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052153061X - Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society

Edited by Roy Porter

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Introduction

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We have histories of diseases but not of health, biographies of doctors but not of the sick.¹ Admittedly, in recent years in particular, a barrage of attacks has been mounted against the ways scholars have traditionally conceived the history of medicine. The discipline (critics allege) has been too Whiggish, too scientific, either deliberately fostering or at least unconsciously underwriting myths of the triumphal cavalcade of scientific medicine. And in response strenuous counter-attempts have been made to ‘demystify’ medical history, and to promote research oriented towards new ways of seeing, in particular examining the socio-cultural construction of medical knowledge and medicine’s role within wider networks of ideology and power. As yet, however, these winds of change have rarely led to much attention being paid to the objects of medicine, the recipients of ‘the clinical gaze’, the sufferers.²

¹ For instances of histories of disease see O. Temkin, *The Falling Sickness* (Baltimore, 1945); D. Hopkins, *Princes and Peasants: Smallpox in History* (Chicago, 1983); I. Veith, *Hysteria* (Chicago, 1965); the general point is made in S. Gilman, *Seeing the Insane* (London, 1982). For exceptions see P. L. Entralgo, *Doctor and Patient* (London, 1969) and Charles F. Mullett, ‘The lay outlook on medicine in England, circa 1800–1850’, *Bulletin of the History of Medicine*, xxv (1951), 168–84. Cf. Thomas Szasz’s remark that ‘A history of psychiatry from the point of view of the “patient” has yet to be written’: *The Manufacture of Madness* (St Albans, 1973), p. 155.

² For introductions to studies of the social construction of medicine see P. Wright and A. Treacher (eds.), *The Problem of Medical Knowledge* (Edinburgh, 1982); J. Woodward and D. Richards, ‘Towards a social history of medicine’, in *idem* (eds.), *Health Care and Popular Medicine in Nineteenth Century England* (London, 1977), pp. 15–55; M. Pelling, ‘Medicine since 1500’, in P. Corsi and P. Weindling (eds.), *Information Sources in the History of Science and Medicine* (London, 1983), pp. 379–410; Charles Webster, ‘The historiography of medicine’, in *ibid.*, pp. 29–43. For surveys of what has been done see W. F. Bynum, ‘Health, disease and medical care’, in G. S. Rousseau and Roy Porter (eds.), *The Ferment of Knowledge* (Cambridge, 1980), pp. 211–54; G. S. Rousseau, ‘Psychology’, in *ibid.*, pp. 143–210.

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Indeed, perhaps ironically, these new and critical forays into medical history often end up by silently reinforcing that old stereotype of the sick, i.e. their basic invisibility.³ Traditional history of medicine simply ignored the patient. After all, it was what the doctor did to, and for, the sick that counted; the patient was just the raw material, the unwitting bearer of a disease or lesion. After all, no one ever suggested that historians of sculpture should concentrate on slabs of marble. Traditional history of medicine thus ignored the patient: he or she was of no interest. Modern critical histories, by contrast, still ignore the patient but often by *design*; for they sometimes argue (as has David Armstrong, following Foucault) that there can be no such material person as the 'patient', directly accessible to the historian. Rather, 'patients' are the constructs of medicine; their self-perceptions are themselves medically contaminated and – the parallel would be with Pygmalion – they can be studied only as they have been rendered visible (which is as much as to say invisible) by the 'medical gaze'. Hence we are now beginning to get sociological projects examining the 'construction' of 'normal patients' or 'defaulting patients', or more broadly dealing with 'the medicalization of life' or 'the expropriation of health'. And it has become a task to show how (as Nicholas Jewson has tellingly put it) the 'sick man' came to disappear from medical cosmology. Indeed this would-be radical current in the history of medicine, which regards patients as being made visible only by medicine's histological staining techniques, runs parallel to much recent medical sociology, with its interest in the role-playing that allegedly governs relations between doctors and patients. Sick people have thus given way to sick roles.⁴

Yet these new directions may actually be historically extremely misleading, the more so, perhaps, the farther back into historical time one searches. Whatever may be true within the 'professional dominance'

³ 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); T. Szasz, *The Myth of Mental Illness* (New York, 1961).

⁴ N. Jewson, 'The disappearance of the sick man from medical cosmology 1770–1870', *Sociology*, x (1976), 225–44; D. Armstrong, 'The invention of the normal child', *The Society for the Social History of Medicine Bulletin*, 27 (1980), 32; J.-P. Goubert (ed.), *La médicalisation de la société française 1770–1830* (Waterloo, Ontario, 1982); I. Illich, *Limits to Medicine* (London, 1976); *idem* (ed.), *Disabling Professions* (London, 1977). For a feminist perspective on the role of medicine see V. Knibiehler and C. Fouquet, *La femme et les médecins* (Paris, 1983).

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of today's medical empire,⁵ it is not clear that, two or three centuries ago, in that age of weak professionalization before 'the clinic', patients automatically marched to the drum of the medicine man. Indeed, the very word 'patient' may actually be confusing. It is true that in early modern times the term was routinely used – as etymology would suggest – to denote any sick or suffering person, whether or not they had come under medical advice. But nowadays the word 'patient' implies that a person has put himself 'under the doctor', and the term has powerful connotations of passivity. Thus, given today's overtones, it is probably preferable to speak historically of 'sufferers' or 'the sick', some of whom *opted*, in various ways, to put themselves into relations with medical practitioners – relations whose structure and dynamics need exploration.

The aim of this book is to show that the sick in past time constitute important objects of historical study. The contributors have worked on the belief that it is both possible and necessary to study them using techniques that differ from the standard practices current in the history of medicine and of doctors (though it is of course equally crucial that the two approaches should also, where possible, be integrated). Thus the essays in this volume explore different aspects of consciousness of sickness, and of actual experiences of being ill, in pre-industrial society (chiefly, in fact, in seventeenth and eighteenth century England), concentrating on lay beliefs about health and illness, lay self-medication, and lay relations with the various types of medical practice and treatment on offer.

The terrain of the history of the sick is not a total wilderness, but until now it has been cultivated very sparsely.⁶ We do possess some valuable

⁵ For perspectives on the 'professionalization' of modern English medicine drawing on medical sociology, see M. J. Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley, 1978); I. Waddington, 'General practitioners and consultants in early nineteenth century England: the sociology of an intra-professional conflict', in J. Woodward and D. Richards (eds.), *op. cit.* (note 2 above), pp. 164–88; N. Parry and J. Parry, *The Rise of the Medical Profession: A Study of Collective Social Mobility* (London, 1976); and more generally E. Freidson, *Profession of Medicine* (London, 1972); T. J. Johnson, *Professions and Power* (London, 1972); M. S. Larson, *The Rise of Professionalism* (London, 1977); D. Mechanic, *Medical Sociology: A Selective View* (New York, 1968); and the recent reassessment of this literature in R. Dingwall and P. Lewis (eds.), *The Sociology of the Professions* (London, 1983).

⁶ See D. Guthrie, 'The patient: a neglected factor in the history of medicine', *Proceedings of the Royal Society of Medicine*, xxxvii (1945), 490–4; Mullett, 'The lay outlook on medicine' (note 1 above); and the rather historically sketchy

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macro-surveys of the people's health in the past, assessed in biological and material terms, indexed through the use of vital statistics: F. B. Smith's *The People's Health* is a good example.⁷ And thanks to the *Annales* school in France, and the popularity of historical demography in Britain, growing numbers of scholars have been exploring morbidity and mortality, incidence of famines and epidemics, nutrition levels and so forth for communities, regions and even nations.⁸ The investigations in this collection do not pursue this kind of 'biology of man in history', but to a greater or lesser degree take for granted its background picture of the chances of life in past time.

Studies have also been published of the diseases, disorders, and indeed deaths of particular individuals. These come in several types. On the one hand, medical history buffs have given us plentiful offerings in the 'famous illnesses of famous people' and 'what did Dr Johnson die of?' genres.⁹ Paralleling these, we also have studies, inspired by Freud, of the neuroses of writers, artists and celebrities, including the 'was Virginia Woolf really mad?' category, and the ghoulish fascination with the psychopathology of genius.¹⁰ All these approaches can be illuminating, but they rarely explicitly or systematically address the questions foremost in the minds of the contributors to this book. The present studies above all address two broad clusters of issues.

First, they are concerned to uncover what *beliefs* were held (primarily amongst the laity rather than the medical profession) about living and dying, health and sickness and remedies. These essays thus explore such topics as popular conceptions of the workings of the body,

survey by C. Herzlich and J. Pierret, *Malades d'hier, malades d'aujourd'hui* (Paris, 1984).

⁷ F. B. Smith, *The People's Health* (London, 1979).

⁸ See for instance J.-P. Goubert, *Malades et médecins en Bretagne 1770–1790* (Rennes, 1974); F. Lebrun, *Les hommes et la mort en Anjou aux 17^e et 18^e siècles* (Paris, 1977). Two volumes of the Johns Hopkins 'Selections from the *Annales*' series present some of this material in translation: *Biology of Man in History* (Baltimore, 1975), and *Medicine and Society in France* (Baltimore, 1980), both ed. by R. Forster and O. Ranum, trans. by E. Forster and P. M. Ranum.

⁹ See for example W. B. Ober, *Boswell's Clap and Other Essays* (Carbondale, Ill., 1979); J. Mulhallen and D. J. M. Wright, 'Samuel Johnson: amateur physician', *Journal of the Royal Society of Medicine*, lxxvi (1983), 217–22; or for Pope see M. H. Nicolson and G. S. Rousseau, *This Long Disease My Life* (Princeton, 1968).

¹⁰ See for instance S. Trombley, 'All that Summer She Was Mad': *Virginia Woolf and her Doctors* (London, 1981); and G. Pickering, *Creative Malady* (London, 1974). For madness from the sufferers' point of view, see G. Bateson (ed.), *Perceval's Narrative* (New York, 1974); D. Peterson (ed.), *A Mad People's History of Madness* (Pittsburgh, 1982).

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of health and disease; they probe the personal and collective meanings of sickness, of suffering and recovery, probing how 'illness experiences' were integrated within the larger meanings of life from the cradle to the grave. And they examine the place of these 'medical' beliefs within and alongside codes of religious faith, socio-political outlooks, philosophies of personal identity and destiny, convictions about man's place within the natural frame of things, and other dimensions of consciousness and culture.

Second they investigate what people did to keep well, and what they then did when they fell sick. In what ways did the healthy seek to fortify themselves and forestall illness by preventive regimes? When sick, did they fatalistically or stoically accept suffering? If not, how did they actively respond? Which sorts of people tried which sorts of self-medication, for which sorts of maladies, under what circumstances? Who sought outside medical aid, and for which conditions? What kinds of practitioners were summoned? How did the sick then manage their doctors, and the practitioners relate to them? By seeking provisional answers to these and other questions we can move towards an understanding of patterns of illness behaviour.

No grand theory animates this book, no grand generalizations emerge. These essays are perhaps best seen as pilot and preliminary studies. And, in any case, it would surely be mistaken to expect to find that attitudes and praxis towards sickness were uniform before the emergence of the 'clinic' (it could be argued that nowadays the dictates of a uniform *medical system* programme some uniformity in patient response). The varieties of sickness experience (these essays show) were mapped upon immensely varying socio-economic circumstances, religious affiliations, levels of education and literacy, class and community perceptions, the availability of skilled professional medical practitioners and a thousand and one other socio-cultural, not to mention individual and personal, circumstances. Thus, at the very time that the Essex clergyman Ralph Josselin was penning his highly 'providentialist' diary of sickness, the metropolitan Samuel Pepys was interpreting his illness experiences in wholly secular terms.

It would be premature to generalize. Michael MacDonald discovered that the early seventeenth century Buckinghamshire physician-parson, Richard Napier, treated few infants. By contrast, Dr George Chalmers, in early eighteenth century Aberdeen, treated lots of them.¹¹ Does this

¹¹ M. MacDonald, *Mystical Bedlam* (Cambridge, 1981), pp. 40–1; R. Stott, 'The medical practice of George Chalmers, M.D.', *Archivaria*, x (1980), 51–67.

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suggest that heightened sense of the value of children's lives which many historians have claimed to recognize in the eighteenth century? Conceivably; but it would be very foolish in our present state of ignorance to venture extrapolations built on such a flimsy basis of evidence.

These essays do not pretend to solve the grand questions about sick people in history, but they do address a common core of questions, and certain themes emerge from the investigations, indicating common patterns of health care and of modulations in them over time. As yet we have only a small and selective mapping, but it is worth drawing attention in this Introduction to some noteworthy contours and landmarks in the terrain that are beginning to appear.

One theme emerging prominently from this collection is the intertwining in past time of sickness experiences and religious experiences; indeed, it forms the central thrust of two papers, Lucinda McCray Beier's 'In sickness and in health: A seventeenth century family's experience', and Andrew Wear's 'Puritan perceptions of illness in seventeenth century England'. There is of course, as Beier and Wear both note, a risk of optical illusion. Back in the seventeenth century it was predominantly the pious who kept diaries and journals. Most of our first-hand records of Sickman's Progress hence derive from them, but we must not assume that they were typical. Yet even so, these two papers, and others, document just how critically important religious beliefs and feelings could be in enabling people to make sense of sickness – their own and other people's – and to face death (and also, as Wear notes, how the ubiquity of illness played a crucial part in bolstering religious convictions themselves). The Reverend Ralph Josselin, the centrepiece of Beier's account, interpreted sickness – his own and his household's, for medicine was very much a family affair – through a rampant providentialism. Yet providentialism certainly did not mean fatalism, for it was one's duty to co-operate with divine providence in the fight against disease – good evidence of how the traditional 'sick role' was that of the 'participant' not the mere passive 'patient', even when God was the physician.

But as Wear stresses, there was more to Christian responses to sickness than a rigid providentialism. For instance, as his analysis of a wide range of autobiographical writings shows particularly well, religion could provide a *language* for expressing and interpreting pain and sickness,¹² while also indicating pious duties, such as visiting the

¹² Cf. K. Keele, *Anatomies of Pain* (Oxford, 1957).

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sick, or enacting the proper way to die.¹³ Unlike certain later fringe movements such as Christian Science, religious modes of coping with sickness were not at odds with regular medical ones, even if Josselin appears as a man who, though not poor, rarely drew on professional medical advice, and Richard Baxter, though frequently consulting physicians, often swallowed their advice with a generous pinch of salt, and moved eclectically as it suited him between 'medical' and 'religious' modes of explanation for his illnesses.

It might be predicted that predominantly religious ways of making sense of sickness would have lost their grip in the eighteenth century with the popularization of the worldview of the New Science and the advent of Enlightenment naturalism. Indeed, a persuasive and influential current of English historiography does argue that in the post-Restoration period a cultural ambience became dominant which was programmatically secularizing, scientific and rationalizing, and which at best had little sympathy for – and indeed was generally hostile towards – the more traditional cultural amalgam which had encompassed 'magic', popular, oral wisdom and religious healing, all of which came to be dismissed as 'enthusiasm' and vulgar 'superstition'.¹⁴ Such traditional eclectic and pluralistic outlooks, it is alleged, became relegated to the lower orders and to certain Dissenting sects.¹⁵ This is in many ways a fruitful interpretation, not least because it provides a prelude for the emergence in the nineteenth century of 'alternative

¹³ For death see J. McManners, *Death and the Enlightenment* (Oxford, 1981); P. Ariès, *The Hour of our Death* (London, 1981); M. Vovelle, *Mourir autrefois: Attitudes collectives devant la mort en XVII^e et XVIII^e siècles* (Paris, 1974); R. Cobb, *Death in Paris 1795–1801* (Oxford, 1978); D. E. Stannard, *The Puritan Way of Death* (New York, 1977); C. Gittings, *Death, Burial and the Individual in Early Modern England* (London, 1984).

¹⁴ See in particular Christopher Hill, *Some Intellectual Consequences of the English Revolution* (London, 1980); and, more globally, M. Berman, *The Re-enchantment of the World* (London, 1981).

¹⁵ M. MacDonald, 'Religion, social change and psychological healing in England 1600–1800', in W. Sheils (ed.), *The Church and Healing* (Oxford, 1982), pp. 101–26. For cultural stratification see U. P. Burke, *Popular Culture in Early Modern Europe* (London, 1978); D. Leith, *A Social History of English* (London, 1983); R. Paulson, *Popular and Polite Art in the Age of Hogarth and Fielding* (London, 1979); R. Darnton, 'In search of the Enlightenment: recent attempts to create a social history of ideas', *Journal of Modern History*, XLIII (1971), 113–32; *idem*, 'The high Enlightenment and the low life of literature in pre-revolutionary France', *Past and Present*, LI (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*, VIII (Madison, 1979), 201–37.

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medicine', integral to a radical artisan culture coming 'from below', including those traditions of medical botany, holism and plebeian spiritualism illuminated by John Pickstone, Roger Cooter, Logie Barrow and others.¹⁶ But several contributors to this volume also give timely warnings against antedating and overstating the emergence of distinctive and antithetical 'high' and 'low', 'great' and 'small' cultures, and question its usefulness as a device for understanding the configurations of healing traditions before the Industrial Revolution.

For such watertight compartments break down in the teeth of actual examples, as is indicated in Jonathan Barry's 'Piety and the patient: Medicine and religion in eighteenth century Bristol', which draws heavily upon the diaries of an autodidact accountant, William Dyer. As Barry shows, the polarities we might expect to draw as ways of defining distinctive medical traditions – professional versus lay, literate versus oral, secular versus spiritual, commercial versus community, orthodox versus 'quack',¹⁷ and so forth – are simply confounded by Dyer's experience and activities as a layman with deep involvement in interpreting sickness, giving practical medical aid, and practising lively piety. Thus there was nothing incongruous to Dyer about dispensing traditional herbal preparations to his friends, while also deploying proprietary medicines such as Dr James' Fever Powder,¹⁸ and dabbling with fashionable, 'scientific' medical electricity. Similarly

¹⁶ E.g., L. Barrow, 'Democratic epistemology: mid 19th century plebeian medicine', *The Society for the Social History of Medicine Bulletin*, 29 (1981), 25–9; *idem*, 'Anti-establishment healing and spiritualism in England', in W. Shiels (ed.), *The Church and Healing* (Oxford, 1982), pp. 225–48; J. Pickstone, 'Establishment and dissent in nineteenth century medicine: an exploration of some correspondences between religious and medical belief systems in early industrial England', in *ibid.*, pp. 165–90; R. Cooter, 'Deploying "pseudo-science": then and now', in M. P. Hanen, M. J. Osler and R. C. Weyant (eds.), *Science, Pseudo-Science and Society* (Waterloo, Ontario, 1980), pp. 237–72; R. Wallis and P. Morley (eds.), *Marginal Medicine* (London, 1976); 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); R. Cooter, 'Interpreting the fringe', *The Society for the Social History of Medicine Bulletin*, 29 (1981), 33–6; L. M. Beier, 'The creation of the medical fringe', *ibid.*, 29–32.

¹⁷ Obviously the term 'quack' is loaded. For some readings of 'quacks' see G. Williams, *The Age of Agony* (London, 1975), ch. XI; E. Jameson, *The Natural History of Quackery* (London, 1961); A. Corsini, *Medici ciarlatini e ciarlatani medici* (Bologna, 1922); and Grete de Francesco, *Die Macht des Charlatans* (Basle, 1937).

¹⁸ J. Crellin, 'Dr James's Fever Powder', *Transactions of the British Society for the History of Pharmacy*, 1 (1974), 136–43.

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the sicknesses of the body automatically evoked for him sicknesses of the spirit. Attached to Behmen and Wesley as well as to modern science, Dyer integrated the divine and the incarnate, the mystical, spiritual and the medical in a brotherly practice of healing which stood for him as an ecumenical, evangelical expression of practical piety transcending confessional boundaries. Dyer's career, as both a taker and a dispenser of physic, forces us to question ready-made and anachronistic categories and abandon hard-and-fast divides between 'patients' and 'doctors'. At least through to the end of the eighteenth century, medical cultures continued to flourish amongst bourgeois circles which meshed readily with the medicine of the doctors.¹⁹

Barry's study shows how participation in healing activities could be an expression of practical religious piety. A similar point is central to Johanna Geyer-Kordesch's 'Cultural habits of illness: The Enlightened and the Pious in eighteenth century Germany'. Geyer-Kordesch's study makes a particularly valuable contribution for two reasons. First, it explores patterns of experience outside Britain, and thus translates the question of common contexts and cultural differences onto an international level. Second, it argues that it would be a mistake to study sickness experience and medical activity in isolation from wider belief systems about, and representations of, body, mind and soul, insight, reason and feeling in general.²⁰ Perhaps for German Pietists in particular, the lived experience of the body became the means of mediating between self and society, thought and action, mortality and transcendence, identity and deity. Encouraged by the 'sentimental movement', and then by Hallerian physiology's preoccupation with the mediating role of the nervous system, Pietists denied clear-cut 'Cartesian' distinctions between mind and body, psyche and soma, health and sickness. Experiencing the body became a dialectical process of psychosomatic exploration and representation, and life became 'psychotherapy', deploying a 'body language' – of anxiety, tribulation and regeneration – which united personal, religious and medical meanings. Quite apart from the role this paradigm of consciousness may have played in the subsequent emergence of psychotherapeutic

¹⁹ For a sympathetic view of the activities of Georgian bourgeois culture see N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society* (London, 1982).

²⁰ What counts at a particular time as a 'medical' experience, or merely as a regular part of the rhythms and expectations of life, is itself, of course, a fascinating issue. See for example P. Crawford, 'Attitudes to menstruation in seventeenth century England', *Past and Present*, xc1 (1981), 47–73.

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medicine, Geyer-Kordesch's study alerts us to the need for greater sensitivity to *perceptions* of the 'embodied self', in sickness and in health, and thus to the cultural construction of the (sick) 'person'.²¹

A major concern of this book is thus with lay perceptions of the body, of health, and its disturbance. But precisely how sick people then related to professional physicians is also a key theme. Current medical sociology resonates with notions of 'professional dominance'; and recent historical studies have emphasized how the 'birth of the clinic' and the 'therapeutic revolution' in the nineteenth century, and then the forging of a 'political anatomy of the body' during this century, have helped to embed the sufferer into place as 'the patient'. But what was happening before these processes of medical consolidation came to define rational medical action? Our overall grasp of medicine's social relations is patchy. There has been a disproportionate concentration of scholarly endeavour on the inside history of the medical corporations, and particularly upon the elite of physicians in London. Despite recent studies, such as Margaret Pelling's work on Norwich, aiming to grasp the full range of medical services available in traditional communities, we know too little at present about the wider market economics of medical provision. An agenda for research must include investigation of how the supply of medical practitioners adjusted to the demand for them and *vice versa*. We also need to gauge who could afford which

²¹ For investigations of attitudes towards the body see M. Douglas, *Implicit Meanings* (London, 1975); F. Bottomley, *Attitudes to the Body in Western Christendom* (London, 1979); E. J. Bristow, *Vice and Vigilance: Purity Movements in Britain since 1700* (Dublin, 1977); B. Haley, *The Healthy Body and Victorian Culture* (Cambridge, Mass., 1978); L. Stone, *The Family, Sex and Marriage in England 1500–1800* (London, 1977). For the relations between somatic and psychic illness see G. S. Rousseau, 'Nerves, spirits and fibres: Towards defining the origins of sensibility, with a postscript 1976', in *The Blue Guitar*, vol. 2 (1976), pp. 125–53; *idem*, 'Science and the discovery of the imagination in Enlightenment England', *Eighteenth Century Studies*, III (1969), 108–35; E. Fischer-Homberger, 'Hypochondriasis of the eighteenth century. Neurosis of the present century', *Bulletin of the History of Medicine*, XLVI (1972), 391–401; *idem*, *Hypochondrie, Melancholie bis Neurose: Krankheiten und Zustandsbilder* (Berne, 1970); L. Rather, *Mind and Body in Eighteenth Century Medicine* (Berkeley, 1965); Roy Porter, 'Le prospettive della "folia": Scienza, medicina e letteratura nell'Inghilterra del '700', *Intersezioni*, II (1982), 55–76; M. MacDonald, 'The inner side of wisdom: suicide in early modern England', *Psychological Medicine*, VII (1977), 565–82; L. J. Rather, 'Old and new views of the emotions and bodily changes', *Clio Medica*, I (1965), 1–25; George Vigarello, *Le corps redressé* (Paris, 1978); T. H. Jobe, 'Medical theories of melancholia in the seventeenth and the early eighteenth centuries', *Clio Medica*, XI (1976), 217–31.