

## 4 'Scenes of Cruelty and Blood'

### Emotion, Melodrama, and the Politics of Romantic Surgical Reform

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#### Introduction

In July 1824, an anonymous correspondent wrote to *The Lancet* to express his concern about the manner in which operations were being conducted at the Borough hospitals of Guy's and St Thomas' in London. 'When the fiat of an hospital surgeon has determined a patient to an operation', he began, 'the space of time from that moment to the moment of his conveyance to the theatre must be a time of increasing anxiety and distress'. As we have seen, the ordeal of surgery in this period often required considerable mental preparation, and this delay could therefore range from hours to days, even weeks. However, as this correspondent observed, 'such anxious expectation, such painful agitation, must [...] disturb [the body's] functions and render it more unfit for the operation'. Hence it was the duty of the surgeon to 'make this anxious interval as short as possible'. Yet if the period of waiting was fraught, it was of only 'minor importance' when compared to the emotional trials of the operation itself:

Feverishly heated, and frequently very much exhausted by his previous sufferings, every additional moment, at this dreadful crisis, becomes to him an hour, and every additional moment that he continues under the torture of the different instruments, diminishes the chance of success and, of course, encreases [*sic*] the danger of his life.<sup>1</sup>

With this in mind, the correspondent was pained to recount an operation he had witnessed for the removal of a stone from the bladder of a young boy of about 8–10 years of age. Patients undergoing lithotomy, which was one of the most invasive and dangerous of pre-anaesthetic surgical procedures, first had to be 'sounded'. This involved the insertion of a metal probe through the urethra into the bladder in order to determine the presence and location of the stone (or 'calculus'). This was normally done well in advance, but for some reason the surgeon in this case, whose name the author thought it 'improper to mention', chose the 'dreadful moment' immediately prior to the operation to re-examine the boy. 'Unfortunately he could not feel the stone', he recalled, 'till after

<sup>1</sup> *Lancet* 2:42 (17 July 1824), p. 91.

trying in all directions, and putting the boy in excruciating pain for several minutes, he, at last, satisfied himself and gave the instrument into the hand of another surgeon, for further testimony'. This surgeon likewise had great difficulty in locating the calculus and so handed the sound to a third colleague. According to the correspondent:

These examinations occupied a full twenty minutes, during the whole of which time the boy continued screaming and was nearly exhausted before the operation commenced [...] Now a great part of this painful process might be, or ought to be, avoided. It is woeful to the patient, it is disgraceful to the surgeon.<sup>2</sup>

This letter was only one of many similar accounts of botched and bungled surgical procedures to appear in the pages of *The Lancet* in the first two decades of its existence. As we have seen in the opening chapters of this book, operations in this period were a carefully calibrated performance, frequently subject to quasi-public scrutiny from students and fellow practitioners. Surgeons were not only expected to operate effectively and competently, but also, through a display of calm resolve, to exert a moral influence over their anxious patients. Failure to perform any of these tasks adequately could critically undermine one's reputation as an operative surgeon. However, while operative competence had long been subject to professional scrutiny, the 1820s witnessed a radical transformation, not only in the extent of this oversight, but also in its forms and functions. Shortly after its foundation in 1823 by the radical surgeon-turned-journalist (and later coroner and Member of Parliament) Thomas Wakley, *The Lancet* embarked on a campaign to 'expose' and 'censure' what it considered to be instances of surgical incompetence, particularly among those holding 'public office' at London's teaching hospitals. We shall explore the politics of this campaign in due course, but for our immediate purposes, what was perhaps most remarkable about it was the extent to which it was couched in a language of the emotions, characterised by frequent and vociferous expressions of anger, outrage, sympathy, and pity. The author of the letter with which we opened this chapter was clearly aware that he was participating in a wider radical and reformist discourse. He began by stating that 'As the principal object of the LANCET is to improve the medical and chirurgical practice, and [...] to ameliorate the condition, and to diminish the distress of the subjects of its operation; you may not, perhaps, think the following observations unworthy of insertion'.<sup>3</sup> And indeed, emotions played a vital role in his narrative. Drawing upon that intersubjectivity that, as we have seen, was a prominent feature of Romantic surgical culture, he effected a sympathetic engagement with the agonies of this child-patient, claiming that 'the

<sup>2</sup> *Lancet* 2:42 (17 July 1824), p. 92.    <sup>3</sup> *Lancet* 2:42 (17 July 1824), p. 91.

operation [...] was tedious and the effect of the whole upon my mind was distressing – What must it have been to the young sufferer?’<sup>4</sup>

Historians have long been aware of the importance of the early nineteenth-century movement for medical and surgical reform in the making of the modern medical profession.<sup>5</sup> They have likewise been alert to the role played by periodical publications, especially *The Lancet*, in shaping the ideologies and agendas of that movement.<sup>6</sup> For example, they have shown how *The Lancet* functioned as an intertextual space for the elaboration of the medical profession as an ‘imagined community’.<sup>7</sup> By combining agenda-setting editorials with letters from practitioners, *The Lancet* allowed its contributors and readers to imagine themselves as participants in a collective endeavour, existing in a deep and extensive communion with others of whom they had little or no direct knowledge. Indeed, so powerful was its function in this respect that it encouraged the idea of a reforming consensus and unity of purpose where none existed.<sup>8</sup> As various scholars have shown, the movement for medical reform drew heavily on the broader cultures of early nineteenth-century political reform, echoing its appeals to meritocracy and attacks on institutional ‘corruption’ and ‘tyranny’.<sup>9</sup> Moreover, recent work has drawn particular attention to

<sup>4</sup> *Lancet* 2:42 (17 July 1824), p. 92. The word ‘tedious’ is used here in its meaning of ‘Wearisome by continuance; troublesome; irksome [...] Slow’, rather than as a synonym for dull; Samuel Johnson, *A Dictionary of the English Language*, 4th ed., vol. 2 (1777), p. 1493.

<sup>5</sup> For example, Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984); Irvine Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford: Clarendon, 1987); John Harley Warner, ‘The Idea of Science in English Medicine: The ‘Decline’ of Science and the Rhetoric of Reform, 1815–45’, in Roger French and Andrew Wear (eds), *British Medicine in an Age of Reform* (London: Routledge, 1991), 136–64; Ian Burney, ‘Medicine in the Age of Reform’, in A. Burns and J. Innes (eds), *Rethinking the Age of Reform: Britain, 1780–1850* (Cambridge, UK: Cambridge University Press, 2003), 163–81; Michael Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c. 1760–1850* (Manchester: Manchester University Press, 2011); Brown, ‘Medicine, Reform and the “End” of Charity in Early Nineteenth-Century England’, *English Historical Review* 124: 511 (2009), 1353–88.

<sup>6</sup> Mary Bostetter, ‘The Journalism of Thomas Wakley’, in Joel Howard Wiener (ed.), *Innovators and Preachers: The Role of the Editor in Victorian England* (London: Greenwood Press, 1985), 275–92; William F. Bynum and J. C. Wilson, ‘Periodical Knowledge: Medical Journals and Their Editors in Nineteenth-Century Britain’, in William F. Bynum, Stephen Lock, and Roy Porter (eds), *Medical Journals and Medical Knowledge: Historical Essays* (London: Routledge, 1992), 29–48; Jean Loudon and Irvine Loudon, ‘Medicine, Politics and the Medical Periodical, 1800–50’, in Bynum, Lock, and Porter (eds), *Medical Journals*, 49–69; Debbie Harrison, ‘All the *Lancet’s* Men: Reactionary Gentleman Physicians vs. Radical General Practitioners in the *Lancet*, 1823–1832’, *Nineteenth-Century Gender Studies* 5:2 (Summer 2009), [www.ncgsjournal.com/issue52/harrison.html](http://www.ncgsjournal.com/issue52/harrison.html) (accessed 15/10/21).

<sup>7</sup> Brown, ‘Medicine’. See also Brown, *Performing Medicine*, pp. 159–60.

<sup>8</sup> Brown, ‘Medicine’, pp. 1379–80, 1382–3.

<sup>9</sup> Burney, ‘Medicine’; Brown, ‘Medicine’; Brown, ‘“Bats, Rats and Barristers”: *The Lancet*, Libel and the Radical Stylistics of Early Nineteenth-Century English Medicine’, *Social History* 39:2 (2014), 182–209.

the importance of literary style and discursive form in the articulation of this reforming agenda. Brittany Pladek, for example, has highlighted *The Lancet's* links to the wider world of publishing, its early combination of miscellany and political invective resembling such journals as *Blackwood's Magazine*.<sup>10</sup> Meanwhile, other work has analysed *The Lancet's* stylistic associations with radical publications such as the *Black Dwarf* and *Political Register*, the latter of whose editor, William Cobbett (1763–1835), was a profound early influence on Wakley. Like Cobbett, Wakley deployed literary devices such as ridicule and epithet, positively inviting the charge of libel, in an effort to 'align himself with the cultures of popular radicalism'.<sup>11</sup>

This account of the stylistics of *The Lancet* is grounded in a rich interdisciplinary literature on Romantic radicalism that has paid close attention to the importance of symbolism and language in political discourse.<sup>12</sup> This literature has shown how what James Epstein called 'radical expression' could be expressed through such forms as clothing and material culture, as well as through ritualised and embodied performances in courtrooms, taverns, or other public spaces.<sup>13</sup> The performative aspects of Romantic radicalism have highlighted the particularly strong interconnections between the theatrical and political cultures of the era. In the words of Boyd Hilton, 'if the theatre was political, it is equally true that politics was theatrical'.<sup>14</sup> Indeed, so deeply entwined were politics and the theatre in this period that, as Mike Sanders suggests, we might best think of them together 'in terms of both a "culture of politics" as well as a

<sup>10</sup> Brittany Pladek, "'A Variety of Tastes': *The Lancet* in the Early Nineteenth-Century Periodical Press', *Bulletin of the History of Medicine* 85:4 (2011), 560–586.

<sup>11</sup> Brown, "'Bats, Rats'", p. 185.

<sup>12</sup> Olivia Smith, *The Politics of Language, 1791–1819* (Oxford: Oxford University Press, 1984); Ian McCalman, *Radical Underworld: Prophets, Revolutionaries and Pornographers, 1795–1840* (Cambridge, UK: Cambridge University Press, 1988); James Epstein, *Radical Expression: Political Language, Ritual and Symbol in England, 1790–1850* (Oxford: Oxford University Press, 1994); Marcus Wood, *Radical Satire and Print Culture, 1790–1822* (Oxford: Oxford University Press, 1994); Kevin Gilmartin, *Print Politics: The Press and Radical Opposition in Early Nineteenth-Century England* (Cambridge, UK: Cambridge University Press, 1996); Peter Spence, *The Birth of Romantic Radicalism: War, Popular Politics and English Radical Reformism, 1800–1815* (Brookfield, VT: Scholar Press, 1996).

<sup>13</sup> Epstein, *Radical Expression*; Robert Poole, 'The March to Peterloo: Politics and Festivity in Late Georgian England', *Past and Present* 192 (2006), 109–53; Katrina Navickas, "'That Sash Will Hang You": Political Clothing and Adornment in England, 1780–1840', *Journal of British Studies* 49:3 (2010), 540–65; Navickas, *Protest and the Politics of Space and Place 1789–1848* (Manchester: Manchester University Press, 2016); Mary Fairclough, *The Romantic Crowd: Sympathy, Controversy and Print Culture* (Cambridge, UK: Cambridge University Press, 2013); Katie Barclay, *Men on Trial: Performing Emotion, Embodiment and Identity in Ireland, 1800–45* (Manchester: Manchester University Press, 2019); Ian Newman, *The Romantic Tavern: Literature and Conviviality in the Age of Revolution* (Cambridge, UK: Cambridge University Press, 2019).

<sup>14</sup> Boyd Hilton, *A Mad, Bad and Dangerous People? England, 1783–1846* (Oxford: Oxford University Press, 2006), p. 33.

“politics of culture”<sup>15</sup>. The theatrical mode that has received the greatest attention from historians and literary scholars of the Romantic era is melodrama, and the appeal of melodramatic forms to Romantic radicals has long been recognised. Patrick Joyce observes that ‘the plot structure of melodrama concerned virtue extant, virtue eclipsed and expelled, virtue tested (in struggle), virtue apparently fallen, and virtue restored and triumphant’, a narrative trajectory that resonated with ‘the moral drama of an unequal society’.<sup>16</sup> Indeed, in her pioneering study *Melodramatic Tactics* (1995), Elaine Hadley proposes that melodrama ‘seems to have served as a behavioural and expressive model for several generations of English people’ throughout the nineteenth century.<sup>17</sup> These observations on the appeal of the ‘melodramatic mode’ have been developed and extended by scholars such as Robert Poole and Katherine Newey, so that we now have a rich understanding of the implications of melodramatic theatricality for late Georgian and early Victorian political discourse.<sup>18</sup>

Work on the radical stylistics of *The Lancet* makes brief mention of its melodramatic aspects, notably in relation to its affinities with the *Black Dwarf*.<sup>19</sup> However, this chapter takes the analysis of *The Lancet* and melodrama much further. As scholars have recognised, one of the characteristics of Romantic melodrama was its use of powerful emotions and its appeals to feeling; it was ‘a mode of high emotionalism and stark ethical conflict’ in which ‘eyes were opened, hearts moved, conspiracy exposed and tyranny dissolved’.<sup>20</sup> Melodrama thus provides a revealing lens through which to analyse *The Lancet*’s campaign of radical surgical reform and within which to frame its use of a highly emotionalised discourse in the exposure of alleged surgical incompetence and corruption.

One of the reasons, perhaps, why the melodramatic mode held such appeal for Wakley and *The Lancet* in their campaign to reform the structures and hierarchies of metropolitan surgery was that, as we have seen, surgical practice

<sup>15</sup> Mike Sanders, ‘The Platform and the Stage: The Primary Aesthetics of Chartism’, in Peter Yeandle, Katherine Newey, and Jeffrey Richards (eds), *Politics, Performance and Popular Culture: Theatre and Society in Nineteenth-Century Britain* (Manchester: Manchester University Press, 2016), 44–58, at p. 44.

<sup>16</sup> Patrick Joyce, *Democratic Subjects: The Self and the Social in Nineteenth-Century England* (Cambridge, UK: Cambridge University Press, 1994), pp. 178, 189, quoted in Robert Poole, ‘“To the Last Drop of My Blood”: Melodrama and Politics in Late Georgian England’, in Yeandle, Newey, and Richards (eds), *Politics*, 21–43, at p. 22.

<sup>17</sup> Elaine Hadley, *Melodramatic Tactics: Theatricalized Dissent in the English Marketplace, 1800–1885* (Stanford: Stanford University Press, 1995), p. 3.

<sup>18</sup> Katherine Newey, ‘Bubbles of the Day: The Melodramatic and the Pantomimic’, in Yeandle, Newey, and Richards (eds), *Politics*, 59–74. Indeed, Rohan McWilliam identifies a ‘melodramatic turn’ in the scholarship, but warns against such a diffuse application that it risks losing its explanatory power: Rohan McWilliam, ‘Melodrama and the Historians’, *Radical History Review* 78 (2000), 57–84, at pp. 59–63, cited in Poole, ‘“Last Drop”’, p. 22.

<sup>19</sup> Brown, ‘“Bats, Rats”’, pp. 190–1. <sup>20</sup> Poole, ‘“Last Drop”’, p. 27.

was often not only highly emotional and intensely dramatic, but also deeply theatrical. As a form of rhetorical emplotment, therefore, melodrama, with its emphasis upon the suffering of the virtuous in the face of tyranny and cruelty, could be literally played out on the stage of the operating theatre, as the innocent object of charity writhed beneath the arrogant and cruel hand of surgical incompetence. By extension, such moral binaries could also serve to describe the professional and political situation of meritorious general practitioners oppressed by a corrupt and tyrannical surgical elite. However, the use of such an emotionally charged language, especially when harnessed to a campaign of radical scrutiny and personal, as well as structural, critique, was not without its discontents. As Sanders suggests of the somewhat later debates around Chartism, there was 'a definite anxiety that the theatrically effective must be politically suspect, precisely because it appeals to the emotions rather than to reason'.<sup>21</sup> This is not to suggest that emotion and reason were always counterposed as simple binary opposites, certainly not within Romantic political discourse. But what is nonetheless true is that *The Lancet's* highly emotive language was productive of great debate and vociferous opposition concerning its propriety and its implications for surgical identities and reputations.

This chapter opens with an account of London surgery in the 1820s and 1830s, establishing the context for *The Lancet's* campaign of radical reform. It then proceeds to consider the melodramatic mode in relation to *The Lancet*, exploring its emplotment of medical reform in terms of the moral binaries of tyrannical oppression and virtuous heroism. Meanwhile, the final section explores the particular stratagem of reporting and exposing examples of supposedly bungled operations performed at London's teaching hospitals. As well as demonstrating the rhetorical force of such melodramatic representations, it also considers the anxieties and complexities surrounding the use of emotive forms of radical critique within a conflictual world of inchoate professional norms.

### The Politics of London Surgery

Before we turn to the issue of melodrama and radical style, it is necessary to provide some context as to the professional and political landscape of early nineteenth-century metropolitan surgery. It is important to note, from the beginning, that *The Lancet* considered itself to be a journal of national, even international, scope. It included regular reports on medical and surgical events in Scotland and Ireland, as well as communications from the Continent and beyond. It also had a broad readership (far larger than for any

<sup>21</sup> Sanders, 'Platform', p. 52.

other contemporary British medical journal) and, as argued elsewhere, was instrumental in shaping an imagined community of medicine that was, in many cases, deeply provincial.<sup>22</sup> And yet, in other respects *The Lancet* remained a resolutely metrocentric publication. Wakley was decidedly hostile to most things Scottish and Irish, claiming that there were ‘few people under the sun, or the clouds, who have more exalted notions of their own physical, moral and intellectual pre-eminence than the Scotch’ and asserting that his was ‘the only English medical journal free from Scotch influence, and not subject to Scotch control’.<sup>23</sup> Wakley was equally disdainful of any initiative for reform that came from outside of London. In 1836, for example, he dismissed what he incorrectly, though probably not unintentionally, called the ‘Provincial Medical Association’ as a ‘little knot of M.D.’s [*sic*]’ composed of ‘insignificant personages’ whose demise ‘cannot be protracted to a distant period’.<sup>24</sup> In this prediction he was mistaken, for the Provincial Medical and *Surgical* Association (to give it its full title) would, in 1856, change its name to the British Medical Association (BMA), under which designation it continues to serve as the principal professional association for British medicine. But in 1836 all this was far off and the failure of a small provincial venture seemed, in Wakley’s eyes at least, to be inevitable. When it came to mass meetings of the profession, meetings that, as in the political realm, performed a powerful symbolic function in manifesting the ‘body politic’, Wakley claimed that they ‘ought undoubtedly to be held *in London*’, not only because they ‘would secure the attendance of an assembly always four times as numerous as would be found in any other part of England’, but also because London was ‘the great centre of every important movement and transaction in the empire’.<sup>25</sup>

Such metrocentrism could, of course, be readily justified. Despite the ever-increasing importance of the provinces to the economic life of Britain, and despite the growing significance of provincialism as a distinct form of political (and medical) identity, London remained at the heart of national political and professional governance.<sup>26</sup> In the former case, London’s status as capital was unrivalled; with the abolition of the Irish Parliament in 1800 its authority extended throughout the British Isles. In the latter instance, the picture was

<sup>22</sup> Brown, ‘Medicine’; Brown, *Performing Medicine*, chs. 5 and 6.

<sup>23</sup> *Lancet*, 10:246 (17 May 1828), p. 211. All of this was before Wakley became friends with Robert Liston, as discussed in Chapter 1. Even after that, however, *The Lancet* continued to resist what it called the ‘Scotch influence’ in English medicine and surgery.

<sup>24</sup> *Lancet*, 27:686 (22 October 1836), p. 173.

<sup>25</sup> *Lancet*, 27:686 (22 October 1836), p. 173. Emphasis in original. For the political significance of mass meetings, see Navickas, *Protest*.

<sup>26</sup> For provincial political identities, see Simon Gunn, *The Public Culture of the Victorian Middle Class: Ritual and Authority in the English Industrial City, 1840–1914* (Manchester: Manchester University Press, 2000). For medical ones, see Brown, *Performing Medicine*.

more complex. Both Edinburgh and Glasgow had their own corporate structures, as did Dublin. Moreover, the capacity of the Royal College of Physicians of London to regulate anything outside of the city and its immediate environs was limited, while the Royal College of Surgeons of *London* only became the Royal College of Surgeons of *England* in 1843.

At the same time, however, changes in medical and surgical training did much to cement London's professional hegemony. As Susan Lawrence has shown, the eighteenth and early nineteenth centuries saw the decline of traditional forms of surgical education and the rise of new ones. Since the medieval period, aspirant surgeons had generally been trained by apprenticeship, a long-term dyadic relationship in which young men served under a master, often living in his household for up to seven years, in order to learn the 'mysteries' of their craft. During the eighteenth century this was increasingly supplemented, and eventually superseded, by a system of 'pupillage', in which students paid fees to attend surgical lectures and 'walk the wards' of the hospital for the purposes of practical clinical instruction.<sup>27</sup> For some surgical pupils, especially the privileged class known as dressers (who paid for the right to participate in operations), this contractual relationship could very closely resemble apprenticeship, even if it did not require such intimate domestic arrangements.<sup>28</sup> For others, however, a more ad hoc curriculum could be assembled through a mix-and-match combination of lectures and practical instruction. This was a system of education that was recognised by the Court of Examiners of the Royal College of Surgeons and formalised by the Apothecaries Act of 1815, which stipulated the minimum number, and requisite types, of courses that a licentiate must attend in order to be judged suitably qualified to practice.

In the absence, before the mid-nineteenth century at least, of suitably large provincial hospitals, what all of this meant was that a growing number of surgical pupils were required to undertake a significant portion of their training in the medical metropolises of Edinburgh and London. What it also meant was that metropolitan hospitals, and their associated practitioners, assumed an ever more central place within British surgery. According to Lawrence, 11,059 pupils signed up to walk London's hospital wards between 1725 and 1815. As she argues, this not only 'embedded pupilage into the hospital economy' as 'pupils became sources of income for surgeons [...] and of free labour on the wards', but it also 'confirmed and strengthened hospital men's prestige and

<sup>27</sup> Susan Lawrence, *Charitable Knowledge: Hospital Patients and Practitioners in Eighteenth-Century London* (Cambridge, UK: Cambridge University Press, 1996), ch. 4.

<sup>28</sup> Indeed, Margaret Pelling has suggested that such forms of training were simply apprenticeship by another name: 'Managing Uncertainty and Privatising Apprenticeship: Status and Relationships in English Medicine, 1500–1900', *Social History of Medicine* 32:1 (2019), 34–56.



influence as the arbiters of medical knowledge'. 'Well before the eighteenth century, staff physicians and surgeons had practiced publicly', she acknowledges, yet 'having increasing numbers of pupils on the wards extended hospital men's interpretations of disease and treatment to ever larger circles'.<sup>29</sup>

Other historians, notably Adrian Desmond and Carin Berkowitz, have shown how the surgical-educational ecosystem of early nineteenth-century London extended beyond the walls of the hospital to encompass new forms of private teaching, such as the Great Windmill Street Anatomy School, founded by William Hunter in 1767, or the Webb Street and Aldersgate Schools, founded in 1819 and 1825, respectively.<sup>30</sup> Yet the reality was that such private ventures were often relatively short-lived and, while they challenged the hegemony of the hospital schools, at least for a time, they were, if not exactly parasitical, then certainly highly dependent on them. For one thing, they were often geographically proximate, Webb Street being but a short walk from the Borough hospitals of Guy's and St Thomas', and the Aldersgate School being adjacent to St Bartholomew's. For another, they were generally established by disappointed hospital men. Both Edward Grainger (1797–1824) and Frederick Tyrrell (1793–1843) failed in their attempts to lecture at the United School of Guy's and St Thomas', leading them to found, or help found, the Webb Street and Aldersgate Schools.<sup>31</sup> In some cases, private teaching might even act as a springboard to a hospital post. This was the case for Charles Bell, whose purchase of a share of the Great Windmill Street School in 1811 was followed by his appointment as surgeon to Middlesex Hospital in 1814, as well as for Frederick Tyrrell and William Lawrence, whose short stints at the Aldersgate School ended with them being appointed lecturers to St Thomas' and St Bartholomew's, respectively.<sup>32</sup>

The rising importance of hospital teaching concentrated surgical wealth and power in the hands of a relatively small group of men who, in turn, wielded authority over the education and careers of a far larger body of students and junior practitioners. In 1828, Astley Cooper estimated that some 700 students studied surgery in the metropolis each year.<sup>33</sup> Most all of these would, at some point, have been enrolled at one of the hospital schools that, by the mid-1830s, consisted of St Bartholomew's, St Thomas' and Guy's

<sup>29</sup> Lawrence, *Charitable*, pp. 108, 110.

<sup>30</sup> Adrian Desmond, *The Politics of Evolution: Morphology, Medicine, and Reform in Radical London* (Chicago: Chicago University Press, 1989); Carin Berkowitz, *Charles Bell and the Anatomy of Reform* (Chicago: Chicago University Press, 2015).

<sup>31</sup> Desmond, *Politics*, p. 155; Michael Bevan, 'Grainger, Edward (1797–1824)', *ODNB*; D'Arcy Power and Anita McConnell, 'Tyrrell, Frederick (1793–1843)', *ODNB*.

<sup>32</sup> Berkowitz, *Charles Bell*, ch. 1; L. S. Jacyna, 'Bell, Charles (1774–1842)', *ODNB*; Jacyna, 'Lawrence, Sir William, first baronet (1783–1867)', *ODNB*; Power and McConnell, 'Tyrrell'.

<sup>33</sup> *Report from the Select Committee on Anatomy* (1828), p. 16.

(which had split into two schools in 1825), St George's, Westminster, the London Hospital, the Middlesex, and the North London (later University College) Hospital. The men who taught at these institutions were sometimes referred to as 'pure surgeons', or simply 'pures'. In other words, they were in the relatively unique position of being able to practise primarily as operative surgeons and to gain extensive practical experience of surgical cases of all kinds. It is these men who have featured most prominently in this book so far and many, such as Astley Cooper at Guy's, John Abernethy at St Bartholomew's, Charles Bell at the Middlesex, and Robert Liston at University College Hospital, were among the leading lights of surgery in the early nineteenth century. In most cases, they held office in a pro-bono capacity. However, because the fees received from pupils could be extremely lucrative, these positions were highly sought-after. As a result, their incumbents often sought to hand them on to relatives and favourites. Perhaps the most egregious example of this bias towards what *The Lancet* called 'neveys and noodles' centred on Astley Cooper; during the 1820s and 1830s no fewer than four of his nephews (Edward Cock [1805–92], Frederick Tyrrell, Charles Aston Key, and Bransby Cooper) as well as several of his pupils (including Benjamin Travers [1783–1858], Thomas Callaway, and John Morgan [1797–1847]) held office at either St Thomas' or Guy's.<sup>34</sup>

In contrast to the hospital 'pures', those studying under them were destined, for the most part, to become surgeon-apothecaries or general practitioners. As we have heard, these men were not surgical specialists and it might be possible for them to pass through their entire career without once performing a capital procedure such as an amputation, lithotomy, or trephination. Instead, they were generalists, catering to the broad health requirements of a burgeoning middle class, men who might open veins, dress wounds, and set fractures, as well as prescribe medicines. They were also to be found in lesser public offices, either in the Poor Law system (notably, from 1834 onwards, as District Medical Officers) or in the military and commercial trading companies. Their qualifications consisted not only of the Licence of the Society of Apothecaries (LSA), but also often Membership of the Royal College of Surgeons (MRCS), the so-called 'conjoint' qualifications of 'College and Hall'.<sup>35</sup>

It was in relation to this latter qualification that the 'pures' wielded an authority equal to their role as lecturers, for as well as occupying the most prestigious hospital posts, they also dominated the Council of the Royal College of Surgeons. For example, during its first four decades as a chartered institution, Astley Cooper was elected President on two occasions

<sup>34</sup> *Lancet* 11:282 (24 January 1829), p. 535.    <sup>35</sup> Loudon, *Medical Care*, p. 224.

(1827 and 1836), as were Everard Home (1813 and 1822), Henry Cline (1815 and 1823), and Anthony Carlisle (1828 and 1837). Meanwhile, the St George's Hospital surgeon Thomas Keate (1745–1821) served as Master (as the post was known between 1800 and 1821) on no fewer than three occasions (1802, 1809, and 1818).

Even more importantly, perhaps, these men also dominated the Court of Examiners, the body that decided whether a candidate was fit to practise and eligible to be accepted as a member of the College. In this role they had considerable power in determining the careers of aspirant practitioners and a significant degree of latitude in shaping the regulations to fit their own interest; or so it was claimed. In May 1824, for example, *The Lancet* noted that the Court of Examiners, which included Cooper, Cline, Abernethy, and Home, had instigated a change in the bye-laws of the College by which 'Candidates for the diploma will be required to produce, prior to examination, a certificate of having regularly attended three courses at least, of anatomical lectures, which shall have been delivered during the winter season'. As Wakley pointed out:

It must be recollected that nearly all the examiners have been, and that five out of the ten are still, hospital surgeons; that the anatomical lectures delivered at the hospitals with which they are connected are only delivered during the winter season, while there are other teachers unconnected with these institutions [i.e. private lecturers] who give lectures on anatomy during the summer – what step do the examiners (two of whom are anatomical lecturers) adopt? Why, endeavour to crush the men who oppose them [...] by passing a bye-law which [...] render[s] an attendance on lectures delivered during the summer [...] of no use as far as regards passing the college.<sup>36</sup>

This quotation highlights the extent of professional rivalry and factionalism within metropolitan anatomical and surgical education. As Desmond has demonstrated, there was a politics of knowledge to this factionalism, as those in the private schools were often more inclined towards radically materialist forms of anatomical knowledge than those in the hospital schools, whose epistemological conservatism generally took the form of a Paleyite natural theology.<sup>37</sup> Berkowitz, meanwhile, has highlighted the role played by moderate Whig reformers such as Charles Bell, who might yet cleave to a natural theological position.<sup>38</sup> However, what is clear is that this intellectual politics mapped onto a broader cultural politics of power, authority, and social identity. Within radical discourse, the supposed intellectual backwardness of the hospital surgical elites was 'made the epistemic corollary of nepotism, of a system of succession and patronage which mirrored

<sup>36</sup> *Lancet* 2:35 (29 May 1824), pp. 256–6. Emphasis in original.

<sup>37</sup> Desmond, *Politics*, ch. 4.      <sup>38</sup> Berkowitz, *Charles Bell*.

the corruption of pocket boroughs and aristocratic governance'.<sup>39</sup> In other words, the intellectual conservatism at the heart of the hospital schools was held to be a direct product of a wider systemic malaise in which incompetent placemen were gifted high-status posts by virtue of their wealth and social connections, rather than their ability, while men of talent and industry were forced to establish their own private schools outside of the 'family system'.<sup>40</sup> Worse still, it was alleged that these corrupt placemen used their authority to protect their sinecures and crush the aspirations and hard-won influence of the anatomical entrepreneurs. For Wakley and his radical supporters, therefore, the system required wholesale reform, wherein hospital posts would be opened up to genuine competition. Only in this way, they argued, could hospitals come to realise their true function as scientific institutions for the cultivation and dissemination of advanced surgical knowledge.<sup>41</sup> Embedded in this critique was an assumption that hospitals were not *private* ventures, nor merely charitable concerns, administered by their patrons and governing committees, but were instead *public* bodies with a *public* duty, rightfully subject to *public* scrutiny and oversight. In this sense, the campaign concerning hospital surgery, which lasted from around the mid-1820s to the mid-1830s, was part of a wider movement in which those 'half-public, half-private' institutions, such as asylums and prisons, which straddled the line between civic society and the state, were subject to aggressive intervention by middle-class reformers.<sup>42</sup>

It should be noted that the reform of hospital surgery was but one aspect of a wider medical reformist agenda. However, there are particular reasons why it occupied such a prominent place within the pages of *The Lancet*. For one thing, among the journal's core constituency were those general practitioners who were most affected by the standards and structures of hospital teaching. By contrast, the experience of university medical graduates was of less concern, although this did not prevent *The Lancet* from attacking the Royal College of Physicians and its perennial President, Henry Hallford (1766–1844), on a regular basis. For another, Wakley had direct personal experience of this particular system, having been a student at the United School of Guy's and St Thomas' between 1815 and 1817. Shunning the excesses traditionally associated with medical student life, he allegedly pursued the course of a 'self-respecting, sturdily independent labourer' who would regularly work

<sup>39</sup> Brown, "'Bats, Rats'", p. 189.

<sup>40</sup> For the use of the term 'family system', see *Lancet*, 15:386 (22 January 1831), pp. 564–8. See also Desmond, *Politics*, p. 112.

<sup>41</sup> Brown, 'Medicine'.

<sup>42</sup> Michael Brown, 'Rethinking Early Nineteenth-Century Asylum Reform', *Historical Journal* 49:2 (2006), 435–52, at p. 439.

‘fifteen hours a day’.<sup>43</sup> This industry was not matched by his teachers, however, and while ‘he was allowed to do his part – to pay his fees and attend his classes – the authorities were not prepared to play their part by him’. According to his biographer:

The lectures advertised were not delivered by the eminent people who received the fees, but by their demonstrators [...] the honorary staff from whose lips he was to learn the science of healing were capricious in their visits and were generally dumb upon the occasions when they put in an appearance; the list of operations was not published to the students and only the favoured pupils of the staff knew what was going to be done by the great men and when. And to cap all these injustices, he found that he was relegated to a class in his profession marked out from the beginning to constitute the ranks and file, not in the least through want of personal merit, but because he had not paid exorbitant fees to apprentice himself to a great man.<sup>44</sup>

Wakley was not universally averse to his tutors. On the contrary, he had chosen to attend the United School precisely because Astley Cooper lectured there and, while his attacks on nepotism and the alleged abuse of power by hospital surgeons inevitably brought Cooper within his journalistic sights, Wakley retained a deep and abiding respect for Cooper’s abilities, whose reputation he guarded with some jealousy. As his former colleague at *The Lancet*, James Fernandez Clarke (bap. 1812, d. 1875), noted, a clear indication of the esteem in which Wakley held Cooper was the fact that he was one of the very few high-profile London hospital surgeons never to receive one of the sarcastic monikers that, as we shall see, were such a characteristic of *The Lancet*’s censorious style.<sup>45</sup> By contrast, Wakley’s attitude towards Cooper’s acolytes was less favourable, and his apparent disdain for men like Benjamin Travers may well have stemmed not only from Travers’ privileged status as Cooper’s former pupil, but also from a low estimation of his abilities as a lecturer, for Travers would often deputise for the ‘great man’ during Wakley’s student days.

It should by now be clear how closely the campaign for the reform of hospital surgery paralleled the broader cultures of political reform. Indeed, Wakley often made a direct association between the two movements, even if he appreciated that a medical reformer might yet be a political conservative.<sup>46</sup> In January 1831, for example, he claimed that ‘Medical [...] must stand or fall with political reform; for it is because the vices of our professional corporations have formed a part of the system by which we are oppressed, that

<sup>43</sup> Samuel Squire Sprigge, *The Life and Times of Thomas Wakley* (London: Longmans and Green, 1897), p. 21.

<sup>44</sup> Sprigge, *Wakley*, p. 31. For more on the political elaboration of Wakley’s biography, see Brown, “‘Bats, Rats’”, pp. 186–7.

<sup>45</sup> James Fernandez Clarke, *Autobiographical Recollections of the Medical Profession* (London: J. and A. Churchill, 1874), p. 18.

<sup>46</sup> Brown, *Performing Medicine*, p. 203.

they have hitherto escaped correction'.<sup>47</sup> Like political and social reform more generally, medical reform was in many ways both a class conflict and a generational one, with young men from the middling sorts, like Wakley, frustrated by the lack of preferment to which they believed their talent and industry entitled them.<sup>48</sup> Given this fact, and the importance ascribed to educational structures and practices in shaping the politics and cultures of an inchoate profession, it should come as no surprise that *The Lancet* regarded the medical students of the metropolis as one of its principal constituents. Wakley frequently figured himself as a champion of the student interest, calling them 'our beloved but cruelly-plundered friends, the British students in medicine'.<sup>49</sup> It could even be argued that the interests of the student market shaped the very essence of *The Lancet*. Wakley's biographer, Samuel Squire Sprigge (1860–1937), pithily claimed the journal was conceived both to 'inform' and 'reform'.<sup>50</sup> In pursuit of the former agenda, it sought, from its very first volume, to publish surgical lectures, beginning with those of Astley Cooper, so that 'the numerous classes of Students, whether here or in distant universities' might have the benefit of knowledge that, by dint of cost or convenience, they could not otherwise obtain.<sup>51</sup> With regard to the latter, meanwhile, *The Lancet* sought, among other things, to expose the 'illiberal' treatment of students and defend their 'rights' in the face of 'oppression' or exploitation by the hospital authorities and surgical elites.<sup>52</sup>

It is important to recognise that in both of these endeavours, the students of the metropolis were not simply avid readers of *The Lancet*, but often also active collaborators. The practice of pirating surgical lectures (they were initially published without the consent of the lecturers concerned) was dependent upon students taking shorthand notes and passing them on to Wakley. In fact, Wakley actively recruited students such as James Lambert (d. 1831) and James Fernandez Clarke to report on hospital matters, while hospital surgeons frequently cautioned their students against supplying information to *The Lancet*, even calling upon those responsible to identify themselves.<sup>53</sup> Indeed, according

<sup>47</sup> *Lancet* 15:385 (15 January 1831), p. 529.

<sup>48</sup> On the significance of generational conflict in the cultures of reform, see Heather Ellis, *Generational Conflict and University Reform: Oxford in the Age of Revolution* (Leiden: Brill, 2012). For the importance of age and social status in shaping adherence to radical epistemologies, see Roger Cooter, *The Cultural Meaning of Popular Science: Phrenology and the Organization of Consent in Nineteenth-Century Britain* (Cambridge, UK: Cambridge University Press, 1984), pp. 42–8.

<sup>49</sup> *Lancet* 17:422 (1 October 1831), p. 1. Wakley's opponents were certainly conscious of his courting of the student body. For example, see *London Medical Gazette* 12 April 1828, pp. 571–2.

<sup>50</sup> Sprigge, *Wakley*, p. 80. <sup>51</sup> *Lancet* 1:1 (5 October 1823), p. 2.

<sup>52</sup> *Lancet* 13:338 (20 February 1830), p. 710.

<sup>53</sup> For example, see Benjamin Travers' warning to his students in *Lancet* 2:38 (19 June 1824), pp. 371–2. John Abernethy called upon the 'hiring' of *The Lancet* to step forward so that he could

to Clarke, after the exclusion of James Lambert from the Borough hospitals in 1828 for his account of Bransby Cooper's botched lithotomy operation (of which more anon), a sign was erected in the hall of Guy's Hospital warning any student against reporting for *The Lancet*, under pain of expulsion.<sup>54</sup>

However, if the unauthorised publishing of surgical lectures angered the hospital 'pures', it was as nothing compared to other forms of reporting that developed during the 1820s. As we shall see in the latter part of this chapter, *The Lancet* did not begin by publishing reports of hospital cases with the express intention of exposing instances of incompetence. Nevertheless, such reports quickly assumed an ever greater importance within the journal's reformatory armamentarium. As with the reporting of surgical lectures, it was students who played a vital role in witnessing and reporting such occurrences. Susan Lawrence observes that the expansion of hospital teaching not only allowed the surgical elites to broaden their influence and increase their income, it also exposed them to a far greater degree of scrutiny, 'allowing more medical men to witness, discuss, and (potentially) praise or criticize the bedside decisions of these elite practitioners'.<sup>55</sup> As in the political realm, then, scrutiny, exposure, and publicity were held to be among the most potent tools for reshaping the *ancien régime* of metropolitan hospital surgery. Likewise, as in the political realm, such radical and reforming ideologies encouraged the drawing of sharp moral polarities between oppressors and victims, heroes and villains, polarities that lent themselves, in turn, to intensely emotional and melodramatic forms of emplotment.

### ***The Lancet* and the Melodramatic Mode**

In her account of *The Lancet's* literary style, Brittany Pladek highlights the journal's early engagement with theatricality and extensive use of literary form. She notes the observation, made by Sprigge, that Wakley had 'an extreme love of the stage', that 'he was well-read in dramatic literature and a constant attendant at the play'.<sup>56</sup> As she points out, *The Lancet* ran a regular theatrical review column in its early numbers, although ultimately only for about two months.<sup>57</sup> Pladek considers Wakley's embrace of literature and theatricality, together with what she calls *The Lancet's* other 'nonmedical' features, such

refund his money and have him leave the course. 'Take the substance of what I say, you are perfectly welcome to it – you have paid for it – it is yours', he claimed: 'but I do protest that I think no one has a right to publish it to the world'. *Morning Chronicle* 15 October 1824, p. 1; *Lancet*, 3:56 (23 October 1824), p. 114.

<sup>54</sup> This sign apparently remained there until the late 1840s or early 1850s: Clarke, *Recollections*, p. 65.

<sup>55</sup> Lawrence, *Charitable*, p. 110.

<sup>56</sup> Sprigge, *Wakley*, p. 104; Pladek, "'Variety'", pp. 576–7.

<sup>57</sup> Pladek, "'Variety'", p. 575.

as the chess and gossip columns, to be an attempt to appeal to broader tastes and to chart 'a middle course between the journalistic gravity expected by his medical colleagues and a commercial strategy he was reluctant to abandon'.<sup>58</sup> There is no doubt that Wakley conceived of *The Lancet* as having a broad appeal, although the fact that he gave up this 'miscellaneous fluff' after less than a year of publication suggests a limited aspiration to be a truly inclusive periodical along the lines of *Blackwood's Magazine*.<sup>59</sup> Even so, *The Lancet's* investment in theatricality and literature went far deeper, and continued for far longer, than the ephemerality of such structural forms might suggest. Where Pladek's otherwise insightful analysis lacks scope is in her separation of the literary and commercial aspects of *The Lancet* from its medical and political ones.<sup>60</sup> It is clear that Wakley had a genuine love of the theatre, and that his near-constant literary references served, in his mind at least, to enliven *The Lancet's* prose and to distinguish it from the 'uniformly dull' content of rivals such as the *Medico-Chirurgical Review*. But theatricality played a far more vital role in shaping Wakley's public persona, providing the very foundation for his political performances, both figurative and literal.<sup>61</sup> Sprigge even suggests that Wakley's regular play-going was 'a fact upon which his future oratorical successes were largely dependent'.<sup>62</sup>

Furthermore, in order to understand the political cultures of the Romantic period, we must be attentive to the politics of literature; and we do not have to look very hard to find an early instance of literary political engagement within the pages of *The Lancet*. Pladek notes that the very first number of *The Lancet* concludes with an extended extract from an open letter penned by the essayist and poet Charles Lamb (1775–1834). For Pladek, Wakley's re-publication of this letter indicates his assumption that his audience was familiar 'with a wider periodical press, including literary journals like the *Quarterly Review*' and reveals his desire to 'place [*The Lancet*] in dialogue with a broader periodical market, underlining the relevance of its contents beyond the sphere of medical specialization'.<sup>63</sup> There is, however, rather more to it than this. Lamb's letter was originally published in the *London Magazine* and was addressed to the poet laureate, Robert Southey (1774–1843). Southey had recently published a review of Lamb's *Essays of Elia* (1823) in which he claimed that the book 'wants only a sounder religious feeling, to be as delightful as it is original'. In response, Lamb wrote 'with unusual anger [...] impugning both Southey's judgement and his character'.<sup>64</sup> Wakley confessed himself 'at a loss to conceive

<sup>58</sup> Pladek, "'Variety'", pp. 574, 586. <sup>59</sup> Pladek, "'Variety'", p. 574.

<sup>60</sup> Pladek, "'Variety'", p. 576, n. 69. <sup>61</sup> *Lancet* 1:10 (7 December 1823), p. 333.

<sup>62</sup> Sprigge, *Wakley*, p. 104. <sup>63</sup> Pladek, "'Variety'", p. 576.

<sup>64</sup> Peter Swaab, 'Lamb, Charles (1775–1834)', *ODNB*.



what Southey can have done, to thus arouse the feelings of Elia [Lamb], whose spirit has ever appeared to us as gentle as the “summer air”. Clearly, however, the reason Wakley chose to include this letter was because of his fierce political opposition to Southey, a man whose transition from radical republicanism to ultra Toryism, and consequent royal preferment, warranted his description as a ‘sack-hunting, hypocritical rhymers’ and who, according to Wakley, ‘cannot yet have recovered from the lashing that Lord Byron gave him’ after he had referred to the young, radical Romantic poets as a ‘Satanic school’.<sup>65</sup> For Wakley, literature and politics were not discrete entities: they were co-constitutive aspects of the same social and cultural sphere.

As can be seen from Southey’s comments about Byron and his circle, radical reformers did not have a monopoly on emotive and censorious language. Nonetheless, *The Lancet*, in common with its radical political equivalents, evinced a particularly pronounced desire to arouse and sustain powerful emotions, so much so, in fact, that the *Medico-Chirurgical Review* decried what it called its ‘mock-heroic bombast, and sentimental lachrymation’.<sup>66</sup> *The Lancet*’s investment in dramatic sentiment is clearly evident in its early theatrical reviews, which exhibit an attachment to emotional authenticity, to the elision of artifice and the expression of true, honest feeling. In its second number, for example, it commented on the performance of Lionel Benjamin Rayner (1787–1855) as ‘Tyke’ in Thomas Morton’s (1764–1838) *School of Reform* (1805), especially the scene ‘where the old affection quivers on his lips and dissolves him in welcome tears’, tears that ‘were so powerful and true, that we almost hesitate to call them *acting*’. ‘The audience’, it claimed, ‘not only testified their sense of his excellence [...] by loud applauses, but by the still more unequivocal testimony of tears’.<sup>67</sup>

One of the most obvious ways in which Wakley endeavoured to stir emotions in his readers was his extensive use of epithet and insult. Most of those individuals, groups, or institutions who were a frequent target of his ire earned what Sprigge calls ‘galling and offensive’ nicknames.<sup>68</sup> Hence, the hospital ‘pures’ were often referred to as ‘Bats’ or ‘Hole and Corner’ surgeons for their tendency to avoid the ‘light’ of public scrutiny, while the Society of Apothecaries, whose authority over general practice was greatly resented by

<sup>65</sup> *Lancet* 1:1 (5 October 1823), p. 33. The position of poet laureate had traditionally been rewarded with a ‘butt of sack’, or some 105 gallons of sherry, yearly. This attack was contained in Robert Southey, *A Vision of Judgement* (London: Longman, Hurst, Rees, Orme, and Brown, 1821), pp. xix–xxi. Byron’s parodic *Vision of Judgement* (1822) mocked Southey’s High Tory politics. See Geoffrey Carnall, ‘Southey, Robert (1774–1843)’, *ODNB*.

<sup>66</sup> *Medico-Chirurgical Review and Journal of Medical Science* 4:16 (1 March 1824), p. 976.

<sup>67</sup> *Lancet* 1:2 (12 October 1823), p. 57. See also *Lancet* 1:3 (19 October 1823), p. 86.

<sup>68</sup> Sprigge, *Wakley*, p. 68. See also ‘Pladek, “Variety”’, p. 580; Brown, “‘Bats, Rats’”, p. 191.

men who considered themselves more than mere tradesmen, were derided as 'the Old Hags of Rhubarb Hall'.<sup>69</sup> This latter phrase testifies to the importance of literary allusion. The apothecaries were initially cast either as the 'Old Ladies' or 'gentle Dames of Rhubarb Hall', a moniker that simultaneously effeminised them while emphasising the traditional associations between the apothecary's trade and that of the grocer (the two companies having split in 1617).<sup>70</sup> Soon, however, they became the 'Old Hags', a name that perhaps evoked *Macbeth's* three witches and their 'charmed pot' of 'poysond Entrailes'.<sup>71</sup> The same intertextuality shaped Wakley's use of personal nicknames. For example, his use of 'The Three Ninnyhammers' to describe the St Thomas' surgeons Benjamin Travers, Joseph Henry Green, and Frederick Tyrrell was, according to Sprigge, 'hallowed by Sterne, Swift, Arbuthnot and, indirectly, Shakespeare', evoking 'the forcible-feeble behaviour to be expected from persons so designated'.<sup>72</sup> The influence of literary culture is likewise evident in the nicknames that he gave to his rivals in the world of print. For example, Roderick Macleod (1795–1852), Wakley's arch-nemesis and editor of the reactionary *London Medical Gazette*, was designated 'the Goth', an allusion to the hated Southey's epic poem *Roderick the Last of the Goths* (1814), while James Johnson's (1777–1845) *Medico-Chirurgical Review* was known as the 'Quarterly Journal', not simply because of its periodicity, but also in reference to the conservative and anti-reformist *Quarterly Review*.

The use of such names allowed Wakley to cast his political opponents as villains and fools. As argued elsewhere, it 'reinforced the moral indignation of radical opposition, promoting and sustaining a culture of collective outrage'. This use of nicknames likewise depersonalised 'the principal beneficiaries of medical corruption [...] rendering them "at one" with the system they perpetuated'.<sup>73</sup> However, when viewed through the prism of melodrama, it also performed another function, for 'disguised identities', 'hidden relationships', and malign stratagems plotted by 'masked personages' and 'secret societies' were some of the key features of the melodramatic imagination.<sup>74</sup>

As Peter Brooks points out in his classic study, nineteenth-century melodrama was characterised by a number of things, including 'hyperbolic figures' and 'lurid and grandiose events'. Above all, perhaps, it was defined by

<sup>69</sup> For example, see *Lancet* 17:422 (10 October 1829), p. 2 and *Lancet* 3:56 (23 October 1824), pp. 82–5. For an extended meditation on the term 'Bat', see *Lancet* 17:422 (1 October 1831), pp. 1–6.

<sup>70</sup> For example, see *Lancet* 6:152 (29 July 1826), p. 564 and *Lancet* 6:153 (5 August 1826), p. 594.

<sup>71</sup> *Lancet*, 6:153 (5 August 1826), p. 596. A digital facsimile of the First Folio of Shakespeare's plays, Bodleian Arch. G c.7, 'The Tragedy of Macbeth', Act 4, Scene 1, p. 143. <https://firstfolio.bodleian.ox.ac.uk/text/753> (accessed 15/09/21).

<sup>72</sup> Sprigge, *Wakley*, p. 111. See also Pladek, "'Variety'", p. 580.

<sup>73</sup> Brown, "'Bats, Rats'", p. 191.

<sup>74</sup> Peter Brooks, *The Melodramatic Imagination: Balzac, Henry James, Melodrama and the Mode of Excess*, 2nd ed. (New Haven: Yale University Press, 1995), pp. 3, 5.

a Manichean ‘polarization into moral absolutes’, a world ‘charged with the conflict between lightness and darkness’, of ‘overt villainy, persecution of the good, and final reward of virtue’.<sup>75</sup> Anyone familiar with *The Lancet*’s prose will recognise these qualities, particularly when it comes to the weekly editorials penned by Wakley himself. There are, indeed, too many instances to recount, but the following example, published in January 1831, is illustrative. Expounding upon the baleful effects of nepotism and corruption, Wakley wrote:

The medical Colleges and Companies are the pest-houses of the profession [...] yet in no instance has the profession come forward as a body [...] determined to rid themselves of the cankers which had been preying upon their vitals, to effect their annihilation, or even their partial overthrow [...] If the members of the profession had not breathed the foul air generated by collegiate impurities; If they had not been most foolishly taught to yield to slavish obedience, and to view with submissive respect, the self-appointed dispensers of medical law, and patronage, they would long since have been freed from the galling shackles of their thralldom [...] Strong, powerful, masculine minds, at once shrink back, flushed with rage and indignation on beholding the tyranny of our Colleges, and the hideous effects of corporate misrule. Hence it is, that the well-informed portion of the public, men of liberality and learning, are shocked and indignant beyond expression, at the exposure of those abuses which have been communicated to the public in the last few years [...] But thus it ever has been, and ever will be, where “the few” have the power to domineer over “the many”.<sup>76</sup>

Wakley often claimed that his principal targets were systems, rather than individuals.<sup>77</sup> However, his moral outrage was perhaps never more forcibly expressed than when attacking those whom he deemed to have profited by that system. As he continued:

Of all the monsters, of all the abandoned and stony-hearted creatures, that wear the human form, or infest society, there are none to equal in black ingratitude and treacherous debasement, those who [...] live upon the fruits of corruption [...] At once the betrayers of their friends [...] they are the bitterest enemies of human kind. They are spies, traitors, villains [...] Public indignation, like the lightning’s flash, should scare the heartless wretches, should mark them out as guilty offenders against GOD and man, and blight their every hope of enjoyment, even amidst the fascinating and sumptuous allurements of collegiate banquets.<sup>78</sup>

Wakley’s rhetorical world was one of monsters, spies, and villains, of fetid dungeons and the chains of bondage. It was also a world of perpetual conflict with an enemy forever teetering on the brink of defeat. In an 1828 editorial about the Royal College of Surgeons, for example, he claimed:

<sup>75</sup> Brooks, *Melodramatic*, pp. 4, 5, 11–12.

<sup>76</sup> *Lancet* 15:386 (22 January 1831), pp. 564–5. Note the reference to Percy Bysshe Shelley’s (1792–1822) *Masque of Anarchy* (1819) and its now famous line, ‘Ye are many – they are few’.

<sup>77</sup> Brown, “‘Bats, Rats’”, p. 191. <sup>78</sup> *Lancet* 15:386 (22 January 1831), p. 565.

The oligarchy is expiring. The Hydra of medical corruption is at its last gasp, and one well-directed blow may rid us of a monster, whose noxious influence has retarded the progress of science, disgraced the character of British surgery, and rendered the profession an object of public scorn, or of public apprehension.

The College has once more set in motion the base tool of its infamous power; and its members are to be again traduced and vilified, in order that an imbecile and worthless faction may triumph over the rights of their professional brethren; but we have possession of the field, and THE LANCET IS UNBROKEN.<sup>79</sup>

Even in *The Lancet's* more ironic moments, such language and imagery were ever-present. Joseph Henry Green, one of the 'Three Ninnyhammers' of St Thomas', was a friend and disciple of Samuel Taylor Coleridge and sought to apply Coleridge's conservative, paternalistic, and fundamentally anti-democratic philosophy to the governance of surgery.<sup>80</sup> In 1831, he published a pamphlet entitled *Distinction without Separation* in which he proposed a top-down and essentially hierarchical reform of the Royal College of Surgeons. Wakley, who despised Green's politics and ridiculed his sophistry, nonetheless thought that he possessed a 'natural goodness of heart' and thus, perhaps, greeted his entry into the sphere of reform with that 'mock-heroic bombast' noted by his opponents.<sup>81</sup> Wakley struggled to understand how a man 'who could exhibit so much acuteness and accuracy of perception, vigour of thought, and power of reasoning, should at the same time betray so much confusion and obscurity in all matters connected with hospital government':

But the riddle is now solved. The mind of MR GREEN has not been permitted to enjoy a free scope. It has been encumbered by prejudices, and darkened by theories, which he could neither object to, nor expose, nor control. The poison stole upon him imperceptibly; and at a moment when he expected to find himself in the high road to preferment, and in the full sunshine of professional popularity, he discovered alas! when almost too late, that he was plunged into the very dungeon of nepotism, bound hand and foot by the demon monopoly [...]

Impatient under the tortures of this unnatural bondage, and viewing with disgust the mazes of iniquity in which he had so long been imprisoned, by one heroic effort he has cast aside his fetters, escaped his abhorred tyrants and companions and now stands before the profession, at once a humble supplicant, and an instructive monitor.<sup>82</sup>

Clearly, it was not always a straightforward matter to tell when Wakley was being serious: when the monsters and dungeons of his imagination were

<sup>79</sup> *Lancet* 9:228 (12 January 1828), p. 561. For more on the martial metaphor in reforming medical discourse, see Michael Brown, "'Like a Devoted Army": Medicine, Heroic Masculinity, and the Military Paradigm in Victorian Britain', *Journal of British Studies* 49:3 (2010), 592–622.

<sup>80</sup> Desmond, *Politics*, pp. 260–75; Desmond, 'Lamarckianism and Democracy: Corporations, Corruption and Comparative Anatomy in the 1830s', in James R. Moore (ed.), *History, Humanity and Evolution: Essays for John C. Greene* (Cambridge, UK: Cambridge University Press, 1989), 99–130.

<sup>81</sup> Desmond, *Politics*, pp. 261–2. <sup>82</sup> *Lancet* 16:413 (30 July 1831), pp. 568–9.

intended to generate anger, mirth, or indeed both. But this was not the only ambivalence attendant upon his use of the melodramatic mode. *The Lancet*'s entry into the field of medical journalism in 1823 prompted a conservative reaction in the form of Macleod's *London Medical Gazette* (founded in 1827). At the same time, existing journals, such as the *Medico-Chirurgical Review* (founded in 1820), adopted a more powerful editorial voice in order to challenge, or at least mitigate, the force of Wakley's 'democratic celebrity'.<sup>83</sup> These rival journals, particularly the *Gazette*, deployed melodramatic devices of their own in presenting *The Lancet* as 'the Antichrist of the Apocalypse' and Wakley as 'Satan himself'.<sup>84</sup> In June 1828, for example, Macleod penned an editorial in which he denounced 'that system of literary plunder and personal abuse which had degraded medical literature', claiming that 'we have not hesitated to tear the mask from the face of the imposter, and [show] him in his native hideousness'.<sup>85</sup> In response, *The Lancet*'s Irish correspondent, 'Erinensis', charged Macleod with addressing himself 'more to the imagination and the passions than to the understanding'.<sup>86</sup> And yet, in critiquing Macleod's appeal to feeling, 'Erinensis' could seemingly find no other literary mode himself, as he compared Macleod to that most melodramatic of villains, the poisoner, who in adapting 'the virulence of his comments to the conjectured capacity of his constituents for slander [...] gradually increases the strength of the dose as he proceeds'. In this 'foul reservoir of envious scurrility', he claimed, somewhat extravagantly, of Macleod's rather tepid editorial, 'we have collected [...] the pure, unadulterated essence of hatred and revenge'.<sup>87</sup>

We shall say more, in due course, about the ambivalences surrounding *The Lancet*'s use of melodramatic forms. For the moment, it is important to note that melodrama was not simply used to caricature Wakley's enemies; it was not simply a device for provoking ridicule or exciting rage. Rather, it shaped Wakley's own political identity, for if the Manichean dualism of the *mélodrame* presented his opponents as villains, then it also framed his supporters, and more especially himself, as heroes. What is more, these heroic forms of representation were not confined to the printed page, but extended out into the world of public political performance.<sup>88</sup> Despite the prominence of his editorial

<sup>83</sup> Desmond, *Politics*, p. 15–16; Berkowitz, *Charles Bell*, pp. 79–81. The term 'democratic celebrity' comes from the editor of the *Black Dwarf*, Thomas Jonathan Wooler (1786?–1853): Kevin Gilmartin, *Politics*, pp. 38–40.

<sup>84</sup> *Lancet* 13:321 (24 October 1829), p. 159.

<sup>85</sup> *London Medical Gazette* 7 June 1828, pp. 25–6.

<sup>86</sup> At the time, the identity of Erinensis was not revealed. It is now known to have been Peter Hennis Green (1803–70): Charles Alexander Cameron, *History of the Royal College of Surgeons in Ireland* (Dublin: Fannin, 1886) p. 339; Clarke, *Recollections*, pp. 150–1.

<sup>87</sup> *Lancet* 11:289 (14 March 1829), p. 742.

<sup>88</sup> Of course, for most at the time (as for historians in the present), these performances were mediated by print in the form of textual reports.

voice, *The Lancet* rarely promoted Wakley as an individual, even if it alluded to its own role as a torchbearer for truth and liberty. However, in its reporting of meetings involving its editor, the tope of heroic individualism was inescapable. In late September 1830, for example, a dinner was held at that most radical of 'Romantic taverns', the Crown and Anchor on the Strand, to celebrate Wakley's 'able and manly advocacy of the cause of justice' during his unsuccessful attempt to be elected as Coroner for East Middlesex.<sup>89</sup> In introducing the guest of honour, the chair of the meeting, the French-trained radical anatomist Thomas King (1802–39), stated:

You are all acquainted with his entry upon public life, the obstacles he has had to encounter, the difficulties with which he has been surrounded. Alone and unsupported, Mr Wakley has withstood the efforts of the most powerful public body in the state. You have seen how nearly he has been overthrown – you must have feared he would have been entirely overpowered; but Gentlemen, by pursuing one honest, straight-forward, manly course he has surmounted every one of the surrounding dangers, and risen superior to his enemies.<sup>90</sup>

This was pure political theatre, and King spoke as if he were addressing a theatrical audience. Given that this audience included none other than Henry 'Orator' Hunt (1773–1835), they were most likely well versed in the conventions of radical melodrama and would have recognised the tropes of trial, tribulation, and ultimate triumph that King deployed. The line 'you must have feared he would have been entirely overpowered', in particular, speaks to the emotional machinations of the melodramatic mode, the audience anxiously rooting for its hero in the midst of peril, knowing, ultimately, that he must prevail. Moreover, Wakley seems to have been reading from the same script, for in his speech he claimed that 'I have often been assailed, I am still assailed, on the right hand and the left; I am abused from behind, but few there are who ever venture to meet me in front. My dirty foes are ever at their work in secret'.<sup>91</sup> Wakley was thus cast, and cast himself, as the quintessential melodramatic hero, his honest, upright manliness set in stark contrast to the conspiratorial tactics of his opponents.

No doubt, Wakley's status as a heroic figure was enhanced by his physical appearance. As Joanne Begiato's work on emotionalised bodies in the nineteenth century has shown, men, especially public men like Wakley, were often judged on their physical appearance and their approximation to a manly ideal.<sup>92</sup> For certain political figures, like the Irish nationalist Daniel O'Connell

<sup>89</sup> *Lancet* 15:370 (2 October 1830), p. 45. On the Crown and Anchor, see Newman, *Romantic Tavern*, ch. 2.

<sup>90</sup> *Lancet* 15:370 (2 October 1830), p. 43. On Thomas King, see Desmond, *Politics*, pp. 96, 424.

<sup>91</sup> *Lancet* 15:370 (2 October 1830), p. 45.

<sup>92</sup> Joanne Begiato, *Manliness in Britain, 1760–1900: Bodies, Emotion and Material Culture* (Manchester: Manchester University Press, 2020), ch. 1.

(1775–1847), or the Chartist leaders Feargus O’Connor (1796?–1855) and Henry Vincent (1813–78), their authority was underwritten by their handsome features, open countenance, and/or muscular physiques.<sup>93</sup> The same was true of Wakley. According to Sprigge, he excelled at that most manly of early nineteenth-century pursuits, boxing, and at over six feet tall cut an imposing figure in public:

All who saw Thomas Wakley striding along in the streets [...] asked who he was, and once seen his was a figure and face not easily to be forgotten. Tall, erect, square-shouldered, and perfectly proportioned – a man of bulk, but yet of lightness – his frame bore the proofs of his great muscular strength and incessantly active life. His clean-shaven, florid face was replete with expression [...] His golden hair, worn in natural and lengthy clusters nearly down to his coat collar, was fine and waved in the little breeze that his energetic and sprightly gait stirred up around him.<sup>94</sup>

Such attention as we have thus far paid to the specifics of language, both in print and in performance, might seem excessive. But in actual fact, the language used by Wakley and *The Lancet* is of critical importance because, in many ways, *The Lancet*’s politics was a politics of language. As Robert Poole has suggested of Romantic radicalism in general, ‘bold language was [...] rebellion’.<sup>95</sup> Not only did it provide ‘a script for popular protest’, but, given the imbalance of power between the forces of reform and those of reaction, illicit or inflammatory language was often the sole means of active defiance to the authorities, something that is evident from the place of blasphemy and seditious libel within the cultures of popular radicalism.<sup>96</sup> Moreover, within the radical imagination, with its Manichean moral polarities, the mere act of bringing corruption and tyranny to light and exposing them to the full force of popular outrage was thought sufficient to bring about their defeat. The same was true of *The Lancet*. Indeed, given that few of Wakley’s political schemes, such the London College of Medicine, ever got off the ground, *The Lancet*’s political power can be said to have been almost entirely rhetorical and ideational. Moreover, like the radical political press more broadly, it imagined that the power of print could, by itself, produce significant structural change. As an editorial of January 1831 put it, ‘The foundation of these institutions

<sup>93</sup> For O’Connell, see Katie Barclay, ‘Performing Emotion and Reading the Male Body in the Irish Court, c.1800–1845’, *Journal of Social History* 51:2 (2017), 293–312, at p. 299; Barclay, *Men on Trial*. For O’Connor, see Sanders, ‘Platform’, p. 51. For Vincent, see Tom Scriven, *Popular Virtue: Continuity and Change in Radical Moral Politics, 1820–1870* (Manchester: Manchester University Press, 2017), p. 59.

<sup>94</sup> Sprigge, *Wakley*, pp. 21–2, 327–8. <sup>95</sup> Poole, “‘Last Drop’”, p. 38.

<sup>96</sup> Poole, “‘Last Drop’”, p. 39. On blasphemy and seditious libel, see Smith, *Politics of Language*; McCalman, *Radical Underworld*; Epstein, *Radical Expression*; Gilmartin, *Politics*; Joss Marsh, *Word Crimes: Blasphemy, Culture and Literature in Nineteenth-Century England* (Chicago: Chicago University Press, 1998).

(the Colleges, etc.) is so rotten and [...] so corrupt, that they would fall, never to rise again, before a single well-directed impulse of public opinion'.<sup>97</sup>

Wakley's invocation of the 'public' here is interesting. As we have heard, *The Lancet* sought to draw together the interests and agency of students and general practitioners. But it also sought to appeal to a broader political audience. At one level, Wakley's comments bring to mind the insights of Jürgen Habermas concerning the emergence of a public sphere of discourse in the eighteenth and nineteenth centuries.<sup>98</sup> But we must be cautious for, as has been argued elsewhere, Wakley's relationship to the 'people', as a body with political agency, as opposed to the 'public', as an object of professional guardianship, was complex and ambivalent.<sup>99</sup> Even so, and as we shall now see, the campaign to reform metropolitan hospital surgery maintained that students and general practitioners were not the only victims of corruption and tyranny. Indeed, by extending its rhetorical concerns to the fate of patients undergoing operations at the hands of supposedly incompetent surgeons, *The Lancet* deployed perhaps its most melodramatic and emotive forms of critique. As Wakley wrote:

If this system of nepotism in the abstract be so detestable that every liberal mind must shrink from it in disgust, with what horror must the humane and intelligent practitioner reflect upon its consequences! The poor patients! Alas for the unfortunate patients. A, B, or C, is not made a hospital surgeon because he has signalized himself in the practice of his profession; because he is remarkable for the knowledge and principles of surgery; because he is noted for kindness of disposition, punctuality, or industry, – but because he happens to have been the apprentice of D, E, or F, a surgeon of the hospital [...] [The patients] may be neglected, mutilated, and slaughtered, but their agonising groans and cries can never reach the hard-hearted supporters of nepotism.<sup>100</sup>

### The Emotional Politics of Radical Scrutiny

If Wakley was determined to make audible the 'agonising groans and cries' of the suffering surgical patient, or even, as he claimed in another editorial, to 'Alarm and instruct the nation with [their] tales of blood', he did not necessarily start out with that intention.<sup>101</sup> There was no explicit mention of a plan to publish regular accounts of metropolitan hospital surgery in the opening preface to the first issue of *The Lancet* on 5 October 1823. Indeed, it was not until the sixth issue, on 9 November, that such case reports first appeared, heralded by neither fanfare nor justification. For the first three weeks of their existence,

<sup>97</sup> *Lancet* 15:386 (22 January 1831), p. 565.

<sup>98</sup> Jürgen Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*, trans Thomas Burger (Cambridge, UK: Polity Press, 1989).

<sup>99</sup> Brown, "'Bats, Rats'", pp. 204–7. <sup>100</sup> *Lancet* 15:386 (22 January 1831), p. 567.

<sup>101</sup> *Lancet* 27:690 (19 November 1836), p. 302.



they ran as largely factual accounts, devoid of editorial commentary. Later, in 1830, Wakley suggested that ‘accurate descriptions of diseases [...] as they really occur in our hospitals [...] furnish materials for supplying a knowledge of the principles and practice of medicine inferior only to those which can be derived from personal observation and experience’. It was, he claimed, ‘under this impression that we commenced the publication of hospital reports in the autumn of 1823’. However, while Wakley sought to justify the publishing of case histories largely on epistemological grounds, he also suggested an emotional imperative for the practice, writing that ‘By the sufferings of the patient, the observer becomes sympathetically interested in his welfare, and impressions painfully produced are long fixed upon the memory’.<sup>102</sup>

Such words recall the sentiments of John Bell, quoted at length in Chapter 2. But, in addition to being personally and professionally edifying, this practice of publishing case reports soon came to serve another function, initiating what Wakley called a ‘kind of medical police’.<sup>103</sup> The first indication of this strategy came on 30 November in the course of a case report from St Thomas’ Hospital. The patient in question, known simply as ‘Tho[ma]s. H.’, was a 44-year-old drayman who had suffered a compound fracture of the left leg after being run over by a cart. He was taken under the care of Benjamin Travers, who performed an amputation. The operation itself passed off reasonably well, although the patient was later to suffer ‘jumping and starting of the limb’. It was in terms of aftercare, however, that *The Lancet* found especial cause for concern. As it noted at the end of its report, the patient suffered a haemorrhage some three days after the operation ‘in consequence of [...] being obliged to move his body for the purpose of allowing a bed-pan to be passed under him’. In this way, it claimed, ‘the life of a patient has been endangered for want of a simple contrivance that might have enabled him to pass his stools without disturbing [...] the limb’. As it concluded:

We have seen so many instances of this kind in the Borough Hospitals, that we shall take every opportunity of giving publicity to them when they occur, in the expectation that a cause of so much mischief will soon be removed. It is, however, melancholy to state that this is but one of many evils in the Metropolitan Hospitals, which are a disgrace to those who allow them to exist – in due time we shall expose them all.<sup>104</sup>

It should perhaps come as little surprise that Wakley’s *alma mater*, St Thomas’, came in for particular scrutiny in these early numbers of *The*

<sup>102</sup> *Lancet* 15:369 (25 September 1830), p. 3.

<sup>103</sup> *Lancet* 15:369 (25 September 1830), p. 3. Clearly, Wakley did not intend to use the term ‘medical police’ in its conventional contemporary sense, i.e. as pertaining to the relations between medicine and the state, in terms of either the law or public health. Rather, he intended it to suggest a function of surveillance and regulation.

<sup>104</sup> *Lancet* 1:9 (30 November 1823), pp. 310–11.

*Lancet*. While Astley Cooper's practice at Guy's elicited mostly praise, his acolyte Travers' practice at its sister hospital was held up in stark contrast, as was that of his fellow 'Ninnyhammers', Green and Tyrrell. Indeed, *The Lancet's* frequently critical reports of operations conducted at St Thomas' were part of a broader campaign waged against the 'Hole and Corner' surgeons of the Borough. This included its scathing coverage of a January 1824 anniversary dinner in which Travers praised the system of English medical education for being 'both elaborate and expensive', thereby restricting it to 'persons, who have a certain stake in the country, with respect to property and respectability'.<sup>105</sup> *The Lancet* likewise ridiculed Green's meditations on friendship and the 'gladsome feelings of boyhood', delivered at the same dinner, calling them 'tawdry puerilities, which he has culled from second-rate novels and romances'.<sup>106</sup>

For their part, the surgeons of St Thomas' actively resisted any attempts to publicise their cases and sought to 'suppress' *The Lancet*, banning Wakley from attending the hospital (which he ignored) and threatening to expel any student suspected of reporting operations (which it was not in their power to do).<sup>107</sup> In fact, the response from Travers and his colleagues, together with the active opposition of the *Medico-Chirurgical Review*, only encouraged Wakley in his endeavours and heartened his supporters. In a letter published in February 1825, for example, a correspondent remarked upon the apparent alarm and suspicion that *The Lancet* had aroused among the surgeons of St Thomas', asking Wakley if he possessed 'the wonderful faculty of splitting yourself into quarters, and sprouting up entire "*Dramatis Personae*", in as many distant places at the same time? Or is your presence, the "terror of evil doers", imaginary only, the mere false creation of perturbed minds and misgiving consciences?' Continuing in this theatrical vein, he claimed to have come across a surgeon 'soliloquizing by a window' on the wards of St Thomas', asking: 'Is this a *Lancet* which I see before me; – / Or art thou but a dagger of the mind [...]?' The correspondent concluded by thanking Wakley for his services and requesting 'for the benefit of the younger members of the profession, that you will shortly explore other *dark places of the earth*, and rid them of their malpractices as effectually as you have done the "hole and corners" of St Thomas' Hospital'.<sup>108</sup>

As it happened, Wakley was already doing just this, for while St Thomas' provided the initial focus for his strategy of radical scrutiny and exposure, it soon broadened out to encompass other institutions. Most notably, during the late spring and summer of 1825, two cases of alleged neglect were reported at

<sup>105</sup> *Lancet* 1:15 (11 January 1824), p. 56; *Lancet* 1:16 (18 January 1824), pp. 90–4.

<sup>106</sup> *Lancet* 1:15 (11 January 1824), p. 61; *Lancet* 2:38 (19 June 1824), p. 371.

<sup>107</sup> *Lancet* 2:38 (19 June 1824), pp. 371–2.

<sup>108</sup> *Lancet* 3:74 (26 February 1825), p. 250. Emphasis in original.

St George's Hospital. In the first instance, the Coroner for the City of London found that James Wheeler, a 32-year-old patient, had died 'from the want of proper attention' given to him at the hospital. He had initially come into St George's for a cough and was bled by an unnamed student dresser who accidentally punctured his artery. His arm was subsequently bandaged too tightly, stopping the circulation. After three days, it was found to be 'in the most horrid state of inflammation and mortification'. According to his servant, Wheeler was convinced he would die from the injury, stating that he was 'A MURDERED MAN'. His wife likewise testified that he had said 'HE KNEW IT WAS ALL OVER WITH HIM' and that 'HIS ARM WOULD KILL HIM'. *The Lancet* welcomed the coroner's findings, lamenting that it was far from being 'a solitary instance of a human being having lost his life through ignorance and inattention in one of our Public Hospitals'.<sup>109</sup>

As if to prove its point, in July a second coroner's inquest was held into a remarkably similar case. The deceased was John Hammond, a 21-year-old servant who had fallen upon broken glass and cut his knee. He had been attended by the senior surgeon, Henry Jeffreys, and the house surgeon, a 'Mr Pitman'. Pitman had, like the dresser in the previous case, bound the wound too tightly, to the great pain and discomfort of the patient. It remained in this state for several days, despite Hammond's protestations, and when it was finally removed, it was clear that 'though the external wound had closed and healed, matter had formed and burrowed underneath' so as to 'reduce his system, and to make his case hopeless'. In a remarkable hearing, reported by the *Morning Chronicle* and reprinted in *The Lancet*, one of the jurors gave his opinion that 'this young man died by gross neglect and improper surgical treatment', arguing that such 'mismanagement and improper treatment ought to be made public'. The coroner warned him that such an accusation 'may be a libel', but the rest of the jury concurred, finding that Hammond died 'from the effects of IMPROPER SURGICAL TREATMENT AND NEGLIGENCE'.<sup>110</sup>

In addition to St Thomas' and St George's, the surgical practice at the Middlesex Hospital also came under early scrutiny. In May 1825, *The Lancet* drew attention to the case of John Moore, who had died from an inflammation of the stomach while under the care of the senior surgeon John Joberns (d.1832). Joberns (known to *The Lancet* by his nickname 'Joe Burns') was said to have delayed performing a vital operation, costing the patient his life.<sup>111</sup> Meanwhile, in November of the same year, John Shaw (1792–1827), the brother-in-law of his fellow Middlesex Hospital surgeon Charles Bell, performed a lithotomy on a 57-year-old 'robust healthy looking countryman' by

<sup>109</sup> *Lancet* 4:87 (28 May 1825), pp. 228–9.

<sup>110</sup> *Morning Chronicle* 26 July 1825, p. 2; *Lancet* 4:96 (30 July 1825), pp. 113–15.

<sup>111</sup> *Lancet* 4:87 (28 May 1825), 230–7.

the name of John Fletcher. The patient suffered a severe haemorrhage during the operation and died some ten hours afterwards, the result, or so Shaw claimed, of his having 'an irregular distribution of the arteries' around the bladder. *The Lancet* was not convinced, questioning Shaw's experience and suggesting that he had 'never performed the operation on the living subject, until he operated on the poor man whose case we have just given'. 'Mr. Shaw may be a good anatomist', it acknowledged, 'but his knowledge of practical surgery is about equivalent to that of Joe Burns'.<sup>112</sup> Reflecting on the first case, *The Lancet* asked whether 'all the supporters of this Institution [are] deaf to the voice of humanity – to the cries of the afflicted? and will they still permit this incompetent creature to practise upon the objects of their charity?' 'Our language may appear harsh', it conceded, 'but we cannot repress the ardour of our indignation when we contemplate the "sad work" of the Senior Surgeon'.<sup>113</sup>

The phrase 'ardour of [...] indignation' well describes the emotional register of *The Lancet's* campaign of scrutiny, which continued in earnest for the next decade. So far in this book we have heard about a range of emotions and affective states, from anxiety and compassion to despondency and sympathy. But the emotion that characterised *The Lancet's* coverage of metropolitan surgery for much of the later 1820s and early 1830s was anger, often mixed with pity. The forms of its expression varied: sometimes it came in curt, offhand remarks, such as in relation to the St Bartholomew's surgeon Henry Earle (1789–1838), whose amputation was said to have been performed with 'such bungling' as was 'generally believed to be confined to the surgical tyro in the dissecting room'. At other times, the descriptions were considerably more emotionally involved.<sup>114</sup> In Chapter 1, we heard an account of the operation undertaken at St Bartholomew's in May 1829 to remove a tumour from the knee of a 25-year-old woman named Mary Hayward. Things started badly when she was called into the theatre and 'walked to the operating table, wet with the stream of blood on the floor that had issued from the patient who had just been removed'. She was poised to lay herself on the table, 'which was still covered by a sheet upon which the operation of lithotomy had been performed, and of which a considerable proportion was actually drenched in blood'. At this point, however, she began to lose her composure:

The poor thing having stepped first upon the chair at the lower end of the table, also besmeared with blood, stood wringing her hands, and throwing her eyes first upon the floor, next upon the operating table, then across the theatre, and next towards the ceiling, trembling and weeping in the most pitiable manner, until, at length, a dresser on each side *humanely* took her by the arms and assisted in lying her down on the table thus conditioned.<sup>115</sup>

<sup>112</sup> *Lancet* 5:115 (12 November 1825), pp. 217–22.

<sup>113</sup> *Lancet* 4:96 (30 July 1825), p. 125. <sup>114</sup> *Lancet* 7:176 (13 January 1827), p. 495.

<sup>115</sup> *Lancet* 12:298 (15 May 1829), p. 220.

Chapter 2 showed how Romantic surgeons were expected to make operations as palatable to the patient as possible, in part through the exercise of their own moral authority, and in part through the arrangement of the operating space itself. In Chapter 3, meanwhile, we heard that the reciprocal obligation of the patient in such idealised circumstances was fortitude and emotional self-control. In this instance, however, such expectations and obligations had broken down in the most egregious manner imaginable. Instead of comforting their charge, the two surgeons, John Painter Vincent (1776–1852) and William Lawrence, stood at ‘some distance from the patient’, conversing between themselves, while two of the hospital’s nurses ‘were joking and laughing at the fireplace with some of the pupils’. Meanwhile, ‘in the midst of it, was this young female elevated on the chair and crying most bitterly’. To make matters worse, the operation itself was badly performed. The tumour was ‘picked out piece-meal’ and the procedure needlessly drawn out, to the extent that the already distressed patient began to cry out in pain and fear to ‘let it alone!’<sup>116</sup>

If the nature and form of *The Lancet*’s exposure of metropolitan surgical incompetence varied, its tone largely did not. In reporting such incidents, and, more especially, in its editorial commentary on them, it consistently sought to arouse anger and indignation in its readers, using language that was melodramatic and censorious in the extreme. In commenting on the deaths at St George’s in 1825, for example, Wakley claimed that ‘Charity is degraded into a loathsome, execrable and sordid passion, that rankles amidst the havoc of its victims. Some of these places are human slaughterhouses [...] conducted by crafty, designing, mercenary medical men, whose knowledge of the sciences is not more contemptible than the motives by which their general conduct is governed’.<sup>117</sup> Elsewhere, *The Lancet* referred to metropolitan hospitals as ‘mutilating man-traps’ that the public ‘never enter without feelings of horror and dread’. This was because of the ‘scenes of cruelty and blood, so constantly presented by the inexperienced and misguided hands of the neveys and noodles’ who, ‘under the flimsy shield of sham elections, [are] forced into the offices of surgeon’.<sup>118</sup> In many cases it also sought to arouse pity and sympathy, not only for the direct ‘victims’ of such incompetence, but also for their dependants, often invoking sentimental ideals about the family as well as practical economic realities. Thus, in commenting on the death of James Wheeler, it reminded its readers that ‘The wife of the unfortunate man is now, with two helpless children, deprived of the succour and protection of an industrious husband and the latter of an affectionate father’.<sup>119</sup>

<sup>116</sup> *Lancet* 12:298 (15 May 1829), p. 220. <sup>117</sup> *Lancet* 5:115 (12 November 1825), p. 259.

<sup>118</sup> *Lancet* 14:363 (14 August 1830), p. 788; *Lancet* 14:350 (15 May 1830), p. 243.

<sup>119</sup> *Lancet* 4:87 (28 May 1825), p. 230. For the trope of the tender and providing father in the Romantic era, see Joanne Bailey, *Parenting in England, 1760–1830: Emotion, Identity*

Such language clearly had the desired effect on its audience. As has been argued elsewhere, *The Lancet* functioned as an intertextual space within which its readers might establish a dialogic relationship with the journal's contents and agendas.<sup>120</sup> Thus it was that they occasionally wrote letters to *The Lancet*, reflecting or commenting on its reporting of instances of surgical incompetence. In July 1825, for example, one correspondent opened his missive by stating that 'With great indignation I read, in your last Number, an account of the shocking occurrence which lately took place at St. George's Hospital, and by which an unfortunate man has lost his life'.<sup>121</sup> Meanwhile, in December 1830, *The Lancet* itself observed that 'There stands before us a pile of letters, all couched in terms of indignation and abhorrence, on the subject of the operation performed the other day at St Bartholomew's by Mr. HENRY EARLE'.<sup>122</sup> Even more significantly, perhaps, as was common in the early years of *The Lancet*, several readers took Wakley's metropolitan campaign as a cue to demand investigations into their own local hospitals. Thus, in October 1828, a correspondent from Birmingham, a 'constant reader of your valuable journal', expressed himself 'astonished' that his native city 'should have escaped your investigations'. Being of the opinion that 'the evil doings of our "Hole and Corner" Gentlemen should be circulated far and wide', he claimed that he would 'rejoice, when [...] the doors [of the Birmingham General Hospital] shall be opened to show the "hell that's there"'.<sup>123</sup> Moreover, in 1833 a correspondent from Scotland reported on an operation at the Glasgow Royal Infirmary that was performed in so 'bungled a manner' that 'no man of feeling and humanity [...] could allow it to pass without the severest censure'. 'What better is the man', he asked, 'who unskillfully lifts the operating knife than an inhuman butcher, under whom the living subject is but a carcase, and the operating table less desirable than the shambles?'<sup>124</sup>

While the campaign to expose the alleged incompetence and cruelty of metropolitan hospital surgeons lasted well into the 1830s, it can be said to have reached its apogee in 1828 with Bransby Cooper's notoriously bungled operation for lithotomy, performed at Guy's Hospital on a 53-year-old labourer by the name of Stephen Pollard. This case has been explored in detail elsewhere, but it bears further consideration in this context, not only for what it reveals about melodramatic forms of radical critique, but also for

*and Generation* (Oxford: Oxford University Press, 2012); Bailey, 'A Very Sensible Man: Imagining Fatherhood in England c.1750–1830', *History* 95:319 (2010), 267–92; Bailey, 'Masculinity and Fatherhood in England c.1760–1830', in John H. Arnold and Sean Brody (eds), *What Is Masculinity? Historical Dynamics from Antiquity to the Contemporary World* (Basingstoke: Palgrave, 2011), 167–86.

<sup>120</sup> Brown, 'Medicine', pp. 1377–80. <sup>121</sup> *Lancet* 4:92 (2 July 1825), p. 405.

<sup>122</sup> *Lancet* 15:381 (18 December 1830), p. 403. <sup>123</sup> *Lancet* 11:268 (18 October 1828), pp. 84–5.

<sup>124</sup> *Lancet* 20:516 (20 July 1833), pp. 537–8.

the questions it raises about the emotional politics of this strategy.<sup>125</sup> Indeed, if previous instances of exposure made extensive use of melodramatic language, then *The Lancet's* reporting of the Pollard case took the melodramatic mode to its logical extreme. The original report, which was penned by Guy's student James Lambert and published on 29 March 1828, was simply titled 'Guy's Hospital' in the manner of a conventional case report. In actual fact, it presented the account of the procedure as a literal 'tragedy' in two acts.<sup>126</sup> The first act saw Cooper and his staff blundering in their attempts to insert the sound into Pollard's bladder and locate the stone. The second recorded Cooper's increasingly desperate attempts to cut into the bladder and remove it, 'the stillness of death, broken only by the horrible squash, squash of the forceps in the perineum'.<sup>127</sup>

In many ways, the Pollard case was the *ne plus ultra* of *The Lancet's* entire campaign. Its target, Bransby Cooper, was the quintessence of surgical nepotism, a man who owed his position almost entirely to the influence of his uncle, Astley Cooper, over the Guy's Hospital treasurer, Benjamin Harrison (1771–1856).<sup>128</sup> Likewise, the case positively dripped with pathos and, at least as far as *The Lancet* was concerned, presented a cast composed of clear-cut victims and villains. Pollard, the vulnerable protagonist, was referred to as a 'poor fellow' and a 'poor man' who had 'left behind a wife and six children'. His optimism at having '[come] to town to be operated on by the "Nevey" of the great Sir Astley' was contrasted with his subsequent agony and constant cry of 'Oh! let it go – pray let it keep in'. Cooper's team were likewise cast in the role of villains. 'Never shall we forget', the author stated, 'the triumphant manner in which the Assistant Surgeon raised his arms and flourished the forceps over his head with the stone in their grasp' even as Pollard lay exhausted and dying, still bound to the table.<sup>129</sup>

If the Pollard case distilled the stylistic extravagance of *The Lancet's* assault on alleged incompetence and corruption within metropolitan surgery, it also intensified the anxieties and ambivalences that attended the use of such emotive forms of professional critique. Lambert's report generated a great deal of debate and, ultimately, led to Wakley being found guilty of libel, albeit in circumstances in which he could claim a moral victory.<sup>130</sup> However, what many objected to was not so much the factual content of the report as its framing in intensely melodramatic and theatricalised terms. Writing to *The Times*,

<sup>125</sup> Brown, "'Bats, Rats'", pp. 192–204. <sup>126</sup> *Lancet* 9:239 (29 March 1828), pp. 959–60.

<sup>127</sup> *Lancet* 9:239 (29 March 1828), p. 959. In reality, Pollard did not expire on the operating table, though he would indeed die just over a day after his hour-long ordeal.

<sup>128</sup> Brown, "'Bats, Rats'", p. 194. The etymology of the word 'nepotism' derives from the Latin for nephew.

<sup>129</sup> *Lancet* 9:239 (29 March 1828), pp. 959–60. <sup>130</sup> Brown, "'Bats, Rats'".

one correspondent decried the 'extraneous matter in which the report itself is embodied', arguing that it mocked 'the agonies of afflicted humanity by burlesque associations'. The operation for lithotomy, he claimed, was 'necessarily harrowing to the feelings' and thus 'unfitted for indiscriminate and promiscuous public discussion'.<sup>131</sup> Two days later, *The Times* published another letter, this one signed by 178 students of the Borough hospitals, who likewise alleged that 'the spirit in which the report is written plainly disproves the sincerity of the publication'.<sup>132</sup> Meanwhile, at the trial itself, Wakley asked a witness to the operation whether the report in *The Lancet* was correct or incorrect. 'Generally speaking it is [correct]', the witness responded, before adding, 'The form of the report is objectionable; if you want an opinion, the form of the report is objectionable'.<sup>133</sup>

Doubtless, Wakley's greatest critics with regard to style were his rivals in the world of print. Shortly before *The Lancet* published its account of Cooper's lithotomy, *The London Medical Gazette* had observed, in reference to another case report, that the author had 'a heart and imagination, filled with the foulest images and the darkest passions'.<sup>134</sup> In the immediate aftermath of the Pollard case, meanwhile, the attacks on *The Lancet* that regularly graced its pages turned into a veritable torrent, as correspondents charged Wakley with all manner of outrages, up to and including blasphemy.<sup>135</sup> Writing in an editorial of April 1828, Roderick Macleod stated that 'we are of the opinion that, in its long course of falsehood and abuse, the *Lancet* has never outraged the feelings of the profession more grossly than in the account of Mr. Bransby Cooper's recent case of Lithotomy'. Once again, it was the style of the report that elicited the greatest condemnation. If a medical journal were to 'make exposures', Macleod claimed, 'it ought to be done at least with a spirit of reluctance'. *The Lancet*, by contrast, had dressed its critique with 'theatrical accompaniments' and demonstrated an 'unfeeling brutality' and 'malignant pleasure' in describing 'the embarrassment of the surgeon'.<sup>136</sup>

This last charge alerts us to an essential point of contention concerning *The Lancet*'s use of emotion. As we have seen, the deployment of sympathy and pity on behalf of the patient-victim was one of the hallmarks of Wakley's melodramatic style. His rivals, however, rejected this tactic. Writing in *The London Medical Gazette*, Macleod questioned Wakley's 'judgement in presenting such scenes to the public gaze', criticising his 'endeavours to excite the

<sup>131</sup> *Times* 31 March 1828, p. 2.   <sup>132</sup> *Times* 2 April 1828, p. 4.

<sup>133</sup> Thomas Wakley, *A Report of the Trial of Cooper v. Wakley for an Alleged Libel* (London: 1829), p. 56.

<sup>134</sup> *London Medical Gazette* 15 March 1828, p. 445.

<sup>135</sup> *London Medical Gazette* 12 April 1828, pp. 567–70.

<sup>136</sup> *London Medical Gazette* 5 April 1828, pp. 539–40. Emphasis in original.



sympathy of the unprofessional public by tales of horror'.<sup>137</sup> For Macleod and others, such 'sympathy' was misplaced and should, instead, have been directed to the feelings of the operator. As we have heard, the performance of surgery in this era was attended with great anxiety. Thus, as Macleod claimed:

Mr. Cooper will be regarded as having met with one of those difficult and perplexing cases where the efforts of the most expert and skilful surgeons are not always crowned with success till after much anxiety and delay – an anxiety so great to sensitive minds, that Cheselden [...] tells us that he used to feel it “even to sickness” [...] and which has] been known to unnerve some of the most experienced and skilful men in the profession [...] To all reflecting men it must be a matter of serious apprehension to think what the consequences may be, if the difficulties and fearful responsibility attending capital operations are to be yet further increased by the consciousness on the part of the surgeon, that there are present those who, instead of participating in his anxious efforts, gloat with fiendish delight on his embarrassment, ready to caricature, to exaggerate, and to pervert.<sup>138</sup>

It is interesting to contrast this passage with the letter to *The Lancet* with which we began this chapter. In the one, the observer effects an intersubjective engagement with the feelings of the patient. In the other, that engagement is with the feelings of the surgeon. It is important not to be drawn too readily to essentialist explanations here, to assume that *The Lancet* and its readers cared *only* for patients while *The London Medical Gazette* and its readers cared *only* for surgeons. Indeed, one might go even further and suggest that it would be problematic to assume that *The Lancet* *actually* cared for patients or that *The London Medical Gazette* *actually* cared for surgeons. As we have suggested, following Reddy, emotions are not only a lived experience but also a system of symbolic meaning.<sup>139</sup> For the sake of interpretative clarity, it might therefore be best to regard these positions as fundamentally rhetorical and discursive in nature. By seeking to defend the surgical establishment from the emotive and populist forms of radical critique advanced by *The Lancet*, conservative forces such as *The London Medical Gazette* deployed their own language of emotion to refocus sympathy on the figure of the surgeon.

Roderick Macleod's apparent concern for the feelings of the operative surgeon is in keeping with the broader ideological contours of medical reform, whereby *The Lancet's* modernist 'vision of the medical profession as an abstract body of public servants dedicated to the social good [...] founded upon the inchoate middle-class values of meritocracy, duty and reward' contrasted with the medical conservatives' individualism and its 'aristocratic

<sup>137</sup> *London Medical Gazette* 28 June 1828, p. 120.

<sup>138</sup> *London Medical Gazette* 29 December 1828, p. 99.

<sup>139</sup> William Reddy, *The Navigation of Feeling: A Framework for the History of the Emotions* (Cambridge, UK: Cambridge University Press, 2001), chs. 3 and 4, particularly pp. 128–9.

values of character, breeding and reputation'.<sup>140</sup> Indeed, while they may have been brought to the fore by the Pollard case, such ambivalences of character, compassion, and sympathy had attended *The Lancet's* campaign of scrutiny and exposure from the very beginning. Among the reasons given against the publication of hospital case reports was the idea that they might injure the reputations of surgeons, especially young and inexperienced ones. Hence the *Medico-Chirurgical Review* castigated those who would 'lacerate the feelings of an individual', claiming that 'No man can command success in surgical operations – and if a surgeon fail from want of dexterity, he suffers mortification enough, Heaven knows, in the operation-room, without being put to the cruel and demoniacal torture of seeing the failure blazoned forth in the public prints'.<sup>141</sup> Wakley, for his part, dismissed such arguments, suggesting that they were based not on principles of 'public utility' but rather on the 'private interests of the operating surgeon'. For his conservative opponents, he maintained, the 'suffering and destruction of the patient go for nothing, and it is only the mortification endured by the Surgeon, from the consciousness of his own ignorance, which excites their sympathy and commiseration'. Meanwhile, referring to the potential damage to the reputation and character of young surgeons, he responded:

All we have to say in answer to this objection is, that if a young man is elected to fill the office of surgeon to a public hospital, the public have a right to know in what manner he performs his duty. If the objection be urged as an *argument* against publicity, this, we apprehend is a sufficient answer; if it be taken as an appeal to our compassion, then we reply, that there is a compassion due to patients as well as to surgeons, and that if the reputation, or finances, of the latter plead for suppression, the safety of the former calls imperiously for publicity.<sup>142</sup>

We might ascribe these contrasting evocations of pity and sympathy to ideological differences between the forces of reform and those of reaction, and we would be right to do so. But at the same time, it is important to acknowledge the inconsistencies and ambivalences within *The Lancet's* own use of emotive and melodramatic tropes. We have already seen how the language employed by Wakley and his colleagues was deliberately inflammatory, regularly skirting close to, and oftentimes overstepping, the threshold of libel. We have also seen how this language was calculated to stir emotions in its readers and encourage emulative forms of expression and action. Yet there was always a risk that *The Lancet* could lose control over the very feelings it sought to promote and, on occasion, it even had to manage the emotional fallout of its own invective. For

<sup>140</sup> Brown, "Bats, Rats", p. 200. See also Brown, 'Surgery, Identity and Embodied Emotion: John Bell, James Gregory and the Edinburgh "Medical War"', *History* 104:359 (2019), 19–41.

<sup>141</sup> *Medico-Chirurgical Review and Journal of Medical Science* 4:16 (1 March 1824), p. 975.

<sup>142</sup> *Lancet* 2:39 (26 June 1824), pp. 395, 397.

example, in August 1826 it ran an editorial on the mismanagement of hospitals in which it referred to the ‘horrid secrets of the charnel house’, claiming that it could tell ‘a tale whose lightest word would harrow up the soul and freeze the blood’. Most notably, it referred to incompetent surgeons as ‘murderers’, stating ‘these men deserve no better title’.<sup>143</sup> And yet, three years later it had cause to question the tone of one of its own correspondents who had seemingly submitted an account of an operation conducted at Bury St Edmunds, stating that the account ‘must be authenticated’ and that if it ‘be correct, the operation was certainly performed in a very unscientific, violent, and bungling manner; but the patient was *not murdered*’.<sup>144</sup>

Moreover, while *The Lancet*’s own appeals to feeling served to underscore the righteousness of its cause and the authenticity of its sentiment, when it came to its opponents the ‘testimony of tears’ was markedly less ‘unequivocal’. For instance, in August 1825, the surgeon Henry Jeffreys wept during his speech to the St George’s Hospital Committee meeting convened to inquire into the death of John Hammond; he expressed pity for those patients whose ‘unfortunate circumstances’ brought them to the hospital and declared his heartfelt desire, ‘lest any patient should feel aggrieved at being attended by me’, that he should ‘have every thing like an imputation against my surgical character wiped away’. Far from being moved by such expressions of feeling, however, *The Lancet* mocked him in a predictably ostentatious and theatrical manner. Quoting from the scene in Shakespeare’s *As You Like It* in which ‘the melancholy Jacques’ weeps over the death of a deer, it described Jeffreys ‘heav[ing] forth such groans’, the ‘big round tears’ coursing down ‘his innocent nose / In piteous chase’. As it observed, ‘The *old ladies* [meaning the Committee members] were very much affected by this touch of the pathetic’.<sup>145</sup>

## Conclusion

As both William Reddy and Thomas Dixon have shown, tears occupied an ambivalent place as markers of emotional sincerity and authenticity within Romantic culture. For *The Lancet*, as for others in this period, they might function as an ‘unequivocal testimony’ of true feeling; yet they might also raise suspicions of artifice, effeminacy, even unreason.<sup>146</sup> Moreover, the evidence of

<sup>143</sup> *Lancet* 6:156 (26 August 1826), p. 693.

<sup>144</sup> *Lancet* 13:322 (31 October 1829), p. 200. Emphasis added.

<sup>145</sup> *Lancet* 4:97 (6 August 1825), pp. 141, 149–50.

<sup>146</sup> Reddy, *Navigation*, chs. 5 and 6; Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (Oxford: Oxford University Press, 2015), chs. 7 and 8; Dixon, ‘The Tears of Mr Justice Willes’, *Journal of Victorian Culture* 17:1 (2012), 1–23. See also Markman Ellis, *The Politics of Sensibility: Race, Gender and Commerce in the Sentimental Novel* (Cambridge, UK: Cambridge University Press, 1996), ch. 6.

*The Lancet* suggests a broader anxiety about the place of emotion within radical medical discourse in the 1820s and early 1830s. At one level, the melodramatic mode served as a powerful means to express outrage against institutional corruption, to excite anger at the supposed incompetence of surgical office holders and encourage pity at the fates of those innocent patients on whom they operated. At the same time, however, such rhetorical appeals to feeling could also potentially undermine the credibility of one's political position, exposing the tensions identified by Reddy between 'liberal reason' and 'Romantic passions'.<sup>147</sup> This is not a simple story of *The Lancet* being outflanked by cultural ambiguity or cultural change. As we have seen, the appeal of emotive, and even explicitly melodramatic, forms of discourse was such that they could be utilised and admonished in equal measure by those on either side of the political divide. Thus, following the report of John Shaw's botched lithotomy in 1825, a number of correspondents wrote to *The Lancet* to comment on the case. In one instance, a correspondent signing himself 'Impartiality' sought, while defending Shaw's professional reputation, to reconcile the emotional politics of surgical failure, suggesting that 'no medical man, of humane feelings' could have read the account in *The Lancet* 'without his pity being roused at the fate of the unfortunate patient, and his sympathy excited for the unfortunate operator'.<sup>148</sup> For his respondent, however, such claims to emotional equitability would not do. Gently mocking 'Impartiality's' appeal to feeling, he questioned whether such sentiments had made the report any less *true*, for 'facts', he claimed 'are stubborn things'.<sup>149</sup> Such comments are suggestive of the ways in which these tensions between emotion and reason would come increasingly to prominence in this period, for as we shall see in the next chapter, the 1820s and 1830s would give rise to another form of medical discourse, one whose arch-rationality would seek, albeit with mixed success, to purge surgery of feeling and subject it to the operations of an instrumentalist logic.

<sup>147</sup> Reddy, *Navigation*, ch. 7. <sup>148</sup> *Lancet* 5:118 (3 December 1825), p. 363.

<sup>149</sup> *Lancet* 5:120 (17 December 1825), p. 426.