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The art of medicine

Journal of a Plague Year

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Daniel Defoe's *A Journal of the Plague Year* is one of the best single accounts of an epidemic written in English. Published anonymously in 1722 as a contribution to public debates about the prospect of plague reaching Britain from Marseilles, it takes the form of the literary memoir by "H.F." during London's "great plague" of 1665. The sources for the memoir and its status as fact or fiction are complicated. Defoe clearly had strong opinions, informed by continental initiatives, about how societies and people should respond to plague and he used Restoration London as a place to rehearse them. But he also enriched his account with materials from the time, such as printed Bills of Mortality, and some scholars now think the narrator H. F. might be Defoe's uncle Henry Foe, a saddler from Whitechapel who lived through the tragedy and probably told the young Defoe stories about "the last great VISITATION".

Whatever the provenance of *A Journal of the Plague Year*, one thing that is clear is that Defoe did not regard contemporary medicine as especially worthy of discussion. It is not until towards the very end of the novel that he acknowledges "I have not said one word here about the Physick or Preparations that we ordinarily made use of on this terrible Occasion, I mean we that went frequently abroad up and down the street, as I did",' and he then devotes a meagre two paragraphs to the subject. In his less well remembered *Due Preparations for the Plague, as well for Soul as Body*, also published in 1722, Defoe is even more disparaging, concluding with the observation that "our Physicians have Crowded the World with Medicines, as well Simple as Compound; and there is no room [here] to say anything after them". The medics who do receive attention are unqualified practitioners, Defoe describing in *A Journal* how Londoners in their terror and desperation ran "after Quacks, and Mountebanks, and every practising Old Woman, for Medicines and Remedies", poisoning themselves even as they made "ignorant Fellows" rich. But even when the College of Physicians published an authorised list of cheap remedies, the "Violence of the Distemper…defied all Medicine; the very Physicians were seized with it, with their Preservatives in their mouths". For Defoe, in fact, what the experiences of 1665 showed was that the best *Due Preparations for the Plague* was not physic but rather "separating ourselves, and retiring wholly from conversation, whether in families or otherwise" in order to avoid contagion in the first place.

Subsequent historical scholarship has vindicated Defoe's perspective. In terms of human response to plague, Paul Slack and others have shown that the significance of what is now known as the second plague pandemic, which recurrently ravaged European and North African settlements between the 14th and 18th centuries, was at once the development of techniques and procedures to limit the spread of infection and the powers of governors to impose those limitations on the governed. Measures ranged from the quarantining of entire communities from outside people and goods; to the forcible removal of

sufferers to public "pesthouses"; to the enforced isolation of those stricken with plague—and their families—in their own homes; to the organisation of extra kinds of relief in terms of provisions, money, and nursing; to ensuring the daily removal and burial of the dead and the fumigation of their property; to respecting the reality of the oncoming danger and fleeing in the face of it. Defoe described all of these strategies, their pros and cons, and the horrors of not implementing them in his 1722 publications. In a society in which families generally took responsibility for choosing and administering their medical regimes, he argued in *Due Preparations* that "preparations against the plague in this case must be the work of the Government".

Elements of later responses to global pandemics can partly be traced to the politics of public health described by Defoe. Where, though, does this leave the role of medicine before the important developments in microbiology and scientific medicine from the later 19th century helped to explain the transmission of plague and made its bubonic, pneumonic, and septicemic forms treatable? The short answer is not as irrelevant as Defoe might suggest.

From a historical perspective, the practice of 17th-century physicians was logical in terms of prevailing medical orthodoxies. Or, to put that slightly differently, plague medicine fiercely illuminates some of the core practices of pre-modern physic more generally and can be appreciated, rather than simply judged, on that basis. Advice from physicians in 1665 was accordingly based on principles inherited from Galen, Hippocrates, and other ancient authorities and refined through experience in the centuries thereafter.

Beyond the public health measures noted above, pre-modern physic centred on restricting infection by avoiding noxious air either through preservatives for the orifices and skin, such as vinegar and ruta (or rue), or fumigating the people, places, and things that made it noxious, for example with flower of sulphur. In one of the most famous anecdotes from *A Journal of the Plague Year*, Defoe recalled how John Hayward and his wife, a body collector and plague nurse, respectively, were encountering infected bodies throughout 1665 yet "never had the Distemper at all". While Hayward's only protection from infection was "holding Garlick and Rue in his mouth, and smoking Tobacco", his wife's "Remedy was washing her Head in Vinegar, and sprinkling her Head-Cloths so with Vinegar, as to keep them always moist"; and adding more vinegar to her nose and mouth "if the smell of any of those she waited on was more than ordinary offensive". Antidotes were also used to combat the poison of plague with appropriate alternative poisons—the most venerable of which was theriac—and required purgatives to evacuate the body of the disease through sweating, bloodletting, and vomits. Cordials like aqua vita were recommended to strengthen the body's key organs of brain, heart, and liver. And physicians reminded patients of the diet and behaviour to maintain a temperate and healthy lifestyle—both in mind and body—in the meantime.

To be at once historicist and presentist: it is not so much the prophylactic or remedial power of early modern medicines as their more intoxicating qualities that perhaps explains the longevity of ancient

cures and the uptake by Europeans of new ones. The most enduring composite pre-modern plague-medicine was theriac, or Venice Treacle; and like other perennial composites, such as Mithridates, its key operative agent was opium. As the historian of medicine Christiana Fabbri has powerfully argued, the analgesic and palliative effects of the narcotic are much more likely to explain the prolonged popularity of these medicines than their capacity to cure, which was negligible. Moreover, it was in the 17th century that the greater availability of opium made theriac and other opiates available to those outside the social elites for the first time. Indeed, it was the one medicine that Defoe allowed H. F. to confess imbibing, thinking "myself as well fortified against the infection as anyone could be fortified by the Power of Physic". More prosaically, perhaps, wines, beers, and strong liquors were almost as ubiquitous as vinegar in anti-plague recipes; but as well as helping nasty medicines "go down", they also transferred large doses of alcohol into people's bodies. Certainly, Defoe recalled physicians keeping "the Spirits always high and hot with Cordials, and Wine, and such things"; indeed, "one learned Physician used himself so much to, as that he could not leave them off when the infection was quite gone, and so became a Sot for all his life after". In the meantime, when tobacco entered European diets at the end of the 16th century it was identified by some, but by no means all, as both an effective fumigator and potential antidote. But as contemporaries quickly learned, the main attractions of tobacco lay in its cognitive and psychological impact—the very qualities that made it dangerously addictive then as now. Tobacco did not make John Hayward invulnerable to plague; but it helped him cope with its daily terrors.

Pre-modern plague physic was rooted in preventative and dietic healing practices that, in other circumstances, worked reasonably well and which provided analgesic, palliative, and psychological consolations to practitioners and sufferers alike. As Defoe well appreciated, the complete inability of physicians to account for the causes of plague made the more dramatic innovations in quarantining and segregation necessary. Indeed, one of the most powerful sections of *A Journal of the Plague Year* is a long passage in which Defoe talks through his conviction that people were infected with the plague before showing its symptoms. These "walking destroyers", as he termed them, killed many more people than the obviously afflicted ever did; but the only reliable tool he ever came across for identifying them was a man with an old leg injury whose wound alerted him whenever "he was in Company with such". Defoe would have marvelled, perhaps, at the testing technology at our disposal today, and been astonished at the tardiness of some governments to use it.

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Further reading:

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Paul Slack, *The Impact of Plague in Tudor and Stuart England* (Oxford, OUP, 1991)

Keith Wrightson, *Ralph Tailor's Summer: a Scrivener, his City, and the Plague* (New Haven, Yale UP, 2011)