

INTRODUCTION

The English-speaking world finds it hard to reconcile that John Brown whose medical philosophy wins respectful mention in the Preface to Hegel's *Phenomenology* with the outlandish, opium-addicted Scottish medical teacher who died two hundred years ago. In part this difficulty arises because the events of Brown's own life, first as an obscure tutor, and then as a fringe medical teacher in Edinburgh, remain—and surely *will* remain—veiled in obscurity. His own papers have not survived, and most of what we do know of him is anecdotal—indeed (as Lawrence shows below) consists of highly contested anecdote.

Not least, wherever we look, we seem confronted with profound paradoxes. Brown set himself up in opposition to what historians acknowledge to have been the most powerful tradition of medical philosophy and practice hitherto generated in Britain, the Edinburgh school, led by his one-time mentor and benefactor, William Cullen. In contrast to that highly subtle, clinically-based disciplinary matrix, which made exemplary use of the newly-founded Edinburgh Infirmary, Brown—a man, it seems, with rather limited bedside experience—championed a programmatically simplifying system of the kind that would commonly be labelled “quackish”. What appeal to the best-trained cadre of young doctors could a system possibly have, that denied the reality of specific diseases, gave not a fig for the prized Edinburgh nosologies, and exultingly discarded the complex and highly variegated standard therapeutics based upon the experience of centuries?

And yet Brunonianism clearly had a powerful appeal. In Britain, as Barfoot and Porter show below, it won the wholehearted support at least of a small number of vocal practitioners, and gained a sympathetic hearing amongst numerous luminaries, not least Erasmus Darwin and Thomas Beddoes. On the Continent—in particular in the German-speaking territories and Italy—its impact was great, its appeal broad, and its effects enduring. So why was Brunonianism not consigned to immediate oblivion as mere quackery? What enabled it to influence a whole generation as a species of alternative medical epistemology and practice? This is the question which provides the stimulus, and rationale, for the present collection of essays.

There are no simple answers, and—as the contributors are at pains to point out—there is no *single* answer. Each particular medical and cultural milieu offered specific incentives for a certain section of the medical profession to espouse. In Edinburgh, espousing Brunonianism was often the choice of young Turks whose medical radicalism might be matched by a socio-political radicalism. In Austria, as Kondratas stresses, Brunonianism could seem to offer a progressive and systematic rational approach to therapeutics; amongst German intellectuals, Tsouyopoulos points out, Brown's doctrines could be commandeered to play an active role in Romantic philosophical debates on the nature of life. In many cases this amounted, in Risse's apt metaphor, to new wine in old bottles—Brunonian doctrines and practices were, as often as not, acceptable facets of the great medical tradition dressed up in new names and offered as a radical alternative. For that reason, the problematical absence of profound ideological controversy over Brunonianism in many places, such as

Introduction

England, may simply register the fact that it was easy quietly to absorb the acceptable aspects of Brown's teachings, and just as quietly discard the others.

Much work remains to be done. In particular, we do not as yet have even the beginnings of a prosopography of the Brunonian disciples or a chronology of its rise and fall (or successful absorption). It is hoped that this collection will stimulate further work on this important yet enigmatic figure.