

Essay Review

ROY PORTER (editor), *Patients and practitioners. Lay perceptions of medicine in pre-industrial society*, Cambridge University Press, 1986, 8vo, pp. vi, 356, £27.50.

Traditional history of medicine has recently come under a barrage of attacks. It has been too whiggish, too scientific, too iatrocenic and narrow in outlook. Counter-attacks have been mounted to promote new ways of exploring and demystifying the discipline. Iconoclasm is in. But in spite of the new brooms, the patient has been studiously ignored. This admirable series of essays is therefore devoted to the history of medicine from the patients' point of view showing that "the sick in past time constitute important objects of historical study." Studies based on such an approach, will, it is suggested, open up new areas in the history of illness and medical care through a new emphasis on the viewpoint of the sufferer rather than the healer. Like all good ideas, those that inspired this volume seem obvious when stated, although, as Porter warns us in his introduction, "no grand theory animates this book, no grand generalisations emerge". More modestly, he suggests that "these essays are perhaps best seen as pilot and preliminary studies".

The main questions, therefore, which these essays address are those concerned with people's perceptions of illness, childbirth, and death. What did people do if they fell sick, and if they employed "doctors" or "healers" (however these were defined for different countries at different times) what was their view of them and their methods? Was sickness perceived and described in medical, religious or magical terms, and was it met with fatalistic resignation and an implicit lack of "faith" in the orthodox practitioner? Answers are sought in areas as diverse as the relationship of medicine to religion, the influence of customs and rites surrounding birth and death, cultural interpretations of illness, the nature and extent of self-treatment, and the persistence of ancient traditional medicine in modern times.

Here, then, a wide range of issues is based on a wide range of sources. A major difficulty, of course, is the familiar one of literate selection where generalizations are made on the basis of records of a literate minority. It is a commonplace, for instance, that we can know little, in the direct sense, of the experience of illness amongst the poor. But even with the literate minority there is the problem that on so many occasions diaries and letters which may be richly informative on the social and economic details of daily life seem disappointing when it comes to personal accounts of illness. The experience of illness due to chronic disorders is often dreary as well as painful. Day-by-day records may consist of little more than brief and repetitious notes of the same old symptoms and the same old medicines. A load of ore must be sifted for a light dusting of gold.

Two themes, however, emerge from most of these essays. First, that it would be quite false to draw sharp boundaries between lay and professional outlooks; secondly, that the intertwining of religious experience and sickness experience is complex, but central to understanding the difference between past and present attitudes to illness. Religious methods of coping with illness, for example, were not at odds with orthodox medical ones. A sickness might be spoken of as God's visitation on a sinner, and the outcome might be governed by the will of God; a powerful reason, indeed, for resorting to prayer even when it was recognized that prayers from the sick-bed were soon forgotten. Even the most pious, however, saw no reason to shun the assistance of orthodox medicine. Wear's essay on the puritan perceptions of illness in the seventeenth century is particularly good on this aspect. Scorning death-bed repentance as the easy way out, some puritans treated every day as if it was their dying day, moving towards a continual state of repentance and using their diaries as a record for God and themselves. But this combination of prayer and medicine was more than hedging one's bets. Illness and death formed part of the teaching of the church, and clergymen and physicians met frequently at the sick-bed. Recovery from illness was a sure sign of God's favour, even if it was expressed through the skill of the physician, so that a medical explanation and a medical cure were a tribute both to the power of medicine and to God's mercy. Neither medicine nor religion held a monopoly in the explanation or the management of illness in an individual or a community.

In eighteenth-century Germany, the intermingling of religion and medicine was, as Geyer-Kordesch tells us, even more intense, leading to a denial of the distinction between psyche and soma, between health and sickness. The inward scrutiny of the soul, along with the acknowledgement of the frailty and illness of the total being, was combined, in the pious of eighteenth-century Germany, with a compulsion to write it all down, spawning a type of literature, part novel, part autobiography, in which illness was a central theme.

There could be no more compelling evidence of the absence of hard and fast distinctions between lay and professional healers, or between medicine and religion, than Barry's account of Dyer, a Bristol accountant who served briefly as an apothecary. Dyer practised medicine and piety on a basis which included the magical and religious (his belief in the power of the devil and spirits extended to belief in witchcraft) as well as the rational and scientific. What is more, his excursions into medicine were undertaken with no sense of antithesis or of guilt at usurping the regular faculty through failing to stick to his last. Barry makes the telling point that the growing tendency through the eighteenth century for Bristol practitioners to talk in medical rather than religious terms is not so much evidence of secularization as of religious pluralism. At the sick-bed, practitioners needed to be all things to all men. They could not afford an overtly religious vocabulary which might alienate potential customers. Certainly, the use of medical terminology was not a process of erecting a mystique of specialized knowledge and medical jargon to separate the laity from the members of the medical faculty. On the contrary, Porter, through an analysis of the *Gentleman's Magazine*, stresses, like Barry, the deep involvement of the laity in medical ideas. Medicine in the eighteenth century was a subject, like poetry or politics, for open, if not equal discussion by any educated man, not just by the experts. Sometimes too much has been made of this, with the suggestion that patients dictated the form and content of the medical consultation to their physicians, and decided on the appropriate treatment. The evidence does not support this view. But the open nature of medical discourse certainly encouraged a flourishing trade in self-diagnosis and self-treatment. As Smith's account of self-help and advice in the late eighteenth century shows, the number of do-it-yourself manuals which were sold as guides for the preservation of health and treatment of sickness grew steadily throughout the century. At first sight, this might be taken as evidence of wholesale distrust of orthodox medicine, but most of these self-help publications either came from orthodox medical authors or at least advised orthodox remedies. They were therefore, both a tribute, and an alternative to orthodox medical care.

Nevertheless, a sceptical attitude towards orthodox medicine is a permanent feature of medical care, even if it varies in degree. In ancient Rome, for example, where the "doctor" was anyone who called himself such, the orthodox were forced to compete on the same level with herb-cutters, gymnastic trainers, and druggists. Nutton relates how Pliny believed that medicine as generally practised in the Rome of Nero and the Flavians was "wholesale murder and unpunishable at that", and strongly advised his readers to treat themselves instead.

A sceptical attitude towards the doctor was often related more or less directly to the widespread employment of self-help remedies, and to the absence of a clear-cut division between the lay and professional healers. Ambivalent attitudes to practitioners are brought out in Joan Lane's essay on the diaries and correspondence of eighteenth-century patients. This and other essays could lead one to the conclusion that at all levels of pre-industrial society, where illness was concerned, lay opinion was valued as highly as medical, quack as orthodox, and theories based on religion or magic as much as those based on science. One can imagine the ill as being faced with the same kind of choices as those setting out on a journey when the evidence suggests that all routes are equally dangerous. Certainly, and understandably from our present viewpoint, scepticism was rife from ancient Rome at least until the end of the eighteenth century. Beier's account of the Josselin diary, for example, a diary which is unusually rich in medical information, shows that in illness the ultimate trust was in God but help was still required from earthly remedies. These remedies, however, were largely self-prescribed and the doctor was seldom called. Again one is faced with the question, was this a typical response? Did everyone behave in the same way? From the modern point of view, scepticism may appear to have been justified in terms of the modern double-blind controlled trial. But this is simply the error of

backward projection. In every age, I suspect, a sceptical attitude towards orthodox medicine, whether justified or not, is usually a luxury that only the healthy can afford, and only the established practitioner can express. The trenchant aphorism—that while the difference between a good doctor and a bad one is very large, the difference between a good doctor and no doctor at all is often very small—was coined by an eighteenth-century practitioner, not a layman. It would be a mistake to overestimate the scorn of the public for the orthodox doctor in the pre-industrial age. Sometimes he was seen as no better at the business of curing than the quack; but, as Lane's essay shows us, when illness struck, it was the regulars who were in constant demand, night and day. As Richard Kay (not included in this volume) remarked in 1745, when his life consisted of long days and interrupted nights in attendance on his patients, "I am sent for, I am called upon in haste, I must go; we seldom have a leisure hour". There is no reason to believe that this was exceptional. There were many ordinary and orthodox practitioners in the competitive and commercial world of eighteenth-century England who were just as busy, making comfortable incomes from treating a very wide section of society. Indeed, a high reputation for medical skill was so much in demand that the riches of the élite physicians should not surprise us. All this suggests that, to most of the fee-paying population, scepticism was little more than skin-deep.

In a volume notable for the wide range of sources and new ideas, the one feature which seems to be muted is the central experience of illness itself. There is much on patients' perceptions of medical men but little on the actuality of illness such as typhus, smallpox, or phthisis, and the impact of such common and life-threatening diseases on the individual and the family. There are glimpses here and there, but no systematic exploration of this theme. The result is a rather sanitized account of illness from the patient's point of view, in which all traces of the offensive smell of the sickroom have been banished. Studies of sickness in the past from this point of view are admittedly not easy. Possibly for this reason, the spate of recent studies of illness in the past have largely been statistical. Most are concerned with mortality rates. Only a few are concerned with morbidity rates. These studies are undeniably welcome and important; but there has been very little exploration of the experience of illness. It is true that patients who survive a major episode of an acute illness seldom remember, or choose to remember, much about it. Memorable accounts of acute illnesses are, therefore, seldom written by patients, but by practitioners; and practitioners in the eighteenth century, especially, often wrote vivid jargon-free accounts of the impact of illness on their patients. Also, they were often perceptive about their patients' expectations. Was it felt by the authors that practitioners' perceptions of patients' perceptions of illness were unacceptable? Was it decided that, being second-hand accounts, there should be an embargo on medical sources in a volume devoted to medicine from the patient's point of view? Can one justify a separation between medical and non-medical sources when, as Porter argues cogently, "the history of sickness" needs to be drawn from "rich and varied sources"?

Wilson, for instance, contributes a memorable account of childbirth before the emergence of man-midwifery. He uses anthropological concepts to demonstrate that childbirth in England before the early eighteenth century was not so much a medical affair as a complex rite and an exclusive ceremony from which men were rigidly excluded. When a serious complication occurred, another midwife could be sent for without disrupting the conventions surrounding childbirth. But if, in the end, there was no choice and a surgeon had to be summoned, the intrusion of a man was justified only by the extreme circumstances of the need to preserve the woman's life by extracting a dead baby with the blunt hook or crotchet—a terrifying outcome which was totally destructive of the carefully conducted ceremony of childbirth. Through this account—and, incidentally, through a parallel account by Laget of midwifery in France, published in the *Annales* series—one can appreciate the magnitude of the change which accompanied the birth of man-midwifery and the custom of employing medical men for normal labours. It is in this essay that Wilson stakes his claim for a history of childbirth which is "palpably more human" and not just a history of obstetric techniques. But his wholesale condemnation of iatrocenic history as a necessarily whiggish version, moving inexorably upwards to a present state of perfection, surely cannot be serious—least of all in his chosen subject.

These, however, are minor points of criticism in a volume notable for its rich variety and original ideas. No one could quarrel with Porter's insistence that the stories of the sick deserve to

Essay Review

be heard; nor with his warning that “the temptation to launch the history of sickness as yet another self-cocooning, and hence sterile, historical subspecialty” must be avoided. The authors have succeeded in achieving the editor’s aim of showing the reader that “sickness was one of life’s dominating threats and key experiences. It is the hope of the volume to open eyes more fully to its historical importance.” It is also the hope that it will stimulate further research into this area of medical history.

Irvine Loudon
Wellcome Unit for the History of Medicine, Oxford