INTRODUCTION

# THE TROUBLING EXOTIC

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Today France is perhaps the best-known nation of coffee drinkers in the world, while tea is regarded as quintessentially English. What could be more French than the café, or more English than afternoon tea? Such national distinctions have even served as grounds for hypotheses linking the intrinsic properties of particular consumables with national characteristics.[1] Yet there is good reason to question such essentialism, historical sources suggest. For, in the mid-seventeenth century, tea was all the rage at the French court. It was well known that Pierre Séguier (1588–1672), the royal chancellor, particularly supported tea's health-bringing properties. But despite this, tea never entered either the pharmacopoeia or quotidian consumption in France. The craze for this drink lived and died to a great extent with Séguier himself. If the game of attributing particular essential properties to medicines and comestibles based on their location of origin was already commonplace in European medicine, thanks to Renaissance interest in the Galenic and Hippocratic corpora, the historical contingency that allowed tea to become an everyday item in England, but dwindle into a comparative rarity in France, was no consequence of national differences in taste. Rather, it reflects the varying paths along which such materials traveled as they entered European cultures. These routes of entry were dictated, as the chapters in this volume show, neither by national character nor by the intrinsic properties of the substances involved.



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Unlike our present-day, more restricted usage of the term "drug," all such materials, serving simultaneously medicinal, pleasurable and dietary purposes, were classified as drugs in many early modern cultures. Through the eyes of the acerbic Paris faculty physician Guy Patin, we can follow tea's rise and fall in order see how a drug like this could mean very different things, not just in England and France, but even in Paris's court and its medical faculty. In 1648, the faculty dean approved the presentation of a doctoral thesis by Philibert Morisset, entitled *Ergo the Chinensium menti confert* ("Thus tea confers mind upon the Chinese"). Patin sneered at both the candidate and his own colleagues, in the first instance for their ignorance of the proper Latinization of "Chinese": it should be spelled *Sinensium* and not *Chinensium*, he moaned to his best friend, Charles Spon in Lyon. "This president only wrote that thesis on this herb, on tea," he went on, "in order to flatter the Chancellor, from whom the reputation of this drug derives, . . . and even those who praise it can't swear to its goodness, since they're unable to assign any good effects to it."[2]

While it might seem obvious to a reader today that tea is not a *medicinal* substance, we should still beware of taking Patin's judgment concerning the medical efficacy of tea as an "expert opinion." For, as his subsequent correspondence shows, his insistence that tea had no medicinal virtue stemmed far more from his general opposition to all non-European drugs, and antagonism towards the court as a space of medical practice, than from any experiments that might have proven or disproven that claim. In fact, Patin probably had difficulty actually getting hold of tea at all in 1640s Paris: its cost was high, supplies were irregular, and the ongoing civil war of the Fronde was disrupting supply routes. In keeping with the humanist principles to which Patin subscribed, his main source of knowledge of tea's purported virtues was not personal experience but books. And, at the time he wrote Spon, he was struggling to find anything at all about the drug in textual sources. This is clear from a letter he addressed to the same friend a fortnight later. Harping on about the correct Latinization of "China"—Dutch and Flemish medical authors were *all* misspelling the word!—Patin added, "I've seen nothing written on tea apart from Jacobus Bontius, we're making fun of it here."[3] Bontius was a medical practitioner working for the Dutch East India Company, a leading European tea advocate, and the author of a recently published book, *De Medicina Indorum libri quatuor* (Franciscus Hackius, 1642), which contains the earliest European image of the tea plant.


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**FIGURE 1.1**. Charles Le Brun, *Le Chancelier Séguier* (1660). Musée du Louvre, Paris. In this portrayal of the chancellor's ceremonial reception of Louis XIV in Paris, Séguier's predilection for the "exotic" is evident in the inclusion of parasols, which, as Benjamin Schmidt has shown (*Inventing Exoticism: Geography, Globalism, and Europe's Early Modern World* [Philadelphia: University of Pennsylvania Press, 2015], 241–54), were becoming a generic signifier of the entire extra-European world in precisely these years. Online at https://commons.wikimedia.org/wiki/File:Charles_Le_Brun_-_Pierre_Séguier,_chancelier_de_France_(1655-1661).JPG. Public domain.

Over the next few years, discussion of tea appears to have died down within the Paris medical faculty. It would revive when a second doctoral candidate, Pierre II Cressé, defended the thesis *An Arthritidi Thee Sinensiam*? ("Is Chinese tea suitable for gout?") in 1657. Once again, this was linked to an attempt to capture the patronage of Chancellor Séguier, whose engraved portrait presided over the debate.[4] Patin's correspondence shows he had still not done his homework where this new drug was concerned. His initial response was to scoff to Spon that Cardinal Mazarin, the queen's favorite, was drinking tea to ward off the gout. Only three months *after* this did he finally capitulate, and write to a Dutch correspondent, Johannes Antonides Vander Linden, for help:


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> I have another question to submit to you: please teach me what these leaves of a certain Indian plant called tea are. What is this plant, what are its faculties? Many ignorant people are recommending it here and they're abusing rather than using decoctions of it; but in fact, they don't assign any power or virtue to it which is certain or established; and yet it has a number of public criers who praise it at the tops of their voices over all other medicaments. Some say the herb is Indian, others that it's Chinese; some suspect fraud and adulteration, and think that it's not as exotic as it's said to be.[5]

In other words, Patin based his original judgment of tea on a position of near-zero knowledge: not even its region of origin was known to him. In the face of multiple claims by courtly consumers about its miraculous health effects, his only responses were either derision or bewilderment. Also clear is that, at this juncture in tea's historical trajectory in France, it remained a medicinal plant—neither courtiers nor doctors foresaw its eventual stabilization as a recreational beverage in Europe. Either way, Patin perceived tea as a threat, and he actively discouraged a magistrate's wife who was hoping to try it on her dropsy. His reasons for this attitude were, again, not based on anything resembling "clinical evidence" in today's sense, but rather on a general principle that all new drugs were to be avoided. "All my life," he informed Vander Linden, "I have avoided every new and unknown medicament with horror, and abstained from it." To do otherwise, in Patin's view, was to lower the standards of medical practice: "I would be placing myself on a par with the empirics and chymical imposters; may God spare me such a fate."[6] It is this aspect of Patin's response that might strike the modern reader as being most remote from current pharmacological norms of bioprospection coupled with clinical or laboratory research as ways to "develop" new drugs.[7] Yet it may well be that growing demand for tea among his elite clientele had led Patin to a realization that blanket condemnation, coupled with ignorance of this new drug, was not a position of strength.

The influx of foreign drug traders who brought such alien commodities to the Parisian medical marketplace clearly troubled Patin greatly. While shopkeepers who imported tea from the Dutch Republic trumpeted its marvelous qualities, the Paris faculty physician insisted, "I've yet to discover a single one."[8] Indeed, he speculated, it might even be that tea as they knew it in Paris was simply fake: "The whole rumor surrounding this Chinese herb that one calls tea has transmogrified into


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a fairytale; in fact, everything certain courtly good-for-nothings and medicasters have proclaimed about its powers is pure fable. . . . Our shopkeepers deny it, but the true tea is not available to us, we'd have to go and find it in China and [in reality] we are replacing it fraudulently with another herb. The glamour of novelty is deceiving the world."[9] So far from seeking out or experimenting upon new drugs, this Paris physician actively opposed them both because they were exotic and because they were new, two qualities he associated with charlatanry. Only thirteen years after his first encounter with tea did he finally cave and ask another physician, with closer ties to its trade routes, for information. The Dutch, thanks to their contacts with Far Eastern cultures that regularly used tea, were far more familiar with this drug than the French; over the period, several Dutch authors would publish on its virtues.

Patin's position as dean of one of Europe's leading medical faculties and a bourgeois citizen of one of its most cosmopolitan cities means that he cannot be dismissed as a lone eccentric. Indeed, he was by no means alone in suspecting tea. The vast distances over which this drug had to travel to reach European shops and homes presented significant difficulties, also mentioned, for example, by the Danish physician Simon Paulli.[10] These problems afflicted all attempts to pump-prime European interest in exotic drugs: what trial outcomes—and on whose bodies—counted as sufficient proof of a drug's medicinal efficacy? How could Europeans be sure they had secured a supply of the real thing? Was it charlatanical even to report on the efficacy of new drugs? As the case of tea shows, new drugs could sharply divide Europeans. Yet, over ensuing decades, numerous such substances would find a foothold in European consuming cultures.

This book is concerned with the process of procuring, introducing, using, trusting, and explaining extra-European drugs in Europe in the decades around 1700: with the people who specialized in accounting for their effects, the people who had access to them, the places and times they were used, and especially the connection between the fabulous world of the "exotic" they represented and the mundanity of actual commerce, dosage, and consumption. These were some of the people who, strand by strand, wove exotic drugs into European culture, crafting hybrid meanings from them that united knowledge from their places of origin with the new uses and meanings they accreted in the locations where they arrived.

In studying these debates over new drugs, historians cannot afford


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to treat the substances themselves in a deterministic way. The striking thing about Patin's vehement opposition to tea and to other novel and exotic drugs is that it extended to medicinal materials still accorded therapeutic efficacy today, such as Peruvian bark or cinchona, widely known as "Jesuits' bark" for its association with the eponymous missionary order, discussed by Samir Boumediene in this volume. Neither tea nor cinchona would be consigned to the dustbin of history; rather, both came to number among the most heavily imported drugs into Europe. Though tea went on to become associated with politeness, hospitality, and above all Englishness, it continues to be drunk in France as well.[11] Likewise, in modern biomedical science, Peruvian bark continues to be regarded as an effective therapy for fevers: recognized as the main source of the alkaloid quinine in the nineteenth century, it remained a frontline treatment for malaria well into the twentieth.[12] Tea and Peruvian bark thus traveled in different directions, the former ending up as a pleasurable drink, while the latter's medicinal efficacy endures even in modern pharmacology. Over the same time span, the grounds for reaching agreement about the effects of drugs on the body have radically transformed. We cannot afford to assume, therefore, either that physicians had a monopoly over the meaning and uses of exotic drugs, or that the drugs themselves had an intrinsic power to compel cultural consensus as to their effects. To write of "intoxicants" or "psychedelics" is to write with the advantage of hindsight: and the winner's viewpoint may efface what a drug originally meant to a culture upon arrival. Thereby opens up a need for historical explanations of both how and why new substances like this found their way into the pharmacopoeia, the dispensary, or the coffeehouse, and of how they failed to do so. Uptake cannot be treated as an inevitable consequence of availability.[13]

Drugs have proven to be remarkably fertile subjects when it comes to de-naturalizing and de-essentializing our assumptions, offering useful analytical models for the recent material turn in historiography. As Carla Nappi observes for the case of ginseng, "the trans-historical object does not exist. Even if there is a stable material entity that persists over time, its meaning, identity, and thing-ness change sometimes dramatically in different (historical, geographic, epistemic) contexts."[14] To borrow Renata Ago's metaphor, drugs "are solids and yet behave like fluids, taking a shape that is imposed from the outside."[15] This volume records efforts to delineate and understand the processes that imposed "shape" on these substances by treating them as distinctly cultural


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products. It is precisely the variability of cultural and historical contexts that should lead us to interrogate how and why some substances crossed between cultures, while others did not; why opposition existed, and how it was overcome in some—but only some—cases.[16] For Patin was far from alone in his suspicion of the exotic drugs like tea that were entering the European medical marketplace in the seventeenth and eighteenth centuries. European archives and libraries are full of documents attesting not only to early modern curiosity over new drugs, but also to deep unease about the untested, unverified, unusual, and foreign.[17] Patin's position was fairly common in an ongoing debate over the relative value of ancient and modern knowledge. Should scholars seek to improve European societies by relying upon established authority, or by embracing the new and unknown? Humanist scholars of the former cast, even doctors and naturalists, would reach for books before they conducted trials.[18] Far from being self-evidently valuable, or compelling agreement over their advantages for health and happiness, exotic drugs—from tea to opium—thus often seemed alien: their effects were deemed uncertain, unmeasurable, and even unsuitable for European bodies. To others, by contrast, these substances held promise as new and marvelous cures.

## LOCALIZING THE "EXOTIC"

In his original Latin reference to the "exotic" drug tea, Patin used a term applied to characterize non-European animals and plants a half-century before these events, by the Flemish naturalist Charles de l'Écluse—better known as Carolus Clusius—in his *Exoticorum libri decem*. This book juxtaposed New World drugs like tobacco or jalap with familiar Eastern materia medica like ginger, nutmeg, or betel. The transfer of the term "exotic" from Latin into the vernacular accompanied early modern processes of transculturation of the drugs themselves from distant locations into European consumption and scholarship.[19] The chapters in this volume address the problem of exoticism within Europe, but they start with the fundamental recognition that Europe itself is local, and a European perspective is no more central, universal, or modern than any other global vantage point.[20] The spatial relativity of the term "exotic" is evident in its very etymology: the ancient Greek word ἐξωτικός refers to that which is "foreign," from the Proto-Indo-European particle "eghs," Latinized as "ex-," meaning "outside."[21] By definition, therefore, the exotic is that which is *out of place*, and its


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use in relation to drugs attaches them to specified locales. In European writing on drugs around 1700, the exotic is often simply conflated with the extra-European. As one dictionary of 1704 put it, "an exotic plant is a foreign plant, such as those brought from America and the East Indies, and which do not grow in Europe."[22] Yet the relationship between Europe and the rest of the world was not simple "Eurocentrism." European scholarly culture was built upon texts from the Mediterranean world, many of which attributed sacred power to foreign drugs from the East. Scripture itself invoked the efficacy of many such precious substances—cinnamon, spikenard, gold, frankincense, myrrh. European medical traditions, especially, depended upon Galenic pharmacy texts written at a time when the Roman Empire was conducting long-distance trade in drugs around the world.[23] Christianity attributed great importance to the region we now term the "Middle East," known to Europeans around 1700 as the "Levant": this was both the location of the biblical Garden of Eden, mapped by medieval cartographers, and also the site of long-standing geopolitical contestations over the Holy Land from the Crusades onward.[24] Medieval and early modern scholarship perpetuated views of the East and the "Spice Lands" as regions from which pleasure, fragrance, and healing flowed. For most of the early modern period, Europe itself remained a pharmacological periphery, an "outsider" to more fortunate lands to the East. Elite medicine and cuisine continued to depend, all through the medieval and early modern periods, upon these Eastern drugs with their fabled efficacy and beneficial properties, which adhered to them in consequence of their sacred place of origin, but also in response to perceptions of the Eastern empires—Mughal, Safavid, Ottoman—as cultures of greater luxury and politeness than Europe, whose affluence and cultivation antedated European preoccupations with "civilization" by centuries.[25] The rise of court culture formalized this association between exotic drugs and elite consumption: as their sacred value declined, they retained cultural prestige, spreading from rulers to nobles. The drugs sold in the shops of medieval grocers and apothecaries were commodities of high price and therefore luxury goods. It is hard for the modern reader to imagine a time when cinnamon was literally worth its weight in gold, but that realization gives us some sense of the awe and covetousness these materials evoked among early modern elites.

Thanks to these long associations with sanctity, high-status consumption and alien-yet-exciting lifestyles, exotic drugs and spices were


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a key driver of European commercial expansion from the sixteenth century. Asiatic consumer goods, including drugs, were as coveted in Europe as was access to their markets, but their trade routes were already populated by other, more experienced and more privileged merchant networks, such as the Armenian and Jewish traders who conveyed drugs to the farthest points of European consumption, or monopolized their trade in many port towns. European merchants, healers, and clients had little power within these Old World drug networks, where trade was controlled by a range of non-European actors. Venetian, Genoan, Portuguese, French, English, and other merchants went cap in hand to local Ottoman or Mughal rulers for trading privileges, courted Siamese kings and Chinese emperors to permit the construction of factories, and paid Armenian caravaneers for safe travel overland with their cargoes of luxury drugs and spices, ivory, gems, and silk.[26] Control of the Levant by these other trading cultures meant that drugs from this part of the world provoked conflicting responses within European societies. Levantine drugs were necessary and delightful; also potential causes of ill health, wasteful expenditure, intoxication, decadence, and immorality. All these things were associated with spatial and cultural "otherness." Early modern medical critiques of exoticism led to the invention of the exotic's converse: the "indigenous" or "domestic."[27] If an "exotic" drug was present in early modern European gardens or cabinets at all, it was often a great rarity, certainly not a product of one's own native polity. In its exotic status—neither local, familiar, nor wholly "known"—lay both its promise and its risk.

Considered from the vantage point of the ancient trade network of the Old World known as the "Silk Roads," Europe was thus merely a terminus, and a comparatively impoverished one to boot. All of this sheds a different light upon "Orientalism." In its early form, European Orientalism took the form of rivalry or emulation, rather than domination, of Eastern societies. Around 1700, travel narrators might flag European superiority over Eastern cultures, but many also expressed awe at Persian or Ottoman learning, cultivation, or military power, or even favorably contrasted the doctrinal unity of Islam with the European Reformation's confessional divides. The European "Occident" was certainly less cultivated, a newer, rawer periphery to older and much more sophisticated Eastern centers with privileged access to miraculous substances. Orientalism thus wore a more ambivalent guise for early moderns, distinct from its later form as famously characterized by


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Edward Said.[28] Yet, if Europeans' global agency around 1700 often still boiled down to attempts to hack into existing trade networks, or broker favorable deals with port officials on the Malabar or Red Sea coasts, European expansion in the New World was gradually changing the stakes. This was true not only in terms of European access to new drugs, but also for European involvement in the global drugs trade.[29] In most places colonized by Europeans, from the Mascarenes to Manila, from Lima to Jamaica, drugs whose curative virtues were well-known to local healers became objects of appropriation and/or cultivation. These materials, and knowledge of how to use or grow them, were assimilated into European use and trade by colonizers, captains, missionaries, soldiers, merchants, and healers.[30] In households, marketplaces, universities, mission and trading posts, and military installations, in Europe's mainland as in its colonies, in metropoles as in provinces, these new drugs were subjected to experiment and empirical investigation. They were objects of knowledge, but it was their value as objects of exchange that encouraged enterprising individuals to endeavor to create tastes for new drugs, both in Europe and elsewhere in the world. Over these same centuries, as European colonial empires expanded, curiosity, commerce, and consumer demand came to reshape existing trade networks. European trade in drugs attests not merely to the state of affairs within the European marketplace, but also to the many interconnections between Europe and the rest of the world, the complex chains of social relations and material transactions that gave European consumers access to drugs *qua* global commodities.[31]

This spatial relativism meant that what counted as "exotic" was thus impermanent, subject to broader geopolitical and commercial transformations as well as responsive to changes within European consuming cultures. Over time, and especially during the period addressed by our volume, foreign drugs could also become *de*-exoticized. When drugs were transplanted, some came to be domesticated within European cultures, often through trade and consumption, as in the cases of coffee and tea. Others might become naturalized in a more literal sense, rather than as imported goods. The French druggist Pierre Pomet noted in 1694 that chili pepper was now so widely grown in Languedoc that there were "very few Gardens that lack it, and it even serves to adorn some shops." But, of the three varieties he knew, only one was grown in France: "The others are too acrid, which means that it is only the Savages who make use of these, and are great lovers of them."[32] The


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domestication process operated a transformation not only in space but also in character, fitting the chili pepper to what, in Pomet's view, were more refined French tastes. Thus, Eurocentrism had a more than merely spatial dimension: it was also a conquest of meaning, character, and virtues, as Marcy Norton suggests was the case for chocolate and tobacco.[33]

This ongoing transition—at the midpoint of which our volume falls—also marked a transformation in European relations with the "Orient." By the end of the eighteenth century, something much closer to Edward Said's Orientalism was apparent in the way European epistemic violence supported the use of physical force in attempts at Western hegemony within Asia.[34] Setting this volume at the crux of this shift from one Orientalism to another means we can also ask how the shift occurred. For the distinctive relations with Eastern drugs that are evident in medieval and early modern Europe should not be mistaken for a *general* European openness to the exotic, as we have seen. While Old World, "Eastern," drugs were seen as civilizing influences, those from the New World were often portrayed as needing to be "exorcized, sanitized, and civilized" by Europeans. Tobacco, for example, had to be shorn of its idolatrous and superstitious connections to Mesoamerican religious practices in order to be fitted to European tastes.[35] The case of tobacco also illustrates how drugs from the Americas began to offer Europeans something of value for dealing with Ottoman or Chinese rulers, merchants, and clients. These rare substances with new virtues often came from points westward to which Asiatic cultures and merchants had no access. The disruptions caused by such substances sometimes provoked controversy in the receiving culture—in both China and the Ottoman Empire, tobacco gave rise to anti-smoking campaigns—but they were also means by which Europeans could break into Eastern drug markets.[36] By the 1720s, Europeans were selling coffee grown in their American colonies back to the Ottoman Empire, and sage and Canadian ginseng to the Chinese. They re-exported cargoes of New World drugs like jalap or cinchona arriving at Cádiz or Seville, both within Europe and beyond. This was an enterprise that capitalized on the increasing frequency of Atlantic maritime traffic afforded by the slave trade—itself a development of ballooning reverse trade in one particular Levantine drug, cane sugar.[37] By the eighteenth century, many "exotic" drugs were thus becoming profitable products sold *by* as well as *to* the European empires now spreading around the globe.


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## THE EUROPEAN MEDICAL MARKETPLACE

*Exoticizing Consumption* addresses some of the ways in which these new drugs imported "from the Americas and the East Indies" disrupted the European medical marketplace. Their vendors and promoters often ran counter to established commercial interests or traditional medical doctrines; their efficacy and even safety were frequently challenged by licensed medical practitioners. Yet the wariness with which exotic drugs were often regarded receives less attention in the work of modern historians than the viewpoint of those who ardently embraced them. Scholars should beware of conferring a power of self-advancement upon the new substances which entered into European consumption in the period 1670–1740, in place of historical inquiries into their acceptance or rejection.[38]

One way of expressing the altered perspective of this book is to ask why early modern people were prepared to put their lives at risk by consuming these strange substances from distant lands, with unknown effects. In the decades around 1700, no central, national, or international system for policing drug production and consumption existed, not even an international botanical classification that might have permitted plant materials in trade to be cross-referenced to their original source. If today's consumers grapple with concerns about the fraudulent substitution of one drug for another, the problems confronting early modern consumers in knowing whom to trust concerning a drug's effects upon themselves were an order of magnitude greater. The uptake of non-European materia medica by European consuming publics did not amount to consensus over their virtues. If we accept that foreign drugs' value was historically contingent rather than biologically inherent, how then was their efficacy constructed over time? The chapters in *Exoticizing Consumption* show that "embedding" a new drug in European cultures was frequently a contested process. "Exoticism" could signify the mystery of distance, and hidden or lost knowledge; but it could also impede commodification, triggering suspicion in place of wonder. Novel substances raised concerns not just about efficacy (did they really work? how could one prove it?) but also about cost. New medicinal materials that were taken up by elites or widely publicized could trigger fashions. The high prices they then commanded prompted quests for cheaper, indigenous *succedanea*—substitute drugs—either to enable wider access to their healing properties, or just to piggyback on the market boom.


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The dual status of drugs as both commodities and objects of knowledge thus opens up many historical complexities. When were they seen as "green gold," eagerly consumed by a drug-hungry European populace? And when did they become those expensive, ineffective, "outlandish herbs" decried by a succession of European observers, from Paracelsus in the sixteenth century to Nicholas Culpeper or Guy Patin in the seventeenth? Our volume starts from the assumption that the exotic was an *acquired* taste—that demand for novel drugs was itself a cultural construct, emerging over time from the medieval spice trade up to the first transoceanic European empires in the sixteenth century. The implications of claiming that tastes were constructed by historical processes have generally been neglected in two genres of drug history in particular. Histories of pharmacy have tended to treat the appropriation of new drugs in the teleological manner mentioned above, ascribing their uptake to innate efficacy rather than cultural circumstances. Socioeconomic studies, often subscribing to similar scientistic norms, attempt to account for drug consumption in terms of innate propensities for sweetness, or inherent curative or psychoactive attributes.[39] Especially in studies of drugs covering longer timespans, a fine-grained historicism all but falls away: the need to generalize and produce readable overviews necessarily obliterates the rich canvas of interactions and meanings that drugs had in European cultures, both individually and collectively—a phenomenon giving rise to an extensive printed corpus and iconography.

New and fruitful methodological approaches from related disciplines such as anthropology and literary theory have focused scholarly attention upon meaning as well as materiality. We can ask how drugs changed in meaning as they moved *between* cultures; but also, and forming a central theme of this volume, we can ask how their meaning was constructed during transaction rituals of use, experimentation, and exchange *within* a particular culture. Following drugs as they travel between places, peoples, and bodies can offer historians a tracer with which to construct broader social, cultural, and economic relations in the early modern world.[40] One reason why drugs are interesting to the historian is because writing their history necessitates attention to the history of embodiment. Historians such as Pablo F. Gómez and Ralph Bauer have highlighted the transformative effect of alchemical styles of knowledge upon the global drugs trade, and the centrality of new histories of the emotions, senses, and body for writing the history of


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material culture.[41] Drugs offer "sampling devices" for cultural historians exploring conceptions of materiality and embodiment worldwide. Lastly, drugs generate a revised understanding of experiment and empiricism in the history of science.[42] In all these senses, we can view drugs as productive substances from a scholarly standpoint, since they united knowledge-claims about health, taste and embodiment, political and commercial considerations, and material culture.

In this book, we do not propose a singular answer to the question of why people elected to take new drugs. Initially, a variety of different hypotheses might present themselves: some took drugs out of curiosity, as a novel means of exciting their senses or altering their embodied state; others sought new cures for various ailments; while still others turned to them only as a last resort to relieve suffering, a process that continues into the present day. Yet individualistic explanations like these do not sufficiently account for the *collective* nature of the societal shifts that characterize the period around 1700. Shifts in demand were prompted by the stabilization of court culture, the expansion of European empires, and the consolidation of print culture with the rise of the newspaper press. Were European consumers of the exotic following medical trendsetters at court, or were they swayed by clever marketing in print? When and why did they express doubts and suspicions, and when and how did they become convinced of a substance's efficacy and utility? All of these questions require answers which combine local and global perspectives and explanations.

The chapters collected in this book aim to challenge teleological assumptions about uptake by highlighting some of the myriad routes by which particular exotic drugs were described, explained, valued and used in Europe, how they reached European markets, who sold them and who consumed them. The diverse contributions to *Exoticizing Consumption* span Europe, from Spain in the south to Russia in the north, drawing upon extensive data culled from manuscript and printed sources—apothecary stock lists, recipe books, pharmacopoeias, newspapers, correspondence, and more—and analyzing these using techniques drawn from both traditional scholarship and digital humanities. The focal point between 1670 and 1740 affords a cross-section and comparative view of drug culture across Europe at a time of rapid change and development. Although the sixteenth century saw the introduction of many new substances to Europe, it was not until the later seventeenth century that some became objects of everyday consumption. Louise Hill


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Curth's work on almanacs, a key site of medical advertising, has shown a more than six-fold increase in English medical advertising—much of which concerns drugs—in just two decades, the 1670s and 1680s. Similarly, Patrick Wallis's comprehensive survey of port records shows that English drug imports increased faster between 1620 and 1690 than in the whole of the following century.[43] Other studies have shown similar trends for other areas of Europe, though not all. These phenomena suggest that the years around 1700 were a decisive phase in which the influx of "exotic" drugs into Europe grew from a trickle to a torrent, and when the substances themselves moved from being curiosities and rarities to becoming commodities, with a deepening penetration into different social groups of consumers, in part tracking the contemporaneous expansion of print culture.[44] These shifts in availability of, and information about, drugs were accompanied by changes in the ways they were viewed in governmental, institutional, and mercantile settings, accompanying the expansion of the first European colonial empires. Between 1670 and 1740, drugs moved from being arcane secrets possessed by individuals to becoming the focus of active governmental programmes of appropriation, cultivation, and marketing to an unprecedented degree. While a flurry of interest in the potential of natural resources to enrich the crown is evident at the end of the sixteenth century in Spanish and Portuguese imperial enterprises, it is well known that this process was limited in duration. By the end of the eighteenth century, the Spanish Empire was forced to play catch-up to other European powers engaged in consolidating their own rival forms of colonial productivity .[45] For instance, it was not until 1751, more than a century after the drug had entered widespread use in Europe, that the Spanish Crown established a royal reserve of cinchona trees. Even then, as Matthew Crawford has shown, these late-in-the-game efforts largely failed to generate a stable, high-quality, "imperial" supply of the bark.[46] But during the seventeenth and eighteenth centuries, the relationship between states, trade, and drugs underwent significant transformation, leading to the establishment of the first colonial botanical gardens, which often served as clearing-houses for the study of new exotic drugs and plant commodities, with a view to profit.[47]

What the history of drugs demonstrates particularly well are the problems of assuming a "largely unproblematic confluence of interests among state and non-state actors" for the period 1670–1740, in the words of Loïc Charles and Paul Cheney.[48] Historians have recognized


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that early modern states and their princes did not necessarily play a significant role in conveying exotic goods to consumers. Transnational trade networks might follow confessional lines instead, like the Protestant networks of Laurent Garcin in Alexandra Cook's contribution to this volume, or the Jesuits in Samir Boumediene's. Such disseminated trade networks, whether of missionaries or merchants, could play significant roles in shuttling drugs between different parts of the world. Early modern rulers' involvement in commerce, by comparison, was more tangential; these "connected" histories, to borrow Sanjay Subrahmanyam's term, were thus not always *imperial* histories.[49] Nor was "Europe" a homogeneous marketplace. Its markets varied extensively in almost all respects, from their degree of access to foreign trading ports to rulers' sumptuary legislation; from the taxation of imports to the extent and character of consumer demand. Commercial connections were often focused around very specific "paths of possibility," and trade was anything but freely practiced around the world. A drug did not necessarily reach a consumer in Moscow, for example, via the same networks and trade routes as might enable its arrival in Paris or Rome. Political and commercial differences of this kind meant that the landscapes of transformation of European tastes, and the patterns of availability of individual drugs, were also highly variable around 1700. And it was these differences that served to determine and diversify Europeans' encounter with "the exotic."[50]

## SCOPE OF THE VOLUME

The nine contributions to the volume speak to three broad themes. The first theme interrogates in three case studies what it meant for a substance to be "exotic" in European eyes. The second addresses the complex relationship between exotic drugs as material and textual objects: how did texts structure the experience of the exotic? The third theme addresses commodification, posing the question of how specific drugs went from being objects of interest and curiosity within small groups, to becoming mass commodities in globalizing medical markets.

### The Significance of the Exotic

The chapters in part I reckon with the meaning and valuation of the exotic in Europe. Each of them highlights, in one way or another, the role of terminology in shaping the categories not only of early modern actors, but also of modern-day historians. Opening up "the exotic" as a cate-


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gory for question necessitates decentering the privileged subject-position of Europe (and especially Western Europe), as well as questioning a series of modern critical binaries. How does our view of the trade in exotic goods change when we shift the cultural and geographical vantage point? Did Europeans always seek out substances to commodify in distant colonies? And does the flow of indigenous European drugs to distant locations throughout the globe provide a counterpoint to narratives of bioprospecting and extraction?

Clare Griffin's chapter shows how looking at the early modern world from a different vantagepoint—Russia, rather than the Atlantic-facing kingdoms of England, France, Spain, or Portugal—reveals some of the inherent subjectivity of categories like "the exotic." By looking outward from the eastern rather than western edge of Europe, the early modern world appears less maritime: in place of western imperial geographies, where goods increasingly transited between metropole and colony by sea, we find a vast Eurasian terrestrial continuum, "east of Delft but west of Edo," which depended more upon the land-bound Silk Roads than the transoceanic empires of Western Europe. Tellingly, Griffin points out, the Russian version of the term exotic, *ekzotichnii*, is a loanword adopted from the French only in the nineteenth century. In the early modern period, Russians thus had more immediate access to those peoples and objects Western Europeans might consider exotic, yet Western ideas of exoticism were reworked in Russian contexts. Griffin thus raises a second, fundamental question for our understanding of the larger processes at stake in the transformations of the global drugs trade between 1670 and 1740: how far the maritime trade which was allowing Europeans to bypass older land routes mattered to shifts in patterns of global trade. Under Peter the Great, rhubarb and other drugs traveled overland across an expanding Russian Empire from China and the Ottoman Empire, supplying the Russian Empire itself, while victory in the Great Northern War of 1700–1721 gave direct access to North Sea trade routes to European port cities.

Sebestian Kroupa's chapter moves even further afield, to Manila in the Philippines, to decenter Western European notions of "the exotic." He shows that, even in tropical colonies, Europeans often clung to traditional Galenic materia medica, on the grounds that climate, constitution, and broader policies of ethnic segregation demanded a distinct regime of bodily management and cure. In this sense, "exotic" drugs had first to be "processed" by receiving an imprimatur in European medical


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cultures, before they could enter European networks of trade in drugs. Kroupa's contribution shows that not all colonial encounters yielded new drugs for European exploitation. For, while European drugs flowed into Manila, very few medicinal materials flowed back. The principal exception was the St. Ignatius bean, successfully commodified for use in European medical encounters by the Jesuit order, thanks to their global communication networks. Kroupa demonstrates the need to reconsider and even reverse much of the received historiography of colonial "bioprospecting."

Theriac offers perhaps the best reminder of the inherent relativism of any "indigenous vs. exotic" binary. As Barbara Di Gennaro Splendore's chapter shows, the antidote known as theriac, a staple of Galenic pharmacy since the first century CE, was known to Western Europeans as a powerful compound drug from the eastern Mediterranean. But their ceaseless efforts to replicate its ancient recipe began to reverse the flow of theriac and its healing reputation between east and west. Western European cultures, initially consumers of the Venetian treacle (as it was known in English), became producers, and state-sponsored producers at that. By the eighteenth century, Venetian theriac was helping western Christian emissaries to curry favor at the Ottoman Porte. Even more tellingly, theriac, a complex product with over sixty ingredients, eventually escaped the East-West dyad entirely to become a multifarious and thoroughly *global* substance, mutating through adaptations and domestication in different environments, from Portuguese *Triaga brasilica* and Dutch/Sri Lankan Andromachus theriac, to the chymical *Theriaca coelestis* of Northern Europe. Theriac became, Di Gennaro Splendore argues, a "domestication technology," a means of absorbing new substances into the Galenic pharmacopoeia, and a manifestation of European versatility in adapting this commodity to the demands of different lands. As such, it neatly demonstrates how even an ancient drug could mutate over time to implant in new environments and contexts, and in so doing, blur the lines between exotic and indigenous, local and global.

### Materia Medica: Substances and Texts

The term "materia medica" refers both to medicinal materials themselves, and also to the corpus of texts describing their nature and uses. Part II explores the interplay between texts and substances, and more particularly what texts, from popular advertisements to learned phar-


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macopoeias, can tell us about the presence and demand for exotic drugs. Recent work on the Atlantic world has highlighted the importance of textual genres in shaping the reception of material substances, and the fraught position they often occupy as mediators between cultures of secrecy and accessibility, inclusion and exclusion, in the circulation of healing knowledge.[51] Most of all, these studies have pointed to the unstable relationships between names and things. Short- and long-term case studies of individual drugs and their associated textual assemblages offer some of the most powerful means of revising current narratives. Our understandings of the significant degree of contingency in the European uptake of well-known drugs like cinchona bark have been substantively revised over the past few years, thanks to such work.[52]

Katrina Maydom's study of the penetration of the New World drug sassafras into English print and commercial cultures spans the century from 1577 to 1680. She demonstrates that sassafras became increasingly familiar and less exotic over time to English consumers, appearing in a wide range of printed materials. The assimilation process began slowly, and faced considerable resistance from different configurations of actors. For instance, chymists' critique of sassafras stemmed from the ease with which it could be assimilated to Galenic pharmacology, which the chymists opposed. Competing groups of healers thus played an active role in the fate and appropriation of a particular drug. Sassafras displaced guaiacum by the 1660s as the leading New World drug mentioned in English texts, but Maydom reminds us that successful acculturation of a drug was not an inevitable outcome. Her account of delays and obstacles to the drug's uptake also applies to other drugs: in the case of cinchona bark, for example, Klein and Pieters have documented a similarly high degree of contingency and accident surrounding its transition to and uptake in European cultures.[53]

By contrast, in his chapter, Wouter Klein adopts a much shorter timespan in order to compare the changing reputation of two febrifuges, Peruvian bark and cascarilla, during a 1727–1728 fever epidemic in the Dutch Republic. Drawing upon a rich store of newspaper and ephemeral printed sources, he shows how print functioned as a tool for promoting the sale and documenting the efficacy of new drugs. Together with Maydom's chapter, his study demonstrates the ways in which digital history techniques can open up entirely new research avenues and questions for the historian of the European drugs trade. Through his novel juxtaposition of epidemiology and printed advertising, Klein demonstrates how


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an epidemic could affect the market for a drug, driving up demand for novel curative media, and thus contributing to the acculturation of exotic substances. This is also a case that allows us to see how two different drugs might be considered by contemporaries to serve the same or similar purposes; thus it permits consideration of how a particular historical culture negotiated and reached agreement about efficacy and identity.

Where Maydom's and Klein's chapters each depend upon the analysis of a large corpus of texts, Paula De Vos's chapter offers an in-depth quantitative analysis of all of the drugs mentioned in a single text, Félix Palacios's 1706 *Palestra pharmaceutica*. Through her excavation of the different strata of drugs in Palacios's work, De Vos shows to what extent the entire textual tradition which European medicine had inherited was itself "exotic," a corpus of knowledge borrowed from a different time and culture, with a different geographic center of gravity which she terms the "Indo-Mediterranean world." It is easy to forget that the Dioscoridean-Galenic tradition itself, though so central to medical knowledge in western and northern Europe, was itself a foreign one for many parts of Europe: it relied almost entirely upon a combination of materia medica local to Mediterranean and Middle Eastern regions, and others that traveled along the Silk Roads from further east (the Indian subcontinent, China) or from Africa. Most of these plants did not grow in most of Europe. Even when rare plants from Indo-Mediterranean regions did become available in western and northern Europe, they could not always be cultivated there. Renaissance botanical gardens were the scene of a long process of appropriation and assimilation of both the plants and their curative powers, mediated through the rise of medical and botanical teaching in universities, in particular.[54] This "domesticated" Mediterranean tradition, which De Vos explores from the vantagepoint of the Spanish Empire, constituted the core of Western pharmacy by the mid-seventeenth century; over time, newer layers or strata accreted around it as Europeans forged new commercial and cultural contacts with both East and West. At the same time, De Vos's work urges caution in assessments of the extent of transformation that changing geopolitical, trading, and colonial relations actually made possible.

## Networks of Commodification

How did exotic plants go from being mere curiosities to commodities with growing European markets? The chapters in this part of the vol-


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ume approach the question at different scales of analysis, from highly localized case studies via trading networks and companies to global models, which tend to privilege the state, macroeconomics, and international politics.[55] On the interpersonal scale, a rich literature on recipes, a central source of knowledge about exotic drugs, has been informed by studies of household, family, and kinship networks, with a particular emphasis upon gender.[56] At the other end of the scale, historians of empire have emphasized how plants traveled through quasi-global networks. The chapters in this part take up Stephen Harris's recommendation to attend to "long-distance corporations," particularly missionary orders and trading companies, as a "meso-level" between households on the one hand, and empires on the other. Missionaries like the Jesuits (Boumediene), urban guilds like the Parisian grocers (Spary), or trading companies like the Dutch VOC (Vereenigde Oostindische Compagnie, or "United East Indies Company") all offer windows on the contribution of highly networked groups and organizations to the commodification of exotic drugs in Europe.

Catholic missionary orders, and particularly the Society of Jesus, are unavoidable in any account of the European appropriation of exotic drugs. Samir Boumediene's chapter explores the Jesuits' role in the commodification of exotic remedies as a handmaid to broader Jesuit goals of education and conversion. Learning the virtues of locally available plant substances could be critical for the survival of a mission in a hostile natural environment far from European trade routes. But it also offered the means to interact with local healers. The Society's mission allowed for knowledge transmission between non-European cultures and Europeans in the process of conversion and salvation: a Jesuit missionary might learn of useful drugs while hearing the confession of an Amerindian woman, or might watch a shaman at work. These spiritual goals also shaped the Jesuits' transmission of drugs within European publics. Back in Europe, exotic drugs were not only commodified in the open marketplace, but also entered parallel economies of gift-giving and charity.

Once drugs arrived in Europe as objects of consumption, they might become embedded within existing corporate and regulatory structures whose histories have been central to reappraisals of the European medical marketplace in recent decades.[57] E. C. Spary's contribution explores a specific urban network of commodification through the notarized stock lists that were compiled on the death of Parisian apothecaries and


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grocers (and sometimes of their wives) as part of probate inventories. Whereas grocers largely dealt in unprocessed plant substances, apothecaries concentrated on producing compounds, extracts, and chymical preparations. Beyond this repartition of substances and techniques, Spary's analysis reveals a complex drug market with a variety of distinct niches and areas of specialization—from the learned merchant-*curioso* who trafficked in a wide variety of rare substances, via the bulk suppliers who probably served as wholesalers to other merchants in the drug trade, down to the sellers of *grabot* or "garble": the dregs of exotic drugs like senna or coffee, which may have afforded access to such substances even to less affluent Parisians. Her study uses stock lists to trace uptake, consistency of availability, and changes in market value in the commodification of many exotic drugs, as a possible model for comparative studies of other urban contexts. Spary fleshes out a highly stratified drug world, extending from urban suppliers incorporated into guilds, whose trade linked them to distant parts of the globe, via the herbalists of Les Halles, who relied on herb women to forage for local plants growing outside the city, all the way up to privileged court merchants who used their royal connections to monopolize given exotics across the entire kingdom.

Alexandra Cook's chapter complements this transnational and local approach to networks to interrogate the micro-level through the career of a single practitioner—Laurent Garcin—and how he commercialized a single proprietary drug, the so-called Maduran pills. Garcin served as a surgeon for the Dutch East India Company (VOC), a globally active "long-distance corporation," as iconic among trading companies as the Society of Jesus is among missionary orders. Cook shows that Garcin's position in the VOC not only enabled him to collect information on the plants of the Indies, it also afforded him the opportunity to learn a medical secret from a Maduran Brahmin in Ceylon. Decades later, he successfully marketed this secret from his base in Neuchâtel as a proprietary drug. Against any simplistic narrative of appreciation of the exotic among European publics, Cook's chapter argues that the very foreignness of Garcin's drug may have impeded its commodification. She also demonstrates how the making and marketing of exotic drugs facilitated the transmission of non-European practices into European medicine, in this case, Tamil Siddha medical traditions. As recent work by scholars such as Kevin Siena on guaiacum or Anna Winterbottom on the China root has demonstrated, the introduction of new drugs was a source of transformation and innovation in European medical practice.[58]


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Collectively, these chapters not only invite us to take stock of the impact of exotic drugs in Europe, but also pose questions about perspective. If "exotic" is always a subjective, relational, and contextual term, as the chapters in this volume suggest, we might pose the question of whether it is helpful to view the exotic as something tied to provenance from specific places. Might "the exotic" rather reside in responses of wonder, confusion, or even the sensuous material attributes of a substance? Must a substance remain *elusive* in order to be truly *exotic*? This is the subject of the closing chapter by Hjalmar Fors. He argues that seventeenth-century Europeans had a very different conception of the exotic, one more closely tied to the unusual properties of the objects that reached them in Europe than to the associations such objects possessed with particular places or peoples. For early modern people, "exotic" expressed the confusion and general instability of knowledge surrounding the geographic origin of substances. European attraction to the strange and wondrous disappeared in the same measure as substances were disambiguated, classified, and "known," making them less exotic as they became more familiar.[59] Commodification and classification stand at the vanishing point where exoticism and commerce meet. In making this point, Fors cautions historians against importing modern categories of exoticism—a geographical definition of Europe, a model of center and periphery, of colonizers and subaltern peoples—into our analysis of the past. This does not mean that such categories did not exist. Rather, it is the historian's task to explain how such relations came into being; or, to put it another way, to ask how European interest in extracting "exotic" (valuable, rare, efficacious) materials metamorphosed into economies of exploitation and cultural hegemony. The question we need to pose, according to Fors, is "how an older culture of trade and wonder is replaced with a new culture, preoccupied with colonial-territorial domination."

## THE POLEMICS OF THE EXOTIC

If Guy Patin had had his way when it came to drugs in the seventeenth century, there would have been no further exoticization of European consumption at all. The future of European medicine would have reflected a therapeutic minimalism, staunchly hostile to novelty, and faithfully adherent to a revived (and ideally pristine) Galenism. Patin's conservative impulse, it bears note, was rooted in more than a slavish reverence for classical medicine, inculcated by the values of a fading late


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Renaissance humanism. Rather, there was what we might call, somewhat anachronistically, a political economy to his critique of exotic drugs. According to Patin, "the great abuse in medicine comes from the plurality of useless remedies. . . . An apothecary who has a grand boutique for his gilded jars shouldn't need more than a sideboard or a cupboard to store five or six containers."[60]

It is telling here that Patin focused on apothecaries' ostentatious practices for displaying their drugs. The apothecary shop was the original of all shops: the terms *boutique* in French and *botica* in Spanish derive from it. Its walls were lined with costly sets of matching jars, known as *albarelli*, filled with a profusion of drugs. This impressive visual exhibition of trade was very different from the self-presentation of faculty doctors like Patin himself. The sheer variety of remedies on the medical marketplace in the mid-seventeenth century French capital was one feature that drew Patin's ire; but we also know from other sources that the "plurality of useless remedies" he had in mind was typified by a trio of expensive compounds: bezoar, theriac, and antimony. The first two, ironically, symbolized a more eclectic Greco-Arabic polypharmacy, inherited by Europe from the classical Mediterranean world. Their use, although itself ancient, had been revived in the early modern period alongside the very Galenism Patin prized. Bezoar stones, described by Cook in her chapter, were concretions from the digestive tracts of animals, often porcupines, in high demand as antidotes to various forms of poison. Bezoar was notoriously difficult to authenticate, leading to a trade in artificial and sometimes fraudulent stones. Theriac, as mentioned above, was a widely-applied and versatile antidote, composed of over sixty ingredients (depending upon the recipe), prominent among which was the flesh of vipers.[61] The third expensive drug peddled by apothecaries, perhaps the most loathed by Patin, was the potentially toxic mineral emetic antimony, available in a variety of preparations, widely used by non-Paracelsians, but often anathematized as a product of chymical medicine.[62] Patin called antimony "the devil's medicine" (*diabolum medicamentum*), and recorded a "martyrology" of patients he believed had lost their lives to the drug. Between 1641 and 1671, he accounted for eighty-nine.[63]

The physicians from all over Europe who corresponded with Patin often shared his alarm over the growing popularity of exotic drugs and the commercialization of medicine. One widespread response was to insist upon physicians' corporate right to regulate and inspect drug-sellers'


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shops, taking merchants who infringed the law to court. But litigation was both costly and of uncertain success. Like other physicians, Patin also responded to the proliferation of drugs enriching apothecaries and itinerant healers by spreading knowledge of better, simpler remedies, both among the upper classes in private practice, and among the poor through charitable healing.[64] The model for this kind of activity came from *Le médecin charitable* (1623), a popular medical handbook written by Patin's own teacher, Philibert Guybert, which ran to some thirty editions.[65] But, like his mentor Guybert, Patin failed to acknowledge that the purified Galenism he sought to revive was, ironically, itself a product of an earlier moment of "globalization" in the ancient Indo-Mediterranean world: a Greco-Roman fascination with exotica, facilitated and enabled by the empires of the Hellenistic era and the Pax Romana. The gentle purgative senna, one of Patin's favorite drugs, grew nowhere near Paris. It was a product of the Mediterranean coast; the most highly valued variety, *Senna alexandrina*, was an import from Egypt. Even Guy Patin, in other words, was unable to escape the pull of the exotic, which provided conservative doctors like him with indispensable and time-sanctioned therapeutic instruments. Patin's loathing for exotic drugs may have been articulated in terms of a Eurocentric resistance to the exotic, but at bottom it responded to far more local disputes, ones in which he was enmeshed throughout his working life, from concerns over medical innovation to clannish faculty opposition to market encroachment by apothecaries, operators, and chymical physicians in the French metropolis. These last were peddlers of the exotic whom his urban medical clientele might easily encounter. In short, Patin and the old guard of the Paris faculty he represented were upset over the influx of new drugs primarily because they were controlled by rival healers. When their autonomy and economic model was challenged, the faculty doctors chose to emphasize what Harold Cook has called "good advice"—defined as judicious, learned counsel on how to maintain health—over the "strong medicine" touted by apothecaries and operators.[66] The local character of this conflict also underscores why it is essential not to reify "European" and "indigenous" as polar opposites in studying debates over exotic drugs. For, as we have seen, Europeans themselves did not constitute a homogeneous "center," but rather a diverse conglomerate of cultures, medical, political, social, linguistic, each standing in a specific relation to these "outside" drugs. Disagreement rather than consensus was the norm, not the exception, in the uptake of new drugs.


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**FIGURE 1.2**. Photograph of the Apothicairerie at the Hôpital Saint-Jacques, Besançon, France, showing the multiplicity of vases or *albarelli* considered appropriate at the time this dispensary was constructed in 1686. Theriac holds pride of place. Online at https://commons.wikimedia.org/wiki/File:Apothicairerie_Besan%C3%A7on_0023.JPG. Credit: Arnaud 25, CC BY-SA 3.0 <https://creativecommons.org/licenses/by-sa/3.0>, via Wikimedia Commons.

In the event, Patin's ideal, minimalistic world of drug consumption was never to rematerialize. Medieval apothecaries' shops may have housed small cupboards with but a modest display of jars, but their early eighteenth-century counterparts might stock hundreds of different kinds of drugs. Patin ended life a curmudgeon, demoralized by the victory of the chymists, empirics, and apothecaries he had fought so hard to contain, some of whom he even lived to see penetrate his own faculty's inner sanctum.[67] Nonetheless, his critique reminds us that exotic drugs were not necessarily greeted with open arms (or rather mouths) in Europe. Their victory in new markets of European consumption was no foregone conclusion, dictated by essential features of the chemical substances they contained. In fact, we face a classic problem of historical hindsight in writing the history of drugs: we only get to read about


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the success stories, not the obstacles exotic drugs faced, nor the many cases of failed transfer.[68]

If we eliminate essentialism, and with it the presumption of inevitable dissemination, where does that then leave explanations of how and why substances do (or do not) transfer between cultures? In place of factors intrinsic to drugs, our volume proposes modes of transmission arising from complex interactions between cultural circumstances, ranging from accidental "discovery" via colonial appropriation to patronage from princes. Successful transmission to a new culture should be taken as the circumstance most acutely requiring historical explanation, as recent literature shows.[69] As Sarah Easterby-Smith suggests, the vast majority of transfers likely occurred tacitly, and without generating any textual record. Failure to transfer was perhaps the norm, rather than the exception to be explained away.[70] In his study of the failed transmission of psychedelic drugs to Europe, Benjamin Breen invokes the concept of "assemblages" as a way to express how items of materia medica do not travel alone, but rather in tandem with a whole set of associated knowledge, practices, technologies, and norms. Differences in the uptake of given substances across different spaces and cultures can be explained by appealing to the extent to which such "assemblages" can successfully be accommodated in diverse cultural contexts, and the duration of their "career" there.[71] The globalization of drugs in the early modern world is best explored through scrutiny of locally prevailing actors' categories, power relations, and knowledge-claims. Thus, the answers to both how and why exotic drugs found (or indeed failed to find) favor among European consumers often lie in Europe itself. At the start of this introduction, we mentioned one such case, where the success of tea was coterminous with the lifespan of a single patron. In today's world, we might point to the erosion of legal and societal approval of tobacco, after centuries of implantation into European society; or perhaps to the growing legal and societal approval of cannabis characterizing the second decade of the twenty-first century. The results of applying such approaches are the chapters collected in this volume. They remind us that historical phenomena—both at the meta-level, with globalization, and at the micro-level, in quotidian decisions to ingest or refuse individual substances—are, and always have been, highly contingent.


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