
This book, with its stunning cover, is rich in detail, imagery and understanding of the phenomena of pain, from the medieval world to the present, as viewed through the multiple lenses of cultural, medical and art history. The author’s subcategories – representations, imitation, sympathy, correspondence, trust, narrativity, coherence and reiteration – helpfully disentangle the historical meanings of pain, without oversimplification, in a variety of heterogeneous contexts.

For pain is a problematic concept in the present, as in the past. Moscoso explores the physical signifiers of emotional suffering related to pain, and the iconographic significance of brutal bodily violence in the medieval period as compared, perhaps, to the present. The spectacle of cruelty played out on medieval altarpieces and canvases (of pain, torture and punishment) do not represent any historical reality, says Moscoso, but open the doors onto ‘a participatory and collective action, of a dramatic nature, that configures and constitutes experience’. These are theatrical ways of feeding memory and keeping faith alive, in other words, which seems particularly convincing when one views these artefacts as levers of empathetic engagement; re-enactments of what makes us human. Yet ‘empathy’ is not explicitly considered in Moscoso’s text, although ‘sympathy’ is (especially pp. 55–78). It would have been interesting to have Moscoso’s take on these interrelated but distinct forms of emotional response to the sufferings of others.

*Pain – a Cultural History* seems to fall naturally into two parts. The early part of the book – as the author acknowledges (p. 169) – touches rather more on the theatricality and display of pain rather than it does on the experience of pain *per se* – on the elusive and subjective sensations experienced by the sufferer. In the second part of the book, the viewpoint is shifted onto that very question, by the wonderfully apt use of literary examples as well as medical case studies. Indeed, it is here, too, that the author engages the empathy of the reader, for who could read without cringing of the agonising pain endured by the patient of the mesmerist physician Professor John Elliotson, who wept in agony under the weight of neuralgic pains (p. 192). We come close here to an acknowledgement of pain that might be psychological rather than physical, silent and hidden rather than manifest in the screams and groans of sufferers. I confess that I found myself wondering about those silences during the course of reading, especially since Moscoso acknowledges the centrality of the emotions in defining and conceptualising pain as subjective experience.

Moscoso excels in his analysis of the signs of pain and the interpretation of symptoms (especially in Chapters 4 and 5 when he looks through the medical lens). In particular, he identifies the historical relationship between the suffering patient and the diagnosing physician, both of whom must communicate to assess the nature and severity of the pain. Anyone with a child – or anyone who has visited an A&E – will have been asked to measure the pain experienced out of 10 (pre-literate children are given a variety of happy and sad and distressed faces from which to form an identification). Measuring pain, cataloguing and comparing types of pain are therefore common place today, but this has been so only since the Victorian period – partly because of the drive towards measurement...
and classification that was so peculiar to nineteenth-century science, but also because of the rise of (and distancing allowed by) the introduction of chemical anesthesia.

There remains a profound disjuncture, however, between the experience of pain and the ways by which that pain can be communicated to others. As Moscoso says, there is no science of the subjective than can rise above ‘the semiotics of pain or the cartography of tragedy’ (p. 106). Similarly it is not possible to distinguish between real and imagined suffering as experienced by another person, any more than it is possible to hierarchise one’s own physical pain from one day to the next. Who remembers at an embodied level a terrible headache or a broken tooth? It might sit in one’s memory as the worst headache/toothache ever, but there is no somatic echo. Physical pain is transient and forgotten once it passes. Some might argue this was necessarily so for the continuance of the human race. For how many women swear never to have another child after the birth of the first, only to forget the physical and emotional trauma sufficiently to get pregnant and deliver again, and (maybe) again?

Moscoso’s important book raises many questions about the meanings of pain in the past and in the present, and about how we frame the experience of pain both as a physical and as an emotional phenomenon. It also makes us consider how we might develop an understanding of pain that takes account of the roles of both subject and observer in the creation of a shared experience. Here, I think Moscoso’s work has potential additional impact for the relationship between patients and practitioners, who are often engaged in articulating pain and in shaping relationships around pain. Whether or not Moscoso would recognise the label, this book is for me an example of medical humanities writing at its best. Whether brutal and demonstrative (as in medieval iconography) or emotional and ‘exquisite’ (as in the work of Sophie Calle) pain has a history. Nowhere is that shown more expertly than in this book.

Fay Bound Alberti
Queen Mary, University of London, UK

doi:10.1017/mdh.2013.34


In many societies, the female body during pregnancy, childbirth and the post-partum period has always been a focal point of healing. The narrative of male physicians taking over the midwife’s role in overseeing childbirth has been a familiar one in the historiography of medicine in Europe and America. Yi-Li Wu’s study of how people in late imperial China (seventeenth–nineteenth centuries) managed female fertility and reproductive health makes a solid contribution to the field. Her fine-grained account captures the pluralistic and contentious nature of knowledge and practice in reproductive health during this period, and would be particularly useful in thinking of medicine and gender in various local contexts around the early modern world.

The book is organised into three sections. Chapters 1 and 2 tackle the prolific production of texts on fuke (women’s medicine) by analysing the sociology of their production, transmission and readership. Chapters 3 and 4 could be read as a history of the female body, as interpreted through the lens of dominant metaphors appearing in such texts.