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Introduction

Anthropologists used to spend years immersing themselves in the life of small foreign communities in order to bridge the unbridgeable cultural gulf that existed between themselves and the people they studied. What they did with that transfer of cognition lay usually along a spectrum represented at one end by the persona of the naïve observer who tries to retell to the home audience what the alien society is like, and at the other by the theoretician who draws upon the material he or she has collected to reconstruct social structures. Influencing all the points along the spectrum are the present-day concerns and interests of the anthropologist's own society.

Like the 'naïve' observer I have tried to recreate the knowledge and practice of that foreign culture: early modern medicine.[1] The subject has been strangely neglected whilst the new discipline of the social history of medicine has been redrawing and enriching our understanding of early modern medicine. Old Whiggish notions of concentrating solely upon what appears to be 'rational' and progressive in a modern sense have been abandoned, as has the emphasis on elite professional groups. Instead, demographic studies have uncovered the facts of life and death for the population, the experiences of patients, the poor and women have emerged to the foreground, and the wider cultural and political contexts to medicine have been explored.[2] The achievements of this new history of

[1] I make no claims to be an anthropologist, let alone one belonging to any particular school. The reference to anthropology is by way of analogy.

[2] On demography see, for instance: E. A. Wrigley and R. S. Schofield, *The Population History of England 1541–1871* (Cambridge University Press, Cambridge, 1989); M. W. Flinn, *The European Demographic System, 1500–1820* (Harvester Press, Brighton, 1981). On the relationship between geography and demography: Mary Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge University Press, Cambridge, 1997). On patients and medicine: Roy Porter (ed.), *Patients and Practitioners* (Cambridge University Press, Cambridge, 1985); Roy Porter and Dorothy Porter, *In Sickness and in Health: the British Experience 1650–1850* (Fourth Estate, London, 1988), and *Patient's Progress: Sickness, Health and Medical Care in*

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medicine have been immense. But it has not perhaps been able to capture so well the central aspects of medical knowledge and practice. In the very process of expanding and reshaping the boundaries of early modern medicine it has neglected what was for many people in the sixteenth and seventeenth centuries central to their experience of medicine: the treatments, explanations and advice that they were given. This is understandable as present-day interests such as the rights of patients or the growth in feminism have shaped the agendas of historians together with a general critical concern about the role of medicine in our societies. Such 'presentist' input has always acted to make historical writing relevant to its age; it has also had the potential to distort the past, as with the Whig history of the nineteenth century which reflected the driving ideologies of newly industrialised nations. Moreover, the social history of medicine has also tried to get closer to general history, partly because of the need within the field for recognition from the wider

England, 1650–1850 (Polity Press, London, 1989); see also Michael MacDonald, *Mystical Bedlam, Madness, Anxiety and Healing in Seventeenth Century England* (Cambridge University Press, Cambridge, 1981); Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth Century England* (Routledge, London, 1987); Doreen G. Nagy, *Popular Medicine in Seventeenth Century England* (Bowling Green State University Popular Press, Bowling Green, Ohio, 1988); Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830: the Social World of Medical Practice* (Cambridge University Press, Cambridge, 1988); Mary Fissell, *Patients, Power and the Poor in Eighteenth Century Bristol* (Cambridge University Press, Cambridge, 1991); for a more anthropological view see François Loux, *Pierre-Martin de la Martiniere, un Médecin au XVIIe Siècle* (Imago, Paris, 1988), and for a later period: (with Phillipe Richard) *Sagesses du Corps* (Maisonneuve et Larose, Paris, 1978), and *Le Jeune Enfant et son Corps dans le Médecine Traditionelle* (Flammarion, Paris, 1978). On the poor see Margaret Pelling, *The Common Lot. Sickness, Medical Occupations and the Urban Poor in Early Modern England* (Longman, London, 1998). On women see: Barbara Duden, *Disembodying Women. Perspectives on Pregnancy and the Unborn*, trans. Lee Hoinacki (Harvard University Press, Cambridge, Mass., 1993), and *The Woman Beneath the Skin: a Doctor's Patients in Eighteenth-Century Germany*, trans. Thomas Dunlop (Harvard University Press, Cambridge, Mass., 1981); Antonia Fraser, *The Weaker Vessel: Woman's Lot in Seventeenth Century England* (Mandarin, London, 1993); I. Maclean, *The Renaissance Notion of Women* (Cambridge University Press, Cambridge, 1980); S. H. Mendelson, *The Mental World of Stuart Women* (Harvester Press, Brighton, 1987); Linda A. Pollock, *With Faith and Physic. The Life of a Tudor Gentlewoman Lady Grace Mildmay 1552–1620* (Collins & Brown, London, 1993); M. E. Wiesner, *Women and Gender in Early Modern Europe* (Cambridge University Press, Cambridge, 1993). More general books influenced by the new social history of medicine include: L. Conrad, M. Neve, V. Nutton, R. Porter and A. Wear, *The Western Medical Tradition 800 BC to AD 1800* (Cambridge University Press, Cambridge, 1995); David Cressy, *Birth, Marriage, and Death. Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford University Press, Oxford, 1997); Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Clarendon Press, Oxford, 1997); Gianna Pomata, *Contracting a Cure. Patients, Healers, and the Law in Early Modern Bologna* (Johns Hopkins University Press, Baltimore, 1998); Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Johns Hopkins University Press, Baltimore, 1996).

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community of historians and partly from the desire to broaden the subject. The enterprise of aligning the social history of medicine with the themes of the 'grand narrative' of history has meant that some significant areas of medicine have been ignored, because the historian's spotlight becomes highly selective in choice of material and interpretation.[3] I believe that there were considerable expanses of medical culture that were largely unaffected by major historical changes. For instance, the political and social transformations associated with the Restoration of Charles II have been used to explain late seventeenth-century medicine,[4] but the continuities within medical practice have often been overlooked. Similarly, histories of controversy have tended to ignore the large areas of agreement that existed between warring groups; in the first half of this book controversies appear but not to the exclusion of all else. Certainly, the findings of the new social history of medicine influence this book. But in writing it I have tried not to follow the by now standard approaches and interpretative tracks of early modern historians of medicine; to have done so would inevitably have resulted in a shift in focus away from the content and meaning of medical knowledge and practice. Instead, I have tried to get as close as possible to the medical mind-sets of early modern medicine as represented in vernacular medical books.

In some ways this book is a mapping of medical beliefs and culture written as post-social history. It is not concerned with the origin of beliefs as in some traditional history. Much of early modern medical knowledge could be found in the Middle Ages and in Greek and Roman times, but this does not lessen its reality for people living in the sixteenth and seventeenth centuries. Just like other aspects of pre-modern material and cognitive culture, the culture of medicine had long roots in time and changed slowly, but for individuals it was part of the lived present, the world of events. Such a view, which

[3] For a critique of grand narrative in the history of science see Andrew Pickering, *The Mangle of Practice: Time, Agency and Science* (University of Chicago Press, Chicago, 1995), esp. pp. 179–242; see also Jean-François Lyotard's comment cited at p. 213: 'The grand narrative has lost its credibility' (from *The Postmodern Condition: A Report on Knowledge* (University of Minnesota Press, Minneapolis, 1984), p. 37). Also Pickering, 'Cyborg History and the World War II Regime', *Perspectives on Science*, 3, 1995, 1–48, especially pp. 1–4 for some incisive comments on the master narratives of 'Nature, Reason and Society'. David Harley has informed me that *Social History of Medicine* will be publishing a paper in which he describes what has fallen out of sight in the social history of medicine.

[4] For instance, in the admirable and nuanced study by Harold J. Cook, *The Decline of the Old Medical Regime in Stuart London* (Cornell University Press, Ithaca, 1986).

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comes from the French *Annales* school of history, helps to justify my approach in most of the first part of the book, where I look for continuities and find little significant change in medical knowledge and practice from the mid-sixteenth to the mid-seventeenth century. Such an emphasis on continuity allows the focus to remain on how, for instance, diseases or advice on healthy living were envisaged, rather than on searching for the reasons for change, when there was little or no change.

I have decided, as a 'naïve' observer, to ignore the now perhaps faltering interpretative orthodoxy of the history of medicine and science, that of the social constructivists.[5] Social constructivism is not much in evidence in historical writing on the early modern period, but the title of my book might be interpreted as belonging to this school. Such a way of writing history would detract from the work of uncovering how illness was explained and treated, and also, in my view, it is an approach that works well only for particular contexts such as colonial medicine, where power and knowledge are closely intertwined. In relation to this book, a reader can easily work out how some knowledge, for instance, relating to plague – the belief in contagion, the building up of hope for cure – fitted the interests of governments concerned with preserving social order. But much of the medical knowledge of this time was socially constructed only in the weak sense of being produced by human beings, or at most of being a convenient way for a group of practitioners to claim an expertise and hence a monopoly of practice. One also has to ask whether any work on the social construction of medicine has influenced general historians. The answer is likely to be 'no'. This is not surprising since, in a post-modern age, where to interpret is to deconstruct, no system of explanation has explanatory priority over any other. The claims, therefore, of the social sciences to provide normative explanations of knowledge that would replace those of the philosophers are caught within the paradox of post-modernism: infused with the social sciences and yet undermining of their claims and those of all others, including philosophy and history.

The book covers the period between *c.*1550 and *c.*1680. By 1550 the attempt of learned, that is university-educated, physicians to reform English medicine was well under way, as was the printing of vernacular medical books which sought to spread medical knowledge

[5] See, for instance, the work of Steven Shapin, Simon Schaffer and Roger Cooter.

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widely amongst lay people and practitioners. Although there were ripples of change coming from Paracelsian medicine from the later sixteenth century, it was not until the Helmontian attempt to revolutionise medical knowledge and especially therapeutics that there was a real challenge to orthodox Galenic medicine and its various popularised versions. The book ends in the 1680s, because by then the future shape of eighteenth-century medicine had begun to emerge from a maelstrom of change that involved Helmontians, empirics, the critiques and innovations of Thomas Sydenham, the modernisation of learned medicine by Thomas Willis and others, and institutional and educational transformations. The new medicine was also shaped by the long-term continuities charted in earlier chapters.

The book begins with an overview of the context of early modern medicine for those not familiar with it. Chapters 2 and 3 focus on remedies and diseases, in my view the most important parts of early modern medicine, reflecting the central concerns of patients and practitioners. To help redress the strange neglect of remedies by modern medical historians, I have placed them before diseases. The two chapters also indicate what underpinned medical practice: giving remedies and 'discoursing' with the patient about disease. Chapter 4, on preventive medicine, examines the advice given on diet, lifestyle and what constituted a healthy environment; this catered for the widespread interest in healthy living among the literate classes, and was usually provided by the learned physicians. Chapter 5, on surgery, discusses the third branch of medicine after pharmacy and diet: it attempts to recreate something of surgical theory and practice. It shows that, in contrast to the physicians, the surgeons acted far more extensively upon the patient's body. A major point of continuity shared with medical views of disease is the surgical concern with putrefaction as one of the causes of disease and death. I have been concerned to show how putrefaction and corruption are pivotal to early modern medicine. The two chapters on plague also illustrate this point, as well as showing how medicine, regimen and surgery were all brought into play to counter the disease.

Change, Anglo-American historians will be glad to know, does come into this history. If there are any heroes of this story, they are the Helmontians, who around the 1660s tried but failed to overthrow the therapeutics of the learned physicians derived from Greek

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Galenic medicine. The insights of the Helmontians into the nature of learned medicine were sharp and critical. But, as they themselves admitted, the Galenic physicians had been successful in getting a wide spectrum of society to accept their theories and practices (which sixteenth-century Galenists saw as part of their push to reform medicine). Consequently, Helmontians faced opposition from the public to their new type of medicine. The nature of this medicine and the opposition to it from patients are charted in chapters 8 and 9. Finally, the new developments that shaped medicine as it entered the eighteenth century are set out. They ranged from the eclecticism of the empirics and the innovation of Sydenham to the modernising of learned medicine. It is in these last three chapters, which make up the second part of the book, that I switch historiographical gear, bringing the book closer to the history of controversies and grand narrative. But even in the midst of change continuities remained, whether in the picturing of disease in the body, in the need to evacuate putrefaction and disease, or in the relationship of health to diet, lifestyle and the environment. The earlier chapters, which try to capture the more 'placid' and long-lasting aspects of medical knowledge and practice, provide an important background for understanding and assessing continuity and change in later seventeenth-century medicine. Such continuities have too often been missed. Two large topics, midwifery and madness, have not been discussed except in passing, since there is excellent work on them elsewhere.[6] More generally, magic and witchcraft have not been included as they are not central to the literate vernacular medical tradition.

The sources for this history are largely vernacular texts on remedies, diseases, regimen, etc. that range from those designed to be read by lay people to those mainly for practitioners. However, despite such distinctions, literate medicine represents a unified medical culture largely shaped by elite learned medicine from the Middle Ages and especially from the sixteenth century. The texts include many translations of continental European works. Their popularity indicates that

[6] See especially Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660–1770* (Harvard University Press, Cambridge, Mass., 1995) and the forthcoming book on midwifery by Doreen Evenden. On madness see especially MacDonald, *Mystical Bedlam*; R. Porter, *Mind Forg'd Manacles: Madness and Psychiatry in England from Restoration to Regency* (Athlone Press, London, 1987; Penguin, Harmondsworth, 1990); Jonathan Andrews et al., *The History of Bethlem* (Routledge, London, 1997).

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much of medical knowledge was crosscultural. The vernacular texts are discussed at greater length in chapter 1. What I have done is to read them and try to capture and interpret the medical culture they transmitted to early modern England.

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PART I

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CHAPTER I

Setting the scene

INTRODUCTION

This chapter gives the background and context to the rest of the book.[1] It sets out some of the basic findings of historical demographers on mortality and morbidity in early modern England (*c*.1550–*c*.1700). It then sketches in the wide range of medical provision patients could use as described by recent work in the social history of medicine, and discusses how medicine co-existed with the other healing main resource, religion. Finally, the texts that communicated medical knowledge and practice are considered. Most were written in English and this helped to create a literate medical culture that both recognised popular–elite distinctions and accepted that educated lay people and practitioners could share in a common medical culture.

LIFE AND DEATH

Our Clocks of Health seldome go true: those of Death more certaine than beleeved.[2]

Medical writers and practitioners in the early modern period lived in a world where disease and death were ever present, or so it seemed. Death was highlighted in the Christian teaching that emphasised the need to be constantly prepared for death. Illness was 'the messenger of death', and the devout declared that 'every day shall be as my dying day'.[3] However, not all age groups were equally at risk of dying.

[1] And it should help those readers not already well acquainted with the recent social history of medicine in early modern England.

[2] Stephen Bradwell, *Helps for Suddain Accidents* (London, 1633), sig. A3^{r}.

[3] Robert Yarrow, *Soveraigne Comforts for a Troubled Conscience* (London, 1634), p. 406; Robert Horne, *Life and Death, Foure Sermons* (London, 1613), cited in A. Wear, 'Puritan Perceptions of Illness in Seventeenth Century England' in R. Porter (ed.), *Patients and Practitioners: Lay*

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Death especially dogged the footsteps of the young. Early modern England had higher infant mortality rates than many Third World countries today, although those in continental Europe and Scotland were worse. Of a thousand babies born alive, around a hundred and sixty would be dead by the end of their first year. Life expectancy at birth in the period 1600–49 was 36.4 years; however, if childhood was safely navigated, then a long life was on the cards. Expectation of life for both men and women at age thirty was about another thirty years.[4]

Geography and social status helped determine an individual's chances of life. Towns and cities generally had higher mortality rates than the countryside. For instance, the parish of Hartland in Devon enjoyed the lowest mortality rates so far discovered in early modern England. Its infant mortality was below 100 and life expectancy at birth was more than 55 years; such figures were, as E. A. Wrigley points out, 'attained nationally only about 1920'. Hartland was relatively isolated, bounded on two sides by the sea, and far from major roads, its 1,000–1,500 inhabitants living in widely spaced houses and farms.[5] Cities and towns, on the other hand, had high density populations and housing, and were usually centres for trade and communication routes that also brought in diseases. In urban areas the lack of effective sewage disposal led to more illness than was the case in the less crowded countryside, and clean water supplies were less available in the towns. Morbidity and mortality flourished in such conditions. Small towns suffered worse death rates than their surrounding countryside. The populations of cities such as York, Bristol, Norwich, Newcastle and, most famously, London, were not self-sustaining and only the constant inflow of people from the countryside allowed them to grow.[6] However, some parts of the

Perceptions of Medicine in Pre-Industrial Society (Cambridge University Press, Cambridge, 1985), p. 64, and see pp. 61–70 generally.

[4] R. A. Houston, *The Population History of Britain and Ireland 1500–1750* (Macmillan, London, 1992), pp. 50–1; E. A. Wrigley and R. S. Schofield, *The Population History of England 1541–1871* (Edward Arnold, London, 1981), pp. 250–3; Michael Flinn (ed.), *Scottish Population History from the Seventeenth Century to the 1930s* (Cambridge University Press, Cambridge, 1977).

[5] E. A. Wrigley, 'No Death Without Birth: the Implications of English Mortality in the Early Modern Period' in R. Porter and A. Wear (eds.), *Problems and Methods in the History of Medicine* (Croom Helm, London, 1987), pp. 137–8.

[6] Wrigley, 'No Death Without Birth', pp. 136–7; R. A. Finlay, *Population and Metropolis: the Demography of London, 1580–1650* (Cambridge University Press, Cambridge, 1981), pp. 51–69.

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