

coordinador de la obra y cabeza del proyecto de investigación que documenta este apartado— nos aporta también novedades señaladas en cuanto a objetos de estudio. Así, el análisis del periódico falangista *SER* en sus dos etapas (Perdiguero) y lo mismo referido a una columna del semanario *Destino*, «El consejo del doctor», publicada por J. Espriú y recogida en hasta tres libros, que hace con su habitual habilidad y buen hacer Josep Comelles, quien, con Enrique Perdiguero, forma una provocativa pareja de hecho en nuestro mundillo académico, responsable en buena medida de la atención recíproca que se prestan la Historia de la Medicina y de la Salud y la Antropología Social en España. El último capítulo nos da los primeros frutos de la aproximación de Ramón Castejón a la cuestión de los nuevos actores que aparecen tanto en lo relativo a la epidemiología como a la prevención, diagnóstico y tratamiento de las enfermedades de transmisión sexual en el posfranquismo inmediato con los Centros de Planificación Familiar.

En conjunto, pues, una serie interesante de contribuciones que debería constar ya en los catálogos de todas las bibliotecas universitarias, no sólo por la facilidad de su acceso. Constituye una muestra viva del buen nivel que alcanza la producción historiográfica en nuestro medio, por lo que debe servir como elemento de estudio para los historiadores de la salud y de ayuda a la reflexión para todos los interesados en salud, medicina y sociedad, así como una contribución indispensable como punto de partida para nuevos estudios sobre la sanidad del franquismo y posfranquismo. El único borrón que puedo ponerle es que no haya ofrecido una bibliografía consolidada en forma de listado único; seguramente son manías más. ■

Esteban Rodríguez Ocaña

orcid.org/0000-0003-4195-4487

Universidad de Granada

■ **Keith Wailoo. *Pain: A Political History*.** Baltimore: The Johns Hopkins University Press; 2014, 284 p. ISBN: 978 1 4214 1365 5. \$ 24.95

Who deserves State's compensation for bodily ailments and at what cost? What are the moral limits of palliative care for terminal conditions? Who is authorized to judge pain? Through these questions, *Pain: A Political History* drives us to the heart of the evolving forms of the American social contract during the second

half of the twentieth century. Although *Pain* is an excellent piece of historical scholarship, it also accomplishes a political goal too. By moving suspicion from the plaintiffs to the judges, Keith Wailoo, Professor of History and Public Affairs at Princeton University, uncovers the ambiguous motivations that lie beneath the acts of governing and evaluating the pain of others.

Bodily pain may surely appear as the most private, ineffable experience. And yet, whether and how to take care of suffering people has become, in modern democracies, a matter of public importance and of bureaucratic management. Questions such as dependency, citizenship, welfare or social cohesion stand behind debates on pain and its legal counterpart, care and relief policies.

Wailoo points out that, on the stage of pain assessment, it is the sufferers who have been most often blamed for their condition. The time has then come, he argues, to skeptically look at the movements and intentions of the puppeteers, and to pay «attention to their political motives, their hypocrisies, their claims of compassion, their attempts to implement meaningful relief, their agendas for the nation, and why they so often turn the pain of others into political theater» (p. 213).

Wailoo's tale begins with the story of a conservative radio star's mockery of Bill Clinton's «I feel your pain». The president-to-be thus condensed in a single sentence a tradition of liberal thinking: subjective pain is as real as objectified, clinical pain, and compassion should inspire leaders and bind together the different components of society. The radio star, Rush Limbaugh, caricatured Clinton's outlook as heart bleeding and dishonest. In his view, compassionate politics were merely a pretext for expanding governmental competences. Ten years later, Limbaugh was himself caught in a scandal of addiction to painkillers and illegal purchase of drugs. Apparently, his criticism towards the excessive condescendence of liberals on the subject of pain didn't apply to himself. The irony of it all intensifies, Wailoo suggests, if we understand Limbaugh's addiction as a coherent outcome of the Reagan-era of free drug marketing and broad deregulation, which the journalist himself had been so keen on loudly praising. It is by no coincidence that Wailoo chooses a circular structure for the book. By portraying Limbaugh first as inquisitor then as defendant, the author formally implies that all the actors of the American «pain wars», including those who observe and sermonize, are virtually trapped within a dense net of political and economic interests tainted with considerable amounts of willful deception.

Divided into five chapters that unfold chronologically, *Pain: A Political History* illustrates the evolving definitions of pain and the constitution of a domain of expertise around it. Between the immediate postwar context and the early 2000s,

a liberal standard of pain developed in the United States of America. At the level of both values and knowledge, the liberal turn in pain governance can be understood as a rejection of old proverbs linking bodily suffering with social order and moral redemption. Politically, it involves a commitment to the individual's rights to relief and to the state's duties to ensure those rights.

When president Eisenhower approved in 1956 a disability law extending compensation to war veterans at the State's expense, he unintentionally encouraged a new assertiveness toward human infirmities (chapter 1). During the following decade, a Texan housewife compelled the courts to acknowledge what was then becoming a major concern: the rise of chronic, subjective pain, and the need to reframe private ailments as multiple forms of social suffering. Subsequently, the 1960s and 1970s witnessed a multiplication of therapeutic means for relief that seduced both American experts and lay audiences (chapter 2). Other features of the liberal approach to pain were the rise of patient-controlled analgesia, as well as increasing demands for Physician Assisted Suicide (PAS) and for palliative care for the terminally ill, which gained ground in the 1990s (chapter 4).

Each and every one of these developments faced conservative opposition. As Wailoo explains in chapter 3, the Reagan era sharply turned the tables by carrying out massive cuts in the disability rolls that had expanded since the 1950s. In their response to liberal criticism, Reagan and his partisans advanced the notion of fetal pain. This was a clever move that reshaped the contentious issue of identifying the subject whose pain deserved moral compassion and political concern. Likewise, conservatives desperately tried to obstruct the PAS initiative, taking it to the Supreme Court, and emphasizing what they saw as the dubious morality of aggressively using pain relief during the final stages of a fatal illness. For them, such radical measures crossed the line between letting die and voluntarily killing. The 1980s and the 1990s were also years of recurrent pharmaceutical scandals: as illustrated with the case of *OxyContin*[™], drug companies faced litigation for providing misleading information to consumers or for producing painkillers whose inefficacy, side effects and habit-forming potential generated new public health problems (chapter 5). Ultimately, as the private drug industry overcame with relative impunity these cyclic scandals, conservatives turned their attention to the «war on drugs». The new focus on domestic drug crime reinforced the ongoing stifling climate of blame and suspicion with regard to medical practitioners' relief procedures.

Fortunately for the reader, this *Pain*-Pong game was not predictable, and its depiction is far from monotonous. Apparently solid ideological alliances teetered

when pain hit the raw nerve of issues such as consumer freedom, governmental competences, or minority rights. This was the case of disability activists warning against PAS as a Machiavellian way for society to get rid of its weakest members. With Christian republicans asking the courts to reinforce federal authorities against states' own law-making measures, the debates around PAS also wreaked havoc on the right of the political spectrum. Elsewhere, old couples such as the Veterans Association and the American Medical Association divorced over disagreements about war disabilities compensation, and new, often ephemeral duos burgeoned, involving not only libertarians and conservatives, but also liberals who approved the deregulation of drug industry as a means for making relief more accessible to consumers. Throughout his book, Wailoo outstandingly manages to depict the complexity of these shifting political cartographies of pain.

Among many other things, *Pain* illustrates the humility with which the best medical historians address their research topics. In Wailoo's narrative, medical theories of pain are only one of the vectors that shape and sustain the social expression of intimate bodily suffering. During the 1960s and the 1970s, Gate Control Theory stood against anatomical understandings of pain transmission. Instead, its authors proposed a model where the electrical transmission of pain depended on many factors and ultimately on each individual. The inclusiveness of such a theory both mirrored and modeled the period's open-mindedness regarding subjective pain. In more modest ways, the 1950s' mistrust of psychogenic pain was echoed in the 1980s' theories of learned helplessness, which in turn seemed to give support to receding disability policies. Other medical notions, such as pseudoaddiction or the double-effect principle of painkillers, also inspired legal reform in the arena of care and relief policies. But none of these scientific developments bore alone responsibility for political maneuvers around pain. Instead, Wailoo describes a choral encounter, with the courts gaining relevance as the final site of arbitration. Indeed, the book's central contribution is to reveal how, beyond the liberal-conservative debate, a complex «politics of pain» determine the social presence or absence of pain. The lack of individual narratives in the book is perhaps the most graphic way of exhibiting how, throughout the second half of the twentieth century, the political script of the drama of pain tragically overlooked patients' everyday needs and woes. ■

Amaya García Arregui

<http://orcid.org/0000-0002-3435-4064>

Centre d'Història de la Ciència, Universitat Autònoma de Barcelona
Instituto de Historia, Centro de Humanidades y Ciencias Sociales, CSIC