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unemployment of the post-civil war period made it far more difficult for educated idiots to gain employment in the community, while the culture of success and "hustle and bustle" meant that "without a head one could not get ahead" (p. 134). Education remained central to the institution but was adapted from the "three Rs" to industrial training, and from gymnastic stimulation of the senses to military drill. Education would train productive, working "inmates" for "colonies" which expanded to populations of over 2,000, a size that would have horrified the founders of idiot asylums.

Between 1890 and 1910, under the influence of Social Darwinism, there were increased demands to institutionalize "mental defectives". The institutional population rose from 5,000 to 21,000. Superintendents actively propagated the idea that crime and mental deficiency were linked, that mental deficiency was rapidly increasing, and that for the safety and eugenic fitness of the community defectives should be segregated in greater numbers. However the serious flirtation of superintendents with eugenic ideas was brief. Soon World War One superintendents distanced themselves from the eugenic lobby and instead allied themselves with the mental hygiene movement's vision of adaptation of the mentally disordered. Superintendents extended their influence into the community through "farm colonies" and "parole" in employment in the community. Such policies were viewed favourably by state governments as cheap options, alleviating pressure for further institutional expansion. Trent argues that support for sterilization needs to be understood, not only as eugenic policy, but also as a supplement to parole. Ironically, although the arrival of the depression placed even greater strain on institutions, mass unemployment made parole far more difficult. Colonies survived by neglecting standards of care and became dependent on the labour of residents to produce food, clean, and act as carers for less able residents.

In the 1950s public awareness of conditions of care was raised by the emergence of middle-class confessional accounts of coping with

retarded children. Rather than precipitating mass withdrawal, this catharsis legitimized the use of institutional care. The post-war baby boom, an increasingly mobile workforce, and an idealized nuclear family provided the conditions for the most rapid period of expansion in residential care and special education of the mentally retarded, rising from 81,000 in 1936 to 193,000 by 1967. De-institutionalization began in the 1970s in reaction to a new critique of the institution, awareness of the rights of residents, and financial cuts by state governments who looked to replace institutions with "intermediate care facilities" and shifted those capable of education into special schools which were federally supported.

Trent can be commended for raising such a wide range of factors in explaining the development of policy. However, weaknesses should be pointed out: one is left uncertain which factors were the more important, and, although the role of the psychiatric profession is thoroughly researched, we are often left to accept, without much proof, the influence of state policy, social and economic conditions, or changing public attitudes. In summary, although the book provides a much needed, ambitious, well written, and largely convincing historical narrative of mental deficiency, it also raises a series of questions over the construction of policy which need further historical research.

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Leonie De Goei and Joost Vijjselaar (eds), *Proceedings of the 1st European Congress on the History of Psychiatry and Mental Health Care, 's-Hertogenbosch, The Netherlands, 24–26 October 1990*, Rotterdam, Erasmus Publishing, 1993, pp. xii, 352, Hfl. 95.00 (paperback 90–5235–036–1).

This collection of thirty-eight papers represents well the new state of the history of psychiatry. Sweeping generalizations and the bellicosity of the old dogmatic schools which

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had categorically praised or blamed psychiatry are (almost) gone.

Old questions are asked with sophistication and answered with the bases of more solid research. Heinrich Feldt on German “philosophic doctors”, G Verwey on Freud, and J Pigeaud on ancient psychopathology are first-rate examples of the close examination of issues related with the mind/body dualism. J A van Belzen on Dutch Christian psychiatry, Axel Liégeois on Morel as a reconciler of theology and medicine, and Patrick Vandermeersch on the early myth of anti-theological psychiatry all reinforce psychiatry’s ambivalent relationship with religion. Dora Weiner throws new light on Pinel as a medical scientist. Michael Clark on Victorian liberty and confinement, Franz-Werner Kersting on the psychiatric profession in German asylums, and Klaus Doerner on the asylum as the product of the capitalist pursuit of profit and productivity show that the problem of incarceration still deserves in-depth examination.

Some relatively new questions are raised, and answered with varying degrees of success. Three studies on colonial psychiatry show how psychiatry and racial discourse fit and misfit in imperialism. Based mainly on Dutch archives, some works of large-scale cliometric history of psychiatry are presented. The history of patients, which has been so compellingly called for by Roy Porter, seems to be a reachable and promising new field. A Beveridge delivers a sympathetic and careful reconstruction of the voice of a hospitalized patient. Edward Shorter puts psychotherapy in the context of the doctor-patient’s relationship, reminding us that patients were often actors in the making of psychiatry. Christina Vanja’s study of early modern Germany shows that the gender aspect of day-to-day practice has been so far less studied than medical theorizing of female malady.

The volume is both a pleasure to browse and a joy to own. One drawback is that the preparation took so long that some of the contributions have already appeared in print in more extensive forms. Let us hope that the

next volume based on the 1993 Conference will make a prompt appearance.

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J Stuart Moore, *Chiropractic in America: the history of a medical alternative*, Baltimore and London, Johns Hopkins University Press, 1993, pp. xiv, 228, illus., £29.00 (0–8018–4539–4).

The rise (better resurgence) of holistic medicine over the last quarter century has been paralleled by the remarkable growth of scholarly interest in the longer historical development of alternative systems of medicine. Nevertheless, two major regions of the domain of unorthodoxy have been left largely unexplored: chiropractic and naturopathy. With Moore’s book, one of these areas is now accurately mapped. To be sure, many of the facts of chiropractic’s history have been available for some time. For the most part, though, they have been directed toward partisan ends, either the canonization or the vilification of this philanthropic or fraudulent “profession”. But, as Moore emphasizes in the very last paragraph of the book, chiropractic now occupies too prominent a place in the welter of health care options to be given anything but a “serious, nonpartisan examination from a many-sided perspective”. His closing statement that “*Chiropractic in America* has been an attempt in this direction” is unduly modest.

This work is concise, it is true, running not quite to 150 pages of text. Its strategy, however, is not to document the growth of chiropractic in heretofore unapproached factual detail. Clearly that could have been done, for the author has consulted an impressive range of texts, periodicals, college bulletins, unpublished papers, and advertisements from the full run of chiropractic’s century; and there are indeed items of information not to be found in other historical accounts. The new facts, though, and the familiar ones, are a relatively select few,