other influences into those perspectives; to these tenets, doctors added psychological and psychoanalytical facets and, ultimately, a new psychological medicine was born.

*Shell Shock and Medical Culture in First World War Britain* makes two crucial contributions. Loughran's argument that doctors were both radical and conservative in their approaches to trauma, simultaneously relying on pre-war intellectual frameworks and integrating psychological or even psychoanalytical elements into those frameworks, is essential in pressing historians to question the assumption that the war provoked radical and rapid intellectual and social change. By highlighting that doctors' responses to the mental crises were fragmentary and drew largely on *pre-war* developments in the study of the mind, Loughran successfully de-emphasises the war as the causal factor in bringing about psychological developments and, instead, presents a group of doctors making use of all available tools who, eventually, through slow processes of translation and adaptation, produced new forms of psychological knowledge and reform. Loughran consequently reorients the history of shell shock from a discrete, ultimately radical response to horrific violence towards a perspective that emphasises slower evolution and knowledge production, in which the war is an important but not essential component.

More broadly, however, Loughran's work offers an important middle ground in how scholars of modern Europe conceptualise sudden ruptures and turning points. Historians have long debated whether the Great War represented a deep rupture with the long nineteenth century, or whether it caused a brief reinvigoration of nineteenth-century values. Loughran's contention that medical culture experienced *both* a rupture *and* a continuation of earlier intellectual modes provides a third analytical framework, in which the war provides a context for people to reorient their thinking; some things change over time, while others continue to provide meaning in a new world. Too often, she suggests, we take the constructed narrative, whether progressive or regressive, at face value, ignoring the precariousness of change. Approaching not only trauma, but all facets of the war in this way can provide a clearer representation of historical change and its contingency.

Despite the book's important interventions, the work is beset by a number of frustrating silences and she often provides only tantalising glimpses into some essential points. For example, she glosses over *why* doctors viewed the First World War as especially destructive to human civilisation, and never fully examines the notion that in spite of civilisational progress, modernity could produce unexpected pathologies. Further, she never makes clear how this slow evolution in thinking impacted on the doctor–patient relationship, and her discussion of how doctors felt about their patients is ambiguous. Nevertheless, the book provides a compelling and new analytical perspective on what shell shock meant to the doctors who diagnosed it, how it fitted into their known intellectual universe and how it contributed to, but did not cause, a slow (r)evolution in thinking on mental medicine.

**Jenna K. Ross**
University of Southern California, USA

doi:10.1017/mdh.2017.67

**Sarah Chaney**, *Psyche on the Skin: A History of Self-Harm* (London: Reaktion Books, 2017), pp. 315, 55 illus, £20.00, hardback, ISBN: 978-1-78023-750-3.

Sarah Chaney's *Psyche on the Skin* is lucidly written, engagingly illustrated and refreshingly critical. It treads a fine line of critique, avoiding an unnecessarily confrontational approach (with mental health services), whilst making sure to point out the

limitations of some psychiatric approaches to self-harm. Chaney's critique is historical, as the title suggests. She argues with abundant justification that 'Medical diagnoses – especially but not only in psychiatry – shift across time and culture . . . To assume that today's ideas are "true" in a way that yesterday's were not is to suggest that modern science is omniscient' (p. 12).

The reflective stance chimes with Chaney's decision to place herself and her experiences inside the narrative that she weaves. These experiences function largely as bookends, but important ones. The book opens with an arresting description of one interaction with a particularly unsympathetic – indeed downright unprofessional – general practitioner who refused referral to a charity service for scar-covering make-up (pp. 7–8). I am tempted to call this approach refreshing and honest, but I do not believe that self-harm is something that one needs to disclose in order to be 'honest' about it. There is nothing 'dishonest' about keeping such information private. The place of personal reflection in medical humanities scholarship (and academic scholarship more generally) has become a topic of concern in recent years. Chaney negotiates this with much skill, and her experiences truly enrich and help to situate her narrative.

Chaney tracks ideas of self-harm across diverse periods and cultures, with the predominant focus on the Victorian period – the subject of her PhD – where the analysis is detailed and comprehensive. However, I was not entirely convinced by the logic of the sweeping first chapter, 'From Ancient Castration to Medicinal Bloodletting'. Chaney admits that these things were not all called self-harm (or even all thought to be harmful), but she uses these examples 'to question the notion that self-harm can be thought of as a constant, universal human behaviour with a particular set of meanings' (p. 12). I agree with that wholeheartedly, and with the logic that these things might be used as contrasts.

Her aim is to expose those who might cherry-pick examples from history to buttress an idea of an eternally valid self-harm. She defends this strategy robustly (especially pp. 48–50), although a number of questions remain. For example, why is a medieval flagellation in a book on self-harm? I understand that it is included because it *isn't* self-harm, but this does strike me as a rather odd reason to include it. I feel that including things that are not self-harm muddies the water. Chaney uses this approach to argue that she does not 'take modern definitions as a given from which earlier models depart' (p. 17). However, she does seem to focus overwhelmingly on actions that break the skin. She uses the term, 'self harm' among others, 'primarily to refer to self-inflicted acts resulting in tissue damage of some kind, although sometimes the way definitions are shaped in a particular era means that I touch on other behaviours, in particular overdosing and food refusal' (p. 17). It hardly needs to be said – and I am sure that Chaney would agree – that breaking the skin is not necessarily harmful (in surgery or tattooing, for example), but it does leave me wondering why skin-breaking practices are afforded such prominence. Self-harm does not necessarily have much to do with the skin; this volume's title sets the agenda on this point, but doesn't explicitly justify it as much as I would have liked.

I found the best parts of the book (outside the detailed Victorian heartlands) to be on the rise of modern 'trigger warnings' in relation to self-harm epidemics in psychiatric institutions, and a fantastic chapter on 'motiveless malingerers' in the early twentieth century. The narrative is sharp, engaged and accessible, without ever being patronising. The archival work, from Bethlem, the Royal London, Queen's Square and more, are examples of first-rate exegesis that avoids the bogged-down traps of 'interesting archives', keeping the vignettes short, punchy and relevant. On top of this, differences and similarities between periods and with the present are sensitively drawn and expertly deployed.

https://doi.org/10.1017/mdh.2017.67 Published online by Cambridge University Press

As she deftly puts it regarding the supposedly hysterical 'motiveless malingerers', 'We tend to assume today that a psychological approach must be "progressive", simply because it aligns more neatly with modern understandings of self-harm' (p. 141). Chaney meticulously avoids this assumption throughout.

One of the most interesting parts of this book is rather buried in the conclusion, where Chaney's personal experiences resurface. She states:

> The history of medicine has been a solution for me in the way medicine itself never was. History invites critical thinking and analysis; it may not always provide answers but sometimes that isn't the point. Education empowers in a way that psychiatry, with its rigid frameworks and imposed stereotypes, will always struggle to. It invites questions, rather than imposing answers. It ties the personal with the political, the individual into the broader cultural framework. (p. 239)

It would be a mistake to *reduce* this work of history to a cathartic, therapeutic working-out of its author's psychology. It is so much more than that – a broad, detailed, accessible, sensitive and critical work of history. But its sensitivity and its critical engine are just as much driven by the author's commitments as by the detailed archival work. These strands are united in a fantastic history where the personal really is political, cultural and historical.

**Chris Millard**
University of Sheffield, UK

doi:10.1017/mdh.2017.68

**Lynda Payne**, *The Best Surgeon in England: Percivall Pott, 1713–88* (New York, etc.: Peter Lang, 2017), pp. 236, SFr.103/€94.95/£64/$US94.95, hardback, ISBN: 978-1-4331-2319-1.

The surgeons of the heroic age of surgery, especially before the introduction and acceptance of anaesthesia, have always been figures of awe, inspiring both admiration of their strength and resolve but also distaste at their ability to cut in the cause of healing. Their bloody work obscures both their personalities and their humanity. As Professor Payne rightly avers, these men have too much been assumed to have been brutalised by their bloody profession. Like them, she cuts boldly through unhelpful myth, oft-told stories and easy assumptions to produce an insightful and rich biography of a notable but oddly neglected surgeon.

Lynda Payne is the inaugural Sirridge Missouri Professor in Medical Humanities and Bioethics at the University of Missouri-Kansas City. She has previously published on medical education in early modern England and has researched diligently in the complex British sources. The tone of her book is curiously in tune with the period and its medical literature. It is highly discursive, retailing stories and 'cases' to build up a picture of Percivall Pott in his setting, the competitive and often rancorous, scrambling world of the hospitals and dissecting rooms of Georgian London.

Pott (1713–88) was not only one of England's most long-lived surgeons (he began his apprenticeship at the age of 15 and practised until he was 73) but was among the most acclaimed. Professor Payne offers a valuable reappraisal of a man whose admiring biography had been written briefly by his son-in-law, James Earle. She draws upon not only a range of contemporary evidence to amplify and correct the existing record, but places Pott's work as a surgeon in the context of medical historical scholarship undertaken in the past couple of decades. Her book enables us to understand more clearly why he