

Introduction

On 18 February 1871, six-year-old Edward Lee was taken ill with ‘pain in the foot, then in knees and back’. Little Edward had been ‘the healthiest of the family’ until about two years earlier, when he had been an in-patient at Great Ormond Street Hospital for Sick Children in London, with ‘abscess on the Heel, & pains in limbs & joints’.¹ He made a good recovery and had remained well until this new bout of pain. After being sick for three days – ‘hot and feverish, especially at night’, when he was restless and ‘in great pain’² – his father took him back to the Hospital for Sick Children, where the institution’s founder, the physician Dr Charles West, diagnosed him with acute rheumatism and pericarditis. In September 1874, the ten-year-old girl ‘S.T.’ started complaining of ‘severe pain at the epigastrium’.³ ‘S.T.’ had always been healthy until three months before the doctor was sent for, when she had started to suffer ‘of the same pain once or twice a week’, a pain that progressively worsened. The pain was so severe that the girl ‘soon became sallow’, developed an ‘abdominal aspect’ and ‘became quite unable to walk’, eventually succumbing to convulsions and screaming fits.⁴ S.T.’s symptoms led the British doctor William H. Spurgin to diagnose hysteria. Almost seventy years later, in March 1941, four-year-old Patrick, ‘of pleasing appearance, well built and rather big for his age’, was sent to the Hampstead War Nurseries.⁵ Soon after his mother left, separation became intolerable for Patrick. He refused to eat, play and speak and had to be moved around like an automaton. After a few days, he was reduced to a state of ‘compulsive formula and symptomatic actions’. Finally, Patrick entered a state of nervous compulsion, with a weak and rapid pulse, with no interest in the outside world and ‘with an absolutely

¹ GOS/10/12, Dr Charles West casenotes, 1871–72, Great Ormond Street Archives.

² GOS/10/12, Dr Charles West casenotes, 1871–72, Great Ormond Street Archives.

³ William H. Spurgin, ‘Case of hysteria in a child aged ten years’, *British Medical Journal* (2 October 1875), 555.

⁴ Spurgin, ‘Case of hysteria’, 555.

⁵ Anna Freud and Dorothy T. Burlingham, *War and Children* (Medical War Books, New York, 1943), 26.

tragic expression on his face'.⁶ For the psychoanalyst Anna Freud, who was among the first to document how children suffered when separated from their parents during the Second World War, Patrick's symptoms were directly related to 'the pain of separation'.

Even though children were often deemed incapable of being able to articulate the nature and characteristics of their own suffering, the archives are full of children in pain. Children who cry out to us from the hospital, the asylum, the therapy session, the nursery and from the bombed cities of the Second World War. Their voices and the accounts of the physicians and scientists who diagnosed and treated them provide insights into the experiences of children from the past and provoke numerous questions about the perception, experience and treatment of pain in childhood. How did ideas of pain in childhood change between the 1870s and the middle of the twentieth century (the period covered by this book) and how do these shifts reflect the cultural beliefs, scientific disciplines and emotional worlds of those times? How and why did the physical and emotional discomfort of a child become understood and accepted historically, and how did this understanding lead to different kinds of clinical treatment? Which cultural elements configured the expression of children's pain? And what were the cultural conditions that made those experiences possible in the first place? This book explores these questions historically, examining the forms of objectification of painful experience and the rhetorical modalities that have enabled the cultural understanding of childhood pain, with a focus on British medical discourse from the dawn of Darwinism until the advent of the welfare state. It covers the period from the 1870s, when Darwin published his *A Biographical Sketch of an Infant* (1877), thereby opening the door to the scientific study of childhood,⁷ to the end of the Second World War, when there was an major shift in the way that the environments of children's pain – the institution, the home, the street – were conceived.⁸ It is, therefore, a contribution to current knowledge about both the experience of pain and the experience of childhood.

The cases of Edward, S.T. and Patrick show how, during the period under discussion, children's pain became an unstable object that acquired different properties and meanings within different clinical and scientific disciplines. In this way, similar symptoms received radically different diagnoses and treatments, so that what was seen as 'rheumatism' in the late nineteenth century was viewed as 'anxiety phenomena' by the middle of the twentieth. This book also exemplifies how the shifts in the medical concepts of pain

⁶ Freud and Burlingham, *War and Children*, 26.

⁷ Charles Darwin, 'A biographical sketch of an infant', *Mind*, 2 (1877), 1.

⁸ On this shift, see Mathew Thomson, *Lost Freedom: The Landscape of the Child and the British Post-War Settlement* (Oxford University Press, Oxford, 2013), particularly chapter 3.

accompanied radical alterations in the experience and the sense-making of children's pain. Pain, therefore, does not just have a body – it also has a history.⁹

The Child in Pain

The proliferating historical analyses of medical and physiological constructions related either to suffering or to the remedies that prevent and treat it confirm that pain has become an important topic within the historiography of experience and emotions. However, despite the abundant and still-growing body of literature on the human relationship with pain, very little has been written about the historical experience of pain in children, possibly because of the methodological difficulties a history of a subjective phenomenon must confront. When the subject is studied not only as a *locus* of pain but also as a *child in pain*, this negative consideration of subjectivity is doubled: very few

⁹ Numerous works providing a cultural perspective on pain have been written by scholars across various disciplines, including the following key texts: Rachel Ablow, *Victorian Pain* (Princeton University Press, Princeton, NJ, 2017); Sara Ahmed, 'The contingency of pain', *Parallax*, 8 (2008), 17–34; Lucy Bending, *The Representation of Bodily Pain in Late Nineteenth-Century English Culture* (Clarendon Press, Oxford, 2000); David Biro, *The Language of Pain: Finding Words, Compassion, and Relief* (Norton, New York, 2010); Rod Boddice (ed.), *Pain and Emotions in Modern History* (Palgrave Macmillan, Basingstoke, 2014); Rob Boddice, *Knowing Pain: A History of Sensation, Emotion, and Experience* (Polity Press, Cambridge, 2023); Joanna Bourke, 'The art of medicine: languages of pain', *The Lancet*, 379 (2012), 2420–21; Joanna Bourke, *Pain and the Politics of Sympathy: Historical Reflections, 1760s to 1960s* (Utrecht University, Utrecht, 2011); Joanna Bourke, *The Story of Pain: From Prayers to Painkillers* (Oxford University Press, Oxford, 2014); Sarah Coakley and Kay Kaufman Shelemay (eds.), *Pain and Its Transformations: The Interface of Biology and Culture* (Harvard University Press, Cambridge, MA, 2007); Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (University of Chicago Press, Chicago, 2010); Esther Cohen, 'The animated pain of the body', *American Historical Review*, 105 (2000), 36–68; Esther Cohen, 'Towards a history of European physical sensibility: pain in the later middle ages', *Science in Context*, 8 (1995), 47–74; Cathy Gere, *Pain, Pleasure and the Greater Good* (University of Chicago Press, Chicago, 2017); Thomas Dormandy, *The Worst of Evils: The Fight against Pain* (Yale University Press, New Haven, CT, 2006); Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (Basic Books, New York, 1988); David Le Breton, *Anthropologie de la Douleur* (Métailié, Paris, 1995); Ronald Melzak and Patrick D. Wall, *The Challenge of Pain* (Penguin, London, 1982); Javier Moscoso, *Pain: A Cultural History* (Palgrave Macmillan, Basingstoke, 2012); David Morris, *The Culture of Pain* (University of California Press, Berkeley, 1991); Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford University Press, Oxford, 1985); Roselyne Rey, *The History of Pain* (Harvard University Press, Cambridge, MA, 1995); Susan Sontag, *Regarding the Pain of Others* (Hamish Hamilton, London, 2003); Susan Sontag, *Illness as Metaphor* (Allen Lane, London, 1979); Andrew Wear, 'Perceptions of pain in seventeenth century England', *Society for the Social History of Medicine Bulletin*, 36 (1985), 7–9; and Lisa Wynne Smith, 'An account of an unaccountable distemper: the experience of pain in early eighteenth century England and France', *Eighteenth-Century Studies*, 41 (2008), 459–80.

scholars of science have attempted to approach children's subjectivity and recognise its irreducible autonomy.¹⁰

Under similar coordinates, the ostensible referent of pain might seem doomed to invisibility – children are deemed incapable of properly articulating the nature and characteristics of their suffering. By exploring the attribution of meaning to children's pain from a historical perspective, this book contributes to historiographical debates about the experience of harm. Situated between cultural history and the history of science, this study asserts that the persuasive forms used to relate to others' experiences of pain are especially important in cases of individuals who either lack the ability to speak (such as animals) or who lack verbal dexterity (such as children).¹¹ To cover this difficult topic, the study explores the physical, emotional and performative dimensions of pain from a cultural perspective – that is, it seeks to explore the relationship between the experience of pain in childhood and the social perception of that experience. This approach enables the understanding of how and why the physical and emotional discomfort of a child became understood and accepted historically, and how it led to clinical treatment and, in some cases, financial support. Through an analysis of written narratives and visual culture, this book emphasises the performative nature of pain as it was enacted in different contexts such as the hospital, the war nursery and the asylum. The drama of pain twists and turns behind and around the child in pain – usually a secondary subject of inquiry – and the sympathetic, impassive or oblivious onlookers, as each of them imbued pain with different meanings, values and emotions, thereby presenting pain as a by-product of a heterogeneous activity. For

¹⁰ A notable exception is Matthew Daniel Eddy, who has framed the voice of the child in archival studies of infant writing. See Matthew Daniel Eddy, *Media and the Mind: Art, Science, and Notebooks as Paper Machines, 1700–1830* (University of Chicago Press, Chicago, 2023). See also 'The child writer: graphic literacy and the Scottish educational system, 1700–1820', *History of Education*, 45 (2016), 695–718; 'The interactive notebook: how students learned to keep notes during the Scottish Enlightenment', *Book History*, 19 (2016), 87–131; 'The shape of knowledge: children and the visual culture of literacy and numeracy', *Science in Context*, 26 (2013), 215–45.

¹¹ For a discussion on animal pain, see: Bernard E. Rollin, *The Unheeded Cry: Animal Consciousness, Animal Pain and Scientific Change* (Oxford University Press, Oxford, 1989) especially chapters 5, 6, and 7; Rob Boddice, *Humane Professions: The Defense of Experimental Medicine, 1876–1914* (Cambridge University Press, Cambridge, 2021). On animal pain and anaesthesia, see: Rob Boddice, 'Species of compassion: aesthetics, anaesthetics and pain in the physiological laboratory', *Interdisciplinary Studies in the Long Nineteenth Century*, 15 (2012), 1–22; Tarquin Holmes and Carrie Friese, 'Making the anaesthetised animal into a boundary object: an analysis of the 1875 Royal Commission on Vivisection', *History and Philosophy of the Life Sciences*, 42 (2020), 1–28; Tarquin Holmes, 'Science, sensitivity and the sociozoological scale: constituting and complicating the human–animal boundary at the 1875 Royal Commission on Vivisection and beyond', *Studies in History and Philosophy of Science*, Part A, 90 (2021), 194–207; Shira Shmueli, *The Bureaucracy of Empathy: Law, Vivisection, and Animal Pain in Late Nineteenth-Century Britain* (Cornell University Press, Ithaca, NY, 2023).

instance, in the children's nurseries of the Second World War, the child in pain became a symbol of national resistance and courage in the face of the Blitz. If, as David Morris argues, pain is subjected to historical changes, this book addresses the nature of these shifts and how they are configured.¹²

In looking at the figure of the child through the topic of pain, this book offers an approach informed by the history of medicine, the history of childhood and the history of science, yet it is also grounded in the history of emotions and the history of people's experiences. In these already interdisciplinary fields, scholars theorise about the relationships between power, materiality and inequality in the making of cultural worlds. Taken together, these different areas of study provide indispensable tools for critical thought that can confront the cultural domination of existing hierarchies. Indeed, this book would not be possible without the already massive body of work of theorists who have articulated how the facts, institutions, technologies and meanings that comprise our bodies and worlds simultaneously exert power and exist in a situation of fluid contingency.¹³ In looking at the history of childhood through pain, one can see how children's experiences become the locus of ideological and disciplinary battle. Supplementing the most frequent methods that historians of science have used to shed light on hidden subjectivities, the present study draws on theoretical resources from interdisciplinary work. The objective is to bring childhood into the heart of discussions concerning the construction of historically situated cultural assumptions about human nature, medicine and the nature of suffering. Consequently, I juxtapose scientific figurations of the child in pain with those of other cultural contexts.¹⁴ By engaging in a comparative study between different disciplines – physiology, paediatrics, psychiatry, psychology, and psychoanalysis – this book studies the various ways in which the child in pain came into being as a figure, as well as the many forms this figure has then generated. The construction of medical and scientific

¹² See Morris, *Culture of Pain*, 1–9.

¹³ The approaches of several writers have proved particularly useful in informing my approach. In the first instance is Foucault's work on power and knowledge, in particular *Discipline and Punish*, and his work on the birth of the clinic. See Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Allen Lane, London, 1977) and Michel Foucault, *The Birth of the Clinic* (Taylor & Francis, Abingdon, 2002). More relevant has been the work of other authors who, though taking their lead from Foucault, have worked in this particular direction. Ian Hacking's reflections on the philosophical uses of history, especially the insightful model offered in *Historical Ontology* (2002), has aided my efforts to understand the historicity of core epistemological referents such as 'objectivity', 'demonstration' and 'explanation'. See Ian Hacking, *Historical Ontology* (Harvard University Press, Cambridge, MA, 2002). For more on this topic, see also: Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses* (Harvard University Press, Cambridge, MA, 2002); Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton University Press, Princeton, NJ, 1998).

¹⁴ This concept was developed by Claudia Castañeda. See Claudia Castañeda, *Figurations: Child, Bodies, Worlds* (Duke University Press, Durham, NC, 2002).

models of childhood pain reflects and creates a series of paradoxes and tensions in relation to the emergence and consolidation of the various scientific disciplines. The book also advances a strong claim: that the disciplines of physiology, paediatrics, psychiatry, psychology and psychoanalysis never agreed on a standard and unified theory of the child in pain. Instead, the interests of each individual discipline prefigured the way it explained and represented this figure.

This book examines the politics of diagnosis, through which the institution of medicine ascribes meaning or value to different states of pain and suffering, which in turn makes it possible to unveil or reconstruct the sense-making experiences of patients. In other – more explicitly Foucauldian – terms, the examination of authoritative medical discourses allows the framing of specific biopolitics that affect children in situations of harm, while the disciplinary archaeology operating within the margins of an interdisciplinary historical examination constitutes a taxonomy of bodies of knowledge that adopts a critical stance towards those institutionalised practices. At the same time, this approach opens a window that empowers the contemporary subject to deconstruct the often invisible discourses on the nature of pain, suffering and healing. The central argument is that, on the basis of the same symptoms or expressive signs, each discipline constructed its own figurations of childhood: the child without pain, the sick child, the insane child, the nervous child and the uprooted child. These different figurations, in turn, played a unique and constitutive role in the adult construction of worlds, particularly the worlds of nature and culture. To put it simply, the approach adopted in each chapter follows two lines. First, it describes the constellation of practices, materialities and knowledge through which a specific figure arises and is consolidated in the context of disciplines and epistemic communities. Second, it unveils how that figure contributes to broader cultural claims, both within and beyond the disciplinary realms.

One of the justifications for this book's focus on the perceptions and practices of physicians and scientists regarding pain is that there are few surviving narratives of children's personal experiences of pain. The detailed examination of the ways in which leading British physicians understood pain does not imply any wish to downplay or invalidate the experiences of pain suffered by the patients themselves. Rather, I suggest, understanding how medical professionals viewed their little patients' pain is a valid and worthy subject in its own right, particularly because their understanding of pain played an important role in influencing their treatments and in making decisions about their patients, including whether any intervention was necessary.

In a book that covers different disciplines over nearly a century, it is not possible to adopt a uniform approach to sources or their modulations. The subject of this book – pain in childhood – is addressed by a loose community

of ‘scientists’ that includes evolutionary theorists, physiologists, medical doctors, public-health officials, political gurus, eugenicists, psychiatrists and psychoanalysts. What unites the disparate band is an interest in the scientific study of childhood. I suggest that the diversification of knowledge about the human body and its treatment that took place during the nineteenth century and that was consolidated in the twentieth century turned children’s pain into an unstable object that was invested with different properties and meanings in each discipline: pain as a sign of illness, as a symptom of an organic lesion, as an element of a child’s emotional development and even as an aspect of a nation’s fortitude. In all cases, the study and understanding of pain follows the same sequence: examining the subject as a sign, taking it as evidence and finally considering it as a fluctuating object of a new science. A similar process can be observed in the intellectual understanding of pain, whether in science, medicine, philosophy, the social sciences or religion. While to the general scientist, pain might be a series of complex neural circuits, a medical professional might see the patient’s experience of pain more than a mere electrical sensation, while the historian or social scientist might focus on how human-kind’s views of pain have changed from the idea that it is something that might be good for us (whether to build character, to encourage a change of behaviour or to build up our defences to cope with stronger pain), and whether today the lack of a ‘meaning’ in pain has reduced our ability to cope with it. In this context, I suggest that the figure of the child in pain appears in medical, scientific and popular discourses both in its own right and as a bodily theatre through which other stories are told. In so doing, I also suggest that the history of childhood is important not only with respect to children’s experiences but also as a way to understand how adult worlds are created and to deepen our understanding of the history of medicine and the emotions.¹⁵ Asking how and why the figure of the child in pain has been used and categorised for wider cultural endeavours makes the child the focus of an analysis about how it has been deployed and valued in adult discourses.

¹⁵ For a discussion on how the history of childhood might influence the history of emotions see Stephanie Olsen, ‘The history of childhood and the emotional turn’, *History Compass*, 15 (2017), e12410. See also Kristine Alexander, Stephanie Olsen and Karen Vallgård, *Voices and Sources: Lessons from the History of Childhood*, *Digital Handbook of the History of Experience* (Research Council of Finland’s Centre of Excellence in the History of Experiences (HEX), 2023), <https://researchprofiles.ku.dk/en/publications/voices-and-sources-lessons-from-the-history-of-childhood>. Stephanie Olsen, ‘The limits of experience? A case study on children’s dreams’, *Digital Handbook of the History of Experience* (2022), <https://researchportal.tuni.fi/en/publications/the-limits-of-experience-a-case-study-on-childrens-dreams>. For a discussion on the role of emotions in researching children in the archives see Jack Hodgson, ‘Historians, emotions, and children’s trauma in the archives’, *Qualitative Inquiry*, <https://journals.sagepub.com/doi/full/10.1177/10778004231200265>

Just as pain is a concept that does not have a single universal meaning, childhood has been seen differently across cultures and periods. The age at which ‘children’ are deemed to become ‘adults’ varies, and across the world today much variation can still be seen, both in legal terms and in practical ways.¹⁶ In the period covered in this book, childhood was valued in terms of personal maturation, initially in a physical sense dominated by ‘biological benchmarks’, but increasingly regarding psychological transformation into adulthood.¹⁷ For the purposes of this book, childhood covers the period from birth to puberty or adolescence.¹⁸ The guiding principle here is drawn from medical treatises that make a distinction between childhood and puberty based on sexual development, which gives rise to a series of illnesses that are not suffered by children. However, this frontier is culturally bound and fuzzy, as the sexual element in puberty can be stimulated or deflected vis-à-vis the cultural conditions of a particular moment.¹⁹ More generally, childhood is far from being a stable essentialised concept, as the extensive variations and partial overlaps between English words for non-adults show (‘child’, ‘kid’, ‘infant’, ‘baby’ and so on).²⁰

Several recent historical studies of children have highlighted the fact that the adult population had a vested interest in the development of ‘normal’ healthy children for the continuation of national economic and political status, focusing on the significance of children as future citizens of the British Empire.²¹ An analysis of the motivating factors shaping approaches to pain in childhood supports this argument to a degree. It was often a reason publicly

¹⁶ For a discussion of age as a category of historical analysis, see Anna Davin, ‘What is a child?’, in Anthony Fletcher and Stephen Hussey (eds.), *Childhood in Question: Children, Parents and the State* (Manchester University Press, Manchester, 1999), 14–36; and the first edition of *Journal of the History of Childhood and Youth* 1 (2008), particularly: Steven Mintz, ‘Reflections on age as a category of historical analysis’, 91–94; Leslie Paris, ‘Through the looking glass: age, stages, and historical analysis’, 106–13; Peter Stearns, ‘Challenges in the history of childhood’, 35–42.

¹⁷ For further analysis of this aspect of childhood see Castañeda, *Figurations*.

¹⁸ The term adolescence is historically imprecise and only began to gain prominence in the late nineteenth century, culminating in G. Stanley Hall’s formalization of the concept in his seminal work, *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education* (D. Appleton and Company, New York, 1904).

¹⁹ Sally Shuttleworth, *The Mind of the Child: Child Development in Literature, Science, and Medicine, 1840–1900* (Oxford University Press, Oxford, 2010), 10.

²⁰ Davin, ‘What is a child?’.

²¹ For an account on the significance of children as future citizens, see: Anna Davin, ‘Imperialism and motherhood’, *History Workshop Journal*, 5 (1978), 9–65; Deborah Dwork, *War Is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898–1918* (Tavistock, London, 1987); Bernard Harris, *The Health of the Schoolchild: A History of the School Medical Service in England and Wales* (Open University Press, Buckingham, 1995); Harry Hendrick, ‘Child labour, medical capital, and the school medical service, c.1890–1918’, in Roger Cooter (ed.), *In the Name of the Child: Health and Welfare 1880–1940* (Routledge, London, 1992), 45–71; Stephanie Olsen, *Juvenile Nation: Youth,*

presented by different individuals and groups as their source of concern, particularly in the earlier decades of the twentieth century, when issues of eugenics and social hygiene were still prominent.²² Harry Hendrick suggests that one defining characteristic of the category of children is that they have no political significance.²³ While it is true that individual children did not have the power to vote, this study aims to show that children were of immense political significance, and not only when adults debated child labour policy in the industrial West. In seeking to analyse historical variations in the notions of childhood, Anna Davin has argued that the attainment of adult status and adult authority is confirmed through control and/or support of children. In addition, adults have had the power to set the terms of childhood according to their priorities in the present and for the future.²⁴ This study confirms this view by showing that, in many cases, the agents placing emphasis on the health of children in relation to the future of the UK often had different agendas, with alternative motivations, as they used the issue of child health and welfare for political or professional advancement.

Since the early 1990s, the historiography of childhood has swelled. Historians have engaged in the continuing study of the evolution of childhood as a concept, mapping out the social, cultural, economic and political context of the 'birth of the modern child'.²⁵ These efforts have highlighted the absence

Emotions and the Making of the Modern British Citizen, 1880–1914 (Bloomsbury Academic, New York, 2014); Michal Shapira, *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Post-War Britain* (Cambridge University Press, Cambridge, 2013); and G. R. Searle, *The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899–1914* (University of California Press, Berkeley, 1971).

²² For the general context of early eugenicists, see Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848–c.1918* (Cambridge University Press, Cambridge, 1989), 216–21 and Alison Bashford and Phillipa Levine (eds.), *The Oxford Handbook of the History of Eugenics* (Oxford University Press, Oxford, 2010). For further reviews of the field, see: Peter Bowler, *The Mendelian Revolution: The Emergence of Hereditarian Concepts in Modern Science and Society* (Athlone, London, 1989); Frank Dikötter, 'Race culture: recent perspectives on the history of eugenics', *American Historical Review*, 103 (1998), 467–78; Pauline M. H. Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society, Its Sources and Its Critics in Britain* (Routledge, London, 1992); Robert A. Nye, 'The rise and fall of the eugenics empire: recent perspectives on the impact of biomedical thought in modern society', *Historical Journal*, 36 (1993), 687–700; G. R. Searle, *Eugenics and Politics in Britain, 1900–1914* (Noordhoff International, Leyden, 1976); Richard Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain* (University of North Carolina Press, Chapel Hill, 1990); Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain c.1870–1959* (Oxford University Press, Oxford, 1998); and Marius Turda, 'Recent scholarship on race and eugenics', *Historical Journal*, 51 (2008), 1115–24.

²³ Harry Hendrick, *Children, Childhood and English Society* (Cambridge University Press, Cambridge, 1997), 3.

²⁴ Davin, 'What is a child?'.

²⁵ Academic studies on the historical development of the concept of childhood include: Hugh Cunningham, *Children and Childhood in Western Society since 1500* (Longman, London,

of adequate representations and understanding of children's experience in the historic forms of medical and scientific disciplines.²⁶ The effect of these varied ideas of childhood on the lives of children has been the focus of recent work on the history of childhood and the history of emotions.²⁷ Nonetheless, the question of the child has rarely been considered in wider theoretical debates, and theorists have paid limited attention to the function and roles of the figurations of childhood in the making of adult worlds, resulting in consequences that conflict with the interests of those the category purports to represent.²⁸ As Claudia Castañeda has pointed out, this lack of attention to childhood is significant because it means that children are not placed at the centre of social, political and cultural concerns.²⁹ I align myself with this approach and attempt to reveal the processes grounded in scientific figurations and artistic representations that have shaped the cultural understanding of children's experience of pain.

Although the category 'child' includes actual children and their experiences, this book does not specifically address that relationship. Although I am convinced that these assumptions affected children, it is not my aim to explain how this might have occurred. This book is, rather, about the creation of different figures of the child in pain and their multiple uses across various cultural sites. It argues that the study of the different categories of children's pain provides an important context for understanding the emergence of other discourses on childhood in the nineteenth and twentieth centuries. It also offers an opportunity to explore the boundaries of psychiatry, physiology, paediatrics, psychology and psychoanalysis during this period. The scientific texts

1995); Hugh Cunningham, *The Invention of Childhood* (BBC Books, London, 2006); Lloyd De Mause (ed.), *The History of Childhood: The Untold Story of Child Abuse* (Psychohistory Press, New York, 1974); Colin Heywood, *A History of Childhood: Children and Childhood in the West from Medieval to Modern Times* (Polity Press, Cambridge, 2001); Hendrick, *Children, Childhood and English Society*; Allison James and Alan Prout, *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood* (Routledge, London, 1997); Peter Stearns, *Childhood in World History* (Routledge, London, 2009); Shuttleworth, *Mind of the Child*; Carolyn Steedman, *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780–1930* (Virago Press, London, 1995); and Joseph L. Zornado, *Inventing the Child: Culture, Ideology, and the Story of Childhood* (Routledge, Oxford, 2006).

²⁶ A notable exception is Hannah Newton, *The Sick Child in Early Modern England, 1580–1720* (Oxford University Press, Oxford, 2012).

²⁷ See: Stephanie Olsen, *Childhood, Youth and Emotions in Modern History: National, Colonial and Global Perspectives* (Palgrave Macmillan, Basingstoke, 2015); Olsen, *Juvenile Nation*; Ute Frevert, Pascal Eitler, Stephanie Olsen, et al., *Learning How to Feel: Children's Literature and the History of Emotional Socialization, 1870–1970* (Oxford University Press, Oxford, 2014).

²⁸ For exceptions, see: Castañeda, *Figurations*; Jacqueline Rose, *The Case of Peter Pan, or the Impossibility of Children's Fiction* (Macmillan, London, 1984); Shapira, *The War Inside*; Olsen, *Juvenile Nation*; and Steedman, *Strange Dislocations*.

²⁹ Castañeda, *Figurations*, 4.

analysed in this book lead us to an important issue in the history of science, which is also a methodological problem that arises when practising interdisciplinary studies: the lack of scientific unity.³⁰ A radical epistemology would see the object of study of each discipline as a disconnected entity: the infant brain of neurology, the infant body of paediatrics and the infant mind of psychology would find no common ground and no common language.

Rather than insisting on the historical disagreements between the disciplines, this book seeks to advance the understanding of the contemporary construction of the relationship between the mind and the body by uncovering the different meanings of children's pain in the traditions of scientific and medical discourse. It may be surprising to modern readers – who might assume that there is a clear distinction between organic and psychological processes – that there was a considerable overlap between body and mind in much medical thinking in the nineteenth and early twentieth centuries. It is, for example, quite difficult to clearly separate the late nineteenth century speciality of neurology from the earlier discipline of 'physiological psychology'.³¹ Thus, this study illustrates how the variety and complexity of concepts of children's pain transcended the simple dualistic perspective that treats mind and body as separate entities.

By placing the child in pain at the centre of the debate, this book draws attention to the importance of age as a category in modern medicine. Historians of pain have often overlooked age as a category, concentrating instead on gender as the organising principle of modern medicine. Martin Pernick has shown how, following the great 'Chain of Feeling', certain social groups – identified by race, class and gender – were seen as being relatively insensitive to pain.³² Many scholars have since engaged with this idea, debating the politics of gender in relation to pain.³³ This book argues that gender – though evidently crucial in medical perceptions of adults – was far less significant in the representation of the bodies and minds of children, a point similar to that made by Hannah Newton in her study of early modern England. When they described the constitution of children and the cause of their pain, doctors did not usually distinguish between boys and girls. The reason why gender rarely

³⁰ For a discussion on whether science is unified or disunified, see Mario Biagioli and Peter Galison, *The Disunity of Science: Boundaries, Contexts, and Power* (Stanford University Press, Stanford, CA, 1996).

³¹ See Chapter 3.

³² Martin Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (Columbia University Press, New York, 1985).

³³ For instance, Javier Moscoso's discussion on the pain of childbirth in Moscoso, *Pain*, 96–104. See also Whitney Wood, "'When I think of what is before me, I feel afraid": Narratives of fear, pain and childbirth in late Victorian Canada', in Rob Boddice (ed.), *Pain and Emotions*, 187–203; Joanna Bourke and Whitney Wood, 'Conceptualizing gender and pain in modern history', *Gender & History*, 32 (March 2020), 8–12.

appears in the medical and scientific observations and treatments of children is probably that the characteristics that define children in medical opinion are largely related to puberty. This argument cuts against the current historical picture regarding children's gendered identities, which suggests that gender was of considerable importance across the whole life cycle, from the moment of birth and – in particular – after the age of about seven.³⁴ In making this argument, I am not seeking to suggest that gender did not affect other areas of children's lives,³⁵ but that, as this book demonstrates, in the context of children's pain, the most important variable was age and the least important seems to have been gender.

Histories of Childhood and of Pain

Those interested in the existential significance of history – that which Nietzsche claimed as history for life³⁶ – cannot ignore the importance of the historical study of childhood. Unlike many historical examinations that have an internal vision of periodisation and accuracy, the studies of many practising historians of childhood have a retroactive interest: they are concerned with the world in which they live and feel the urge to explain it through the yet untold 'history of childhood'.³⁷ As with the histories of sexuality, the emotions and the body, the history of childhood has also become a medium used to cast light on present-day situations, most notably situations of violence and abuse

³⁴ Sara Mendelson and Patricia Crawford, *Women in Early Modern England, 1550–1720* (Oxford University Press, Oxford, 2003), 77–78. This has also been supported by Heywood, *A History of Childhood*, 103, and Elizabeth Foyster, *Manhood in Early Modern England: Honour, Sex, and Marriage* (Longman, London, 1999), 39. Other works that explore the gendering of childhood include: Anthony Fletcher, *Growing Up in England: The Experience of Childhood 1600–1914* (Yale University Press, London, 2008); Elizabeth Foyster, 'Boys will be boys? Manhood and aggression, 1660–1800', in Tim Hitchcock and Michele Cohen (eds.), *English Masculinities, 1660–1800* (Longman, London, 1999), 151–66; Brigitte Glaser, 'Gendered childhoods: on the discursive formation of young females in the eighteenth century', in Anja Müller (ed.), *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Ashgate, Aldershot, 2006), 189–98; and Linda Pollock, "'Teach her to live under obedience": the making of women in the upper ranks of early modern England', *Continuity and Change*, 4 (1989), 231–58.

³⁵ Historians such as Brigitte Glaser have convincingly shown how the way that boys and girls were brought up was often very different. See Glaser, 'Gendered childhoods'. Likewise, in the recent volume *Learning How to Feel*, several authors discuss the intersection of gender and the socialisation of children in different emotional realms. In her article 'Piggy's Shame', Ute Frevert shows how transformations in the uses and valuations of shame and shaming reveal and sustain changes in gender prescriptions, notions of authority, and childhood ideals. See Ute Frevert, 'Piggy's shame' in Ute Frevert, Pascal Eitler, Stephanie Olsen, et al., *Learning How to Feel*, 134–54.

³⁶ Friedrich Nietzsche, *On the Advantage and Disadvantage of History for Life* (Hackett Publishing Company, Oxford, 1980).

³⁷ Hugh Cunningham, 'Histories of childhood', *American Historical Review*, 103 (1998), 1195.

committed against children.³⁸ It is not surprising therefore that it was precisely the revolution in approaches to history heralded by the French historical magazine *Annales* that led to a recovery of the child as an object of historical research and to the production of the first significant work on the history of childhood, Philippe Ariès's *Centuries of Childhood*.³⁹ This 'new' history, in approaching areas that had not previously been explored and in investigating the way in which different levels of society experienced the events of daily life, took into consideration social groups that until then had been little regarded and converted them into the preferred subjects of investigation. In the specific case of childhood, it can be said that Ariès's study led to a surge in publications that have made the subject so fashionable today.

In the last two decades, the history of childhood has expanded considerably. As concerns about children have increased, stories about children of the past have proliferated. Despite these notable developments, the themes of childhood pain and medicine have rarely entered the historiography. Since the 1992 publication of *In the Name of the Child: Health and Welfare 1880–1940* – Roger Cooter's landmark collection of essays – there have been some advances in the historiography of children's health.⁴⁰ Themes that have been addressed (sometimes including consideration of the topic of pain) include children's hospitals and health, disability and mental deficiency and mental health.⁴¹ Hannah Newton's *The Sick Child in Early Modern England, 1580–1720*, published in 2012, addressed and developed the issue of the sick child, raised by Cooter in his introduction to the 1992 essay collection, thereby filling one of the gaps in the historiography of child health.⁴² My own project also emerges from one of Cooter's observations and reflects on how, where and why the 'concept of childhood became far more socially homogeneous by virtue of its reconstruction in predominantly psycho-medical terms'.⁴³ I take a new perspective on the history of childhood health and welfare by focusing on an issue that has been a neglected but integral part of the life sciences since

³⁸ Adrian Bingham, Lucy Delap, Louise Jackson and Louise Settle, 'Historical child sexual abuse in England and Wales: the role of historians', *History of Education*, 45 (2016), 411–29.

³⁹ See Philippe Ariès, *Centuries of Childhood: A Social History of Family Life* (Alfred A. Knopf, New York, 1962).

⁴⁰ Cooter, *In the Name of the Child*.

⁴¹ An important publication, which has been recognised as the successor to Cooter for its influence, is *Cultures of Child Health in Britain and the Netherlands in the Twentieth Century*, ed. Marijke Gijswijt-Hofstra and Hilary Marland and published in 2003. Exploring advances in the history of children's health that had taken place in the years after Cooter's book was published, this volume highlights the importance of seeing children's health in a wider social and cultural context. Marijke Gijswijt-Hofstra and Hilary Marland, *Cultures of Child Health in Britain and the Netherlands in the Twentieth Century* (Rodopi, New York, 2003). Another important volume is *Childhood, Literature and Science: Fragile Subjects*, ed. Jutta Ahlbeck, Päivi Lappalainen, Kati Launis, and Kirsi Tuohela (Routledge, London, 2017).

⁴² Newton, *The Sick Child*. ⁴³ Cooter, *In the Name of the Child*, 2.

antiquity: children's pain, its negotiation in medical and psychological practices and the underlying philosophical and political debates about the status of children.

Another of the objects of this new history is pain. Despite the recent proliferation of research about the way in which class, race and gender shape an individual's experiences of pain, the child in pain has also been largely absent from the history of medicine. Joanna Bourke argues that the reluctance of historians 'to tackle the history of pain' results from its subjective character.⁴⁴ Such subjectivity is doubled if the object of study is a child in pain. An extensive and still-growing body of literature in the humanities has been produced devoted to the subject of the human relationship with pain, but there has been hardly any serious discussion in the history of science and medicine about the systematic reliance on the bodies of children who suffer illness and pain as a source of knowledge about the normal child. Elissa N. Rodkey and Rebecca Pillai Riddell, who devoted an article to the subject in 2013, concluded that despite the importance of the historical record for studying medical assumptions of children's experiences of pain, few published works have reviewed this history.⁴⁵ The phenomenon of infant pain denial – which characterised many medical approaches to children during much of the twentieth century – can be seen as, in part, a consequence of the invisibility of the subject and the consequent lack of investigative focus on children's experience of pain.

Although the history of children's pain has stayed hidden to scholars until recently, earlier manifestations of theoretical interest in the history of child medicine cannot be neglected, as they include some insights on the nature of child pain from within specific disciplinary boundaries. From the start of the twentieth century, various paediatricians wrote histories of their specialism, of which the most famous are John Ruhrah's *Pediatrics of the Past* (1925) and George Frederic Still's *The History of Paediatrics: The Progress of the Study of Diseases of Children* (1931).⁴⁶ The subtitle of Still's book indicates the style

⁴⁴ Joanna Bourke, 'The history of medicine as the history of pain', *History Today*, 61 (2011), 56–57.

⁴⁵ Elissa N. Rodkey and Rebecca Pillai Riddell, 'The infancy of infant pain research, the experimental origins of infant pain denial', *The Journal of Pain*, 14 (2013), 339.

⁴⁶ John Ruhrah, *Pediatrics of the Past* (P. B. Hoeber, New York, 1925) and George Still, *The History of Paediatrics: The Progress of the Study of Diseases of Children up to the End of the 18th Century* (Hodder & Stoughton, Oxford, 1931). Other histories of paediatrics include: Isaac Abt and Fielding Garrison (eds.), *History of Paediatrics* (W. B. Saunders Company, London, 1965); Boyd M. Berry, 'The first English paediatricians and Tudor attitudes towards childhood', *Journal of the History of Ideas*, 35 (1974), 561–77; Thomas E. Cone, *History of American Pediatrics* (Little Brown & Co, Boston, 1979); C. B. Mahnke, 'The growth and development of a specialty: the history of pediatrics', *Clinical Pediatrics*, 39 (2000), 705–14; B. L. Nichols, A. Ballabriga, and N. Kretchmer (eds.), *History of Pediatrics 1850–1950* (Nestlé Nutrition,

of these works, which were written to celebrate the rise of modern paediatrics. They thus tend to be teleological in structure, attempting to uncover the past origins of current medical knowledge and to identify the 'real condition' behind the diagnosis. In opposition to the condescending view on past practices, this book explores historical medical views on children's pain in their own terms, examining the coherence and logic of the medical ideas, however irrational they might seem from a modern perspective.

The child in pain is also mentioned in another context, that of current scientific and psychological articles of research into infant pain. Important articles in this line of research include those by David Chamberlain, who reviews twentieth-century infant pain research from an anti-circumcision perspective; Laura M. Carpenter who explores masculinity and circumcision pain from a sociological perspective; Patrick McGrath, who considers the history of infant pain research in the 1980s; Emilia Pabis, Anita Unruh and colleagues, who review ancient and medieval views of infant pain; and the already cited Elissa N. Rodkey and Rebecca Pillai Riddell, who investigate the origins of infant pain denial.⁴⁷ The history of childhood pain has not been neglected entirely by historians. Hannah Newton's *The Sick Child in Early Modern England, 1580–1720* deals with pain in the context of children's illnesses. In a similar way, Joanna Bourke's *The Story of Pain* (2014) examines the history of child pain and calls attention to the way that

New York, 1991); and Samuel X. Radbill, 'Pediatrics', in Allen G. Debus (ed.), *Medicine in Seventeenth Century England* (University of California Press, London, 1974), 237–82.

⁴⁷ David B. Chamberlain, 'Babies don't feel pain: a century of denial in medicine', *The Journal of Prenatal and Perinatal Psychology and Health*, 14 (1999), 145–68; Laura M. Carpenter, 'If you prick us: masculinity and circumcision pain in the United States and Canada, 1960–2000', *Gender & History*, 32 (2020), 54–69. Patrick McGrath, 'Science is not enough: the modern history of pediatric pain', *Pain*, 152 (2011), 2457–59; E. Pabis, M. Kowalczyk, and T. B. Kulik, 'Pain in children in historical perspective', *Anestezjol Intens Ter*, 42 (2010), 37–41; Anita Unruh, 'Voices from the past: ancient views of pain in childhood', *The Clinical Journal of Pain*, 8 (1992), 247–54; Rodkey and Riddell, 'The infancy of infant pain research', 338–50. Recent scientific publications on infant pain include: K. J. Anand, 'Effects of perinatal pain and stress', *Progress in Brain Research*, 122 (2000), 117–29; K. Andrews, D. Desai, H. K. Dhillon, D. T. Wilcox and M. Fitzgerald, 'Abdominal sensitivity in the first year of life: comparison of infants with and without prenatally diagnosed unilateral hydronephrosis', *Pain*, 100 (2002), 35–46; K. Andrews and M. Fitzgerald, 'Cutaneous flexion reflex in human neonates: a quantitative study of threshold and stimulus-response characteristics after single and repeated stimuli', *Developmental Medicine and Child Neurology*, 41 (1999), 696–703; K. Andrews and M. Fitzgerald, 'The cutaneous withdrawal reflex in human neonates: sensitization, receptive fields, and the effects of contralateral stimulation', *Pain*, 56 (1994), 95–101; R. E. Grunau, 'Early pain in preterm infants: a model of long-term effects', *Clinics in Perinatology*, 29 (2002), 373–94; C. C. Johnston, J. M. Collinge, S. J. Henderson and K. J. Anand, 'A cross-sectional survey of pain and pharmacological analgesia in Canadian neonatal intensive care units', *Clinical Journal of Pain*, 13 (1997), 308–12; M. Fitzgerald, C. Millard and N. MacIntosh, 'Cutaneous hypersensitivity following peripheral tissue damage in newborn infants and its reversal with topical anaesthesia', *Pain*, 39 (1989), 31–36; and Gayle Giboney Page, 'Are there long-term consequences of pain in newborn or very young infants?', *Journal of Perinatal Education*, 13 (2004), 10–17.

the understanding of children's pain has been revised. Bourke argues that for most of the twentieth century 'many scientists and clinicians [claimed] that infants were almost totally insensible to pain'.⁴⁸ However, the argument advanced in the current book is that this theoretical perspective describes only partially the medical, physiological and psychological theories and practices relating to children's pain that existed in the United Kingdom at the end of the nineteenth century and in the early twentieth century.

Pain and Emotion

The Austrian philosopher Ivan Illich has drawn attention to the central role that culture plays in providing ways to experience, express and understand pain: 'Precisely because culture provides a mode of organizing this experience, it provides an important condition for health care: it allows individuals to deal with their own pain.'⁴⁹ It is through society's norms and values that pain is culturally obtained and placed.⁵⁰ It is not difficult to identify extreme cases in which cultural norms dictate what are unacceptable and acceptable pains. Certain pains, such as menstrual pain or some forms of psychological pain, are expected to remain unvoiced, while others, such as grief and mourning, are required to be displayed in public. As Joanna Bourke has pointed out, even when they are suffering, 'people adhere to societal norms, rituals, and stories'.⁵¹ One could thus say that there is no such thing as 'pain': there are only 'people in pain', who are joined to a specific society through their feelings and emotions. Thus, pain is not just a physical experience: it is an embodied experience to which meaning is attached through culturally validated and rhetorical artefacts, including societal classifications and norms, codified

⁴⁸ Bourke, *Story of Pain*, 214. In his recent book *Knowing Pain*, Rob Boddice briefly discusses the pain of infants. See Boddice, *Knowing Pain*, chapter 3.

⁴⁹ Ivan Illich, *Medical Nemesis: The Expropriation of Health* (Calder & Boyars, London, 1975), 101.

⁵⁰ This has been given several expressions from within the world of pain science. See Robert J. Gatchel, Yuan Bo Peng, Madelon L. Peters, Perry N. Fuchs, and Dennis C. Turk, 'The biopsychosocial approach to chronic pain, scientific advances and future directions', *Psychological Bulletin*, 133 (2007), 581–624 and Geoff MacDonald and Lauri A. Jensen-Campbell (eds.), *Social Pain, Neuropsychological and Health Implications of Loss and Exclusion* (American Psychological Association, Washington, DC, 2011). The study of neurosciences in history offers great potential for the exploration of these claims. See: Daniel Lord Smail, *On Deep History and the Brain* (University of California Press, Berkeley, 2008), 112–56; Jeremy Trevelyan Burman, 'History from within? Contextualizing the new neurohistory and seeking its methods', *History of Psychology*, 15 (2012), 84–99; Lynn Hunt, 'The experience of revolution', *French Historical Studies*, 32 (2009), 671–78. From a cultural historical point of view, the contextual experience of pain has already been extensively explored. See: Cohen, *Modulated Scream*; Bourke, *Story of Pain*; Boddice, *Knowing Pain*; and Moscoso, *Pain*.

⁵¹ Bourke, *Pain and the Politics of Sympathy*, 6.

identities and even moral taboos.⁵² There is no single and universally accepted meaning of pain. People who suffer pain appeal to all kinds of different value systems to frame their suffering with meaning.⁵³ Similarly, susceptibility to pain has been taken as an indication of civilisation and sensitivity, while pain has also been dismissed as a mere product of neurology. In other words, pain has been read by people in many very different ways as they attempt to make sense of what they feel and to explain these feelings within a coherent worldview.

However, tacit and explicit social norms on what is proper, just and decorous are not the only masters of pain and its sense-making. The ways we express pain are very much influenced by the various theories – medical, religious and concerning the body – that are current at the time in which we live.⁵⁴ Therefore, experiences of pain differ between individuals and from one social group to another, and they change according to geography and time. Contrary to the notion that the experience of pain is timeless, the meaning of pain arises from cultural and social interactions.

Rather than infecting the phenomenon of painful experiences with the virus of relativism, sociocultural determination opens the door to the work of historians and cultural theorists who can delve into the specifics of cultural manifestations at a given time. Hannah Newton has argued in *The Sick Child* that research on the experiences of illness and pain in childhood can be undertaken by studying their expressive metaphors.⁵⁵ In *The Story of Pain*, Joanna Bourke also argues that sufferers in the past used metaphors as a way of conveying their pain, which gives scholars of pain some insight into the subjective experiences of historical individuals.⁵⁶ In contrast, in *The Body in Pain* (1985), Elaine Scarry asserts that the experience of pain cannot be shared because of its essentially private nature. For Scarry, pain's subjective nature borders on solipsism: it 'does not simply resist language but actively destroys it'.⁵⁷ Following a quite radical interpretation of modern theories of knowledge and perception, she argues that physical pain 'has no referential content. It is not of or for anything, [and] resists objectification in language'.⁵⁸ Despite opposition and criticism, this theory of an insubstantial, noumenal pain has encouraged a new line of scholarship in which the focus has moved away from pain as an entity towards exploring the narratives of 'people in pain'. Theorists have had to wrestle with the problem that words often seem inadequate for expressing pain, with Virginia Woolf's essay 'On

⁵² Bourke, 'History of medicine', 57.

⁵³ Louise Hide, Joanna Bourke and Carmen Mangion, 'Introduction: perspectives on pain', 19, *Interdisciplinary Studies in the Long Nineteenth Century*, 15 (2012), 1.

⁵⁴ Hide et al., 'Introduction', 7. ⁵⁵ Newton, *The Sick Child*, 198–97.

⁵⁶ Bourke, *Story of Pain*, 214. ⁵⁷ Scarry, *Body in Pain*, 4. ⁵⁸ Scarry, *Body in Pain*, 27.

Being Ill' often cited as evidence: 'The merest schoolgirl, when she falls in love, has Shakespeare, Donne, Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry.'⁵⁹

In *The Representation of Bodily Pain in Late Nineteenth-Century English Culture* (2000), Lucy Bending challenges this point of view and argues that 'physical pain does not entirely resist linguistic expression' – or at least not to any greater extent than any other sensation or emotion.⁶⁰ In fact, Moscoso's *Pain: A Cultural History* (2012) reveals that pain experiences and their cultural meaning are based and built upon science, art and legislation. Moscoso sees pain as what Victor Turner in *The Anthropology of Performance* calls a 'social drama', a form of human experience that follows the ritual structure of rites of passage. In his view, the cultural historian should analyse the objectified forms of this subjective experience, together with the rhetorical means employed to relate experiences and expressions.⁶¹ Joanna Bourke shifts the focus from 'illness' to the 'body-in-pain'. While Elaine Scarry argues that pain and language are refractory, Bourke assumes that – either directly or indirectly – embodied suffering becomes entangled in social behaviour – whether in observing or adhering to social norms, in reluctance to follow them, or in outright disagreement with them – but always around the complex language of socialisation. According to this approach, certain kinds of pain – notably chronic pain – do not fracture language but rather generate a wide range of linguistic manifestations. Bourke, examining narratives of pain from a historical perspective, argues that it is possible to develop a historical understanding of pain and the different ways in which 'people-in-pain' handle it and continue to live meaningful lives.⁶²

This book shares the view endorsed by Bending, Moscoso and Bourke that there are linguistic conventions in both fiction and nonfiction for discussing both subjective pain and the pain of others. One of the main goals of this book is to identify how these conventions function in specific historical moments in the discourses of doctors, scientists and in public discourses, thus contributing to the construction of the intersubjective level of discourse on pain – where intersubjective does not refer to the horizontal, dialogical negotiation of sense among subjects with exchangeable positions, but rather to the institutionalised and normalised patterns for determining states and subjects of pain, which are then inherited in exchanges among subjects. Since the methodologies offered by Moscoso and Bourke have not proved helpful for the study of children's pain – precisely because they are constituted around metaphors and

⁵⁹ Virginia Woolf, *On Being Ill* (Paris Press, Ashfield, MA, 2002), 3.

⁶⁰ Bending, *Representation of Bodily Pain*, 1–5.

⁶¹ Moscoso, *Pain*, 1–8. ⁶² Bourke, *Story of Pain*.

language – this book addresses the more difficult question of what happens in the case of historical subjects, such as children, who either lack verbal dexterity or do not have a recognisable cultural voice. Focusing on how certain adults – the paediatrician, the psychiatrist and the psychoanalyst – approached the experience of pain of their little patients, this study also explores the larger problem of how the historian can approach the past experiences of a person in pain.

As Bourke, Moscoso and Rob Boddice have shown, pain and its understanding as a phenomenon worthy of study beyond the life sciences is embedded in the literature on emotions and experience, and their importance for understanding historical processes. As Boddice argues, ‘as a form of experience, pain is affectively produced’.⁶³ Although pain may not be merely an emotion, the experience of pain cannot be separated from its affective component. A child’s expression of a painful experience – whether it be a scream or an outburst of tears – is an emotional experience, closely related to the scene where it takes place and dependent on the child’s repertoire of expression and their own accumulated experiences. This book stands alongside other scholarship that convincingly argues that to treat emotions as entirely natural and independent of the self would, in Monique Sheer’s words, ‘depoliticize emotions by naturalizing them and endowing them with fundamental autonomy, thus denying their social and historical contingency’.⁶⁴ As Bourke and historian Keith Wailoo have argued, pain is a political practice.⁶⁵ Building on this politics of emotion, this book traces how over time the powerful question of children’s pain became a recurrent site for disciplinary and political conflict. In these battles, as we shall see, theories of children’s pain – medical, physiological, psychological and other views on children’s suffering – become a tool of social and professional power.

Finally, while writing this book, I have encountered some surprising reactions from those around me. These reactions suggest that the topic of the child in pain invites much conjecture. Like David Morris in his book *The Culture of Pain*, I was repeatedly struck by the consistency with which I was asked, over and over: *Are you writing about children’s physical pain or emotional pain?* This uniform reaction convinced me that Morris is right in his description of the ‘Myth of Two Pains’ in saying that we live at a time when many people have a deep and unexamined belief that physical and mental pain are separate

⁶³ Boddice, *Knowing Pain*, 5.

⁶⁴ Monique Sheer, ‘Are emotions a kind of practice (and is that what makes them to have a history)? A Bourdieuan approach to understanding emotion’, *History and Theory*, 51 (May 2012), 209–17.

⁶⁵ Bourke, *Story of Pain*, 18. Keith Wailoo, *Pain: A Political History* (Johns Hopkins University Press, MD, 2014).

entities, imagining that there is a huge gulf between them.⁶⁶ However, different sources of pain do not necessarily imply different pains. One of the purposes of this book is to support those who want to reject the artificial division of human pain into categories labelled 'physical' and 'mental'.⁶⁷

⁶⁶ See Morris, *Culture of Pain*, 9.

⁶⁷ Boddice, *Pain and Emotion*; Boddice, *Knowing Pain*; Bourke, *Story of Pain*.