

paintings, complemented by quotations of the artist, are a highlight of the book.

Patrick Lacoste's discussion of psychoanalytic approaches to pain is dense and difficult. He discusses three separate phenomena—psychogenic bodily pain, neurotic psychical pain and psychotic suffering. He depicts psychogenic pain as a defence, an avoidance of an encounter with something even more unbearable. His tantalizing definition of psychical pain as "half-way between anguish and mourning" (p. 160) is expanded in terms of the Freudian "lost object" and the Lacanian distinction between "lack" as motor of desire (in neurosis) and as a void (a hole in the Real to be "patched" by hallucination or delusion) in psychosis.

Readers of *Medical History* may be most interested by the two historical chapters—Georges Duby on physical pain in the Middle Ages and Roy Porter's overview of pain in the history of the western world. Duby argues that the almost total absence of pain in documents from 1000 to 1200 reflects a male-dominated, militaristic ideology that saw pain as feminine and weak. While women endured labour pain, men had to work. Pain was a sign of original sin, of God's punishment. By the thirteenth century there was increasing interest in empathizing with the bodily suffering of Christ's crucifixion, and hospitals and charitable institutions began to appear.

Porter explores the history of pain thematically. Beginning with a section on execution and torture by political and religious authorities he moves to a discussion on pain language and silence. Sufferers must tread a fine line between the silence of the traumatised, with a risk of going unnoticed, and the verbiage that attracts a diagnosis of hypochondria. The impact of Utilitarianism, Darwinism and Anti-vivisectionism on nineteenth-century attitudes to pain is briefly reviewed. The piece closes with the question of whether pain has changed over the centuries. Porter quite rightly dispatches this as an unanswerable matter.

Andrew Hodgkiss, Guy's Hospital

Gabrielle Hatfield, *Country remedies: traditional East Anglian plant remedies in the twentieth century*, Woodbridge, Boydell Press, 1994, pp. xi, 148, £16.95 (0-85115-563-4).

Central to Hatfield's account is her annotated list of plant remedies employed for numerous ailments from ague to warts. She uses two sources of information. One is a compilation made by regional health officer Mark Taylor from 1920 to 1927. The second is from Hatfield's own investigations mostly from the late 1980s. The list is preceded by a chapter on 'Background to the plant remedies: social conditions in rural East Anglia seventy years ago', and is followed by discussions on data gathering, comparisons between the 1920s and the present, and current trends and future directions.

Much significant data exist in Hatfield's work, and it is churlish to request more commentary. However, in recent years the number of compilations and other writings covering plant remedies has multiplied considerably. The time is now ripe not only for analysis, but also for some synthesis and comparative study. Hatfield might have indicated this in a few places at least. A possible example includes a comment on her various references (seven) to "celandine", if only because of current scientific interest in the greater celandine (*Chelidonium majus*) as a resource for anti-tumour compounds. As another example, the intriguing reference to employing different sides of the leaf of "heal-all" justifies a note. After all, various traditional medical practices continue to specify usage of different sides of leaves. Such information, as esoteric as it may seem, is central to concerns that the examination of traditional practices by anthropologists, scientists and others ignores essential detail of the preparation and usage of herbs.

The introductory discussion, which focuses on widespread usage of plant remedies through such factors as economic considerations and remoteness from a doctor, might also have been more expansive. Hatfield does not, for instance, explore the use of home remedies in

families readily able to call in a doctor. Certainly data from the 1920s gathered by Taylor hint that this was commonplace, as it was elsewhere. A fuller discussion on factors behind usage would also be instructive, if only because Hatfield states that with the advent of the National Health Service the need for domestic medicine “largely disappeared”. This, surely, is only one consideration; reasons for change in self-care are complex, as Hatfield herself implies through her discussion on the blurred distinction between “official” herbalism and traditional plant remedies.

There is much in the volume that prompts constructive debate. Aside from its value as a case study, the book is a salutary reminder of the need for interdisciplinary studies to investigate the current state of herbal medicine; such work is demanded by the increasingly complex interests in herbs as medicinals and nutrition supplements.

J K Crellin,
Memorial University of Newfoundland

Dick Maurice, *The Marlborough doctors: six generations of one family's medical practice since 1792*, Stroud, Alan Sutton, 1994, pp. 99, illus., £12.99 (0-7509-0831-9).

This short, attractive book describes a medical practice which is at the same time unique and archetypal.

It must be at least unusual for a new general practitioner to be greeted by his first patient: “Your great-grandfather brought me into the world, your grandfather looked after me in my boyhood and early manhood, your father looked after me in middle and old age. I want you to see me into my grave”. But, in this instance, the newcomer could claim not merely three, but five, generations of direct descent in the same practice. This is indeed unique.

For decades now most young doctors looking for their lifelong general practice would imagine as their ideal pattern a small town in beautiful country, not too far from a university city; a partnership of four or five,

with no rivals; an up-to-date health centre with a good team of helpers and beds in a well-equipped small hospital. Add to that the care of a well-known school and a family tradition of mayoralty in the town—the structure of the Marlborough doctors' practice is outlined. So too is one archetype of England.

The Maurice family has now had ten members in the practice. The first, Thelwall, started to work in Marlborough in 1792, more than a hundred years before the motor car and telephone appeared. He visited patients in Swindon, Devizes or Hungerford, sometimes on the same day. Each was ten miles or more from Marlborough in opposite directions. His great-grandchild doubts if he covers such distances in his car today. With his one partner, Thelwall managed a seven-day week. It was rare for either of them to have a whole day off, even a Sunday. He died at the age of sixty-three.

The book is written by two doctor members of the family. It gives a clear, straightforward account of changes in general practice, in medicine more widely and in the life of this prosperous town and its surroundings. The changes in practice are from heroic medicine, based partly on faith and trust, to a medicine in which drama is less common, but material help more the rule than the exception.

Among the illustrations there are two very touching and attractive family portraits of the second generation (1840), a photograph of all ten brothers of the fourth generation (three sisters missing) and a painting of the local hospital, designed for the purpose (1866) by Sir Gilbert Scott, the most famous architect of his day, in what might be termed Elizabethan Gothic style—more like a small residence than a cottage. Its successor has grown into a local hospital which remains in active use.

The book is a notable record. There seems no reason why this medical dynasty should run out.

John Horder, London