

## INTRODUCTION

IN THE Western medical tradition, fever and fevers loom large. Yet medical historians have, on the whole, fought shy of such a diffuse and difficult subject, preferring the investigation of more speculative and general theories of medicine to a careful examination of what, to judge from the surviving literature, was the most common disease or group of diseases that a doctor encountered in his practice. The few who have been bold enough to suggest modern clinical equivalents for earlier fevers, like W. H. S. Jones in his classic book on *Malaria and Greek history*, have been accused of historical and epidemiological naïveté, for certain diseases can change their character in the course of time, and the literary information is rarely sufficiently detailed to point unequivocally to a single diagnosis. The essays in this collection, which were in part delivered as papers at a meeting in the Wellcome Institute for the History of Medicine in June 1980, are put forward both as an incitement to a further study of a vast topic and as an attempt to bring some of the approaches of a modern medical historian to bear on a few aspects of a tradition that stretched for over two millennia, from Hippocrates to the nineteenth century. Inevitably perhaps, the authors have concentrated upon fever theory rather than upon the more hazardous task of clinical identification, for it is a truism that one's appreciation of what one sees depends in part on the intellectual framework in which it is seen. But they are all aware that medical history is more than the mere history of ideas: it has an inevitable practical and social dimension. What the doctor treated was not simply an intellectual construct. The study of fever and fevers in their context thus involves a variety of complementary techniques and sources, and the authors and the editors are alike conscious of the gaps in their own scholarly armour. Yet they believe that this collection, taken as a whole, will provide some general guidelines towards the understanding of this complex subject and, at the same time, reveal some of the problems involved in investigating a single medical topic in a number of different societies.

Professor Wesley D. Smith's paper, while chronologically distinct from the rest, nevertheless considers texts which formed the empirical basis of the whole tradition, the Hippocratic Corpus. He argues that the case-notes in *Epidemics* 5 and 7, written about 400 B.C. and put together in the literary form in which we have them later in the century, reveal an already existing conception of fever which the author expects his audience to share and on which he bases his own conclusions. Fever for him is a disease process at work within the body. Its main cause is the humour, bile, and the variations between fevers (e.g. tertian, quartan, and continuous) depend on the totality of factors in the condition of the patient and of the season. Certain foods predispose to excess bile, and hence to fever, and fevers are more common in summer, when there is a normal increase of bile within the body. The dangerous summer fevers should be treated with particularly careful diet and nursing, in order to prevent them from turning into even worse diseases.

Both author and compiler of *Epidemics* 5 and 7 display little interest in extensive explanations for fever, and it was left to succeeding generations of Greek physicians, and chiefly to Galen (A.D. 129–c. 200), to set their clinical experiences within an

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explicitly articulated general theory. In the Eastern Mediterranean, and increasingly in the West from the twelfth century, Galenic fever theory was accepted as the most valid basis for practice, and the individual tracts devoted to fevers were little more than synopses of Galen. Yet understanding what Galen was talking about is by no means easy. His views on fever are scattered among many works and almost sixty years of writing. His formulations and his approach are conditioned at least as much by his immediate interests as by a desire for consistency in every detail, and his tailoring of explanations to suit philosophical, medical, or lay audiences led inevitably to confusion among later interpreters. Mr. Lonie shows how the doctors of the sixteenth century set out to reconcile the variables and to align conflicting authorities. Radically new departures are rare, save among the Paracelsians, whose presence in the second half of the century served as a constant counter to the interrelated opinions of Galenists, Arabists, and Aristotelians. But the sixteenth-century debates on fever foreshadowed many of the subsequent approaches, and important contributions towards the understanding of fever could come from authors who in many other ways appear reactionary in their orientation.

Professor Bates, in his survey of the fevers literature in the century before Sydenham, produces a similar paradox: that in an age of Baconian descriptive science most writing on fever was based only indirectly on actual experience. Even Willis used his own observations of fever as a prop to an *a priori* thesis rather than as a starting-point for enquiry. This merely minor recasting of traditional theories may perhaps be explained by the apparent constancy of the disease environment, but even this is uncertain. The impact of plague may well have served to isolate the major continuous fevers as a separate group, and the growing differentiation of measles and smallpox in the literature may be the result of changes in their appearance. At the same time, treatises on fever were rarely written, still less read, without a social purpose, and social polemic could easily sully the purity of philosophical and scientific discourse.

This is certainly true for the debates analysed by Dr. Cunningham. Historians such as Theodore Brown and Margaret and J. R. Jacob have recently investigated scientific and medical philosophies in Restoration and early eighteenth-century Britain in terms of the social and political allegiances of their advocates. They have seen the diffusion of the mechanical philosophy and Newtonianism as serving social uses for many Anglican Whigs.<sup>1</sup> The Jacobs' identification of the religious and political commitments of Newtonians does not entirely square with Cunningham's investigation of the Edinburgh scene, where Pitcairne the Jacobite espoused a Newtonian medicine against the claims of Sydenham's pupil Andrew Brown. Nevertheless, Cunningham documents how social, political, and personal antagonisms can harden intellectual positions, while at the same time illustrating the importance of therapeutic claims in medical debates which spill over professional boundaries into the public domain.

Dr. Geyer-Kordesch is also concerned with this interface between the doctor and his

<sup>1</sup> M. C. Jacob, *The Newtonians and the English Revolution 1689–1720*, Hassocks, Sussex, Harvester Press, 1976; J. R. Jacob and M. C. Jacob, 'The Anglican origins of modern science: the metaphysical foundations of the Whig constitution', *Isis*, 1980, 71: 251–267. This literature is discussed by Steven Shapin, 'Social uses of science' in G. S. Rousseau and Roy Porter (editors), *The Ferment of knowledge: studies in the historiography of eighteenth-century science*, Cambridge University Press, 1980.

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public. Her examination of popular notions of fever in Dutch and German culture uncovers new links between medicine's professional and its moral and didactic functions and reiterates the seminal place of "fevers" in the work-a-day activities of earlier doctors. Her essay is also a timely reminder of the richness of Continental medical traditions, too often neglected by anglophone historians.

The last two papers bring the story back to the British Isles, and, inevitably, to William Cullen. Dr. D. C. Smith explores the rich eighteenth-century literature dealing with that favoured diagnostic category "typhus". Serious epidemics in 1718–19, 1727–29, and 1740–42 attracted contemporary comment, the latter being particularly important in John Huxham's *Essay on fevers*. Retrospective diagnosis is impossible, although the case has recently been put that some eighteenth-century "fever" epidemics might have been ergotism.<sup>2</sup> At any rate, as Smith's survey demonstrates, the literature itself raises a number of conceptual, social, and therapeutic issues. His paper complements Dr. Bynum's, which uses Cullen's remarks on nosological and physiological aspects of fever as a way into therapeutic debates of the late eighteenth and early nineteenth centuries.

This is the first annual supplement to *Medical History*, each of which will be available separately at a modest cost. It is based on the first of a biannual series of symposia funded by the Wellcome Trustees and held at the Wellcome Institute. Many of the papers delivered at these symposia will undoubtedly find their way into print, although not generally in this Supplement series, which ordinarily will be devoted to a single-authored monograph. The 1982 Supplement, by William Schupbach, is entitled *The paradox of Rembrandt's 'Anatomy of Dr. Tulp'*.

The preparation of this Supplement has been made easier by the secretarial help of Frieda Houser and Heather Edwards and our editorial labours have been greatly eased by the expertise of the Assistant Editor of *Medical History*, Jean Runciman, who has also prepared the index.

W. F. Bynum  
V. Nutton

<sup>2</sup> Mary Kilbourne Matossian, 'Mold poisoning: an unrecognized English health problem, 1550–1800', *Med. Hist.*, 1980, **25**: 73–84.