CHAPTER 20

Approaches to the History of Patients: From the Ancient World to Early Modern Europe

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This chapter looks from an early modernist's perspective at some of the major questions and methodological issues that writing the history of patients in the ancient world shares with similar work on *Patientengeschichte* in medieval and early modern Europe. It addresses, in particular, the problem of finding adequate sources that give access to the patients' experience of illness and medicine and highlights the potential as well as the limitations of using physicians' case histories for that purpose. It discusses the doctor-patient relationship as it emerges from these sources, and the impact of the patient's point of view on learned medical theory and practice. In conclusion, it pleads for a cautious and nuanced approach to the controversial issue of retrospective diagnosis, recommending that historians consistently ask in which contexts and in what way the application of modern diagnostic labels to pre-modern accounts of illness can truly contribute to a better historical understanding rather than distort it.

Until the 1970s, the writing of medical history focused almost exclusively on physicians, on their lives and works, on their theories and discoveries. The patients remained marginal figures in these accounts. They were largely the faceless objects of the physicians' diagnostic considerations and therapeutic and preventative interventions, of institutions of medical care, of public health campaigns, of scientific research. Only a small minority of celebrity patients like Mozart or Nietzsche attracted considerable attention, prompting, amongst others, countless attempts at identifying, in modern diagnostic terms, the diseases from which they had suffered and died.[1]

1 See, e.g. Böhme, G. (1981). *Medizinische Portraits berühmter Komponisten*; Franken, F. H. (1986–97). *Die Krankheiten großer Komponisten*; Neumayr, A. (2007). *Berühmte Komponisten im Spiegel der Medizin*.

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Over the last decades, the situation has changed profoundly. With the rise of a critical medical sociology[2] and the new social history of medicine,[3] and in line with a new movement for patients' rights and widespread complaints about the dehumanizing effects of modern biomedicine, the patient has become an accepted and indeed indispensable part of the medico-historical narrative. Historians have attempted to reconstruct the subjective experience of illness in different historical periods and different socio-cultural contexts. They have described how sufferers and families coped with illness and its effects.[4] They have examined the role of self-help and domestic medicine[5] and the uses people made of different types of healers. They have followed patients' attempts to make sense of their suffering in medical, bodily terms as well as in philosophical, metaphysical and religious ones. They have tried to understand the impact of religious beliefs,[6] social status, and changing cultural and social norms on the experience of illness. Some thirty years after Roy Porter's often quoted plea for medical history from "the patient's view",[7] we can draw now on an impressive body of work. In German-language historiography, the field has even obtained a name of its own: *Patientengeschichte*.[8]

Work on *Patientengeschichte* has focused primarily on the history of illness and medicine from the patient's point of view, on the patient as a sentient,

2 See e.g. Freidson, E. (1961). *Patients' views of medical practice. A study of subscribers to a pre-paid medical plan in the Bronx.*

3 For a good overview of changing issues and approaches see Huisman, F. and Warner, J. H. (eds.) (2004). *Locating medical history. The stories and their meanings.*

4 To cite only some of the major early contributions: Herzlich, C. and Pierret, J. (1984). *Malades d'hier et malades d'aujourd'hui: De la mort collective au devoir de guérison*; Porter, R. (ed.) (1985). *Patients and practitioners. Lay-perceptions of medicine in pre-industrial society*; Porter, R. and Porter, D. (1988). *In sickness and in health. The British experience 1650–1850*; *id.* (1989). *Patient's progress. Doctors and doctoring in eighteenth-century England.*

5 Rankin, A. (2008). 'Duchess, heal thyself. Elisabeth of Rochlitz and the patient's perspective in early modern Germany', *Bull. Hist. Med.* 82, 109–44.

6 See e.g. Ernst, K. (2003). *Krankheit und Heilung. Die medikale Kultur württembergischer Pietisten im 18. Jahrhundert.*

7 Porter, R. (1985). 'The patient's view. Doing medical history from below', *Theory and Society* 14, 175–98.

8 For historiographical overviews see Wolff, E. 'Perspektiven der Patientengeschichtsschreibung', in Paul, N. and Schlich, T. (1998). *Medizingeschichte: Aufgaben, Probleme, Perspektiven*, 311–30; Ernst, K. 'Patientengeschichte. Die kulturhistorische Wende in der Medizinhistoriographie', in Bröer, R. (1999). *Eine Wissenschaft emanzipiert sich. Die Medizinhistoriographie von der Aufklärung bis zur Postmoderne*, 97–108; Rieder, P. (2003). 'L'histoire du "patient". Aléa, moyen ou finalité de l'histoire médicale?', *Gesnerus* 60, 260–71 (review essay); Condrau, F. (2007). 'The patient's view meets the clinical gaze', *Social History of Medicine* 20, 525–40.

experiencing and acting person. Obviously, this is only one way of approaching 'the patient' in history, however, as this book illustrates. Many contributions to this volume do not primarily deal with the "patient's view" in a strict sense, leave alone with the patient's personal experience of disease and medicine. Due not least to the lack of alternative sources, they take the physician's perspective on the patients as their starting point. What unites all of these studies, however, is their focus on the patient as an individual sufferer rather than, say, on theories of disease, famous physicians or hospitals. For historians working on the more recent past, these studies offer, for the first time, an overview of many different aspects of patienthood in ancient societies. They invite comparison and, at the same time, highlight some of the limitations and methodological challenges that any medical history has to come to terms with that puts the individual patient and his or her perspective to the foreground.

In what follows, I want to present and discuss, from an early modernist's point of view, some of the overarching questions and methodological issues that the historical study of the patient in ancient cultures, as presented in this volume, shares with that of the later times. In doing so, I hope to place this volume in a wider historiographical context and to highlight also some of the possibilities and challenges of writing a history of the *homo patiens* in general. I will start with the difficulties of any attempt to recover the patients' own voices and with what we can learn about the patients' experience of illness and medicine from the writings of others, especially physicians' case histories. I will then offer some remarks on how a focus on the individual patient and the doctor-patient relationship can also enrich our understanding of the development of learned medical theory and practice. In conclusion, I will discuss the vexed problem of retrospective diagnosis and ask to what degree the application of modern diagnostic labels to premodern accounts of illness can contribute to a patient-centred history of medicine.

1 Recovering the Patient's Voice

At first glance, we might take it for granted that any attempt to write a history of the patient would rely above all on what patients themselves had to say about their illnesses. We would expect, as a result, that the output of historical works on this topic would increase the more we advance in time, due to a steadily increasing availability of sources. As a look at the extant literature quickly reveals, however, this proves to be true only in part. In spite of an abundance of relevant sources and the rise of the new genre of first-person

"pathography",[9] the more recent past has remained a relatively understudied area of *Patientengeschichte*.[10]

This comparative lack of interest among historians of the nineteenth and twentieth centuries seems to be due to a considerable extent to a different notion of the 'patient'. Drawing on the work of Michel Foucault and of medical sociologists, historians of the nineteenth and twentieth centuries have tended to define the 'patient' as someone who stands in a relationship with physicians and the healthcare system in general. Book-titles like *Vom Kranken zum Patienten* ("From the sick [person] to the patient") have reflected this particular understanding of the term "patient"[11] and promoted it in turn. Narrowing the historical analysis of the "patient" to that of his or her role as an object of the medical gaze disregards the obvious fact, however, that *patiens* in Latin simply means "sufferer" and that we find it used in this sense for many centuries. As a result, in works concerned with the nineteenth and twentieth centuries, the "patient" in this new, narrow sense tends to be described virtually by definition as an object, as subordinate to the *pouvoir médical*, deprived of her or his individuality. Understanding the patient primarily as an object of the professional medical gaze and the healthcare apparatus, as well as a target of public health policies has been fruitful in focusing the historians' attention on issues of power, discipline and governmentality.[12] Somewhat ironically, however, historical writing about this period has paid relatively little attention to the experience and agency of the individual patient. In a sense, historians have reproduced the very marginalisation of the patient as a subject which they denounce in nineteenth- and twentieth-century medicine.[13]

If *Patientengeschichte* has been, by contrast, a particularly fruitful field of research among early modernists, this clearly also reflects different methodological preferences. Historians of premodern eras are accustomed to looking for the unfamiliar, the historically contingent. They tend to focus on what is specific to a given society or culture rather than perceiving

9 The term usually refers to sufferers' personal accounts of their own illnesses; cf. Hawkins, A. H. (1993). *Reconstructing Illness. Studies in pathography*.

10 Some studies deal with the recent past within a larger chronological framework; see e.g. Lachmund, J. and Stollberg, G. (1995). *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien*; Schweig, N. (2009). *Gesundheitsverhalten von Männern. Gesundheit und Krankheit in Briefen 1800–1950*.

11 Loetz, F. (1993). *Vom Kranken zum Patienten. "Medikalisierung" und medizinische Vergesellschaftung am Beispiel Badens 1750–1850*.

12 See e.g. Stein, C. (2011). 'The birth of biopower in eighteenth-century Germany', *Medical History* 55, 331–37.

13 Sarasin, P. (2001). *Reizbare Maschinen. Eine Geschichte des Körpers 1765–1914*.

historical phenomena within a history of the present. Drawing on historical anthropology, *Alltagsgeschichte* and, to a lesser degree, literary studies early modernists have uncovered an abundance of first-person accounts of patients (as well as families and friends) from which to reconstruct the patient's voice. In the literally hundreds of handwritten or published autobiographies that have survived from the sixteenth to the eighteenth centuries[14] just as in personal diaries from that period, episodes of serious illness frequently rank among the major events the authors deemed worth recording. Likewise, in their personal correspondences early modern men and women often exchanged news about illnesses (and deaths) and about their experiences with different physicians or recommended certain remedies they had found useful before in similar cases. The fairly common practice of consultation by letter resulted in thousands of letters written by the patients themselves or their relatives or friends, with often detailed accounts of present complaints, previous illness episodes and the treatment undertaken so far.[15]

The body of available sources for the early modern period is impressive. Still, work on these sources has to come to terms with some serious limitations. Two deserve particular attention. The first one concerns the degree to which the surviving sources can be taken to be representative of the whole population. There were great differences between areas of Europe and between town and countryside but, generally speaking, the voice of lower-class patients has only rarely been preserved in first-person accounts before the nineteenth century and even then, their accounts were usually written down by someone else. Miracle books, for example, can throw some light on the role of religious faith and occasionally offer accounts of the sufferer's previous experiences and the medical culture in which she or he moved.[16] Records of court proceedings against unlicensed medical practitioners may comprise the protocols of extensive interrogations. The accused themselves and the witnesses reported how they dealt with the disease, how they interpreted it, where they sought help etc. As valuable as they are, such records can only offer isolated glimpses, however, and the context of their production inevitably leaves its mark. Accounts of miraculous healings cannot be expected to expand on the successful previous

14 Lumme, C. (1996). *Höllenfleisch und Heiligtum. Der menschliche Körper im Spiegel autobiographischer Texte des 16. Jahrhunderts*.

15 Stolberg, M. (1996). '"Mein äskulapisches Orakel!": Patientenbriefe als Quelle einer Kulturgeschichte der Krankheitserfahrung im 18. Jahrhundert', *Österreichische Zeitschrift für Geschichtswissenschaft* 7, 385–404.

16 See e.g. Lederer, D. 'Constructing a wonder. The influence of popular culture on miracle books', in Behringer, W. et al. (2013). *Mediale Konstruktionen in der Frühen Neuzeit*, 43–56.

efforts of physicians. And in court proceedings against unlicensed healers, people are unlikely to volunteer information on illicit practices such as magical healing, which they know might get them into trouble. Apart from these occasional first-person accounts, we largely have to rely on what other, literate members of society reported about the beliefs and practices of the silent majority and their interaction with health care providers and public health officials.

The second major limitation in working with patients' first-person writings is of a methodological kind. Even with first-person accounts, the historian's access to the personal, subjective experience of illness and medical care is only indirect. The verbal expression of physical sensations like pain but also of feelings like fear, anger or sadness, which are frequently an important part of the illness experience, is not identical with these sensations and emotions. What is more, even the most personal, private first-person account is inevitably shaped by linguistic and literary conventions and by cultural norms such as standards of manliness, honour and self-control, to name just a few. Historians must take such effects even more into consideration when the writer could expect or indeed wanted others to read his or her account or when the account was drafted in retrospect, after a considerable amount of time had passed, as in memoirs and autobiographies. In certain respects, historians can turn this to their advantage. They can use patients' first-person accounts as a valuable source to study the pervasive impact of such literary conventions and cultural norms. The historians' dream of an immediate access to the patients' experience, however, remains unfulfilled.

In a way, these limitations are good news for historians who study the patient in ancient Greece and Rome and in pre-Renaissance Europe in general. Their access to patients' first-person accounts is extremely limited in the first place. As the contributions to this volume demonstrate, the scarcity of first-person accounts authored by the patients themselves, or by families and friends who took care of them, is quite possibly the most important difference from modern testimonies as we set out to write the history of patients in ancient society. There are a couple of early modern patients like Hermann von Weinsberg in sixteenth-century Cologne[17] and Samuel Pepys in seventeenth-century

17 Weinsberg, H. von (2000). *Das Buch Weinsberg. Kölner Denkwürdigkeiten aus dem 16. Jahrhundert*; cf. Jütte, R. (1989). '"Wo kein Weib ist, da seufzet der Kranke". Familie und Krankheit in der Frühen Neuzeit', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 7, 7–24; *id.* (1991). *Ärzte, Heiler und Patienten. Medizinischer Alltag in der frühen Neuzeit*; *id.* (2013). *Krankheit und Gesundheit in der Frühen Neuzeit.*

London[18] whom historians tend to quote quite frequently. None has reached the exceptional status, however, which Aelius Aristides and his *Hieroi logoi* have acquired in this respect as a virtually unique (and relatively late) first-person account from antiquity.[19] Other first-person accounts of illness experiences written by patients or families that have survived from ancient Greece and Rome are fragmentary at best.

As Chiara Thumiger points out in her contribution to this volume, the lack of first-person accounts must not be taken to mean that the patient's voice remains entirely silent in the sources. Case histories, in particular, frequently reveal at least some traces of the patient's own narrative. At times the physician may explicitly report, in his own words, what a patient told him. More frequently, case histories describe experiences and events such as physical sensations or past disease episodes of which the physician could only know from the patient and his or her family. And as we will see in a moment, case histories are a particularly rich source if we want to understand what actually happened to patients and shaped their experience of the medical encounter and of the disease itself.

2 Interactions and Practices

Late medieval and early modern authors of deontological works with titles such as *De cautelis medici* or *Politicus medicus* frequently elaborated on the patients and families, on the ways in which they dealt with illnesses and reacted to the physicians, and on what the physician had to do in order to secure their trust in his medical expertise and skills.[20] Some of the contributions to this volume

18 Pepys, S. (1953). *The diary of Samuel Pepys.*

19 Cf. Steger, F. (2001). 'Medizinischer Alltag in der römischen Kaiserzeit aus Patientenperspektive: P. Aelius Aristides, ein Patient im Asklepieion von Pergamon', *Medizin Gesellschaft Geschichte* 20, 45–71; Horstmanshoff, H. F. J. 'Asclepius and temple medicine in Aelius Aristides' "Sacred Tales" ', in Horstmanshoff, H. F. J. and Stol, M. (2004). *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine*, 325–41; Steger, F. (2004). *Asklepiosmedizin. Medizinischer Alltag in der römischen Kaiserzeit*, esp. chapter 3.3; and the contributions by Georgia Petridou and Katherine van Schaik in this volume (Chapters Eighteen and Nineteen).

20 Zerbi, G. (1495). *Opus perutile de cautelis medicorum*; cf. Münster, L. (1956). 'In tema di deontologia medica. Il "De cautelis medicorum" di Gabriele Zerbi', *Rivista di storia delle scienze mediche e naturali* 47, 60–83; Villanova, A. de 'De cautelis medicorum', trans. H. E. Sigerist, in Grant, E. (1974). *A source book of medieval science*; Castro, R. da (1662). *Medicus-politicus; sive de officiis medico-politicis tractatus*; Hoffmann, F. (1738). *Medicus*

examine similar prescriptive sources from the ancient times. The chapter by Amber Porter underlines the remarkable place which Soranus and Caelius Aurelianus attributed to compassion and the idea of a "humanitas medicinae". Along similar lines, Giulia Ecca highlights the caution that the Hippocratic *Praecepta* recommended to the physician when it came to charging fees. Galen in his *De sanitate tuenda*, as presented by John Wilkins, advised the physicians to adapt their dietetic council to the individual patient, which implied that they had to enquire quite precisely into the patient's individual constitution and way of life. Melinda Letts studies the debates in ancient Greek medicine about the importance of the patient narrative for medical diagnosis. Obviously, those physicians who did consider the patient narrative essential for their diagnosis would have to listen carefully to what their patients had to say, devote time to them, take them seriously as individuals. In this sense, Courtney Roby shows the place Galen attributed to the patient's account for the diagnosis of pain.

Of course, the attitudes towards the patients, which we find expressed in such normative writings, cannot be taken to reflect actual practice. As the authors of these contributions show, such texts offer some clues, however, as to what patients could ideally expect when they consulted a physician—and what the medical writers, in turn, thought the patients wanted. Case histories, in turn, offer a welcome tool to examine to what degree physicians took the deontological and ethical commitments expressed in general writing seriously in their practice. In this sense, case histories are not only an important source from which we can reconstruct the patient's own voice, especially when we lack direct first person accounts. They also offer manifold insights into what it must have meant and felt like to be a patient through the description of their interactions with the physician. After all, to this day the encounter with the physician and his or her diagnosis and treatment is frequently a central aspect of the illness experience. The case histories of Johannes Aktouarios' *De urinis*, for instance, like those of other physicians, were above all a means of self-fashioning and aimed at highlighting his outstanding skills. Yet as we learn from Petros Bouras-Vallianatos' paper, they also hint at patients' non-

politicus sive regulae prudentiae secundum quas medicus juvenis studia sua & vitae rationem dirigere debet, si famam sibi felicemque praxin & cito acquirere & conservare cupit; cf. Eckart, W. U. 'Anmerkungen zur "Medicus politicus"- und "Machiavellus Medicus"-Literatur des 17. und 18. Jahrhunderts', in Udo, B. and Wilhelm, K. (1992). *Heilkunde und Krankheitserfahrung in der frühen Neuzeit* (*Frühe Neuzeit* 10), 114–29; Jaumann, H. 'Iatrophilologia. "Medicus politicus" und analoge Konzepte in der frühen Neuzeit', in Häfner, R. (2001). *Philologie und Erkenntnis. Beiträge zu Begriff und Problem frühneuzeitlicher "Philologie"*, 151–76.

compliance and suggest that the patients could expect physicians to make a considerable effort to win and maintain their trust. Jane Draycott shows in her contribution that a careful reading of physicians' writings can also reveal important insights into medical lay notions and practices. These clearly had a great influence, in turn, on whether patients experienced the physician's diagnosis and his therapeutic recommendations as helpful and comforting or not.

Medical case histories are also of great value for a patient-centred history in a completely different way. They quite simply describe what the physician actually did, how he diagnosed and treated his patients. As Patricia A. Baker demonstrates in her contribution, they can be usefully supplemented in this respect by visual representations of medical practice.

The unprecedented importance of pulse-diagnosis, described in Lewis' chapter, implied that the physician touched the patient, rather than just talked to him or her, that he took his time to feel the pulse. Feeling the pulse turned patients and bystanders into the participants of a little ritual that, according to some authors, even marked the very beginning of the consultation.

Uroscopy, which from the Middle Ages took the place of feeling the pulse as the most important diagnostic practice, could be similarly staged as a ritual, as a "dramatic highlight", as Petros Bouras-Vallianatos points out. Early modern skeptics deprecatingly compared the uroscopic diagnosis with an oracle and called the uroscopist 'piss-prophets'. This was part of their campaign against unlicensed healers but there was some truth in this statement. While patients and bystanders saw nothing but a rather unappetizing, stinking yellow fluid, the physician held the urine glass against the light, carefully examined the colour and looked for bubbles, clouds and visible *contenta*. He provoked a gentle circular movement of the fluid, to loosen the sediment. He might even hold the glass in front of a mirror, or let the urine settle for an hour, until he finally pronounced his diagnostic judgement. For many centuries, this was the physicians' most powerful means by which they could impress patients and bystanders with their ability to unveil the morbid changes hidden inside the body.[21]

There is also considerable evidence that ancient physicians examined their patients manually—men and women alike—, as Jennifer Kosak shows, looking for palpable swellings, pain or other changes underneath the skin. The same goes—though historians have long claimed the contrary—for the learned physicians in the early modern period.[22]

21 Stolberg, M. (2015). *Uroscopy in Early Modern Europe*.

22 *Id.* 'Examining the body (c. 1500–1750)', in Toulalan, S. and Fisher, K. (2013). *The Routledge History of Sex and the Body, 1500 to the Present*, Oxford, 91–105.

Diagnostic and therapeutic practices are not only important aspects of the patients' illness experience as such. They also serve as powerful tools for the "intentional and unintentional transfer of theoretical and practical technical knowledge", as Orly Lewis puts it in her contribution. Beyond and even without the spoken word, they reflect and convey specific ideas about the nature of diseases and their presumed causes inside and outside the body. To cite just one, particularly illustrative early modern example: the blood-letting which physicians almost routinely prescribed to their patients might strike us a means to reduce quite simple the blood-volume. Surviving comments by patients and relatives show, however, that they frequently found the blood to be slimy, full of phlegm, or all black, or burnt. In this manner, blood-letting constantly confirmed them in their belief that parts of the blood contained morbid matter or were pathological in themselves and that it was necessary to eliminate this blood from the body. We find the same phenomenon in ancient sources. As John Wilkins' contribution to this volume makes clear, the dietetic recommendations which the physician was to make, according to Galen's *De sanitate tuenda*, likewise conveyed a fairly specific implicit understanding of man's diseases, in which an insufficient digestion of food and the resulting accumulation of bad or misplaced humours played the principal role.

3 The Patients' Impact on Learned Medicine

To the modern reader, the term 'patient' tends to suggest passivity, images of the sufferer as a victim of the disease as well as an object of medical interventions. Premodern patients frequently had a very prominent and active role in the therapeutic encounter, however, all the more so when the physicians, as was often the case, came to visit them in their homes. Physicians had to talk to them at length, and often to their families and other bystanders as well. They had to ask them about their current complaints, about previous disease episodes, about their way of life, their preferred foods, their personal experiences with the effects of different medicines on their body et cetera.

What is more, patients could also have a considerable impact, in turn, on the physicians' theories and practices. Sometimes this impact was primarily an epistemological one. Throughout history, case reports of individual patients have served as a major basis for general theories and explanatory models. Melinda Letts' contribution shows that this kind of "inductive" reasoning from individual cases to general rules already played a considerable role in the Hippocratic writings.

The case history and the individual patient as its protagonist could contribute also in a very different way. As John Wee demonstrates in his analysis of the case histories in the Hippocratic *Epidemics 1*, the extant histories of individual patients—probably a selection from a much larger number of histories—were predominantly "minority reports": they highlighted the exception from the rule or even contradicted accepted accounts. The individual stories showed that established rules could not always be trusted—which was important for the physicians to keep in mind if they wanted to avoid embarrassing diagnostic and prognostic errors.

We find the same phenomenon in thousands of case histories in early modern physicians' notebooks and publications. Collecting case histories on patients with similar complaints that seemed due to similar reasons contributed to the growing importance of the concept of disease entities and promoted a better understanding of the differences between these entities, their characteristic signs and their most promising mode of treatment.[23] Other authors privileged the stories of untypical, 'rare' if not unique cases. These stories did not illustrate the norm, the rule, the ordinary. Instead, in line with a more general interest in the seemingly miraculous and monstrous, they showed the great variation that was possible within the limits of the laws of nature—and ultimately helped refine human knowledge of these laws.[24]

Patients could even influence the development of learned medical theory and practice itself. In the 1970s, British sociologist Nicholas Jewson published a couple of papers that have attracted considerable criticism but have also had a major, fruitful impact on the writing of medical history. Drawing primarily from sources from eighteenth-century England, Jewson argued that patients had a decisive impact on the learned medicine of their time, due to their superior social standing. According to Jewson the doctor-patient relationship in the eighteenth century was characterised by "patronage". The physician's economic and professional prospects rested decisively on the favours of a small group of high-ranking patrons. In this situation, Jewson argued, the physicians were forced to accommodate the preferences and desires of their patients as much as they could. In particular, they had to grant ample space to the patient's

23 Stolberg, M. (2013). 'Empiricism in sixteenth-century medical practice. The notebooks of Georg Handsch', *Early science and medicine* 18, 487–516.

24 See, e.g. the telling title of Schenckius, J. von Grafenberg (1600). *Observationum medicarum, rararum, novarum, admirabilium, et monstrosarum tomus unus*. On the natural-philosophical context see Daston, L. and Park, K. (1998). *Wonders and the order of nature 1150–1750*.

narrative. They had to listen carefully and take the patient seriously as an individual being—otherwise they would no longer be consulted. At a time, when medical research and innovation was still primarily the domain of private practitioners, this, according to Jewson, had important consequences for the development of medical science as such. Physicians might come up with all kinds of new ideas and treatments but new findings and ideas were only likely to find broad acceptance if they were well-received not only by colleagues but above all by the patients. This, according to Jewson, lent crucial support to those new theories and practices that were in line with the patients' expectations and preferences while others would be unable to gain recognition.[25]

More recently, research on the history of the doctor-patient relationship has shown that, certainly on the European continent learned physicians treated a much wider range of patients than historians had previously thought and that the social status of the majority of patients was not higher than that of their physicians. Patronage in Jewson's sense was the exception rather than the rule. It was typical above all for the personal physicians of kings and princes whose position was similar to that of other court employees. Nevertheless the individual physician was frequently under considerable pressure to heed his patients' wishes and desires. This was not because the individual patient had a powerful position in society: the patients' preferences and expectations carried great weight for the simple reason that patients, in most places, could turn to someone else if they were not satisfied—and frequently did so.

Patients' widespread expectation that a skillful medical practitioner could identify the nature of their disease just by looking at their urine is a prime example. The physicians' polemical writings against this practice were to no avail. They lost the battle. The spectacular rise of the 'nervous sensibility' and 'nervous diseases' in eighteenth-century society is another example. Research on nervous sensibility and irritability eventually supported this trend but this work was preceded and prompted in turn by a new culture of sensibility and sentimentality among the upper classes in general.[26]

The patients' relatively strong position in the premodern doctor-patient relationship and the constant danger that they might consult someone else could also promote the development of specialist knowledge and skills. In a society, in which most patients were deeply convinced that uroscopy was

25 Jewson, N. D. (1974). 'Medical knowledge and the patronage system in 18th century England', *Sociology* 8, 369–85; *id.* (1976). 'The disappearance of the sick-man from medical cosmology, 1770–1870', *Sociology* 10, 225–44.

26 Barker-Benfield, G. J. (1992). *The culture of sensibility. Sex and society in eighteenth-century Britain.*

an indispensable diagnostic tool but in which even illiterate village healers offered their services as uroscopists, physicians had to find ways to assure that people accepted their claim to superior medical expertise. Early modern physicians found two particularly promising strategies. One was public anatomy. In front of a sizeable audience they could demonstrate their practical skills as well as their knowledge of the secrets hidden in the inside of the body. The other strategy was to refine uroscopic diagnosis ever further, to introduce even more shades of colour and *contenta* that the truly skilled uroscopist had to distinguish, setting himself against the mass of 'ignorant' village uroscopists. As the paper by Orly Lewis nicely demonstrates, the patients could have a similarly powerful impact on the physicians' practices and writings in ancient cultures. The patients saw the importance that physicians attributed to the pulse and they were quite capable of feeling their pulse themselves. This promoted a trend in medical writing and practice to make pulse diagnosis more complex and to introduce more distinctions. In this manner the physicians could continue to lay successful claim to their superior mastery of a skill which the patients, by that time, had come to appreciate and appropriate.

4 The History of Patients from the Perspective of Modern Medicine

Some contributions in this book deal with a very different—and highly popular—approach to the patient in history, one which has sparked one of the most heated controversies in medical historiography: retrospective diagnosis. Numerous authors—especially but not only those with a medical training—have made considerable efforts to identify, from the surviving sources, the diseases from which certain historical actors in different historical periods 'really' suffered or indeed died. Others, by contrast, have considered any attempt to label historical descriptions of diseases with modern diagnostic terms a largely futile enterprise. They have argued, in particular, that 1) retrospective diagnosis is frequently based on insufficient evidence, that 2) premodern descriptions of individual illnesses are inevitably framed by profoundly different disease concepts and may therefore ignore aspects considered crucial for diagnosis today and 3) that, in particular, the clinical picture of infectious diseases can alter dramatically due to genetic and immunological changes.[27]

27 For a useful summary of the debate see Graumann, L. A. (2000). *Die Krankengeschichten der Epidemienbücher des Corpus Hippocraticum: Medizinhistorische Bedeutung und Möglichkeiten der retrospektiven Diagnose*, esp. 118–22; for a very critical view see Leven, K.-H. '"At times these ancient facts seem to lie before me like a patient on a hospital

While these three arguments do not appear equally relevant for all sources and diseases, two other major and crucial issues frequently have failed to be even addressed—leave alone resolved—in this debate. Firstly, it surely makes a great difference whether we are drawing on historical accounts of a single case or of numerous different patients who were, at the time, believed to suffer from the same disease. When we are dealing with a single case, the arguments against retrospective diagnosis are very weighty indeed. In this volume, the contribution by Graumann and Horstmanshoff on the epitaph on Lucius Minicius Anthimianus shows at what drastically diverging diagnostic conclusions historians have arrived about this patient in the course of time. This is not to say that retrospective diagnosis of individual cases is entirely arbitrary. Usually, some diagnoses are more probable than others. Take a woman, for example, described in premodern sources as suffering from an ulcerating tumour of the breast, rapidly losing weight and dying in the course of a few months. From today's point of view, she surely is much more likely to have suffered from breast cancer in the modern understanding of the word than from, say, coronary arteriosclerosis, apoplexy or a peptic ulcer. The more detailed the information we find in the sources and the closer we get to modern medicine, the smaller the difference becomes to establishing a diagnosis in modern medical practice, where absolute certainty cannot be achieved either. Retrospective diagnosis on individual cases in premodern times, however, can, as a rule, only offer a range of possible explanations.

Retrospective diagnosis can yield more fruitful results when we are dealing with larger numbers of patients who are said to have suffered from the same disease. Though not each individual patient who was diagnosed, at the time, as a victim of the plague, leprosy or cholera can be safely taken to have actually suffered from that disease according to modern criteria, the diagnosis is quite likely to be true for many of them, at least when the clinical picture tends to be fairly characteristic and with paleopathological evidence to support the case.

The second question historians have commonly failed to ask is the most fundamental one and can be summarised in two words: so what? Katherine van Schaik argues in this volume that a "dismissal of thoughtful explanations of the pathologies described in classical texts which are offered by trained medical professionals" threatens to disregard "an important means by which understanding of the ancient world might be enhanced." The crucial question, however, is, in which cases and in what way our understanding is enhanced—

bed". Retrospective diagnosis and ancient medical history', in Horstmanshoff, H. F. J. and Stol, M. (2004). *Magic and rationality in ancient Near Eastern and Graeco-Roman medicine*, 369–86.

and in which cases retrospective diagnosis may actually be outright misleading even though it is correct in modern terms. What do we learn, for example, when we compare, with Susan P. Mattern, the description of *typē* in Galen's works with modern notions of culture-specific anxiety disorders? In which way will it help us to understand better, what it was like to suffer from *typē* in ancient times or why Galen dealt with it the way he did?

Undoubtedly there are certain areas in which the answer may be important. It is perfectly legitimate to want to know whether a certain kind of disease existed or was indeed prevalent in a certain area and at a certain time in history. It might even help explain major social and economic changes and it might enrich our knowledge about the interactions between nature, environment and man on the one hand and diseases on the other.[28]

If we are interested, however, in finding out what it meant, in a specified historical period, to suffer from a certain disease, if we want to understand why physicians, patients and relatives dealt with it in the ways they did, the use of modern diagnostic terms is more often than not a major impediment to our historical understanding. For, as medical anthropologists have amply shown, the experience of illnesses and the ways in which they are diagnosed and treated are decisively shaped by dominant notions about the body and its diseases. In fact, the experience of illness *is* to a large degree the experience of the images and metaphors that are associated with the disease and the diagnostic and therapeutic practices and rituals reflect the contemporary perception. For example, cancer patients today tend to perceive themselves as attacked by some kind of a secret, sinister killer deep inside their bodies whose existence they often had not even suspected until they were diagnosed. By contrast, even if we felt fairly sure that a certain patient in the first, eleventh or sixteenth century suffered from cancer in the modern sense, we can by no means conclude that he or she has the 'same' disease in this experiential sense. A sixteenth-century female patient with an ulcerating tumour that has eaten away large parts of her breast may most likely have suffered from breast cancer in a modern sense. Yet her experience was a very different one. At the time, cancer was associated above all with impurity and a destruction of the skin, with foul secretions and with stench. It was a disease which affected almost exclusively the borders of the body and was due to some corrupted, putrid and particularly aggressive humour. This humour could not only eat its way into the surrounding flesh, mix with the blood and settle in other parts of the body. It could also literally infect the surrounding air. Since mere contact with the

28 For an overview of relevant studies on ancient medicine see Nutton, V. (2004). *Ancient medicine*, London, 19–36.

stench that emanated from a cancer patient was deemed sufficient to infect someone else with cancer, patients were perceived as a menace to others and might even be separated from their children or confined in institutions outside the city walls.[29] Virtually none of this is grasped by the modern label 'cancer' and whether a patient 'really' suffered from cancer in a modern sense or not is quite irrelevant in this respect as long as he or she was taken for a cancer patient at the time.

5 Conclusion

The history of patients has come of age. No serious scholar today would dispute that the patient deserves a major part in the medico-historical narrative. After all, the patients and their well-being is what much of medicine is ultimately all about, and it is above all by dealing with individual patients that medicine has historically been a constant and ubiquitous presence in society.

Work on *Patientengeschichte* has so far focused on the early modern period. As this volume demonstrates, a history of patients can successfully be done also for ancient cultures. Of course, sources which directly reflect the patients' personal perception and experience of their illness and of the treatment they received are hard to come by for this period. From what others wrote, physicians in particular, related to patients' expectations and reactions and from what we know about the actual practice of medicine, it is nevertheless possible to write a history 'from the patient's point of view' for ancient Greece and Rome. The importance of the patient as an object of the physicians' considerations and practices emerges even more clearly from the surviving sources, and occasionally we can even trace the impact of the patients' point of view, of their ideas about the sick body and the best way to diagnose and treat it. By contrast, trying to identify the diseases from which individual patients suffered in modern terms is an exceedingly difficult and risky enterprise the further we go back in time. Fortunately, it is also the least fruitful and rewarding approach, by far, that historians can take when they want to throw light on the figure of the patient and to find out more about what it meant to be sick, in ancient times as in more recent epochs.

29 Stolberg, M. (2014). 'Metaphors and images of cancer in early modern Europe', *Bull. Hist. Med.* 88, 48–74.

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Index Locorum