl A. E. Enenkel & Jan de Jong (eds.), Leiden: Brill, 2019, 75-91.

64. See for example David Boyd Haycock and Sally Archer, *Health and Medicine at Sea, 1700-1900*, Woodbridge: Boydell and Brewer, 2009.

places. It now remains to map out some of the ways in which these, and other related questions, might be approached.

Conclusion: New Directions

Questions of health and related risks permeate the long history of travel and mobility. In this article, through a corpus covering many aspects of the travelling experience – travelogues and private narratives of travel experiences, *ars apodemica* treatises, guidebooks, domestic and high-brow medical literature for travel –, we called for an interdisciplinary assessment of this relationship. In the first section of the article, we explored the forms that the assessment of the health risks related to various forms of mobility could take. The second section of the article emphasized that these risks were, nevertheless, key elements of the travel experience, ready to be exploited, and explored further connections between the worlds of health and of travel. As we have suggested, a new conceptual focus on risk offers strong potential for furthering our understanding the nature and experience of travel in the early modern period. It further offers a new lens through which to understand the health and medical implications of travel. Here we outline just some of the potential avenues for exploration.

A first question in need of further investigation is that of preparation. Despite the expansion of interest in the history of health, medicine and travel in recent years, little attention has been paid to the question of pre-travel preparations and the potential ways that health and medicine informed or shaped decisions. In fact, some of the most basic questions have yet to be considered. What preparations and provisions were made in the days and weeks leading up to a journey? What were individuals told about how either the processes and methods of travelling, as well as the health implications of their journey or destination, might affect them? How, if at all, did people conceptualise the potential health risks of travel, either over short or long distances? Perhaps most importantly, what were travellers in the past afraid of? To fully address the conceptual and intellectual implications of this question would require a detailed engagement with the history and historiography of risk which is beyond the scope of this article. But even a brief survey of the source materials discussed in this article reveals great potential for beginning to understand the interplay between early modern health advice and preparation to travel.

The question of who was travelling is obviously a key one. In much of our discussion above, the examples given relate primarily to wealthy and/or aristocratic, predominantly male Europeans, who travelled for leisure and experience. A greater awareness of the diversity of travellers, and their motivations or reasons for doing so, will also be necessary to recover the nuances and complexities of risk. As much as with the type of traveller, too, the mode of transport and length of the journey equally carried their own risks and health implications. The risks of sea voyages in particular were well-known, not least because of the frequency of seasickness. But even short journeys by road carried their own risk. Periods of time spent in cramped, badly

sprung carriages on poor country roads placed acute strains on body and mind. This could be anything from physical discomfort to more acute or serious conditions. In October 1666 it was an uncomfortable journey squeezed in a coach through bumpy London streets that caused Samuel Pepys to record “pain in my cods”⁶⁵!

A second issue, and one that certainly has relevance in the present day and current Covid situation, is that of the nature of authority in terms of travel advice. From whom did (do) individuals derive health information about travel as it became more frequent, and who had (or claimed) the right to advise? Whilst in the early modern period little if any “official” travel advice was available since there was no institution or organ to generate or disseminate it, some advice literature was certainly available specifically geared to the military and navy. The study of the exact content of the health instructions requires detailed case studies, each time contextualized within its own scientific and ideological context. For instance, in Hannah Woolley’s very popular household advice book, *The Gentlewomen’s Companion*, we find a cordial for women affected by “swooning-fits” in travel. Among the numerous recipes in the book, it is certainly the most expensive to produce, featuring treasures such as bezoar stone and (whatever passed for) unicorn horn⁶⁶. The recipe possibly reproduces an earlier Spanish recipe; but we should also consider its ideological context. Woolley’s advice book covered moral as well as health, and she was very critical of female mobility for curiosity, and even many male travellers. In a moral dialogue in the same book, the virtuous Constantia protests against the dangerous reputation of being a “lady-errant”⁶⁷; she explains to the impertinent traveller Erraticus that women should travel in imagination, through reading. Should we read the extremely costly recipe against discomfort on travel as an implicit discouragement from travelling as such? For the same problem of motion sickness, a century and a half later, Mme de Genlis, who is in favour of women’s travels and is herself a traveller, suggests simply ether and sugar, possibly burning some juniper seeds, but most of all expectation management: the extreme unease is normal, but only temporary⁶⁸.

General instructions for health, particularly relating to environment, food and water, and climate could be found in the growing body of travel advice literature. And yet little attention has yet focussed upon the potential of travel and travel advice literature as a window onto the health risks of travel. Whilst few medical practitioners published specific travel texts, advice and remedies relating to travel could often be found in medical texts for fellow practitioners, students and institutions, and popular self-help volumes alike. Being of specific use and value to travellers, for example, was

65. Robert Latham, *The Shorter Pepys*, London: Bell and Hyman, 1985, 685.

66. Hannah Woolley, *The Gentlewoman’s Companion; or A Guide to the Female Sex Containing Directions of Behaviour, in All Places, Companies, Relations, and Conditions, from their Childhood down to Old Age [...]*, London: T.J. for Edward Thomas, 1670 (1st ed. 1655), 182.

67. *Ibid.*, 258-261. She was also critical of most male travellers, putting in a dialogue, opposite the virtuous Constantia, the burlesque traveller Erraticus.

68. Genlis, *Manuel du Voyageur*, vol. II, 17-18.

certainly a virtue claimed by makers of proprietary medicines in their advertisements. In 1675 Matthew Bromfield's "pills against all diseases" claimed to be

the most precious medicine in the world for Mariners, and such as travel much by Sea, to whom the *Scurvy*, and many other diseases, are very incident; partly from bad airs, Sea-fogs, sudden heats and colds, much salt, and bad diet; and some-times excessive drinking of forreign and unfrequented liquors, &c. and they are the more commodious for such to take to Sea with them, because they retain their full vertues many years⁶⁹.

Charles Blagrove's "Golden Purging Spirit" had apparently "been tried in several Voyages to the East and West-Indies, with great success upon Scorbutick Sea-men"⁷⁰. Others, such as William Walwyn in 1669, claimed to make medicines that were of inestimable value to "persons travelling every way"⁷¹. Given the ubiquity of the early modern medical knowledge economy, it would also be extremely surprising if travel advice did not shift back and forth from print, oral and verbal traditions to form a broader vernacular corpus of information. Indeed, domestic remedy collections quite commonly included remedies that related to conditions arising from, or relating to, travelling.

To conclude, therefore, the Covid pandemic has placed travel, health and risk at the heart of debates about, for example, quarantine, disease demography and pathology, as well as personal measures, including facemasks and social distancing, to minimise the risk of spreading, or importing, the virus and its evolving mutations. Travel has been subject to restriction and legislation, and the travel industry has been forced to adapt to shifting circumstances. But equally, on an individual level, the potential risks of a family holiday or business trip, for example, have changed our travel habits, and thrown the risks of travel into far sharper relief than pre-2020. Whilst in a different context, as we have shown, risks to life and health were foremost in the mind of early modern travellers both before and during their travel. A new study of health and risk in travel, therefore, has strong potential for expanding and augmenting our understanding not only of the experiences of early modern travellers, but the previously overlooked issue of how, and how far, risk was considered and accounted for. Then, as now, potential dangers to life and health were part of the assessment of risk considered by individuals both before and during travel. People were aware of the possibilities either that they might be ill whilst travelling, might return home in a different condition to that which they left or, at worst, might not return at all. One

69. Matthew Bromfield, *A Brief Discovery of the True Causes, Symptoms and Effects, of that Most Reigning Disease, the Scurvy*. London: s.n., 1675, 7.

70. *Directions for the Golden Purging Spirit of Scurvey-Grass. Being only Prepared by me Charles Blagrove physician*, London: s.n., 1680.

71. William Walwyn, *Physick for Families Discovering a Safe Way, and Ready Means, Whereby Every One at Sea or Land, May with Gods Assistance be in a Capacity of Curing Them*, London: Printed by J. Winter, 1669, 87.

key difference in the modern world is the existence of official (i.e. governmental) health advice and bodies (the emergence and development of which would make its own useful study). But for early moderns, nevertheless, growing body of travel advice literature made them increasingly aware of what health threats they might face in particular countries or environments, and this article explored the historical and cultural roots of such debates.