7. Jay David Bolter and Richard Grusin, *Remediation: Understanding New Media* (Cambridge: MIT Press, 2009).
8. Henry Jenkins and David Thorburn, *Rethinking Media Change: The Aesthetics of Transition* (Cambridge: MIT Press, 2003), x.

Medicine

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STEVEN Shapin has observed that although we live in a scientific culture, most of this culture's inhabitants have little idea of what scientists do and know.[1] By contrast, not only do we live in a medicalized culture, but as Charles E. Rosenberg comments, "for most of us today, physicians and lay persons alike, medicine is what doctors do and what doctors believe (and what they prescribe for the rest of us)."[2] Most of us today have direct, personal knowledge of what doctors do and know. This major cultural difference between "science" and "medicine" emerged in the nineteenth century when medical practice became part of everyday life. Science inhabited a much more elite sphere. Victorians read about science and scientists, but they did not have a family scientist who practiced science on them. They did have family doctors or, if they were poor, Poor Law doctors. The Victorian poor were also likely to experience hospital medicine, as more and more voluntary hospitals, supported by donations and open to the poor, were founded. By the last quarter of the century, more and more middle- and upper-class patients were also entering hospitals as private patients.

It was in the nineteenth century that a medical *profession* first emerged as such. In the early part of the century, medicine and surgery were practiced by a conglomerate bunch of apothecaries, apprentice-trained surgeons who might or might not have had any formal instruction in surgery or experience in hospitals, and Oxbridge physicians who were erudite in Greek and Latin medicine but might never have treated a live patient until they went into practice. By the end of the nineteenth century, legislation had imposed standards requiring university medical education and hospital training, and efforts—largely unsuccessful—were made to define and exclude "quacks."

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Historians agree that a medical culture specific to the nineteenth century emerged in that time, one that had never existed before, and that that emergence of a new medical culture changed the entire social culture of the Victorian era. In 1976, Charles Webster proposed that medicine should be examined from the "'perspective of the beliefs, values, social organization, and professional activities of every *stratum* within the ranks of medical practitioners; and by regarding patients as more than passive objects of disease. It should be an essential part of our brief [for the newly formed British Society for the History of Medicine] to resurrect the patient.'" Webster concluded that "'English historians, following in the wake of their French counterparts, have become aware of the full relevance of medicine to the understanding of social structure, social transformation, and collective mentality.'"[3] Doubtless the best-known of those French counterparts is Michel Foucault, who formulated the change in power relations between doctor and patient from the largely "bedside" medicine practiced before the nineteenth century, in which the patient was the doctor's patron and therefore largely in control of her treatment, to the "clinic" or hospital medicine of the nineteenth century, in which the poor were treated for free but became the passive objects of the "clinical gaze."[4]

The emergence of the Victorian profession of medicine affected both men and women profoundly, but in very different ways. For lower-middle and even working-class men, the newly respectable profession of medicine offered a path to upward social mobility and financial security. John Snow is an example of such a working-class man—his father had started out as a common laborer—who became a highly respected physician-scientist (he investigated and proved the transmission of cholera in polluted water) and later specialist in the new practice of anesthesiology, assisting in Queen Victoria's deliveries of royal offspring.[5]

This opportunity for upward class mobility was not open to women, who were excluded by the legislation that standardized the profession and required university education, from which women were also largely excluded until late in the century. Even then their entry into medicine was vigorously opposed by the medical profession, including such prominent members as Joseph Lister, famed for his innovative theory and practice of antisepsis, who declared that he "could not bear the indecency of discussing with women the secrets of the 'fleshly tabernacle.'"[6] Though not welcomed into the medical profession as physicians in the nineteenth century, they were over eagerly accepted as patients, constructed as a separate "race" from Man, specialized for reproduction. The female body was medicalized. A new specialization,

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gynecology, emerged based on the "science of woman." No correlative medical specialization, andrology, emerged based on a pathologization of the male body. Much wholly unnecessary surgery, such as ovariotomies, hysterectomies, and even clitoridectomies, was based on the medical myth that malfunctioning female reproductive organs could produce mental instability, such as "menstrual epilepsy," hysteria, and "female fits." As Ornella Moscucci comments, "For the scientist, the march of progress had pushed the boundaries of gynecology forward. The historian will be more inclined to view this development as the expression of an enduring ideology."[7]

Distinct medical cultures also emerged in the Victorian era, composed of "groups whose social relations and individual identities are formed by their common interest in and interaction with a particular issue, though differing in professional or nonprofessional status, political position, health, or illness."[8] Examples include the culture of Victorian invalidism, the "fallen woman" and those who took up the mission of rescuing her, antivaccinationists, and those who passionately advocated the "pure oral method" of teaching the deaf and dumb, prohibiting the use of sign language.[9]

The emergence of the new medical profession and such transformative discoveries as anesthesia and the stethoscope were of such interest to the Victorian public as to provide material for countless novels, leading to the publication of what is still regarded by many as the greatest medical novel ever written, George Eliot's *Middlemarch* (1871–72). Charles Dickens's interest in medicine was so great that it features in nearly everything he wrote, such that a "medical companion" to his fiction has been published.[10] Like religion, medicine was integral to Victorian literary culture.

Finally, the new social and cultural histories of medicine that emerged in the late twentieth century have produced such interdisciplinary fields as medical humanities, narrative medicine, and literature and medicine, all of which find ample teaching material in Victorian culture. Unless "medicine" is recognized as an essential keyword in Victorian culture, many opportunities for creating new courses and attracting students will be missed. "Medicine" as keyword is therefore vital to the sustainability of Victorian studies as a field and to the teaching of humanities in general.

Notes

1. Steven Shapin, "Science," in *New Keywords: A Revised Vocabulary of Culture and Society*, ed. Tony Bennett, Lawrence Grossberg, and Meaghan Morris (Malden: Blackwell Publishing Ltd., 2005), 316.

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2. Charles E. Rosenberg, "Foreword," in Erwin H. Ackerknecht, *A Short History of Medicine, Revised and Expanded Edition* (Baltimore: Johns Hopkins University Press, 2016), xii.
3. Charles Webster as quoted in Dorothy Porter, "The Mission of Social History of Medicine: An Historical View," *Social History of Medicine* 7, no. 3 (1995): 351–52 (emphasis original).
4. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (London: Tavistock, 1973). First published 1963.
5. Mary Wilson Carpenter, *Health, Medicine, and Society in Victorian England* (Santa Barbara: Praeger, ABC-CLIO, 2010), 6–7, 13–22, 45–51, 151, 157–59.
6. Joseph Lister as quoted in M. Anne Crowther and Marguerite W. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge: Cambridge University Press, 2007), 152.
7. Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800–1929* (Cambridge: Cambridge University Press, 1990), 206.
8. Carpenter, *Health*, 3–4.
9. Maria H. Frawley, *Invalidism and Identity in Nineteenth-Century Britain* (Chicago: Chicago University Press, 2004); Carpenter, *Health*, see especially chap. 4, 5, and 6.
10. Joanne Eysell, *A Medical Companion to Dickens's Fiction* (Frankfort am Main: Peter Lang, 2005).

Melodrama

NICHOLAS DALY

MELODRAMA 's critical fortunes took a turn for the better in the second half of the twentieth century. Disdained by Victorian critics, and regarded in the early twentieth century as a colorful but crude sideshow to the more significant products of Victorian culture, it was rehabilitated by theatre historians and by literary critics who realized popular theatre's centrality to nineteenth-century culture more generally. Among the first group were Michael R. Booth and Frank Rahill, who, building on the earlier work of Allardyce Nicoll, created a fuller picture

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