

venture. Dingwall discusses the problems raised when trying to write national histories. There is the central issue of national identity: when did Scotland cease to be a collection of fiefdoms and emerge as a nation state? Did government from London mean that Scotland ceased to be a separate nation from the nineteenth century? For the medical historian there is another fundamental question: whether to grapple with Scottish medicine—identifying the sources of distinctively *Scottish* medical ideas, practices and institutions—or to analyse medicine *in Scotland* and the factors that shaped the course of its history within those geographical limits. Given the need to square this question with the fundamental objective of this book—to provide university students and general readers with a basic introduction to the history of medicine—not surprisingly, Dingwall has chosen the latter option and (despite the book's title) has produced a history of medicine in Scotland. As the subtitle suggests, this is a book which explores the factors which have given a distinctive contour to past medicine.

The scope of the book is impressive—exploring medicine from the Dark Ages to the present day. Chapters on the history of medicine are interleaved with chapters on broader historical developments—religious, social, political and economic. The medical chapters dwell on the well-accepted major events in Scottish medical history: the emergence of the guilds and colleges in the seventeenth century, the ideas and teaching circulating in eighteenth-century Edinburgh, the public health problems and medical advances of the nineteenth century. *A history of Scottish medicine* is therefore similar in its coverage to David Hamilton's earlier history of medicine in Scotland, *The healers*, published in 1981. However, Dingwall makes good use of more recent scholarship, and the text and chapter bibliographies highlight some of the most interesting work produced over the last few years.

There are some problems with the work. Our relative ignorance of medicine in pre-medieval times hampers the flow of the early chapters. Dingwall is at her best when writing about the seventeenth century, her particular period of expertise. (All the more remarkable since few

historians write simply and lucidly when they are only too aware of the complexity of the issues they describe.) In this chapter, she feels free to make more comparisons with developments elsewhere—thus the reader gets a picture of what differentiates Scottish medicine. By comparison, the chapters on the eighteenth and nineteenth centuries, which lack such contextualization, feel rather old-fashioned. Dingwall focuses on medical practice and is rather reluctant to engage with medical theory, thus missing an opportunity to explore the social and political influences on Archibald Pitcairne's iatromathematical ideas or on the physiological thinking of Robert Whytt, Alexander Monro secundus and William Cullen. Overall, the work achieves its objectives—providing a lively introduction to Scotland's medical history in its context.

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**Steven Cherry**, *Mental health care in modern England: the Norfolk Lunatic Asylum/ St Andrew's Hospital c.1810–1998*, Woodbridge, Boydell Press, 2003, pp. xi, 335, illus., £45.00, US\$75.00 (hardback 0-85115-920-6).

I much enjoyed this book and it has proved an invaluable teaching aid for undergraduates studying the politics and practice of modern medicine. Steven Cherry's obvious fondness for his subject and the care taken with the writing as well as the research make this monograph particularly readable. The well-organized chapters offer broad thematic as well as chronological surveys and are interspersed with lovely vignettes of asylum life. The asylum itself is presented as a key site of human relationships that have distinct local and national contexts and show clear continuities as well as change over time.

The sophisticated multi-layered analysis provides a very accessible way of engaging with recent debates in the historiography. The non-specialist reader will appreciate an interesting and detailed study of a single institution that

illuminates many important national issues. The author also looks critically at existing literature and suggests that many key questions remain unanswered. He is somewhat tentative here and does not claim that his work on the Norfolk Asylum requires us to do more than take another look at interpretations/conclusions that seem to have been gaining ground in recent years. However, Cherry's work on governance, especially local and national politics, the interests of the medical and legal professions, the pressure to control costs and the vital relationship between the asylum, its patients and their relatives deserves careful scrutiny and sets an agenda for future research.

Cherry points to the very limited power that relatives of inmates had in negotiations with both the asylum and Poor Law authorities (p. 15). He links this to the lack of "genuinely popular agitation on wider questions of health or welfare [which] did not exist before the twentieth century", leaving standards of care to be "determined by socially dominant minorities" (p. 5). Yet, as he shows, these elite figures did not form a single entity but rather a range of competing local/national, lay/professional, medical/legal groups. This is a significant advance on a straightforward family (benign or calculating) versus asylum (controlling) argument, but Cherry's interpretation does not fully resolve uncertainty concerning the path to asylum care and the relative importance of supply and demand at different times. There is no doubt that asylum numbers increased but this cannot be directly linked to any real or even perceived improvement in the quality of asylum care available. Cherry's idea that the nineteenth century may have seen increasing "recognition of the asylum as the appropriate place for madness" (p. 307) remains untested, but his realistic assessment of the aims and limitations of the asylum is a useful starting point, especially as the book, fairly unusually, continues the analysis into the twentieth century.

Cherry utilizes patient experiences and relationships to good effect but does not fall into the trap of believing medical records supply more than an official, medical interpretation of patients' needs and circumstances. This is an

important point and a useful approach but can lead to some ambiguous conclusions, especially in relation to the long-term confinement of women patients vulnerable to abuse at home and in the institution (p. 309). Cherry believes patient admissions were triggered by a deterioration in an individual's level of functioning that either made them a public order risk or less able to cope with employment and/or domestic life. The admission process then usually involved reporting by family members, neighbours or a variety of public/quasi-public officials. Sometimes the result was admission to the asylum, or another institution en-route. It is these, largely Poor Law, institutional alternatives that have come under scrutiny from Peter Bartlett (*The Poor Law of Lunacy*, Leicester University Press, 1999), although I would argue that the lay professionals who mediated between the family and the institution need greater attention. Cherry's excellent study can only encourage further work in the field.

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**Peter Stanley**, *For fear of pain: British surgery, 1790–1850*, Clio Medica 70, Amsterdam and New York, Rodopi, 2003, pp. 362, illus., €80.00, US\$95.00 (hardback 90-420-1034-7), €37.00, US\$44.00 (paperback 90-420-1024-X).

With *For fear of pain*, Peter Stanley offers the medical historian and the lay reader a rich history of the early nineteenth century: one of medically-inflicted pain, or painful surgery. In writing a "social history of the operating room" (p. 12), he beautifully sketches a subjective history of practices and representations of surgery before what appears to be, in the eyes of most contemporaries—and indeed those of the historian—the "great discovery of the late years" (p. 305), i.e. anaesthesia. According to Stanley, "war experience"—rather than the father figure of John Hunter, that Stanley cannot easily discard—"shaped the generation that dominated surgery in the ensuing decades reinforcing their confidence in the healing power