

## Colonial Medicine

by Leontine Rutgers

To be able to understand the medical profession and practice in 17<sup>th</sup>-century America, it is important to know what developments in medical thought and professionalization were in vogue in Europe, especially in Britain, and how these were applied to the colonial situation and needs. In 17<sup>th</sup>-century England, the state of the medical arts had changed little since medieval times.

Medieval science was based on old writings originating from the ancient Greeks and Romans. Starting with the Renaissance, the search for knowledge and truth in arts and science stimulated empirical and rational research. Yet these techniques could not be established easily in medicine: ancient and medieval concepts stayed important.

Medicine was based on the thought that everything consists of earth, water, air and fire. Later this notion was applied to the four body fluids, or *humors*: phlegm, blood, yellow bile, and black bile. Because of the influences the humors had on each other, a certain balance would be created. This was called the temperament, unique for each individual. The treatment of the patient was completely based on his temperament. These ideas would stay essential to medicine throughout the 18<sup>th</sup> century.

According to the ruling medical theories, disease was caused by a disturbance of the balance of the humors. The chief aim of many therapies was to bring back the balance through depletion, elimination, or blistering. Depletion was obtained by venesection, or bloodletting. It was thought to reduce inflammation and tension in the blood vessels. Despite no evidence that bleeding actually worked, the practice persisted for centuries. To achieve elimination, powerful purgatives, laxatives, and emetics were used to produce diarrhea or vomiting. For blistering, a glass cup was heated over a flame and applied directly to the skin. The blister that resulted would normally seep fluid, which was seen as the right result. Although no one knew that bacteria and other disease causing microbes existed, they did know that something in the body had to be eliminated! This approach fit well with the medicinal use of plants because finding a plant that makes someone urinate, sweat, vomit, salivate, or develop diarrheas is not difficult.



The connection between astrology and medicine was equally important throughout the 17<sup>th</sup> century. It lasted even longer in popular medicine. It was commonly believed that because stars and planets influenced all life on earth, health and disease were also dependent on them. Thus, treatment was not only based on one's temperament, but also on astrological data.

Surgery was limited to structural emergencies as fractures, amputations and "cutting for stone." Surgeons also took care of skin conditions, but played no role in internal medicine. The study of anatomy involved the occasional examination of the bodies of criminals or suicides. In Europe, structured programs involving dissection evoked strong resistance.

By the Middle Ages, several different professions had emerged among medical practitioners. There were *physicians* with an academic degree; they cured their patients only with drugs and diets. These gentlemen and scholars would perform no surgery, nor would they make and sell drugs. *Surgeons* were often trained as apprentices; sometimes they had an academic degree. They practiced the more complicated surgery and had a lower status than the physicians. Lower on the social ladder were the *barbers*. Barbers were only trained as apprentices in simple surgery. Moral taboos excluded male practitioners from obstetrics. Obstetrical matters were handled by *midwives*, who were trained "on the job," and through traditional knowledge passed on by others. *Apothecaries* concocted and sold drugs and, beginning in the 17<sup>th</sup> century, British apothecaries were permitted to prescribe as well.



Most medical practitioners were organized in guilds by the end of the Middle Ages. These guilds were strong in the cities, but in rural areas guild distinctions and rules were seldom observed. Rural medics, sometimes called surgeon-apothecaries, prescribed, made and sold drugs, and engaged in surgery.

In 17<sup>th</sup>-century America there was no place for professional differentiation along European lines. Practical urgencies and the lack of physicians led to a melting together of the different professions. Most were (ship) surgeons, barbers, or apothecaries. Maryland inventories tend to describe all these as "physicians," although academic credentials are suspect. Medics engaged in general practice, surgery, dentistry, and drug selling, just like the British rural surgeon-apothecaries did. Even by the end of the 17<sup>th</sup> century, there was no differentiation of services along European lines. Often the American surgeon-apothecaries also had to engage in other professions to make ends meet. In the colony, midwives handled the obstetrical work; only in difficult cases physicians were consulted. They kept this "monopoly" until the second half of the 18<sup>th</sup> century. Midwives also served as nurses, pediatricians and often helped lay out the dead. Their training was largely based on folklore and experience.

There were some physicians among the earliest immigrants but their number decreased quickly. Initially it was thought that the New World would offer wealth and status. When it became obvious that there was not much to be gained, the immigration of academic medics almost stopped. Neither would the British physicians want to broaden their practice to engage in surgery and drug selling as they did not want to be associated with the lesser surgeon-apothecaries.

There were many folk practitioners and quacks among the colonists. The need for medical care was high and academic medicine often could not prevent or cure diseases, so people turned to anyone who

claimed to be qualified. The difference between a charlatan and a qualified practitioner had more to do with motivation and fees than with the outcome of the cure. After the first generation, apprenticeship became the chief mode of education in medicine. A literate person also could learn medicine by reading. The academic medical study was above all theoretical and one could acquire a degree with little or no practical knowledge. In the colonies almost all educated men had acquired some medical knowledge and they would practice or give occasional advice.

Some traditional drugs were available locally and the wealthy could also afford imported chemicals and plants. Inventories of Maryland "physicians" reveal the range of chemicals and other substances available for treating illness. More often medics and patients had to use what their environment offered them. This sometimes resulted in the use of new plants and herbs.

In a time where people could or would not always turn to a qualified practitioner, many relied on home remedies. Housewives, as well as other practitioners, often had herb gardens that provided medicinal ingredients. Everyone in the 17<sup>th</sup> century, regardless of sex, class, or status, would have some form of working knowledge of herbal medicine and how to use it.



*Leontine Rutgers, a volunteer at HSMC, received her master's degree in Medieval History at the University of Leiden (The Netherlands) in 1997. She came to the USA in 2001, when her husband who is working for the Royal Netherlands Navy was stationed at N.A.S. Pax River. She wishes to thank Dr. Henry Miller and Lynn Ryan for their support.*

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