

in the past regarded as such, the book contains plenty of examples in which first person testimonies and the politics of power collide. The story of pain forces us to unfold the Gordian knot that results from the entangled testimonies of those who suffer and those who watch, including among this latter group the viewpoint of historians and other external observers. Only thus may we reach the conclusion that part of this story deals with pain which has been deliberately denied or silenced. This is fully discussed in Chapter 7, 'Sentience', regarding the alleged sensitivity of pain of individuals grouped according to ethnicity, class, gender, age or occupation. In its final chapter, Bourke's book emphasises how the pain of hospitalised children was usually underestimated, or how patients from the working classes or ethnic minorities often found their pain dismissed or ill-treated. Bourke's discussion of pain in children and fetuses is also particularly telling, since we must also take a stand with regard to issues in which those principally affected by pain have no direct way to communicate their sufferings. The same restrictions also apply for the wonderful discussion of the role of sympathy in the management and treatment of pain. The paradoxical nature of fellow-feeling, and the extent to which there is no such thing as a general theory of cruelty, allows Bourke to call into question the emphasis on narrative medicine that is so fashionable nowadays within the medical humanities.

In brief, this is a wonderful and impressive book on one of the most pressing subjects of the new cultural history. As could not have been otherwise, the book could have covered some other issues (like animal pain, for example) or given more attention to other phenomena (like mental suffering). It is, however, an outstanding piece of work that, both in terms of the historical material it uncovers and the theoretical discussion it contains, will be a very rewarding read for anyone interested in the cultural and historical modulations of human pain.

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Gary B. Ferngren, *Medicine & Religion: A Historical Introduction* (Baltimore, MD: Johns Hopkins University Press, 2014), pp. xii, 241, paperback, £16, ISBN: 978-1-4214-1216-0.

Gary B. Ferngren is familiar with the often volatile, always interesting intersections of science and religion. His *Science and Religion: A Historical Introduction* (2002) and *Medicine and Healthcare in Early Christianity* (2009), both published by Johns Hopkins University Press, made important contributions to the field. At last, instructors who wanted relatively succinct but authoritative treatments of these subjects had excellent additions to their classroom syllabi. This new book is no exception.

Ferngren organises this study into a brief introduction with eight chapters and an epilogue: 'The Ancient Near East', 'Greece', 'Early Christianity', 'The Middle Ages', 'Islam in the Middle Ages' (assisted by Madieh Tavakol), 'The Early Modern Period', and 'The Nineteenth and Twentieth Centuries'. This works well for a general introductory volume, taking readers through these twin magisteria chronologically. Ferngren relies upon Darrel Amundsen's 'configurations' of medicine and religion for his historical framework, demonstrating their relationships in four stages: (1) medicine subsumed under religion; (2) medicine and religion's partial separation; (3) the complete separation of

medicine and religion; and (4) religion subsumed under medicine (pp. 4–5). Such an approach avoids the extremes of the old – largely discredited – science vs. religion warfare thesis on the one hand and Stephen Jay Gould’s naive division of science and religion into happy Non-overlapping Magisteria (NOMA) on the other.¹

As effective as Ferngren is at explaining the complex interactions of medicine and religion, a couple of things will likely set the reader to some head-scratching. For example, the complete omission of Thomas Percival from the discussion is surprising since his *Medical Ethics*² is considered seminal in the development of a modern, professional code of practice and behaviour. His influence upon the American medical profession was tremendous. The Association of Boston Physicians drew upon Percival for their ‘Medical Police’ almost verbatim, and the American Medical Association similarly relied upon him for their code of ethics in 1847.³ Nearly every page of that historic work is imbued with the sensibilities of a firm Christian believer who attempted to instil in his colleagues the sense of duty and responsibility demanded of a Christ-like compassion. Percival’s absence seems conspicuous.

Also, chapter nine attempts too much. Material abounds for the nineteenth and twentieth centuries, a fact that would have been better handled by separating them. For example, while Darwin is briefly mentioned, it would have been instructive to have a more detailed discussion of how Darwinian thought promoted methodological naturalism and a privileging of the scientific magisterium over the religious. Despite Gould’s special pleadings for a benign NOMA, Francis Schaeffer argued thirty years before that the ‘lower story’ (Nature, Science, empiricism) would always subsume the ‘upper story’ (nurture, faith, sensibility):

Nature, having been made autonomous, has eaten up both grace and freedom. An autonomous lower story will always eat up the upper. The lesson is: whenever you make such a dualism and begin to set up one autonomous section below, the result is that the lower eats up the upper. This has happened time after time in the last few hundred years. If you try artificially to keep the autonomous in one area only, soon the autonomous will embrace [i.e. subsume] the other.⁴

Schaeffer’s point is clearly borne out in *Medicine & Religion*. Medicine’s autonomy from its faith-based moorings began at least as early as the Enlightenment,⁵ but the nineteenth century confirmed it. Evolution, as Ferngren correctly notes, was never of major significance in clinical medicine, but Darwin, his ‘bull dog defender’ physician Thomas Henry Huxley, and the X Club founded by Huxley not only professionalised science, but more importantly, did much to recast society as one that specifically privileged scientific inquiry as the leading arbiter of truth – science became Science. From Philip Harvey’s *Footprints of life, or, Faith and Nature Reconciled* (1868) to Sherman Nuland’s *The Mysteries Within* (2001) and many in between, physicians have grappled with this issue. Its brief and cursory treatment as a relatively small part of a single chapter seems a bit puzzling under the circumstances.

¹ See, for example James Hannam, *The Genesis of Science: How the Christian Middle Ages Launched the Scientific Revolution* (Washington, DC: Regnery, 2011) and Stephen Jay Gould, ‘Nonoverlapping Magisteria’, *Natural History* 106 (March 1997), 16–22.

² Thomas Percival, *Medical Ethics, or, A Code of Institutes and Precepts*. . . (Manchester: Printed by S. Russell for J. Johnson and R. Bickerstaff, 1803).

³ Robert B. Baker and Laurence B. McCullough (eds), *The Cambridge World History of Medical Ethics* (Cambridge: Cambridge University Press, 2009), 297, 704.

⁴ Francis A. Schaeffer, *Escape from Reason* (Downers Grove, IL: Inter-Varsity Press, 1968), 38.

⁵ See Roy Porter, *Flesh in the Age of Reason: The Modern Foundations of Body and Soul* (New York: W. W. Norton, 2003).

Yet it would be churlish to exaggerate these criticisms into wholesale condemnation. Overall, Ferngren does a good job. Indeed his Epilogue more than makes up for any blind spots or light coverage. Eschewing the cynicism of a modernist or the relativism of a postmodernist, Ferngren explains Christianity's positive impact upon health and healing. In short, it engendered a compassion that was unknown in the pagan world and which bore fruit in the establishment of hospitals and holy orders devoted to the care of the sick and infirm. Appreciative of the many distinctions between our age and those that came before us, he is correct to note our common bonds to the human condition. Ferngren ends on a justly cautionary note that our fixation with technology and health care costs may strip us from the spirit that allowed so much progress in medicine in the post-pagan age. He concludes 'that an unintentional but perhaps inevitable result of the removal of religious values from medical institutions has been to cut them off from the very source from which compassion springs' (p. 213). Others may disagree, but this reader found Ferngren's argument compelling.

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Mark Jackson, *The History of Medicine: A Beginner's Guide* (London: Oneworld Publications, 2014), pp. xvii, 238, £9.99, paperback, ISBN: 978-1-78074-520-6.

Mark Jackson's contribution to the growing introductory literature in the history of medicine fulfils its brief as a 'beginner's guide' with both style and authority. In two hundred readable pages, Jackson steers his reader through several thousand years of medicine's global history, mapping changes and continuities in modes of knowledge-making about the body in sickness and in health, and practices of health preservation and restoration. The book's largely chronological structure is easy to follow, and Jackson helpfully introduces key developments in wider social, cultural and political history as he moves across his enormous timespan. Its periodisation aligns with conventional 'Western' history but any readers still expecting a traditional narrative of great medical men and great scientific discoveries may be surprised. Jackson identifies printing, not penicillin or the Pill, as (medical) history's greatest revolution, and repeatedly reminds his audience of the very limited immediate effects of many, perhaps even most, medical innovations on the lives and bodies of the vast majority of the world's population.

At its core, *The History of Medicine: A Beginner's Guide* describes the emergence and effects – political and social as well as therapeutic – of what we know today as biomedicine. Thus it documents the gradual and contested rise of mechanical and materialist understandings of the body and explanations of its internal workings, and tracks their divergence from the holistic and systemic models which preceded them across the world's great scholarly and lay traditions. Unusually for an introductory volume of this kind, Jackson has integrated attention to South and East Asian medicine systems with his more detailed descriptions of developments in the Western tradition. This is an important shift. Europe may not be provincialised here, but it is certainly contextualised, even if Latin America first appears in conjunction with the Columbian exchange (p. 71), while Africa enters this account alongside the slave trade (p. 72).

Similarly, Jackson's volume is innovative in presenting information about sacred and secular healing practices side by side; in addressing the co-existence – and sometimes