

Essay Review

ROY PORTER and DOROTHY PORTER, *In sickness and in health: the British experience, 1650–1850*, London, Fourth Estate, 1988, 8vo, pp. 324, £25.00.

Until recently, as the authors point out, the history of medicine had doctors as its heroes. Today, when the concern of most researchers is with the social, professional, and institutional aspects of the history of medicine and more broadly with health and healers of all descriptions, modern scholarship has become “increasingly critical of, or even hostile towards, the profession”. No one denies the gain from the new scholarship, or from developments such as the increasing collaboration between social historians, demographers, geographers, and epidemiologists, which has resulted in yesterday’s speculation being replaced by today’s rigorous analysis.

Yet the greatest changes have been in method and approach rather than historical material. The main sources for the history of medicine are still in large part the records of healers (in the broadest sense) and institutions, the registers of parishes and the offices of civil registration, and literary, political, and religious sources of relevance to historians of medicine. Neither the old nor the new-style medical history has, in the words of the authors, “set much store on personal experience”. Most historians are concerned with diseases and concepts of disease, practitioners (orthodox and unorthodox), and the health of populations rather than individuals.

Roy and Dorothy Porter claim a quite different approach. They are concerned with people, not patients, with the experience of sickness, not diseases, with medicine as seen by the sufferer rather than the healer, and most of all with lay perceptions of health, birth, childhood, old age, and death. They deal, they say, in attitudes rather than actions. They emphasize the personal rather than the collective. Defying the pejorative connotations of the word, they are happy to claim that their work is “necessarily impressionistic”.

Many, of course, have made use of diaries and personal documents to illustrate a thesis. But as far as I know no one has previously collected together such a vast selection of personal experiences and attitudes with the express purpose of using them and them alone to explore health, sickness, and medicine from the patient’s point of view. With purity of purpose, the authors rejected all institutional sources such as hospital and poor law records, believing that experiences of sickness that are filtered through the minds of doctors or other poor law officers will inevitably be distorted. Instead, they have confined their research to first-hand documents, letters, diaries and the “table-talk of sufferers and comments of those surrounding them”. It is as if they had taken a tape recorder back to what they term the long eighteenth century (1650–1860) and carried out the equivalent of a Paul Thompson, Tony Parker, or Studs Terkel interview with everyone they met. The only trouble is that the authors, as they readily concede, were confined to “interviewing” one section of the population—the literate.

Thus, if it is nothing else, the book is a magnificent anthology of the middle and upper class experience and attitudes to sickness and health, illness, and death between 1650 and 1850, and a tribute to the authors’ industry and scholarship. The problem of putting such an anthology into shape has been dealt with by dividing the book into three sections: Health, Sickness, and Suffering and Self. Chapters are given impressive titles such as ‘Embodiment and self’, ‘Conceptualisations of illness’, ‘Creating identity’, and ‘Coping and resignation’ and each chapter is illustrated by a rich selection from their vast store of sources. The final chapter, ‘Conclusion’ is both a disclaimer to disarm the critic and an affirmation of their achievement. There is an impressive bibliography and an excellent index.

There is no common theme except the unsurprising one that there used to be a lot of pain and a lot of diseases and many people died of them. “Many dyed sudded deaths lately” said Oliver Heywood in the seventeenth century, and “everybody is ill” said Keats in the nineteenth, showing that “Life’s fine thread was ever precarious”. The book is written with the verve, vigour, and raciness to which we are accustomed from these authors. “Our readings are brisk and

assertive" they say, and they certainly are. "We believe a bold survey is called for" and they express the hope, "we have shown just how rich and vital was the culture of sickness amongst the vocal laity".

The pace is exhilarating. As evidence is piled on evidence to support a generalization, there is scarcely time to draw breath to say "Hang on a second—are you really sure that was generally true? Was the evidence so clear-cut?" Preferring the bold assertion, they have little time for the on-the-one-hand-on-the-other kind of proviso. At the risk of sounding churlish, however, it seemed to me there were occasions when some of the generalizations seemed a shade too sweeping; when punchiness rather than precision determined the construction of a sentence. Mostly these were the occasions when a quantitative assertion was implicit, when they implied there was more of this or less of that, as they were bound to do with almost every general observation.

Take one small seemingly innocent example: the statement, "Today's minor nuisance, like 'flu, was yesterday's killer". A model of brevity. Who could quarrel with that? Well, there might be an alternative version. For example: "Diseases such as influenza were more commonly fatal in the long eighteenth century than they are in the twentieth. Yet the worst epidemic of influenza on record occurred in 1918 and people still die of the disease in the second half of this century, especially the elderly and the infirm. Moreover, some of the epidemics of influenza in the past resembled today's in being mild and rarely fatal. The perceived mildness of influenza today is due in large part to the frequent habit of dignifying the common cold with the title of 'flu." That, if more precise, is admittedly dull.

Although this is an example of little importance, it illustrates the short, bold, sentences that are used to link a series of quotations and demonstrate a series of shared perceptions and common attitudes. It is a persuasive technique. There is for example, the statement that "even a natural event such as childbirth, which, as the epitome of Creation itself, should have been a cause of joy, terrorized a mother's heart". This is one of those occasions when one suspects the authors were carried away by the purple passage, the impressionistic approach, and the deliberate rejection of anything smelling faintly of statistics. They also say that "birth itself was *extremely dangerous* for both mother and child" (my italics) and refer to the "appalling risks of giving birth". And when they go so far as to state that "innumerable mothers died in childbed", followed by the curious remark that "all had better things to do than document their demise", one is entitled to ask what is meant by "appalling", "innumerable", and "extremely dangerous"? They are terms which suggest a huge mortality, but how huge? One death in every five deliveries? one in ten? one in twenty? No wonder they added the comment: "What is noteworthy is the hardihood with which so many women habitually faced the perils of childbearing. Were they fatalistic?"

In fact the risk of dying in childbirth in the mid-eighteenth century was of the order 1.0 to 1.6 per cent. By 1900 it was about 0.5 per cent over the whole country but still as high as 1 per cent in some areas. That sort of risk persisted until 1934. You can translate this into actual experience by calculating the number of maternal deaths per decade in a small town or village of, say, 2,000 people. Assuming a constant birth rate, 1734 and 1934 were not so very different. Women in the eighteenth and nineteenth centuries had only slightly more reason to fear childbirth than our mothers and grandmothers did in the 'twenties and 'thirties of this century.

I suspect that people have always tended to adapt to constant and familiar causes of death, even to the much greater toll of deaths amongst infants. As recently as the 1950s, elderly working-class women giving their family histories would say in a matter-of-fact manner, or even with pride: "Had seven and brought up five", "Had eight and lost three". Most mothers, no doubt, had wept at the loss of their infants, some were relieved that there was not, after all, another mouth to feed, and usually, it seems, they accepted the loss of a few infants in a large family because it was happening all about them. In their view, to bring up five out of seven or eight in the early 1900s was no mean achievement. Even today we tolerate with scarcely a murmur a continual weekly rate of death on the roads (mostly young people) which not only exceeds all the deaths in the recent tragedy in a football stadium, but also the weekly toll of maternal deaths in England and Wales at any time in the last 300 years except for the period 1870 to 1910.

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These are minor criticisms of a book which you can open anywhere and become enthralled. It is a marvellous compilation of the vivid and the unexpected. For instance, an Archbishop of Canterbury offered £1,000 to anyone who can “help him to the gout” to drive the distemper from his head. This gives us a sudden glimpse of a perception of diseases which behave like competing hyenas, some preferring one part of the body to another and each capable of driving the others away. As for the vivid, Fanny Burney’s unforgettable account of a mastectomy in 1810 without benefit of anaesthesia is almost unbearable to read.

The chapter on “reconciliation with death” (one of the most successful) brings home the importance of religious belief in the absence of today’s high expectation of cure. Now, perhaps, we are less easily reconciled, less concerned with dying a good death, let alone a pious one, less confident about putting our house in order because we do not expect to die until death comes harmlessly in advanced old age.

There are many interesting and sometimes provocative speculations in the book about changing attitudes and perceptions. But in the end, the book is at its best when “the sick and vocal laity” are left to speak for themselves.

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