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The disappearance of the sick man from medical cosmology, 1770-1870

The appearance of Jewson's paper 'The sick man', in 1976, was one of several significant markers of a great transformation that had recently occurred in the academic discourse surrounding medicine.¹ Up until the 1960s, the history of medicine had been written almost entirely by doctors themselves, or by commentators who allied themselves closely with the values and interests of academic medicine.² Medical sociology, such as it was, justified itself largely in terms of its supposed utility for the higher purposes of public health, epidemiology, and health education.³ Its dominant theoretical schema, Parsonian functionalism, articulated a normative conception of the 'sick role', which urged upon the laity submission, cognitive as well as bodily, to the authority of the state-licensed physician.⁴ Together with the publication, in 1973, of the first English translation of Michel Foucault's *The Birth of the Clinic*, Jewson's work represented the emergence of a more radical engagement with medical knowledge, the appearance of a discourse that was about medicine but not wholly of it.⁵

The thrust of Foucault's methodology was, indeed, that to understand medicine properly it was necessary not to be a practitioner but to be a student. By which he meant not that one should enrol in a medical faculty, but that one should scrutinise medical knowledge as an archaeologist examines material artefacts.⁶ Jewson's approach might be characterised similarly. Noting that he emphasised the intimate connection between knowledge and location, one might also remark that it was not a coincidence that Jewson taught medical sociology in a university that did not, in the early seventies, have a medical school. A critical distance from the institutions of medicine was essential to his enterprise. Moreover, Jewson and his colleagues at Leicester (Ivan Waddington for instance) articulated a point of view that was empowering for those health care professionals who did not enjoy the elevated social status of the physician or the surgeon.⁷ Nurses, therapists and medical social workers could point to the fact that the character of clinical medicine was as historically and socially contingent as that of their own activities. Jewson was, thus, a pioneer of medical sociology not as a service industry for medicine, nor as an under-labourer providing its hegemonic master with ideological

justification, but as an independent critical enterprise able to address the interpretative challenges that the edifice of modern medicine poses to the sociologies of knowledge and power.

Jewson wrote with the vigour of the neo-Marxist theorists of the 60s. (And, one might say, with a little of their residual sexism – hence the unfortunately gendered title of his 1976 paper.) He did not coin the terms ‘bedside medicine’ and ‘hospital medicine’ (borrowing them from the distinguished historian of medicine, Erwin Ackerknecht⁸) but he gave new analytical utility to these categorisations by tying them precisely to their material contexts and characterising them as distinctive ‘medical cosmologies ... conceptual structures which constitute the frame of reference within which all questions are posed and all answers are offered’.¹ He also fruitfully developed the notion of these categories being ‘dominant modes of production of medical knowledge’.¹ It was not, thus, necessary to postulate that all the medicine of the early nineteenth century was hospital medicine. Just as the craft mode of production was not wholly abolished by the Industrial Revolution, so bedside forms of practice survived into the eras of the hegemony of the hospital and the laboratory. Jewson’s argument was rather that the locus of epistemological authority had shifted – authoritative medical knowledge no longer flowed from the bedside encounter between an individual practitioner and the sick person as it had done earlier. This was a subtlety of his analysis which some of his historian critics apparently failed wholly to appreciate.⁹

Jewson’s ‘Sick man paper’ and his other principal publication¹⁰ remain very influential within medical history, as their continued prominence on the reading lists of virtually every university course in the history of Western medicine testifies. One might also note the careful consideration given to Jewson’s work in the authoritative textbook recently produced by the Wellcome Centre for the History of Medicine at University College London.¹¹ However, unlike Waddington, Jewson did not assemble his evidence in the manner of a historian. While he had evidently read widely and thoughtfully in the literature of the history of medicine, he cited no primary sources, printed or otherwise, choosing to work at a more abstract, general level. Oddly enough, it was not until the

1980s that historians of medicine began properly to address the obvious challenges with which this style of writing presented them – namely to what extent could the medical cosmologies that Jewson described be mapped onto the micro-structure of historical societies?¹² For instance, Jewson noted the absence of physical examination from the practice of bedside medicine, ascribing this partly to the power of the patient as patron, which enabled him or her to insist that the doctor observe the normal conventions governing bodily contact between non-intimates, and partly to the prevalent mode of theorising illness which ascribed pathological changes to the fluids rather than the solid structures of the body. More recent historical research has established that while it was indeed the case that physical examination was rare within eighteenth-century physic, it was not wholly absent. There were places and times, within the era of bedside medicine, in which physical examination was practiced and, indeed, cultivated.¹³ Nevertheless the Jewson thesis still holds sway, because the presence of departures from the norms of bedside medicine correlates very closely with variations in either the authority of the patient and/or the attachment of the practitioner to a humoral theory of disease. In other words, the explanatory importance of the factors upon which Jewson based his theories is enhanced, rather than diminished.

Likewise, Mary Fissell, in her fine study of the Bristol Infirmary, largely substantiates Jewson's account of the development of hospital medicine.¹⁴ As the surgical staff gradually took over the running of the hospital from its lay governors, its wards became a 'training ground' in which patients increasingly served as 'clinical material, both before and after death'. Thus, the patients, as Mary Lindemann put it, 'slowly lost control of their own bodies, forfeiting the validity of their own concepts of health, illness and physicality'.¹⁵ Nevertheless, Fissell also shows us that it was possible for the laity, even the very poor, occasionally to reassert themselves – concerted action by relatives and friends could, for instance, reclaim the body of a dead patient and prevent it being anatomised.

Jewson's work has, of course, stimulated further research in several different ways. His influence can be discerned both in the popularity of the term 'medical marketplace' in the

writing of medical historians, and in the facility with which those same scholars have ascribed the character of medical theories to purely economic and material factors.¹⁶ On occasion, indeed, the explanations proffered by historians have probably been a degree cruder and more reductionist than Jewson, whose doctrine was never purely vulgar Marxism, would have sanctioned. On the other hand, sociologists have, for instance, sought to extend Jewson's tripartite temporal sequence of bedside, hospital and laboratory medicine. David Armstrong, for instance, has suggested that a further 'medical cosmology', namely 'surveillance medicine', appeared in the early twentieth century.¹⁷ Surveillance medicine mapped disease, not onto the fluids, tissues or cells of the body, but onto societies and populations. Likewise, Sarah Nettleton has described what she terms 'E-scaped' or 'informational' medicine.¹⁸ Informational medicine is characterised, at the level of education, by problem-based learning (learning how to access information), and at the level of practice, by a widely diffused evidence base. Communication and the interchange of information are the key elements in clinical decision making. It is impossible here to give an accurate account of Nettleton's subtle and nuanced argument but one of its more intriguing aspects is worthy of note in the present context. Jewson described the 'discursive formation' of bedside medicine as being one in which there was a common medical culture, broadly shared between practitioner and the laity. Medical explanations of the causation of disease, and the action of therapeutic interventions, had to be framed in such a way as to be intelligible to the sick person who was the patron of, and thus the dominant authority within, the consultative encounter. Medical knowledge was exoteric, in other words. But, in the eras of hospital and laboratory medicine, medical knowledge became esoteric. Like the signs and symptoms that disease inscribed on the suffering body, it was intelligible only to the expert physician. But, at the end of the twentieth century, in the age of the internet and the self-help single-disease charity, not to mention of a less deferential attitude to experts, medical knowledge has again become more widely distributed among lay people. Thus the committed parent of a child with a rare disease may know more about his child's condition than the vast majority of doctors. And the expert patient can, individually or collectively, manage her own disease. At the end of the twentieth century, the sick man, or woman, reappeared.

Like much of the neo-Marxism of the 60s, Jewson's work has what one might call an inherent moral dimension. His description of the change from a 'person-orientated' medical cosmology, in the era of bedside medicine, to 'object-orientated' cosmologies in the nineteenth and twentieth centuries, contains an implicit criticism of modern medicine. The unspoken argument is that something humane and valuable in the process of curing and caring for the sick is lost if the holistic, thinking, feeling individual is ignored and disease is thought of as only conceivable and treatable at the level of disordered tissues, cells or molecules. Stanley Rieser, whose fine book *Medicine and the Reign of Technology* covers some of the same ground as Jewson's papers, albeit from a different theoretical perspective, and which might meaningfully be read along side 'The sick man', makes the point more explicitly.¹⁹ An object-orientated cosmology, whatever its diagnostic power or its therapeutic potential, carries with it a tendency to be impersonal and disempowering. The challenge Jewson's analysis poses to us, not as scholars but as committed citizens, is to devise means of delivering health care which enable the recipients of care to function as autonomous, influential, fully informed actors. And to do this without recreating the inequalities, excesses and vagaries of a system structured by unregulated market forces, such as are described so vividly by Jewson in his account of the social character of eighteenth-century bedside medicine.

¹ Jewson, ND. The disappearance of the sick-man from medical cosmology, 1770-1870. *Sociology* (1976) 10: 225-44.

² Burnham JC. *How the Idea of Profession Changed the Writing of Medical History*. (1998) London: Wellcome Institute; Webster C. The historiography of medicine. In *Information Sources in the History of Science and Medicine* - Corsi P, Weindling P. eds. (1993) London: Butterworth. 29-43

³ Bloom SW. *The Word as Scalpel: A History of Medical Sociology*. (2002) Oxford, London and New York: Oxford University Press.

⁴ Parsons T. *The Social System*. (1951) New York: Free Press; Segall A. The sick role concept: understanding illness behavior. *J Health Soc Behav* (1976) 17: 162-69.

⁵ Foucault M. *The Birth of the Clinic*. (1973) London: Tavistock.

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- ⁶ Foucault M. *The Archaeology of Knowledge*. (1972) London: Tavistock, pp. 162-5.
- ⁷ Waddington I. The role of the hospital in the development of modern medicine: a sociological analysis. *Sociology* (1973) 7: 211-24; Waddington I. General practitioners and consultants in early nineteenth-century England: the sociology of an intra-professional conflict. In: *Health Care and Popular Medicine in Nineteenth-century England: Essays in the Social History of Medicine* – Woodward J, Richards D, eds. (1977) New York: Holmes & Meiers, 164-88.
- ⁸ Ackerknecht, E. *Medicine at the Paris Hospital, 1794-1848*. (1967) Baltimore: Johns Hopkins Press.
- ⁹ Tracy SW. George Draper and American Constitutional Medicine, 1916-1946: Reinventing the Sick Man. *Bull. Hist. Med.* (1992) 66: 53-89.
- ¹⁰ Jewson ND. Medical knowledge and the patronage system in 18th century England. *Sociology* (1974) 8: 369-385.
- ¹¹ Bynum WF, Hardy A, Jacyna S, Lawrence C, Tansey EM. *The Western Medical Tradition 1800 to 2000*. (2006) Cambridge, New York and London: Cambridge University Press.
- ¹² Nicolson M. The metastatic theory of pathogenesis and the professional interests of the eighteenth-century physician. *Medical History* (1988) 32: 277-300.
- ¹³ Nicolson M. Giovanni Morgagni and eighteenth-century physical examination. In: *Medical Theory, Surgical Practice: Studies in the History of Surgery* - Lawrence C, ed. (1992) Routledge, 101-134; Nicolson M. Gerhard van Sweiten and the innovation of physical examination. In: *Medicine and Change: Historical and Sociological Studies of Medical Innovation* - Löwy I. ed, (1993) Mountrouge and London: John Libbey (1993) 49-68; Porter R. The rise of physical examination. In: *Medicine and the Five Senses*. Bynum WF and Porter R eds, (1993) Cambridge, New York and London: Cambridge University Press 179-197.
- ¹⁴ Fissell ME. *Patients, Power, and the Poor in Eighteenth-Century Bristol*. Cambridge, London and New York: Cambridge University Press, 1991; Fissell ME. The disappearance of the patient's narrative and the invention of hospital medicine. In: *British Medicine in an Age of Reform*. French R, Wear A. eds. (1991) London: Routledge 91-

109; also Lawrence S. *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (2nd ed), (2002) Cambridge, London and New York: Cambridge University Press.

¹⁵ Lindemann M. *Patients, Power and the Poor in Eighteenth-Century Bristol* by Mary E. Fissell (Review). *The American Historical Review* (1993) 98: 164.

¹⁶ Jenner, MS, Wallis P. The medical marketplace. In: *Medicine and the Market in England and its Colonies, c.1450-c.1850*. Jenner, MS, Wallis P. (eds) (2007) Basingstoke: Palgrave Macmillan, 1-23.

¹⁷ Armstrong, D. The rise of surveillance medicine, *Soc Health Ill* (1995) 17: 393-404.

¹⁸ Nettleton, S. The emergence of E-scaped medicine? *Sociology* (2004) 38: 661-79.

¹⁹ Reiser, S. *Medicine and the Reign of Technology*. (1976) Cambridge, London and New York: Cambridge University Press.