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readable—which was completed in the early 1970s, before the tide of “revisionism” hit this subject. Historians of psychiatry now tend to be rated on a scale of “Whiggism”, where Grob would probably score about 50%, anything above being ideologically risky.

In this, as in so many aspects of life, World War II emerges as the watershed. In 1941, American mental hospitals were seen as the appropriate setting for most problematic cases of psychiatric disorder, psychiatry was largely an institutional specialty, and research into it scarcely existed. Within less than a decade, though, this consensus had largely dissolved, to be replaced by widespread belief in the need for a non-institutional system. Wartime experience taught that psychiatric breakdowns came from environmental and social forces, that they should be managed as near to the source of stress as possible, and that the patient should remain in his social group. Grob rightly emphasizes that the mislearning of these lessons was at the root of later mistakes in national policy, but he misses the diagnostic difference—combat stress in young soldiers has little relevance to psychoses in the middle-aged.

Post-war America believed it was capable of anything, including the removal of those adverse factors in society which, it was told by a peculiar blend of Freudian and Marxist thinking, “caused” psychiatric disorder. Siren voices—particularly that of Robert Felix, first Director of the National Institute of Mental Health—assured it that enough money directed into research and “community” services would prevent such illness from happening. The recommendations of a Joint Commission, mainly charged with improving things for the severely mentally ill, were turned round to promote a new system of mental health clinics which in fact dealt with an entirely different clientele. The bright hopes of Kennedy’s legislation were fading fast by 1970, and after that it was downhill all the way.

Grob’s documentation is impeccable and his analysis of trends generally astute. The faults of this volume are similar to those of the previous two—repetition, a ponderous style, and a determination never to use one word where two or three would do. This is a shame because, as shown by his demolition of Andrew Scull in the journal *History of Psychiatry*, he can write with economy and passion when he gives himself the chance.

Hugh Freeman, Editor, *British Journal of Psychiatry*

ANN DALLY, *Women under the knife: a history of surgery*, London, Hutchinson Radius, 1991, pp. xxv, 289, illus., £18.99 (0-09-174508-X).

In her study of British and American women’s treatment by gynaecological surgeons since the early nineteenth century, Ann Dally quotes a smug practitioner’s claim that the kindly gynaecologist may compare favourably with the image of God in the mind of his grateful patient (p. 225). Dally is understandably scornful. One of the purposes of her book is precisely to counter the official history of gynaecology as the story of male saints and heroes liberating women from the suffering imposed by female physiology. Equally, however, she rejects the more recent feminist history of gynaecology as a prominent, brutal chapter in the narrative of man’s oppression of woman. Manoeuvring between these two extreme and simplistic interpretations, Dally believes that she can achieve a more accurate account of “what really happened” (p. xxv).

As this last phrase suggests, Dally, a practising psychiatrist, approaches the complexity of historical causation with the naive assumption that she can eschew ideology and keep attention focused on “the facts” (p. 148). The result is a disappointing volume in which the accumulation of information—about medical legislation passed, operations performed, and gynaecological textbooks published—often replaces any attempt at sustained explanation. Where historical causes *are* pondered, Dally tends to analyse them in vague, general terms lacking chronological precision and relying on psychological truisms. (We hear a lot, for example, about male anxieties in the face of the nineteenth-century women’s movement.) Significant questions are raised, but either never answered or lost in a maze of anecdotal digressions.

Dally’s paramount theme concerns the symbiotic relationship between the development of modern surgery and the emergence of gynaecology as a medical specialty in the nineteenth century. In the course of her investigations, she traces the co-operation of gynaecologists and

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psychiatrists in linking women's mental health to their reproductive organs, and she underscores the extent to which both kinds of doctors reflected, rather than moulded, the moral prejudices of their times. These are important points, but they have already been made many times. In several chapters, particularly those dealing more with general medical attitudes towards women than with surgical practices, Dally relies heavily on well-known studies of the "scientific" construction of Victorian femininity. In other chapters where she might contribute genuinely new insights, she does not. Her discussion of women doctors, for example, while rightly stressing that they did not form "a homogeneous group" (p. 200), lingers only on the obvious, well-documented pioneers, especially Elizabeth Blackwell and Elizabeth Garrett Anderson. The opportunity is lost to examine the careers of the less chronicled anti-feminist female gynaecologists of the Victorian and Edwardian decades, like Mary Scharlieb.

Dally is quick to acknowledge her debt to numerous secondary studies (pp. x-xi), but the footnote citations are so inadequate that it is often impossible to determine the source of quotations. Nor does an idiosyncratic bibliography rectify matters. The general reader for whom Dally intends this book is not well served, and the scholarly audience, whom she also hopes to interest, will be disturbed, not only by the cavalier treatment of sources, but by factual errors as well. E. G. Anderson replied to Henry Maudsley's dismissal of the female capacity for higher education, not in the pages of the *Westminster Review*, but in the *Fortnightly* (p. 95); George Beard published *American Nervousness* in 1881, not 1868 (p. 100); Mary Lyttelton was Miss Glynne before marriage, not Mary Gladstone, and certainly not *Margaret Gladstone* (p. 118); Thomas Clifford Allbutt was not professor of physic at Cambridge in 1884, since he only assumed that post in 1892 (p. 190); and it is not appropriate to compare the members of the London Anthropological Society in the 1860s to the Nazis (p. 76). These flaws, perhaps individually venial, together undermine the reader's confidence in Dally's ability to set the historical record straight.

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DAVID B. MORRIS, *The culture of pain*, Berkeley and Oxford, University of California Press, 1991, pp. xii, 342, illus., \$29.95 (0-520-07266-9).

This study of the puzzle of pain deserves a welcome. For all the triumphs of modern medicine, ours is a world inundated by pain, some the product of disorders like arthritis or cancer that medicine has not yet conquered, much caused by private griefs and by the grotesque barbarities civilized man has inflicted upon his fellows throughout this century of total war. Medicine's record with pain is patchy, and poses searching historical questions. In retrospect, it appears peculiar that traditional medical practice did not strive more arduously to reduce the agonies of diseases and surgical procedures: why were effective analgesics and anaesthetics for surgical operations so tardily developed? Were the practitioners of yesteryear indifferent to pain, not in the sense of being heartless or cruel, but because they saw their business as combatting disease? Or did they regard pain control as a side-issue, perhaps best left to family, priests and nurses? Even today, in excruciating conditions like terminal cancers, hospital protocols do not always accord pain relief priority ("overdosing" may be frowned upon, lest addiction result, heroin is medically unavailable in the USA). There are clearly important issues to be posed about the "culture of pain" as endorsed by the profession, and Morris provides a well-focused historical, philosophical and cultural guide.

Part of the explanation for medicine's somewhat convoluted responses to pain may lie in the fact that medical thinking has typically taken refuge in a doctrine which is a legacy of Cartesian dualism. There exists, according to this dogma, physical pain, a symptom deriving from lesions and traceably channelled along neurological pathways to the brain; and, on the other hand, there is psychological pain. The latter is often regarded with some distrust, perhaps as less authentic (being only "in the head"). In particular contexts, it readily becomes identified with hypochondria, hysteria and even malingering; and, rendered as *Weltschmerz* or heartache, it ceases to be the doctor's business, perhaps being syphoned off to sundry psychiatric pain managers.