

have been described by Colin Jones for France, and by David Gentilcore and William Eamon for Italy and the transalpine areas. The manufacture and trade in these products were enabled, as is well known, by increased means of spreading information, above all through printed broadsides, by urbanization, and by a growth in disposable income—factors distinguishing the regional, and eventually national and overseas trade in these medicines from the preparation and sale of medicines by local lay healers, which they supplemented but never entirely displaced.

Continuous account books of this type are a rare although not unique find, and we need more of them in published form if historians are to develop a comparative profile of this market. Haycock and Wallis preface the accounts proper with an introduction laying out personae and the history and spread of the elixir. They meet the expectations of the reader hungry for a full narrative not as comprehensively as one would wish, but there is a large amount of data in the carefully annotated accounts themselves. For the ten-year period covered, the reader can extract prices, sales volumes, unit sizes, packaging, shipping routes, characteristics and location of debtors and creditors (mainly, but not exclusively, general merchants), kinship networks, accounting methods during a period of rapid mercantilistic growth, and much more. While medical historians may find the relative absence of recognized medical providers as direct purchasers of these nostrums proof of their status as quack medicines—secrecy, lack of institutional controls to ensure a modicum of manufacturing standards and safety—it might be well at this stage of research to remember that quackery is a relative term.

During the same period, many respectable physicians in Great Britain and continental Europe manufactured and sold their own secret nostrums, some with comparable acumen. Haycock and Wallis note that the known ingredients—a bowel stimulant and spirits—and effects of the elixir, were common to many medications of the time. If Daffy's Elixir continued to be sold into the late nineteenth

century and even beyond, this was true also for the tonic of the venerable professor from Halle Friedrich Hoffmann. The business of Anthony Daffy and similar proprietary medicine makers was part of a general commercial model adopted twenty-five years later by the makers of the Halle Orphanage medications, who were fully credentialled physicians and Christian philanthropists. In turn, they established a similarly far-flung network of sales of not one universal nostrum but a whole inventory of preparations that were widely advertised without the blessing of traditional medical authorities. The term quackery continues to be in need of an update, therefore. Mr Daffy's accounts are a valuable contribution to an overdue assessment of the extent to which traditional medical practice and commercial pharmacy overlapped at the end of the early modern period.

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Thomas Dormandy, *The worst of evils: the fight against pain*, New Haven and London, Yale University Press, 2006, pp. xi, 547, illus., £19.99 (hardback 0-300-11322-6).

For Schopenhauer, life without pain had no meaning. But Thomas Dormandy, former professor of chemical pathology at the Whittington Hospital, has little time for such Prussian dolorism. In this massive new work Dormandy—the author of several books on the history of medicine, including a well-received history of tuberculosis—provides a panoramic survey of “the fight against pain” in the west from “the mists of history” (his words) to the latest developments in palliative care.

As Dormandy acknowledges in his introduction, pain is more than the stimulation of certain afferent nerve fibres: it has a history and many, many meanings. This reflects a central problem in the historiography of pain and “the fight against pain” (military metaphors being *de rigueur* in the literature on this subject). Most cultures seem to have

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.

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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