

10/20 Colonial Medical Theory and Practice

European Precedents

- Medicine in London: physicians, surgeons, apothecaries
- Colleges and privilege
- Medicine outside of London: eclectic and lack of privilege

Colonial Medicine: Diversity and Heterogeneity

- No population centers able to support regulated hierarchy
- Informal training, limited or non-existent licensing
- 1775: 3500 self-professed doctors, only 200 with MD degree
- Doctors, surgeons, midwives, druggists, bone-setters, etc.

Colonial Theory and Therapeutics

- Humoralism & Regimen
- Flow and putrefaction
- Iatrochemistry
- Fullness and dissipation
- Religion, magic, and superstition
- vis medicatrix naturae*
- Herbal, mineral, and animal remedies
- Importance of shared knowledge between patients and healers

Efficacy?

- Depends on definitions of disease...
- Pre-1870s: symptoms = disease (e.g. fever, phlegmatic, plethoric)
- Remedies induced or modulated symptoms
- e.g. purgatives, cathartics, depletives (bleeding); mercury and sweating
- Doctors had power to control symptoms/disease
- If treatment failed? Explaining failure, renegotiating the illness

Medicine and Efficacy in 2005: What Has Changed, What Remains the Same?