THE PATIENT'S VIEW

Doing Medical History from Below

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Medicine today is a supremely well-entrenched, prestigious profession, yoked to a body of relatively autonomous, self-directing science, expertise, and practices. It is hardly surprising, then, that it has tended to produce histories of itself essentially cast in the mold of its own current image, stories of successive breakthroughs in medical science, heroic pioneers of surgical techniques, of the supersession of ignorant folkloric remedies and barefaced charlatanry through the rise of medicine as a liberal, ethical, corporate profession. Even historians and historical sociologists who have taken more skeptical views of medicine's past, perhaps stressing its failures or underlining the self-serving features of professionalization, have nevertheless implicitly endorsed the view that the history of healing is par excellence the history of doctors.

But this physician-centered account of the rise of medicine may involve a major historical distortion. For it takes two to make a medical encounter – the sick person as well as the doctor; and for this reason, one might contend that medical history ought centrally to be about the two-way encounters between doctors and patients. Indeed, it often takes many more than two, because medical events have frequently been complex social rituals involving family and community as well as sufferers and physicians. Moreover, a great deal of healing in the past (as, of course, in the present) has involved professional practitioners only marginally, or not at all, and has been primarily a tale of medical self-help, or community care. In medicine's history, the initiatives have often come from, and power has frequently rested with, the sufferer, or with lay people in general, rather than with the individual physician or the medical profession at large.

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Yet the sufferers' role in the history of healing – in both its social and cognitive dimensions – has been routinely ignored by scholars. In this article I shall suggest why this has been so, argue that it is undesirable that it should continue so, and suggest some methods and approaches toward developing an alternative history of medicine, largely written from the patient's point of view. Rather more theoretical models of the historical stages and typical structures of patient-physician relations may in due course emerge and prove penetrating, but we should be cautious about formulating these prematurely. At present, we remain so profoundly ignorant of how ordinary people in the past have actually regarded health and sickness, and managed their encounters with medical men, that our initial priority should be to "defamiliarize" ourselves with the assumptions of modern physician-focused history and sociology of medicine, and hack our way into the empirical forests of the past in all their strangeness and diversity. The section below attempts to encounter and reconstruct some of these episodes of sickness and of medicine, as experienced by sufferers three-hundred years ago, with a view to gauging, in the rest of the article, what may be derived from them.

Articulate Sufferers

"And so I betake myself to that course what is almost as much as to see myself go into my grave – for which, and all the discomforts that will accompany my being blind, the good God prepare me."[1] Thus, Prospero-like, on 31 May 1669, Samuel Pepys broke his quill and closed his diary. It is well known that it was pain that made Pepys quit being a diarist, the acute soreness of his eyes – "ready to fall out of my head" – which rendered close, secretive writing agonizing, and convinced him that he was losing his sight.[2] It is perhaps less well-known that Pepys opened his journal, on 1 January 1660, also with his health: "Blessed be God, at the end of the last year, I was in good health, without any sense of ye old pain, but upon taking of cold."[3] The old pain was the stone, for which Pepys had been successfully cut two years earlier, mounting it as a trophy and celebrating its anniversary religiously with a stone feast, on 26 March.[4]

But it is not at all known that during the intervening nine years he referred to matters of health and sickness – his own, his wife's and other people's – on some 1017 occasions. True, this tally was swollen by the Plague of 1665, by the grumbling ghost of his stone, by his eyesight ("at work till I was almost blind"), and by Elizabeth's persistent troubles "avec ses Mois": dysmenorrhoea.[5] Yet Pepys was no hypochondriac, wallowing in invalidism. Rather, health simply was a vital concern, flooding through his thoughts more regularly than the tides of his wealth and advancement, or those passions so

dear to his heart, women, and, above all, music. It rightly commands almost unequalled space in the recently-published *Index* volume to his diary.

Unlike his amours, Pepys's health did not get excised from pre-Latham and Matthews editions of the diary. Yet for all the use medical historians have made of it, it might just as well have been. We should be grateful, of course, for the score of delightful vignettes that enthusiasts have penned, from the time of D'Arcy Power and Charles Newman onwards, articles such as Barbara Miles's "Nephrolithotomy 307 Years Ago," or the section on Pepys in B. J. Ficarra's "Eleven Famous Autopsies in History."[6]

Medical historians have been eager, of course, to memorialize Pepys as witness to that milestone of medical progress, the first canine blood transfusion, performed by Dr. Croone at the Royal Society: "There was a pretty experiment of the blood of one dog let out, till he died, into the body of another on one side, while his own run out on the other side."[7] And some of his more colorful *obiter dicta* on his health have achieved anecdotal celebrity, as for example when he wrote, balancing the books of life at the end of 1664:

> So ends the old year, I bless God with great joy to me; not only from my having made so good a year of profit, as having spent 4201. and laid up 5401. and upward.
>
> But I bless God, I never have been in so good plight as to my health in so very cold weather as this is, nor indeed in any hot weather these ten years, as I am at this day and have been these four of five months. But I am at a great loss to know whether it be my Hare's foote, or taking every morning a pill of Turpentine, or my having left off the wearing of a gowne.[8]

His friend Sir William Batten was to persuade him that the hare's foot was useless because it had been cut off above the joint.

All these vignettes are fine. But we have no considered medical biography of the diarist. No historian has seriously set about interrogating the record – surely the richest lode of its times – to make it yield up the ore of what Pepys actually felt and thought about health and sickness, what (to use David Mechanic's term)[9] his "illness behaviour" was, how he treated his maladies, how he regarded and handled his physicians.[10]

The bare statistics throw down the challenge. Pepys refers to his own state of health some 489 times (Elizabeth's gets a further 127 mentions). On 42 occasions, he compliments himself on being hale and hearty; but the rest of the time, there is some disorder afoot. On 124 occasions he complains about his eyes, on 28 about the stone. The other 288 entries record a plague of other troubles – the *Index* on Health leads off with abscess, ague, allergy, apoplexy, backache, boils, cancer, clap, colds, coughs, colic, consumption,

convulsions, delirium, diarrhea, and so forth, not omitting a parrot bite. Let us visit him for a few weeks in 1663.[11] The year opens with him drunk till almost sick. He then suffers a blistered lip, followed by itching and inflammation, due, he suspects, to the cold, and next, great pain in his stomach and a fever. He seeks expert opinion,[12]

> and by the apothecary's advice, Mr Battersby, I am to sweat soundly and that will carry all this matter away; which nature would of itself eject, but this will assist nature – it being some disorder given the blood; but by what I know not, unless it be by my late great Quantitys of Dantzicke-girkins that I have eaten.

Recovering, he congratulated himself for a day or two on being "pretty well" (though still fearful of cold), before reeling under a headache following a legal dispute, and then his "cods" starting hurting, because of the cold; this was followed by a distemper, with excessive heat and an itching back, and, shortly after, intense pains in the ear, due to catching cold. He next suffered a fall, getting out of a boat, and nearly broke his hand; then he caught cold through being on the Thames, and got fresh twinges of his "old pain." Then, a sudden change in the weather gave him another cold. Alerted, he avoided going on the river on a cold day, fearing cold; but succumbed instead to heat and itching, treating himself by sweating it out. Cold and hoarseness set in, however; and I shall leave him, laid up for longer than usual, with a cold (though I might note that Pepys's "and so to bed" was rarely on medical grounds).

Examining more deeply, what do we find? Although preoccupied with his grumbling complaints, Pepys is actually quite laconic in describing them. But this might not be significant: he was laconic about everything. He doesn't paint pain with a broad palette, an expressive symptomology.[13] Pepys was not introspective, burrowing into the hermeneutics of illness, attuned to deciphering its prognostications and providential warnings. Unlike Milton, impending blindness doesn't give him "insight," inner sight, turn him into Oedipus, Samson, or Tiresias. Neither – despite his dilettante dabblings in science – does he bone up on anatomy or *materia medica*, seeking to be his own clinician. Presumably his identification of cold as the archenemy (so much so, sometimes, that fear of cold could be a reason for not even taking physic) was rooted in humoralism, and in a commonsense Hippocratic belief that climate and evironment – the wet, the wind, the water, the mud – were all in league to fell the heedless. Yet Pepys shows next to no interest in delving into medical theories.

Cold was Pepys's real bugbear. On no fewer than 102 occasions he records taking cold. He generally blames it on the weather (which also bred other

complaints such as itching, pimples, tickling, and his perennial pains in pissing). But his own carelessness was often at fault: leaving off his wig, having a bare head, bare legs, standing in draughts, being underdressed, wearing unaired clothes – in fact, precisely all those triggers that Cecil Helman found the sick in Stanmore, a North London suburb, in the 1970s confessed were the cause of their own colds and chills.[14] In the sad saga of Pepys's Complaint, every move was full of peril:

> Then up to my new rooms, which are almost finished, and there walked with great content, talking with my wife till church time, and then to church; and there being a lazy preacher, I sleep out the sermon and so home. And after visiting the two Sir Wms, who are both of them mending apace, I to my office, preparing things against tomorrow for the Duke; and so home and to bed, with some pain in making water, having taken cold this morning in staying too long bare-legged to pare my cornes.[15]

How did Pepys hit back against onslaughts of illness? It is striking that, despite the ominousness of his own troubles and the vexatiousness of his wife's – often keeping him from her bed – these 489 illness experiences led Pepys to seek outside advice – not necessarily from medical men – just forty-two times. Four of these involved family or friends, just five apothecaries, and a mere twenty-two times a surgeon or a physician. This seems a remarkably small number, given that there were practitioners galore in the City (except during the Plague),[16] that Pepys had a taste for expert knowledge, and given his quite extensive acquaintance with the profession (he met practitioners more often socially than for medical consultations).[17] Curiously, Pepys saw the doctor almost exactly as often as a typical Englishman of his age would do nowadays.[18]

But if Pepys consulted a doctor less than one in twelve times he felt sick, wasn't that because he was dosing himself with Granny's favorite Huntingdonshire cordials, or Elizabeth's secret French brews? Yet the diary doesn't show that at all. Twenty-one of Pepys' medical consultations resulted in him taking some sort of remedy – ointment, pills, balsam, purge, or blood-letting – but on only seventeen further occasions does he mention trying some sort of home cure.

What picture then do we get of the sick diarist? Certainly, a man attentive to affliction, threading his way warily through an environment mined with health hazards, with the help of an almost paradoxically simple diagnostic map, keyed in upon cold. Yet one never expansive about the personal meanings of malaise, tantalizingly silent about deeper personal or providential ramifications, even during the Plague (was he a "demystified" modern, or just a bit of a clod?); someone who laconically and stoically soldiered on, with merriment almost always breaking through.[19]

What we mustn't do is generalize from Pepys. Take a slightly older contemporary diarist, Ralph Josselin (1616–83), puritan-inclined vicar of Earl's Colne in Essex.[20] In some ways his journal mirrors Pepys's for illness is stamped on every page, like a watermark – partly because, having cure of souls, Josselin was also professionally involved with cure of bodies, comforting, burying, mourning, probing God's secret ways; partly also because Essex country-life seems to have been a Pandora's box of misfortune (riding spills, falling trees, drownings, fires, accidents on the farm, and so forth). As with Pepys, Josselin's encounters with sickness rarely led to visits to doctors – perhaps because, as Geoffrey Holmes has recently argued, country physicians were few and far between, at least by comparison with the next century.[21]

Yet Josselin stands in real contrast to Pepys. Indifferent to medical theorizing, Josselin was, however, haunted by disease as the finger of Providence. Illness always had its meanings – now a *memento mori*, to concentrate the mind, now a Joblike trial, here a providential punishment, there a lesson. Pain was the divine tap on the shoulder:

> Sept 5 1644: Stung I was with a bee on my nose, I presently pluckt out the sting, and layd on honey, so that my face swelled not, thus divine providence reaches to the lowest things, lett not sin, oh Lord that dreadful sting bee able to poyson me.[22]

Or a few months later, on 23 September, another visitation:

> I heard that Major Cletheroe, September 21, coming homewards at Redgwell his Horse stumbleth and fell downe upon him and brake his bowells, he was taken up and spake but he dyed about four or five hours after, Lord in how many dangerous falls and stumbles has thou preserved mee, how often have I gone forth and returned home safe again, Thy name have the praise and glory.[23]

Take one year. In 1665 Josselin refers to his own health sixty-four times (in the course of just ten printed pages); in fifty of these cases, the Lord or Providence appears as the agent, and sickness looms as the wages of corruption, as divine wrath, His heavy hand. "Spare Thy People," "remove Thy rod," Josselin prays.[24] Health lies in Thy Hands; do not withhold it. Josselin's diary impresses upon us – as Keith Thomas and Alan Macfarlane have argued – the intimate links in Stuart England between health and holiness, sin and disease, malaise and maleficium.[25]

Yet neither do I want to hold Josselin up as the mirror of the times. Contrast his somewhat younger contemporary, William Stout, a quaker merchant of Lancaster. John Pickstone has recently written of him that his

> constant concern for the health of his business was scarcely separable from his constant concern with the health of his body, and with irregularities which threatened both. Doctors were unnecessary because the rules of plain living were obvious enough. By a sad paradox, Stout's first major contact with the local medical practitioners came when, as an old man, he was run down by the surgeon's horse![26]

My point, in fact, is that we don't know what to make of all this; we don't know what is typical, what exceptional; we lack a historical atlas of sickness experience and response, graduated by age, gender, class, religious faith, and other significant variables. It's terra incognita, partly because it has been discussed so little in histories of medicine. It is no disparagement to note that the discipline has indeed been true to its name, and has been about *medicine.* It has traced surgery and pharmacy up to transplants and the magic bullet; the fruitful entente between physick, anatomy, and physiology, the blossoming of medical science and research, the distillation of professionalism out of quackery, the rise of corporations, colleges, and the clinic. Some of this has been downright Whiggish (witness the titles of two consecutive books by Guy Williams, *The Age of Agony* and *The Age of Miracles*;[27] agony is what you have when medicine lags; when it advances, miracles crowd in). But much has been historiographically sophisticated, such as the lifework of Sigerist, Shryock, and Temkin, setting medicine in context of civilization and culture.[28]

Now of course, traditional "in house" history of medicine has not lacked its critics. Many of those scholars who have developed critiques of modern "professional dominance" or have sought to explore the social construction of medical knowledge have been at pains to point out how orthodox medical history often stands as a trusty servant to the claims and self-images of current medicine.[29] And, as a recent volume, *The Problem of Medical Knowledge*, shows, attempts are afoot to create revisionist or alternative histories of medicine.[30] But oddly these often end up, despite themselves, paying compliments to the mesmeric mystique of the medical model; like Shelley's view of Milton and the devil, the very defamations actually enhance the fascination of the villain. Radical anti-history of medicine has paradoxically only confirmed that the history of medicine is about doctors, what they know, what they do.

Bringing Sufferers Back In: Problems and Prospects

Obviously, both traditional medical history and its agonistic double will continue. But we also need, as a counterweight, a patient-oriented history, or, to be precise, in the first instance a sick people's or sufferers' history (for the very word "patient" seems dangerously redolent of professional medical

relations). In fact, sufferers' history – medical history from below – must be prior to the conventional "in house" accounts. Partly because – banal but incontestible – "no sufferers, no doctors"; but also because, in the past, managing and treating sickness remained very largely in the hands of the sufferers themselves and their circles, the intervention of doctors being only one weapon in the therapeutic arsenal. Your life was in your hands. I accept the point of Foucault and his school that the modern "patient" is in some sense a fabrication of the "medical gaze," a role scripted by the overall scenario of the medical system. But does this claim hold good for any but our heavily professionalized societies? We must beware of retrospectively imposing current sociological models onto the ways of the past.

Obviously, telling the story from the point of view of the sick is fraught with its own pitfalls too. We must avoid the temptation of turning the idylls of the sick into one long bellyache, a primal scream against the atrocities perpetrated by Nature and by social oppression; neither must we sentimentalize victimhood as if suffering were beautiful. No less must we avoid rendering it a Rousseauian version of pastoral, as if the "world we have lost" were some sort of macrobiotic Golden Age, the bloom of health in the paradise garden just before doctors invented pain and disease to make their cut. This is a mistake that some recent feminist history has occasionally made, Suzanne Arms asserting, for example, that before the invasion of male obstetricians, women gave birth "naturally, without pain."[31] Raphael Samuel has recently called for a new kind of "people's history" of the laboring classes that would be neither patronizing nor doctrinaire, neither Romantic nor hectoring.[32] Something like this should be possible for Everyman Sick.

It can't be done, critics might reply. You can only know about the sick through doctors' eyes, their case histories and hospital records; all else is mute prehistory. That is why we have admirable histories of epilepsy and hysteria,[33] but significantly none of epileptics or hysterics. Certainly little has been done, despite Douglas Guthrie's lament back in 1945 that the patient has been neglected.[34] What patient-oriented history there is comprises either collective and statistical profiles of the national health, or the anecdotal reportage of the famous – the "Boswell's Clap" genre,[35] admirably though this is often done. Sometimes what may promise to be sufferers' history proves a mirage, including much work of the French *Annales* historians. Take for example J.-P. Peter's "Disease and the Sick at the End of the Eighteenth Century."[36] Despite the promising title, there's actually little about the sick and certainly nothing from their own point of view; rather it is an account of the surveying ambitions of the Société Royale de Médecine. Vivid proof of how little has been done lies in the published Subject Cata-

logue of the Wellcome Institute for the History of Medicine in London. Under the heading "Patients," we find just two entries dealing with the whole of the eighteenth and nineteenth centuries.

Yet there is no reason why the history of the sick should prove any more intractable than the history of the laboring classes, of women, criminals, the illiterate, of *Outcast London*, or any other sort of history "from below."[37] In fact, it should be easier. For whereas underdogs such as paupers and criminals in previous centuries were often illiterate, or silenced, or were vocal only in ways leaving few traces in the archives, Pain has been evenhanded enough to visit the rich, educated, and visible scarcely less than the poor; and so the annals of sufferers are neither short nor simple (*vide* Pepys's 1017 entries). At least for the literate, the historian often encounters an embarrassment of riches – diaries, letters, journals, recipes, records of reading, even, occasionally, as in the case of Charles Darwin, a separate Medical Diary – all recording pain, self-examination, self-medication, regimen, and resignation.[38] On rare occasions we even have whole autobiographies of illness, as perhaps with Alice James's *Diary*,[39] or apologiae of the insane such as John Perceval's *Narrative*[40] (the mad, I note in passing, are among the few groups of sufferers to have attracted much interest, and that largely because of the polemics of today's anti-psychiatry movement). So if we cast our nets more widely, a rich haul of materials will tell us about the communal minds and hearts of the sick – proverbs, sayings, folklore, superstitions, remedies, traditional wisdom about diet, the calendar, omens, animals, natural pharmacy, the religious propitiations of *ex-votos*, pilgrimages, shrines, prayers, and so forth.[41]

And then there are fertile sources for history by inference. The visual arts, replete with symbols and myths, and written literature[42] from Medieval ballads up to *Cancer Ward*, provide mirrors and commentaries, often inverted or idealized, sometimes moralistic – catalogues of those stereotypes and methaphors of illness that Susan Sontag has so vociferously deplored.[43] Second, writings for the sick – advice handbooks and self-care manuals such as William Buchan's *Domestic Medicine*,[44] the agony columns of magazines, the breviaries of comfort and consolation, the keep-fit, stay-young-and-beautiful guides – all tell at least about sufferers' hopes and fears, even if we must be cautious before taking them as indices of what was done. And third, the testimony of the doctors themselves. Suitably interrogated, what the doctors recorded[45] can often be decoded to reveal what the sufferers dreaded or demanded, just as Le Roy Ladurie and Carlo Ginzburg have made heresy records eloquent about everyday life in medieval Montaillou or about the mind of a seventeenth-century Friulian miller.[46] In *Mystical Bedlam*, Michael MacDonald has made the consultation case histories of Richard

Napier, the early seventeenth-century Buckinghamshire clergyman-physician, the medium for resurrecting the anxieties and tribulations of rural communities.[47]

Needless to say, analogy should also help. Medical sociology and anthropology can prove immensely suggestive for the historian trying to breathe life into sufferers long since dead and gone. Sometimes directly: Cecil Helman's discovery, a few years ago, that his North London patients were all natural Hippocratics, subscribers to a seemingly timeless humoral theory of colds and fevers, might suggest that the range of natural symbols, body language, the formulae of illness as warning, danger, invasion is actually quite limited – one perhaps amenable to Mary Douglas's grid-group analysis.[48] But perhaps more often indirectly, by general enhancement of our awareness. Thus research into the "cognitive order"[49] of medicine, benefiting from ethnomethodology, argues that what most perturbs sufferers is less actual symptoms or quanta of pain, but sickness contrary to expectation. Even major diseases can be shrugged off by cultural conditioning as natural – i.e., appropriate to the stage of life or the season – as for example when Freidson reports that

> in rural Greece the childhood diseases of measles, mumps, chicken pox, and whooping cough are certainly perceived by the peasant, but they do not arouse concern, any more than do such "routine" illnesses as meningitis, scrofula, trachoma, malaria, salmonella, or amoebiasis.[50]

How disturbance is perceived, and how disease is classified, makes all the difference. Take anthropological studies of East African tribes. These show that tribesmen commonly divide up afflictions into two classes, those "of God" and those "of man."[51] Those of God are natural, tolerable, part of the divine plan, and, for this reason, are to be treated with *natural* remedies, such as herbal wisdom; those of man are the result of witchcraft, and by contrast must be combatted with spiritual and magical medicine. Mutatis mutandis, these insights might illuminate distinctions between physical and spriritual, resignation and action in the European and North American past. But caution is needed, for much medical sociology has been practical and prescriptive. An honorable tradition, led by Michael Balint, awoke to patient dissatisfaction with the medical profession, the gripe that doctors were obtuse or authoritarian.[52] And in the light of present discontents, there is a great temptation in medical sociology either to turn the aloof physician into some timeless, transhistorical law of medical dominance, or to spin a myth of a fall from grace, from some age of the Edenic family doctor.[53] In either case, we must avoid making the past fit into the categories of the present.

As well as "backprojecting" – with caution! – from medical sociology and anthropology, we can learn from social historians in other fields exploring the view "from below." Not directly, for even historians of the family and of childhood have had surprisingly little to say about family and domestic medicine; but by deploying shared perspectives.[54] For long the history of education was the cavalcade of schools and parliamentary acts; the history of crime, a story of law and order, prisons, and police; the history of the poor, the Fabian chronicle of workhouses and reformers. Reacting against these, historians have become more sensitive to the myriad ways people in fact get themselves an education, largely through informal networks, from family and friends, by doing things for themselves; similarly historians nowadays argue that "crime" is a shorthand term of analysis, too often masking the clash of deviant and dominant groups, as a work such as E. P. Thompson's *Whigs and Hunters* demonstrates so well; or have shown that the poor have their own "moral economy." Sophisticated recent history from below avoids setting the underdogs apart as mere dumb animals, in Marx's classic evocation, "a sack of potatoes"; far from being passive victims ripe to be invaded and exploited, or cared for paternalistically, those below form communities engaging in complex negotiated exchanges with their betters, flexing their own muscles, much as in the Hegelian master-slave dialectic. Likewise with the sick. Their history mustn't barricade itself in a ghetto, as black studies and women's studies risk doing, perpetuating "separate spheres," mustn't volunteer to be simply a fringe or alternative history of medicine. For it is precisely the dynamic interplay between sufferers and practitioners that requires study, the tug-of-war supply and demand, patient power and doctor power. By starting with the patient we can put medical history back on its feet.

Sufferers' History: A Research Agenda

Enough of fanfares and trumpets, however. What should the history of the sick actually be like? Although its real challenges lie in reconstructing patterns of consciousness and action, it needs first to root itself in the terra firma of the material conditions of communities in times past, the vital statistics of birth, copulation, and death, standards of living and bills of mortality, in short a biology of humans in history from the cradle to the grave – the sort of profile provided for the nineteenth century by F. B. Smith's *The People's Health*, and which forms the bread-and-butter of *Annales* history in works such as Goubert's *Malades et médecins en Bretagne*.[55] Though assembling such data will involve a degree of history by hindsight – for example, in gauging the distribution of medical personnel throughout a region, or the epidemiology of plagues and fevers – this should not matter, as we can be

sure that sufferers themselves had their feet planted on the ground, inhaled the stench of the past, and were aware, however imperfectly, of the implications for health of dearth, vermin, and cold, and knew how many hours' ride away the nearest surgeon was. Due attention to such banausic ballast might help prevent the balloon of sufferers' history floating upwards into space, inflated with the too heady hot air of idealist structuralist anthropology.

Next we need, for our various classes and communities, basic mappings of experience, their belief systems, images and symbols: how did people reflect upon living and dying, the ages and stages of life; the body (was it holy or shameful?), and the functions and meanings of its various organs. How did they explain how and why the frail barque of health capsized into sickness? Were such explanations naturalistic or divine, descriptive or prescriptive? Faced with disease, were people fatalistic or combative? Precisely because they are so universal yet emotionally loaded, such categories as blood, head, guts, or heart could have immensely powerful resonances. For example, Foucault has averred that health and fitness became bourgeois shibboleths during the Enlightenment, countering the aristocratic fetishism of blood.[56] Or, Edward Shorter has recently contended that Western distrust of the flesh, and particularly the supposed uncleanness of women, mirrored the physical torments and dangers of childbirth.[57] As childbirth grew safer, the old fear of women as polluting began to fade. Similarly, responses to filth have articulated complicated patterns of beliefs and prejudices. It has been suggested that attitudes toward dirt have undergone a long revolution: back in the late Middle Ages, cleanliness was urged first on essentially aesthetic grounds; then, and in particular in the Calvinist Dutch Republic, it literally became (in John Wesley's phrase) "next to godliness," a prophylactic against sin and sloth, the mark of the elect.[58] Only later did the association of cleanliness with health and hygiene become paramount. Recovering these obsolete thought-patterns may not just be a charming antiquarian exercise, but might make all the difference in explaining behavior. For instance, Lawrence Stone has postulated an inverse relationship between dirt and sexual activity.[59] As Europe cleaned up, fornicating became less of an ordeal, and people coupled more eagerly. The population explosion may owe much to soap.

Next, what happened when people fell ill? I suggest two probes to peer inside the sufferers. One is by monitoring how they experienced and expressed pain, which is very much still a virgin field of research. The language of pain – was it moral, physical, emotional, localized, behavioral? – reveals much about perceptions of selfhood and the hieratic organology of mind, body, heart, soul, nerves; and also about the meaning of maladies. Is pain seen as

disease, or divine tribulation? Is it a cry for help, or a cross to be borne? Reference to the Bernsteinian account of elaborated and restricted codes of language can help tell us which complaints were thought natural, chronic or acute, the outriders of death, or earnests of the mysterious healing powers of nature.[60]

The other, obviously, is to fill in sufferers' characterizations and classifications of illnesses. Grasping how people have labelled sickness will illuminate their assumptions about cause, type, prognosis, and remedy. Are the terms used by particular individuals or groups popular or patrician, medical or vernacular, finely differentiated or crude, descriptive or causal, natural, Christian, or pagan, symptomatic or ontological? The paradox is that we almost certainly have a better grasp of the medical world of the Masai than of the Mancunians. Works such as Caplan, Engelhardt, and McCartney's *Concepts of Health and Disease*, and F. Kräupl Taylor's *The Concepts of Illness, Disease and Morbus*, have alerted us to the repertoire of disease characterizations within the *medical* fraternity.[61] It is odd, however, how deaf we have been to lay nosologies. Recent representations of lay perceptions of death, by Ariès, McManners, and others, may point the way ahead.[62]

From sickness on to remedies. We have grown beyond regarding seeking remedies or calling the doctor as an automatic, knee-jerk reflex to sickness, for we are familiar with the sick-role, with creative malady, with hypochondria. What we still have scanty knowledge of, however, are the conventions and channels leading from sickness to response, and indeed governing the choice of therapeutic action.[63] This of course is routinely done by individuals, sometimes crossing the threshold into medicine. But we must not forget that it has often been accomplished through collective lay rituals, obscure in origin and many-layered in function. For example, Jean-Claude Schmitt has recently reconstructed the underground healing cult of St. Guinefort in Medieval France.[64] Guinefort was actually a greyhound, real or mythical, worshipped by peasant women. They brought their sickly infants to his forest shrine and left them there, returning in a couple of days. If the infant was still alive, that was a sign of divine blessing: the child would grow up bonny. If dead, it proved the infant was in fact a changeling, planted by demons. Was this ritual really undercover infanticide, holy population control?

What did people do when they fell sick? Some of them consulted medical practitioners some of the time. We might leap to the conclusion that the reasons why more people didn't consult more doctors more often were shortage and cost. There is some truth in this; but we shouldn't make too much of it, not least because further research will probably demonstrate that

there were more medical practitioners than has generally been suspected, indeed, *far more*, if we include, as we surely should, all those who appeared to sufferers as medically skilled, experienced, or gifted: the gaggle of herbalists, nurses, wisewomen, bonesetters, ladies of the house, horse-doctors, empirics, itinerant tooth-drawers, peddlers, showmen, witches, clergymen, barbers, charlatans, and so forth, many of whom were not particularly expensive at all.[65] I need not labor the point that historians have been mesmerized by the formal chartered pyramid of physick, by the joustings of the rival medical colleges. Paper wars and statutory hierarchies don't give an accurate picture of medical provision in an ancien régime Europe where physicians, surgeons, and apothecaries in fact melted into each other along a spectrum that also included thousands who dispensed medicine full- or part-time, for reward or for love, publicly or to friends.[66]

Many people doubtless never called upon doctors at all. Proverbs testify to the entrenched suspicions against what Hogarth called "the company of undertakers": "One doctor makes work for another"; "That is but one doctor's opinion"; and so forth, echoing the Biblical "Physician, heal thyself."[67] Gut distrust belched forth in nineteenth-century England and America in powerful anti-medical crusades – Thomsonianism (with its Decalogues of Health), the Coffinites, medical botany, spiritualism, Christian Science, and other lay healing cults.[68] Hence, to begin with, we need to know why and when which sufferers embarked upon summoning which sorts of medical skill. Was action governed by the type of malady, or its severity, or by the economic standing of the sufferer, or their stage in the life cycle (Michael MacDonald had pointed out that the very young and the very old rarely went to see Richard Napier: both were probably thought too near to death).[69] How often was the doctor called in only when all else had failed, almost by way of giving up the ghost, an agnostic extreme unction? Certainly Percivall Willughby, the seventeenth-century man-midwife, complained he was often sent for only when the midwife had already wrought her worst.[70] We know from the correspondence of seventeenth-century families such as the Blundells and the Verneys how sufferers routinely made use of the services of a handful of different kinds of practitioners,[71] rather as in current Third World countries where, as Arthur Kleinman notes for Taiwan, it is perfectly good form for a consumer to attend Western doctors for some conditions (e.g., surgical), native herbalists for others, and the witch doctor for gnawing personality problems.[72]

But what were the imperatives of choice in the medical market place? Presumably some customers opted for quack treatment or proprietary medicines, thinking they would be milder, quicker, or cheaper than orthodox

blunderbuss polypharmacy and arduous regimen. But it might well cut the other way. Dr. Johnson, for example, *demanded* strong medicines: "Gentle purges and slight phlebotomies are not my favourites," he wrote, "they are popgun batteries which lose time and effect nothing."[73] In this preference he sometimes bullied his doctors, noting that he "prevailed upon my physician to bleed me very copiously, almost against his inclination." Howard Berliner has offered the intriguing speculation that homeopathy's appeal for the genteel lay in conspicious waste: you got almost nothing for your money.[74]

Patient Power and Doctor Power

All this is impressionistic; but it seems to corroborate Jewson's thesis that in past centuries the paying consumer (and not necessarily just the rich, though those are the focus of Jewson's study), simply by possessing choice and the power of the purse, could exercise considerable sway in the medical marketplace. Obviously, this was so much easier when medical learning was unspecialized, medical theories such as humoralism the lingua franca of the laity as well as of the faculty, and where doctors lacked gleaming technology and miracle cures to bolster their mystique, having to rely on expectant therapy and the healing power of nature. Patient power, and the fawning servility it forced upon physicians, levelling them with clients and tradesmen, irked the doctors.[75] Percival's *Medical Ethics* can be read as the special pleading of a man anxious to say goodbye to all that.[76] Do not break ranks, do not poach on each others' territory, he urges physicians; do not use a variety of doctors, he warned patients – it is not cricket and is bad for your health.

We are perhaps disturbed by medical authority. But just a couple of centuries back what scant authority run-of-the-mill physicians actually had! Ridiculed in cartoons and satirized as Dr. Jourdain, Dr. Slop, Dr. Smelfungus, and, worst of all, Charles Bovary, bloody and bungling (the debonair hero surgeon is a product of the age of Mills and Boon pulp fiction), the profession commanded little status or respect per se, although address and charm, culture and wealth gave an elite cachet.[77] Listen, for example, to Elizabeth Montagu complaining in 1739:

> I have swallowed the weight of an Apothecary in medicine, and what I am better for it, except more patient and less credulous I know not. I have learnt to bear my infirmities and not to trust to the skill of Physicians for curing them. I endeavour to drink deeply of Philosophy, and to be wise when I cannot be merry, easy when I cannot be glad, content with what cannot be mended, and patient where there can be no redress. The mighty can do no more, and the wise seldom do as much.[78]

Time and again we find sufferers studiously disregarding doctors' advice. Not surprisingly, perhaps, with a stubborn ox like John Wesley:

> Monday 24. The cold which I had had for some days growing worse and worse, and the swelling which began in my cheek increasing greatly, and paining me much, I sent for Dr. Rutty. But in the mean time I applied boiled nettles, which took away the pain in a moment. Afterwards, I used warm treacle which so abated the swelling, that before the Doctor came I was almost well. However, he advised me, "Not to go out that day." But I had appointed to read the letters in the evening. I returned home as early as I could, and found no inconvenience.[79]

But it is no less true with a lamb like Horace Walpole. "My surgeon wishes me to take the air," he explained to his friend Lady Browne during a fit of the gout, "but I am so afraid of a relapse, that I have not yet consented."[80] The anxiety-riddled Dudley Ryder was similarly skeptical about acting upon his doctor's advice:

> July 4, 1716: Went to London. Cousin Watkins went with me to Dr. Wadsworth's. I asked his opinion of the cold bath and Tunbridge, but he put off these questions with slight answers and after he had ordered me some things, he told me after I had taken them he would talk with me about the cold bath so that he has cut out another fee for himself.
>
> Went to father's and he was vexed I should go into courses of physic. It would ruin my constitution, and told me of a medicine for the rheumatism which had done very great things in the cure of it, and that is nothing but mustard seed bruised and steeped in wine. I was the better pleased with this prescription.[81]

Restless about physicians' fees, and their trick of making business for apothecaries, Dudley Ryder confided to his diary (April 1716):

> This had made me almost resolve to be my own physician, at least to come as little into their hands as possible. If one could get off only with the charge of the physic it might be tolerable, but to fill one's belly and load one's stomach with useless medicines is dangerous.[82]

Not surprisingly, many aimed like Ryder to be "their own physicians." They felt they had to be, for each man was his own walking hospital. Lay writings from previous centuries are not just full of suffering and pain; they teem with medical lore and speculations, recipes, recommendations, and prognostications – some quirky, but many reflecting time-honored medical wisdom. And of course the laity's letters and commonplace books were jam-packed with nostrums. Some were identical to the physicians' remedies, some unique to the laity. And amongst a wide choice of nostrums there was little agreement. For example, for jaundice, Dr. Johnson recommended the inside rind of a barberry tree steeped in cider. It cured Lord Herbert "after the distemper had baffled all the faculty." Lord Pembroke, however, would have none of it: "A vomit is the first thing for jaundice and after that every morning a cider orange roasted with saffron," to be followed by a raw egg every three hours.[83]

Self-diagnosis and dosing was for many a daily habit, even a dawn chorus:

> Wednesday February 29: Rose between 6 and 7. Drank the juice of two Seville oranges as I have done for several mornings in order to remove the scurvy which I believe I have got and purify my blood and to sweeten my breath which I have suspected this good while has been very strong,[83]

wrote Dudley Ryder in 1716. John Wesley was another habitual self-doctor:

> Thursday, June 1. I reached Londonderry, but I had so deep a hoarseness, that my voice was almost gone. However pounded garlic applied to the soles of my feet took it away before the morning.[84]

Wesley, who of course turned healer himself, printing his favorite remedies in that eighteenth-century best-seller, *Primitive Physick*, had no more respect for physicians than for pluralists, and experimented on his own maladies:

> Wed 28: I found no change for the better, the medicines which had helped me before, taking no effect. About noon... a thought came into my mind to make an experiment. So I ordered some stone brimstone to be powdered, mixed with the white of an egg, and spread on brown paper, which I applied to my side. The pain ceased in five minutes, the fever in half an hour; and from this hour I began to recover strength. The next day I was able to ride, which I continued to do every day...
>
> Fri 14. Having finished all the book which I designed to insert in the Christian Library, I broke through the doctor's order, "Not to write," and began transcribing a Journal for the press; and in the evening I went to prayers with the family, without finding any inconvenience.[85]

When they weren't physicking themselves, lay people were often dosing their friends and neighbors. The diary of the early eighteenth-century Lancashire gentleman Nicholas Blundell reveals that he and his family acted as scratch physicians for the local Catholics: "Thomas Barrow from Ditton was here, I gave him some Powder for his Daughter as has the Falling Sickness or Convulsion Fits."[86] And Wesley went around dispensing remedies even as he converted:

> Mon 7. I was advised to take the Derbyshire road to Manchester. We baited at a house six miles beyond Lichfield. Observing a woman sitting in the kitchen, I asked, "Are you not well?" and found she had just been taken ill (being on her journey) with all the symptoms of an approaching pleurisy. She was glad to hear an easy, cheap and (almost) infallible remedy, an handful of nettles, boiled a few minutes and applied warm to the side.[87]

What suchlike correspondence makes clear is the strength and continuity of active, articulate lay healing cultures, of which we need to take cognizance, to set our assumptions about medical authority in perspective.[88] Yet our knowledge about the rules and operations of sufferers' practices remains sadly wanting. Certain traditional home cures undoubtedly work – e.g., foxglove for regulating the heart – but how they were discovered is obscure.[89] We know far too little about how household medicine was handed down and

modulated. Historians such as Peter Burke and Ronald Paulson have focused attention recently on the two-way thrust and parry between low and high culture, oral and written, folk and commercial.[90] Yet we remain in the dark about exchanges of these kinds in medicine. Did elite medicine steadily expropriate folk health wisdom, causing it to shrivel? Or did it rather have a continual rejuvenating effect? And what has been the role of such mediating popularizing texts as the Elizabethan *Treasures of Health* and *Sick Man's Salve*,[91] and later works like Buchan's *Domestic Medicine*, Wesley's *Primitive Physick*, and the flood of cookery and household management books such as Eliza Smith's *The Compleat Housewife*?[92]

Conclusion

It is time to draw the threads together. I have been arguing that we should lower the historical gaze onto the sufferers. "Banish money," wrote John Keats, "– banish sofas – Banish wine – Banish Music – But right Jack Health – Honest Jack Health, true Jack Health – banish Health and banish all the world."[93] Health is the backbone of social history, and affliction the *fons et origo* of all history of medicine. For whereas one could plausibly argue, a history of crime should start not with the criminals but with law and police – because these define criminality – the sick cannot possibly be regarded as a class apart, conjured up by the faculty. Moreover, it is especially important to get under the skin of the sufferers, because most maladies have not in fact been treated by the profession but by self- or community help, or in the paramedical marketplace where the sufferers' own initiatives, confidence, and pockets are critical. In addition, lay medical power has also been crucial in a sphere I haven't touched upon here, since I have been concentrating on the sufferer as an individual – in other words, lay-instigated social, civic, and institutional strategies for sickness, above all, in earlier times, for coping with epidemic pestilences such as plague. For what emerges, for example, from recent studies of civic health arrangements in the Italian Renaissance is that physicians regularly had to play second fiddle, in the teeth of various lay interests, to city fathers, philanthropic patrons, and, of course, the Church itself.[94]

Medicine has never enjoyed full monopoly or police powers, and most healing, like charity, begins at home. The upshot is that doctors traditionally had to remember that he who paid the piper called the tune. George Bernard Shaw was well aware of this:

> The doctor learns that if he gets ahead of the superstitions of his patients he is a ruined man; and the result is that he instinctively takes care not to get ahead of them. That is why all the changes come from the laity.[95]

I do not intend to conclude by offering a set of theoretical models for understanding sick person-doctor interaction in times past. That would certainly be premature, and probably also counterproductive, by creating the illusion of patterns of typicality and uniformity. But I should like to tabulate certain strategies and broad interpretive guidelines for future investigations.

1. We need to question medical history's preoccupying concern with *cures* (even cures that don't work). It is modern medicine that is cure-fixated. Pharmaceutical intervention in the past, by contrast, paid great attention to pain control, to fortifying the body, to adjusting the whole constitution. And treatment went far beyond drug interventions, involving complex rituals of comfort and condolence, the consolations of philosophy and grit, acted out by the suffering, with the physician sometimes sharing in the psychodynamics of the bedside encounter.

2. We next need to become fully aware that our ancestors were at least as concerned with positive health, and with routine health maintenance, as with sickness, with prevention rather than merely therapeutics. We commit gross historical distortions if we fail to give due weight and attention to traditional medical interest in the weather, in diet, in exercise, in sleep – or, in other words, in the whole field of the "non-naturals."[96] We may tend to regard these strategies as ineffectual, faddish, and even quasi-magical attempts to cope with hostile environments or to placate the deities; yet such self-care regimes may well have had their own physical and psychological wisdom; and as historians we neglect at our peril the key roles played by health-maintenance in forming and sustaining conceptions of the self, of self-respect and autonomy, and (as encapsulated in the goal of "Mens sana in corpore sano") the good man.

3. For us nowadays most sickness experiences are merely troublesome nuisances, and, as Susan Sontag reminds us, only exceptional diseases – mainly fatal ones, like cancers – seem to possess meanings and mythologies that have ramifications for our overall interpretations of the human tragicomedy.[97] It seems, however, that for people in the past, illness experiences were far more likely to be charged with life meanings, involving and transforming ideas of self, salvation, destiny, providence, reward, and punishment. Sickness and sin, health and holiness were intimately linked, and it is worth remembering that the constant proximity of sickness and death was probably a great sustainer of the religious experience.[98] Sickness cannot be seen in isolation; rather it is important to view responses to health and sickness as constitutive parts of whole cultural sets.

4. Nowadays we tend to think of sickness and the other great bodily events as quintessentially individual, private experiences. That would be a mistake for communities in the past. Until two or three centuries ago, for instance, giving birth was routinely a highly social ritual, involving the close and prolonged attendance on the mother of a supportive group of "gossips,"[99] and we should never underestimate the key role of the family in sickness care and therapeutics in ages before doctors and welfare organizations were common. This is borne out by the vast quantities of family health-care manuals that cascaded off the presses. But the story of family medicine remains curiously neglected.

5. We should stop seeing the doctor as the agent of primary care. People took care before they took physick. What we habitually call primary care is in fact secondary care, once the sufferer has become a patient, has entered the medical arena. And even under medical control, patients have by no means been so passive as the various "medicalization" theories of Foucault and Illich might lead us to believe. From their distinct points of view, Szasz's pleas for the autonomy of the afflicted, and Goffman's studies of the Brechtian survival strategies of the inmates of total institutions, offer a salutory counterbalance, a view of lay initiative, resilience, and capacity to play the system.[100]

Medicalization theory harbors another insidious assumption, the implication that the rise of medical power is in some sense ineluctable and unilinear, the ghost train speeding down the old Whiggish mainline from magic to medicine. But a people's history of health will show something much less monolithic. Here steps toward medical regulation, there the expropriation of lay healing, it is true; but it will also show that sufferers are fertile in their resources, and that feedback processes sometimes mean that medicalization boomerangs back on the faculty, as patients borrow the doctors' lines. Discussing the making of the working class, E. P. Thompson has warned us of over-rigid and mechanistic views of class relations, arguing that class is not a static fact or structure, but a fluid, dynamic process, forming and reforming all the time. The parallel with sufferers' relations with medicine is apt. A people's history of suffering might restore to the history of medicine its human face.[101]

NOTES

1. R. Latham and W. Matthews, eds., *The Diary of Samuel Pepys*, 11 vols. (London, 1970–83), 9: 565. Pepys of course did not in fact go blind. For a general discussion of his health, see ibid., vol. 10 (companion volume), 172–75.
2. C. Snyder, "Turberville of Salisbury, Physician for the Eyes," *Archives of Ophthamology*

13 (1965): 897–900; L. Pitfield, "A Short Account of Pepys' Oculist, d'Urberville, and His Family," *Annals of Medical History* 10 (1928): 173–79.

3. Latham and Matthews, *Diary of Samuel Pepys*, 1: 1.
4. Sir E. Riches, "Samuel Pepys and His Stones," *Proceedings of the Royal Society of Medicine, Section of the History of Medicine* 69 (1976): 449; idem, "Samuel Pepys and His Stones," *Annals of the Royal College of Surgeons of England* 59 (1977): 11–16; G. E. Moloney, "A Restoration Piece: Samuel Pepys Is Cut for Stone," *Oxford Medical School Gazette* 10 (1958): 13–22; Sir D'A. Power, "Some Bygone Operations in Surgery, IV: An Historical Lithotomy: Mr. Samuel Pepys," *British Journal of Surgery* 18 (1931): 541–45.
5. Sir D'A. Power, "The Medical History of Mr. and Mrs. Samuel Pepys," *British Medical Journal* 1 (1933): 325–26.
6. B. Miles, "Nephrolithotomy 307 Years Ago," *Nursing Times* 61 (1965): 431; B. J. Ficarra, "Eleven Famous Autopsies in History," *Annals of Medical History* 4 (1942): 504–20.
7. M. Nicolson, *Pepys' Diary and the New Science* (Charlottesville, Va., 1965), 55–56, 82–83.
8. Latham and Matthews, *Diary of Samuel Pepys*, 5: 359.
9. D. Mechanic, "The Concept of Illness Behaviour," *Journal of Chronic Disease* 15 (1962): 189–94.
10. See, however, T. D. Whittet, "Samuel Pepys and His Apothecaries," *Veröffentlichen der internationalen Gesellschaft für Geschichte der Pharmazie* 28 (1966): 273–81; H. B. Wheatley, ed., *Samuel Pepys Club*, vol. 1, *1903–1914* (London, 1917), 180.
11. Latham and Matthews, *Diary of Samuel Pepys*, 4: 1 ff.
12. Ibid., 4: 39.
13. A. Wear, "Puritan Perceptions of Illness," in *Patients and Practitioners: Lay Perceptions of Medicine in Preindustrial Society*, ed. R. Porter (Cambridge, 1985).
14. C. G. Helman, "'Feed a Cold, Starve a Fever': Folk Models of Infection in an English Suburban Community, and Their Relation to Medical Treatment," *Culture, Medicine and Psychiatry* 2 (1978): 107–37.
15. Latham and Matthews, *Diary of Samuel Pepys*, 9: 565.
16. G. R. Owen, "The Poore's Plague and Mr. Pepys," *Annals of Medical History* 8 (1926): 249–64.
17. E. M. da C. Andrade, "Samuel Pepys and the Royal Society," *Notes and Records of the Royal Society of London* 18 (1963): 82–93.
18. A. Cartwright, *Patients and Their Doctors* (London, 1967), 187.
19. M. H. Stein, "A Psychoanalytic View of Mental Health: Samuel Pepys and His Diary," *Psychoanalytical Quarterly* 46 (1977): 82–115.
20. A. Macfarlane, ed., *The Diary of Ralph Josselin, 1616–1683* (London, 1976); idem, *The Family Life of Ralph Josselin: A Seventeenth-Century Clergyman* (Cambridge, 1970); L. M. Beier, "In Sickness and in Health: A Seventeenth Century Family's Experience", in Porter, *Patients and Practitioners*.
21. G. Holmes, *Augustan England: Professions, State and Society, 1680–1730* (London, 1982).
22. Macfarlane, *Diary of Ralph Josselin*, 19.
23. Ibid., 21–22.
24. Ibid., 518–22.
25. K. V. Thomas, *Religion and the Decline of Magic* (London, 1971); A. Macfarlane, *Witchcraft in Tudor and Stuart England* (London, 1970).
26. J. D. Marshall, ed., *The Autobiography of William Stout of Lancaster* (Manchester, 1967); J. V. Pickstone, "Establishment and Dissent in Nineteenth-Century Medicine: An Exploration of Some Correspondence and Connections between Religious and Medical Belief Systems in Early Industrial England," *The Church and Healing*, ed. W. Sheils (Oxford, 1982), 165–90, at 170. For the variety of contemporary sufferers' responses, see A. Wear "Puritan Perceptions of Illness," in Porter, *Patients and Practitioners*.
27. G. Williams, *The Age of Agony* (London, 1975); idem, *The Age of Miracles* (London, 1981).
28. See for instance O. Temkin, *The Double Face of Janus and Other Essays* (Baltimore, 1977); R. Shryock, *Medicine in America* (Baltimore, 1966); H. Sigerist, *A History of Medicine*, 2 vols. (New York, 1951–61).
29. For admirable discussions of the historiography of medicine, see C. Webster, "The Historiography of Medicine," in *Information Sources in the History of Science and Medicine*, ed. P. Corsi and P. Weindling (London, 1983), 29–43, and idem, "Medicine as Social History: Changing Ideas on Doctors and Patients in the Age of Shakespeare," in *A Celebration of Medical History*, ed. L. Stevenson (Baltimore, 1982), 103–26.
30. See, for example, M. Foucault, *The Birth of the Clinic* (London, 1972), idem, *Discipline and Punish* (London, 1977), D. Armstrong, *The Political Anatomy of the Body* (Cambridge, 1983), I. Kennedy, *The Unmasking of Medicine* (London, 1982), P. Wright and A. Treacher, eds., *The Problem of Medical Knowledge* (Edinburgh, 1982), T. Szasz, *The Myth of Mental Illness* (New York, 1961), I. Illich, *Limits to Medicine* (London, 1976), B.

Inglis, *Natural Medicine* (London, 1979), and idem, *Diseases of Civilization* (London, 1981).

31. For a critique of such sentimentalization, see E. Shorter, *A History of Women's Bodies* (New York, 1982).
32. R. Samuel, ed., *People's History and Socialist Theory* (London, 1981).
33. O. Temkin, *The Falling Sickness* (Baltimore, 1945); I. Veith, *Hysteria* (Chicago, 1965). This point is implicitly made in S. Gilman, *Seeing the Insane* (London, 1982).
34. D. Guthrie, "The Patient: A Neglected Factor in the History of Medicine," *Proceedings of the Royal Society of Medicine* 37 (1945): 490–94. What Guthrie was chiefly interested in, however, were histories of patients made famous by their doctors – e.g., the first person vaccinated by Jenner – thus perpetuating the concern with priorities set by traditional historiography. See also C. Mullett, "The Lay Outlook on Medicine in England, *circa* 1800–1850," *Bulletin of the History of Medicine* 25 (1951): 168–77.
35. W. B. Ober, *Boswell's Clap and Other Essays* (Carbondale, Ill., 1979).
36. J.-P. Peter, "Disease and the Sick at the End of the Eighteenth Century," in *Biology of Man in History*, ed. R. Forster and O. Ranum (Baltimore, 1975), 81–124.
37. For excellent debates on the nature of "history from below" and the crises of social history, see successive issues of *History Workshop Journal*; also *Theory and Society* 9 (1980): 667–81.
38. For lay people's medical diaries see J. Lane, "The Doctor Scolds Me: The Diaries and Correspondence of Patients in Eighteenth-Century England," in Porter, *Patients and Practitioners*, and J. Barry, "Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol," ibid.
39. L. Edel, ed., *The Diary of Alice James* (Harmondsworth, 1982).
40. G. Bateson, ed., *Perceval's Narrative* (New York, 1974); cf. D. Peterson, ed., *A Mad People's History of Madness* (Pittsburgh, 1982).
41. For proverbs see F. Loux, *Sagesses du corps* (Paris, 1978); J. Gelis, *Entrer dans la vie* (Paris, 1978).
42. N. Cousins, *The Physician in Literature* (New York, 1982); G. S. Rousseau, "Literature and Medicine: the State of the Field," *Isis* 72 (1981): 406–24.
43. S. Sontag, *Illness as Metaphor* (New York, 1978).
44. C. Lawrence, "William Buchan: Medicine Laid Open," *Medical History* 19 (1975): 20–36; C. Rosenberg, "Medical Text and Medical Context: Explaining William Buchan's *Domestic Medicine*," *Bulletin of the History of Medicine* 57 (1983): 22–42; G. Smith, "Prescribing the Rules of Health: Self Help and Advice in the Late Eighteenth Century," in Porter, *Patients and Practitioners*.
45. A revealing instance is K. Dewhurst, ed., *Willis's Oxford Casebook, 1650–52* (Oxford, 1981).
46. E. Le Roy Ladurie, *Montaillou* (London, 1979); C. Ginzburg, *The Cheese and the Worms* (London, 1980).
47. M. MacDonald, *Mystical Bedlam* (Cambridge, 1981).
48. Helman, "'Feed a Cold, Starve a Fever,'"; M. Douglas, *Purity and Danger* (London, 1966); idem, *Cultural Bias* (London, 1978).
49. D. Locker, *Symptoms and Illness: The Cognitive Organization of Disorder* (London, 1981).
50. E. Freidson, *Profession of Medicine* (New York, 1972), 286.
51. T. Ranger, "Medical Science and Pentecost: The Dilemma of Anglicanism in Africa," in Sheils, *Church and Healing*, 333–66.
52. E. Balint and J. S. Norell, *Six Minutes for the Patient* (London, 1973); M. Balint, *The Doctor, the Patient and His Illness* (London, 1957).
53. R. Gibson, *The Family Doctor* (London, 1981).
54. Even an admirable work like K. Wrightson, *English Society, 1580–1680* (London, 1982), hardly discusses medicine except in the context of mortality.
55. F. B. Smith, *The People's Health* (London, 1979); L. Clarkson, *Death, Disease and Famine in Pre-Industrial England* (London, 1975); J. P. Goubert, *Malades et médecins en Bretagne, 1770–1790* (Rennes, 1974).
56. M. Foucault, *A History of Sexuality*, vol. 1, *Introduction* (London, 1978).
57. Shorter, *History of Women's Bodies*.
58. See S. Schama, "The Unruly Realm: Appetite and Restraint in Seventeenth-Century Holland," *Daedalus* 108 (1979): 103–23; G. Smith "Prescribing the Rules of Health: Self-Help and Advice in the Late Eighteenth Century, in Porter, *Patients and Practitioners*; N. Elias, *The Civilizing Process* (Oxford, 1983).
59. L. Stone, *The Family, Sex and Marriage in England, 1500–1800* (London, 1977).
60. K. Keele, *Anatomies of Pain* (Oxford, 1957).
61. A. L. Caplan, H. T. Engelhardt Jr., and J. J. MacCartney, eds., *Concepts of Health and Disease* (Reading, Mass., 1981); F. Kräupl Taylor, *The Concepts of Illness, Disease and Morbus* (Cambridge, 1979).

62. J. McManners, *Death and the Enlightenment* (Oxford, 1981); P. Ariès, *The Hour of Our Death* (London, 1981); C. Gittings, *Death, Burial and the Individual in Early Modern England* (London, 1984).
63. Sir H. Brackenbury, *Patient and Doctor* (London, 1935); G. Gordon, *Role Theory and Illness* (New Haven, Conn., 1966); A. Cartwright, *Patients and Their Doctors* (London, 1967); G. Stimson and B. Webb, *Going to See the Doctor* (London, 1975).
64. J.-C. Schmitt, *The Holy Greyhound* (Cambridge, 1983).
65. C. Webster, ed., *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979); T. Gelfand, *Professionalizing Modern Medicine* (Westport, Conn., 1980); G. Holmes, *Augustan England: Professions, State and Society, 1680–1730* (London, 1982).
66. The traditional view is ironically perpetuated by some of the better historical sociology of medicine, e.g., I. Waddington, "The Struggle to Reform the Royal College of Physicians, 1767–1771: A Sociological Analysis," *Medical History* 17 (1973): 107–26, and S. Holloway, "The Apothecaries' Act of 1815: A Reinterpretation," *Medical History* 10 (1966): 107–29, 221–36.
67. Gélis, *Entrer dans la vie*; Loux, *Sagesses du corps*.
68. J. Whorton, *Crusaders for Fitness* (Princeton, 1982); G. Risse, ed., *Medicine without Doctors* (New York, 1977); A. C. and M. Fellman, *Making Sense of Self* (Philadelphia, 1981).
69. MacDonald, *Mystical Bedlam*. Counter-evidence is however provided by the medical accounts of an eighteenth-century Aberdeen physician, George Chalmers, who extensively treated young children. See R. Stott, "The Medical Practice of George Chalmers M.D.," *Archivaria* 10 (1980): 51–67.
70. P. Willughby, *Observations in Midwifery* (Warwick, 1863); A. Wilson, "Participant versus Patient: Seventeenth-Century Childbirth from the Mother's Point of View," in Porter, *Patients and Practitioners*.
71. F. P. Verney, *The Memoirs of the Verney Family*, 4 vols. (London, 1892); F. Tyler and J. J. Bagley, eds., *The Great Diurnal of Nicholas Blundell* (Manchester, 1965–).
72. A. Kleinman, *Patients and Healers in the Context of Culture* (Berkeley, Calif., 1980). On consumer choice, see N. McKendrick, J. Brewer, and J. H. Plumb, *The Birth of a Consumer Society* (London, 1982).
73. J. Mulhallen and D. J. M. Wright, "Samuel Johnson: Amateur Physician," *Journal of the Royal Society of Medicine* 76 (1983): 217–22.
74. H. Berliner, "Medical Modes of Production," in Wright and Treacher, *Problem of Medical Knowledge*, 162–73.
75. N. Jewson, "The Disappearance of the Sick Man from Medical Cosmology, 1770–1870," *Sociology* 10 (1976): 225–44; idem, "Medical Knowledge and the Patronage System in Eighteenth-Century England," *Sociology* 8 (1974): 369–85; see also R. Porter, "Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman's Magazine*," in idem, *Patients and Practitioners*.
76. T. Percival, *Medical Ethics* (London, 1803).
77. Cousins, *Physician in Literature*.
78. E. J. Climenson, *Elizabeth Montagu*, 2 vols. (London, 1906), 1: 36.
79. *The Journal of the Rev. John Wesley*, 4 vols. (London, n.d.), 2: 96.
80. Mrs. P. Toynbee, ed., *The Letters of Horace Walpole*, 16 vols. (Oxford, 1904), 8: 352–53.
81. W. Matthews, ed., *The Diary of Dudley Ryder, 1715–1716* (London, 1939), 168–69.
82. Matthews, *Diary of Dudley Ryder*, 228.
83. R. Bayne-Powell, *Housekeeping in the Eighteenth Century* (London, 1956), 156.
84. *Journal of Rev. John Wesley*, 4: 47.
85. Ibid., 2: 277.
86. Tyler and Bagley, *Great Diurnal of Nicholas Blundell*, 2: 85.
87. *Journal of Rev. John Wesley*, 2: 290.
88. Cf. M. Chamberlain, *Old Wives' Tales* (London, 1981).
89. M. S. Staum and D. E. Larsen, eds., *Doctors, Patients and Society* (Waterlook, Ont., 1982).
90. P. Burke, *Popular Culture in Early Modern Europe* (London, 1978); R. Paulson, *Popular and Polite Culture in the Age of Hogarth and Fielding* (Notre Dame, Ind., 1979); R. Darnton, "In Search of the Enlightenment: Recent Attempts to Create a Social History of Ideas," *Journal of Modern History* 43 (1971): 113–32; idem, "The High Enlightenment and the Low Life of Literature in Pre-Revolutionary France," *Past and Present* 51 (1971): 81–115; idem, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass., 1968); H. C. Payne, "Elite versus Popular Mentality in the Eighteenth Century," *Studies in Eighteenth Century Culture* 8 (Madison, 1979): 201–37.
91. P. Slack, "Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England," in Webster, *Health, Medicine and Mortality*, 237–74; G. Smith, "Prescribing the Rules of Health," in Porter, *Patients and Practitioners*.

92. E. Quale, *Old Cook Books* (London, 1978).
93. R. Gittings, ed., *Keats' Letters* (Oxford, 1979), 3.
94. R. Palmer, "The Church, Leprosy and Plague in Medieval and Early Modern Europe," in Sheils, *Church and Healing*, 79–100; A. W. Russell, ed., *The Town and State Physician in Europe from the Middle Ages to the Enlightenment* (Wolfenbüttel, 1981).
95. G. B. Shaw, *The Doctor's Dilemma* (Harmondsworth, 1979), 67–68.
96. L. J. Rather, "The Six Things Non-Natural: A Note on the Origins and Fate of a Doctrine and a Phrase," *Clio Medica* 3 (1968): 337–47.
97. S. Sontag, *Illness as Metaphor* (New York, 1978).
98. For some general perspectives see Sheils, *Church and Healing*.
99. Wilson, "Participant versus Patient."
100. E. Goffman, *Asylums* (Harmondsworth, 1968).
101. E. P. Thompson, "Eighteenth-Century English Society: Class Struggle without Class?" *Social History* 3 (1978): 133–65; idem, *Whigs and Hunters* (Harmondsworth, 1975); idem, *The Making of the English Working Class* (Harmondsworth, 1968).

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