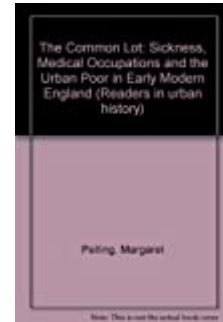


Margaret Pelling. *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern Europe.* London and New York: Longman, 1998. xiv + 270 pp. \$41.60 (textbook), ISBN 978-0-582-23182-5; \$134.00 (cloth), ISBN 978-0-582-23183-2.



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Our Common Fate

Margaret Pelling needs no introduction to historians of medicine. *The Common Lot* collects seven of her previously published articles and adds three new ones. Together, these essays trace the evolution of Pelling's career and offer a diachronic assessment of the history of medicine, or, more accurately, of the social history of medicine, in the 1980s and 1990s. The essays cluster around three subjects: (1) the urban environment, illness, and poor relief; (2) life-stage and gender differences; and (3) occupational diversity. The last of these reprints Pelling's well-known studies on barber-surgeons and professions that feature the varied character of the early modern world of work. These two articles have profoundly affected numerous scholars and have provoked substantial resonance, debate, and imitation.

Pelling selected her title with deliberate care to stress the interpretive glue holding the ten essays together and typifying a two-decades-long oeuvre. First and foremost, Pelling emphasizes "the extent to which early modern people, especially in towns, had reason to believe that their lives would be affected by illness, disability, and

disease." She believes that "perceived threats to bodily integrity, term of life, and physical existence of the self, family, and friends were present enough to bridge social divisions and to create something like a common sense of human frailty" (p. 1). Inarguably such topics form a common human experience even if Pelling focuses principally on the lower and middle sorts.

Characteristic of the volume are a shrewd use of documents, a sharp eye for logical inconsistencies, and a strong methodological orientation. Pelling's eminently sensible introduction argues convincingly for focusing on a "reality that exists." She takes seriously the material and economic bases of early modern life and chides cultural historians for a rather callous (my word, not hers) disdain for "real causes" and "real changes." This methodological toughness, when combined with her painstakingly scrupulous yet undeniably imaginative use of sources, produces a historical portrait of striking authenticity and credibility. Most impressive is Pelling's refusal to allow simple and often simplistic explanations to pass unchallenged. Her probing of the 1570 Norwich census of the poor yields an array of findings that force

us to rethink all sorts of “common sense” beliefs. It “makes sense,” for instance, to posit that prosperity expands the market for medical services, but so, too, we learn, did conditions of need whether evoked by epidemics or dearth (p. 242). Consumerism (or at least its medical variant) was not therefore the inevitable by-product of expanding economic systems or burgeoning prosperity. It thrived as well in what may generally be regarded as unfavorable circumstances.

Pelling’s commitment to empirical research and her refusal to accept easy or obvious solutions produces a series of penetrating observations about the character of early modern life that transcend the “merely” medical. Ever since Olwen Hufton first described the “economy of makeshifts” that sustained, however flimsily, the poor of eighteenth-century France, people have used the notion extensively (and sometimes uncritically) to distinguish the precarious existence of an underclass. Few, however, have wondered if such a patchwork of employments might just as neatly characterize more fortunate others. Pelling’s quantitative and qualitative evidence demonstrates the importance of multi-occupations for almost all social levels and status groups, while highlighting the inapplicability of a “modern ideal of the full-time dedicated member of the professional classes.” Flourishing medical practitioners diversified into other occupational realms and were found most frequently in the food and drink branches of the economy. Women, of course, have gone undiscerned as medical practitioners because they were often “invisible.” Pelling shows how our failure to spot female practitioners derives from an inability to jettison archaic terms and concepts. Nurses and nurse-keepers have slipped from sight “simply because these conceptions are almost entirely anachronistic for the period between 1500 and 1700” (p. 180). Such insights do not tell only for medical practice because medicine was, after all, only “one aspect of economic and social flexibility” (p. 229). Perhaps the whole concept of an “occupation” (to say nothing of the that more troublesome abstraction, “profession”) may well be ill-suited for early modern history. We must begin to understand economic life in totally different ways and to think about personal identity more inventively as well.

Pelling’s essays, therefore, raise critical questions about the contours of early modern life. These perceptions form the real value of her work and, for that matter, justify the decision to publish her articles as a collection. Her “discovery” of non-kin related networks confounds the commonly employed specifications of “household” or “family” that most scholars use reflexively to

delineate the boundaries of private life and to set it off from a public sphere. Private is therefore probably more public, and public more private, than disciples of Juer-gen Habermas argue. The practice of matching an older with a younger spouse did not only, as one might at first suspect, involve the marriage of an older (or even elderly) male to a younger, fertile female. The numbers of unequal marriages in late sixteenth-century Norwich was highest among the aged poor and was one of a set of choices or expedients embarked upon to better one’s chance of survival. As meaningful as material realities were, early modern people were not strait-jacketed by economic, social, or even cultural constraints. Room for individual maneuvering, flexibility, and social creativity always existed and Pelling fully allows for personal idiosyncracies. Some scholars have called these adapting mechanisms “strategies,” but Pelling rejects the word as too mechanistic and as implying a rather too calculating nature. Yet while expedient has the virtue of implying short-term decisions rather than long-term planning, it, too, retains a certain sense of “scheming” that is not totally convincing historically or psychologically.

Methodological considerations emerge repeatedly. Pelling traces how the social history of medicine evolved since the 1970s. She has much praise to distribute to scholars willing to embrace the interdisciplinary and encompassing character of the social history of medicine and do the hard work in the archives. She commends social history in general for its “refusal . . . to lie down and die during what amounts to a little ice age” (p. 7) when structural explanations and empirical research seem to have lost academic favor. Pelling also unabashedly employs twentieth-century viewpoints and draws comparisons between the twentieth and early modern centuries. She justifies this approach by arguing that “social historians of medicine have still to face the fact that even the academic audiences they wish to reach are imbued with preconceptions about health and medicine in the past in a way that is scarcely true of other historical subjects” (p. 7). In other words, one historical horse is not quite dead and we are still perfectly justified in flagellating it. Fair enough. Yet in other ways this orientation seems rather off-putting or even counter-productive. Pelling’s discussions underscore the continuities between early modern and modern professions. She notes, for instance, the professionalism of early modern trades. When dealing with the professions historically, however, it may make more sense to discard the terms and the concepts entirely rather than strain to accentuate their universality or prove their long duree. Pelling’s compelling evidence

about multi- occupations, for instance, should prompt more boldness from her in breaking with more traditional economic and occupational histories. By fixing on professions she misses a splendid chance to inject new life into a rather dull debate about early modern labor.

Pelling is an unashamed empiricist, albeit a subtle and ingenious one. A great deal of her evidence comes directly from a rather traditional source—a census—found in a rather traditional place—an archive. No gross fatty lump of raw material clogs the reader’s digestion, however. Pelling presents her census material elegantly and with sensitivity to what it can and cannot tell us. Anyone who has struggled with difficult archival sources will appreciate the skill applied and the extent of background information necessary to extract historical plums from numerical mazes. Pelling transforms her sources into a extremely useful tools for investigating not only the poor but also a far wider band of Norwich society. Towns like Norwich were “capable of more discrimination as to the causes of poverty than binary categories [deserving and undeserving; able-disabled and disabled] imply” (p. 80) and they responded with an impressive range of solutions that often paralleled the expedients the poor (or the ill) themselves applied or sought to apply. Critical to all endeavors to help, however, was the “well-developed conviction of the role of sickness in creating poverty” (p. 81).

Of course, the Norwich census, while a great boon, is inevitably a weakness as well. Questions of typicality and representativeness must continue to arise whenever a historian ties her interpretations to one source so extensively (although by no means exclusively). The as-

tuteness of Pelling’s judgments, however, depends on her unrivaled familiarity with sixteenth- and seventeenth-century Norwich and this knowledge gives her portrait an opulent texture. The question then arises as to what extent her findings about support networks and the long working life of the poor apply outside of Norwich, in non-urban environments, to non-English areas of the British isles, or to other European municipalities with differing historical, legal, and charitable traditions as well as other religious customs. Pelling addresses the problem briefly suggesting that “major institutionalization” was more prevalent in continental Europe. While true, this reasoning does not account for, for example, the vast differences between states like France or booming trade entrepôts like Hamburg or Amsterdam and the rural areas east of the Elbe or in southern Europe. Still, the three major motifs identified here—multi-occupations, life-stage and gender-conditioned impoverishment, and expedients of survival—seem as fully valid for continental cases as they do for England. The parameters and mixture of, say, civic initiative and personal commitment, differed, of course, according to contrasting conjunctions and structures, but the general explanatory scheme rings true. The *Common Lot*, in short, not only shows us what a mature social history of medicine can accomplish, it also sets out an agenda for future study and proposes theses for others to test in diverse geographical and chronological contexts.

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