

Isabelle Baszanger, *Inventing pain medicine: from the laboratory to the clinic*, New Brunswick and London, Rutgers University Press, 1998, pp. X, 348, \$50.00 (hardback 0-8135-2502-0), \$22.00 (0-8135-2501-2).

The appearance of pain medicine in the United States of America and, to a lesser extent, in Europe over the last four decades is the phenomenon this book describes and reflects upon. There are really three books in one here.

The first is an authoritative history of North American and French pain medicine, which offers a good account of the contributions of John Bonica, Ronald Melzack, Patrick Wall and Wilbert Fordyce. A familiar set of tools were employed in the inventing of a new speciality which included the founding of the Journal *Pain*, the International Association for the Study of Pain and literally hundreds of pain clinics and centres since 1970. The tension between anaesthetists and psychologists in this field has been evident from the start, and Baszanger closes her text with a plea for wide medical interest in cancer pain rather than the chronic pain syndrome that has become so central to the many pain centres. The term “chronic pain” has come to imply much more than persistence over time, now being almost synonymous with pain disorder (i.e. pain without lesion). Baszanger uses the simultaneous emergence of two schools of pain medicine to critique David Armstrong’s argument for a diachronic shift from the medical gaze to the listening ear this century. The historical material complements the work of another first-rate academic from the Centre National de la Recherche Scientifique, Roselyne Rey, whose *History of pain* appeared in 1993, shortly before her premature death.

The second half of the book is a socioethnographic analysis of numerous consultations in two French pain clinics. Long transcripts and detailed commentaries

upon them tried the patience of this clinician reader. I did not read anything that surprised me in Baszanger’s interpretation of these encounters. She describes moments of persuasion, translation, explanation, justification, description, demonstration and disagreement which are commonplaces in reflective contemporary medical practice.

The third, and perhaps strongest, thread of this writing is a profound reflection on the nature and future of pain medicine as a speciality. Baszanger attacks the highly fashionable, and evidence-based, cognitive-behavioural approach as normalizing and lacking in respect for the alterity of pain patients (pp. 226–34). As for the future, Baszanger points to pain medicine and palliative medicine, specialities founded on suffering and dying rather than on anatomical regions, as the best chance of staunching the exodus from conventional to alternative medicine. But, she warns, this can happen only if the new disciplines are truly patient-centred.

I would recommend this book to those looking for an account of the history of pain in the late twentieth century, to those with an interest in doctor–patient encounters and to professionals working in pain clinics.

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Emmeline Garnett, *John Marsden’s will: the Hornby estate case 1780–1840*, London and Rio Grande, Hambledon Press, pp. xiv, 225, illus., £25.00 (1-85285-158-9).

When his elder brother died intestate in 1780, John Marsden (1758–1826) inherited (probably as a result of a fraud perpetrated by his aunt and family servant George Wright) a considerable estate in Lancashire. Wright (1758–1848) then set about appropriating much of the wealth of the estate for himself: acting in Marsden’s

name, he sold off most of the family property in order to finance the purchase of Hornby Castle. This, along with practically everything else of value, was left to him in Marsden's will.

Thus was the stage set for the long-running lawsuit of *Tatham v. Wright*, a national cause célèbre of the early nineteenth century. Marsden's heir at law, Rear Admiral Sandford Tatham (1755–1849), challenged the will on the grounds that Marsden had either been completely under Wright's dominance when he signed or had not understood what he had signed. The case was based on the fact that Marsden was what medical men of the day termed a "connate imbecile" (what would now be classed as mild mental impairment), and thus incapable of managing his own business affairs. There was, however, no legal definition of Marsden's position, as he was not imbecilic enough to warrant the commission of lunacy which would have removed his legal status.

The author has painted an engaging and sympathetic portrait of Silly Marsden: he was unable to tell the time and had a poor ability to reason or count, but had a good memory for facts and could read a little; he could write but could not compose his own letters. He was throughout his life timid and easily influenced by those closest to him, and Wright took advantage of that fact, controlling both Marsden and the estate.

The book is based primarily upon documents gathered by the plaintiff's side during the twelve years of litigation (1826–38): legal briefs, depositions of witnesses and possible witnesses, letters between Tatham and his supporters. It is therefore unsurprising that the story is clearly biased in his favour. This is, however, in keeping with public opinion of the day.

Details of the medical evidence presented at the three trials and several appeals which comprise *Tatham v. Wright* are not presented. During the first trial (1830) at

least two physicians testified as expert witnesses: Dr Ambrose Cookson, a relative of Marsden and expert in mental deficiencies; and Dr Wake, Physician to the York Lunatic Asylum, who had not known Marsden but could link his traits with his own knowledge of connate imbecility (p. 134). However, although Marsden's competence was the key, "the struggle was over something quite different—money, land-ownership, family honour, power, fear of social upheaval, stability" (p. 186). In such circumstances it is understandable that, after two verdicts for Wright, it was Tatham who finally emerged the victor.

Curiously, the title on the dust jacket does not match that on the title page. In all other respects the book is an attractive and highly readable account of a legal case which will be of interest to all those concerned by the relationship between medicine and the law.

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John C Burnham, *How the idea of profession changed the writing of medical history, Medical History, Supplement No. 18, London, Wellcome Institute for the History of Medicine, 1998, pp. xi, 195, illus., £32.00, \$50.00 (0-85484-067-2). Orders to: Tracy Tillotson, Wellcome Library, 183 Euston Road, London NW1 2BE.*

This impressive chronicle of the history of medicine as an international discipline takes as its organizing principle the concept of a profession, which John Burnham views as the dominant current framework for understanding the medical profession and its institutions. Burnham's concept of a profession is based on "the assertion that medical professionals commanded special knowledge, that they tried to conduct themselves virtuously and not just