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among scholars. Indeed, the time now seems ripe for a Paris medicine web page, especially since many of the key French texts have become available on-line through the Gallica service of the Bibliothèque nationale de France (<http://gallica.bnf.fr/>). We cannot all meet in Paris, but as a virtual academic community we can perhaps help reconstruct Paris medicine, building on the important work of Hannaway, La Berge, and company.

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Peter Bartlett, *The Poor Law of lunacy: the administration of pauper lunatics in mid-nineteenth-century England*, London and Washington, Leicester University Press, 1999, pp. xix, 310, £55.00 (hardback 0-7185-0104-7). Available in USA from Continuum, PO Box 605, Herndon, VA 20172.

This book sets out to show that the roots of the mid-nineteenth-century asylum system can be found in Poor Law legislation. Bartlett challenges existing histories, which portray the asylums as the realm of doctors, and argues instead that the asylums were merely a facet of English Poor Law, and that the Medical Superintendent had little power. Using the Leicestershire asylum as a case study, he examines the part played by Poor Law Officers in asylum admission procedures, and the relationship between Poor Law Officers, asylum staff, and lunacy inspectors. Bartlett is clear that doctors were not a key part of the administration process before 1853 when admission to workhouses and asylums became dependent upon a medical certificate. Bartlett's thesis is that the primary purpose of institutions such as orphanages, houses of correction, workhouses and asylums during the eighteenth and nineteenth centuries was to

control escalating numbers of paupers (p. 32).

The beginnings of the Poor Law in England can be traced to the 1601 statute and, though extensively modified subsequently, its original intentions always remained paramount (p. 33). The original statute sought to regulate those willing to work but who could not find any—they were to be provided with work; those who could not work—they were to be offered charity; and tramps, vagrants and those who refused work were to be punished. Although the statute did not specifically mention the insane, it certainly influenced the philosophy and running of the mental institutions in subsequent centuries. The reluctance to provide outdoor relief to the able-bodied is clearly discernible in later statutes, which state that the indigent should be managed in institutions and put to work. Conditions in Poor Law workhouses were deliberately harsh in order to deter those perceived as opting out of work. Uniforms identified and humiliated the inmates; individuality was stifled; food was barely adequate. Work for men, women and children was hard, relentless and monotonous.

The Vagrancy Act (1744) updated the 1601 statute and recommended the building of Houses of Correction in all counties. These were to control the unruly poor and vagabonds, and to confine the dangerously insane. Bartlett argues that the debate around the institutions advanced into moral and scientific areas, seeking to understand the causes of deviancy and to devise strategies for transforming non-productive citizens into upright ones. It was considered that no matter what the roots of deviance, whether social, biological, psychological or spiritual, a period spent in an appropriate institution would “reform” the poor, the criminal and the insane. The early nineteenth century saw the population of England increase from 5.5 million in 1800 to 9 million in 1832. There was a corresponding growth in the number of paupers. The Poor Law Act (1834)

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guaranteed the spread of the asylum system, which political discourse portrayed as compassionate and humanitarian in contrast to the punitive workhouses. However, argues Bartlett, the asylums quickly became swamped with pauper lunatics so that control rather than cure or reform inevitably became their ethos. This reality was acknowledged in 1874 when central government agreed to make a per diem payment to each institution according to the number of its inmates, thus strengthening the role of the state in the management of the insane.

Bartlett concludes that, whereas the eighteenth century enacted social control through incarceration and punishment, the nineteenth century sought to control the body by transforming the soul. Control meant persuading deviant individuals to conform to societal norms. Central to this new approach was the study of human behaviour and how to amend it (p. 240). Disciplines such as psychiatry, criminology, and social work began to play increasingly important roles in the maintenance of social order towards the end of the nineteenth century. The fate of the individual was determined by the tension between humanitarian and legislative discourses. Asylum staff presumably tried to do a good job despite the lack of clarity as to what the job was, since caring and curing remained inextricably bound up with the Poor Law whose medical officers remained key people in the operating of the asylum system.

The book is well structured and logically presented and appendices provide ample statistical evidence for the position the author adopts. The reader is persuaded that Poor Law legislation shaped the legal and administrative infrastructure of the nineteenth-century asylums. Some readers might prefer to have more attention devoted to the influence of legislation on the attitudes and behaviour of those managing and manning the institutions. If legislative language is stigmatizing, it must adversely affect the staff who worked in the

institutions. The style is lively and engaging, while at the same time the work is scholarly and evidence-based. Perhaps the only disappointment is that the scholarship and erudition of the author are not used to discuss whether it is possible to liberate the mentally ill from the oppressive and lasting effects of previous legislation. Despite this criticism and the fact that the arguments put forward by the author are not entirely new, the book makes a significant contribution to scholarship in the area. By re-examining the origins of institutional care, it should enable scholars to accurately interpret, understand and challenge current and future developments in mental health care.

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Christine Stevenson, *Medicine and magnificence: British hospital and asylum architecture, 1660–1815*, New Haven and London, Yale University Press for The Paul Mellon Centre for Studies in British Art, 2000, pp. viii, 312, illus., £30.00 (hardback 0-300-08536-2).

Traditionally, historians have mostly dealt with hospital architecture in a descriptive fashion, explaining the details of surviving buildings and plans. Indeed, ward designs can provide important clues about the presumed functions of hospitals as well as daily life inside their walls. More speculative are the efforts to employ architecture as a tool to uncover sets of values and meanings that might have guided past caregivers, thus shedding further light on the evolution of medicine and nursing. Christine Stevenson has taken another path: she has gone “outside” the institutions and carefully examined British culture during the “long” eighteenth century to explain the birth of the voluntary hospital system and its buildings. Employing the voices of