

the particular social configuration of the psychological experiment will apply beyond its boundaries. Partially for these reasons, the generation of stable knowledge claims with broad-scale implications, Danziger suggests, has proven extraordinarily problematic for psychology as a discipline.

In addition to historicizing and contextualizing the notion of the subject, two other features of *Constructing the subject* will be of particular interest to medical historians. Danziger's characterization of the French clinical-pathological style of investigation, while cursory, raises important questions about the relations between clinical subjects and examining scientist-experts, and about the kinds of knowledge that can result from such interactions. Similarly, Danziger's more extensive discussion of the development of the treatment group, and the problems of extending knowledge claims founded on experimentally defined groups to "real" populations, are germane to both current epidemiological practices and the clinical and experimental trials at the heart of most contemporary medical research.

Constructing the subject is not without its lacunae. The attention paid to investigative practices in England or France is much less substantial than that accorded Germany and the United States. Moreover, Danziger might have explored more fully the mechanics of transforming the raw material of individual human beings into the various kinds of subjects that he identifies. But these are minor quibbles. *Constructing the subject* is an extraordinary achievement, one which will amply repay the time spent pondering it.

John Carson, Wellcome Institute

Mark S Micale, *Approaching hysteria: disease and its interpretations*, Princeton University Press, 1995, pp. xii, 327, £24.95, \$29.95 (0-691-03717-5).

This is a superb book that can be strongly recommended to all with an interest in the

"new hysteria studies", history of psychiatry or the historiography of disease. It may be read as a whole, revealing Micale as a versatile historian with an attractive prose style and an encyclopedic knowledge of his subject, or each of the four substantial chapters stands alone.

Chapter One is a comprehensive seventy-page review of the historiography of hysteria, organized by the major interpretive traditions—intellectual, psychoanalytic, feminist, sociopolitical. There are summaries and evaluations of work by Ilza Veith, Elaine Showalter, Jan Goldstein and Edward Shorter as well as by important French authors such as Étienne Trillat, Hélène Cixous, Catherine Clément and Georges Didi-Huberman. Micale is more sympathetic than many contemporary medical historians to diachronic intellectual histories of disease. He makes the point that even the simplest exposition of a few medical texts involves a crucial interpretive act in the choice of texts and construction of a canon. But, for him, this does not render such exercises worthless.

He is rightly disparaging about the grim results of the intersection between post-Lacanian French feminism and North American literary criticism, such as the 1985 anthology *In Dora's case*. However, I suspect that he, like most, has yet to find the energy to assimilate fully the fifty years of work by Jacques Lacan. In my opinion it may be premature to reject theoretical constructs that have served clinical work in France quite well, for example, "the Other" and "the Law of the Father", as non-lucid (p. 82).

Chapter Two is a brilliant exercise in prescriptive historiography. Anyone considering writing a history of a psychiatric disorder would be well advised to heed the first five of Micale's ten recommendations in particular. The stability of syndromes over time, the need to unite internal and external histories in a "sociosomatic" model of disease, widening the case history base, accessing past practices and therapeutics in addition to elite theory—all these vital issues are eloquently aired.

Chapter Three moves outside the medical literature to the use of hysteria as a metaphor

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in the arts and social sciences of the past. There is a rather abbreviated discussion of what exactly a metaphor is. David Leary's *Metaphors in the history of psychology* is cited but not discussed. Lacan's ideas about metaphor and metonymy in relation to neurosis are not mentioned. The chapter closes with the argument that the "disappearance" of hysteria after 1900 was due to over-extension of the term so that it "no longer performed the basic designative function of language" (p. 220). This seems an unnecessarily narrow view of language function to deploy in a chapter on metaphor.

In Chapter Four Micale shows his originality to the full, and has a chance to practise what he has preached, in a synchronic study of the operation of hysteria as a "cultural signifier" in late-nineteenth-century French medical and non-medical texts and lives. The methodological difficulties are knowingly left exposed rather than covered over by a welter of detail as in weaker historical writing. For example, while arguing that the DSM III concept of "histrionic personality disorder" has a Flaubertian origin, Micale simultaneously discusses a broader question about the direction of lines of influence between fiction and medical theory. The chapter closes with some comments on Sigmund Freud and Gustavé Flaubert as male hysterics and fascinating new material on the Lourdes-Salpêtrière axis.

Andrew Hodgkiss, Guy's Hospital

The puzzle of pain, transl. Fideline A Djité-Bruce, East Roseville, NSW, Gordon and Breach Arts International, 1994, pp. ix, 165, illus., £43.00, \$75.00 (976-8097-89-2).

This multi-author volume resulted from an exhibition on pain in Paris, organized by the Institute for International Scientific Co-operation in 1992. It looks like a coffee-table book and is lavishly illustrated, though some of the texts would make a demanding coffee break. The visual content includes photos of

puppets, full page colour reproductions of famous paintings and sculptures, specially commissioned computer graphics based on contemporary neuro-imaging techniques and diagrams from textbooks of pharmacology and neurosurgery.

The thirteen written contributions consider pain from a wide range of disciplinary perspectives. This supports the view expressed in the Foreword that pain is now a medical specialty and an object of interest for the human sciences in its own right. It is no longer a sign or marker of something else, something primary, be it sin or lesion. Pain, as a central dimension of human experience, is now taking its proper place in the clinic and academy. This can be seen as a victory for phenomenology, the study of lived experience, over both theology and the traditional clinical method of nineteenth-century "Paris medicine". The opening essays by Jean-Paul Natali and Jean-Didier Vincent freely mix discussion of Bergson and Merleau-Ponty with comments on opiate withdrawal and animal self-stimulation experiments. It is extraordinary for an Anglophone reader to find neurobiologists making comments like "behind the object—pain—there is necessarily a subject who suffers" (p. 7), or "No painful perception is pure and devoid of historical contingency" (p. 23).

Allan Basbaum, another medical scientist, points out that both placebos and hypnosis can be powerful analgesics but that they act by different mechanisms. Placebos seem to stimulate endogenous opiates while the mechanism of hypnotic analgesia remains obscure. We should have more respect for the role of the placebo in pain relief since placebos work and have measurable effects on the body. Stomach-churning descriptions of what people from various cultures can tolerate through trance, religious ecstasy and stoicism in Robert and Scott Anderson's excellent contribution on pain and anthropology support this point.

François Boureau offers an overview of multi-disciplinary pain clinics, which seem to have taken off more in the United States and France than in Britain. Marc Le Bot writes poetically about descriptions of pain in the history of art. His detailed consideration of Francis Bacon's