



The sick child in early modern England, 1580–1720

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Introduction

One morning in 1630, fourteen-year-old Richard Wilmore from Stratford vomited ‘black Worms, about an inch and a half long, with six feet, and little red heads’. After vomiting, he ‘was almost dead, but a little time after he revived’. The next day, the boy’s father went to see a doctor called John Hall, ‘earnestly desiring’ his advice. He brought with him some of the worms ‘wrapped in Paper’, which, upon examination, ‘crept like Earwigs, and were very like, save in colour’. Richard was so ‘cruelly afflicted’ that ‘he was ready to tear himself in pieces’. Dr Hall administered a medicine which made the boy vomit seven times, and bring up ‘six Worms’, the like of which the doctor had ‘never beheld or read of’ before. Dr Hall noted with satisfaction that this treatment ‘delivered’ Richard from his infestation, so that when ‘I met him two years later’, he ‘gave me thanks. . . [and] told me he had never been troubled with it since’.¹

I encountered this bizarre case in the published medical notebook of the eminent Stratford physician John Hall, who happens also to have been Shakespeare’s son-in-law. It sparks a host of questions about childhood illness in early modern England. Were children’s medicines the same as those of adults? What role did parents play in the care of ill offspring? How did young people like Richard respond emotionally to illness and suffering? These are some of the questions addressed in my book, *The Sick Child in Early Modern England*.² Taking the triple perspectives of doctors, parents, and children, the book investigates the perception, treatment, and experience of childhood illness in England between approximately 1580 and 1720. At this time, almost a third of young people died before the age of fifteen, and yet comparatively little research has been undertaken on this subject.³ Drawing on sources such as doctors’ casebooks, medical texts, personal documents, and eulogies, the book overturns three major historical myths [Figure 1].

Myth 1: children were miniature adults

The first myth, is that for much of the early modern period, children were regarded as miniature adults. This idea is most famously associated with the French scholar, Philippe Ariès, whose book *Centuries of Childhood* (1962), argues that the concept of childhood did not exist in pre-modern societies, as evidenced by the tendency of artists to depict children in adult dress.⁴ This view has largely fallen out of favour

amongst historians of childhood, but in the context of medical history, it lives on, with scholars continuing to assert that until as late as the nineteenth century, doctors neither recognised ‘the physiological differences’ between children and adults, nor ‘acknowledged the need for . . . treatment designed specifically for children’s unique physiology’.⁵

A foray into the medical sources of early modern England shows that this was not the case: children’s bodies, diseases, and treatments, were distinguished fundamentally from those of adults. The physiological uniqueness of children resided in their ‘humours’. Rooted in Hippocratic and Galenic medical traditions, it was believed that all living creatures were made up of four fluids called humours – blood, choler, melancholy, and phlegm.⁶ Each humour was characterised by its particular temperature and moisture content, and it was the combination of these qualities that enabled the body and mind to function. The balance of humours was believed to alter over the course of the life-cycle. The physician J.S. explained in 1664, ‘The Life of Man consists in Heat and Moisture, the Heat consumes by degrees the Moisture, whereby necessarily follow several Changes of the Temperament, which are called Ages’.⁷ The life-cycle was divided into four ages: childhood (from birth to fourteen); youth (from fifteen to the mid-twenties); adulthood (from mid-twenties to the mid-fifties); and old or ‘decrepit’ age (from mid-fifties until death). At birth, living beings were warm; the temperature then increased until the end of youth, after which point it steadily lessened. Moisture, by contrast, was greatest at birth, and from that moment onwards was in decline. Death occurred when all the moisture and heat had been depleted. Ageing was thus a cooling and drying process.

According to this theory, children were more warm and moist than other ages, abounding in the humour blood. This great humidity made their bodies weaker and softer than those of adults. The royal physician Walter Harris wrote in his 1693 medical text, ‘children’s’ [flesh], bones and cartilages, are like soft Wax, curdled or gathered butter. . . or sammed cheese’, whereas in old men, they are ‘dry and wither’d’.⁸ Children’s humidity also affected their minds – as the Oxford academic Henry Cuffe stated in 1607, ‘in their infancie’ children have ‘no actuall evident use of their reason’, because their brains are ‘drowned and drunk with moisture and humours’.⁹

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¹ John Hall, *Select observations on English bodies* (1679), 72.

² Hannah Newton, *The Sick Child in Early Modern England, 1580–1720* (Oxford, 2012; paperback edition 2014).

³ Edward Anthony Wrigley and Roger Schofield, *The Population History of England, 1541–1871: A Reconstruction* (Cambridge, 1981), 249.

⁴ Philippe Ariès, *Centuries of Childhood: a Social History of Family Life*, trans. Robert Baldick (1962, first publ. in French 1960).

⁵ A. R. Colon, *Nurturing Children: a History of Paediatrics* (London and Westport, Conn., 1999), xiv. See my book, *The Sick Child*, Ch. 2, footnotes 1–6 for further examples.

⁶ Galen: AD 129–199/217; Hippocrates: c. 460–370 BC.

⁷ J.S., *Paidon nosemata; or childrens diseases both outward and inward* (1664), 2.

⁸ Walter Harris, An exact enquiry into, and cure of the acute diseases of infants, trans. William Cockburn (1693), 3–4.

⁹ Henry Cuffe, The differences of the ages of mans life (1607), 127; J. S., *Paidon nosemata*, 87.

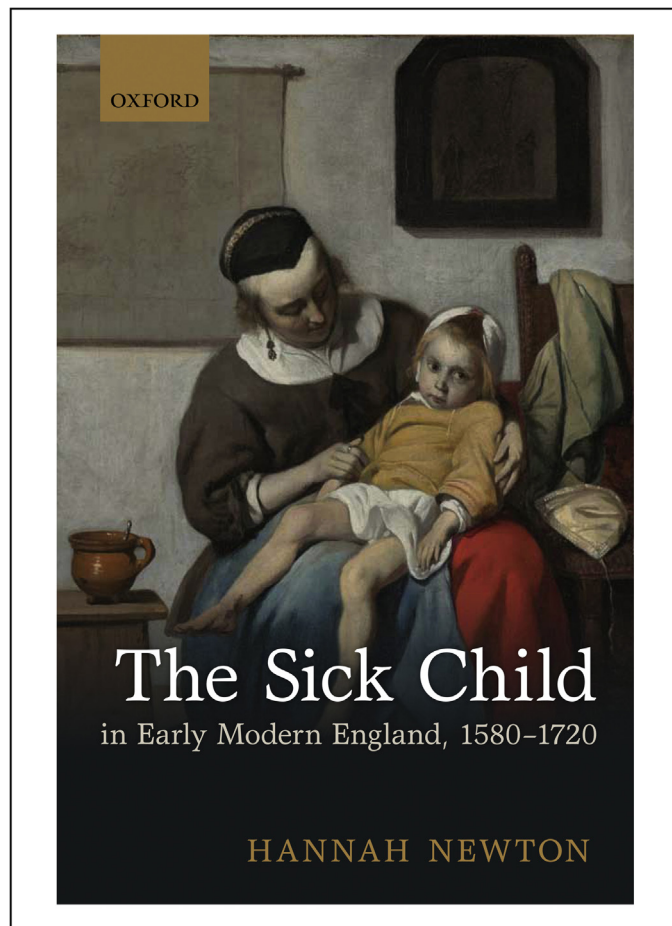


Figure 1. Jacket illustration: *The Sick Child* (c. 1660–1665) by Gabriel Metsu (1629–1667).

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Children also differed from adults in their disease vulnerability. Early modern paediatric treatises usually list between thirty and forty-five diseases, which include conditions as diverse as ‘nightmares’, ‘pissing the bed’, and ‘breeding of teeth’ (teething). An analysis of domestic recipe books – collections of manuscript medical recipes for use in the home – indicate that laypeople also recognised children’s susceptibility to a particular range of diseases. The most commonly cited diseases in these recipe collections are listed in [Figure 2](#).

What were the causes of these diseases, and were they specific to children? The overarching cause of illness was sin: God sent disease as a punishment for human transgressions. God’s method for bringing disease into fruition was the imbalance or corruption of the bodily humours, a theory of causation which was the same for all ages. However, crucially, many of the factors that precipitated the humoral imbalance *were* distinct to children. The most important, was the child’s humidity. As explained by J.S., ‘every Age hath a peculiar temper, and so a similtude with some Diseases’.¹⁰ Since diseases were caused by particular combinations of humours, individuals were pre-disposed to those diseases which shared their own natural constitution. Thinking back to Richard Wilmore, contemporaries would have probably attributed his worm infestation to the

¹⁰ J.S., *Paidon nosemata*, 2–3.

Diseases	Number of recipe books referring to each disease (from a total of 37 books)	Percentage of all recipe book authors
Worms	21	57
Convulsions/falling sickness/epilepsy	19	51
Rickets	17	46
Gripes/collick/fretts	11	30
Smallpox/measles	10	27
Ague/fever	10	27
Sore gums/teething	9	24
Chin cough	9	24
Thrush	8	22

Figure 2. A table to show the most commonly cited children’s diseases in recipe books.

fact that, as one physician put it, ‘Worms . . . are generated by . . . [children’s] hot and moist constitution, which is very apt to produce Worms; and the sweet things which Children eat, and are delighted with’.¹¹ Another child-specific cause was the corrupt menstrual blood of mothers, which was thought to seep into the fetus’ body during gestation, and cause many ailments throughout childhood. Speaking of smallpox in 1700, the medical author Robert Johnson wrote, ‘[it is caused by] an ill quality or impurity of the Mothers blood, with which the Child was nourish’d in the Womb. . . by which nature is intraged and provoked to cast forth the impurity’ through the pustules of the smallpox.¹² Any disease characterised by some sort of mark on the skin was usually blamed on the menstrual blood.

Turning from disease to treatment, children’s medicines differed from those of adults. ‘A special regard’, declared the English physician John Pechey (c. 1655–1716), ‘is to be had to the Methods and Medicines, for Children by reason of the weakness of their bodies, cannot undergo severe methods or strong Medicines’.¹³ Instead of using the usual remedies of the day – vomits, purges, and bloodletting – children were to be treated with milder medicines, such as topical ointments and baths, and non-evacuating internal medicines. Of the 482 medicines for children that were listed in the collections of manuscript medical recipes that I analysed in the Wellcome Library and British Library, less than 4 percent were for vomits and bloodletting, and only about 15 percent were for purges and enemas. These percentages are represented in [Figure 3](#). Evacuative treatments were to be avoided because they were, in the words of the Fellow of the Royal College of Physicians, Francis Glisson, ‘unpleasing, ful of pain and molestation to Children’.¹⁴ Of course, there were occasions when these treatments were used – as we saw with Richard Wilmore, older children were more likely to be given

¹¹ John Pechey, *A general treatise of the diseases of infants and children* (1697), 119.

¹² Robert Johnson, *Praxis medicinae reformatata: or, the practice of physick* (1700), 137–38.

¹³ Pechey, *A general treatise*, 15.

¹⁴ Francis Glisson et al, *A treatise of the rickets being a disease common to children*, trans. Philip Armin (London, 1651), 317.

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