

'Atmospheric Constitutions': A Taxonomy of Issues in European Medical Meteorology

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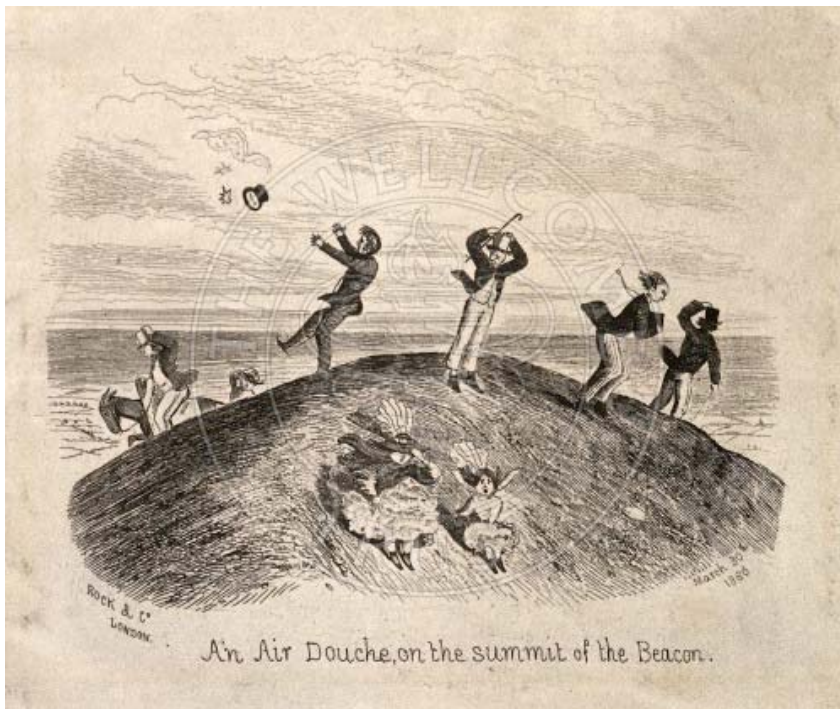
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Without necessarily using such terms, medical historians have shown that understanding of health as 'emplaced' and the body as 'exposed' shaped at the turn of the nineteenth century a medical tradition of staggering breadth and complexity. It has become a widely shared view that the medical practitioners and writers who in their work put stress on Hippocratism, hygiene, non-naturals, regimen, atmospheric constitution and the miasmatic theory of disease have by 1800 wrought a genre which Ludmilla Jordanova termed 'environmental medicine,' or, as others have called it, 'iatro-meteorology,' (the Victorian Hippocratic writer Alfred Haviland), a 'medicine of climates and places' (Michel Foucault), the 'environmental paradigm' (David Arnold), or, simply, 'environmentalism' (James Riley). Some discussions have gone beyond the focus on epidemiology, hygiene, physiology, and public health into the issues of the shaping an 'airmindedness' by physiological, cultural and geographical forces. Taken together, these historical developments and ideas – which in this essay I wish to identify as placement, influence and exposure – gave the nineteenth-century medics and patients a tool to engage in the health-oriented negotiations with their social and meteorological surroundings and, in a longer term, to structure practices with major effects on the emergence of modern health.

Although I wish the term to be taken literally, 'bodily placement' should be also taken a trope which in its contemporary incantations triggered a range of issues that had to do with the relationship between the body and its embeddedness in or its alienation from what its surroundings. The contemporary jargon – e.g. 'simple elements,' 'action upon,' 'continual contact,' 'application' (of the turf) to 'external and exposed surfaces,'

‘exposure,’ ‘inuring’ – reflected a constellation of interests that began to shape medical theory and treatment at the turn of the nineteenth century in an unusually assertive mode. These interest embraced at least three broad tendencies. There was, first, an interest in a health-related consequences of an accidental (or planned) *placement* of the body in space and time; secondly, a discussion of the *influences* which such place or time exerted on the body and, thirdly, the pathogenic quality of the matter and season exercising this influence via the body’s surfaces and due to the varied circumstances of *exposure*.



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A concern for the operation of hazardous (and healing) indoors and outdoors went in parallel with the developments in lifestyle and daily routines associated with the perception of health, space, and time as interlocking. This was taking place in the age of eudometry, medical topography, health travel, altitude physiology, and the public health measures of ventilation, lavation, and deodorification. The age brought about the changes in domestic architecture, a decline of flannel and indoor tennis courts, the rising popularity of the umbrella, and the health-conscious planning of the suburbia. The French and German physicians made weather record with an eye on public health and epidemics;

the British doctors investigated the air on ships and in jails, hospitals and manufactories; occupational exposures elicited vigorous attention, while the explorers reported about the dangerous atmospheres of faraway places. The zeal for ambient purity that such reports fomented among the nineteenth century professionals was recorded in the fact that between 1800 and 1860s, the estimated need for indoor fresh air soared from four to sixty cubic feet per person! 'Treasuring one's health' meant keeping the nasty non-naturals at bay by dispensing what was unadulterated: the bestselling authors on regimen indicted old physicians for abusing the monopoly over artificial remedies, depriving the patients from 'air, water and even the light of the sun.' Non-natural remedies stood for a democratic dispensation of health, a therapy on the way to independence from the traders in the sick.

Yet if the abundance of documents from the period testifies to an overwhelming concern with the nexus of exteriority, placement and health, few if any are forthcoming in giving away its causes. Questions arise on whether the concern in question reflected, and if so in which respects, the changes in eighteenth-century medical knowledge: whether, for example, medical authors and practitioners began to conceive their remit so broadly as to think about health in ways in which it could have been approached by naturalists, geologists and biologists, i.e. the physiologists of the atmospheric, organic and geological agencies ('Physiology' being a general term for the investigators of nature). Did medical rationales behind these trends serve to legitimize the non-medical practices of similar implications already pervading the English and European societies? Did the knowledge about putting bodies in right places, as in the case of spas, seaside and the South, derive from the medical market's drive to put bodies in right hands? Or have perhaps the burgeoning middling classes, in using regimens and Hippocratic self observation, merely seized on an existing practice that ratified their sovereignty won through the calculation of *social* exposures, influences and placement within the hierarchy of ancien regime and beyond? Finally, to what extent has health as commodity invited the concern with exposure as an issue of 'security,' prevention, and insurance?

My attention in this paper is twofold. In its first part I use the notion of exposure/emplacement to look at what has been left out of the picture in recent histories of the subject. For example, it is apparent that despite the voluminous research, there has been little in the way of extending the climatic and miasmatic environmentalism-cum-topography into the analyses of non-epidemiological and sub-symptomatic exposures. This could simply reflect the scholarly bias toward the histories of disease and intervention rather than health and preservation; this could also mean that the portmanteau catch-phrase that is 'the environment' has occluded the less straightforward pathologies of everyday life. As a result, no full scale studies address the historicity of thinking about the principles of hardening and adaptation, or of the diseases caused by under- or overclothing, of draughts, sunlight, and heating. In other words, we don't possess a history of a meteorology of discomfort. Secondly, hoping to capture these leftovers and connect them to the mainstream of 'environmentalism,' my ambition would be to make a nod toward an explanation of why such frenetic *angst* over exposure began only after 1750 rather than at some other time.