

this sense, there was more to worry about. But there was less worrying now because more offenders were being processed through the system of police forces, the apparatus of the courts and prisons. In this way, crime had become a normal expectation.

By describing the patterns of law enforcement in one small part of England over a twenty-five year period, Philips shows quite clearly that a society's perception of its crime problem has more to do with the interpretation of arrest patterns than the quantity of offenders which is brought to trial. But this tells us little about the relation between the first industrial revolution and crime. Philips has precious little to say about the uses of the police, courts and prisons for instructing early Victorians in new modes of behaviour which were demanded by the new industrial system. He does point out that employers were assisted in their efforts "to stamp out traditional ideas about people's right to help themselves to pieces of coal and metal" (p. 183). He also mentions that the refusal to hold employers responsible for deaths arising from industrial accidents was functional with the growth of early capitalism. And Philips does report in passing that there was "working-class hostility" to the New Police when they were used to enforce middle-class standards of propriety and temperance by suppressing "rowdy public behaviour and... public recreations of doubtful legality" (pp. 128, 84). But these facets of "crime and authority" are not linked to any theory to explain the function of the new law enforcement in modernization. Consequently, readers of this book will learn more than they may wish about theft and the prosecution of other serious crime but virtually nothing about the ways the "men in blue" operated as "domestic missionaries." As Philips stresses in an Appendix, "information on committals to trial for indictable offences... forms the quantitative core of this work..." (p. 290). Summary offences, petty crimes pertaining to common assault, disorderly conduct and violation of the growing body of "blue laws" are ignored entirely. But in the process of modernization, in the course of transforming persons into malleable material for industrial employment, these petty crimes may have been the most serious use of the law in consolidating the industrial revolution. For it was in this way, as much as by other institutions such as compulsory education, that people were taught to be the new kinds of persons which the industrial system needed. By ignoring summary committals, Philips leaves out what may be more important than what is included — especially if we are interested in understanding the relationship between industrialization and the full story of the "part played by... the authorities in defining, labelling and punishing a particular set of acts as deviant" (p. 44).

D.N. SPRAGUE
University of Manitoba.

* * *

M. JEANNE PETERSON. — *The Medical Profession in Mid-Victorian London.* Berkeley: University of California Press, 1978. Pp. x, 406.

This study of medicine in XIXth century Britain is a long and detailed account of the growth of professional status and professional autonomy.

The Medical Act of 1858 legally defined a qualified medical practitioner; it set up the General Medical Council and the Medical Register. Senior members of the profession controlled training examining and entrance to the Register but in spite of these legal appearances, professional autonomy was very limited and the status of medical men uncertain and often low.

For this period, Dr. Peterson feels that the profession was essentially divided into two groups, consultants and general practitioners, rather than the earlier three, physicians, surgeons and apothecaries. The ordinary general practitioner's status depended upon the gentlemanly front he was able to maintain, often in the face of extreme poverty. His income depended upon pleasing his "respectable" patients, not his medical colleagues. For the elite of the profession, the London hospital consultant, status was conferred by an Oxbridge liberal education, by family connections and by continued association with the hospital in which he had trained. His professional autonomy was not great. The hospitals were organized by lay management boards, upon which sat prominent citizens and rich philanthropists, not medical men. For neither the elite nor the rank and file did science, or medical skill, contribute anything very much to status.

Over the succeeding decades of the century, the status of medicine rose in the public view, and at the same time, medical work became more independent of lay control. Eliot Freidson has defined a profession as

an occupation which has assumed a dominant position... so that it gains control over the determination of the substance of its own work.¹

This definition, says Freidson, creates two major problems for the sociologist: firstly, how this autonomy is developed. Secondly, the relation of the profession's knowledge to that of the lay world. It is these two problems, as proposed by Freidson that Dr. Peterson examines in this book. It is her thesis that:

prestige and authority derive ... from the social evaluation placed on the work itself regardless of the effectiveness of specific treatment. Increasing secularization ... provided a social environment in which knowledge of the human body began to have significance Only in such an environment could medical men move from a position of dependency of lay patronage and lay values to a position of independence and authority over their own work. How they achieved that end is the subject of this book (p. 3).

This suggestion, that professional status rose when scientific knowledge of the human body began to be shared and respected by the lay world, has also been made by the French historian Jacques Léonard. Speaking of the status of medicine in provincial France at this time, Léonard has written:

le prestige médical précède donc les succès de la médecine Le médecin de la Belle Époque ne serait pas ce qu'il est sans la laïcisation et la démocratisation des problèmes du corps et des soucis de la santé.²

In Léonard's view, all the "troubadours du monde nouveau," the Saint-Simonians, the forty-eighters, the positivists, all sang of Progress, and connected it generally with the cult of knowledge and earthly happiness, social and physical. These new values were those of the new middle class. The doctors thus became its natural allies, and the middle class in turn the doctor's most important clientèle.

This idea, that the profession and the middle class were born and raised together, as it were, is slightly at variance with Dr. Peterson's picture of a young profession struggling to appear genteel on an inadequate income, to join an already

¹ E. FREIDSON, *The Profession of Medicine: a Study of the Sociology of Applied Knowledge* (New York: Dodd, 1975), p. xvii.

² J. LÉONARD, *La Vie quotidienne du médecin de province du XIX^e siècle* (Paris: Hachette, 1977), p. 252.

established middle class which perceived them as not-quite-gentlemen. For her, nineteenth-century doctors conformed more to Ian Inkster's picture of them³ as "marginal men," a concept introduced by the sociologist R.E. Park in 1927 to describe groups who were not completely a part of the social world in which they lived.

But the strength of this book does not lie in the weighing of alternative definitions of a profession and its relation to a class. It lies in its intimate picture of the nineteenth-century medical life and society. It is a delightful book to read, a "page-turner", rather rare in historical writing. An enormous mass of detailed reading in every kind of source, printed and archival, has gone into it. I myself graduated from a London hospital-medical school exactly one hundred years after the Act of 1858, and I found the thick impasto of material fascinating, full of recognizably life-like detail: *der lieber Gott liegt im Detail*, as a historian once said. It is organized around a conceptual theme, but it is the detailed investigation of the doctor's social status and its indicators that gives it its value and forms its chief interest.

In the examination of this status, Dr Peterson betrays her own American origins, her expectation that the normal status of a medical practitioner is at the very top of the social order. Her description of doctors' humble family connections and struggles for respectability are marked by a sense of surprise; she seems to expect her readers to be sceptical of such an unfamiliar scenario. Her surprise at the doctors' low status in the early years is accompanied by some exaggeration of that achieved later: the status of medicine in Britain, as in Europe in general, is even now by no means as high as in the United States. She quotes a source from 1903 claiming that only a fellow professional could judge of professional eminence in medicine (p. 281) and adds that

Ideals of gentility, character and the power of connection were a long time in dying (p. 286).

A London medical student of 1958 might well have felt that these things had not died. Gentility and character, or conventionally appropriate behaviour were among the lessons most carefully insisted on; it was well known that every hospital-medical school preferentially if not exclusively appointed its own men which is exactly the sense in which "connection" is here meant.

These statements epitomise Dr. Peterson's view that professional autonomy is equivalent to and so replaces all other indicators of superior social status, and that both are universal in modern medicine. It is a view derived in part from Freidson, but it is an assessment of medicine that is instinctive for an American. A friendly native might suggest that professional autonomy may not have exactly the same relation to status in all possible worlds.

Paule M.H. MAZUMDAR,
University of Toronto.

* * *

³ I. INKSTER, "Marginal Men: Aspects of the Social Role of the Medical Community in Sheffield 1790-1850", in J. WOODWARD and D. RICHARDS, *Health Care and Popular Medicine in XIXth Century England* (London: Croom Helm, 1977).