

BOOK REVIEW

Cold, Hard Steel: the Myth of the Modern Surgeon

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The author presents an in-depth review of British public perceptions of surgeons and how surgeons viewed themselves from 1948 to now. Material includes archival sources, interviews with surgeons, and a review of fictional depictions of surgeons, in both written and visual media. Early stereotypes frequently show the surgeon as brilliant, volatile, clinically focused, dispassionate and often arrogant. The work also explores the more candid and compassionate image of the surgeon found in recent autobiographies, which often challenge the earlier stereotypes. The book is rooted in social history using appropriate terminology and concepts, some of which may be new to readers from a clinical background. Each chapter is well referenced, making use of newspaper articles and Royal College of Surgeons documents. The fictional characters included as influencing public perception of surgeons could have benefited from more contemporary examples.

The book has seven chapters that explore specific areas, including changes in working conditions and experiences influenced by race, ethnicity, and gender. In the past, the typical fictional surgeon was male, Caucasian, and of middle-class origin. The writer, supported by oral histories, emphasises how hospital residency, long hours and mutual support linked to the firm system defined the vocation of surgery. The European Working Time directive and other changes in working practice are presented as having diluted the successful supportive surgical firm model. Oral histories from those in current clinical practice might reflect a more nuanced approach to the positive effects of reducing hours worked by trainee surgeons.

A greater consideration could have been given to the reduction of professional autonomy that some surgeons have felt from increased scrutiny of clinical practice and training within their base hospitals and externally by government and colleges. A department or individual's failure to meet satisfactory norms may be identified. Such reviews, needed to enhance patient safety and improve clinical outcomes, can cause a negative media interest or legal actions and so influence public perception of surgeons.

I am sure that recent events, such as industrial action and allegations of sexual harassment, will affect both how the public sees the profession and how surgeons view themselves and will be reflected in future editions.

I feel this book would help medical historians with an interest in the history of British surgery, assisting them in the consideration of non-clinical influences on the public perception of surgeons and how the clinician's self-evaluation has changed over the years.

Michael Davidson

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