10/20  Colonial Medical Theory and Practice

European Precedents
  Medicine in London: physicians, surgeons, apothecaries
  Colleges and privilege
  Medicine outside of London: eclecticism and lack of privilege

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

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

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

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