

**Isabelle Baszanger**, *Inventing pain medicine: from the laboratory to the clinic*, New Brunswick and London, Rutgers University Press, 1998, pp. X, 348, \$50.00 (hardback 0-8135-2502-0), \$22.00 (0-8135-2501-2).

The appearance of pain medicine in the United States of America and, to a lesser extent, in Europe over the last four decades is the phenomenon this book describes and reflects upon. There are really three books in one here.

The first is an authoritative history of North American and French pain medicine, which offers a good account of the contributions of John Bonica, Ronald Melzack, Patrick Wall and Wilbert Fordyce. A familiar set of tools were employed in the inventing of a new speciality which included the founding of the Journal *Pain*, the International Association for the Study of Pain and literally hundreds of pain clinics and centres since 1970. The tension between anaesthetists and psychologists in this field has been evident from the start, and Baszanger closes her text with a plea for wide medical interest in cancer pain rather than the chronic pain syndrome that has become so central to the many pain centres. The term “chronic pain” has come to imply much more than persistence over time, now being almost synonymous with pain disorder (i.e. pain without lesion). Baszanger uses the simultaneous emergence of two schools of pain medicine to critique David Armstrong’s argument for a diachronic shift from the medical gaze to the listening ear this century. The historical material complements the work of another first-rate academic from the Centre National de la Recherche Scientifique, Roselyne Rey, whose *History of pain* appeared in 1993, shortly before her premature death.

The second half of the book is a socioethnographic analysis of numerous consultations in two French pain clinics. Long transcripts and detailed commentaries

upon them tried the patience of this clinician reader. I did not read anything that surprised me in Baszanger’s interpretation of these encounters. She describes moments of persuasion, translation, explanation, justification, description, demonstration and disagreement which are commonplaces in reflective contemporary medical practice.

The third, and perhaps strongest, thread of this writing is a profound reflection on the nature and future of pain medicine as a speciality. Baszanger attacks the highly fashionable, and evidence-based, cognitive-behavioural approach as normalizing and lacking in respect for the alterity of pain patients (pp. 226–34). As for the future, Baszanger points to pain medicine and palliative medicine, specialities founded on suffering and dying rather than on anatomical regions, as the best chance of staunching the exodus from conventional to alternative medicine. But, she warns, this can happen only if the new disciplines are truly patient-centred.

I would recommend this book to those looking for an account of the history of pain in the late twentieth century, to those with an interest in doctor–patient encounters and to professionals working in pain clinics.

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**Emmeline Garnett**, *John Marsden’s will: the Hornby estate case 1780–1840*, London and Rio Grande, Hambledon Press, pp. xiv, 225, illus., £25.00 (1-85285-158-9).

When his elder brother died intestate in 1780, John Marsden (1758–1826) inherited (probably as a result of a fraud perpetrated by his aunt and family servant George Wright) a considerable estate in Lancashire. Wright (1758–1848) then set about appropriating much of the wealth of the estate for himself: acting in Marsden’s