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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.

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Adducing historical, philosophical and biomedical evidence, Morris invites us to conclude that this time-honoured physical/psychological division of pain possesses little intrinsic validity. It is the legacy of an exploded metaphysics, which shores up a difficult-to-defend division within medicine (between somatists and psychiatrists). It conveniently shelves, for the medical profession, the more intractable problems of chronic pain that cannot be attached to identifiable lesions, rather as has been suggested by A. D. Hodgkiss in his 'Chronic pain in nineteenth-century British medical writings', *History of Psychiatry*, 1991, ii: 27–40.

Morris has constructed his book as a sequence of thematic essays, designed to challenge these dubious dichotomies and bring evidence to bear from a range of sources—patient experience, the world's religions, great fiction (e.g. Tolstoy's *Ivan Ilych*), aesthetics, sexology, and so forth—to enrich our understanding of the phenomenon. Arguing thematically that pain is to be taken not as sensation but as experience (that is, sensation filtered through culture), Morris demonstrates convincingly the extraordinary relativity of pain encounters, concluding that coping with pain depends heavily upon appropriate kinds of cultural training. Our society is one, he argues, which has abandoned all serious education in the endurance of pain, not least because it is no longer perceived as having any positive value or meaning. Analysing the cultures of Stoicism, Epicureanism, and Christianity, Morris explains the meanings attributed to pain in earlier value-systems (punishment, trial, scourge, blessing, warning), which once understood were expected to make it more bearable.

A certain amount of the ground traversed in this book is familiar; I would have preferred a more sustained analysis of transformations in medical thinking (e.g., before and after anaesthesia) rather than the somewhat marginally relevant discussions of pain and the aesthetics of the sublime, or the mandatory account of de Sade, or speculations on Lyotardian post-modernist readings of pain. Nevertheless, *The culture of pain* constitutes a lucid and illuminating historical and literary introduction to a vexed topic.

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THOMAS R. COLE, *The journey of life: a cultural history of aging in America*, Cambridge University Press, 1992, pp. xxxv, 206, illus., £30.00, \$27.95 (hardback 0–521–41020–7).

This cultural history of the "historical meanings of aging" traces the process and experience of growing old in western culture from its ancient roots, through medieval and early modern Europe, its transmission with English Puritans to the New World and its subsequent fate, to the present, in the United States. Its sources are the work of historians and other commentators on old age, medical, philosophical and religious writings, literary and visual representations, all selected according to principles which are not always clear.

The line of narrative is very clear. In the ancient world old age was a stage of life with a meaning, which was transmitted to the medieval west where it acquired a Christian vocabulary. Whether or not expressed in spiritual terms, this past old age was a distinct phase of life which was accepted as "natural", through meditation upon, or experience of which, people could prepare their path from life to death. Cole oscillates as to whether old people were especially respected but seems generally to imply that they were.

Then came the growth of commerce and capitalism, of the bourgeoisie and possessive individualism. Traditions of kin responsibility for their elders (which Cole generally assumes to have prevailed in medieval and early modern Europe) were sundered, "old age lost its ideological prestige". Individuals were expected to maintain personal control over their physical as well as their circulating capital, to be as prudent in their personal as in their financial lives in order to remain fit and prosperous and attain contented decline and death. Those who failed suffered and were stigmatized. As totalitarian collective institutions replaced Victorian individualism, the expectation of individual control over aging has declined, to be replaced by scientifically—generally medically—defined prescriptions of the social roles of age groups. Over time a meaning and purpose which once existed has been removed from later life; above all the book is a plea for its recapture.