confessed inadequacy of Hippocratic priorities when confronted with the probings of the true philosopher. Yet even in apparent defeat, Hippocrates triumphs, for he has learned from Democritus and, so it is implied, incorporated what he has learned into his medicine.

Christianity was, however, different from Greek philosophy. True, in its theology and, largely, in its ethics, Hippocratic medicine was neutral, easily assimilable to Christianity, Judaism, or Islam, but its emphasis on natural, bodily health was not always compatible with a religion whose adherents could view disease as divine testing, and asceticism as a qualification for sainthood. In the accounts in the *Gospels* and *Acts*, Christianity had precedents for a truly Christian healing that was at variance as much with Hippocratic healing as with charismatic exorcists and with Asclepius cult. The later attempts of Origen and Macarius to define the healing appropriate for Christians reveal the complexities of the relationship. Temkin is right to stress the general lack of hostility to secular medicine, and his exposition of such ambiguous texts as the *Epistle* of James and the *Oration* of Tatian points to a more positive view of medicine than is usually granted. But, at the same time, these formulations could (and still do) give rise to a rejection of secular healing of the body that goes far beyond the rejection of the claims of Hippocratic medicine to treat also the mind or soul. Nor is the rise of the healing shrines of saints as unimportant, or unprecedented, as the few pages devoted to it here might suggest.

In one sense, Temkin's *Hippocrates* is Hamlet without the prince, for the victory of Galenism, so well analysed by Temkin himself in 1973, also confirmed the primacy of Hippocrates. As Lloyd shows in one of his essays, Galen's version of Hippocrates was not shared by all Hippocratics, and it was the success of Galenism in driving out alternatives that imposed the Hippocratism familiar to us today. It is relevant to note that Galen wrote a commentary on the Hippocratic *Oath*, partly edited and translated into English by Franz Rosenthal (*Bulletin of the History of Medicine*, 1956; repr. in *Science and medicine in Islam*, 1990), and, even more, that what survives (perhaps as much as a quarter of the whole) is concerned with it from an antiquarian rather than an ethical viewpoint. Galen's apparent failure to mention the *Oath* in the recently discovered *On examining the best physician*, and, indeed, to cite it frequently in his writings, suggests that its adoption as the universal standard of ethical practice was owed to later Galenists in the Christian centuries. This would also fit with the transformation, noted by Temkin, of other Hippocratic ideals to fit a Christian framework.

This is a wise and humane book, revealing at least as much about its author as about its subject. Abreast of modern research, it displays in a broad perspective problems of the past that are still with us today. Never dogmatic, always courteous, rarely wrong, this is a work that can be read, and reread, with pleasure and profit by classicists, philosophers, theologians, and doctors. How much Temkin and the history of ancient medicine have changed over the decades since he first wrote about it is only too apparent. His *Hippocrates* transcends the old boundaries of the discipline to incorporate religion and pseudonymity, Isidore of Pelusium as well as Agnellus of Ravenna, yet it remains faithful to his historian's creed. He challenges the doctor and his fellow scholars to think, and thereby to improve themselves and others—an enterprise worthy of Hippocrates himself.

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ROY PORTER, *Health for sale: quackery in England, 1660–1850*, Manchester University Press, 1989, 8vo, pp. xi, 280, £19.95.

As historians of medicine (and doctors) have long been aware, certified professionals have never enjoyed a *de facto* monopoly of medical practice. A long line of books has described the activities of the physicians' rivals, usually to condemn them, and we have several serviceable histories of "quackery" and "superstitious" medicine. A major limitation of these older works,

by C. J. S. Thompson, Grete de Francesco, Eric Jameson, Eric Maple, and others,[1] is that they depend on an essentially ahistorical psychological model of quackery as the interaction of a clever and unscrupulous fraud with an ignorant and credulous victim, made all the more vulnerable by illness. Because this psychological dynamic is rooted in eternal human nature—some will always deceive and others wish to be deceived—the basic phenomenon of quackery, according to these accounts, has manifested itself in all times and places; in a sense it has no history, and its chronicler can offer only exempla, the more colourful the better, to amuse and instruct the reader. At most, one might argue that as professional medical care became more widely available, thanks to third-party systems of payment, it constricted the space in which unqualified practitioners could operate. Maple, for example, somewhat wishfully considered that National Health Insurance and then the National Health Service had dealt a death blow to quackery in England and marked a new era in social history; quacks, in a sense, entered history only by leaving it, a footnote to the story of the rise of modern medicine and public health.

Roy Porter's immensely readable *Health for Sale* similarly amuses and instructs, with its author's accustomed panache. He is a better storyteller than any of his predecessors, and the reader will find some choice pages here on such figures as James Graham, proprieter of the Celestial Bed for treating impotence and sterility, and "Chevalier" John Taylor, the itinerant oculist. But this is not a portrait gallery, and the book's deeper and more novel objective is to establish the framework for an interpretive social history of irregular medical practice. Unlike Thompson and company, Porter rejects the model of deceiver and dupe and forswears quack-bashing. (Like them, however, and unlike some of his contemporaries equally influenced by the "new social history", he passes over much of the vast network of popular healers to concentrate on entrepreneurs who used showmanship and publicity to hawk their remedies to the public—a group to whom he applies what he wishes the reader to accept as the "morally neutral" [p. vii] label of "quack".) Porter also eschews as ahistorical an approach that would treat early modern quacks as forerunners of the modern medical fringe, and quackery as part of the story of professionalization, in which official and popular medicine struggled for the public's custom and allegiance: this essentially bipolar model, he insists, does not describe the medical world of Georgian England.

Porter's view of medical practice in the long eighteenth century, whose outlines will be familiar to readers of his numerous previous publications, emphasizes similarities rather than differences between the formally qualified and the unqualified practitioner. Their therapeutic methods, equally inefficacious, were substantially comparable; quackery was not 'alternative' medicine, and such explicitly anti-scientific practices as faith healing and occultism had very little place in it. Both quack and doctor advertised, and both depended on rhetorical skills to win and retain a clientele, even if their styles may sometimes have diverged. Both identified with the establishment; quacks were in no sense revolutionary, and if they represented a disruptive force, its political analogue would be the Wilkites, who received their impetus from above, rather than popular radicalism stemming from below. Because doctor and quack were essentially similar, patients did not commit themselves exclusively to one rather than the other and often consulted both for the same illness.

This description of doctor and quack, unlike the professionalization model, is meant to be historically specific. Several factors, in Porter's view, put qualified and unqualified on something like an equal footing during the long eighteenth century, including the medical profession's inability, as yet, to demonstrate real therapeutic superiority over its rivals; but the most important were the characteristics of English society in this period. This is the England of J. H. Plumb and his disciples (recognizable in Porter's own first-rate volume on the eighteenth century for the Pelican Social History of Britain)[2]: a rapidly emerging consumer society, driven by market forces and characterized by a *laissez-faire* political economy. Its burgeoning new

[1] Thompson, *The quacks of old London*, London, 1928; de Francesco, *The power of the charlatan*, tr. Miriam Beard, New Haven, 1939; Jameson, *The natural history of quackery*, Springfield, 1961; Maple, *Magic, medicine, and quackery*, New York, 1968.

[2] Porter, *English society in the eighteenth century*, London, 1982; cf. Neil McKendrick, John Brewer, and J. H. Plumb, *The birth of a consumer society: the commercialization of eighteenth-century England*, Bloomington, 1982.

population centres lacked the guild restrictions of the old market towns, and, even in the latter, economic regulation was on the decline. Medical practitioners resembled other entrepreneurs; their activities bespoke the commercialization of medical practice and treated medicine as a commodity. Porter characterizes their nostrums as "among the very first standardised, nationally marketed, brand-name products" (p. 46). In the consumer society, the customer exercised considerable power of choice. Drawing on Nicholas Jewson's work on patient-doctor relations as well as his own earlier studies of health care from the patient's point of view, Porter emphasizes the public's freedom to turn to either quacks or self-help (which mutually strengthened each other, since quacks provided a large share of the remedies used in auto-medication). It is revealing, he suggests, that when John Coakley Lettsom denounced quackery and personally took on several of the worst offenders, he addressed himself to the court of public opinion as the ultimate arbiter. Few other avenues would have been open to him. Regulation was everywhere lax or non-existent, contrary to the perception of Georgian England as the land of privilege; the Royal College of Physicians (as Harold Cook has shown)[3] had largely abandoned its prosecutorial role. The regulars grumbled and succeeded, in the Apothecaries' Act of 1815, in establishing clearer credentials for general practice, but "the Act (like subsequent ones) signally did not prohibit irregular practice... The idea of killing quackery through coercion was politically a non-starter in Peelite England" (p. 30).

From the early Victorian period on, however, it makes increasing sense, Porter argues, to distinguish professionals from non-professionals, orthodox from heterodox; the professionalization model works, in other words, but only starting with the generation of Thomas Wakley and the *Lancet*. Professional medicine defined itself against quackery, and a genuinely popular medicine defined itself against the profession. Only now can one speak of a true fringe, "an authentically populist medical creed articulating the aspirations of the Victorian common people for self-determination, and repudiating the newly aggressive professional designs of the Victorian medical profession" (p. 233). Fringe medicine was explicitly anti-élitist, with links to political and religious radicalism; its political analogue was Chartism, a movement with which some of its exponents had direct links (as J. F. C. Harrison and others have shown). For some fringe leaders, ideological and moral issues mattered as much as or more than the commercial transaction that was the quack's *raison d'être*. The fringe, moreover, promoted medical systems radically different from regular medicine, such as that of James Morison, self-appointed president of his own "British College of Health" and pill-merchant *extraordinaire*, whose theory attributed all diseases to bad blood, readily curable through his remedy. Followers of many of these systems constituted recognizable movements (or "sects" as they were generally called in the American context); against regular medicine one could set homeopathy, hydropathy, Coffinism, mesmerism, and so on (though it should be added that homoeopathy won a significant following among physicians). Such movements characteristically claimed to have found a more natural path to health than the one followed by physicians. The profession, for its part, moved to establish "a tighter cordon sanitaire" (p. 16) between medicine and quackery. Even if the Medical Act of 1858 did not proscribe unqualified practice, the Victorian era was marked by "the tightening of professional controls, and the rational-bureaucratic goal (which in other contexts would be called a restrictive practice) of a 'single portal' into the profession" (p. 31). This assertion of control reflected a larger transformation, the increasing acceptance of state intervention in economic life; the days of untrammelled *laissez-faire* were over. As for old-style quacks, squeezed between the reformed profession and the emerging fringe, they lived on, far from extinct, but increasingly marginalized, reduced to "the routine business of marketing over-the-counter medicines" (p.234). In a book entirely devoid of statistics, we are not told whether the number of quacks or their incomes changed. Porter does indicate that itinerants benefited from the construction of the railways, and the implication is that the economic importance of the quacks' activities may actually have increased in absolute terms; but their share of the global medical market would seem to have declined. Heroic medical entrepreneurship ultimately yielded to new professional

[3] Cook, *The decline of the old medical regime in Stuart London*, Ithaca, 1986.

institutions, on the one hand, and new forms of market capitalism (the pharmaceutical industry) on the other.

Porter has, in effect, created a narrative by presenting what might be called a commercialization model, richly described here, and the more traditional professionalization model, much more briefly discussed, as descriptions of successive rather than concurrent phases of modernization (though that term itself never appears). Such a narrative avoids the rigid teleology of the strongest versions of modernization theory and the professionalization model, insisting on the specificity of time and place (Porter stresses differences between England and the Continent, for example), even if one still has the sense of an irreversible linear process leading to greater power for certified experts. It has a rough parallel, although the periodization is different, in Harold Perkin's account of the development of modern English society as the story of the triumph of the entrepreneurial and then of the professional ideal.[4] It is consistent with sociological theories of professionalization, most notably in the work of Magali Larson, that emphasize the development of markets and subsequent efforts to control or close them.[5]

Even before the appearance of this book, Porter's work has helped stimulate and has greatly influenced a growing literature on the history of parallel medicine—though it has also encouraged the perception that such studies, particularly for periods before the mid-nineteenth century, may be vitiated from the outset by the artificial distinction between professionals and non-professionals, and that what is really needed is an integrated history of all medical practitioners and their patients.[6] His interpretation bids fair to become a new orthodoxy, and the time may be at hand to begin an interim assessment.

The immediate strengths of this approach are those of the commercialization model, which directs our attention away from institutions of the sort traditionally studied by historians and sociologists of the professions toward the actual behaviour of practitioners and clients in an expanding market for medical services. By focusing on the most active entrepreneurs, Porter is perhaps led to overstate the similarities among the different sorts of practitioners who flourished during the long eighteenth century, but he is surely right to reject a simple juxtaposition of professionals and interlopers. *Mutatis mutandis*, the commercialization model could equally well illuminate the experience of Continental societies, where medical entrepreneurship also flourished, even if the market was slower to develop and government regulation typically tighter. Ideally, we would want to have fuller information on the size and structure of that market, and the role of all the economic actors, not just the most prominent entrepreneurs; at least a partial reconstruction is possible at the local level, as Hilary Marland has shown for Wakefield and Huddersfield in the late eighteenth and nineteenth centuries.[7]

The larger narrative remains more problematic, in part because the book presents it in much more tentative and schematic form than the commercialization model; only a scant fourteen-page chapter is devoted to changes in the nineteenth century. Where the analysis sharply distinguishes two successive phases, it risks falling into much the same sort of rigid bipolarity that Porter justifiably criticizes in his analysis of eighteenth-century practitioners; and by reintroducing the professionalization model for the nineteenth century, it may lose something of what was gained by rejecting it for the eighteenth.

On the first point, as some of Porter's own *obiter dicta* would indicate, we should avoid drawing too sharp a contrast between Victorian professionalism and Georgian *laissez-faire* (or, for that matter, between the market-oriented world of the eighteenth century and the period preceding the "birth" of the consumer society). For the earlier period, focusing on quacks who aped the doctors and physicians who behaved like quacks tends to obscure the efforts of other

[4] Perkin, *The origins of modern English society, 1780–1880*, London, 1969; *The rise of professional society: England since 1880*. London, 1989.

[5] Larson, *The rise of professionalism: a sociological analysis*, Berkeley and Los Angeles, 1977.

[6] W. F. Bynum and Roy Porter, eds., *Medical fringe and medical orthodoxy, 1750–1850*, London, 1987; Roger Cooter, ed, *Studies in the history of alternative medicine*, New York, 1988.

[7] Marland, *Medicine and society in Wakefield and Huddersfield, 1780–1870*, Cambridge, 1987.

medical men to identify their profession with a scientifically based pathology and therapeutics, to question the uncritical use of the traditional armamentarium, and to distance themselves from quacks, whatever their credentials. The new history of quackery, which has so fruitfully scrutinized quack discourse, has typically taken anti-quack rhetoric far less seriously, sometimes treating professional ideology with a Namierite contempt and suggesting that "quack" was a meaningless label that any practitioner might apply to any other who was of lower status, who threatened his livelihood, or who simply incurred his disdain. Denunciations of quacks, according to this view, become something like quackery as presented in the older literature—the timeless expression of human nature. But anti-quackery has a history, and both anti-quack texts and more general attacks on popular errors in medicine[8] deserve a more thorough and sympathetic consideration than they have received so far.

The medical marketplace of the nineteenth century, on the other hand, in some ways resembled the free-for-all that Porter describes for the eighteenth. In England, as in many other parts of Western Europe, the first half of the century produced a glut of qualified practitioners, and for decades, professional overcrowding drove them to adopt "quackish" strategies to survive; the mid-Victorian period, as M. Jeanne Peterson has shown, was an age of medical entrepreneurship and shameless self-promotion.[9] It was also a great age of unlicensed medical practice. What limited quantitative evidence we have suggests that there were more quacks in the nineteenth century than in the eighteenth, and more medical publicity of all kinds, supported in particular by the explosive growth of the periodical press. Populist medical sects that denounced official medicine were, indeed, a new phenomenon in the nineteenth century, and if they are defined as the fringe, then it is certainly correct to argue that eighteenth-century irregulars were not "fringe" practitioners. As Porter notes, however, the fringe supplemented more than displaced traditional forms of quackery.

To be sure, the movement for professional reform, barely organized in the eighteenth century, made substantial headway in the first half of the nineteenth, and the blurring of categories of practitioners, so striking a feature of the Georgian medical world, had been greatly reduced by 1858. The professionalization model clearly works better for the nineteenth century than for the eighteenth. But it may still be too linear and too teleological in its implications. The history of regulation, in particular, does not fit the narrative as neatly as one might wish. The Apothecaries Act of 1815 did penalize unauthorized practice (as an apothecary) with a £20 fine, even if in practice, as Irvine Loudon has shown, it failed to improve the status of general practitioners.[10] In contrast, the Medical Act of 1858 and afterwards the Pharmacy Act of 1868, even if they rationalized and standardized professional qualifications, were non-restrictive; no new bureaucratically administered professional monopoly replaced the old corporate privileges, now abolished. Within this context one could argue, with David Cowen, that it was the medical regime of the Victorian era that was marked by *laissez-faire*.[11]

Two conclusions suggest themselves. First, the history of the market and of professionalism need to be understood conjointly. At the most basic level, a modern profession cannot flourish without a well developed market for its services, and its programme and aspirations reflect market conditions. Whether or not one fully accepts Larson's view of the "professional project" as an attempt to control this market, it is plausible to associate the rising chorus of demands for both intra- and extra-professional regulation with the growth of medical entrepreneurship rather than its decline. The same competitive forces that led practitioners to demand protection from quacks also drove some of them to the sorts of self-promotion that reformers decried. Second, we need further work on more recent periods, particularly on the question of quackery's "decline" and the concomitant rise of professionalism. Although we

[8] See, for example, John Jones, M.B., *Medical, philosophical, and vulgar errors of various kinds, considered and refuted*, London, 1797.

9 Peterson, *The medical profession in mid-Victorian London*, Berkeley and Los Angeles, 1978.

[10] Loudon, *Medical care and the general practitioner, 1750–1850*, Oxford, 1986.

[11] Cowen, 'Liberty, laissez-faire, and licensure in nineteenth-century Britain', *Bull. Hist. Med.* 1969, **43**: 30–40.

have anecdotal evidence (and some poll data) to suggest that many patients have continued to consult unqualified practitioners of various kinds, the relative importance of the latter's activities compared with those of the official sector has not been seriously studied. The ease with which one finds examples of quacks (as defined by Porter) from the late nineteenth and even early twentieth centuries suggests that to write the quack's obituary in the Victorian period would be premature. But neither is it entirely satisfactory to argue, with James Harvey Young[12] (an exponent of the knave/fool model), that quackery persists and flourishes as never before in the twentieth century, because the volume of business in outrageous nostrums never ceases to grow. Quackery does not enjoy the social status it did in the eighteenth century, and few of the present-day nostrum promoters could be characterized as medical practitioners; nor is it clear that the revival of interest in fringe medicine among the educated middle classes has substantially transformed the structure of medicine as an occupation. Since this transition was not abrupt, it is difficult to date, much less explain satisfactorily. One key factor seems to have been the development of third-party systems of payment, which gave qualified practitioners relative security and patients a powerful incentive to consult them. Quacks were shut out of this system (as they were also excluded, to their equal detriment, from hospital medicine), although in England, in the absence of restrictive legislation, they remained free to compete with other solo practitioners in the now more limited marketplace for patients who paid full fee, as long as they did not falsely claim professional titles or a place in the Register. As pill merchants, they also suffered the competition of chemist, dispensing druggist, and large-scale pharmaceutical industry, though the economic history of this process has yet to be written.

Any boldly stated thesis will get nibbled around the edges. What Porter has done in this wonderfully imaginative essay is to offer specialists and non-specialists alike an arresting alternative to accounts that put the history of quacks on the periphery of another story (as even many revisionists critical of Whig triumphalism in medical history are wont to do); in the story of the medical marketplace, they occupy centre stage. The debate will go on, but reframed. For this we are all in his debt.

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[12] Young, *The medical Messiahs: a social history of health quackery in twentieth-century America*, Princeton, 1967.