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# Disease, medicine and society in England, 1550–1860

Second Edition

*Prepared for the Economic History Society by*

**Roy Porter**

*Wellcome Institute for the History of Medicine, London*



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## Introduction

From a social history viewpoint, this book examines the impact of disease upon English people, and responses to sickness, lay and medical alike. Its chronology, roughly 1550–1860, spans early modern times and the first century of industrial society; this allows questions to be asked both about enduring traditions and about change – for instance, the impact of rapid urbanisation upon the people’s health [120]. It broaches certain issues that are primarily demographic, by asking what part disease and medicine played in bringing about adjustments in population levels and profiles. It touches upon socioeconomic history, by examining the wealth and professional power of medical practitioners. And it asks some questions germane to the administrative or political historian: what role did the state play in promoting public health? But it is not chiefly any of these – nor is it a reassessment of the roots of the welfare state or of the National Health Service [109; 124]. Its main concern lies rather with responses – social, religious and medical alike – to sickness and to threats of death. Central to that story is an assessment of changing relations between the people at large and the medical profession.

In its organisation, this pamphlet attempts to combine thematic and chronological approaches. The first chapter briefly sketches the ‘biological *ancien régime*’ as it affected English society between Tudor times and the surge of industrialisation. How severe were the threats disease posed to the population at large and to the social fabric? Did medicine offer any real defences against disease? Chapter 2 then focuses upon the social presence of medicine in pre-industrial England. How was healing practised and who practised it? Were there many grass roots ‘healers’? Was medicine

largely the preserve of professional doctors, or did it lie in the hands of the people as well? Looking from the inside, Chapter 3 explores this world of short lives and sudden death. What did it feel like to live in times when health and existence itself were both utterly precarious? How did the sick evaluate doctors and the services they offered? How far did people try medical self-help? Or were they fatalistic, resigned to their fate and to the will of God? Attention is briefly given to seventeenth- and eighteenth-century attitudes, but these persisted well into the nineteenth century.

The fourth chapter examines in greater detail the development of the medical profession from the eighteenth century. Who were the doctors? What social rank did they enjoy? How many were there? What types of practitioners were there, on a spectrum ranging from the orthodox, through the irregular, to the shameless quack? How well did practitioners meet demands for medical services in a commercialized economy increasingly geared to the free market and to 'consumerism', that is, the provision of goods and services in return for cash payment [4]?

If Chapter 4 examines the private relations of doctors to their clients in bedside medicine, Chapter 5 proceeds to consider practitioners in their collective and public roles, particularly in the nineteenth century. How did the many distinct, and frequently competing, types of practitioner comprising medicine as a whole relate to each other? How was medicine able to consolidate itself as a prestigious profession, rather than remaining just another 'white-collar' occupation like school-teaching or journalism? The answers to these questions are obviously connected with the growing employment of medical men by the Victorian state as part of its new commitment to public health. The effects of medicine's entry onto the public stage will be assessed.

In terms of preserving 'endangered lives' [138], what did all this medical activity amount to? Could the rise of the medical profession, linked to a new 'scientific medicine' and the 'sanitary science' of the public health movement, achieve much to reduce morbidity and mortality? Were English people healthier in 1850 than in 1750, 1650 or 1550? Were they living longer? And if so, how far was that thanks to medicine? Such issues are tackled in Chapter 6 [107]. An important problem emerges: if, even in the mid-nineteenth century, medicine was still not especially successful in

preserving health and conquering disease, how do we explain the growing presence and prestige of the medical profession amongst the Victorians?

Fierce debates have raged between rival schools of historians as to how to interpret the march of medicine from Victorian times that culminated in the National Health Service, inaugurated in 1948. Doctors have generally stressed the part played by advances in medical science: scientific medicine has packed increasing curative power. Historians by contrast tend to stress the importance of reform, humanitarianism and state intervention. By contrast, radical, feminist and Marxist scholars have recently offered revisionist interpretations of a more sombre cast: in the eyes of some, the rise of modern medicine should be regarded as a saga of professional aggrandisement, monopoly, profiteering and of the use (or abuse) of medical power to enhance 'social control'. Debate has been lively on these issues. Feminist scholars have argued, for instance, that medical diagnoses like hysteria were widely used to keep women in their place by showing they were weak and sick [32]. Edward Shorter by contrast has implied that women's emancipation owes more to medicine than to the Suffragettes [116].

The generalisations presented below rest upon contested and sometimes shaky evidence. Partly this is because vast areas still remain to be researched. Thus only a few in-depth studies have been made of the functioning of hospitals within industrialising communities [90; 108] or of the workings of lunatic asylums [29]. The dangers of generalising from a few cases are obvious. But partly the problem is that the past is all too often silent: essential evidence simply has not survived. Thus it is highly probable that large numbers of female healers (so-called 'wise women') possessed valuable medical skills in traditional society: indeed, some feminists have claimed that 'witches' fulfilled important medical roles [32]. Unfortunately, whereas a fair number of autobiographies and case-books of male practitioners survive, we lack equivalents from female healers [48]. Their outlooks and practices must be deduced second or third hand, often from highly hostile sources. Uneven survival of documentary evidence and the biases of scholars mean that we currently know less about lay medicine than professional, less about irregular than about official therapies,

less about women than men. That does not mean that the former in each pair were not important. Not least, though it is important to look 'from below', the lower we look down the social scale, the less the information, and the less satisfactory it is [94]. Moreover, despite the heroic efforts of historical demographers, all attempts to provide statistical profiles of life chances before the first census in 1801 are necessarily tentative [141].

This survey covers England, not Britain as a whole. It says nothing about Ireland and Wales, and not much about health care and medicine in Scotland [45], or, for that matter, the expanding British Empire [27]. These regrettable gaps mirror the uneven state of current research. Here and there, however, a contrast with Continental Europe or America has been introduced, to highlight distinctive features of English medicine [103; 122]. Little is said below either about epidemiology, or about the progress of medical science as such. For these McGrew [71] provides a clear and comprehensive reference work. For longer time-spans and more international perspectives, see [14], while for lucid narratives of medicine and society see [127; 135; 136].