

pressure to give up his habit, but a young man taking up a precious bed and increasing the drain on the National Health Service.

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Andrew Hodgkiss, *From lesion to metaphor: chronic pain in British, French and German medical writings, 1800–1914*, *Clio Medica* 58, Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, Rodopi, 2000, pp. iii, 218, €55.00, £36.00, \$51.00 (hardback 90-420-0831-8), €18.00, £12.00, \$17.00 (paperback 90-420-0821-0).

During the past decade and a half, the clinical and diagnostic category—and to some extent, the cultural concept—of “psychogenic pain” has proliferated in Anglo-American medicine. “Pain clinics”, which specialize in the handling of cases of non-organic pain, now dot the medical landscapes of Britain and North America. In response to the working belief that psychogenic pain is a recent—or, at any rate, comparatively modern—experience and diagnosis, Andrew Hodgkiss has provided a detailed and intelligent account of the idea in British and European medical texts across the nineteenth century.

The clinical and intellectual history of a disease concept à la Temkin can be a highly scholarly and informative exercise, and Hodgkiss provides an outstanding example of the genre. Hodgkiss’s subject is of high intrinsic interest. He has researched the topic extensively in the major, medical-historical sources of Britain, France, and the German-speaking lands. And he has done a remarkable job of ferreting out from scores of little-known clinical commentaries

a great many relevant passages, which he explicates knowledgeably. In addition to discussions of predictable figures, like Benjamin Brodie, John Russell Reynolds, and William R Gowers, he helpfully brings to light numerous less familiar authors, foremostly Joseph Swan (pp. 61–4) and Charles Blondel (pp. 176–9). Other pages, such as those devoted to Otto Binswanger and even Sigmund Freud, explore previously unknown or under-appreciated aspects of the writings of well-known physicians.

Likewise, Hodgkiss does a splendid job of showing the many intricate ways in which the three major national-medical traditions of observing and theorizing “pain without lesion” interacted across the 1800s. He also shows a fine sensitivity to the shifting disciplinary bases of his subject by consulting in turns medical, surgical, neurological, psychiatric, and psychoanalytic texts. In a parallel fashion, one reason many doctors previously believed that this idea lacked a deep history was because the relevant textual observations were scattered so widely and presented under a great diversity of diagnostic labels: the cases Hodgkiss examines, all of which seem easily to fall under the current rubric of psychogenic pain, were published in their own times under the various labels of “hypochondria”, “neuralgia”, “neurosis”, “pain without lesion”, “spinal irritation”, “surgical hysteria”, “cenesthesia”, “mental depression”, “functional nervous disorder”, and “conversion disorder”. There is an important lesson in this fact for reconstructing “the history of a disease”.

Interpretatively, Hodgkiss’s monograph presents a significant revisionist statement. Conventional scholarship, Hodgkiss points out, typically conjures up a historical picture in which the doggedly and dogmatically materialist neurosciences of the nineteenth century, centred invariably on Germany and Austria, systematically ignored the reported phenomenon of pain

without an ascertainable and localizable lesion. The historically familiar image of young Sigmund Freud's mentor, Theodor Meynert, contemptuously dismissing such cases as "mere hysteria" at the Vienna Medical School captures this belief. Yet, from his research, Hodgkiss finds that in point of fact a rich, varied, and clinically astute body of observation and theorization about this phenomenon runs through western medicine during the years 1800–1914. Based on an abundance of excerpted passages from medical–historical texts, I came away thoroughly convinced of Hodgkiss's counter-reading. (I suspect, furthermore, that the earlier historical view traces to psychoanalyst–historians of the mid-twentieth century who wished to present a picture of crude and unrelieved organicism in the mental sciences in order to heighten the apparent originality of Freud's work).

A risk of a strict clinical and intellectual history of medical ideas is the disembodiment of the subject, and Hodgkiss, it should be acknowledged, is not immune from this danger. Particularly after the brilliant precedent of Elaine Scarry's *The body in pain* (1985), I regret that the author says so little about the cultural, experiential, and, finally, existential aspects of human pain. I would also like to have found a greater social, cultural, and religious contextualization of pain, which, after all, is not a uniform experience but rather is interpreted by individuals, classes, genders, and religions according to very different cosmologies of suffering. But these matters would perhaps require a different sort of book altogether. Andrew Hodgkiss's lucid, readable, and perceptive study provides an exemplary account of the background to one of the most rapidly expanding clinical and diagnostic concepts in contemporary medicine.

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Biswamoy Pati and Mark Harrison (eds), *Health, medicine and empire: perspectives on colonial India*, New Perspectives in South Asian History 1, London, Sangam Books, 2001, pp. x, 408, £29.95 (hardback 0-86311-859-3).

As the editors remark in introducing this collection of essays, ten years ago only a handful of scholars worked on imperialism and medicine in India, but since then disease and medicine have become prominent features of Indian historical scholarship. While sharing no obvious problematic, the essays are presented as "fresh and innovative" contributions to the field, pointing the way to "a major reappraisal, not only of the relationship between medicine and imperialism, but of the nature of imperialism itself". The editors identify two main historical contributions: firstly, the ways in which Indians co-opted imperial medicine and adapted it to their own requirements, and, secondly, the complexity of relations between colonizers and colonized and the diversity of the colonial impact on India.

The essays certainly represent very diverse approaches. Mark Harrison gives a schematic overview of Europe's encounter with Indian medicine, in which he discerns four phases—an opening phase of "respectful dialogue" based upon a shared humoral understanding, a phase from about 1670 in which Indian medicine was seen as flawed and outmoded, an age of relatively appreciative Orientalist engagement, and from about 1820 a period of active differentiation as Western medicine assumed an increasingly triumphal stance. Indigenous medicine and its fate is a theme that surfaces in several other essays, notably Neshat Quaiser's account of 'Unani's debate with doctory'. He demonstrates the diverse reactions among practitioners of Graeco-Arabic medicine when faced with the growing ascendancy of Western medicine and their marginalization by a medical system they saw as sharing common roots