

As she deftly puts it regarding the supposedly hysterical ‘motiveless malingerers’, ‘We tend to assume today that a psychological approach must be “progressive”, simply because it aligns more neatly with modern understandings of self-harm’ (p. 141). Chaney meticulously avoids this assumption throughout.

One of the most interesting parts of this book is rather buried in the conclusion, where Chaney’s personal experiences resurface. She states:

The history of medicine has been a solution for me in the way medicine itself never was. History invites critical thinking and analysis; it may not always provide answers but sometimes that isn’t the point. Education empowers in a way that psychiatry, with its rigid frameworks and imposed stereotypes, will always struggle to. It invites questions, rather than imposing answers. It ties the personal with the political, the individual into the broader cultural framework. (p. 239)

It would be a mistake to *reduce* this work of history to a cathartic, therapeutic working-out of its author’s psychology. It is so much more than that – a broad, detailed, accessible, sensitive and critical work of history. But its sensitivity and its critical engine are just as much driven by the author’s commitments as by the detailed archival work. These strands are united in a fantastic history where the personal really is political, cultural and historical.

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Lynda Payne, *The Best Surgeon in England: Percivall Pott, 1713–88* (New York, etc.: Peter Lang, 2017), pp. 236, SFr.103/€94.95/£64/\$US94.95, hardback, ISBN: 978-1-4331-2319-1.

The surgeons of the heroic age of surgery, especially before the introduction and acceptance of anaesthesia, have always been figures of awe, inspiring both admiration of their strength and resolve but also distaste at their ability to cut in the cause of healing. Their bloody work obscures both their personalities and their humanity. As Professor Payne rightly avers, these men have too much been assumed to have been brutalised by their bloody profession. Like them, she cuts boldly through unhelpful myth, oft-told stories and easy assumptions to produce an insightful and rich biography of a notable but oddly neglected surgeon.

Lynda Payne is the inaugural Sirridge Missouri Professor in Medical Humanities and Bioethics at the University of Missouri-Kansas City. She has previously published on medical education in early modern England and has researched diligently in the complex British sources. The tone of her book is curiously in tune with the period and its medical literature. It is highly discursive, retailing stories and ‘cases’ to build up a picture of Percivall Pott in his setting, the competitive and often rancorous, scrambling world of the hospitals and dissecting rooms of Georgian London.

Pott (1713–88) was not only one of England’s most long-lived surgeons (he began his apprenticeship at the age of 15 and practised until he was 73) but was among the most acclaimed. Professor Payne offers a valuable reappraisal of a man whose admiring biography had been written briefly by his son-in-law, James Earle. She draws upon not only a range of contemporary evidence to amplify and correct the existing record, but places Pott’s work as a surgeon in the context of medical historical scholarship undertaken in the past couple of decades. Her book enables us to understand more clearly why he

was regarded so highly by his contemporaries and, in turn, provides fresh insights into the painful, messy and so often unsuccessful practice of surgery in Georgian London.

While also discussing and elaborating Pott's life (including a fascinating if perhaps unrelated digression on the scandalous life of his son Bob, who took a well-known London courtesan with him to Bengal, where they both died) Professor Payne examines four themes in Pott's life and work. She surveys the contemporary context of surgery as both a profession and a business, the vital matter of 'authority and surgery', the results of 'accidents and violence' and Pott's treatment of chronic conditions. In this she discusses Pott's cases and his willingness to test his anatomical, diagnostic and operative skill, an analysis greatly assisted by his prolific teaching notes and texts.

Professor Payne discusses Pott's techniques in the amputation of limbs and scirrhus breasts, in head operations and in operations to correct hernia, venereal and urethral complaints, in all of which he introduced new methods during his long career. Ironically, although Pott advocated early recourse to amputation in the protracted argument consuming contemporary surgeons over the necessity and timing of amputation, when, in 1756, he sustained a compound fracture after being thrown from his horse, Pott declined to submit to it.

Professor Payne is no hagiographer. In her discussion of Pott's treatment of wounds to the head (distressingly common in accidents and assaults) she catalogues his frequent failures as well as his successes. Pott treated his wards as a gigantic experimental laboratory. That his reputation stood so high despite his frequent disappointments says a great deal about the general standard of surgery among his contemporaries, and also about his commitment to analysing and refining his methods. He rejected, for example, the use of the cautery, the use of hot irons, although he did rely upon 'issues' (the deliberate cultivation of suppurating sores) to treat palsy or paralysis – seemingly successfully, at times.

The Best Surgeon in England justifies the encomium bestowed upon Pott. Professor Payne shows how Pott anticipated the evolution of the 'modern surgeons' of the final decades of surgery before the acceptance of chemical anaesthesia. She approvingly quotes Pott's first biographer, stating that Pott and his protégés 'began to see, that pain was not always the means of curing pain, and that to relieve was rather the surgeons office than to torture'[sic] (p. 137). Percivall Pott has waited a very long time for this expert, measured and humane reappraisal, but it is all the more welcome for the authoritative regard Professor Payne offers.

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