

BOOK REVIEW

Michael Brown, *Emotions and Surgery in Britain, 1793–1912* (Cambridge: Cambridge University Press, 2023), pp. xiv + 310, £75.00, hardback, ISBN: 978-1-108-83484-1).

What do we envisage when we imagine preanaesthetic surgical encounters? For Michael Brown, ‘it is the physical agonies of pre-anaesthetic surgery [...] that haunt our collective memory [...] most forcibly’ (2-3), and it is this premise that *Emotions and Surgery* seeks to challenge. In order to do so, Brown presents evidence from an impressive range of sources: the archive of Astley Cooper features prominently and is supplemented with evidence from published sources, male surgeons’ diaries, correspondence and casebooks, and letters from patients and their medical representatives to male surgeons active in the period. While this approach risks promoting a ‘great man’ view of history – which Brown himself acknowledges – the inclusion of the patient’s voice offers a balanced account, while the centrality of surgical relationship throughout further emphasises the varied perspectives that *Emotions and Surgery* draws upon.

Covering the period between 1793 and 1912, *Emotions and Surgery* is bookended by dates that mark the deaths of two prominent figures in the history of medicine: John Hunter (d. 1793) and Joseph Lister (d. 1912). Hunter is renowned for his profound influence on surgical practice, while Lister fundamentally altered the surgical landscape through his success with antisepsis. Identifying the influence of both Hunter and Lister on Romantic surgical practice, Brown shows that the years between their deaths signified a period of profound transformation within surgical culture. Opening with a superlative overview of the development of surgical practice in both London and Edinburgh in the early nineteenth century, Brown foregrounds the performativity of Romantic surgery from the operative display of the teaching hospitals to the rhetorical melodrama of *The Lancet*. This theatricality was central to the self-construction of Romantic surgical identity, which, Brown posits, was carefully constructed to incorporate compassion and sympathy underpinned by operative restraint.

Brown expertly draws together the cultures of surgery and sensibility and argues compellingly that Romantic surgeons embraced contemporary rhetoric in their self-fashioning. Contrary to prevailing assumptions that the preanaesthetic surgeon was callous and unfeeling, *Emotions and Surgery* argues that ‘expressions of anxiety, fear, pity, and regret could shape surgical identities’ (p. 68). Brown shows that emotions typically expected of the surgical patient are not infrequently articulated by surgical operators in their writings. In Chapter 2, for example, Brown draws on the diary of Henry Robert Oswald, an Edinburgh-educated surgeon who ‘lived and died in relative obscurity’ (p. 72), to demonstrate the ‘emotional demands of practice’ (p. 75) as experienced by a particular surgeon.

These anxieties were not restricted to Oswald, and *Emotions and Surgery* provides ample evidence to challenge the common construction of the preanaesthetic surgeon as an emotionally detached and unsympathetic figure. Rather, Brown argues that the emotional intersubjectivity apparent in pre-anaesthetic surgical encounters was shaped by the very nature of preanaesthetic surgery itself: the lack of analgesics and anaesthetic required both patient and surgeon to actively participate in the surgical encounter, while the culture of sensibility and Romantic self-fashioning required surgeons to behave in a considerate and self-conscious manner.

By including the patient’s voice in *Emotions and Surgery*, Brown ensures that a typically difficult-to-trace perspective is represented. Focusing primarily on the letters sent to Cooper by his breast cancer patients and their families, Brown illuminates the emotional aspects of communication between surgeon and patient, highlighting the ways in which patients could negotiate treatment. Chapter 3 then continues to explore both conscious and unconscious patient agency, examining recorded patient behaviour that did not adhere to the ‘idealised trope of operative fortitude’ (116) prevalent across printed representations of surgical cases. Furthermore, Brown is creative in his analysis of *The Lancet*, which he considers in

light of melodrama, the theatrical mode most frequently examined by historians and literary scholars of the Romantic era. Throughout Chapter 4, Brown demonstrates that melodrama is, indeed, 'a revealing lens' (p. 153) that allows for a persuasive analysis of the periodical's 'highly emotionalised discourse' (p. 153).

In Chapter 5, Brown innovatively argues for the need for a simultaneous consideration of anaesthetised and dissected bodies as crucial to an understanding of how 'the "emotional object" at the heart of the Romantic surgical encounter, namely the body [...] came to be silenced' (p. 189). It was these processes, Brown suggests, that facilitated the transformation in which surgery increasingly came to be perceived within an 'emotional regime of scientific modernity' (p. 3). Moreover, Brown argues, medical historians have frequently flattened the emotional aspects of the history of surgery, diminishing what *Emotions and Surgery* proves to be a rich landscape of emotional surgical experience both within the operating theatre and among its representations.

Central to *Emotions and Surgery* is the importance of the collaborative surgical-patient relationship and how fundamentally the medical transformations of anaesthesia and antiseptics in the second half of the nineteenth century altered this dynamic. Anaesthesia abruptly ruptured the collaborative endeavour of surgery, while antiseptics 'had transformative implications for the place of emotion within British surgery' (243). Indeed, by the second half of the book, the emotional intersubjectivity that is central to the early chapters of *Emotions and Surgery* increasingly gives way to a focus on the influences of change upon the emotional surgical relationship.

Emotions and Surgery is a fantastic intervention in the history of surgery. Brown effectively shows that, while conceptions of the pre-anaesthetic surgeon as unfeeling have prevailed in the modern imagination, a rich emotional history underpinned surgical practice in Romantic Britain. Through his compelling analysis of varied yet complementary sources, Brown demonstrates that Romantic-era surgical relationships were intersubjective and informed by a shared language of emotions. Approaching the history of surgery through the history of emotions, *Emotions and Surgery* presents an engaging and erudite account of surgical experience in Romantic Britain.

Amber Vella
University of Leicester, Leicester, UK
doi:10.1017/mdh.2025.11