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Nothing, perhaps, says more about the current state of an academic discipline than its textbooks. Historians and literary scholars are less familiar, certainly less comfortable, with the idea of a textbook than their colleagues in the social and physical sciences. The humanities are generally too intellectually pluralistic to admit of such codification. And yet a textbook, or a primer, is probably the best way to think about Mary Wilson Carpenter’s *Health, Medicine and Society in Victorian England*. It is, in her own words, “intended for general readers who … [are] newcomers in the complex universe of health and disease, practitioners and patients, and medicine and society in nineteenth-century England” (3).

Not so many years ago when I was a master’s student at the now soon-to-be-defunct Wellcome Trust Centre for the History of Medicine at University College London, we too had our textbooks of sorts: the multi-authored *Western Medical Tradition* (1995) or W. F. Bynum’s *Science and the Practice of Medicine in the Nineteenth Century* (1994). Written by social historians who sought to move beyond the traditional internalist and hagiographic accounts of great men and medical progress they provided a whole generation of students with a grounding in what was, even then, a relatively new and exciting field of historical study. And yet despite their apparent revisionism and occasional concession to Roy Porter’s patient history, they generally remained wedded to a top-down approach to the subject which prioritized brain-work and discovery over the quotidian realities of bodily health or the contestations and compromises of grass-roots medical practice. Building on that scholarship,
a new generation of historians, myself included, attempted to construct more politically and socially nuanced accounts by drawing upon the methodologies and sensibilities of the cultural history. But these days the history of medicine is no longer the sole preserve of social or cultural historians. Rather, it has become increasingly attractive to literary scholars who, against the background of an ever-widening conception of the text, have begun to look beyond the conventional literary sources of *Middlemarch* (1871-72) or *Madame Bovary* (1856) to explore specialist medical and scientific writings that were not previously part of their discipline’s intellectual purview. At the same time, funding bodies such as the Wellcome Trust have begun to promote the interdisciplinary study of Medical Humanities in place of conventional history, while some medical historians, myself included, have found themselves increasingly drawn to literary texts and methodologies. In fact, these days I spend as much of my time talking with literary scholars as I do with historians and find myself writing reviews for journals, such as this, whose readership is drawn predominantly from outside my own academic discipline.

All this contextualization is relevant in approaching Carpenter’s book, not simply by way of establishing my own intellectual proclivities, useful though that may be, but because her book is, as far as I am aware, the first real attempt by a literary scholar to write a general history of nineteenth-century British medicine. Carpenter has no formal background in the history of medicine but is, in her own words, “trained in the field of literary studies, particularly Victorian literature, cultural studies, and feminist criticism” (3). At the same time, however, her work promises a level of intellectual synthesis, for she asserts that it is also a “cultural history of Victorian medicine” (3). Some historians might be skeptical of someone from literary studies proposing to write such a broad historical survey but I, for one, welcome it, not least because the absence of such disciplinary ties can be intellectually liberating, permitting a fresh and distinctive approach to familiar themes and material. It is
therefore somewhat surprising, disappointing even, to find that that Carpenter’s book is, in many ways, so eminently conventional. The first chapter explores the patient-practitioner relationship and the rise of professional medicine while the second examines the history of cholera. This emphasis upon the big killers of the Victorian period continues with subsequent chapters on tuberculosis, syphilis, and smallpox. Chapters five and six engage with the burgeoning history of disability through studies of deafness and blindness while the concluding chapter, which serves as a bookending complement to the first, looks at Victorian women as both patients and practitioners. Nor is it simply the structure which seems rather old-fashioned. It is Carpenter’s intention that the surgeon-turned-physician John Snow should form a “continuing thread in the book” (7) and, as such, he appears variously as an exemplar of Victorian professional advancement, as a proponent of the waterborne theory of cholera transmission and as a pioneering anaesthesiologist. In many ways this is a useful narrative device, with Snow functioning as the nexus for a range of disparate themes. At the same time, however, his positioning as the unquestioned hero of the piece is occasionally reminiscent of the so-called great man approaches of old.

Of course there is nothing wrong with convention, in and of itself, and it would be disingenuous in the extreme to claim that cholera and smallpox were not important subjects for consideration just as it would be to deny the historical significance of figures such as Snow. But what is slightly frustrating about Carpenter’s approach is the relative failure of the literary material to add much of significance to a fairly well-worn historical narrative. Excerpts from personal letters and literary texts certainly add color to the picture but rarely are they employed in such a way as to alter the terms of the debate. And indeed the interpretive limitations of the literary aspect of the study are matched by an occasional paucity of historical analysis. The second section of chapter one, for example, proposes to explore the “Struggle for Reform” within early to mid-nineteenth-century English medicine
(13), but in actual fact it communicates very little sense of struggle or of the fervid internecine squabbles that characterized the period; what we get instead is a fairly traditional account of medical professionalization. Equally, in the second chapter we are told that cholera “exposed … the submerged connections between … domestic filth and the diseases, real and figurative, of colonialism and capitalism” and yet this is where the analysis ends (36), meaning that readers must turn to the work of others, such as Pamela Gilbert or Erin O’Connor, to get any sense of the cultural and ideological connections to which Carpenter refers. I might also add that, in my edition at least, this chapter contains an unfortunate factual error, for while Edwin Chadwick could be described as many things, a “clergyman” is not one of them (43).

Having said this, *Health, Medicine and Society* is not without its successes. It is, for example, a very fluid and engaging read. Moreover, at times, such as in the chapter on syphilis, it effects an extremely successful and compelling synthesis of historical and literary methodologies. Indeed, at its best, Carpenter’s book demonstrates just what literary studies can add to our understanding. For many years, historians of medicine tended to treat literary texts as essentially passive representations of social practice. What we are slowly beginning to appreciate, however, is that literature not only stands in a far more dynamic and co-constitutive relationship with medical knowledge and practice than has generally been acknowledged but that it can provide insights into the experiential dimensions of health and illness or the intersubjective qualities of the patient-practitioner relationship which conventional historical sources rarely permit.

It is probably best to conclude by pointing out that *Health, Medicine and Society* is not aimed at people like me. It is not a research monograph and makes no claims to rewrite the history of Victorian medicine. It is fundamentally a work of synthesis, intended for those approaching the subject for the first time. In this regard it is as good, if not better, than
anything else out there and I would happily recommend it to my undergraduate students.

Lest my criticisms seem churlish, therefore, I should say that they speak not to any inherent weaknesses in the book itself but rather to a desire to see literary studies impact more fully and more critically upon historical understandings of Victorian medicine. If the evidence of *Health, Medicine and Society* is anything to go by, while the potential is certainly there, it is yet to be fully realised.

Biographical Notice:

Michael Brown is Senior Lecturer in History at the University of Roehampton, London. He is the author of *Performing Medicine: Medical Culture and Identity in Provincial England, c.1760-1850* (Manchester UP, 2011) as well as a number of articles on the cultural and political history of medicine in late eighteenth- and nineteenth-century Britain. His current research explores the relations between mechanism, masculinity and militarism in the late Victorian empire.