

limbs, neurasthenia, hysteria, degeneration, and so on that her protagonists discourse.

Among her narrative would-be “settlers” of the Civil War’s unsettled bodies are medical writers, memoirists, journalists, and historians. For the most part, however, literary sources predominate. Some of these are relatively familiar, if now forgotten, such as the short stories and novels of Weir Mitchell (of which Long’s exegesis adds significantly to the biographical accounts offered by medical historians), and the novels of John William De Forest, and Stephen Crane. Other such sources are less well known outside courses on American literature, and perhaps not even there—novels such as Elizabeth Stuart Phelps’s *The gates ajar* (1868), which Long uses as an instance of a narrative that holistically restores the body in the hereafter, or the nursing memoir of Susie King Taylor, which Long interprets as “countering the logic of hysteria” (p. 181) through its exemplification of female regeneration divorced from women’s vexed reproductive capabilities.

Given the centrality of race in the Civil War, it is unsurprising that Long should especially savour the corporeal mobility of Afro-Americans. She observes how the war rendered racial ideology vulnerable by undoing the body truisms that fixed blacks disadvantageously in relation to whites. In her final chapter, in order to bring further into focus the instabilities of her twin objectifying forces, Long explores late-nineteenth-century Civil War histories written by Afro-Americans themselves. Penned in a context of renewed racial violence and lynchings, these sought to contend with the belief that Afro-American bodies were inherently diseased. Thus those writings laid great emphasis on the disciplined martial behaviour of the Afro-Americans recruited to the Union Army. But doomed was these authors’ hope that history’s stabilizing objectivist methods and truth-claims would proclaim the racial health of these coloured bodies. The fictions of race that were mixed with notions of black people’s ahistoricity made the strategy incomprehensible to white Americans; the Afro-American body could not be fixed. In this case, then, the

corporeal and the historical did not collude so much as collide.

As corporeal studies go, this is probably as good as it gets. *Rehabilitating bodies* is not an easy read, and Long can seem windy and pretentious in her relentless display of exegetical acuity. “I contend . . .” is as frequently encountered on these pages as the application of “vexed” and “vexing” to the corporeal imaginings under study. Of course, this is hardly to be wondered at given the (dare one say) “vexed” nature of the problem addressed and the high literary level of analysis sought. Formulaic though it is in its own heavy and unquestioned reliance on the multiple tropes of self-referential cultural studies, it is, for all that, a book shot through with penetrating original insights and refined thoughts. The pity is that they add up to no more than a virtuoso intellectual indulgence—at best a stunning instance of the American navel gaze.

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David Clark, *Cicely Saunders, founder of the hospice movement: selected letters 1959–1999*, Oxford University Press, 2002, pp. xiv, 397, illus., £39.95 (hardback 0-19-851607-X).

Cicely Saunders has come to occupy an iconic status as founder of the hospice movement, a status that has been reinforced by most work published on both Saunders’ biography and hospice history. This volume of Saunders’ correspondence is no exception. David Clark has selected, ordered and introduced these letters to form three chronological sections that seamlessly juxtapose Saunders’ life work with phases in a revolution in the care of the dying: ‘Realizing a vision’ (1959–67) opens on Saunders as she begins to formulate and promote a new model of care for the dying. We follow her as she builds up a network of support and obtains the necessary resources for the materialization of her project: the founding of St Christopher’s, the first modern British hospice, in 1967. During ‘The expansive

years' (1967–85) St Christopher's becomes a hub for the diffusion of images, practices and knowledge of good care for the dying. We see Saunders working tirelessly to display the work done at St Christopher's—to students, visitors, lecture audiences and the media—as rewarding and effective. She receives credit as the inspiration for the establishment of hundreds of hospice and palliative care services in Britain, the United States and elsewhere. In the final section, 'An exacting joy' (1986–99) Saunders reflects upon the "maturation" of the hospice movement and seeks to define her own role within it. She traces its origins to nineteenth-century religious charitable homes, a concept she renovated through the introduction of modern therapeutics and professionalism, combined with a strong spiritual orientation and a gift for listening to her patients.

The content of the letters, however, provides a glimpse beyond the teleological coherence of Clark's and most other accounts of Saunders' role in the hospice movement. While this is unfortunately a one-way correspondence that includes only Saunders' side, it illustrates a two-way interaction between their author and her surroundings. Readers can gain a sense of how Saunders tested out the reception of her ideas, identified resources and navigated both mundane and ideological constraints. A different reading of these letters need not question the magnitude of Saunders' achievements or the accuracy of Clark's commentary. But it can open other relevant stories by asking about the (largely Anglo-American) social structures and dynamics that made the hospice idea so appealing to certain groups of people (but not others), enabled and shaped the implementation of its various incarnations, and established Saunders as the uncontested hero of its history. While Clark's introductions are careful and informative, they offer limited insight into these processes.

Saunders' letters offer a privileged account of her interactions because readers of this volume are not her intended audience. But such readers are the audience to whom Clark's editorial narrative is directed. Meant to be unobtrusive, Clark's editing is uneven. Footnotes have been added mainly to clarify names and

bibliographical references, but many of these, in addition to unclear references to events and sources of tension, are left unexplained. Clark's chief, if least visible, editorial intervention is in the selection of about 10 per cent of approximately 7000 letters. While he does not hide that he has chosen to tell a particular story, Clark tells us little about how he made his choices and what he left out. One wonders, for example, about the extent to which the exclusion of AIDS patients from hospice care, or its limited accessibility and appeal for non-white middle-class Britons, was fully illustrated by the handful of letters addressing these issues. These silences are a reminder that such a volume can, at best, provide a partial set of clues into the complex historical processes that have affected modern peoples' experiences of dying and that, ultimately, these transformations are not reducible to the influence of a single individual or to the emergence of an ideal of care.

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Lara V Marks, *Sexual chemistry: a history of the contraceptive pill*, New Haven and London, Yale University Press, 2001, pp. xi, 372, illus., £20.00 (hardback 0-3-08943-0).

In May 1960 the United States Food and Drug Administration approved an oral contraceptive, a pill containing oestrogen and progesterone that offered women a highly effective method to prevent pregnancy. In the four decades since 1960, the oral contraceptive—popularly known as "the pill"—has been marketed to women around the world. As Lara Marks makes clear in this book, strikingly large proportions of women, especially in developed countries, have taken the pill at some time in their reproductive lives. Even in the less industrial nations, no other birth control measure, other than the condom, has been so widely distributed and used in so many countries.

Given the importance and implications of this medical and social innovation, the pill has not lacked historical attention. In recent years,