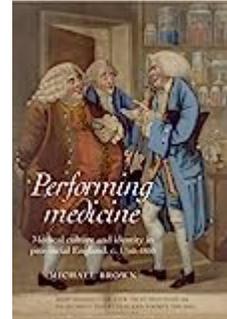


Michael Brown. *Performing Medicine: Medical Culture and Identity in Provincial England, c. 1760-1850.* Manchester: Manchester University Press, 2011. viii + 254 pp. \$95.00 (cloth), ISBN 978-0-7190-7797-5.



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Professional Performativity: Medical Culture in Provincial England

Michael Brown's *Performing Medicine* is a theoretically sophisticated, carefully researched, and engagingly written account of medical culture and identity in provincial England from circa 1760 to 1850. Brown's points of departure are two influential models of medical organization: the eighteenth-century medical marketplace and its successor, the nineteenth-century profession. Both, Brown believes, are, in different ways, limited, the former because it downplays the extent and significance of collective professional action, and the latter because it presupposes an ahistorical model of professional organization and evolution. His account of "the faculty" accordingly bypasses the metropolitan medical corporations and legislative enactments, such as the 1815 Apothecaries Act and the 1858 Medical Act, usually taken to be signposts of professional development. Indeed, the Royal Society has more index entries than the Royal College of Physicians and the Royal College of Surgeons combined, and the Worshipful Society of Apothecaries does not even appear. Inspired particularly by John Harley Warner and Steven Stowe, Brown sees a shift in profes-

sional identity and especially its public performance from a Georgian culture of gentlemanly sociability to a modern profession oriented around vocational specificity, occupational exclusivity, and public service. The development of this modern profession was not fully captured by or even connected to the usual legislative landmarks focused as they are on the faculty's structural divisions rather than on its imaginative and ideological construction. The 1858 Medical Act merely "marked a clear recognition ... of a circumscribed and unitary profession" that already existed (p. 226).

Brown's story unfolds in York, not a leading participant in the conventional upheavals of early nineteenth-century Britain but rather more significant for medical historians. Some of York's medical experiences, such as cholera, were not distinctive. Others, however, like the profusion of medical charities and associations, were more unusual, and some were extraordinary; the physician to the York Lunatic Asylum was hauled in front of a House of Commons Select Committee in 1815, and the Quaker-founded York Retreat is acknowledged as a pio-

neer of moral therapy. The city, furthermore, has a particularly rich archive, continuous newspaper coverage, and unusually communicative medical men. Brown's narrative is locally dense but plausibly connected to a wider provincial culture.

The structure of the book is broadly chronological, with most chapters oriented around a small cluster of episodes, which Brown skillfully develops to illustrate the chapter's thesis and theme. He sets the stage with two chapters exploring the primarily late eighteenth-century associational life, literary productions, and hence public presentation of York's medical leaders. These chapters convincingly illustrate the relative cultural and social insignificance of traditional professional divisions among physicians, surgeons, and apothecaries even as legal forms emphasized distinctions between them. He persuasively describes a culture of medico-gentility characterized by widely shared Georgian notions of politeness, sociability, and ornamental learning. The beginning of the end of this hegemonic model of medical identity and practice can be seen in the local conflict over the management of the York Lunatic Asylum in 1813-14 (chapter 3), which culminated in the resignation of the physician during a disastrous appearance in front of a parliamentary Select Committee in 1815.

The asylum reform movement in Brown's hands is as much about governance as therapy, and Brown provides evidence of a close link between asylum reform in York and middle-class political radicalism. The link with the Age of Reform is reinforced in the second half of the book, which analyzes the formation of a new model of medicine, vocationally circumscribed and oriented around an ideology of socio-scientific progressivism (p. 9). It begins with the formation of the Yorkshire Philosophical Society in 1822 and ends with the local public health movement in the late 1840s, but at its heart is a carefully contextualized exploration of a select number of episodes: the debate over anatomical instruction in the late 1820s; the 1832 cholera epidemic; the formation of the British Association for the Advancement of Science (whose first meeting was at York) in 1831

and both the York Medical Society and the Provincial Medical and Surgical Association in the following year; and the creation of the York Medical School and a celebrated manslaughter trial of a distributor of Morison's Pills, both in 1834. Some of this extraordinary investment of time and energy for matters not necessarily straightforwardly remunerative was triggered by such events as cholera that were beyond the faculty's control, but much of it highlights, as Brown rightly stresses, a simultaneously associational and ideological public re-presentation of medicine. Brown argues that the 1820s and early 1830s marked the origins and increasing articulation of a modern English medicine as a discrete, culturally bounded body of knowledge and practice (p. 138).

Many of the general developments Brown treats, such as the provincial medical school movement and even some of the York-specific episodes including the asylum controversy, have been the subject of significant historical attention. Brown integrates where possible his work with those accounts even as he encourages us to reexamine these episodes in a new light. A more detailed comparison with Susan C. Lawrence's work (*Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* [1996]) on London's teaching hospitals and their significance in forging a common culture of medical training and identity would also have been interesting. It is obviously focused on London and not the provinces, and it only partially overlaps in time with Brown's study, but all students who needed hospital training certified by the Royal College of Surgeons had to get it in London until 1839, so what happened there had a potentially wide impact. As Brown recognizes, his associations usually appealed to only part of the local faculty and in some cases mainly to the local medical elite, and there may be connections between her work and his in terms of the wider community of practitioners. Nonetheless, Brown incisively explores medicine's public culture, connecting medical activity to broader patterns of urban associational life and inserting medicine into the historiography of middle-class imagined communities. *Performing Medicine* is an excellent addition to our knowledge of the making of modern medicine.

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