

Second Opinions

Unhealthy Neglect? The Medicine and Medical Historiography of Early Modern Wales

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Summary. The medical historiography of Wales is dominated by two themes: industrialisation and medical folklore. For the early modern period, this academic concentration on folklore has served to posit an unbalanced rural caricature with an over-emphasis on magical healing. Welsh medicine was actually a diverse mix of traditional and orthodox beliefs under one general model of understanding, affected by various factors including religion and urban growth. The study of the medical history of early modern Wales may also have wider implications, such as the importance of regionalism, rural and urban variations and the spread of alternative medical ideas such as Helmontianism. The interdependence of town and countryside also serves to highlight the ways in which medical information could be disseminated. Wales was not a rural enclave, and was part of a wider medical network. Many sources exist which can be used to shed light on early modern Welsh medical culture and such work could contribute to a better understanding of wider medical milieux by exploring variations as well as similarities. Further, such research would address a wider need for more rural studies and lead to a better understanding of the role played by distinct regions such as Wales.

Keywords: Wales; medicine; folklore; early modern; rural; culture; towns; religion

In a recent issue of the *Social History of Medicine*, John Stewart reviewed a new work of Welsh medical history, *Health and Society in Twentieth-Century Wales* edited by Pamela Michael and Charles Webster. He noted a previously unjustifiable neglect of the subject by historians, but took heart from a spate of new works which are beginning to shed light on this dark corner of medical history.¹ The editors' introductory overview of Welsh medical history was judged a useful insight into the subject. In addition, the reviewer sees a plea for more research into such issues as the impact of devolution on Welsh medicine as wholly valid.² In many ways, Stewart is right to applaud the continuing inroads being made into this area, and also the ways in which Welsh medical history is beginning to appear outside Welsh interest journals. On another level, however, Pamela Michael's overview actually highlights one of the major problems with Welsh medical historiography, that of the almost total neglect of the early modern period.

This survey will address some of the issues raised in this overview and highlight a continuing and worrying disregard of the medical history of early modern Wales and its

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¹Stewart 2007, p. 172.

²*Ibid.*

almost total absence from scholarly records. The reasons for these 'lost years' will be analysed, together with a discussion of the prevalence of folklore in Welsh medical studies. It will be argued not only that a variety of approaches can be adopted to investigate early modern Welsh medical history, but also that the cultural otherness of Wales, as well as a largely rural setting, may have implications for other areas such as Scotland, Ireland and even rural England. In particular, the plight of Wales foregrounds a need for more academic attention to be paid to rural medicine in order to balance the amount of attention which has been paid to urban and industrial areas.

The medical landscape of early modern England has been well served in recent years. The work of historians such as Roy Porter has done much to elucidate the experience of medical care from the point of view of the patient, rather than physician-centred accounts of the medical relationship.³ Likewise, Porter did much to explode the notion of practitioner authority in the early modern period, citing instead the catch-all approach to healing and the many different forms which medical healing (and healers) could take.⁴ In terms of medical practitioners, the boundaries between types of practitioner have been usefully blurred in recognition that there was, in principle, little difference between the medicine of the cunning man and the 'regular' physician. The important role of women in medicine has begun to be explored, drawing on a new range of sources such as domestic remedy collections, although much remains to be done in order to move away from a general over-concentration on obstetrics and midwifery.⁵

Calls, in the early 1990s, for a greater number of syntheses and biographies in medical history were admirably heeded in such works as Andrew Wear's magisterial *Knowledge and Practice in English Medicine, 1550–1680* and other volumes by Margaret Pelling and Mary Lindemann, while recognition of the importance of place in medicine has led both to smaller scale studies of individual towns as well as wider accounts of historical epidemiology, highlighting the possibilities of reconstructing local medical conditions where sufficient source materials survive.⁶ Cross-pollination with other historical disciplines has fostered a growing appreciation of previously marginalised subjects, such as death and disability, while the value of statistical analysis, first fully explored by E. A. Wrigley and Roger Schofield, and more recently by Mary J. Dobson, has shown how quantitative methodology can be of enormous use in historical demography.⁷ All in all, the general picture is one of historiographical health. But what of the medical historiography of Wales?

Welsh Medical Historiography: A Two-Tier Model

In reviewing Welsh medical historiography, it is possible to discern two distinct trends. The first is a strong emphasis on institutional and public medicine accompanying nineteenth-century industrialisation, and the second a somewhat frustrating predilection, amongst Welsh historians in particular, for what might be considered folkloric or magical medicine. Let us first address the issue of industrialisation. Welsh historians have often tended to

³Porter (ed.) 1985; Porter and Porter 1989.

⁴Porter 2003; Porter 2001.

⁵See Weber 2003; Stine 1996; Churchill 2005. For debates on the relative lack of studies of women and medicine see, for example, Durbach 2002.

⁶Wear 2000; Pelling 1998; Webster (ed.) 1979; Fissell 1991; Howe 1997; Dingwall 1993.

⁷See Pelling and Smith (eds) 1991; Dobson 1997; Wrigley and Schofield 1989.

favour themes of industrialisation, perhaps as a result of the impact of 1980s labour history. In addition, a second wave of 'national' histories of Wales emerged around the turn of the century from a country settling into its newly devolved status.⁸ The greater availability of source material for later periods, and also for industrial towns, undoubtedly plays a part in such trends bringing with it opportunities, often unavailable to early modern historians, for searching detailed official records. In medical terms, this has enabled the production of such excellent works as Anne Borsay's 2003 collection of essays, detailing such issues as the rise of public health provision, and even marginalised issues such as suicide.⁹ Pamela Michael's recent work on the provisions for the mentally ill of North Wales has done much to introduce a more nuanced approach to Welsh medicine, with detailed analyses of the patient experience, and their own agency, rather than the overarching power of the institution. Her most recent collection should be applauded for the range of its subject material.¹⁰

And yet a more critical view of the current historiography reveals the surprisingly narrow range in which historians of Welsh medicine seem prepared to work. Aside from the volumes already mentioned, which span roughly the period from 1800 to the present day, it is worth noting that out of four articles explicitly relating to Welsh medicine in the past 12 years appearing in *Social History of Medicine*, all fall within the date range of 1901–62.¹¹ A quick trawl through the only contender for a single-volume diachronic history of Welsh medicine, the 1975 essay collection *Wales and Medicine*, edited by John Cule, reveals that this is not a new phenomenon, with roughly twice as many essays on the post-1800 period as before it.¹² Now over 30 years old, this volume does contain some useful work on such issues as representations of disease in Welsh culture. It also serves, however, to highlight the second trend noted above—that of a pre-occupation with folklore and especially the legendary Physicians of Myddfai. These were a family of fourteenth- to seventeenth-century west Wales physicians, supposedly possessed of special skills in healing, who left collections of manuscript remedies. Cule's collection contains one essay on the Myddfai physicians, with a further one on Bened Feddyg, the author of a related remedy collection. Other essays include a discussion of holy wells but many are based on practitioners. A tendency towards practitioners is perhaps understandable given the age of Cule's work, but another, more recent, miscellany of earlier works does nothing to disabuse the potential student of Welsh medicine of the importance of folklore.

In *Healthcare in Wales: An Historical Miscellany*, published in 2002, that purports to 'whet ... the reader's appetite' for medical history in Wales, aspiring researchers are greeted by a selection of essays with one on the Meddygon Myddfai, followed by a further ten on nineteenth- and twentieth-century Wales.¹³ Pamela Michael's overview also serves to reinforce this trend, noting that the Meddygon Myddfai is 'central to

⁸For examples, see Morgan 1981; Williams 1985; Williams 1995; Croll 2000; Jenkins 1992; Jones and Smith (eds) 1999.

⁹Borsay (ed.) 2003.

¹⁰Michael 2003, 2006.

¹¹D'Arcy Hart 1998; Chamberlain and Williams 1995; Thompson 2003; Grier 1998.

¹²Cule (ed.) 1975.

¹³Barber and Lancaster (eds) 2000, p. 11.

popular conceptions of Welsh medicine'. Moreover, she apparently sees as positive the fact that the British Medical Society views the Myddfai physicians as epitomising Welsh medicine.¹⁴ Michael, however, sometimes fails to set alternative, folk medicine in its correct context, and conflates medical beliefs with practice. Although she acknowledges the domination of folklore in Welsh medical historiography, and attributes its appeal to folklorists and doctor-historians, little is done to try and offer a different view, giving the impression that, until the 'rapid modernisation of the eighteenth and nineteenth centuries', this was Welsh medicine.¹⁵ No attempt is made to highlight the fact that Wales was also tied into wider English and European medical developments, had access to the latest ideas, and was certainly not unique in utilising a range of physical and symbolic *Materia Medica*. Her apparent emphasis on 'modernisation' is also unhelpful since it reinforces views of folkloric beliefs as backward and arcane when, as much recent work on lay medicine has shown, they in fact formed part of the same coherent system of 'orthodox' Galenic beliefs.

A brief trawl through the recent output of early modern Welsh medical history in academic journals reveals a mixed bag. Recently, Welsh historians have begun to embrace new methodologies. For example, Colleen Seguin's analysis of government attempts to control and discourage popular visits to holy wells in the seventeenth century has introduced Foucauldian notions of power and social control to Welsh medicine.¹⁶ Demographic history is also an area in which Welsh historians have begun to make inroads. Nick Woodward and Edward Davies have used demographic and quantitative methods to access such issues as the effects of epidemic disease in Wales, and Woodward has also undertaken a study of infanticide in the eighteenth century, using evidence from court records.¹⁷

Others, however, have bolstered a somewhat rural caricature of Wales, since in general terms the period 1500–1800 is largely left to folkloric accounts and generally appears in non-medical journals.¹⁸ While there is little doubt that Welsh culture and folklore played a central part in medical beliefs in the early modern period, the danger is that folklore and medicine have become so entwined for Wales in this period that they have become coterminous, meaning that the sixteenth, seventeenth and partially the eighteenth centuries are effectively left to lie fallow. Even the term 'folklore' is unsatisfactory since it suggests an alternative 'system' to orthodox Galenism. The problems of adequately encapsulating this body of knowledge is highlighted in a recent social history of Wales, where Russell Davies uses no less than six different terms (including 'folk medicine', 'magical medicine' and 'medical folklore') in just three pages to set up what he effectively sees as the antithesis to mainstream medicine.¹⁹ It is certainly not my intention to try and downplay the undoubted significance of folkloric medicine, however defined, since it was clearly an important and deeply entrenched aspect of Welsh life, as in many other largely rural

¹⁴Michael 2006, p. 6.

¹⁵Michael 2006, pp. 6, 8.

¹⁶Seguin 2003.

¹⁷Woodward 2005; Davies 2007; Woodward 2007.

¹⁸For examples, see Jenkins 1977; Jones 1969.

¹⁹Davies 2005, pp. 363–5. Parts of this section are taken from Withey 2006b, p. 21.

areas, and was informed by a coherent belief system. What I would argue, however, is that a more nuanced approach is needed in order properly to contextualise folkloric medicine in Wales as part of the mainstream and not an alternative to it.

Equally needed is a fresh impetus from within Welsh institutions to support work in this area. It is noteworthy that there are few if any courses on Welsh medicine being taught in Welsh universities, or to my knowledge elsewhere, and certainly none dealing specifically with the early modern period. To contrast this with other areas is telling. Aside from the many university courses in England, on England, University College Dublin has a dedicated centre for the history of medicine in Ireland, supported by the Wellcome Trust, while the University of Glasgow has a similar centre dealing with such diverse issues as Scottish socio-medical history, the medical profession and education and women's medical history. It is worth stating however that the medical historiography of both early modern Ireland and Scotland is in a similarly poor state to that of Wales even though Helen Dingwall has done much to bring the medical history of Scotland back to the fold in recent years.²⁰

Wales: Country, Region or Nation?

Having noted the comparative neglect of this area of Welsh history, what reasons might lie behind it? One thorny issue which may have a bearing is whether it is possible to talk of a 'Welsh medicine', or even Wales itself, as a homogenous entity in the early modern period? The answer is most likely a resounding 'no' since Wales, in the early modern period, was very much a land of contrasts. Fertile lowland plains around the 600 or so miles of coastline contrasted with large mountainous regions, with approximately 60 per cent of the country lying above 500 feet, and two-thirds of the land being dominated by the Cambrian Mountains.²¹ Such geographical barriers proved a natural divider of the people of Wales and almost certainly served to foster some sense of insularity and localism amongst the Welsh population. The population of Britain grew during the Middle Ages but this growth was modest in Wales, the number of inhabitants increasing from around a quarter of a million in the mid-sixteenth century, to around 400,000 people by 1670.²² The population was spread unevenly with more than half living in the south of the country, compared to only 14 per cent in the north. Population density in individual counties also varied greatly, with Monmouthshire in the south, for example, averaging 44 people per square mile, in contrast to Merioneth in the north, which averaged 15.²³ This population was widely spread in small communities, with the normal pattern of habitation being single farmsteads and small nucleated hamlets, with large areas, such as the central upland massif from Brecon to Snowdonia, being extremely sparsely populated.²⁴ Wales, therefore, was very much a land of regions and this has many implications for the study of its medical beliefs.

²⁰For recent works on Ireland and Scotland, see Beith 1995; Dingwall 1993, 1994, 2003; Jones and Malcolm (eds) 1998.

²¹Jenkins 1992, p. 18.

²²Jenkins 1992, p. 17; Griffiths in Jones and Smith (eds) 2000, p. 55.

²³Emery in Thirsk (ed.) 1967, p. 145.

²⁴Emery in Thirsk (ed.) 1967, pp. 145, 147.

The importance of regionalism in medicine has only recently begun to be appreciated in the early modern period. Some studies, for example, have sought to draw distinctions taking into account such issues as topography. This is true of Dobson's magisterial account of the effects of landscape and environment on sickness and mortality, Paul Slack's study of the plague in Exeter and Andrew Wear's discussion of the importance of 'airs and waters' in the landscape.²⁵ Topography is a matter of vital importance, yet little has been done to analyse, for example, the ways in which geography and topography affected issues such as the pathways of epidemic disease or the spread of medical information. For border counties such as Monmouthshire and Flintshire, there was much interaction with England and this presents opportunities for exploring the spread of medical information. In these areas, clear evidence exists for the presence and use of alternative seventeenth-century medical beliefs such as Helmontianism and Paracelsianism, alongside standard Galenic medicine, indicating that parts of Wales, at least, had access to contemporary ideas which were sometimes considered radical.²⁶

Where did this information come from and how did it circulate? Several references are made to 'chymical' medicine in Flintshire and north Wales sources, but perhaps the most informative source for the spread of this information is the commonplace book of a Monmouthshire yeoman John Gwin who owned several works by Helmontian practitioners, including George Starkey.²⁷ Gwin was a regular visitor to Bristol and may have purchased his books there. His commonplace book, however, also records that he shared his information with family, friends and employees, giving them access to otherwise exclusive information.²⁸ Monmouthshire, as noted, was a populous area giving much opportunity for information to spread through social networks, but less is known, and thus more needs to be done in order to understand the spread of information in rural areas, and their relationship with towns.²⁹

The neglect of rural Wales fits into and highlights a wider neglect of rural medicine in early modern historiography. Where historians have recently addressed individual areas, such as Fissell and Pelling, it is often the case that they concentrate on the urban environment and experience, leaving rural medicine to the cunning man. Some historians have turned to alternatives to the more traditional diaries and remedy collections to find new points of access. One type of source material which is particularly deficient in Wales is the parish registers, which are often poorly recorded and under-registered. This may mean that large-scale demographic analysis, on the scale of that achieved by Wrigley and Schofield, may not be possible. Where complete registers do survive, Nick Woodward's recent work has done much both to show the value of such information in interrogating the path of epidemic and endemic diseases and also in setting Wales in a broader English and European context. In his article on the parish registers of Carmarthen, Woodward

²⁵Dobson 1997; Wear 2000, pp. 184–209.

²⁶Withey 2006a, pp. 48–73.

²⁷Glamorgan County Record Office, Anon., Domestic Remedy Collection, MS D/D/Xla; Flintshire Record Office, John Meller, 'My Own Physical Observations', MS D/E/2547, pp. 3,14; Flintshire Record Office, Medical Receipts for 'Capteine Dodds', 1665, MS D/GW/B/510.

²⁸Withey 2006a, pp. 61–3, 66–8.

²⁹Some recent work has addressed this question. See Borsay *et al.* 2005; Griffiths in Jones and Smith (eds) 2000, p. 66.

has tentatively suggested, for example, that the frequency of mortality crises in that part of Wales were broadly similar to those in England and sometimes slightly less frequent and severe.³⁰ He notes the effects of geographic location and environment as contributory factors and foregrounds the importance of links with Ireland in contributing to the spread of disease in this maritime town.³¹ This raises questions for comparative studies of other areas to address.

The question of a rural–urban contrast, for example, is interesting in Wales bearing in mind the works already mentioned on English towns. Compared to England, and indeed the rest of Europe, Welsh towns were small and historical debate still rages about whether it is at all valid to talk of a Welsh ‘urban experience’ in the early modern period.³² With the possible exception of Wrexham, there were no towns in Wales with a population of more than 5,000 people until the eighteenth century.³³ Wales possessed no capital city or civic centre and Philip Jenkins has argued that English towns (Bristol in the south, Chester in the north and Ludlow on the Marches) formed ‘regional capitals’ which were the main urban centres for Wales.³⁴ Equally, it has been calculated that only 11 per cent of the population of Wales lived in an urban area.³⁵

For most people, the main experience of urban life was through the many market towns which were spread around Wales, generally with populations of between 500 and 1,000 inhabitants. These often became the main centres in which people conducted their business and interacted socially with others through fairs, festivals and visiting entertainers.³⁶ This is not to say, however, that the role of towns in spreading medical information and services should be ignored. Welsh market towns provided the main urban experience for many, and were the main repositories of material goods as well as essential services to cater for the needs of an expanding consumer base.³⁷ It is also important to stress the extent of cross-over between town and countryside. Towns often mirrored a rural way of life and sometimes even contained their own cornfields, pasture and meadows.³⁸ Despite poor roads, the inhabitants of outlying areas usually still had some access to a town. It was in most towns and many villages that rural visitors could find practitioners and apothecaries who tailored a wide variety of services to suit the pockets of their customers.³⁹ Travelling salesmen also entered Wales on a regular basis from England, selling a huge range of consumer goods which most likely included medical remedies.⁴⁰ One source, for example, notes the presence of an ‘Italian

³⁰Woodward 2005, p. 461.

³¹Woodward 2005, p. 439.

³²Powell 2005, p. 47. See also Evans 2005.

³³Powell 2005.

³⁴Jenkins 1992, p. 4.

³⁵Emery in Thirsk (ed.) 1967, p. 145; Borsay *et al.* 2005, p. 9. The debate about defining the requisite number to qualify for ‘urban’ status rumbles on, but here is taken to mean the inhabitants of the large number of Welsh towns with populations between 1,000 and 3,000 inhabitants.

³⁶Griffiths in Jones and Smith (eds) 2000, p. 67.

³⁷Powell 2005, p. 59.

³⁸Griffiths in Jones and Smith (eds) 2000, p. 69.

³⁹Williams (ed.) 1974, p. 351.

⁴⁰*Ibid.*

Mountebank' whose treatment reportedly caused a local woman to 'voyd a worm 7 yardes long', and reports of this act had quickly spread to the surrounding countryside.⁴¹

Towns and cities outside Wales also played a part, and those able to travel beyond the Principality, especially the middle classes and elites, often did so, taking advantage of trade networks both on land and sea. County gentry often maintained links with English towns and cities, especially London, frequently choosing, as Sir Thomas Aubrey of Llantrithyd did, to have his medicines delivered mail order from the capital.⁴² Alongside the earlier example of the spread of Helmontian medicine, this instance of a European healer visiting and treating in Wales certainly seems to suggest that the country was far from being a rural enclave and could absorb and assimilate outside influences. It also serves to highlight the fact that Welsh towns and communities were often not the social isolates which they have sometimes appeared to be in scholarly literature.

Source material, especially for urban areas, is indeed often in English, rather than Welsh, bypassing one potential problem for non Welsh-speaking historians. The issue of sources is in fact a salient one and the potential lack of source material is often quoted. There is, however, a surprising amount of surviving medical information spread around the Principality although its distribution, like its early modern population, is somewhat uneven. Given the rough north–south divide, it is somewhat surprising to find that North Wales, the less populous half of the country, is generally much better served in terms of primary sources than the south.

Flintshire, for example, is particularly rich in medical sources ranging from diaries and medical notebooks to apothecary bills, letters containing medical remedies and receipts.⁴³ The reasons for this are unclear, although it may be the result of a greater number of medical practitioners in the area, as well as county elites who patronised physicians in Chester, their sources surviving through collections of estate papers. Such material as the diaries of Philip Henry of Broad Oak in Flintshire, and the letters of Owen Davies, an Anglesey parson, are rich in details of the medical life and habits of their neighbours and parishioners, as well as of their own health and medical habits, offering a glimpse of life in otherwise dark corners of rural Wales.⁴⁴ In both these examples, and especially that of the Puritan Philip Henry, religious roles may help to highlight such issues as the interplay between folklore and religion in early modern Wales.

Conclusion

The question remains as to whether there could be seen to be anything uniquely 'Welsh' in medical character or identity. Perhaps more feasible may be a new history of medicine *in* Wales rather than *of* Wales. Indeed, the question of medical identity has been addressed by Helen Dingwall in her admirable survey of the medical history of Scotland, and she notes the differences between urban and rural, highland and lowland, concluding that a distinctly Scottish medicine could only be achieved by the training of Scottish people, by Scottish people in their own country. This, she argues, was not achieved, at

⁴¹Lee 1882, p. 157.

⁴²Bowen 2006, p. 134.

⁴³For examples, see Flintshire Record Office.

⁴⁴Lee 1882; Owen 1961.

least among practitioners, until well into the eighteenth century.⁴⁵ On this reading, a 'Welsh' medicine could not be achieved in Wales until the twentieth century.

The importance of Welsh culture upon medical beliefs is certainly another area which requires further investigation and offers potential for other, non-English-speaking, areas. It could be argued that perhaps the most defining characteristic of a Welsh culture is its language and one area which certainly cries out for scholarly attention is the development of a medical language through this medium. No attempt has been made by Welsh historians to bridge the gap between Welsh and English medical terminology, yet this surely has implications for both the origins of medical language and the spread of information. Were there any similarities, say, between Welsh and Gaelic Irish or Scottish indigenous medical beliefs and practice, and how did they interact with those of England? If so, might this suggest broader Celtic or British bodies of knowledge, inviting study into the ways in which they interacted with England?

Regional medical histories *matter*. They matter because they each play a part in a wider context, and it is only by exploring how the whole framework meshes together that a fuller picture can be obtained. Early modern Wales makes an interesting choice in terms of its contradictions. Its people were largely Welsh-speaking and sometimes insular and conservative, yet had strong links beyond their borders and assimilated information from elsewhere. Nominally a nation, Wales lacked its own political apparatus or educational apparatus, meaning that those Welshmen wishing for an academic medical education needed to find positions outside their homelands, creating a vacuum of 'regular' healers. As such, this was seemingly a land of cunning folk and magic, but conversely also one whose people had access to the latest ideas and a lively culture of sharing information which served to disseminate them. Wales thus encompassed various forms and beliefs which overlapped. It had a medical culture but the extent to which this was a 'Welsh' medical culture needs to be teased out. Was this a collection of individual cultures with, say, Glamorganshire in the south and Caernarfonshire in the north having distinct medico-cultural identities or idiosyncrasies? If so, might this suggest the need for more individual studies of British regions? This survey has sought to raise many questions and I am keenly aware of the lack of ready answers to many of them. In the final analysis, however, therein lies the problem. Perhaps what is really needed is a wholesale reappraisal, not only of the medical history of Wales, but of the various medical histories of the British Isles.

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⁴⁵Dingwall 2003, p. 4.

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