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978-0-521-36355-6 - *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London*
Susan C. Lawrence
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Charitable Knowledge explores the interconnections among medical teaching, medical knowledge, and medical authority in eighteenth-century London. The metropolis lacked a university until the nineteenth century, so the seven major voluntary hospitals – St. Bartholomew, St. Thomas, Guy, the Westminster, St. George, the Middlesex, and the London – were crucial sites for educating surgeons, surgeon–apothecaries, and visiting physicians.

Lawrence explains how charity patients became teaching objects, and how hospitals became medical schools. She demonstrates that hospital practitioners gradually gained authority through their clinical teaching, research, and social status in London's urban medical culture, transforming the old tripartite structure into a loosely unified group of de facto general practitioners dominated by hospital men. As hospital physicians and surgeons became the new elite, they profoundly shaped what counted as “good” knowledge among medical men, both in the construction of clinical observations and in the proper use of science.

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Charitable knowledge

Hospital pupils and practitioners in eighteenth-century London

SUSAN C. LAWRENCE
The University of Iowa



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UNIVERSITY PRESS

32 Avenue of the Americas, New York NY 10013-2473, USA

Cambridge University Press is part of the University of Cambridge.

It furthers the University's mission by disseminating knowledge in the pursuit of
education, learning and research at the highest international levels of excellence.

www.cambridge.org

Information on this title: www.cambridge.org/9780521363556

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First published 1996

First paperback edition 2002

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication data

Lawrence, Susan C.

Charitable knowledge: hospital pupils and practitioners in eighteenth-
century London / Susan C. Lawrence.

p. cm. – (Cambridge history of medicine)

Includes index.

ISBN 0 521 36355 1 (hardback)

1. Medicine – England – London – History – 18th century.
 2. Teaching hospitals – England – London – History – 18th century.
 3. Medical education – England – London – History – 18th century.
- I. Title. II. Series.

[DNLM: 1. Medical Staff, Hospital – education. 2. Hospitals,
Voluntary – history – London. 3. History of Medicine, 18th Cent. –
London. WX 18 1996]

R488.L8L38 1996

610'.942'09033–dc20

DNLM/DLC

for Library of Congress 95-17710 CIP

ISBN 978-0-521-36355-6 Hardback

ISBN 978-0-521-52518-3 Paperback

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*In memory of
my father
and my brother*

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PREFACE

“Charitable knowledge,” I have been told, is a rather peculiar conjunction of words. *People* are benevolent, generous, lenient, merciful, or philanthropic, giving of their time, compassion, or money; *knowledge* – well, knowledge, qua knowledge, is not. Yet “charitable knowledge” captures the major arguments in this book. Practitioners in eighteenth-century London hospitals used their medical knowledge and skills for charitable ends. They spent hours voluntarily attending to the sick poor. They tried to help ill men and women to get better, whether or not they were particularly successful with their cures or especially kind to the poor folk under their care. During the eighteenth century, hospital physicians and surgeons made teaching pupils on the wards integral to hospitals’ charitable duties. In order to do that, they had to make the daily presence of large numbers of pupils on the wards fit into the meaning of charity for the lay governors whose time and money supported the hospitals. Using hospital patients as teaching objects had to become a *good* thing to do, a valuable contribution to social betterment for all people, not just a useful experience for a very small number of apprentices and personal assistants.

The modern teaching hospital exists because we – as a culture if not as individuals – in a fundamental sense value the moments when an experienced clinician instructs a medical student using the body and responses of a hospital patient. (This is, of course, sometimes valued more in the abstract than when one is the patient.) What is enshrined here is not the patient’s “gift” of his condition and cooperation, although that may be appreciated, but rather the clinician’s benevolence and generosity in sharing her knowledge and skills with a neophyte, *whatever* the patient may feel about the experience. Clinical teaching could only become – and remain – institutionalized in hospitals because even if we see it exploiting patients for purposes other than care, we understand that it serves a higher good – producing qualified doctors for other people, including ourselves. Hospital practitioners had to make this argument in the eighteenth century. That

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they did so successfully explains our comfortable belief that it is true.

The second point that “charitable knowledge” offers arises from the first. The knowledge that eighteenth-century medical men made, deployed, and taught on – and off – the wards was itself configured by the rituals and meaning of charity practice in the major London hospitals. The lay and medical men who built, ran, and supported the voluntary hospitals envisioned that respectable, even eminent, practitioners would volunteer to serve them. In London, this meant physicians and surgeons who knew the customs suited to practice among the well-to-do. I argue that hospital physicians and surgeons always used their charity work to display behavior appropriate for elite practitioners, no matter what else they did with it. Practicing on the poor was all about practicing among the rich, *not* in the sense of providing the same remedies, operations, and attention, but in the more fundamental sense that having a hospital post distinguished a man with prestige, learning, and expertise from the common run of ordinary practitioners. In much of this volume, I present the complex implications of this perspective. It has allowed me to connect the social context of hospital practice with the ways that eighteenth-century medical men wrote about their clinical experiences; to intertwine the meaning of gentlemanly manners with the meaning of science within medicine; to explain the persistence of two visions of the body and its diseases – the physician’s constitutional one and the surgeon’s anatomical one – into the nineteenth century; and to explore the powerful ways that hospital men’s teaching both created the general practitioner and kept him subordinate to them.

Charitable Knowledge, then, is a book about medical authority constructed in and through the voluntary hospitals of eighteenth-century London. As such, it is about the transformation of the traditional medical occupations – physician, surgeon, and apothecary – into the modern medical profession before the advent of organic chemistry, systematic microscopy, or anesthesia, indeed, before all of the changes that we now believe give medicine authority through correct science and efficacious practice. By the early nineteenth century, all sorts of medical students, ordinary practitioners, lay patients, politicians, and booksellers recognized that they were supposed to pay attention to the physicians and surgeons who staffed London’s well-known charities for the sick poor. During the eighteenth century, the practitioners and pupils at St. Bartholomew’s, St. Thomas’s, Guy’s, the Westminster, St. George’s, the London, and the Middlesex hospitals made these institutions into sites for the production and legitimization of both reliable doctors and good medical knowledge. They still do.

I began this project over a decade ago and with each passing year the number of those who contributed time, inspiration, support, criticism, and even well-meaning impatience has grown substantially. Many of my

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students, colleagues, and friends at the University of Toronto, Ball State University, and the University of Iowa have given more than most of them will ever know to the final shape of this book. I regret that I cannot thank all of them individually in this Preface.

Financial support for research travel made this work possible. I am extremely grateful to the University of Toronto for support during my graduate program; to the American Philosophical Society for a summer research grant; to the National Endowment for the Humanities for a Travel to Collections grant (FE-20881-87); to Ball State University for a Faculty Research Grant; and to the University of Iowa for international travel funds.

I could not have contemplated, carried out, or finished this study without access to eighteenth-century hospital records, manuscripts, and publications. I deeply appreciate the time and effort that the staff men and women of many libraries and archives not only took to provide me with helpful suggestions and material, but also continue to take to preserve and to catalogue the collections entrusted to them. In particular, I want to thank the librarians and archivists of the Bodleian Library of the University of Oxford, the British Library, the Corporation of London Record Office, the Greater London Record Office, the Guildhall Library, the Norfolk Record Office, the Royal College of Surgeons of England, the Royal College of Physicians of London, the Royal Society of London, the University of Edinburgh Library, the London Hospital Medical School Library, St. George's Hospital Medical School Library, St. Thomas's Hospital Medical School Library, the Wills Library at Guy's Hospital Medical School, and the Wellcome Institute for the History of Medicine in London. I owe a special debt of gratitude to Mr. Bompas, former Secretary of Guy's Hospital, for permission to study the student registers in his office; to the late Mr. Ralph Winterton, for access to the Middlesex Hospital archives; to Mr. Hugh Anderson, former Honorary Archivist to St. George's Hospital Archives, for access to St. George's Hospital archives; to Sue Palmer, when Archivist of the Guy's Hospital records at the Greater London Record Office, for information from material unfit for consultation; to Janet Foster, when District Archivist for the St. Bartholomew's Hospital Archives, for bringing me Ludford Harvey's diary; and to Claire Daunton, when District Archivist for the London Hospital archives, for her help with dozens of dusty volumes. They all went out of their way to let me work for long hours on the hospitals' boards of governors records.

For permission to reproduce Fielding's 1786 map of London, I acknowledge the Westminster City Archives; Michael Wilcox provided the graphics expertise to label the hospitals' locations.

On this side of the Atlantic, the staff of the Science and Medicine Library, John Robart's Library, and the Thomas Fisher Rare Book Library

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of the University of Toronto were endlessly patient with my requests. On my research trips to the National Library of Medicine, I always found the staff of the Historical Division generous with their kindness and expertise. I thank the University of Iowa's library staff for their assistance over the last few years, as I have written and rewritten this book. Additional noteworthy support from the University of Iowa came with the enthusiasm and skill of two graduate research assistants, Gail Hutchison and Louisa Starr Mack, and from Melanie DeVore, who has been a calm source of secretarial expertise and patience during the final year it has taken to prepare the manuscript. Thank you all.

This book went through many versions during a decade of increasingly abundant work on eighteenth-century medicine, science, and culture, and I owe many thought-provoking moments to the scholars whose work I acknowledge in my notes. Excellent work continues to appear, such as *Medicine in the Enlightenment*, edited by Roy Porter (Amsterdam: Rodopi, 1995), published since the manuscript went to the Press in July 1994 and so not included in my analysis or references. For their considerable intellectual stimulation and challenge, my deep gratitude goes out to Toby Gelfand, my doctoral dissertation adviser, Cathy Crawford, Andy Federer, Jan Golinski, Henry Horwitz, Roy Porter, and John Harley Warner. Harold Cook, Charles Rosenberg, Daniel Goldstein, and Gail Zlatnik read and offered insightful and helpful comments on large portions of my manuscript; for their efforts to make this book better, I am enormously grateful. All the remaining flaws are entirely my own. A workgroup at the University of Iowa kept me going throughout all the ups and downs of academic life: Sally Kenney, Teresa Mangum, and Gita Patel, you did it. Lastly, Mary Fissell has done all of the above, and more. Her support, reading, criticism, enthusiasm – and long conversations about eighteenth-century medicine, culture, science, and poverty – always helped me to shape and to refine my arguments. That we sometimes disagreed reminded me at crucial moments that writing a book can be fun.

A note on quotations and dates: I have remained faithful to the spelling and grammar of eighteenth-century sources in all quotations, except that I have written superscripted abbreviations, such as w^{ch}, as “wch.” I use [*sic*], therefore, only when the peculiarities of the author's prose have convinced readers of the manuscript that there must be a mistake in the quotation. All dates before 1752 are given new style, with the calendar year beginning on January 1, unless otherwise noted.