

1. General treatises and textbooks

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1. Chronological coverage

GENERAL TREATISES AND TEXTBOOKS contains twenty texts: eight of them date from the first and twelve from the second half of the century. Areas of diminishing importance include astrology, with one text only. It is the earliest text in the category, published in 1708 (Richard Mead, *Action of the sun and moon on animal bodies*). Other chronological developments include new methodologies, which are treated in more detail in SPECIFIC TREATISES: METHODS, and changing welfare practices, which become more pronounced in medical writing in general towards the end of the century.

2. Overview of the category

The label “general treatises” reflects the broad spectrum of interests combined in these texts, and “textbooks” points to the didactic aim of introducing medical topics to novices by professional medical doctors; other categories may also contain didactic texts, but they are more specific. Texts in this category reveal contemporary interests in polite society and show which issues were discussed in educated circles, where strictly professional causes were considered unsuitable for genteel conversation. Purely vocational subjects were regarded as “pedantic and private” and even as “the antithesis of polite public discourse” (Brown 2011: 22). This mode of presentation provides a distinctive feature between general treatises and other texts. The texts in this category illustrate the plurality of eighteenth-century medical issues and shows how knowledge of current practices was disseminated to lay people and how medical students were catered for. The most common single topic discussed in the texts is ethics, and health advice comes next. Some texts focus solely on ethical issues and discuss the various groups of medical practitioners with moral overtones. Educated doctors contrast their own learning to the practices of quacks, empirics, ignorant pretenders, and “patent-medicine vendors”, as Andrew Hooke called them (1734: 10). The issue was polemical, and attacks against unqualified practitioners formed a

recurring theme in medico-social discussions. The market offered opportunities for economic profit and included a multitude of “entrepreneurs”; even the traditional Italian-style travelling charlatans were by no means extinct in Georgian England (see Porter 1995b: 40–41, 1988b). In the spirit of rising consumerism, people could seek advice from several providers of health services simultaneously. The ethical issues gained new overtones in the latter half of the century when enhancing the public good became more common. In addition, the bases of well-being and different types of diseases as well as issues of life and death in general began to attract more attention. The scope is wide, and attitudes to health vary. The optimistic end of the scale finds expression in a verse motto on the title page of Lewis Robinson’s *Every patient his own doctor* (1785). The text addresses a general readership and reflects a very positive attitude to learning and trust in the future along with the benefits of reading the book. The same spirit can be found in several other texts of this category:

(1) Read, and acquire the greatest Worldly Wealth,
A Flow of Spirits, and a lush of Health;
Triumph o’er Pain, and conquer each Disease.
Enjoy your Life, and glory in your Ease.

(Robinson, *Every patient his own doctor*, 1785: ii)

Fuzzy boundaries between text categories become obvious in advice on diet and knowledge of healthy environments, originally deriving from Hippocratic medicine. Such texts are mainly placed in MEDICAL RECIPE COLLECTIONS and REGIMENS but a treatise about country people’s diet is placed in this category because of its general nature; it is Samuel Auguste David Tissot’s *Advice to the people in general, with regard to their health* (1765) . Likewise, John Morland’s *A rational account of the causes of chronic diseases* (1774) and the anonymous *A dissertation upon the nervous system to show its influence upon the soul* (1780) also contain advice on diet and exercise, but they are included in this category due to Parts of *Boerhaave’s aphorisms* by Herman Boerhaave (1715) deal with wounds that are usually treated in SURGICAL TREATISES. Methodologies, with observation and experimentation, are present at a general level, whereas SPECIFIC TREATISES give more detailed information about them in METHODS. Textbooks of specialized fields of medicine are found in

their respective categories, e.g. some are included in SURGICAL AND ANATOMICAL TEXTS.

3. Authors and audiences

General treatises are written for the benefit of non-specialist audiences, including members of polite society, as well as women from well-to-do households, while textbooks are targeted at medical students. Most texts have a learned basis and are written by professionals who belonged to the medical elite and had received the highest possible education. Several authors are of Scottish origin. The list includes famous names like John Armstrong, William Buchan, John Aitken, George Fordyce, and Peter Shaw. They received a top education in Edinburgh, but practised as physicians elsewhere, e.g. in London. Others have the letters “M.D.” after their name on the title page: e.g. John Morland, M.D. declared (referring to himself in the third person) that “the most valuable part of his life has been employed, [...], in painful, laborious (he might add, very expensive) researches, and experiments, with a sole view to the improvement of that art” (*A rational account of the causes of chronic diseases* 1774: unnumbered page).

Some authors, namely Herman Boerhaave and S.A.D. Tissot, are of foreign origin, Dutch and Swiss respectively. One English author had received his medical education abroad (Sayer Rudd). Medical students at the University of Edinburgh and other top institutions shared common cultural values and were taught the same classical background as students in other disciplines. The motivation of providing efficient tuition by reading a textbook is clearly stated by Rudd (died in 1757), a dissenting minister and Church of England clergyman who is reputed to have studied midwifery in France and proceeded to completing an M.D. in Leyden (ODNB 2004, Charlotte Fell-Smith (revised by M. J. Mercer), s. v. Sayer Rudd). Aitken (died in 1790) was a famous surgeon and lecturer at Edinburgh who wrote several textbooks. The following preamble is from his address to medical students, called *Medical improvement: an address read to the Medical Society*, and shows the author’s concern for his audience and his discernment by using polite modesty formulae:

(2) GENTLEMEN,

IT is with much diffidence that I officially presume to deliver a few detach'd thoughts, chiefly respecting MEDICAL IMPROVEMENT; as an address introductory to the commencement of our literary business in this place. Your indulgent candour which I have so often experienced, I flatter myself, will, on this occasion, impute the faults which you will doubtless discover, not to intention, but inability or misconception. (Aitken, TIEDOSTON NIMI 1777: 7)

The writers of most texts of this category are mentioned on the title pages, but there are a few without author attributions: e.g. *A letter to George Cheyne* (1724), *An essay on the power of nature and art, in curing diseases* (1753), and *Directions for the medicine chest* (1795). Their anonymity may have acted as a fashionable veil to disguise a known person in accordance with a common trend in publishing at this time. The author's identity may well have been obvious to the discourse community, but this knowledge is lost to the modern scholar, as it is not recorded in the written sources.

Texts targeted at family and friends form an important subgroup within the category. They show how and in what frame medical knowledge was distributed to non-specialized lay audiences, thus providing a glimpse into current social practices. These texts are aimed at more general readerships of educated gentlemen and upper-class women, perhaps the main users of domestic medical advice. Home medicine became an important topic in this century (see Chapter 4 in this volume), and is represented by William Buchan (1729–1805), another famous physician and author who received his medical education at the University of Edinburgh. His *Domestic medicine* (1772) quickly sold out its 5,000 copies, was republished in 142 separate English editions, and was translated into several languages. No single health guide enjoyed as much popularity. Buchan focuses on the “common treatment of mankind in the state of infancy” (1772: 35); early in his career he worked as a medical officer in a Foundling Hospital in Yorkshire, which shows his engagement with the topic. The quote below discusses parents' duties, as they should be “well acquainted with the various causes which may produce diseases in their offspring” (1772: 35). He mentions both the mother and the father in this connection, emphasizing the mother's role, which is a novel feature in medical literature:

(3) Nothing can be more preposterous than for a mother to think it below her to take care of her own child, or to be so ignorant as not to know what is proper to be done for it. If we search nature throughout, we cannot find a parallel to this. ... We mean not, however, to impose it as a task upon every mother to suckle her own child. This, whatever speculative writers may alledge, is in many cases impracticable, and would inevitably prove destructive both to the mother and child. Women of delicate constitutions, subject to low spirits, hysteric fits, or other nervous disorders, make very bad nurses: And these complaints are now so common, that it is rare to find a woman of fashion free from them: such women, therefore, supposing them willing, are really unable to suckle their own children. (Buchan, *Domestic medicine*, 1772: 35–37)

Another writer who had philanthropic aims in mind is Robinson, who wrote “for the benefit of mankind” and claims that his advice “will equally suit all ranks of people; the Poor, because the Remedies may be cheaply obtained; and the Rich, because they may be easily put in practice” (*Every patient his own doctor*, 1785: iv). According to the author’s vision “readers may at once cease to be Patients themselves, or, if they please, become Practical Physicians to others” (*Every patient his own doctor*, 1785: iv).

4. Discourse forms and genres

Eighteenth-century educated readers appreciated rhetorical devices and eloquent style (see McIntosh 1998), and the present collection of texts supports this statement. The prevailing discourse form is argumentative, as suits its prominently ethical concerns and the aim of influencing readers’ opinions and attitudes. Some texts employ constructed debates with arguments and counter-arguments, while others revert to more indirect means of persuasion. Dialogic features are present to varying degrees, and purely monologic texts void of interpersonal features are rare. For example, participant roles are well defined in the text by Armstrong (*An essay for abridging the study of physick*, 1735), a physician and a poet with a literary career. He writes in eloquent prose posing questions and giving imagined answers, with rhetorical flourishes in exclamations and direct questions. Irony is also present:

(4) ... Ask a Gentleman of the Aesculapian tribe, what course of Education is requisite to the making of a Physician? He will presently tell you, that a young Man who would successfully apply himself to the Study of Medicine, must first of all have an Understanding capable of Instruction; ... and labour night and day for God knows how many years, before he can be supposed fit to Practise. Very modest Demands truly! This is either the most malicious fetch or the simplest mistake in the world: for in reality, Learning is no more necessary to a Physician than to a Fidler.

(Armstrong, *An essay for abridging the study of physick*, 1735: 11)

Appended to Armstrong's *essay* is a satirical dialogue on quacks with explicit turn taking "Relating to the PRACTICE of PHYSICK, As it is managed by a certain Illustrious Society" (1735: 26) with participant names from classical literature. Unqualified practitioners are also discussed, and a moral tone is adopted:

(5) Hyg. Well, I shall do what lies in my power for him; tho' I must own I am not very sorry that he smarts for his Folly neither.—But pray Mercury, can you tell me what sort of People these Quacks are? For tho' they practise Physick it seems, and pretend to have some Interest with me, I have no Correspondence with them.

Merc. No, I don't imagine you have. I shall tell you in as few words as possible all that I know about them. ...

(Armstrong, *An essay for abridging the study of physick*, 1735: 34–35)

Another central area in this category is healing methods. An anonymous text from 1753 employs rhetorical questions, exclamations, and periodic sentences:

(6) Yet happy would it be for mankind, if a more expeditious method of curing some fevers could be discovered, consistent with the patients safety? What emoluments and applauses would that man deserve of his country, whose studies had been so fortunate to discover a medicine, which had the power of checking the exorbitance of a fever, eluding its force, and entirely eradicating the latent cause? How happy, I say, if this could be effected ...

(Anon. *An essay on the power of nature and art, in curing diseases*,
1753: 2–3)

Genre conventions were in a state of flux and no clear criteria for the application of labels can be discerned. Yet they can give us valuable information about how authors themselves saw their texts and we can gain some valuable ethnographical information. Yet the most common genre label is “essay”.¹ Armstrong (1735) calls his text *An essay for abridging the study of physick* and an anonymous *An essay on the power of nature and art, in curing diseases* dates from 1753. George Fordyce (*Elements of the practice of physic*, 1770: 2) uses the term in a preamble, in a dedication of his work to His Grace Hugh Duke of Northumberland: “This essay on the art of healing, in testimony of the author’s gratitude...”. Peter Shaw (*A treatise of incurable diseases*, 1723) applies multiple labels with “treatise”² as the umbrella term of his learned text. The first part of his work is *An Essay*, the second is entitled *An Attempt* and displays a modesty formula, and the third part is called *A Specimen*, emphasizing the restricted scope of the text. The first texts of this category by Richard Mead (*A discourse concerning the action of the sun and moon on animal bodies*, 1708) and by Herman Boerhaave (*Institutions in physick*, 1714) refer to a “system” of teaching as a genre label.

Several texts employ concise statements following to the model of Hippocratic writings.³ Boerhaave’s second text is named *Boerhaave’s aphorisms* (1715) and its beginning deals with fibres (see below):

(7) 24. The weakness of the Fibre is that cohæſion of the minutest Parts described (21.) which is so loosly linked, that it may be pulled aſunder even by that degree of Motion which is requisite in healthy Bodies, or not much exceeding it. (Boerhaave, *Boerhaave’s aphorisms*, 1715: 5–6)

¹ The OED definition points out its original meaning of ‘a rough copy’, ‘a first draft’, with the first example from Francis Bacon (1576). See Taavitsainen 2017.

² Defined as a formal or methodological discussion or exposition of principles of the subject (OED).

³ Aphorism is given as a concise statement of a principle in any science (OED), with examples from Francis Bacon and Henry Power.

A somewhat similar discourse form is found in George Fordyce's work (*Elements of the practice of physic*, 1770), but he calls his treatise an "essay". He begins with a definition, and the text unfolds step by step in short sentences:

(8) DIGESTION is the conversion of the food into chyle, and afterwards into blood. The food may consist of farinaceous or mucilaginous vegetable substances, or native vegetable acid, or sugar, or expressed oil, or animal solids, or animal fluids containing a mucilaginous matter. These substances may be digested, if they be taken singly, or if they be mixed together... (Fordyce, *Elements of the practice of physic*, 1770: 13)

A "lecture" is given as a subtitle in Rudd's *The certain method to know the disease* (1742). The text is targeted at students, with reference to its original form of presentation; "oration" has similar connotations. Other labels include "synopsis" and "address", sometimes even "dissertation", which had not acquired its present meaning yet (see Taavitsainen 2017). The term *Advertisement* is commonly employed in the title pages of texts that read like oaths or declarations, and does not mean the same as the modern usage:

(9) ADVERTISEMENT.

TO prevent the unfavourable impressions which Gentlemen, of the profession, might otherwise be induced to entertain of him, in consequence of this mode of publication; the author thinks it proper to declare, with his hand on his heart—That the DIVINE ART of HEALING hath not, cannot have, a more disinterestedly zealous advocate than he is, nor one that more truly honours every worthy professor of it, who knows his Art, but not his Trade.

(Morland, *A rational account of the causes of chronic diseases*, 1774: 50)

Letters had an important role in disseminating medical knowledge in the early and late modern periods (Brown 2011). One example included in this category is an anonymous polemical text, which provides a critical review of Cheyne's newly published health guide (included in REGIMENS), full of insults and fierce argumentation:

- (10) You best know Sir, what were the Motives, that prompted you to publish your Essay of Health and long Life, as you call it; but I doubt, many will have Reason to wish it had never appear'd; it is now almost in every bodys hand, and that seeming self-deniedness in your Preface, that Air of Piety that you put on, in almost every other Period, will perswade many to believe, so good a Man, wou'd never publish a Book to pamper his Vanity, and wou'd never pretend to the Knowledge of any thing he was an absolute Stranger to; ... *(A letter to George Cheyne, 1724: 5–6)*

5. Original compositions and translations

Most authors write in their native tongue, though the issue was not self-evident. George Wallis's *Annual oration, delivered March 8th, 1790* openly deals with the language issue, defending the use of the mother tongue, an issue he obviously still found relevant.⁴ He uses rhetorical devices, or in his own words “ornaments of English perspicuity”, which paradoxically make his style stand in contrast to what he claims (Wallis 1790: 1–2; see Example X in Chapter 2).

Passages in Latin are also found in some texts (see Chapter 2 in this volume). Herman Boerhaave's works spread all over Europe in Latin and in vernacular translations; extracts of two English versions are included. Latin is employed in the majority of mottoes on the title pages often in quotations from medical authorities, such as Hippocrates and Cicero: *Medicus, si quidem suffecerit ad cognoscendum; sufficient etiam ad sanandum* (Rudd, *The certain method to know the disease*, 1742) or *Irrideat si quis vult; plus tamen semper apud me valebit vera ratio, quam vulgi opinio* (Morland, *A rational account of the causes of chronic diseases*, 1774).

6. Continuity versus new trends

Texts in this category have long roots. The English motto in Robinson (1785) quoted above unfolds in simple rhyming couplets. Similar rhymes occur in the medieval vernacular treatises included in (MEMT). Some of the trends in this category go back

⁴ Such passages were common in late medieval and early modern medical texts (see McConchie 1997 and EMENT).

all the way to Antiquity. Mead's *Action of the sun and moon on animal bodies* (1708) provides an example of the transition that was taking place at the time. It deals with astrological medicine but combines with recent innovations. He relates diseases to heavenly influences, advocated in mainstream "judiciary Astrology" of earlier centuries, but he integrates its tenets with Newton's theories of tides (1708: 4). By doing this it breaks new ground and achieves a new kind of combination, displaying both the backward-looking and forward-looking aspects of eighteenth-century medicine. The thought style of empiricism can be verified in several texts. One of its principles was that everybody could agree upon what happens in nature, even if they might disagree about the causal explanations (Dear 1991: 161). This principle is referred to in Hooke's *An essay on physick* (1734) with the statement:

- (11) 'Tis a matter of Fact beyond dispute in the History of Physick, as far as we have any remaining Records of it, from its first Rise to this Day, that the Materia Medica has still grown more and more Bulky in every Age. From what Causes this arose, and what Effects it has produced, will be farther seen in the Course of this Essay. (Hooke, *An essay on physick*, 1734: 2)

Other new ideas that formed part of the eighteenth-century thought-style are found in Boerhaave's texts; his *Institutions in physick* (1714: 8) explain "the Parts or Fabrick of a Human Body" and his second text (*Boerhaave's aphorisms*, 1715) deals with fibers. Rudd (*The certain method to know the disease*, 1742) relies on technical imagery (see also SURGICAL AND ANATOMICAL TEXTS):

- (12) NOW, the human Body, we all know, may be properly considered, as a most perfect Machine; whose Parts are extremely well configured and joined together; whose Symmetry is most beautiful; and whose Actions, resulting from this admirable Compages, are reciprocally carried on by Solids and Fluids, of which it is made up. (Rudd, *The certain method to know the disease*, 1742: 4)

The first assessments with a statistical approach to medicine can be dated to the eighteenth century (see Chapter 2 in this volume), and there are passages that give

first-hand evidence of the changing thought style in this respect. E.g. Buchan, who was also a mathematician, refers to “the annual registers of the dead” (*Domestic medicine*, 1772: 2) for evidence of the statement that “about one half of the children born in Great Britain die under twelve years of age”. Two decades later another treatise discusses public health issues with a statistical slant. Charles Webster gives an account of the situation, criticizing the method of induction in fairly strong words:

- (13) FACTS, TENDING TO SHOW The Connection of the Stomach WITH Life, Disease, and Recovery. AS there is no medical theory, formed from induction, to enable us to detect what is erroneous or false in the accounts of facts, or to direct us in the treatment of new cases; the following attempt to connect with an important organ many otherwise loose facts, may tend to facilitate the recollection and application of them, and thus abridge the range of inquiry. The number suggested by this view is so great, that there is less difficulty in the collection than in the choice; their relation and order, familiar only to one’s own habit of association, may to others at first be obscure; and some of them may be disputed; but the leading ones seem to show that the stomach is the seat of life, disease, and recovery, and the main organ of a complicated system. Many authors, as Vanhelmont, Rega, Bordeu, Lacaze, Barthez, Fouquet, and particularly Mr. Hunter, lean, in their useful writings, to the opinion held in this summary, ...
(Webster, *Facts, tending to show the connection of the stomach with life*, 1793: title page)

His solution was to amend the shortcoming by calculating numerical evidence. These were some of the first steps towards present-day statistical methods.