

schools. The medical school tie was a bond between English medical men. There are problems with this suggestion, not least the regular medical education undergone by many English homeopaths. Practice may have been crucial in England, too, but until we have a study of English therapeutics, comparable to Warner's, we are in no position to know.

Christopher Lawrence
Wellcome Institute

W. F. BYNUM and ROY PORTER (editors), *Medical fringe and medical orthodoxy 1750–1850*, London, Croom Helm, 1986, 8vo, pp. ix, 274, £30.00.

In their neat introduction to this volume the editors state its programme: to examine “how the relations between regular and irregular medicine have been constituted in particular fields at particular times”. Or more specifically: “the essays in this book are not just about the positioning and the nature of the divide between orthodoxy and the medical fringe, but are about its very creation . . .” The book aims to make a start on this necessary work, and so it does. But the essays were written independently and the editors have added no conclusions. The question for the reviewer seems clear: how far do these essays take us towards a broad, flexible interpretation of medical orthodoxy and heterodoxy in the century around 1800? How many of the essays are “fringe” to this central concern? Do they together suggest a coherent model of medical dynamics in this critically important period?

The core of this book, for me, were the essays by Irvine Loudon and John Harley Warner, both of which present clear, well-documented theses about fundamental shifts in the organization of medical occupations. Neither is radically novel, but they are authoritative and perhaps complementary. Loudon argues, for Britain, that the recognition of each other by “general practitioners” was caused by the rapid increase in competition from chemists and druggists, who undercut the prices of surgeon-apothecaries and were thus stigmatized as unqualified intruders into the field of medicine. Warner discusses Jacksonian America, arguing that it was pressure from sectarians that caused orthodox practitioners to rally round therapeutic practices as representative of their common identity. Here, of course, the argument must needs be more subtle, for what was it that had caused “sectarian” tendencies where there had been no defined medical “church” or self-conscious orthodoxy? Part of the answer seems to be that medical sectarianism was often a direct expression of religious sectarianism, which nurtured oppositional styles and helped give content to medical sects as technical extensions of doctrines about life styles. Similar pressures became evident in Britain, especially in the 1840s, but by then general practitioners already had regional and national associations as well as the redefined London “guilds” (of apothecaries and surgeons), to which the state had granted a national regulatory role.

The other essays might be classified into three groups: those dealing with the unorganized, individualistic world of eighteenth-century practice; those dealing with the sectarian and non-sectarian “fringes” evident in nineteenth-century Britain; and those which, for better or worse, are tangential to the main concerns.

The essays on the earlier period appeared to me as illustrative or tentative rather than strenuously exploratory of the main theme. W. F. Bynum uses his survey of eighteenth-century texts on venereal disease to claim that “constraints on professional behaviour grew tighter during the second half of the century”. This was an informal process, a change in the degree of self-promotion and extravagance which was acceptable among regular professionals. Such shifts of emphasis are elusive, and to capture them securely brings honour among historians; here the examples were intriguing, but I was left unsure as to whether the central point had been firmly established.

Roy Porter presents a lively debate between the quack Myersbach and the virtuous Dr John Coakley Lettsom. The detail is attractive, but the main argument unsurprising: that in an age of individualistic enterprise it was awfully difficult to advertise someone else as a quack while retaining one's own honour — a nice illustration of the Georgian scene which Porter has elsewhere characterized. Jonathan Barry, in rather similar vein, cautions us to remember that medical self-advertisement was a difficult way of life; a quieter progress may have been more remunerative for those who could rely on family connexions and a long-established good name. Another historian of Bristol, Michael Neve, speculates about the economic and social divisions of medical practice, and about the extraordinary career of Thomas Beddoes. If this sketch could be carried through into a full local history, then we could indeed have better mental furniture for reconstructing a crucial period.

Of the nineteenth-century essays, Sidney Holloway's relates nicely to that of Loudon. Chemists and druggists may have appeared as unqualified intruders on medical practice, as shopkeepers on to a good thing; but some of the bigger London companies had status as reputable firms, plus an uncommon expertise in the new chemistry. These qualities could be used to establish their leadership of the new occupational group — hence the Pharmaceutical Society of 1841, which then pushed for "education, qualification and registration". The leading London pharmacists would try to do what the leading London apothecaries had already done: extend their influence nationwide as part of a graded hierarchy of professional associations. These London pharmacists did much dispensing for physicians: they were part of the medical establishment. The run-of-the-mill pharmacist supplied the drugs that customers selected themselves. In Holloway's essay, as in Neve's, it is self-medication and consumer power that lurk as the real source of the worries which doctors vented on "quacks".

That may be so, but one should be wary of anachronisms. Whatever doctors claimed about the need for their services, we might reasonably suppose that they were guided by customary patterns in their real expectations of business. The poor or the remote would rarely be their patients; even among the richer, much illness would be handled (as it still is) by self-medication. Perhaps doctors also expected to share business with "traditional paramedics"; Roger Cooter argues that bone-setters were often accepted by regular doctors, especially in the countryside, because the medical profession generally found difficulty in acquiring necessary manipulative skills. In cities, medical opposition could be direct: Evan Thomas, a bone-setter from Anglesey, was several times prosecuted after he had set up a kind of private accident hospital by the Liverpool docks. His son used some of the same skills as a radical, unorthodox but regularly-qualified surgeon. In the next generation, Robert Jones made these conservative manipulative techniques a basis for the "new orthopaedics".

This intriguing genealogical medicalization can be contrasted with more direct appropriation of heterodox practices by regular doctors who were keen on "physical medicine" in its various forms. P. S. Brown's article shows that hydropathy offered a set of techniques that regulars could use to good effect. As in the previous century, it was not particular methods of treatment that separated regulars from "quacks", but how they were used.

Bone-setting, as a craft, was rarely sectarian; hydropathy could be either regular or anti-professional; but medical botany, at least in its prime decades around 1850, was the very model of anti-professional, "democratic", self-help medicine. Medical botany belonged to the transatlantic world of popular radicalism; J. F. C. Harrison, a premier historian of that culture, here shows how "themes which were present among Owenites and Chartists were also found in the medical fringe". As in Warner's essay on America, one sees the significance of Dissenting attitudes for medicine. For example Epps, a political radical and the leading populist of homoeopathy, wrote: "As a Protestant Dissenter I feel a natural sympathy for all those who hold opinions, whether theological or scientific, which are under the ban of legally-favoured professionals." It was against this sectarian opposition that orthodox medicine managed, through science and government, to constitute a "church".

How then ought historical analysts to proceed? One obvious direction is towards the present. We need systematic treatments of the century after the one here covered. Probably that too will be a plait of two kinds of history: a history of medical occupations — medicine in the complex

Essay Reviews

world of making-a-living, but also a history of culture, of the place of medicine in life-styles and belief systems. The “medical fringe” was (and is) not just that part of medicine most remote from professionals, it is also that part of daily life and opinion in which lay people are concerned with sickness and health. The skeleton for this second kind of history would be the presumed determinants of popular cultures. Virginia Smith, in this volume, sets off in this direction by surveying the themes and preoccupations of publications on hygiene. Her framework is (Straussian) anthropology, e.g. “coolness”, plus “history of ideas”, e.g. Platonism. It is an intriguing venture into very difficult territory, but because the thematic analysis can rarely be linked to social history, this essay floats at some distance from the rest. We need to learn much more before we can explain a longitudinal section through a “popular” medical literature.

We also need international comparisons, between “open” systems of medicine, e.g. the USA, and systems in which the state was more influential, e.g. continental Europe. We must welcome here the inclusion of the essay by Mathew Ramsey on pharmacy and property rights around the French Revolution.

Yet, in general, “more work” is perhaps too easy a prescription. A volume like this already represents considerable accumulation of expertise and experience on the part of a dozen specialists. What we need primarily is a thorough, collective attempt to think through this century of medical change in a way which will link medical business and the medical ideology to the vertebral column of British economic and social history.

John Pickstone
Wellcome Unit for the History of Medicine
University of Manchester