

Patients

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Early modern men and women continually monitored their health. This is because they were frequently sick, and it was also because day-to-day habits were thought to have a significant impact on the body. Known as the 'six non-naturals,' these lifestyle choices included diet, exercise, emotions, in-take and out-go, sleep, and air. Individuals regulated the non-naturals in respect to their unique humoral make-ups and environments, even during times of relative health. As a result, early modern patients were fairly knowledgeable about medicine and ever attentive to shifts in health.

Some individuals closely observed health for other reasons. Devout men and women, for example, looked to their bodies for messages from heaven. Illness could be a divine test or reminder of mortality. And the ways that patients responded to physical pain or behaved on the deathbed were believed to be key indicators of salvation. Gender, too, determined how patients viewed their ailing bodies. Early modern English women, for instance, were more likely than men to attribute illness and recovery to the compassion, pity, or well-being of other people. One patient linked her own physical deterioration to the sudden ill health of her daughter. Another woman attributed recovery from fever to the attention and love she received from a sister. Gender further shaped how patients negotiated care. Female dependants, such as wives and female servants, could lack the same autonomy as their male counterparts when interacting with male physicians.

Patients in early modern England were sufferers and, in many instances, consumers. Some patients treated themselves at home using books, advice from relatives and neighbors, or their own medical know-how. Yet patients also commonly hired healthcare providers outside the home, such as surgeons, physicians, midwives, oculists, and bonesetters. While some patients consulted licensed healers, many relied on informally trained or non-credentialed practitioners. A patient might also visit an apothecary shop to purchase a ready-made remedy. And literate patients might write letters to far-off doctors in seek of advice by mail. Amidst such a broad, varied, and largely unregulated range of healing options, patients had the upper hand as consumers. Some healers even tailored their treatments to meet patient demands.

Patients and practitioners alike looked to humoralism to explain how the body worked and how to treat it. This shared understanding of health and the body gave patients further authority in the consultation room. Within the humoral framework of medicine, drugs 'worked' because they had visible effects on the body that anyone could observe. Topical plasters and ointments created blisters that oozed with pus and blood. And purges, sweats, and emetics led to the emission of various bodily effluvia. By the mid-nineteenth century, some drugs continued to alter the body in visible ways, but a shared view of health among patients and healers began to break down. Patients were no longer able to talk about their health using the same

language as their healers and drugs began to work deep within hidden bodily processes, where patients could not feel them and only trained experts could evaluate them. Patients were left to take blind faith in the professional status of physicians.

Before this shift, patients' words played an important role in the consultation room. Not only did early modern patients possess a fair amount of knowledge about medicine and the body, but also their accounts of illness offered insights into the six non-naturals. Such information could be crucial to making a diagnosis and determining treatment. How much sleep was the patient getting at night? How often did she empty her bowels? What was the patient's diet? A patient might also offer an explanation of illness onset or describe perceived symptoms, such as a coldness in the toes or a dizziness in the head. And patients commonly provided personal information about previous ailments and events that occurred years earlier. Healers and patients alike viewed all of this information as key to determining causes of illness and charting a course for recovery.

Further Reading:

Duden, Barbara. *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*. Cambridge: Harvard University Press, 1991.

Fissell, Mary. *Patients, Power, and the Poor in Eighteenth-Century Bristol*, Cambridge: Cambridge University Press, 1991.

Newton, Hannah. *The Sick Child in Early Modern England, 1580-1720*. Oxford: Oxford University Press, 2012.

Porter, Roy, "The Patient's View: Doing medical History from Below" *Theory and Society* 14 (1985): 175-198.

Weisser, Olivia, *Ill Composed: Sickness, Gender, and Belief in Early Modern England*. New Haven: Yale University Press, 2015.

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