

of mysticism, she also helps to normalize the bed as place of worship. Not only is the bed the ideal location to receive visions from God, but it also permits the supplicant to approach God with humility. My only complaint about the book has to do with Morgan's failure to address the deathbed. Admittedly, in her preface and acknowledgments, she addresses this omission: "[t]his book is about late medieval life; death will just have to wait" (x). Nevertheless, given the anxiety that death produced in the late medieval English and their general preoccupation with the deathbed, a final chapter on this subject would have rounded the book out quite nicely.

Morgan's *Beds and Chambers in Late Medieval England* is a delightful read that will be appreciated by scholars and students in a wide variety of fields.

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LYNDA PAYNE. *The Best Surgeon in England: Percivall Pott, 1713–88*. American University Studies, Series 9, Vol. 205. New York: Peter Lang, 2017. Pp. 236. \$94.95 (cloth). doi: 10.1017/jbr.2017.199

With this relatively short biography, *The Best Surgeon in England: Percivall Pott, 1713–88*, Lynda Payne has followed up her well-received 2007 study of early modern English surgery, *With Words and Knives: Learning Medical Dispassion in Early Modern England*. Although Percivall Pott is the man whom contemporaries claimed to have been “the best surgeon in England,” compared to the brothers John and William Hunter or various Enlightenment physicians, he is hardly a household name today, even in academic circles. Payne, however, demonstrates how Pott established himself as a leading London figure and created a legacy, both of men he had trained and of surgical practices and findings, which enabled him, like the Hunter brothers, to claim the respectability and scientific status that physicians had long sought to deny “mere” surgeons.

Payne's biography centers on these questions of professional identity and competition, offering Pott as a case study of how “surgeons present and position themselves in the competitive world of medical men and women, what did it entail to become known as an authority in surgery, and how was knowledge structured and restructured to create a professional identity” (1–2). In less than 150 pages of text (supported by another 53 of endnotes and an impressive bibliography), and after an initial chapter in which she outlines his career “climbing the ladder” and analyzes the biography by his son-in-law, James Earle, which has been the main source of knowledge about Pott until now, Payne considers a series of themes.

In the second chapter, Payne considers the skills that Pott identified and taught successive cohorts as being essential to the surgeon, including ways of behaving and thinking, as well as practical expertise. In the next two chapters Payne then looks in turn at his treatment of first acute injuries (and what they tell us about accidents and other dangers in Georgian London) and then chronic conditions, where his experimentation led him to have more conditions named after him in his lifetime than did any other surgeon, but also caused an unpleasant priority dispute with the Hunters.

Their dispute probably took part of its animus from the tensions between those like Pott, who based their authority and teaching practice largely on their hospital positions (in his case, as a surgeon at St. Bartholomew's), and those like the Hunters, who opened private anatomy schools. Both benefited from the rapidly growing demand for direct surgical experience in London from would-be medical practitioners from all over England, and increasingly

Europe, as the city finally overcame its comparative disadvantage (having no university or royal academy) to become one of Europe's leading centers of medical education. Payne does not really consider this transformation in any depth: for that readers still need to turn to Bill Bynum and Roy Porter's seminal edited collection of 1985, *William Hunter and the Eighteenth-Century Medical World* and the subsequent monographs by Susan Lawrence (*Charitable Knowledge*, 1996) and Keir Waddington (*Medical Education at St. Bartholomew's Hospital*, 2003).

One of the problems Payne faces is that, unlike the Hunters, Pott has left no personal archive: she makes good use of the diary of his apprentice and assistant Ludford Harvey, but this only covers the period after 1777. Apart from his published works, and Earle's 46-page biography, Payne had to piece together information about the man and his choices and attitudes from a range of other sources. She is extremely thorough in bringing such material together for his family and business connections in the first chapter, but this throws disappointingly little new light on his role in the major changes in London surgery. Perhaps the key event in his life was being apprenticed in 1731, at age 15, for a £200 fee to Edward Nourse, an assistant surgeon at St. Bartholomew's, whose post he took over when Nourse became senior surgeon in 1745, a momentous year in which the London Barber-Surgeons' Company was divided and Nourse and Pott became active members of the new Company of Surgeons. The two men offered a joint set of lectures for several years until 1741, and from 1745 Pott offered his own lecture series from his home in Watling Street, only moving his courses into the hospital sometime between 1761 (when Nourse died) and 1765 (when the hospital provided a dedicated lecture space). But while Payne speculates that Pott sought to distance himself from the "barber-surgeon" Nourse, she cannot really uncover their relationship or the content of their teaching or work, although she patiently uncovers what student notes (made after 1767) reveal as Pott tells his students about how surgery had changed since his youth (a theme also highlighted by Earle, who underlined the progress of surgery away from manual skill to science).

The strength of this volume therefore lies in the meticulous account Payne offers of what the older and established Pott wrote, his lectures about how to be a good surgeon, and the light these records throw on both the status of the surgeon and the specific conditions Pott discussed. Finally, in a valuable last chapter, Payne considers Pott's legacy as he was presented in the nineteenth and twentieth centuries, with his reputation reinvented: even as aspects of his achievements were forgotten or downgraded, his comments on certain conditions led to his being feted as a pioneer of, for example, occupational health. Payne is exemplary in questioning the value of such retrospective accounts. If the reader comes to this volume inclined to believe the old myths about premodern surgery being crude and brutal, then he or she will find this volume an effective and salutary cure. Payne sets herself a higher target, however, when she concludes, "Pott's writings and actions are key to our understanding of how healthcare developed in eighteenth-century England" (145). For all the many virtues of this book, I fear that the surviving information about Pott's actions supplied by his writings does not allow us to use his biography to achieve that level of understanding, particularly of the crucial period before 1765.

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