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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

in two intersecting nineteenth-century projects: the making of an American medical profession, and the making of a modern, “bourgeois” self. Anatomy, in Sappol’s account, was power for American medical men. It was a means of producing and demonstrating knowledge of the body, but also a potent symbolic resource, confirming practitioners as secular priests endowed with a capacity to transgress fundamental rules about life and death. For a fractious medical world, a common commitment to the anatomical project served as the potential touchstone for a collective professional consciousness. For the burgeoning nineteenth-century medical schools, dissecting rooms and anatomical museums advertised their scientific credentials, while for medical students themselves the rituals surrounding dissection constituted their initiation into a “homosocial” professional confraternity. Even the humblest country practitioner, through a display of its iconic emblems in his office (a skeleton in the closet, a pickled organ on the desk) sought to associate himself with the charisma that anatomy conferred. Re-reading the history of American medical professionalization through the lens of anatomy leads Sappol to question scholarship that has stressed medicine’s low status for much of the nineteenth century, and to argue instead for its considerable social authority grounded primarily in the epistemological, therapeutic, and cultural prestige derived from anatomical science.

Anatomy, then, was social power, but to what end? For Sappol, the answer lies not in a simple medicalization thesis. In his analysis, medical power serves not so much to impose subject positions as to provide resources for acts of individual and collective “self-making”. Anatomy played to a receptive audience, aspirants to a particular type of social distinction that Sappol denotes as “bourgeois”. This is a capacious, at times unwieldy category, defined not by socio-economic position but in relation to an ethos of modernizing self-improvement that captivated a broad swathe of Americans (farmers, artisans, clerks, emancipated slaves, as well as dominant élites) in the context of dynamic and unstable nineteenth-century America. A

modern, bourgeois self was respectable, refined, cultivated, disciplined, a subject that—in contrast to cruder “others”—embodied self-mastery.

It is the fundamental shift constitutive of modern anatomy—designated variously as the rise of the “anatomico-clinical method” and of “hospital medicine” by historians of medicine—that connects it in Sappol’s analysis to this project of self-making. In the new anatomy, bodies ceased to be understood as fluid, contextualized and holistic entities and became instead analytical sites characterized by taxonomic fixity and intricate (and visually representable) internal differentiation of parts. This provided a model for, and an exemplary practical instance of, becoming an embodied bourgeois self. By performing on themselves the anatomical procedure of penetrating, dividing, and naming, individuals enacted the kind of objective, knowledge-based self-discipline expected of modern subjects. Sappol’s favoured metaphor for this process is territorial: anatomical knowledge of the self confers a control akin to political powers who “know and control the world, by cutting it apart into clearly named, bounded, and regulated regions, and by enforcing local, regional and super-regional laws conducive to social and hygienic utility” (p. 258). The anatomically conscious individual who continuously inventories the operations of his own body is engaged in an act of (self) conquest.

Sappol describes the dynamic relationship between professional- and self-making in terms of “overflow.” Anatomy overflowed the boundaries of medical professional discourse and performance, and through the medium of “popular anatomy”—an amalgam of lectures, demonstrations, pamphlets and books—tapped into a mass audience for anatomical knowledge. Purveyors of this knowledge, coming from different backgrounds and pursuing different agendas, translated anatomy into the terms of modern selfhood, providing a set of performative and cognitive tools for those seeking to embody this bourgeois self. In turn, popular anatomy’s own purposeful banks overflowed. Its “joyless insistence on physiological propriety” (p. 213) belied other forms of bodily

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knowledge (especially those linked to sexual desire), which were irrelevant or even counter to its explicit purposes, and which found their expression in sensational fiction and in late-century popular anatomical museums.

It is a credit to Sappol's imaginative approach to an eclectic range of textual and visual sources that he manages to connect these disparate anatomical worlds into a compelling analytical whole. There are elements of his ambitious and innovative study that are not entirely satisfying. The self-understanding required of modern subjecthood, for instance, seems to rest as much on physiology as anatomy, and despite his rich account of anti-anatomical rioters, too much is made of anatomy's public and medical appeal. Nevertheless, this is a work of keen intelligence and creativity, rich in detail, bold in its claims—a stimulating and innovative contribution to the cultural history of medicine.

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Angelique Richardson, *Love and eugenics in the late nineteenth century: rational reproduction and the new woman*, Oxford University Press, 2003, pp. xvii, 250, illus., £45.00 (hardback 0-19-818700-9).

Love and eugenics in the late nineteenth century provides an illuminating examination of the ways in which feminist writers incorporated eugenics and notions of rational reproduction into fiction in the late nineteenth and early twentieth centuries. Focusing on feminists such as Sarah Grand and George Ellerton, who embraced the ideas of Galton and Darwin, and Monica Caird who challenged such views, Richardson provides a rich understanding of the ways in which eugenics informed the British literary world in the late nineteenth and early twentieth centuries. Drawing on a wide selection of fiction, periodical press cuttings as well as the writings of eugenicists such as Galton, Richardson challenges the reader to consider how widespread and pervasive the ideas of

eugenics and debates on women's role in promoting morality and empire were among feminist writers. Some of the most interesting parts of the book are also its illustrations. These deftly show the variety of ways in which ideas of evolution and selective breeding were depicted at the time.

One of the striking features of the feminist writers of the late nineteenth and early twentieth centuries is the way they promoted women as the natural champions of the empire and selective breeding. In this context women were encouraged to choose their reproductive partner rationally and carefully so as to protect and advance the human race. Women were seen as the vanguard of social and biological progress. By contrast, men were depicted as less rational and judicious custodians of the future. Using the novel and the periodical press, many feminist writers saw their task to educate and cultivate an ethos of responsible motherhood and citizenship to prevent what they perceived as the decline of the British race and empire. Strikingly, some of the feminist writers who encouraged women to choose their male partners rationally and to make life-long commitments did not always heed this in their own lives. Sarah Grand, for instance, who saw "the purpose of women's self-improvement . . . to primarily serve the marriage relation" (p.106), left her husband having borne only one child.

Not all feminist writers, however, shared Sarah Grand's view of marriage or of women's role in promoting rational reproduction and the empire. Moira Caird, for example, questioned whether evolution intended motherhood as a natural function for all women and saw eugenics and biological determinism as oppressive of individual rights. One of Caird's last novels, published in 1931, was an indictment of racial hygiene and the movement to prevent the birth of the "unfit". Like Grand, Caird drew on Darwinian ideas as well as on Lamarck, but she used this to co-opt "evolutionary biology into an alternative narrative which did not give to women the role of "policing society as evolution's 'consciousness' ". Instead Caird showed that women were themselves "subject to evolutionary change" and that they could modify