

personal voyage than to interactions of surgeon, patient, diagnosis and intervention. Weston is adroit at demonstrating how sentiment can be as corrosive as appropriate in her 14 categories.

Throughout the book, which—despite Weston's protests—reads like a memoir rather than a fiction, surgery is exalted and portrayed as the king of medicine for reasons historians of recent Western medicine know all too well, especially its life-saving measures and clear-cut diagnoses and outcomes. Nevertheless, the quantum of idealisation in every micro-narrative shows what role the archetypal figure of the contemporary surgeon plays in patients, other doctors and the public at large, and most of all in Weston herself. The huge surprise—a fifteenth concept saved for the end in what proves to be the most moving chapter—is titled 'Home', when the narrator meets ten-day-old 'Thomas' who elicits her maternal instinct and transforms her life: 'I resigned from my career in ENT surgery... I opted for an easier and smaller route... a fixed surgical job, with no potential for progress but which would still allow me to do operations... I chose a life with more home in it' (p. 180)—and, presumably, a home with more time to write in. But Weston's reflection on this transformation is limited to one sentence: 'Sometimes, when I look back on my dreams of becoming a consultant surgeon, I feel sad about the notional future I have given up' (pp. 180–1).

Hidden in this last paragraph is the key to her personal loss as the narrator's 'essentially female nature' (p. 181). But the conclusion is too compressed to explain why the forces of gender and career have clashed so drastically in the twenty-first century to compel a surgeon as competent as Weston, and also an author brave enough to take on the surgical establishment and expose its human absurdities, to 'give up' the desire to become a consultant surgeon. Yet as ironically, to be so brave while impassive about confronting her personal conflict. On the other hand, it is not surprising that someone who generates such moving paragraphs as Weston can and who writes so dazzlingly, would eventually prefer words to knives. A stylist with this talent cannot suppress it. Incisive passages like this fluent one abound: 'Of all the disabilities a person may endure, perhaps none is more devastating than losing the power of speech' (p. 50). Plain but wise, even if it leaves us dangling about Weston's reasons for her final choice, and our thirst for further clarification about it is proof. Knives and words both kill and heal, and the reasons for preferring one to the other may not be so clear-cut, even in our age of celebrity, as Weston imagines.

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Stephanie J. Snow, *Blessed Days of Anaesthesia: How Anaesthetics Changed The World*, Oxford, New York: Oxford University Press, 2008. Pp. xiv + 226. £16.99. ISBN 978 0 19 280586 7.

Reading Stephanie Snow's excellent new book, one cannot help wondering whether John Snow—so often presented as a stereotypically dour Yorkshireman—came to regard his growing reputation as an anaesthetist with a certain degree of ambivalence. After administering 'chloroform *à la reine*' to Queen Victoria during the birth of Prince Leopold in 1853, Snow came under constant pressure from his patients to reveal the secrets of the Royal confinement. One 'very loquacious lady' refused to inhale until he revealed 'what the Queen said, word for word, when she was taking it'. 'Her Majesty asked no questions until she had breathed very much longer than you have', Snow

told her, 'and if you will only go on in loyal imitation, I will tell you everything' (John Snow, quoted p. 88). Stephanie Snow's deftly-drawn portrait of her ancestor-by-marriage, and his deliciously dry sense of humour, is just one of many joys to be found in *Blessed Days of Anaesthesia*.

Building on her original and compelling arguments in *Operations Without Pain: The Practice and Science of Anaesthesia in Victorian Britain* (2006), *Blessed Days of Anaesthesia* is an exemplary popular history of anaesthesia in nineteenth-century Europe and the USA. The challenge for any historian writing about anaesthetics is similar to that of writing about the *Titanic*: just about every reader will know how the story ends. Snow does not ignore the fact that, from Patrick Brontë to Charles Darwin, many Victorians immediately heralded anaesthesia as an unmitigated good, and that most of their successors have continued to take this line. But the great value of her approach is to broaden and deepen this traditional trajectory, taking her readers on a more complicated, less predictable, but ultimately more rewarding journey. She is closely attentive to the ways in which Whiggish stories of triumph can obscure the ways in which this powerful new technology was shaped and contested by its early users.

One of Snow's innovations in *Operations Without Pain* was to look beyond pioneers like John Snow and James Young Simpson, and she carries this approach over into *Blessed Days of Anaesthesia*. Beginning with a vivid, sympathetic retelling of Fanny Burney's all-too-conscious experience under the knife in 1811, she highlights a dramatic transformation in cultural attitudes towards pain—away from the view that public or semi-public suffering (whether in operating theatres or maternity wards, on the gallows or on the battlefield) served a purpose as a moral lesson, and towards an understanding of bodily agony as unnecessary and even harmful. As both a symbol and a driver of this changing construction, anaesthesia provided a fulcrum for myriad controversies over the medical, moral, social and political meanings of pain. Was it better for military morale 'to hear a [soldier] bawl lustily rather than to see him sink silently into the grave'? (p. 99). Could the unearthly prospect of painless surgery blind patients and surgeons to the capricious, sometimes lethal effects of chloroform? Would anaesthesia undermine the trust between doctors and patients, releasing repressed desires and weakening the social body?

Seven out of eight chapters in *Blessed Days of Anaesthesia* deal with the nineteenth century, and a closing chapter on the twentieth century focuses on technical and institutional developments. From a strictly academic perspective it would have been fascinating to hear Snow's reflections on the construction of a triumphal history for anaesthesia (embodied in the titles of books like *Victory Over Pain* and *I Awaken To Glory*). How did the history of anaesthesia become so central to the authority of modern medicine, and why did early practitioner-historians of medicine frame John Snow, Simpson and others as heroes and exemplars for their readers? But this is a minor quibble. Snow offers plenty of meat for academic readers, making her taut, dramatic story accessible to students and bookshop-browsers without blunting her analysis or her character sketches. Indeed, with her generous suggestions for further reading in the best recent literature, this almost qualifies as a pocket primer on nineteenth-century Western medicine in itself. *Blessed Days of Anaesthesia* is a remarkable achievement, one that deserves to become both a classic of popular medical history and a staple of undergraduate reading lists.