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Patients, Power, and the Poor in Eighteenth-Century Bristol. By Mary E. Fissell. (New York: Cambridge University Press, 1991. Pp. xi, 266. \$54.50.)

This intriguing, but uneven addition to the Cambridge History of Medicine series began as a doctoral dissertation on unreformed health care for the poor. And the core discussion of Bristol's medical system from the patient's perspective remains the most vital aspect of the book. In the early-eighteenth century, it argues, local society shared beliefs about "reading" the body for signs of inward illness, and that popular and learned contemporary works made homologous links between specific illnesses and holistic remedies. Evidence from the Bristol region shows that, in the early-eighteenth century, patients chose their remedies from an array of "apothecaries, surgeons, bonesetters, druggists, [and] midwives" (37).

Into this marketplace of medicine, stepped the governors of the city's first infirmary in 1736. By the late-eighteenth century, the infirmary surgeons offered an alternative and replaced a patient-driven with a doctor-driven health system. This core argument compels. The work falters in explaining the admittedly complex effect of sectarian and partisan politics on the hospital's early governors, subscribers, and governors. (Quakers are made to speak for all Dissenters; a clear shift from Whig to Tory subscribers is explained away.) Two chapters place the growth of the hospital within a larger contemporary debate on charity. These chapters also reveal the growing power of infirmary surgeons as "hospital-based medical education" (131) became standard, although popular resistance to dissection led to body snatching and anatomical education on the sly.

This work claims that the hospital was a means by which "rich and poor defined one another through their interactions" (3). Were the "rich" that unified in their interest in governing the "the modern body/hospital" (200)? For example, surgeons and apothecaries fought and the governors increasingly turned over day-to-day management of the hospital to the doctors and declined to patronize favored patients.

A later chapter shows how patients lost control of diagnosis. Surgeons ignored the causal narrative of the poorer patients and replaced familiar ailments ("cough") with Latinate forms ("tussis"). Is this the product of class-based "cultural appropriation" (170), as argued, or professionalization? The chapter on the reform of popular medicine--which attempts to link this change with the reform of popular culture from the 1750s to the 1790s (why not the 1690s?)--opens plausible veins for further research, though with inconclusive evidence. The relation between "enthusiasm and lay healing" (172) is not demonstrated. Dr. Fissell admits doctors did not join the vocal "denunciation of popular error" (181) in non-medical areas. Most worrying, much space is given to the ideas and actions of contemporaries M.J. Naylor, Joanna Southcott, Richard Reece, and P. Mathias, without noting what connection they had to the Bristol region and its "local traditions of medical practice" (9). The conclusion that the reform of manners and the surgeons' appropriation of patients' bodies and language "look the same" (200) remains a reading of outward homologies.

In her laudable effort to refine theories about early modern medicine (based as much on European as English evidence) by examining their applicability to early modern Bristol, Dr. Fissell deploys telling incidents from throughout the West Country, Exeter, and London (or even

fiction from outside the region, 116, 121). It is fair to ask whether differences revealed are chronological or regional. An appendix maps eighteenth-century Somerset practitioners and provides some discussion of the limitation of sources.