

Christopher Lawrence, Paul Lucier and Christopher C Booth (eds), *“Take time by the forelock”: the letters of Anthony Fothergill to James Woodforde, 1789–1813, Medical History*, Supplement No. 17, London, Wellcome Institute for the History of Medicine, 1997, pp. xxiii, 120, £32.00, \$50.00 (0-85484-066-4).

It is one of the delights of scholarship that caches of hitherto unquarried evidence continue to be unearthed. In recent years, the history of late Georgian medical education has been illuminated by the publication of the Weekes letters (John M T Ford (ed.), *A medical student at St Thomas’s Hospital, 1801–1802: The Weekes family letters, Med. Hist.*, Supplement No. 7, 1987)—the correspondence between a young medical student and his obscure medical family in darkest Sussex. At the very same time, the moderately distinguished Anthony Fothergill (unrelated to the more eminent John), with a well-established practice in Bath, was in regular epistolary communication with a younger man, James Woodforde (a member of a family known today thanks to the celebrated diary of Parson James Woodforde), who was, at the start of the relationship, an apprentice seeking guidance on medical training. Unfortunately, in this case, only the letters from the patron survive.

If the correspondence assumes, at least at the beginning, the slightly stilted air of one of those “Mentor’s Letters” volumes common in the late Georgian era, it is nonetheless fascinating for the insights offered into the contemporary perception of the profession and discipline of medicine. Many of the early letters read rather like annotated monthly booklists, studded with the expected polite quotations from Horace and Pope which were a Georgian gentleman’s calling-cards. Woodforde was having fed to him advice to read what we would now regard as the standard eighteenth-century sources—a sound medical education in the 1790s still involved large helpings of Boerhaave (as glossed by van Swieten), followed by Morgagni and Cullen.

The career advice handed out by Fothergill also sheds much light upon changing contemporary professional profiles. While Woodforde dithers as to whether to orient himself towards physic, or surgery, or the apothecary’s shop, Fothergill reminds him that “in this country the apothecary is literally the physician, the *all in all* in the widely diversified field of physic”. Yet in terms of reward, there was also much to be said in favour of specializing in the new field of man-midwifery—“he gains admission to the ladies’ hearts as well as their nurses”, comments the senior man.

If Fothergill is, to begin with, often self-consciously pedagogical in tone towards his protégé—and perhaps with good reason, as (early on at least) Woodforde was still apparently a touch schoolboyish in his handwriting and capitalization, to say nothing of maladroit in matching plural subjects and plural verbs—his avuncular letters are not without their lighter touches. Explaining the life of a medical student in Edinburgh, Fothergill warns: “you must learn to live upon air, and content yourself with intellectual food”. And why not? For “fasting wonderfully sharpens the sense”, and thus explains why “the Scotch people, by dint of meagre diet become as keen as ye northern blast and excel all other nations in deep speculation”.

Continuing intermittently for some twenty years (by which time Fothergill had emigrated to America), this correspondence offers an oblique running commentary upon the progress of Woodforde’s career. Woodforde evidently continued to bombard Fothergill with requests for advice in perplexing cases, together with gifts of turkeys for services rendered. Fothergill’s advice was cautious, warning against speculation (even Sydenham was to be deprecated for his “wild theories”), counselling against excessive bleeding, and trusting to the recuperative powers of the constitution. One noteworthy feature is the strong sense both doctors felt of the need to keep up with the remarkable flow of medical information, rising thanks to the emergence of the medical press. If Fothergill’s practice was rather Hippocratic,

he certainly did not explicitly rely upon the medical classics but read the latest publications.

Overall, this admirably edited and well-produced volume is further testimony to the rapid professionalization that medicine was undergoing in the late Georgian period. Our attention has been drawn to the transformation in medical knowledge at that time by Lisa Rosner (*Medical education in the age of improvement: Edinburgh students and apprentices, 1760–1826*, Edinburgh University Press, 1990) and by Susan Lawrence (*Charitable knowledge: hospital pupils and practitioners in eighteenth-century London*, Cambridge University Press, 1996). This volume chronicles the changes spurred by London and Edinburgh as they affected two everyday practitioners.

Roy Porter,

Wellcome Institute for the History of Medicine

Nicholas Orme and Margaret Webster,
The English hospital, 1070–1570, New Haven and London, Yale University Press, 1995, pp. xii, 308, illus., £30.00 (0-300-06058-0).

The English hospital has undergone radical transformations through the centuries. Only in the last two hundred years has it been solely associated with the treatment of the sick, and only in this century has it lost its link with the poor. The Reformation also saw massive changes: the closure of many hospitals and the foundation or refoundation of others along Protestant-secular lines in place of the Catholic religious ethos and functions which had governed the medieval institutions. Nicholas Orme and Margaret Webster have done a good job in bringing to life the medieval English hospital, which can appear so strange to modern eyes. They stress its multiple functions of providing hospitality and care to travellers, the poor, and those amongst them who were sick. Hospitals could also act as schools to educate the poor, and in particular local settings might additionally function as

moneylenders to a town, or keep in good repair the town bridge next to which they were often located.

Whether the charity provided for the poor discriminated between the deserving and undeserving, as happened during the Reformation, is unclear, though limits to the stay of the healthy were usual. Whether medical treatment was provided for the sick is also difficult to discern. Partly this is due to the nature of the surviving records which are incomplete and often consist of the pious hopes of foundation statutes, and partly, as this book ably demonstrates, because of the huge variety in the size, functions, and wealth of English hospitals.

The provision of food and care was the primary aim of most hospitals, some, such as St Leonard, York, paid for apothecaries, medicines and special food for the sick, others might bath and delouse the poor. But it is clear that, in the main, hospitals were primarily religious and charitable institutions whose concern was to do God's work with the poor, amongst which were some sick people. Leper houses, it is true, took in one particular group of the sick, but they offered segregation rather than treatment, and they were usually small in size and poorly endowed. The fifteenth century changes, such as the increase in the number of almshouses and chantries may well have resulted in only the reputable poor being selected to enter the new institutions, as constant praying for the soul of the benefactor would have required their presence. *The English hospital 1070–1570* guides the reader through such changes, and is especially clear on the cataclysm of the Reformation. The overall picture that emerges is that of diversity and of isolation and introversion, with no foreign hospital order making an impact upon the organization of English hospitals except for the Rule of St Augustine.

There are many other good things in this volume: lively chapters on hospital organization, resources and inmates. One regret is that the thematic part of the book is too short, many of the topics in it could have benefited from longer discussion and