

illuminates many important national issues. The author also looks critically at existing literature and suggests that many key questions remain unanswered. He is somewhat tentative here and does not claim that his work on the Norfolk Asylum requires us to do more than take another look at interpretations/conclusions that seem to have been gaining ground in recent years. However, Cherry's work on governance, especially local and national politics, the interests of the medical and legal professions, the pressure to control costs and the vital relationship between the asylum, its patients and their relatives deserves careful scrutiny and sets an agenda for future research.

Cherry points to the very limited power that relatives of inmates had in negotiations with both the asylum and Poor Law authorities (p. 15). He links this to the lack of "genuinely popular agitation on wider questions of health or welfare [which] did not exist before the twentieth century", leaving standards of care to be "determined by socially dominant minorities" (p. 5). Yet, as he shows, these elite figures did not form a single entity but rather a range of competing local/national, lay/professional, medical/legal groups. This is a significant advance on a straightforward family (benign or calculating) versus asylum (controlling) argument, but Cherry's interpretation does not fully resolve uncertainty concerning the path to asylum care and the relative importance of supply and demand at different times. There is no doubt that asylum numbers increased but this cannot be directly linked to any real or even perceived improvement in the quality of asylum care available. Cherry's idea that the nineteenth century may have seen increasing "recognition of the asylum as the appropriate place for madness" (p. 307) remains untested, but his realistic assessment of the aims and limitations of the asylum is a useful starting point, especially as the book, fairly unusually, continues the analysis into the twentieth century.

Cherry utilizes patient experiences and relationships to good effect but does not fall into the trap of believing medical records supply more than an official, medical interpretation of patients' needs and circumstances. This is an

important point and a useful approach but can lead to some ambiguous conclusions, especially in relation to the long-term confinement of women patients vulnerable to abuse at home and in the institution (p. 309). Cherry believes patient admissions were triggered by a deterioration in an individual's level of functioning that either made them a public order risk or less able to cope with employment and/or domestic life. The admission process then usually involved reporting by family members, neighbours or a variety of public/quasi-public officials. Sometimes the result was admission to the asylum, or another institution en-route. It is these, largely Poor Law, institutional alternatives that have come under scrutiny from Peter Bartlett (*The Poor Law of Lunacy*, Leicester University Press, 1999), although I would argue that the lay professionals who mediated between the family and the institution need greater attention. Cherry's excellent study can only encourage further work in the field.

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Peter Stanley, *For fear of pain: British surgery, 1790–1850*, Clio Medica 70, Amsterdam and New York, Rodopi, 2003, pp. 362, illus., €80.00, US\$95.00 (hardback 90-420-1034-7), €37.00, US\$44.00 (paperback 90-420-1024-X).

With *For fear of pain*, Peter Stanley offers the medical historian and the lay reader a rich history of the early nineteenth century: one of medically-inflicted pain, or painful surgery. In writing a "social history of the operating room" (p. 12), he beautifully sketches a subjective history of practices and representations of surgery before what appears to be, in the eyes of most contemporaries—and indeed those of the historian—the "great discovery of the late years" (p. 305), i.e. anaesthesia. According to Stanley, "war experience"—rather than the father figure of John Hunter, that Stanley cannot easily discard—"shaped the generation that dominated surgery in the ensuing decades reinforcing their confidence in the healing power

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of their profession” (p. 121). Indeed, Stanley’s history is one of a generation of practitioners between the Napoleonic wars and the turning-point of chloroform’s adoption.

Before coming to the core of his subject, Stanley describes the living world that evolves around the operative theatre. As he reminds us, surgery, whose scholarship is to be found in the hagiographies of surgical figures and official histories of its superb institutions, has been neglected by historians: little is known of its social structures, its intellectual contents, its significant occupational changes for the beginning of the modern period. Stanley evokes some aspects of this superficially-known history: the surgeons’ “professional identity”, built, unlike that of physicians and apothecaries, on anatomical knowledge, more open to international discussions, and even more subject to local disputes and nepotism, where techniques and positions are concerned. Using *The Times* as a main source, he shows how surgery acquired recognition. He adds detailed arguments for the revisionist history of hospitals as places of cure and healing, and describes the short life of medical students, among indentures and examinations and tragic deaths—the result of dissection practices. He further illustrates the methods of a few capital operations—lithotomy, amputation, fistula—identified with painful surgery; these, rarely practised, nonetheless gave power and recognition to the surgical profession. A careful reader may regret some of the melodramatic rhetorical effects and the uncritical use of sources: although the author draws on rich and complex texts, among them newspapers, journals, memoirs, textbooks etc., many are quoted with little attention to their historical meaning and interpretation, with one exception, a “text published in 1850, but clearly articulating ideas developed over years of operating without chloroform” (p. 217); but Stanley’s aim, as the titles show, is to allow voices from the past to be heard.

The most interesting part of the book lies in the pain-thread Stanley follows. He convincingly demonstrates how pain defined the surgeon’s intellectual framework, with counter-irritability as a paradigm of cure: pain, inflicted by the knife

or by moxa or caustics, was a way to heal. Stanley lets us hear the surgeons’ and the patients’ voices on a crucial subject, the perception of pain and its experience by society as a whole. The rich and dramatic evidence, drawn from memoirs, correspondence of surgeons, famous writers’ memories, and journal and newspaper articles, conveys interesting ideas: the surgeons’ traumatic occupation—how surgeons learned to overcome their dread of inflicting pain, without being able to preclude it totally—and the negotiated trial between the surgeon and his adult or child patient. In a sense, the book could also be read as an essay of anthropological history: Stanley convincingly shows how operations were undertaken with the patient’s or his or her family’s and friends’ approval, how a patient could refuse or consent to surgery, as he or she did refuse or accept chloroform later on, how standards of operations were progressively discussed in journals and newspapers, and reputation constructed, how pain at last was also determined by the confidence and fortitude of the surgeon–patient relationship and society’s assent. Accordingly, in the last chapter on the “acceptance of anaesthesia”, the “revolutionary” moment for surgery appears in its full complexity: ether and chloroform were finally accepted at a time when mesmerism had opened the way for pain to be rejected as a means of cure and was itself rejected as magical, not without long hesitations and arguments, all of which Stanley records in detail.

Peter Stanley’s *For fear of pain* has, indeed, awakened voices from the past: may it convince medical historians to open new chapters of the long-forgotten history of surgery.

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Michael Sappol, *A traffic of dead bodies: anatomy and embodied social identity in nineteenth-century America*, Princeton University Press, 2002, pp. xiv, 430, illus., US\$35.00 (hardback 0-691-05925-X).

Michael Sappol’s *A traffic of dead bodies* examines the critical role played by anatomy