

viewed physical pain as a Bad Thing. Well, duh, you might say. But histories that take this observation as their central theme too often result in leaden, triumphalist celebrations of modern surgical anaesthesia. Is it possible to write a history of pain (and pain relief) that speaks both to the fleeting, fragmentary, experiential nature of its subject and to the scale and depth of human suffering?

Dormandy's answer to this question is not entirely satisfactory. *The worst of evils* is at heart a fairly traditional practitioner-history of medicine, albeit one with some of the rougher edges of the genre knocked off. This is sweeping, progressivist history, with heroes and villains, great moments and missed opportunities—and is, as such, an engaging and enlightening read. Dormandy is an excellent synthesist, with a novelistic eye for character and a talent for breathing life into overlooked cul-de-sacs and overworked stories alike. His illuminating disquisition on the different forms in which opium was sold and used in Georgian England (p. 129) is one of many fascinating details that seem to litter every page.

But this approach brings its own drawbacks. In his introduction Dormandy acknowledges—quite rightly—that the history of pain contains many distinct threads: bodily pain, mental alienation, spiritual agony, theodicy, unconsciousness, anaesthesia, analgesia, surgery, physiology and so forth. But he fails to follow this observation, and its implied demand for clarity, through into his text. Dormandy leaps from thread to thread, always construing “pain” as a trans-historical part of human experience, but only rarely explaining which sense of the word “pain” he is using at a particular point. Is he talking about physical pain in its modern neurophysiological sense, or heartbreak, or melancholy, or vastation, or *Weltschmerz*? The answer is not always clear, and this problem is worsened by Dormandy's failure to engage with the sizeable body of work on the cultural history of pain.

Dormandy also falls too easily into anachronism. “Reversible anaesthesia” was not “old hat” to Shakespeare's Friar Lawrence (p. 3): “a sleep most like death” is nearer

the mark. And references to what seems like modern surgical anaesthesia in ancient texts might reflect knowledge of powerful pain-relieving botanical agents; but they might also be a rhetorical strategy for heightening the reputation of the practitioners concerned. Dormandy's anachronisms are particularly galling, because in this and in his previous books he gives the distinct impression that he knows better. If he had taken more time to relate the different meanings and cultural constructions of pain this would be a longer book, but a far more rewarding one. If he had focused on one of these themes (perhaps bodily pain, which seems to be his main interest) it would be shorter, tighter and more digestible for a non-academic audience. As it is, *The worst of evils* falls between two stools—a painful experience in more than one sense.

Richard Barnett,

The Wellcome Trust Centre for the
History of Medicine at UCL

Anne Carol, *Les médecins et la mort: XIX^e–XX^e siècle*, Collection Historique, Paris, Aubier, 2004, pp. 335, €23.00 (paperback 2-70-072331-7).

In 1968 Erwin Ackerknecht wrote: “It seems quite possible that in the near future the problem of death might again occupy the whole medical community more than it has done during the last 150 years. Technical developments in medicine, as well as certain trends in lay thinking, point in this direction” (*Bull. Hist. Med.*, 1968, p. 23). And twenty-five years later, Michel Vovelle in his *La mort et l'occident de 1300 à nos jours* (1983) entitled one of his chapters ‘La redécouverte de la mort’ (The rediscovery of death). Whereas Ackerknecht insisted more on the importance of the development of medical technology, Vovelle emphasized the contributions of psychologists, sociologists, anthropologists, and historians to this renewal of interest. Both authors pointed out the growing trend

in non-medical thinking (including scholars pertaining to social sciences, consumers and patients' associations) regarding this issue. Carol's objective is to deal with both sides of the story, i.e. the technical and the cultural dimensions of death during the nineteenth and twentieth centuries. One might add a third dimension since Carol obviously sympathizes with the layperson's struggle against the "appropriation of death" by physicians.

The first three chapters of the book focus on major moral problems raised by death during the nineteenth century: what can be done to make death more bearable to the dying person and his/her family? What should be told or not told to them? When should the priest be called? How should pain be treated (or not)? Should life be prolonged or shortened? The three following chapters are organized around the question of the definition and diagnosis of death in relation with the major fear of the nineteenth century, premature burial. The quest for a definite sign of death is analysed as well as its progressive social and legal organization around the creation of death certificates on the one hand, and of mortuaries on the other. Finally, the fate of the corpse is discussed in relation to either problems of hygiene or the need for autopsies for medical research or teaching purposes. The last chapter is devoted to contemporary issues raised by medicalized death, more or less in continuity with those raised during the preceding century. The book is thus organized around the chronology of death: before the death, during the death, after the death.

This simple organization has been explicitly chosen by the author in order to cope with the complexity of the issue. Carol relied on a variety of sources (medical texts, theses, legal and literary texts) to examine the attitudes of the physician faced with the death of his patients. What were the difficult choices raised by the treatment of pain, especially when morphine became available? Should the latter be used in order to alleviate the suffering of the dying patient, or should it be rejected in order to preserve the patient's lucidity and capability to confront his/her own death? More generally,

what was the role of the physician at the end of life: should he simply facilitate a "good death", try to prolong life at any cost or, on the contrary, attempt to shorten it when suffering became unbearable? The debate on euthanasia was thus opened as early as the beginning of the twentieth century. Finally, Carol shows that the question of the search for criteria of defining death was first linked to the fear of premature inhumation. Later, particularly after 1950, the development of organ transplantation came to replace the latter issue as a major incentive for defining new criteria of death, and the technical criteria of "brain death" eventually substituted the standard definition.

Altogether, as testified by the paucity of references from the field of medical history, the book looks more like a contribution to a cultural history of death, along the lines of Philippe Ariès or Vovelle, than a contribution to the history of medicine, even though the physician appears in it as the major figure at the death. Indeed, the practical problems and ethical dilemmas encountered by physicians facing their patients' death, cannot be reduced to their opinions as expressed in medical articles or chapters dealing explicitly with this issue. Incurable disease, and the lack of active drugs for treatment, was one of the main problems that nineteenth-century physicians had to face. Here, the question of the sources is paramount. One would probably learn as much about death and the physician by reading medical writings on incurable diseases as by reading medical texts on "death", heavily loaded with the medical ideology of the time. This at least would provide an alternate method for looking at practices, since archives, especially hospital ones, are lacking, and would allow for a confrontation of medical practices with the ideology of the time. Similarly, quotations from literature are a nice addition to other sources, but call for critical analysis as to whether they reflect actual practices. More generally, the question of death cannot be reduced to the last moments of the patient, as it really begins with the first diagnosis of the physician (as the author herself acknowledges on p. 17). Looking more at real practices would

also help to balance the critical approach adopted by Carol and, all too often, social historians and scientists, with regard to physicians and the “medicalization” process. If the physicians were indeed (and still are) too often arrogant, filled with self-indulgence and lack of empathy towards patients, it would be of interest to understand better how they dealt with the complex problems they faced.

Secondly, one should not forget that death was reconceptualized at the turn of the eighteenth century, and that pathological anatomy provided the foundation for a new medicine. To be sure dissections were practised well before the nineteenth century; however, with so-called Paris medicine and the birth of hospital medicine, death was “turned for the first time into a technical instrument that provides a grasp on the truth of life and the nature of its illness. Death is the great analyst that shows the connexions by unfolding them, and bursts open the wonders of genesis in the rigor of decomposition” (Michel Foucault, *Birth of the clinic*, 1973). According to Foucault, a complex relationship between death, disease, the body and the physician has allowed this emergence of the modern form of medicine. A discussion of this thesis as well as of the political function of the physician that accompanies this transformation would have been welcome.

Finally the last chapter is an attempt to clarify the complex entanglement of technical, moral, sociological and philosophical questions raised by death in modern hospitals. Medical discoveries are ahead of social change and the transformations of the “*mentalités*”, or so the author claims. This often repeated idea could easily be challenged. Indeed the “new” history of science has insisted on the social and cultural shaping of science and technology. It is difficult to understand how physicians would have “appropriated death” without the assent of our society as a whole. Here the contributions to the analysis of our attitude towards pain and death by sociologists and anthropologists is paramount and should have been cited. Among North American authors one should

definitely quote Barney Glaser and Anselm Strauss (*Awareness of dying*, 1966), Renee Fox (‘The sting of death in American Society’, *Soc. Serv. Rev.*, 1981), or Margaret Lock (*Twice dead: organ transplants and the reinvention of death*, 2002); among the French authors it is difficult to ignore Isabelle Baszanger’s work on pain medicine (*Médecine et douleur: la fin d'un oubli*, 1996, translated into English as *Inventing pain medicine: from the laboratory to the clinic*, 1998) and on the frontiers between innovations in medical oncology and palliative medicine.

Despite these unanswered questions and shortcomings, this book stands as a useful contribution to the complex history of death in France and deserves to be read by scholars and others interested in medical history.

Christiane Sinding,
CNRS, Villejuif

José Ramón Bertomeu-Sánchez and **Agustí Nieto-Galan** (eds), *Chemistry, medicine, and crime: Mateu J. B. Orfila (1787–1853) and his times*, Sagamore Beach, MA, Science History Publications/USA, 2006, pp. xxv, 306, illus., \$52.00 (hardback 0-88135-275-6).

Even those with a cursory knowledge of the history of medicine will have come across the name of Mateu Josep Bonaventura Orfila (1787–1853), chemist, doctor, and founder of the discipline of toxicology. A smaller number might know that, while he forged a prominent academic career in Paris, he originally hailed from Minorca, and, as Agustí Nieto-Galan and José Ramón Bertomeu-Sánchez show in an excellent introduction to this collected volume, served an important historical function in the promotion of a contested Catalan identity. What better reason, then, than the 150th anniversary of Orfila’s death to invite a group of historians to Minorca to present papers on the history of toxicology, the history of chemistry, and the place of the scientific expert in the courtroom.