

CONCLUSION: A NEW MEDICINE

Contagionism existed in the early eighteenth century, but only as an afterthought. To most medical researchers and philosophers contagion was one cause at the end of a long list of more compelling causes. It was not a promising avenue for research or publication. Most acute diseases were still seen as imbalances, not as entities. Fevers were merely symptoms of underlying dysfunctions. By the middle of the century, however, authors such as Fothergill and Pringle were not only speculating about contagion as a cause for illness, they were using it to help define new disease entities and to sort out the “fevers” into discrete species, each produced by a unique cause. Over the remaining half-century, the idea of contagion evolved from a speculation to a motivation, prompting investigation, encouraging communication and eventually inspiring the establishment of new institutions, new procedures and new behaviors.

Reformers hoping to enlist public cooperation with contagionist measures confronted opposition from their colleagues and their own ambivalence. Some medical philosophers believed the fear of contagion might be more damaging than the contagion itself because it corroded social ties and set neighbor against neighbor. Fear also fed opposition to the establishment of any institution that threatened to bring contagious patients into a community. Some opponents thought that a belief in contagion disrupted trade, causing the very immiseration that precipitated diseases, or even claimed that some illnesses were caused by fear alone. Even as they tried to dispel panic, reformers also worried that the public were not

frightened enough: the poor, Haygarth had complained, were sometimes cavalier about the risks they ran or posed to their families and friends when they failed to follow medical advice, whereas the rich were too ready to abandon the poor without appreciating the risk to everyone that contagious fevers posed in large cities.

Picking through this rhetorical minefield while inspiring action was no easy task, but the reformers stuck to the argument that the transmission of many acute fevers was preventable and that they alone had the necessary knowledge and skills to devise effective preventive measures. Bolstering this claim required a high level of agreement about the measures that would succeed; the reformers naturally emphasized areas of consensus and tried to minimize unresolved issues.

For contagionism to move out of the pages of medical treatises and become a set of rules, assumptions, methods and institutions, it needed a relatively stable taxonomy, a network to travel along and a social environment that could sustain it. These emerged from a small group of medical men who shared education, ideas, injustices and aspirations: men who knew one another, trained, corresponded, assisted, competed, and associated with each other, and even intermarried with each other's family members. Although many of them began as outsiders in Anglican England, ultimately they shared enough with the rest of the country to find homes and change minds. Rebels and reformers themselves, to their sons and grandsons they sometimes represented the outmoded and confining walls of medical orthodoxy. Yet despite subsequent efforts at demolition, the foundations they laid can still be discerned, hidden beneath the more solid, complex and extensive institutions of modern medicine.

APPENDIX: FOUR DIFFERENT APPROACHES
TO ORGANIZING ILLNESS EXCERPTED FROM
BOERHAAVE, HUXHAM, FOTHERGILL
AND CULLEN

I. Boerhaave's Theory of Disease¹

Diseases of the Solids:

Diseases of Weak Fibers

- weak fibers
- separation of fibers
- obstructions in digestion

Caused by:

- too great consumption of fluids
- sluggishness of the fibers
- too great roughness of foods
- too weak application of one part to another
- too weak motion of fluids
- too great pulling on the fibers

Results in:

- tumors
- putrefactions

Found in:

- young women, persons of cold constitution, children, the idle, the elderly

Diseases of Strong Fibers

- short fibers
- inflexible fibers
- resistance to the free motion of fluids

Caused by:

everything that cures weak fibers
(e.g. less consumption of fluids)

Found in:

young men, workers, those who
exercise

Diseases of the Vessels:

Diseases of the Small Vessels

Caused by:

everything that causes weak fibers

Diseases of the Large Vessels

Caused by:

diseases in the small vessels
too fast circulation
too strong circulation
fluids that are too thick

Diseases of Weak Entrails

Caused by:

weak fibers
weak small vessels
sluggish circulation due to:
not enough fluid
too watery fluids
inadequate muscular motion

Diseases of the Fluids

Acid Acrimony

Caused by:

“mealy” (farinaceous) food
juicy acids (as from fruit)
fermented vegetables
not enough pre-existing good blood
weak fibers
insufficient animal motion

Results in:

in the stomach

- (1) hunger
- (2) belching
- (3) gnawing pain
- (4) colics
- (5) convulsions

in the blood

- (1) itching
- (2) pimples
- (3) ulcers
- (4) coagulation
- (5) convulsions

Spontaneous Glue

Caused by:

crude and mealy food and unripe fruit
 insufficient pre-existing good blood
 weakness of vessels or entrails
 lessening of animal motion
 dissipation of watery part of blood
 retention of thicker part of blood

Results in:

in the stomach

- (1) nausea
- (2) feeling of fullness
- (3) sluggishness of the cholera

in the blood

- (1) toughness and paleness
- (2) impeded circulation
- (3) obstructed vessels

Spontaneous Akali

Caused by:

sharp herbs
 animals that eat other animals
 alkaloid vegetables
 too much blood
 corrupt blood

strong bowels, vessels and cholera
too fast or slow movement of fluids

Results in:

burning fevers
fetid urine
corrupt juices
inflammations
imposthumes
gangrenes
mortification
death

Distempers of Solids and Fluids Combined

Too Quick Circulation

Caused by:

compression, coagulation of blood
due to

passions and pains
irritation of the heart by
 rubbing
irritation of the heart by an
irritant in the blood

Results in:

desiccation of blood
separation of blood
obstructions of vessels causing
 destruction
 inflammations
 pus
 gangrenes
 mortification
 schirri (i.e. cancers)

Too Much Blood (plethora)

Results in:

hot blood
rarefied blood
dilated arteries
compressed veins

inflammations
 imposthumes
 gangrenes
 death

Obstructions and Wounds

*Caused by: stagnation of blood in smaller vessels by
 physical events such as*

heat
 pressure
 violent motion
 foreign bodies
 ligatures
 weights
 sharp objects
 cold
 friction

*events that shut up their passages and
 insert oily and saline particles
 coagulated (thick) blood due to:*

evaporation by sweating
 evaporation by urine
 spitting
 looseness
 serous eruptions

Results in:

contraction of small vessels
 circulating corpuscles become
 impacted
 obstruction of small vessels
 stagnation of the blood in the small
 vessels
 pain
 redness
 swelling
 fast pulse
 fever

thirst
heat
wakefulness

2. Huxham's Classes of Fever (ca. 1750)²

In order of severity:

- Common/inflammatory fevers
- Intermittent Fevers (half way between Common and Slow nervous, could be caused by both)
- Slow Nervous Fevers
- Putrid/Petechial Fevers

Causes assigned by Huxham:

- Common Inflammatory Fevers (roughly, "hot" fevers): exercise, fast blood, blood thickened with too many red blood corpuscles, common in strong young men
- Intermittent Fevers: same causes as Common Fevers and/or of Slow Nervous Fevers but exacerbated by inadequate treatment
- Slow, Nervous Fevers (roughly, "cold" fevers): weak fibers, thin blood, watery diet, sorrow, ropy blood with too much serum and not enough red corpuscles, some contagiums, common in women, children, the weak and the idle.
- Putrid/Petechial Fever: acrimonious particles, alkaline salts, contagion

3. List of Diseases Intended for Use in Compiling the London Bills of Mortality, Drafted about 1751 and Probably Inserted in John Fothergill, "Some Remarks on the Bills of Mortality in London."³

Age
Ague
Apoplexy, Lethargy, and Suddenly
Asthma
Bloody-Flux
Cancer
Child-bed
Colick
Consumption

Convulsions
 Diabetes
 Dropsy
 Evil
 Fever
 Gout
 Hooping-Cough
 Jaundice
 Looseness
 Loss of Blood
 Madness and Melancholy
 Measles
 Miscarriage
 Mortification
 Palsy
 Pleurisy
 Pox
 Quinsy
 Rheumatism
 Rickets
 Rupture
 Scurvy
 Small-pox
 Stone
 Suppression of Urine, and Strangury
 Teeth
 Thrush
 Ulcer and Fistula
 Water in the Head
 Worms
 Casualties
Total

4. Outline of Cullen's Nosology (excerpts)⁴
 CLASS 1-PYREXIAE
 Ordo 1, Febres.

Sect. 1. Intermittentes.

1. Tertia
2. Quartana
3. Quotidiana

Sect. 2. Continuae.

4. Synocha
5. Typhus
6. Synochus–Hectica

Ordo II. Phlegmasiae

7. Phlogosis–Apostema
Gangrena. Sphacelus
8. Ophthalmia
9. Phrenitis
10. Cynanche.....

Ordo III. Exanthemata

26. Variola
27. Varicella
28. Rubeola
29. Scarlatina
30. Pestis
31. Erysipelas
32. Miliaria
33. Urticaria
34. Pemphigus
35. Aphtha

Ordo IV. Haemorrhagiae

36. Epistaxis
37. Haemoptysis
38. Hemorrhoids
39. Menorrhagia
40. Catarrhus
41. Dysentery

CLASS II–NEUROSES

Ordo 1. Comata

42. Apoplexia
43. Paralysis.....

CLASS III–CACHEXIAE....

CLASS IV–LOCALES.....

NOTES

1. Herman Boerhaave, *Boerhaave's Aphorisms: Concerning Knowledge and Cure of Diseases*, trans. J. Delacoste, MD (London: 1725).
2. John Huxham, *An Essay on Fevers* (1750), 3rd ed. (1757), with an introduction by Saul Jarcho (Canton MA: 1988).
3. John Fothergill, "Some Remarks on the Bills of Mortality in London," *Medical Observations and Inquiries* 1771(4): 214–222, rpt. by D. V. Glass, ed. *The Development of Population Statistics* (Farnborough, UK: 1973), 28.
4. William Cullen, *Synopsis Nosologiae Methodicae...* (Edinburgh: 1785) in *The Works of William Cullen, M.D.*, ed. John Thomson, vol. 1 (Edinburgh: 1827), 243–4.

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