

Book Reviews

administered anaesthesia also was remarkable: in patients' houses or lodgings, the private consulting rooms of surgeons and dentists, the great London hospitals, fashionable West End hotels, and Buckingham Palace. Presented with this range in social space and social position, one wonders whether the expectations about differential need for anaesthesia according to the individual sufferer's place in class, ethnic, and gender hierarchies that Martin Pernick, in *A calculus of suffering* (1985), elegantly extracted from American case books, might be teased out of Snow's records.

Awaiting careful analysis are Snow's changing appraisals of anaesthesia and the expectations, choices, and experiences of patients. We hear of the tooth extraction under chloroform of a "working man" at St George's Hospital who, in Snow's words, "said that it hurt him nearly as much as if he had not had the stuff" (p. 70), while another patient treated at his Charing Cross lodgings reported "he did not remember anything of the operation, but dreamed that he had been sailing in the Mediterranean" (pp. 105–6). Some patients were desperately eager to be anaesthetized, while others resisted or refused. Generally, Snow seems to have administered anaesthesia at the request of the surgeon or dentist performing the operation, but in a few instances patients sought out Snow's aid in defiance of their own medical advisors. Such records offer a promising wedge into the history of pain.

What Snow did *not* record is difficult to gauge, though Ellis draws attention to some significant omissions. His conjecture that Snow inscribed entries at the end of each day makes sense, and emphasizes that this written record is the product of selective and—as evident slips make clear—sometimes unreliable memory. More than this, reports on several particularly important cases that Snow published appear nowhere in these case books. Other silences are equally perplexing. The very first daily entry includes a measurement of the specific gravity of a patient's urine, for example, yet only a few further reports appear in the hundreds of pages that follow. Were

instances of urinalysis rare, or was the test so unremarkable in Snow's practice that he saw no particular reason to make note of it? We have no way of telling, an inbuilt limitation of using case books as an historical source.

This volume issues an invitation to investigate further Snow's practice during the early years of anaesthesia. At the same time, it should remind us of the wider possibilities of private practice case books both as a source of information about behaviour at the bedside and as a vehicle for exploring one of the medical practices most neglected by historians, namely, the practice of record keeping.

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Roy Porter and Mikuláš Teich (eds), *Drugs and narcotics in history*, Cambridge University Press, 1995, pp. xi, 227, £30.00 (0–521–43163).

The history of drugs, as the contributors to this comparatively slim but handsomely-produced collection of essays remind us, is one of ambivalence, contradiction and uncertainty. To quote from the title of Ann Dally's essay, "anomalies and mysteries" abound. For every positive drug association there appears to be a negative. Hence, the very word "drug" evokes ideas of use and abuse, legal and illicit, pleasure and pain, cure and addiction, health and decay, social lubricant and begetter of anti-social behaviour. How could it be otherwise when it has been used to describe such disparate items as heroin, cocaine, patent medicines, antibiotics, tobacco, alcohol, coffee, and even chocolate? It is therefore no surprise to learn, from John Parascandola's fascinating lexicographical essay, that in the 1920s and 1930s American pharmacists campaigned strenuously against the tendency of the press to treat the word "drug" as a synonym for narcotic.

The ambiguities of drugs are well illustrated in the actions of governments driven, sometimes simultaneously, by the conflicting priorities of raising revenue, improving public

Book Reviews

health, and exerting social control. Over the centuries, legislators the world over have oscillated between, on the one hand, condemnation and proscription, and, on the other, promotion, exploitation and monopolization. There is much else in this volume to support the generalization that in the drugs context there is nothing new under the sun. For example, John Scarborough's essay on the use of opium in Hellenistic and Roman medicine, as well as establishing that fifth-century BC Greek physicians regarded opium as too dangerous to use, deals with drug fraud, drug addiction and suicide by drug overdose. Similarly, the connection between chocolate and sexual passion, which is not unfamiliar in the late-twentieth-century advertiser's art, excited controversy in sixteenth-century Spain.

Porter and Teich's eleven authors cover both an extensive timespan—some 2500 years—and a wide geographical and cultural sweep, though their main focus is on nineteenth- and twentieth-century Europe and the USA. The quality of the essays, several of which have seen the light of day in only slightly different form elsewhere, is variable. Aside from those already mentioned, Caroline Acker's paper on U.S. physicians' attitudes towards opiates in the period 1890–1940, deserves a wide readership. Yet while many of the essays are to be commended, the overall product is not entirely satisfactory in terms of coherence. Certainly, there are some striking contrasts on offer here ranging from the spread of "exotic substances" between the sixteenth and eighteenth centuries, to the drinking habits of Indians in the American southwest since the 1960s. The link between such contributions as these and, for example, Judy Slinn's business history of research and development activities in UK drug houses, is tenuous. A fuller introduction might have helped draw the essays together, but while the editors raise several thoughtful points, they provide fewer than three pages, a large part of which comprises quoted extracts.

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R S Downie (ed.), *The healing arts: an Oxford illustrated anthology*, Oxford University Press, 1994, pp. xviii, 334, illus., £18.99 (0–19–262319–2).

Healing, whether medicalized or not, is one of those tantalizing domains of discourse for which no adequate language has yet developed. The healing *arts* all the more so: not only is there no language, but almost everyone feels uncomfortable about the sad fact that it has no respectable home where it can be legitimately and rigorously discussed. Everyone talks about healing and a few brave souls like Robin Downie collect material about it, but no one, not even professional medical historians, seems to know much about its intimate history or fundamental premises or axiomatic corollaries, let alone any so-called higher medical or philosophical pieties that may validly attach to its processes, such as "the wisdom of the doctors". Healing *arts* as a subject is hence particularly appealing because it suggests that verbal and iconographic discourse about healing is best left, for the most part but not exclusively, to artists when broadly constructed. As Downie writes summarily in a headnote: "the idea of healing has never been completely medicalized" (p. 171). I would add, "nor can it be".

Instead of compiling a potted history of healing, or combing the sage doctors for their old saws, Downie, a professor of moral philosophy in Glasgow, culls his own list of favourites through the ages. He recognizes the rudimentary state in which the language of healing hovers and, without throwing up his hands, simply, and to my mind unpretentiously, presents himself and his interests in this anthology without fussing about exhaustibility or pleasing every reader, dedicating the collection to "my friends in the Glasgow Literature and Medicine Group", presumably an informal network of interested parties composed of diverse professional backgrounds. In effect Downie proclaims: I'm here, profoundly interested in healing, and within my broad interests I myself serve analogously