The Butchering Art: Joseph Lister’s Quest to Transform the Grisly World of Victorian Medicine

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Joseph Lister is perhaps the most famous man in the history of British medicine. Born in April 1827, he was a surgeon and pioneer of antiseptic operative practice. President of the Royal Society between 1895 and 1900, he was raised to the peerage in 1897. He is one of only two surgeons in the United Kingdom with a dedicated public monument (the other is John Hunter) and after his death in 1912, his funeral service was held at Westminster Abbey. Lister is also the protagonist in Lindsey Fitzharris’ *The Butchering Art: Joseph Lister’s Quest to Transform the Grisly World of Victorian Medicine*.

The book follows Lister from childhood precocity to his illustrious later life and along the way populates his story with gripping and emotionally charged vignettes of 19th-century society. Against the ‘grisly’ backdrop of Victorian medicine, Lister’s story soars. You are drawn into his world of personal and professional strife and follow in his footsteps from London to Edinburgh, to Glasgow, and back to London again. Fitzharris ably rushes the reader through 234 pages (this reader made it through in a day) of wounds, guts, pus and surgical ‘heroics’. She crafts a compelling account and skilfully deploys narrative tension to keep you turning from blood-soaked page to blood-soaked page. She evidently relishes in the macabre, spinning suffering into suspense and exploiting her readers’ squeamishness.
Like last year’s much-loved television sensation *Quacks, The Butchering Art* builds a busy and authentic account of Victorian Britain and the people who inhabited it. While Fitzharris is heavily reliant on the grotesque, there are moments where she exhibits real tenderness for her characters. The passage on Lister’s patient Julia Sullivan – drawn from research conducted by Ruth Richardson and Bryan Rhodes – is particularly elegantly and emotively written (pp. 58–66). It is also one of the places in the book where Fitzharris most effectively weaves description with historical context and she deftly threads a substantial quantity of information through the narrative. Indeed, those unfamiliar with 19th-century medicine and society will come away from this book with ample knowledge of a fascinating epoch in British history. The men and women – both professional and lay – who make up *The Butchering Art*’s cast are morally complex. They are variably cruel, kind, self-interested, generous, bombastic, retiring and Fitzharris does well to attend to the richness of 19th-century humanity. Professor James Syme, Lister’s superior in Edinburgh, is vividly described as a fearsome and frenetic character and his chapters are some of the more absorbing.

In contrast, Lister himself is painted as an unequivocal hero driven only by humane compassion and intellectual integrity. Throughout, Fitzharris deploys a range of devices to set Lister apart from his contemporaries and immediate predecessors. He is ‘deeply perceptive’ and devotes ‘his life to elucidating the causes and nature of postoperative infections and finding a solution for them’ (p. 18). In an early chapter, and even in youth, he is portrayed as an exemplary student with an unusual moral rectitude, ‘Of course, not everyone at UCL was a raffish youngblood. Some, like Lister, were hardworking and diligent’ (p. 31). At times, her descriptions of Lister stray towards the sycophantic, ‘Those who knew him often commented on his striking stature and the gracefulness with which he moved. He was classically handsome at this age, with a straight nose, full lips, and brown wavy hair’ (p. 28). Occasionally, Fitzharris’ efforts to elevate Lister causes her to overstate his contributions or mischaracterize the interests of his contemporaries. On p. 47 she writes, ‘Most surgeons were interested in the individual bodies of their patients, not hospital populations and statistics. They were largely unconcerned with the causes of diseases, choosing instead to focus on diagnosis, prognosis, and treatment. Lister, however, would soon form his own opinions about the parlous state of hospital wards and about what could be done to address what he saw as a growing humanitarian crisis’. It is difficult to ascertain her justification for this sweeping claim about the interests of Victorian doctors when a preoccupation with populations and statistics was at the heart of early-19th-century notions of hospital medicine and public health alike. Just under a hundred pages later, Fitzharris claims that, ‘in the eyes of Lister and progressive contemporaries … a hospital was much more than [a place to treat patients]: it was a place where students could learn from real-life cases’ (p. 136). While accurate, this statement suggests a greater distinction between Lister and others than perhaps existed.

The Lister of *The Butchering Art* is not just possessed with preternatural insight, but is also superlatively compassionate, ‘he exhibited an acute empathy with patients’ (p. 141). Fitzharris reports that he, ‘recommended to his students that they use “technical words” so that “nothing was said or suggested that could in any way cause them anxiety or alarm” – something that would undoubtedly be viewed as unethical today but was born purely of compassion when Lister suggested it’ (p. 140). How do we know that this action was ‘born purely of compassion when Lister suggested it’? This narrative of Lister as unusually compassionate would be made all the richer if the author had taken time to probe the reasons why he (and others) might be invested in presenting himself as such. Moreover, if Lister is a moral and scientific hero, then the ‘grisly world of Victorian medicine’ is populated by parallel villains. Portraits of Lister’s enemies, opponents, predecessors, and contemporaries depict men detached from the suffering of their patients and disinterested in the reasons for their demise. Robert Liston is a ‘great butcher’ and students at UCL ‘began to view the bodies set before them not as people but as objects’ (p. 40).

While Fitzharris has made good use of Lister’s own archive – his letters form the architecture of this sympathetic biography – she has not delved extensively into the personal material or writings of other 19th-century doctors and scientists. As *The Butchering Art* is a biography of one, great, man; this is unsurprising and perhaps appropriate. However, without this archival research it is difficult to ascertain where Fitzharris gets her evidence for her statements about the internal worlds and moral compasses of patients and other
Victorian practitioners. On p. 17 she claims that ‘patients worldwide came to further dread the word “hospital”’. It is notoriously difficult to access the inner lives of past patients and efforts must make careful use of scant primary source material and read against the grain to piece together the perspectives of the poor and disenfranchised. We know little about what patients thought of the 19th-century hospital in Britain, let alone the rest of the world. Fitzharris makes similar assumptions about practitioners, ‘Because surgeons saw suffering on a daily basis, very few felt any need to address an issue that they saw as inevitable and commonplace’ (p. 47). These are fundamentally imaginary efforts, but are framed as historical or evidence-based insights.

The key argument in *The Butchering Art* is that Lister was primarily responsible for determining that unseen animals were to blame for post-operative infection and that his efforts ushered in a new antiseptic age. Her characterisation of the intellectual, moral, and emotional landscape of 19th-century surgery frames Lister as an embattled maverick fighting against an obstructive, wilfully ignorant, and quasi-cruel medical profession. However, a serious engagement with the historical literature – such as that written by Michael Brown and Christopher Lawrence – would problematise Fitzharris’ account of Lister-as-hero. Lawrence’s work in particular reveals that the ideas that Lister championed were in-keeping with pre-existing notions of wound care and hospital infection and that any continued scepticism reflected the challenges associated with evidence and witnessing in late-19th-century science. In her own text, Fitzharris acknowledges that as early as the 1850s, ‘there was a perceptible shift away from miasma and toward contagion theories’ (p. 154) – it is also worth mentioning that there was never much consensus over miasmatic causes of disease. She devotes several pages to ‘the ridicule of Lister’s antiseptic system’ but also acknowledges that ‘the initial resistance to Lister’s antiseptic methods had little to do with whether they actually worked’ (p. 179) and much more to do with his questionable claims to priority and to the ill-effects associated with dousing wounds with corrosive carbolic acid. While Lister and the antiseptic method certainly faced opposition, it was relatively short-lived. As Fitzharris observes, as early as 1892 Lister was received with ‘thunderous applause’ in Paris (p. 228) and ‘celebrated as a hero of surgery’ (p. 229).

At a more granular level, the author could have benefited from an engagement with the literature on the use of microscopes and the application of physiology and pathology to 19th-century clinical practice (for example, see L. S. Jacyna and Rosemary Wall). Together they explain the complex rationales behind why these tools and techniques were rejected and accepted in certain (different) contexts. Indeed, Fitzharris focuses on the microscope as Lister’s ultimate weapon in the war against sepsis – particularly in chapter one – and his peculiar microscopic skill is taken as evidence of his superlative status amongst doctors. The microscope is, like Lister, a hero of her story, ‘It was sleek, handsome, powerful: a symbol of scientific progress’ (p. 19). The microscope’s status as a symbol of scientific progress was tenuous and contested – for good reason. Even with the relative clarity of 21st-century microscopes, science students today have to be taught how to see and what to see. Their 19th-century counterparts were also acutely aware of the limitations of microscopic vision.

At its core, this book is an archetype of the ‘great man’ genre of history writing. It is also acutely ‘Whiggish’ and teleological. Lister triumphs over the discord of his age and welcomes a new dawn. The book is peppered with progressivist phrases like ‘the age of agony was nearing its end’ (p. 15), that allude to the introduction of anaesthesia but brush over the enduring challenges facing the safe and consistent use of chloroform. Similarly, the prologue concludes with, ‘[i]n the shadow of one of the profession’s last great butchers [Robert Liston], another surgical revolution was about to begin’ (p. 18) and the final chapter before the epilogue closes with, ‘The Royal Infirmary was now bright, clean, and well ventilated. No longer a house of death, it was a house of healing’ (p. 226). As above, and in service to this narrative, 19th-century surgery is framed as brutal, grisly, and unfeeling. Bodies are described as, ‘mutilated beyond recognition, [the] abdomen hacked away by the knives of eager students who afterwards carelessly tossed the decomposing organs back into the gory cavity’ (p. 37). While few would deny that Victorian healthcare was plagued with suffering and distress, as various historians have shown, doctors and surgeons were not unaffected by their patients’ pain and they at least had a more complex relationship with the place of emotions in operative practice than *The Butchering Art* indicates. While no critical historian of medicine wants to exculpate
doctors of all moral responsibility and abuses of power, this caricature of 19th-century surgery does a disservice to the many men and women who worked to ameliorate suffering in challenging circumstances. In contrast, opportunities for a serious critique of the morals and motivations of some 19th-century surgeons are curiously bypassed. James Marion Sims – who used enslaved black women as experimental subjects without anaesthesia – is described only as ‘an illustrious gynaecological surgeon’ (p. 39).

Indeed, it was tempting to divide this review into two parts. One, an assessment of the book on scholarly terms, and two, an assessment of the book’s capacity to engage ‘the public’ with historical research. As I noted at the beginning of this review, The Butchering Art makes for a compelling read and will no doubt provide those uninitiated into the world of 19th-century medicine with plenty of interesting information. However, while this book has been a commercial and critical success, it has been written as though much of the recent research on late-19th-century science, medicine, and surgery – as well as the political and theoretical sea-changes within and without the historical profession – had not taken place.

And yet, I don’t want to force a distinction between scholarship and public engagement. Squaring academic rigour with popular and commercial success is, of course, challenging. Moreover, I think professional historians today have issues with narrative – it can be difficult to coax historiographical critique and accounts of complexity into a compelling ‘story’ (this is not a comment on writing style – many academics writing for academic consumption write clearly and with elegance). But just because it is difficult does not mean it cannot be done. Writing Lister-as-hero flattens the narrative, and misses a valuable opportunity to engage publics with the idea that the history of science and medicine might not work in quite the way they think it does. The Butchering Art may be largely accurate, but it does a disservice to the complexity of the era it describes. In my experience, people (within and without academia alike) are comfortable with nuance and also with the idea that science is socially constructed and historically contingent. For example, historians of science, technology and medicine – perhaps unusually for historians in general – are often called upon to teach students who might be coming to the humanities and social sciences for the first time; as part of interdisciplinary BAs, intercalating medical students, or master’s students with STEM backgrounds. These students are entirely capable of critically assessing their predecessors and of using that assessment to reconsider the power dynamics of contemporary scientific research and healthcare. If they can do it, anyone can.

Indeed, an exploration of power dynamics is almost entirely missing from Fitzharris’ account. Late-19th-century medicine is populated by a range and diversity of fascinating characters and is made up of a complex community of practitioners and patients that make a far more interesting subject than any one individual. Some of the most successful history books that attempt to engage a non-academic audience published recently, such as Miranda Kaufmann’s Black Tudors and Fern Riddell’s Death in Ten Minutes, offer something new and challenging. They prompt their readers to rethink who populates history and what that history might look like. Doctors (at least some of them) are particularly guilty of writing and consuming an outdated model of ‘great man’ history – likely in part because it bolsters their truth claims and supports their (already considerable) social capital – and I’m sure The Butchering Art appeals to those currently in the medical profession. Lister was a hero of medicine in his lifetime, and he continues to be one of the few characters of the 19th century that clinicians today recall. Fitzharris recapitulates a well-worn narrative – reifying Lister as almost solely responsible for the scientific and medical progress of the 19th and 20th-centuries.

One of the great advantages of writing the type of book that Fitzharris has written is that it provides an almost unparalleled opportunity to challenge, provoke, and steer the conversation in new directions without necessarily being trammelled by some of the constraints and conventions of academic writing and peer review. Writing a good story is a skill that many academics do not have (and do not want) and it is an impressive and necessary skill. But the real value in engaging publics with the history of medicine is – I would argue – in its radical and political potential: in its capacity to show the diverse characters involved in past and present medical and scientific work; to dismantle ideas that medicine is and was populated only by middle- or upper-class white men; and to expose people to the possibility that scientific and medical truth
claims are just that – claims – and that we should be profoundly sceptical of any narratives that suggest otherwise.

Notes


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