

Stol's work is a volume of far wider interest than its title would suggest. It is precisely for these reasons, however, that this reviewer ventures to raise a few cautionary points.

First, to identify the Akkadian *bennu* specifically as "epilepsy" implies that—at least in this case—the Babylonians 3,000 years ago organized disease phenomena into symptoms and causes in ways similar to those of modern medicine. But in ancient and medieval times, and in many cultures, what are now regarded as symptoms were then considered "diseases" in their own right, for example "fever" in Greek and Arab-Islamic medicine. In the Akkadian texts there are similar indications for *bennu*, which is sometimes described as an epidemic disease and contagious (epilepsy is neither) or paired with "leprosy" as the inner manifestation of some other disease. Stol is undoubtedly right in seeing epilepsy in many accounts of *bennu*, but in others it seems to mean nothing more specific than "convulsions" or "fits", and this of course raises an important problem—obvious cases excepted, how is one to distinguish among these varying usages?

A second consideration may be raised concerning the epithets and titles used in association with *bennu* in Akkadian texts. Stol views these as the names of Babylonian gods and demons believed to figure as causes or agents of epilepsy, and in some cases this must be correct. In the ancient Near East, however, the name of a deity or spirit in one era could survive later as nothing more than a word designating the affliction with which it had once been associated. A prominent example is the name of the Canaanite god of pestilence, Reshep, which in Old Testament Hebrew is demoted to merely one of several general words for "pestilence". It should perhaps be asked how many Akkadian terms (e.g., "Spawn of Šulpaëa", "Lord of the Roof", "Hand of the God") reflect similar transformations, and would therefore have to be excluded from the demonology associated with *bennu*.

Finally, one might query the prominent dichotomy between rational medicine and

irrational magic which informs this book's discussion. The former is applauded and identified with Greek medicine, especially Hippocrates, who "showed mankind the way out of the realm of magical lore" (p. 2) in his *On the sacred disease*. Apart from the question of whether or not the historical Hippocrates is the author of this treatise, many cultures—modern as well as ancient and medieval—have viewed medicine in terms of complementary rather than (as in western biomedicine) exclusive options. Thus, the predominance of supernatural causes and remedies for one disease does not make all of that society's medicine magical, and it is not necessarily desperation that causes physicians to lend credence to supernatural views where natural explanations and cures are already to hand. Stol's study itself provides many examples of the marked fluidity and pluralism of medical thinking and practice—not only in Babylonia, but also in other cultures of the region in ancient and later times.

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Andrew Scull, *The most solitary of afflictions: madness and society in Britain, 1700–1900*, New Haven and London, Yale University Press, 1993, pp. xviii, 442, illus., £29.95, \$45.00 (0–300–05051–8).

An indistinct tranquillity has settled over studies in the history of psychiatry. Where once red-blooded social and linguistic critiques clashed with the stubborn defences of a medical speciality yearning, as ever, to magnify its smallest achievements, there is now a kind of falling together. The asylums are closing down all around us, just as their critics wanted them to, but their old inmates have refused to change into acceptable clothes. A careless community complains of their sometimes unreasonable behaviour, just as they always did, and Foucault's children prefer introspective analyses of the master's oeuvre to looking at mad people and their "*existence facilement errante*". The detailed studies of

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case books and diaries and court records have been, or are being, done to a frazzle. In 1979 we had Scull's *Museums of madness*, its dust-jacket a garish interior of St Luke's Hospital, its title in bold red capitals. In 1994 we have *The most solitary of afflictions*, its title set in a soft blue box, against a fetching background of van Gogh's *Hospital at Arles*.

This sense of stalemate is not really the fault of Andrew Scull. He has not written a lesser book, nor even a new book, but rather a re-working (with additions) of the original, radical text. The opening chapter still starts with quotes from Marx and Foucault, and "The social control of the mad" is still the first sub-heading. There is no hint here that maybe the asylum had some softer tones. However, he acknowledges that he has now had the chance to "explore sources" with which he previously had "only the most glancing acquaintance", and a much more detailed picture emerges of the world of Victorian responses to mental illness. His summary of the pre-asylum discourse is excellent, and the later additions, which include "The critics of asylumdom", "Degeneration and decay" and "Extra-institutional practice", are better written and embrace much of modern scholarship. His final comment, though, is something of a lament. He suggests that "Modern psychopharmacology", as the unambiguous monopoly of the medically trained psychiatrist, is "thereby furnishing a decisive means of recementing the profession's jurisdictional claims to the value-free realm of medical science". In one sentence his tone, language, and version of events is seen at a glance.

Perhaps most troubling is the thought that this work might be an epitaph. The milling crowds of the "museum" have been historically dissected, forgiven their sins, and put out to their solitary-communal lives. The historians and sociologists are departing, and a few dusty archivists and aging psychiatrists are left to carry on the work of uncontroversial recording. Boarded out in his seaside hotel, the chronic schizophrenic has little to say to us, yet when gesticulating from the water towers of those endlessly growing Gothic institutions,

he seems to say something about freedom, about the over-control of the rational, about the problems of a Godless society. Without a new dynamic, a new sense of what madness (or psychiatry, or schizophrenia, or what you will) means in terms of social evolution, its historical analysis can only slide into a tranquillized back ward of the agenda. Perhaps it is time to suggest that looking after behaviourally disturbed people is not very easy. Perhaps we should be asking different questions, such as why serial avarice or sexual abuse were not also made the bases for confinement? The fact that we must think such thoughts is an acknowledgement of Scull's achievement.

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**James W Trent, Jr,** *Inventing the feeble mind: a history of mental retardation in the United States*, Medicine and Society No. 6, Berkeley and London, University of California press, 1994, pp. xii, 356, illus., \$30.00 (0-520-08243-5).

James Trent has produced the first serious history of institutional care for the mentally retarded in the United States. The book will attract a wide audience; it is accessible, well presented and illustrated, and covers a broad period, from the start of the nineteenth century to the present day. Trent's story parallels that which has been constructed for the mentally ill: reforming, therapeutic optimism was replaced by pessimistic custodialism.

It is difficult not to admire the vision of education which dominated early-nineteenth-century interest in "idiots". However, the vision of educating idiots to become functioning citizens of the community was short-lived. Trent shows how professional self-interest contributed to the emergence of custodialism. Education as a means to independence became an end in itself. Economic conditions encouraged the shift to custodialism, for the depressions and