

Essay Reviews

PRACTICE MAKES PERFECT

IRVINE LOUDON, *Medical care and the general practitioner 1750–1850*, Oxford, Clarendon Press, 1986, 8vo, pp. xvi, 354, £30.00.

and

JOHN HARLEY WARNER, *The therapeutic perspective: medical practice, knowledge, and identity in America 1820–1885*, Cambridge, Mass., and London, Harvard University Press, 1986, 8vo, pp. x, 367, £27.50.

It is rare to find two books published at around the same time and on a similar subject in the history of medicine and to be able to welcome them both with enthusiasm. But John Harley Warner's study of nineteenth-century American practitioners, and Irvine Loudon's account of medical practice in England between 1750–1850, merit such a response. Both deserve a wide readership among historians. The joint pleasure which these two books gives is all the more surprising since, although their object of enquiry is much the same, their styles, aims, and, to some extent, the authors' methods, are widely different. Yet for all that, they complement each other.

The thematic similarity that brings these books together is the medical practitioner (with the emphasis very much on the latter term). Warner's study, however, extends to include practitioners in hospitals, while Loudon sticks firmly to the men excluded from the cathedrals of British medicine. Besides their subject matter, these studies have other gratifying similarities, most notably the vast range of everyday documents which the authors have unearthed in order to piece together a picture of the behaviour of regular doctors in the late-eighteenth and nineteenth centuries. In this regard, both books are splendid ethnographical accounts of what turn out to be relatively unknown tribes — American and British doctors — with whom we had previously held we were familiar. The studies are further similar in that both, in their own ways, are challenging. Warner's directly raises and confronts a number of theoretical issues, Loudon's does the same, but less overtly, by methodically playing social theorists at the game of dogged evidentialism. Here, however, similarity ends, for both authors not only report the behaviour of medical men, they interpret the actions of these practitioners.

In many ways, Warner's study is the more path-breaking. To begin with, he tackles an area that medical historians have long but impotently bemoaned is central to the historical understanding of medicine: therapeutics. At the most basic level, Warner's book is a rich empirical study of therapeutic theory and practice in nineteenth-century America. Warner, however, goes further, turning the historian's previous neglect of therapeutics into a virtue. His command of the field enables him to advance claims about the importance of therapeutics that few are in any position to deny. According to Warner, therapeutics is the key to understanding what he construes as the crucial issue in nineteenth-century American medicine: professional identity. Regional and temporal differences notwithstanding, he argues, it was the similarities and continuities in therapeutic practice which were used by doctors to define the boundaries of their profession in an era before regulation existed. Therapeutics was the behaviourally identified limit that was used by regulars to distinguish themselves from all those whom they branded as unorthodox or quacks. Even though the practices and theories contained within this therapeutic boundary changed, often quite remarkably, during the century, the regulars found common cause with all who practised inside it.

At the beginning of the nineteenth century, Warner shows, American therapeutics was based on Hippocratic environmentalism. But this, he argues, was an insufficient signal for orthodoxy to recognize itself. Experience and sensitivity to locale were the further signs used by practitioners and their customers to recognize the regular doctor. Such correct therapeutic behaviour, he suggests, was deemed by professionals and laymen alike to be the expression of a well-exercised experiential *judgement*. By the end of the century, however, Warner claims that this world had disappeared and, instead, specific intervention into physiological processes was the therapeutic practice used by allopaths as the border to separate themselves from the irregulars. This new

therapeutic behaviour, he argues, was credited, by both the public and the profession, as being the expert application of scientific *knowledge*. Thus between 1800–1900 American physicians slowly, and thoroughly, transformed those elements which they used to demonstrate their identity and employed as the legitimation of their authority. But while they did this they also held fast to the continuity of their identity. The result was that they created a unique rhetoric which both lauded tradition and applauded innovation. It was this that enabled American doctors to effect a revolution in practice while simultaneously claiming to be within the tradition of their predecessors, or, in the case of Boston practitioners, their Southern counterparts. The texture of this metamorphosis in American therapeutics Warner describes with an embarrassment of evidence, perhaps occasionally too much for the less-than-dedicated reader. In doing so, he nicely explicates the significance of a linguistic shift in American medicine. Antebellum doctors sought to return their patients to the *natural* state, post-bellum doctors tried to recover the *normal* one.

Warner's book is important since it raises a valuable question: how did practitioners recognize and acknowledge others to be members of the same profession when no such profession formally existed? His answer is worth considering. It was not through college degrees or qualifications (many orthodox American practitioners were without credentials), nor through attendance at societies, or subscriptions to journals. These, he suggests, were simply reinforcements of a rather more basic tie: practice. As Warner observes, "There was little place in society for a non-practicing physician: the two terms were contradictory" (p. 14). Looked at in this way, Warner's book is a study in semiotics. In nineteenth-century America, a therapeutic act was a sign, to patient and colleague alike, of group allegiances. This is an argument which, in a more limited context, was splendidly exploited in Martin Pernick's study of anaesthesia in America, *The calculus of suffering*. It is an insight that allows Warner, like Pernick, to re-explore the relations between orthodox practitioners. Again and again, Warner writes, the criterion which American physicians used to stigmatize outsiders was practice. Whence homoeopaths, perhaps in every other way indistinguishable from regulars, were singled out as eccentric. Conversely, as he demonstrates in the instance of physicians in Cincinnati, regulars under a particular, local threat from outsiders developed an exaggerated fraternal signalling system. In this instance, relatively excessive bloodletting was employed at a time when the rest of the profession was using it less and less. This concentration by Warner on traditional *medical* therapies, notably bleeding and evacuation, leaves questions unanswered. For example, how far was surgery, both minor and major, used as the practical ritual for conveying kinship? Further, were there other, equally important non-therapeutic ways of establishing professional bonds? Warner seems to say not, and until future historians tackle the problem his impressive evidence will have to stand.

Identity and the profession are also central to Irvine Loudon's book. In the first two pages, he argues that the new term "general practitioner" began to be widely employed among medical men in Britain in the 1820s and '30s. He notes, "It came into use amongst the largest groups of practitioners, the rank and file, because of a new sense of common purpose — of corporate identity" (p. 2). Loudon's book, then, is about these men, their origins, their education and their work, and, most important, their endeavours to control the practice of medicine.

Loudon's book, like Warner's, stops to break ground previously trodden flat by historians. In doing so, he reveals a great deal about the composition of the army of practitioners and the routines of their quotidian slog. Starting in the second half of the eighteenth century, Loudon produces a picture that utilizes and endorses Geoffrey Holmes's account of medicine in his *Augustan England: professions, state and society, 1680–1730*. Medicine, Loudon argues, was a fluid, often lucrative, and popular profession. In his early chapters, Loudon demonstrates that the formal tripartite structure of the healing orders, although invaluable for understanding the activities of the great corporations, is of little use to the historian in working out the qualifications and activities of most practitioners. Whatever we care to call them, he suggests, the precursors of the general practitioner existed in abundance in the eighteenth century. Loudon convincingly uses this research to refute the view that medical care from regular practitioners was available only to a minority in Enlightenment England. This account Loudon finds in Ivan Waddington's *The medical profession in the Industrial Revolution*. Loudon further builds on this

success in order to refute Waddington's view (based on N. D. Jewson's work) that eighteenth-century medical knowledge can be explained in terms of client domination (specifically aristocratic). Loudon argues that "The wide variety of patients treated by the regular practitioners (the aristocratic and the wealthy forming only a small minority) led to a range of subtly different attitudes of medical men to their patients ranging, as the sources show, from subservience, through feelings of social equality to downright authoritarianism" (p. 103).

There are arguments about therapeutics in Warner's book, however, which seem pertinent here. In the late-eighteenth-century American context, Warner suggests, "Exercise of judgement in discerning each individual's therapeutic needs had been a clear sign of the proper physician" (p. 264). The patient who construed that the doctor had not exercised that judgement turned him away and took another. But, in the late-nineteenth century, Warner notes, "In claiming to be an expert in natural science the physician became less dependent on the authority that derived from his relationships with sick people" (*ibid.*). In other words, client domination is not to be discovered in empirical evidence about doctors' attitudes (still less in the class of their patients) but in whether or not patients acknowledged that the physician was using a source of authority inaccessible to lay people. Similar arguments deserve exploration in the British context, before Jewson's views can be said to be controverted.

The second half of Loudon's study is devoted to 'Medical reform and the creation of the general practitioner, 1794–1850'. Like the first half, it is crammed with wonderful detail and illustrated by a number of lively vignettes of doctors Loudon has excavated from obscurity. Also in this section, Loudon tackles, head-on, why the early-nineteenth century was an era of medical reform. He finds the key in "the rise of the dispensing druggist" (p. 130). Loudon argues a lucid case for this interpretation, and endorses Holloway's view of the conservative nature of the Apothecaries' Act of 1815. Much of the remainder of the book is a detailed study of the lives and income of rank-and-file doctors, especially in relation to the Poor Law.

Crucial questions remain about the relation of these two books. Their historical thoroughness I have already praised and need not rehearse again. The more interesting conundrum, however, is how far the differences in the two bodies of practitioners portrayed in these two books are simply a measure of their authors' chosen historiography? Conversely, how far does careful comparison of the works tell us something about fundamental differences between British and American medicine in the nineteenth century? At first sight, the differences between British and American practitioners which can be found by comparing these books seem to be historiographical. Warner has chosen one area, Loudon another. Warner has eschewed the familiar territory of the historian of the profession: education, qualifications, licensing. He has turned instead to therapeutic practice, and has found in it the action with which American physicians made, in Loudon's phrase, "their corporate identity". Loudon, on the other hand, although he talks of the importance of identity, never overtly addresses the question of what it was that his practitioners used to transmit this identity to one another. Instead, Loudon pursues the familiar line of explaining the appearance of a body of practitioners, recognizable to themselves, in terms of struggle, reform, competition, and education. How they knew who was who, however, is never discussed.

There is one way, perhaps, in which Loudon's book can be interpreted as a study similar to Warner's. If American physicians found their identity lay in their practice, English (or British) general practitioners, it could be argued, defined their identity by their education. Such a strategy was hopeless in America, where licensing and regulation seemed a million years away. In England, however, and Loudon's book is replete with the evidence, practitioners claimed legitimacy, struggled for privilege, and based their authority on their education, not simply on what they did. They signalled to each other and to outsiders through a semiotic system in which courses of study, diplomas, and degrees were the signs that bound them together. The "old school tie", Loudon can be read as suggesting, is more than just a cliché about English public

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.

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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.