

# Histories of Medicine in the Household

## Anglo-Dutch-German Workshop



University of Warwick

5 -7 July 2012

Co-organisers

Dr Roberta Bivins (University of Warwick)  
Professor Hilary Marland (University of Warwick)  
Professor Robert Jütte (Institut für Geschichte der Medizin der Robert Bosch Stiftung)  
Professor Frank Huisman (University of Utrecht)



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Arden House

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# Histories of Medicine in the Household

## Anglo-Dutch-German Workshop

Co-organised by the Centre for the History of Medicine - University of Warwick, Instituts für Geschichte der Medizin der Robert Bosch Stiftung, and the University of Utrecht.

### Venue

#### Lecture 9, Felden, Arden House

Arden House is located within the University site – it is marked as **building 1** on the main campus map. This can be downloaded at: <http://www2.warwick.ac.uk/about/visiting/maps/campusmap/> Please note that the building numbers on printed versions of the map may be different. For more information on visiting the University of Warwick please see our web: <http://www2.warwick.ac.uk/about/visiting/> / <http://www2.warwick.ac.uk/conferences/arden>

### Parking

There are a number of parking spaces available at Arden for guests; should you require a parking space, please do let us know and we will ensure that the conference centre are aware of this.

### Conference Dinners

The Conference Dinner on Thursday evening will be held at Arden in the Private Dining Room.

The Conference Dinner on Friday evening will be held at Cryfield Grange. Please be advised that you will be picked up at 7.00pm promptly by minibus at Arden Reception.

### Taxis

The University uses Trinity Taxis for travel arrangements.

Tel: 02476 631631

*For those claiming expenses, we ask that you please keep your receipts.*

Should you have any dietary or access requirements please contact the Centre for the History of Medicine Administrator (Tracy Horton) via email: [T.Horton@warwick.ac.uk](mailto:T.Horton@warwick.ac.uk) or tel: 024 765 72601.



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**Provisional Programme**

**DAY 1: Thursday 5 July 2012**

2.00 – 3.00 Registration and Afternoon Tea - Arden Conservatory

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**3.15** **Introductory Remarks:**  
*Roberta Bivins / Hilary Marland / Professor Robert Jütte / Professor Frank Huisman*

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**3.30** **Keynote Speaker**  
**Nancy Tomes**  
*'Shopping for Health: The Home and the Marketplace in Historical Perspective'*

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4.30 – 5.00 Refreshments

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**5.00 – 6.30**

**Session 1:** **Creating Household Medicine in Suriname**

5.00 – 5.45 **Paper by Stephen Snelders (Read by Hilary Marland)**  
*'The Informed Patient in the Dutch Colonial Empire: Household Medicine in Eighteenth-Century Suriname'*

5.45 – 6.30 **Tinde van Anandel**  
*'The Reinvention of Household Medicine by Enslaved Africans in Suriname'*

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7.30 Conference Dinner, Arden House (Private Dining Room)

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## DAY 2: Friday 6 July 2012

Refreshments as required

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9.00 – 11.15

### **Session 2:**

#### **Medicine in the Affluent Household**

9.00 – 9.45

**Martin Dinges**

*'Aristocratic Households as Sites of Medical Practice: The Case of Bettine and Achim von Arnim'*

9.45 – 10.30

**Elaine Leong**

*'Reading Medicine in the Early Modern Household'*

10.30 – 11.15

**Joost Vijselaar**

*'Mesmerism in the Family: Gijsbert Karel von Hogendorp as a Magnetizer'*

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11.15 – 11.45

Refreshments and Pastries

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11.45 – 1.15

### **Session 3:**

#### **Managing Health at Home**

11.45 – 12.30

**Jens Gründler**

*'Pauper Lunatics at Home: Familial Handling of the Mentally Ill in Glasgow, 1870-1920'*

12.30 – 1.15

**Katherine Foxhall**

*'Migraine and Medical Domesticity'*

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1.15 – 2.15

Lunch, Arden

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2.15 – 5.45

**Session 4:**

**Medical Management and Technologies of Health**

2.15 – 3.00

**James Stark**

*'Kills Germs Dead: Chemical Disinfection in British Households, c.1850-1900'*

3.00 – 3.45

**Ulrike Thoms**

*'Household Medicine and OTC Drugs in the Twentieth Century – The Case of Germany'*

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3.45 – 4.15

Refreshments

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4.15 – 5.00

**Claire Jones**

*'Under the Covers? New Approaches to Contraception and the British Household, 1860-1960'*

5.00 – 5.45

**Hilary Marland & Roberta Bivins**

*'Weighting for Health: Management, Measurement and Self Surveillance'*

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7.00 promptly  
7.30

Minibus Pick Up – Arden Reception  
Conference Dinner, Cryfield Grange

## DAY 3: Saturday 7 July 2012

Refreshments as required

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9.00 – 10.30

**Session 5:**                      **Bed Rest: Sleep, Death and the Household**

9.00 – 9.45

**Sandra Cavallo**

*'Health Concerns and the Changing Material Culture of Rest and Sleep in Sixteenth and Seventeenth-Century Italy'*

9.45 – 10.30

**Karen Nolte**

*'Competitions in the Care for the Soul at the Deathbed: Physicians, Clergymen, and Nurses the First Half of the Nineteenth Century'*

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10.30 – 11.00

Refreshments and Pastries

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11.00 – 1.30

**Session 6:**                      **Homeopathy, Nature Cures and the Household**

11.00 – 11.45

**Marion Baschin**

*“‘Globules at Home”: The Tradition of Homeopathic Self-Medication’*

11.45 – 12.30

**Anne Hilde van Baal**

*'Nineteenth-Century Domestic Approaches to Illness. The Example of Ghent Sufferers'*

12.30 – 1.15

**Sabina Roth**

*'Homemade Nature Cures. Requirements, Benefits and Limits of Schroth's Method In the 1860s and 1870s'*

**1.15 - 1.30**

***Closing Remarks***

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1.30– 2.30

Lunch, Arden (***General Discussion***)

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**From 2.30**

***Departures or Optional Trips to Coventry***  
(Coventry Cathedral, Herbert Museum, Transport Museum 'pick and mix')

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**Histories of Medicine in the Household**  
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**Abstracts**

***Nancy Tomes***

***'Shopping for Health: The Home and the Marketplace in Historical Perspective'***

Department of History  
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This conference has an ambitious objective: to explore the changing terrain of household medicine over a long time span (sixteenth to the twentieth century) and across multiple cultures (the UK, the Netherlands, and Germany, as well as some of their colonies). My keynote will highlight one big strand of change that surely warrants our attention, namely the transformation of domestic medicine in the wake of the multiple 'market revolutions' that recurred from the early to the late modern eras. Scholars such as Roy Porter, Harold Cook, and Mary Fissell (to name only a few) have suggested new ways to conceptualize the evolving 'marketplaces' of medicine. Their work implicitly and explicitly challenges historians of the more recent past (of which I am one) to reconsider our generalizations about how commodities, information, and ideas circulated in the past. In response to that challenge, my presentation will reflect on the similarities and differences between early modern/late modern marketplaces of medicine. Histories of medicine in the household often require grappling with the term 'market' as a driving force in multiple contexts: in elite concepts of 'progress' or 'science', in schemes for valuing paid and unpaid labour, or in material changes as diverse as the availability of cheap books, bathroom scales, and pre-packaged vitamins. Drawing on my own work about the transformation of patients into 'consumers' in the twentieth century US, I will share some of my own wrestlings with the multiple thorny meanings of the 'market', with particular attention to the gendered consequences of commodification and commercialization. While by no means the sole framework we will want to use for comparison, I believe that surveying the changing relations between the 'home' and the 'marketplace' will be a useful way to begin this exciting conference.

## ***Paper by Stephen Snelders***

### ***'The Informed Patient in the Dutch Colonial Empire: Household Medicine in Eighteenth-Century Suriname'***

Descartes Centre for the History and Philosophy of the Sciences and the Humanities  
Utrecht University  
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Household medicine is not static, but a dynamic entity, a historically changing composite combining and even synthesizing elements out of various medical traditions. In the Netherlands lay health care in the household in the eighteenth, nineteenth and twentieth centuries, in particular what has been called volksgeneeskunde (popular medicine), contained elements of traditional herbal knowledge as well as influences of 'regular' Hippocratic and Galenic medicine.

The global migrations of the twentieth century, especially after the decolonization, led to the introduction of elements from other medical traditions. After the declaration of independence of the Dutch colony of Suriname in 1975 a large number of Surinamese migrated to the Netherlands and settled as a distinct presence in cities as Amsterdam and Rotterdam. They brought with them their own forms of household medicine that had developed in the social and political climate of the Dutch colony after the conquest of 1667. As in other slave societies (slavery was only abolished in 1863) medical care for the greatest part of the population was only to a small extent in the hands of the 'regular' white doctors and surgeons. This paper discusses on the basis of published and unpublished sources, in particular traveller's reports and medical treatises, the development of a 'lay' and 'household' medicine in eighteenth-century Suriname. This medicine arose out of different influences: African healing methods, Indian herbal lore, as well as classical European medicine, combining 'medicine' and 'magic'. The paper will further discuss similarities and dissimilarities with Dutch volksgeneeskunde.

## ***Tinde van Andel***

### ***'The Reinvention of Household Medicine by Enslaved Africans in Suriname'***

Netherlands Centre for Biodiversity Naturalis  
Section National Herbarium of the Netherlands  
Leiden University  
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Between ten and twelve million Africans were shipped to the Americas during the period of the Trans-Atlantic Slave Trade. The enslaved Africans were not only challenged to survive under harsh circumstances (hard work, little food, no medical care), but also to find useful plants similar to those of their motherland. How did they discover medicinal herbs in the New World vegetation that was unknown to them? Which plants did they chose with which to worship their ancient African Gods? Research among the Suriname Maroons (descendants of runaway slaves who have kept much of their African culture) and related tribes in Ghana en Benin, shows that although the plant species used by Maroons were mostly Neotropical, their preparation methods and applications were predominantly African. The process of discovering a new herbal pharmacopeia by African slaves is not only described in the recently re-discovered diary of the eighteenth century botanist Daniel Rolander, but can also be traced back by studying local Surinamese plant names and uses, both for medicinal and ritual purposes. How did their 'household medicine', as Afro-Surinamers still call it, change from the period of slavery to the present day? This paper presents the first results of a comparative research on West African and Afro-Caribbean plant use, supported by fieldwork in both continents.

## **Martin Dinges**

### **'Aristocratic Households as Sites of Medical Practice: The Case of Bettine and Achim von Arnim'**

Institut für Geschichte der Medizin  
Robert Bosch Stiftung  
[martin.dinges@igm-bosch.de](mailto:martin.dinges@igm-bosch.de)

Bettine von Arnim (1785-1859) was born into a rich banker's family in Francfort. Her brother-in-law was the Prussian Minister of Justice. She was married to the writer Achim von Arnim (1781-1831) stemming from the landowning aristocracy in Prussia. From 1811 onwards, both were living in Berlin. The larger part of the year the husband lived – most often alone – on the indebted family-estate whereas Bettine remained with the numerous children in the city. This led to a rich correspondence on many family issues such as the delivery of agricultural products from the estate to the city to feed the family, the education of children and their health care.

In the talk I shall consider health-care practices inside this aristocratic household. Both partners have clear ideas about a healthy life style. They evaluate the medical offer and the medical personal as well as the pharmacists. Home-medicines are currently used. Recommendations for lay therapies are given mutually and currently reported. Physicians do also play a major role in the health care provision of this family. The couple's medical preferences for a certain type of life style and certain medications may also explain why Bettine becomes after 1824 a convinced follower of homoeopathy whereas Achim remains a bit more sceptical until his early death in 1831.

## **Elaine Leong**

### **'Reading Medicine in the Early Modern Household'**

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While Elizabeth Freke (1642-1714) might now be best known to historians as an autobiographer who meticulously wrote (and rewrote) her life story, she was also an avid reader. A household inventory compiled in 1711 suggests that Elizabeth owned more than a hundred books by the end of her life. Amidst the scores of religious, history and geography books squirreled away in boxes and trucks are a handful of contemporary vernacular medical tracts including John Colbatch's *A Collection of Tracts Chirurgical* and John Pechey's *The Complete Herbal*. Elizabeth's notebook of remembrances and household recipes also contains extensive reading notes from contemporary medical print. These extracts were taken from John Gerard's *The Herball or General Histories of Plants*, Nicholas Culpeper's *School of Physick* and his *Pharmacopoeia Londinensis or the London Dispensatory*, William Salmon's edition of George Bate's *Pharmacopoea Bateana* and an English translation of Moise Charas' *Pharmacopée Royale Galenique et Chimique*. Elizabeth's 'library' inventory and reading notes, when taken together, allow us to reconstruct both the breadth of her reading interests and the myriad of ways in which she engaged with printed and manuscript books. Centred on the Freke papers, but supplemented with a number of other case studies, this paper explores women and 'medical reading' in early modern England. Concentrating on uncovering female readers' agency in navigating the wares available on the vernacular medical book market, I investigate not only what books were bought and read but also how these women might have interacted with medical books and selectively appropriated the information contained within. The findings of my study paint a clearer picture of home-based medical practices in the early modern period and allow us to situate the purchase and reading of books within narratives on the consumption of medical services and goods.

***'Mesmerism in the Family: Gijsbert Karel van Hogendorp as a Magnetizer'***

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In historiography, animal magnetism (or Mesmerism) is almost solely described on the level of magnetizers applying this therapy on their anonymous, unrelated (paying) clients. In this paper I will pay attention to a unique Dutch case from the late eighteenth century which shows both the individual experience of a patient becoming himself a magnetizer as well as his use of mesmerism in his own family. The said magnetizer was the future Dutch politician Gijsbert Karel van Hogendorp (1762-1834), who owns his prominent place in Dutch history to his role in the creation of the new monarchy in the Netherlands in 1813 and his authorship of the first constitution of the new state.

Around 1790, being in his thirties and frustrated by his unimportant role within the municipal board of Rotterdam, the highly ambitious Gijsbert Karel van Hogendorp developed a nervous illness, which he himself characterized as melancholy. After unsuccessful treatments by established medical doctors, amongst whom a professor from Leyden, Van Hogendorp witnessed the demonstrations of a French magnetizer, who healed a hysterical maiden at the local orphanage. Trying the mesmeric technique upon himself, Van Hogendorp became convinced of the efficacy of animal magnetism and somnambulism.

In the following years he applied magnetism himself, kept his own (female) somnambulist, studied the literature and wrote both a magnetic diary and an outline for a popular epistolary treatise on magnetism. Van Hogendorp used animal magnetism in his family to heal his three years old daughter and to assist his wife in childbirth. According to his description his spouse experienced the delivery in a state of somnambulism. Apart from consulting his somnambule on matters of health and disease he asked her opinion in questions of childrearing and the professional career of his brother. She became an essential advisor to him.

Van Hogendorp's mother, who was his confidant, deeply regretted her son's new enthusiasm and castigated him for his trust in the words of an uneducated girl in magnetic sleep. A friend of hers, no other than princess Wilhelmina of Prussia – wife to Stadholder William V of Orange – warned Gijsbert Karel in a letter that his new fad cast doubts upon his dedication to the state. Confronted with the prospect of animal magnetism harming his career opportunities Van Hogendorp seems to have renounced his use of mesmerism around 1795. Whether magnetism played any role during the rest of his life is still unclear.

The case of Gijsbert Karel van Hogendorp elucidates on the level of an individual and his family the reasons for accepting magnetism, the functioning of animal magnetism within the context of a family, the reactions of the social environment and the factors in the rejection of this therapeutic system.

## **Jens Gründler**

### ***'Pauper Lunatics at Home: Familial Handling of the Mentally Ill in Glasgow, 1870-1920'***

Institut für Geschichte der Medizin  
Robert Bosch Stiftung  
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The role of the family in the admission and discharge of pauper lunatics from asylums has received due attention in the past decades. As many authors have pointed out, families often decided when to hospitalize relatives and could play a key role in the process of discharge. But details of familial care in the home before admission and after discharge, in particular in poor families, remain largely obscure.

This paper will address these issues based on records of two institutional actors in Glasgow between 1870 and 1920. On the one hand, the records of the Barony Pauper Lunatic Asylum Woodilee near Glasgow, opened in 1875, are analyzed in depth regarding the care of the mentally ill at home, the processes leading to institutionalization and the understanding of lunacy. The case files provide information about the way and the duration of care for the mentally ill at home and whether external help was integrated during home treatment. Furthermore they reveal how families explained the illnesses and why they eventually decided to institutionalize their mentally ill.

On the other hand, the poor relief records of these families, kept by the Barony Parochial Board/Glasgow Parish Council, are examined with regard to the reintegration of discharged lunatics into their families. The case files were often continued after the lunatic's discharge because of further reliance on poor relief. Some of these files hold information on familial strategies to cope with the reintegration of the patient. Furthermore, these records and the institutional records allow a deeper understanding of family involvement concerning discharge processes. This is especially true for those patients who were released due to their families' applications to the poor law authorities. These applications show that the lunatic's discharge was not solely motivated by the patient's improvement but often by external factors such as regained employment, recovery of a familial caretaker, a new house or changes in the familial 'economy of makeshifts'.

## **Katherine Foxhall**

### **'Migraine and Medical Domesticity'**

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In her 1968 essay 'In Bed', Joan Didion described how 'Three, four, sometimes five times a month, I spend the day in bed with a migraine headache'. Didion's headaches never came when she was 'in real trouble' but when she was fighting 'a guerrilla war with my own life, during weeks of small household confusions, lost laundry, unhappy help, cancelled appointments, on days when the telephone rings too much and I get no work done and the wind is coming up. On days like that my friend comes uninvited'. We might take Didion's essay less as an episode in the history of domestic medicine – there are no drugs, home-made remedies or advice manuals here – and more as an introduction to what we might term a history of medical domesticity.

Recent epidemiological studies estimate that twelve per cent of the European and American population suffer migraine annually, and the WHO recognises migraine globally among twenty top causes of 'years lived with disability'. Migraine appears frequently in leading neurological journals such as *Brain*; dedicated charities support research and specialist NHS clinics treat sufferers. Nevertheless, despite considerable advances in migraine-specific drugs that abort acute attacks, chronic migraine remains medically and scientifically intractable, its diagnostic boundaries constantly shifting.

From Dorothy Repp's declaration in 1703 that 'there is nothing better yn peacock dung' for a 'Megrim in ye Head' to twenty-first century internet blogs chronicling daily struggles with drugs and diets, a longue durée history of migraine in the domestic sphere offers a particularly rich insight into the everyday strategies that people with illness develop to negotiate, co-exist with, and even gain strength from their lived world. Drawing on a number of historical sources, including early-modern domestic recipe books and nineteenth century neurological case notes, this paper begins, quite simply, to outline a 'domestic and everyday' history of the experience of a disorder named 'migraine'. How have people with migraine lived with their pain and perceptual disruption? How have the histories that we can write about this illness changed over time? Why is it important that the history of migraine-as-lived is different from the history of migraine-as-diagnosed?

Migraine is only one of only many chronic illnesses (including e.g. back pain, arthritis, allergies) that are experienced primarily through long-term everyday disruption to family, home and work life. These are illnesses performed and lived out in intimate and familiar personal spaces, not in institutions. As expenditure on, and management of, such chronic conditions (not to mention old age) in the home assumes an ever greater importance in current and future medical and social care agendas, perhaps we might see 'medical domesticity' as an important arena for twenty-first century medical politics.

## **James Stark**

### ***'Kills Germs Dead: Chemical Disinfection in British Households, c.1850-1900'***

Centre for the History & Philosophy of Science, Department of Philosophy  
University of Leeds

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The second half of the nineteenth century saw the emergence of germ theories of disease as powerful explanations for the incidence of disease in Britain. Although by no means universally accepted, they highlighted the presence of germs throughout the home; these disease-causing agents were now everywhere. Scholars such as Anne Hardy, Nancy Tomes and Michael Worboys have explored the myriad ways in which germ theories of disease were understood and rationalised by householders and medical practitioners alike. This paper seeks to complement and enhance their work by examining in more concrete terms the impact of germ theories of disease on domestic disinfection practices in Britain. Chemical disinfection was employed as a disease-prevention strategy throughout the nineteenth century. Following the advent of germ-based theories of diseases in the 1870s and 1880s, however, such practical tools remained strongly wedded to the removal of dirt and smells. Despite the fact that large-scale manufacture of chemical disinfectants emerged as a major industry in the late nineteenth century, with many new brands being established, householders had yet to be persuaded of the benefits of using chemicals which killed germs. Rival companies consequently debated the efficacy of different chemicals and preparations in public and behind closed doors, often seeking experimental confirmation and validation of their claims from eminent bacteriologists. This paper arises at the intersection of domestic practices, medical theory, manufacturing and public health, and shows how attitudes towards cleanliness and disinfection changed in both theoretical and practical terms in response to the reconceptualisation of disease causality in the late nineteenth century.

## **Ulrike Thoms**

### ***'Household Medicine and OTC Drugs in the Twentieth Century: The Case of Germany'***

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Traditionally, medicine in the household has predominantly been the task of the housewife and mother, who was responsible to care for sick household members. In preindustrial times she would grow some medicinal herbs in her garden and prepare healing teas and compresses from them. And as many a handwritten recipe book shows, she would not only collect recipes for medicines from friends and relatives, but eventually copy them from medical literature, too.

Industrialization changed this situation decisively: Households today may still store peppermint and camomile tea, but we would not find them in their medicinal chests. These are instead filled with chemical substances, which have been produced as branded drugs by pharmaceutical manufacturers and sold via pharmacies. Until now, the history of industrially produced drugs has so far mainly been analysed from the perspective of invention and production and their use by doctors, but not from the point of a history from below.

In contrast to this, my paper concentrates on the use of over the counter drugs in the 20<sup>th</sup> century: It investigates the changes in the composition of the medicinal chest in their relation to changes in the medical system. Self medication was a contested field in the battles about medical professionalisation, during which doctors claimed the sole competence in questions of drug treatment. Though the patient's possibility to decide on the use of industrially produced drugs were narrowed by legislation and by the regulation of the drug market, over the counter drugs have definitively made their way into modern consumer culture, as they answered the need of the people for a simple solution of every day medical complaints. Using a broad variety of sources, which range from advertisements over public journals and market research data to sociological literature, I will analyse this process. In a second step I will ask, if and how this process mirrors the emergence of the modern patient consumer.



**Claire Jones**

***'Under the Covers? New Approaches to Contraception and the British Household, 1860-1960'***

Museum of the History of Science, Technology and Medicine  
University of Leeds  
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By the 1960s, Britain was home to a booming trade in mechanical contraceptives. What had been a small underground network of individual sellers of 'French Letters' during the early nineteenth century became a profitable industry, which offered consumers a range of contraceptives from chemists' shops, vending machines, birth control clinics, and via mail order. While historians, particularly those interested in demography, changes in sexual norms and familial relationships, have provided detailed and varied accounts for the increased availability of contraceptives during this period, they have reached far more tentative conclusions about the identity of contraceptive users. Most are willing to speculate that contraceptive consumption increased throughout the period, but limited evidence on how contraceptive uptake varied by social class and geographic location, and who was ultimately responsible for its adoption within the household, means that consumers are often a neglected part of the story. Even oral historians, with potential access to a larger base of evidence, admit that we may never know much about those who consumed such products, given the sensitive nature of the subject matter and the disposable form of the product type. Yet, without knowledge of consumption, our knowledge of how demand, as well as supply, transformed the contraceptive trade is limited.

This paper proposes three new possible avenues of investigation to aid historians' assessment of contraceptive consumption in Britain between 1860 and 1960. First, it will reveal evidence of consumption exists in sources already used by historians of contraception. For example, Ethel Elderton's Report on the English Birth Rate of 1914 outlines that several working class families in the North of England purchased 'French letters' from travelling tradesmen, while records of some birth control clinics from the 1930s record the names of women who frequented their premises. Secondly, it will argue that hitherto neglected sources of evidence, such as the business and financial records of contraceptive producers, distributors and retailers, as well as frequently overlooked promotional literature, also provide evidence of contraceptive consumption. For example, The London Rubber Company claimed to supply pessaries and sheaths to over 8,000 chemists nationwide by the 1940s, some customers of which are identifiable from the company's business records. Thirdly, it will highlight approaches from the academic fields of analytic bibliography and material culture, which assess the physical format, as well as the content, of contraceptive health advice, advertisements and medical literatures. Such approaches can better aid assessment of companies' expected consumer audiences and thus, provide a greater insight into consumption. By proposing these three methods, this paper does not intend to altogether dismiss or solve the very real problems of identifying contraceptive consumers but, rather, it suggests that more definite patterns of contraceptive consumption may be identified through the application of new approaches and alternative historical methods.

## **Hilary Marland and Roberta Bivins**

### ***'Weighting for Health: Management, Measurement and Self Surveillance'***

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In the late nineteenth and early twentieth centuries there was a proliferation of health manuals catering for family consumption and more specifically for audiences of women and girls, the focus of Marland's paper, which included advice on the management of weight. Despite the labelling of anorexia nervosa in 1873 and increasing focus on this condition in medical literature, deviation from ideal size and figure were rarely framed in advice literature as pathological or as self-inflicted extreme weight loss, although excessive leanness could be related to overwork, worry or 'nervousness'. Nor were the risks of extreme weight gain dwelt upon. Rather concerns about weight as expressed in domestic guides – even the weight of young women – dwelt on the problems of 'fat' and 'thin' advice seekers, or, alternatively, on 'obesity' and 'leanness'. The focus was on instituting proper regimes in the home, regimes that emphasised behaviour rather than medical management and the importance of healthful diet, exercise, sleep and hygienic practices. This advice intended to adjust weights to a norm dictated by ideals of female body shape rather than precise targets. Though institutions – notably girls' schools – weighed their charges regularly and while Body Mass Index was used as a statistical tool from early in the nineteenth century, only a small number of health guides included tables of ideal weight related to gender and height though they might have guidance on food consumption according to age and occupation. A small number also made reference to specific dietary practices for weight reduction, and particularly the practice of 'Banting', but such regimes were also criticised for their faddishness. Ideal weight was associated more with appearance than precise targets in a period where beauty was also closely linked to good health in young women.

However, as the twentieth century progressed, the domestic management of health – like the medical management of illness – was increasingly technologised and focused on quantitative indicators of 'normal' or 'pathological' embodiment. Emblematic of both of these trends was the emergence of the 'bathroom' scale, and the homely rituals of daily self-measurement that accompanied it. No longer a bulky tool of institutions and organised medicine, the scale became domesticated, and by the middle third of the century, as closely associated with the mandates of fashion as those of health. Bivins will explore the relationship between weight and health, weighing and being, from the early 20<sup>th</sup> century to the re-emergence of the Body Mass Index (BMI). Among the questions raised by this simple and accessible tool of self-surveillance are: the degree to which the scales retained (or lost) their medical connotations as they became domesticated; the relative importance of health and appearance in the wide-spread adoption of the scales; and the ways in which both weight and the tools by which consumers measure it have been re-medicalised since the mid-1970s.

**Sandra Cavallo**

**'Health Concerns and the Changing Material Culture of Rest and Sleep in Sixteenth and Seventeenth-Century Italy'**

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Combining the extensive use of family correspondence and household inventories with the diachronic analysis of health advice literature this paper argues that health concerns were a significant driving force in the development of a new environment for sleep at the turn of the seventeenth century. The decades that straddle the sixteenth and seventeenth centuries were a highly dynamic period for the material culture and the spatial dimension of sleep: chairs and beds specifically designed for resting during the day became common both in summer residences and urban palaces; small size and freestanding beds, surrounded on all sides by bed curtains and covered on top by a canopy replaced the monumental 'open bed' that was a feature of the previous period. The new internal distribution of the palace and the separation of male and female sleeping quarters made the bedroom of the most prosperous a secluded space for individual use. The use of multiple mattresses increased the comfort of laying in bed for the most privileged while the singing of birds coming from remote parts of the globe and the introduction of devices such as portable fountains that released a soft sound conducive to sleep made the experience of sleeping more pleasant. Historians of the domestic interior have seen in the rising ethos of privacy and in the specialisation of household furniture the principal factors responsible for changes affecting beds, bedrooms and bedding in this period. This paper adds new perspectives to this interpretation, showing that the transformations of the sleeping environment went hand in hand with new sleeping habits, and more generally with the development of a new culture of rest. The new culture of the *villeggiatura*, the construction of a pattern of aristocratic life in which leisure occupies more time and the growth of a gendered division of space in the noble palace are neglected factors that played a significant role in these developments. But health concerns were also an important element that supported the introduction of these novelties. The increased space that regimens of health devote to rest, especially from the second half of the sixteenth century, demonstrates an awareness of the importance that the culture of sleep was acquiring at the time and the wish of medical professionals to play a role in directing and monitoring the ongoing changes. Indeed, many of the novelties that were transforming the material environment of sleep were also seen to carry health significance. Undoubtedly, the new objects had a multifunctional value but one of their declared aims was to make sleep more salubrious according to the principles of healthy life promoted in contemporary advice literature.

## **Karen Nolte**

### **'Competitions in the Care for the Soul at the Deathbed: Physicians, Clergymen, and Nurses in the First Half of the Nineteenth Century'**

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In this paper, I am going to illustrate and analyze which groups of people took care of the soul of dying patients during the first half of the nineteenth century. Clergymen, confessional nurses and physicians each regarded the care of the soul as their own innate task and duty. I am going to develop how each of the agents dealt with the professional competition at the deathbed and how they portrayed the care for the soul of a dying patient within the context of their professional self-understanding. I argue that the deathbed served as a central location that the three groups used to demarcate their professions. In this area they were also able to strengthen their professional self-understanding. Furthermore, from the sources available I will also extract the 'patient's view' - to the extent possible - and also the reactions of the relatives.

With the beginning of the nineteenth century, physicians increasingly declared the care for the soul to be the doctors' task. Over the course of the 'medicalization' of the care for the soul, they did not hold back with their criticism and polemics against clergymen. They claimed that the clergymen would scare the patients to death by merely appearing at their deathbed and that they would cause such an 'agitation' that they drastically reduced the life expectancy of the patients. They alleged that the clergymen would only approach the patients' beds when it was too late. By contrast, they claimed that physicians rather than clergymen represented hope and relief of pain.

However, from the clergymen's autobiographies and the extensive literature on pastoral medicine we can recreate how pastors, against the dominating perspective of the physicians, understood their task at the bed of terminally ill patients and how they opposed the doctors. In addition, using the letters of the first deaconesses who had been trained since 1836 by Pastor Theodor Fliedner in Kaiserswerth, I will show how these pious nurses defined the term 'care for the soul.' I will also reconstruct if and how they delineated the care for the soul against both the clergymen's pastoral care and the physicians' area of expertise.

This competition sketched out above about the care for the soul of terminally ill patients was mainly negotiated in the home of the dying person. How did the patients react to these efforts for their soul? The reactions of the patients can be gathered from the conflicts between them and their carers, as described by the physicians, clergymen and nurses. Furthermore from the testimonies of the severely ill patients and their relatives we obtain insights in the last days of these dying patients and the 'condition of their soul.'

My analyses are based on the reports of the *Female Associations for the Care of the Poor and Ill (Weiblichen Vereine für Armen- und Krankenpflege)* (in Göttingen und Hamburg), on letters by deaconesses from Kaiserswerth, contemporary professional medical literature, on medical case descriptions and autobiographically published texts by clergymen as well as some personal testimonies by patients or, more often, their relatives.

## **Marion Baschin**

### ***“Globules at Home”: The Tradition of Homeopathic Self-Medication***

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The German doctor Samuel Hahnemann developed his ‘alternative’ healing system, which he called homoeopathy, at the beginning of the nineteenth century. His method received much criticism and most doctors of his time rejected it. But homoeopathy soon became very popular amongst lay people. As homoeopathic medicines were easy to take and store, had in general no negative side-effects and were relatively cheap in comparison to ‘normal’ medicines, they offered great advantages for self-medication. Persistent demand from lay people and the help of lay societies saw homoeopathy spread throughout Germany and other countries, making it able to gain a broad support in the population. Successful homoeopathic treatments during epidemics, such as cholera, and other diseases which could not be cured by ‘normal’ medicine also provided support for the method of Samuel Hahnemann. At the same time, the lack of educated homoeopathic doctors forced interested people to treat themselves. In these cases, a huge variety of lay advisory literature was available.

Unfortunately, self-medication at home with homoeopathic remedies rarely left direct evidence or sources behind. The paper will deal with the tradition of self-treatment in homoeopathy from about 1810 to 1970. It mainly aims to reconstruct the external conditions under which this took place. One part of the practice of self-medication will be described by exploring the activities of lay societies and the quarrels about the small pharmacies they usually had to provide globules and other homoeopathic preparations for their members and their families. Consulting the available lay advisory literature and price lists of homoeopathic pharmacies allows the detection of which remedies could be bought and how and when their application was suggested. Furthermore, magazines which were specially written for the different lay societies will be taken into account. They offer a rich insight into the advices and practical tips which were given to instruct readers to help themselves in urgent cases at home by using homoeopathy.

By collecting all this information from different sources, the tradition of homoeopathic self-medication will be described as an essential part of the history of homoeopathy. Although the paper will not be able to tell how many people in fact used homoeopathic remedies in their homes, it will become clear that the use of this ‘alternative’ method was a common and important part of the wide field of home remedies and their uses in general.

## **Anne Hilde Van Baal**

### ***'Nineteenth-Century Domestic Approaches to Illness. The Example of Ghent Sufferers'***

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Between 1869 and 1902, Gustave Adolph Van den Berghe, homoeopathic physician in Ghent treated over 20.000 patients from home and abroad. Men and women, young and old, rich and poor, deadly ill or affected lightly all came to search for relief of their ailing. The decision to consult Van de Berghe often had been preceded by applying self treatment (home remedies) or visiting other healers (professional or fringe); a decision that was usually first initiated within the boundaries of the family.

Van den Berghe accurately noted the content of the meetings with his patients. Not only with regard to the medical specificity of the complaints, but more so with regard to the experience of their suffering, the notions regarding its origin and the various means tried to overcome. The patient files, hence, are much more than a medical file prompting the doctor to treat, they at times form a personal document of individually dealings with suffering.

A nineteenth-century person, in general, was not enthusiastic about putting their fate into the hands of professional academic medicine. At first, an average citizen would revert to home remedies and family advice on the outbreak of an illness. In this presentation this treatment seeking process, i.e. medical strategies, will be explored along several lines. After giving an overview of Van den Berghe's clientele, I will look at the availability of treatments on Ghent's 'medical marketplace' and which were actually applied by these patients. I will also present a more patient-specific perspective by discussing the ways in which patients behaved during treatment with Van den Berghe. Especially the doctor-patient relation sheds light on people's strategies with regard to illness, suffering and healing. These strategies, as will turn out, are even more evident within entire families who came to consult Van den Berghe.

Van den Berghe's patient files give a unique insight into matters of illness and suffering, of both individuals and extended families, of primary caretakers and decision making processes and will indeed shed light on domestic medicine as a family affair with illness first defined, discussed and often averted in daily household practice.

## **Sabina Roth**

### ***'Homemade Nature Cures: Requirements, Benefits and Limits of Schroth's Method in the 1860s and 1870s'***

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The nature cure of Johannes Schroth (1798-1856) was based mainly on humid packs for acute diseases and, for chronic cases, on a fasting diet with dry rolls and white wine combined with applications of wet sheets during the night. In the history of alternative medicine, this cure is considered as a nutritional treatment. In the Swiss canton of Zurich in the 1860s and 1870s the cure was also perceived as a type of the widely spread hydrotherapies and interlinked with humoral healing traditions as well as with elements of scientific medicine. Compared to number of cold-water institutions only few 'Kurhäuser' in Europe offered a treatment with Schroth's cure. Advice booklets spread the lore and the recipe for its healing promises. They promoted self-help without denying the requirements and serious difficulties in achieving good results. This paper takes a close look at the examples of 36 men, 33 children and 21 women in 72 households. It is based on the materials of quackery investigations, of a jury court's proceeding and of other investigations mostly from the late 1860s that are preserved in the State Archive of Zurich. A catalyser behind these files was Heinrich Trachsler (1823-1892), schoolteacher, housefather, enthusiast of Schroth's method and naturopath without permission. He considered the method as 'the safest, fastest, and most natural way to healing all diseases' and, from 1860 on for about twenty-five years, he ran a small business with this system. He published two booklets, advised clients in their homes or received them for a cure in his own household located in the respective school buildings and, after 1869 in the 'Kurhaus Froberg' in the industrializing town of Winterthur.

By taking critically the contexts and interests of legal affaires into consideration, the documents of the mentioned files allow to reconstruct partly how, within a household, the decisions for Schroth's cure were made and implemented with and without success. In this paper I analyse the relations activated in a household to cope with the illness of a child, of men or of women, the knowledge, the types of practical services and emotional support of these relations that were either offered, imposed, accepted or refused for the use of Schroth's method and I inquire the needs and limits of a homemade cure for ill persons, their relatives and their mutual relations. The conclusions bring the many functions of households in alternative medicine to discussion.