Introduction

The eighteenth century has been relatively neglected by English-speaking historians of medicine. This is perhaps understandable, given its position between the twin peaks of the so-called 'Scientific Revolution' of the seventeenth century on the one hand, and the triumphs of 'scientific medicine' – the clinic and the laboratory – of the nineteenth century on the other. French and German historians of medicine, by contrast, have long seen the eighteenth century as a period of great change in medicine: as part of that great intellectual blossoming known as the Enlightenment. This volume is an attempt to help redress the balance, and renew interest in the far-reaching changes in medicine which occurred during the century of the Enlightenment.

The term 'Enlightenment' corresponds to terms coined and used at the time, particularly by Voltaire (*siècle des lumières*) and Kant (*Aufklärung*), and is a valuable concept to convey the radical intellectual switch which happened during the eighteenth century: from a world where Revelation was still the highest form of truth, to one where Reason had dethroned Revelation. A secular world, with secular values, replaced a religious world with religious values. People came to believe that Superstition had been replaced by Reason. Authority, the new Rationalists claimed, was no longer to be venerated simply because it was old. Enlightenment thinkers, such as Voltaire, Diderot and Condillac, based their thinking largely on the natural-philosophical and philosophical work of Isaac Newton and John Locke, and claimed that society could only be happy and stable if it was structured and operated in accordance with the operations of Natural Law, and that – happily – Natural Law was accessible to man in a way that divine law was not. Even rulers, such as Frederick the Great and Catherine the Great, became enlightened by Reason, 'enlightened despots', seeking to run their states according to rational principles and Natural Law.

Such radical changes in attitudes were reflected in and affected the medicine of the period; in medicine too there was an 'Enlightenment'. There was a renunciation of authorities: Galen, venerated as the prime medical authority since antiquity, now ceased to be held in esteem. Instead, every man became his own authority, and there was a proliferation of people offering new medical 'systems'. The religious dimension of traditional medical theory came to be downplayed. The soul became less a subject of central concern when dealing with the body, and the body came to be seen less as the 'instrument' of the soul and more in mechanistic terms, simply as a machine operating according to natural laws and with all its operations open to being numbered, weighed and measured. 'Psychology', a term whose old meaning was to do with the operations of the soul (*psyche*), came to be about the operations (and loss) of *reason*, and hence madness became a new subject of medical fascination and intervention. The *anima* (the Latin equivalent of *psyche*), which had been held responsible for 'animating' animal and human bodies and producing their gross actions, all but vanished from the discussions of medical men. Its place was taken by 'mechanism': the necessary transfer of motion through a set of physical structures. *Pneuma*, the self-mobile, quasi-material 'spirit' of earlier centuries, gave its name to a new university discipline of 'pneumatology', which occupied the space of the old soul and spirits, and which was welded to a deistic metaphysics and a necessitarian Natural Law. The God whose justice had visited disease upon the wicked became the 'Author' of a regulated and rational world. In this world the doctor could now expand his activities into new areas. The rational doctor, pursuing also his new interest as a 'professional', increasingly came to offer an interventionalist medicine and to medicalise normal life. Hospitals for the very first time in history became commonplace, filled with the poor on whom the physician and surgeon could demonstrate, practise and teach in the name of 'philanthropy', dispassionate love of mankind. Childbirth, and this too was for the very first time in history, came to be treated as a primarily medical rather than a natural event, whose dangers could only be circumvented by the skills of a male practitioner.

The causes of all the intellectual changes in this period lie of course outside categories of 'Enlightenment', 'Progress' and 'Reason'. They lie instead in certain great dynamic changes in the economic and political structure of eighteenth-century Europe, which culminated in the downfall of the absolute governments which had failed to meet the expectations of their people or of their burgeoning bourgeoisies. It all

exploded in the French Revolution, itself fuelled by Enlightenment ideas and ideals which even 'enlightened despots' could not meet. Ultimately the bourgeoisie were to replace the aristocrats in power. In this light, the improvements in medicine that we are here embracing under the title of 'the medical Enlightenment' may be seen as some of the first effects of the new, professionalising, middle class bringing their more secular values and interests to bear on the traditional domain of medicine.

Almost half of the chapters in the present book deal with the most free country of eighteenth-century Europe, Britain, the country whose bourgeoisie least needed to displace their political ambitions into purely intellectual endeavours, and which thus (it is sometimes claimed) hardly qualifies as having had an 'Enlightenment' at all. But Britain was certainly the model to which many continental Enlightenment thinkers looked and to which they aspired. The active, participatory political arena was one place in Britain where issues of health and medicine were fought over publicly. And in Britain, it was the non-enfranchised part of the bourgeoisie who played the most active role in innovations: those Protestants who 'dissented' from the doctrines and disciplines of the Church of England, and who thus disqualified themselves from state employ. They busied themselves with philanthropy, industry and medical improvements.

The chronological arrangement of the chapters in the present volume enables one to follow in the case of medicine some of the changes typical of the 'Enlightenment': the change from the religious to the secular world; the change from a real concern with the soul as medically active, to the mathematical measurement of 'virtue'; and the change from the closed world of the doctor–patient relationship, to ambitious schemes of rational social planning to eliminate diseases once and for all. We hope that the studies in this book will contribute to awareness and appreciation of the importance of the great changes in medicine in the century of Enlightenment.

1

The politics of medical improvement in early Hanoverian London

ADRIAN WILSON

EIGHTEENTH-CENTURY 'IMPROVEMENT' AND MEDICINE

How does medical history fit into history at large – into 'general' or 'political' or 'social' history? The history disciplines themselves both imply and construct an answer: the relationship is the non-relationship of parallel stories, linked only by the fact that they inhabit the dimension of time. We have a sub-discipline called medical history, with its own sources, methods, topics, problems and concerns; this is more or less walled off from that series of other sub-disciplines which together comprise mainstream academic history – political, social and economic history. These in turn are to some extent sealed off from each other; so too a similar hermetic quality is to be found in all the sub-disciplines, such as ecclesiastical history, history of art, history of science. Worst of all, perhaps, is the fate of the study of what is deemed literature: hived off into an entirely separate discipline. What historians have sundered, let no woman or man put together again: there are

Editors' note. The term 'whig' and its derivatives are used in this chapter in two senses. One (whig, whiggery), to refer to the Whig political party and its values; this is to be contrasted with 'Tory'. Two (whig, whiggish), to refer to a certain kind of history-writing in which the criteria for deciding what counts as 'interesting' and what constituted 'success' or 'progress' in the past, are drawn from the criteria of what counts as 'interesting', 'success' or 'progress' *in the present*; on this usage see Herbert Butterfield, *The Whig Interpretation of History* (London, 1931).

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many individual examples of the transcending of these barriers, yet these remain isolated examples which have little or no effect on the structure of the discipline. Thus even when eighteenth-century English history is hotted up by recent fierce debate, the battle has been conducted largely on the traditional high-ground of political history, with only occasional side-glances elsewhere.[1]

Most of my own research concerns early-eighteenth-century England. One of the striking characteristics of that society was the vast and profound influence exercised by its capital, the metropolis of London, a concentration of population which when set against its hinterland had no parallel or precedent in European history. (Paris had more inhabitants, but could not compare with London's astonishing share of its nation's population – something approaching 10 per cent.) The complex threads of trade, migration, politics and propaganda tied even the remotest parts of the kingdom to London. The social history of London in the eighteenth century, then, must comprise a very important part of English, indeed British, history at large.

Historiographically, one work has now towered over this field for over sixty years: Dorothy George's *London Life in the Eighteenth Century*.[2] Published in 1925, that book was to prove the most enduring and successful monument to the labours of the remarkable 'first wave' of English women historians – the circle including Eileen Power and Alice Clark, and centring around the influence of the redoubtable Olive Schreiner.[3] George's study was an extraordinary *tour de force*, a commanding survey of many aspects of eighteenth-century London life (from the family to the economy) and, no less so, of the vast pamphlet literature of the period. To this day no challenge has been mounted to George's synthesis, and it is not difficult to see why: the terrain she covered remains dauntingly vast. I doubt whether any historian since has read a tenth of the materials she covered: the Old Bailey Sessions Papers (almost her sole manuscript source); the Bills of Mortality; the writings of Hanway, Fielding, Place, Colquhoun, and a host of less eminent reformers, projectors and improvers; and dozens

[1] I refer to the debate opened up by J. C. D. Clark, *English Society 1688–1832: Ideology, Social Structure and Political Practice during the Ancien Régime* (Cambridge, 1985). For a discussion of the implications of what has been called 'tunnel history' see T. G. Ashplant and Adrian Wilson, 'Present-Centred History and the Problem of Historical Knowledge', *The Historical Journal* 31 (1988), pp. 253–74.

[2] M. Dorothy George, *London Life in the Eighteenth Century* (London, 1925; Harmondsworth, 1966).

[3] See the discussion by Jane Lewis in Miranda Chaytor and Jane Lewis, 'Introduction' to Alice Clark, *Working Life of Women in the Seventeenth Century* (London, 1982, reprint of 1919 first edition).

of tracts concerning the regulation of wages, the administration of the Poor Law, the constructing of hospitals, the managing of police – and even medicine. In its breadth and intensity, her study is reminiscent of the writings of her equally daunting predecessors, Sydney and Beatrice Webb. These days, few historians even consider tackling topics of this scale.

What place did medicine find in this remarkable synthesis? The answer can be given in a single word: *improvement*. In this respect medicine simply exemplified George's wider themes: the story she told was precisely one of 'improvement' across a vast social terrain: improvements in housing, in lighting, in hygiene, in the care of children, in policing, in prisons, in diet. Down to roughly the mid-century, conditions were squalid and crowded and probably worsening; thereafter, a series of schemes for improvement brought about a gradual, but eventually massive, amelioration. In some spheres of life there would be a temporary decline – for instance, an 'epidemic of gin-drinking' in the 1720s and 1730s, or the massive abandonment of children when the Foundling Hospital's doors were temporarily thrown open between 1756 and 1760. But each such instance brought about the appropriate response: the Gin Act of 1736 and the restriction of Foundling Hospital admissions in 1760. In some contexts there were schemes for improvement at an unusually early date – as, for instance, in the parish of St James Westminster, with its workhouse, infirmary and provision for lying-in women, all evident by 1732; other parishes lagged far behind, yet a variety of supra-parochial initiatives eventually spread such benefits across the capital. Thus the story of improvement was by no means simultaneous or geographically homogeneous. Yet that story was indeed the general pattern; and in broad terms, the mid-century marked a watershed. Most of George's central improving characters – Hanway, Fielding, Colquhoun and Howard – were active after 1750.

It would be going far beyond my present brief to offer that general critique of George's work which remains wanting from the historical profession as a whole. Not until we have become able to mount such a critique, I suggest, will we be able to move beyond George's achievement and thus to build constructively on the foundations she laid: as long as we remain mesmerised by her achievement, our horizons will remain defined by her problematic. Thus the task of appraising George's study cannot properly be attempted here. Nevertheless, if we are to move forward at all, we must make some attempt to characterise the boundaries of her approach, the limits of her problematic; and in

this spirit three observations are in order. First, it is striking that for George, the process of 'improvement' she chronicled in such detail never posed an *explanatory* problem. The need for improvement, in her eyes, was self-evident: squalor itself begat the schemes for its abolition; the Hanways and the Fieldings emerged, so to speak, by spontaneous generation from the filth and disorder, the crime and the uncertainty, of London. Given Gin Lane, we have Hogarth, and given Hogarth, we have the Gin Act; a logical necessity generated amelioration. Second, the towering absence in George's book is the sphere of *politics*. One would never have guessed from her study that eighteenth-century London was riven by political faction; that Jacobites plotted in coffee-houses; that the charity schools were the arena not only of education but also of faction; that this was the city where the cry 'Wilkes and Liberty' brought tens of thousands onto the streets in the 1760s; that here, a generation later, the first Corresponding Society came into being. This should begin to trouble us when we notice that some of these phenomena impinged directly on George's own themes. We see this at the beginning of the century with the charity schools, and at the end with the fact that Francis Place – George's most favoured observer – was heavily involved in the London Corresponding Society and in later schemes for electoral reform, culminating of course in Chartism. Strangely enough, George's idea of social history turns out to conform remarkably well to the definition offered by her near-contemporary G. M. Trevelyan: 'history with the politics left out'.[4] Is it not curious that we now remember Trevelyan's description only with amusement, yet we continue to be held in thrall by George's study, which in fact embodies that very definition at work?

A third observation concerns George's source materials. I am not suggesting that the historian is the passive prisoner of her or his sources: on the contrary, the historian constitutes the sources, above all by selecting them. And George's selection, as we have already noticed in passing, was overwhelmingly concentrated upon printed materials. Now these materials – the pamphlets and accounts which George used on such a massive scale – have this in common: they were *appeals* for public support. The printed pamphlet was an intervention in a market-place: what was at stake was support, both political and financial, for the given scheme of improvement, whether it be the raising of a tax on spirituous liquors, or the marshalling of a more effective police force, or the preservation of the lives of parish children.

[4] G. M. Trevelyan, *English Social History* (London, 1944), p. vii.

Any such scheme for improvement began as the plan or dream of a small and select group – sometimes, indeed, of a single individual – and then had to mobilise wider support. The pamphlet literature was precisely the means by which that mobilisation was brought about. Now in order to achieve this, the pamphleteer was subject to one cardinal rule: he or she (it was usually he) had to present the given scheme as having universal benefits or, to be more precise, benefits universal amongst the intended audience, that is, the politically and financially active class. And this had two general effects. First, there was a rigorous suppression of any *particular* interest which lay behind the given scheme. The key to success was precisely presenting interests as general: thus, for instance, in propounding a Tory scheme for a workhouse, the pamphleteer would carefully conceal the party provenance of the initiative. Secondly, and relatedly, there was developed a specific rhetoric for such appeals: the rhetoric of 'improvement'. It was the concept of improvement which permitted the eighteenth-century projector or reformer to couch his (or, rarely, her) scheme in a language of potentially universal appeal. 'Improvement' seized the moral high ground: opponents could appear as the obstructors of progress. Thus the medium of print and the market-place for support inexorably pulled the language of the pamphlets in the direction of 'improvement'.

These three aspects of George's work were inextricably bound together. The vocabulary of improvement gave her an instant rapport with a certain set of source materials – for that vocabulary, taken up and developed by nineteenth-century progressives, remained in force for George's own generation and precisely for her own intellectual circle. George's own indifference to party-political themes found ample confirmation in the pamphlets' concealment of the particular interests which had given rise to their various schemes. And this happy collusion between the historian and her materials was what excluded explanatory questions from the historiographic agenda: identification, such as George's identification with Hanway or Fielding, does not breed the curiosity which alone can provoke the search for a causal explanation. George's eighteenth-century London became an early-twentieth-century England writ onto an earlier canvas: a struggle for social improvements, not so much against the forces of reaction as against the forces of poverty. Amelioration was neither a class cause nor a party cause, but the cause of humanity itself; if there was a central enemy, this comprised not a specific political force or set of forces but rather a set of living conditions with their associated products of poverty, overcrowding, dirt and disease. Hence perhaps George's

particular vision: a massive humanity deployed without a political cutting-edge.

The corollary of this analysis is that if we wish to discover the social causes of the process of 'improvement', we must dissolve the boundary between political and social history; and we must either turn to different sources from those George used, or else find a different way of reading such public appeals. The key, I suggest, is the identification of *interests*. Projects for 'improvement' may appear to the twentieth-century historian – of George's day or our own – to look forward to the future; yet their genesis lay in the past, in the specific constellations of interests which brought such projects into being. To specify the particular interests at work in any given case is to reinsert the scheme in question back into its original context. In this chapter I shall be attempting a series of exercises in this spirit.

As we have seen, medicine was one of the spheres of George's 'improvement': her first specific theme in fact was 'life and death in London', and the improvement in this sphere (evidenced from the Bills of Mortality) could be attributed not only to changes in living conditions but also to advances in medicine. Those advances, like most other aspects of improvement, were most marked after the mid-century; the early decades of the eighteenth century represented the more or less stagnant ground-level against which the post-1750 takeoff could be favourably compared. In this respect George's picture of eighteenth-century medicine anticipated a much later minor classic of whiggish medical history: Le Fanu's 1972 paper bearing the revealing title, 'The Lost Half-Century in English medicine, 1700–1750'.[5] If we were to take either George or, especially, Le Fanu as our guide, we would come to the conclusion that early-eighteenth-century English medicine was a vast lacuna between the heroic ages which preceded and succeeded the calm, not to say the tedium, of this so-called 'Augustan age'. Le Fanu's account is an edifice of negatives: Arbuthnot 'contributed no new knowledge'; he and Radcliffe were 'unprogressive physicians' who 'made almost no advance towards deeper understanding of disease and its treatment'; it was a 'quiescent period', a 'pause' in history; medical men 'made little effort to devise new techniques'; 'advanced medical teaching . . . was sadly wanting'; there was 'no interest in experimentation', and 'a similar neglect of instruments'; it was a 'barren age' marked by a general 'lack of urgency'. By the end of his paper Le Fanu's

[5] William R. Le Fanu, 'The Lost Half-Century in English Medicine, 1700–1750', *Bulletin of the History of Medicine* 46 (1972), pp. 319–48. I quote below from pp. 321, 322, 323, 330, 334, 335, 340, 343, 345 and 348.

rhetoric became even stronger: from 'almost no advance' it had shifted to 'no real advance'. Physicians, he concluded, like divines, 'wrote pietistic, tranquilising books'. In sum, this was 'an empty age'.

It is strange to reflect that it took Le Fanu some thousands of words merely to summarise the many non-events, as he saw them, of this 'lost half-century'. Stranger still is the fact that many of the post-1750 improvements which he (like George) recognised and celebrated, actually had well-known roots in pre-1750 developments. This chapter is devoted to three of these medical themes: the creation of voluntary hospitals; the adoption of inoculation for smallpox; and the rise of man-midwifery. In each of these cases, it is beyond dispute that crucial advances took place well before 1750. In each case, again, it is widely accepted that the given 'improvement' had major long-term consequences. Those consequences have attracted considerable historiographic interest; but to the best of my knowledge, no historian has ever seriously asked what were the *causes* of these three advances. It is precisely as we turn from effects to causes that we will begin to explore – that is, to *find* – the 'lost half-century' from 1700 to 1750. One of my purposes here will be to demonstrate that this period was not barren, but creative; not dull, but exciting; not an ocean of consensus but rather a whirlpool of conflict. In short, this will be an invitation to historians to investigate further what is probably the most neglected period in English medicine after 1600. The interest of that period is by no means confined to those spheres where we can demonstrate, by whiggish criteria, a permanent 'advance', a piece of 'improvement'. But against the historiographic background I have been outlining, it is surely best to start by putting this period on the map of what is whiggishly interesting. Hence the choice of the three particular case-studies to which I shall now turn.

VOLUNTARY HOSPITALS: THE ORIGINS OF THE WESTMINSTER INFIRMARY

The voluntary hospitals were amongst the most important permanent institutions produced by Hanoverian England. They comprised a new kind of philanthropy, financed by voluntary subscriptions (hence the term 'voluntary' to describe them); they constructed a new political space for the practice of medicine; and as a result they produced and fostered many new medical initiatives in the eighteenth century and afterwards. Through their impact on the French hospital reformer Jacques Tenon they may have contributed indirectly to the Paris 'birth