

understand what was really new and original about its approach.

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Ian Burney, *Poison, detection and the Victorian imagination*, Encounters, Cultural Histories Series, Manchester and New York, Manchester University Press, 2006, pp. viii, 193, £35.00, \$59.95 (hardback 978-0-7190-7376-2).

As any weekly television schedule will confirm, the battle of wits between a cunning murderer and a skilled “medical detective” is an endlessly fertile source of entertainment. Occasionally the roles are reversed, and we are presented with the struggles of an innocent accused against a fanatical and charismatic expert. Ian Burney shows how similar dramas were played out in the courtrooms, newspapers and novels of Victorian England.

Central to Burney’s skilful interweaving of medical, legal and cultural history is the versatile concept of “imagination”. If imagination involves “calling into being something not immediately perceptible” (p. 4) then toxicologists were engaged in an imaginative exercise, however much they strove to present their evidence as hard scientific fact. The toxicologists’ insistence (contrary to earlier beliefs) on the invisibility of poison, its ability to kill without external signs of violence, gave it its imaginative resonance at the same time as making its detection the preserve of experts. But expert detection frequently depended on subtle discriminations of taste and smell that could only be communicated by verbal similes, again appealing to the audience’s imagination. Even when the toxicologist literally succeeded in making the invisible visible, as in the white deposit produced by Marsh’s test for arsenic, appearances could be deceptive. The deposit might be antimony, itself a poison but commonly used in medicines and as an emetic in cases of suspected poisoning.

In a fascinating discussion of poisoning trials (which has parallels, in ways Burney might usefully explore, with a number of recent studies in the sociology of science), Burney argues that while toxicologists sought to contrast their disinterested scientific virtue with the adversarial game-playing of counsel, the construction of scientific knowledge and its forensic deconstruction were in many respects homologous. The courtroom was a laboratory in which scientific evidence was tested by the experiment of cross-examination. Scientists adduced a range of experimental results as pieces of testimony which, while individually inconclusive, corroborated one another as proofs of the suspect substance’s toxicity.

Burney’s discussion of criminal trials might have been enriched by a closer attention to developments in trial procedure. The trial of William Palmer (1856), to which Burney devotes a full chapter, has also been analysed by the legal historian David Cairns in *Advocacy and the making of the adversarial criminal trial 1800–1865* (1998), and it is worth reading both accounts to understand how the scientific evidence fitted into the larger drama of the trial. What Burney perhaps does not sufficiently emphasize is how far the successful prosecution of Palmer and other alleged poisoners depended on counsel’s ability to weave scientific and circumstantial evidence together into a compelling narrative. While this strategy enabled the prosecution’s poison-hunters to carry the day, it also disrupted the image of their activity as a hermetic, scientific inquiry whose results the jury must accept as authoritative. The choice between experts was subsumed into a choice between competing narratives of murder or tragic coincidence. Burney is perhaps too quick to accord explanatory primacy to cultural factors rather than to the dynamics of the adversarial trial in accounting for the equivocal outcomes of those trials from the poison-hunters’ point of view. His discussion of the cultural significance of poison, as reflected for example in the novels of Bulwer Lytton and Wilkie Collins, nevertheless adds an important dimension to his account of the legal and scientific controversies

in which the emerging profession of toxicology was embroiled.

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Wayne Wild, *Medicine-by-post: the changing voice of illness in eighteenth-century British consultation letters and literature*, Wellcome Series in the History of Medicine, Clio Medica 79, Amsterdam and New York, Rodopi, 2006, pp. 286, illus., €60.00, \$78.00 (hardback 978-90-420-1868-6).

The practice of consulting medical practitioners through letters has provided invaluable insights for historians of medicine. The resulting collections of letters contain detailed accounts of the constantly adjusted therapeutic regimes prescribed for patients. More importantly, consultation letters have revealed the power relations between elite practitioners and wealthy patients, and the different approaches accorded to upper-class clients and poor hospital patients. The sheer volume of consultations by post also vividly shows the low importance accorded to physical examination at the time.

Medicine-by-post is a detailed study of medical correspondence over a long time span—from 1720s to the 1790s. Framed by an introductory chapter on patients and practitioners, and a concluding chapter on the portrayal of medical encounters in novels, the three central chapters focus on consultation letters written by well-known names in the medical world—James Jurin, George Cheyne and William Cullen. Wild uses this range of sources to explore the shifting rhetoric of medical consultation. He argues that rhetoric is far from being mere flourish but is the key to understanding the exchange between patient and practitioner. A shared style of writing mediated and allowed the construction of the patient–practitioner relationship. Common rhetoric as well as common medical knowledge allowed patients to represent their ailments, and to test their physician’s competence. Equally, it

allowed practitioners to establish their status (at a time when their standing was far from certain) and their authority. Wild convincingly shows that though therapeutics remained fairly constant, rhetorical style mirrored new theories of body function and dysfunction.

Jurin and his correspondents used a dry, objective “scientific” reporting of symptoms and applied iatromechanical theory to devise curative strategies. Nervous theories, with the language of sensibility allowed Cheyne’s and Cullen’s clients to describe their feelings and experience of ill health, and the physicians to proffer rational diagnoses combined with ready sympathy. In his final chapter, Wild argues that this rhetoric spilled over into the public arena. Wild shows that consultation letters were quasi-public documents, passed among family and friends, and might even appear in print in medical texts. More significantly, they informed the depiction of practitioner–patient encounters in literature, where physical illness became a metaphor for a wider social decay.

Wild’s study of medical correspondence is engaging and thought-provoking. His detailed analysis of consultation by post shows that the intercourse between patient and practitioner is even more complex and nuanced than earlier historians have suggested. Power did not lie entirely with the paying patient. Clients were sometimes pathetically anxious to obtain an opinion from distinguished physicians, expecting responses within a matter of days. Physicians had a degree of authority in the exchange, chiding patients who failed to adhere to their prescribed regimen, although their reproofs were tempered by the need to flatter and maintain the client’s business. The book is aimed at multiple readers, and while Wild’s background history and short biographies of his main protagonists will be useful to students of eighteenth-century literature, they are familiar territory to medical historians. Many of the letters used have been published, but for the reader not familiar with medical correspondence, more substantial quotations would have made the text even more engaging. Nevertheless, *Medicine-by-post*