

the chapters in this part deal with Spain, Portugal and Brazil. Finally the essays contained in the third part, 'Interpreting the Epidemic: Sociocultural Dynamics and Perspectives', explore the sociocultural resonances of the political reactions as well as general aspects of the pandemic. It shifts the focus from a preoccupation with social questions to an emphasis on cultural issues.

In sum, *The Spanish Influenza Pandemic of 1918–1919: Perspectives from the Iberian Peninsula and the Americas* elucidates aspects that received little attention in previous historiography, emphasising the importance of the Iberian peninsula as key point of connection between Europe and the Americas. It is an original and valuable contribution to the historiography of the Spanish flu and contemporary medicine.

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Leonard Smith, *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838–1914* (Basingstoke and New York: Palgrave Macmillan, 2014), pp. x, 285, £60.00, hardback, ISBN: 978-1-137-02862-4.

In Leonard Smith's sharp introduction to this new, impressive research about insanity, race and colonialism, he offers a superb reflection on the central intellectual problems in the current historiography of the colonial asylum. First, how do we now understand such institutions in the past – as repressive regimes, part of a political apparatus of colonialism; or as benevolent paternalism? And second, how do we adequately tell, or represent, the stories of those peoples who were confined as patients in these places? The radical view of the asylum in the colonial context is, as Smith notes from his conversations with Jamaican historian and psychiatrist Fred Hickling, that this institution was part of the invention of psychiatry by Europeans as a way of suppressing colonised peoples. Yet, as Smith gently shows, the colonial asylum was part of a much larger story about the treatment of the insane 'at home' in the British context, itself a story of abuses, neglect, and reform. These problems were all mirrored in colonial contexts.

Smith's book weighs up these possibilities and questions in a detailed study of a wide array of archival and official sources. The book is based on extensive primary research including archives in the United Kingdom, the Caribbean, parliamentary papers, reports, pamphlets, newspapers and printed materials. It situates the histories of the colonial institutions of the British Caribbean after the late 1830s abolition of slavery. It is a fascinating account of a world of postcolonial 'aftershocks' (p. 2). In addition, he gives ample attention to the extant accounts of patients, in the midst of his discussion of the worlds of institutional and administrative turmoil in his very well-judged historical study of a series of institutional sites of empire. These include institutions in Jamaica, Trinidad, Barbados, Antigua, Grenada and British Guyana.

Indeed, Smith has worked hard to position the British Caribbean inside a larger network of colonial institutions and their histories. He outlines the three phases of the colonial institutions of the British Empire, as he sees them, to better define the experiences of these 'islands of dislocation and despair' (p. 19). Within the Empire, the British West Indies stands out as a location for the 'despair' of the colonised, and in this way its history of insanity and institutions has unique features. Yet as a reader, I also found that aspects of the treatment of the insane that were shared *across* empire, such as the plight of Indigenous

peoples, find amplification in this study through the telling of this story. Early accounts of the melancholy and supposed depression of slaves in the eighteenth century remind us of the much longer history of these peoples and their sense of 'enslavement' later on, well into the nineteenth century.

European style institutions perhaps, then, became emblematic of this carceral experience. But more than this, Smith's book carefully outlines the other legacies of the slave trade, such as a labouring poor, migration for work in the plantation economy, the ensuing public health problems of the colonial world. Here, we see echoes of another interconnected narrative of plantation economies and societies. Fiji, Hawai'i and Queensland all had similar populations, including groups of indentured labourers in the nineteenth century, after the putative end of 'slavery'. These societies also produced European institutions and prosecuted criminals, a mobile people who fell foul of the expected social order. In other words, the economic conditions of the slave trade, as well as the local economy after its demise, both produced deleterious effects. Little wonder, then, that in some places, such as the British Caribbean, the world could, it was postulated, drive you 'mad'. Moreover, this was a society – with differences across the islands – which produced race and class conflicts.

Smith examines the patient pathways into these British asylums, including the triggers for asylum committal. He does well to assemble a profile of these routes to committal using patchy data from across institutional sites, a method which is a strength of this study. When thinking about his conclusions about the patient populations of these institutions and their general profiles, he finds that, as in other places, the 'social and power relationships of wider colonial society' were reflected in the institutions (p. 171). As in other colonial sites, the production of meanings of whiteness begins to take hold by the 1870s. Smith speculates that the fact that no segregation along racial lines was practised meant that some of these ethnic and class tensions, as well as gender, helped to form relations between and among patients that were volatile and sometimes difficult to manage. Treatment and management of patients tended to mirror wider social practices. Patients were also designated as 'coloured' or 'mulatto' or 'light brown', and many other similar labels were used. Racial difference was also believed to generate a variety of 'expressions of insanity' (p. 157). Smith's use of a range of ancillary materials alongside the scant patient case data is a great model for this type of work.

Chapters about the scandal at Kingston Lunatic Asylum, Jamaica, in the late 1850s and early 1860s, the ensuing reform of institutional care through a transition in design, and hopeful plans for a new asylum model, are at the heart of this book. Smith's argument pivots on the mid-century scandal and reform, and his conclusion reiterates the questions he poses at the start of the book. The colonial asylum in the middle of the nineteenth century represented a huge gulf between the aspirations of the public asylum in the imperial centres and those in the colonial periphery, especially in the British colonies of the West Indies. Smith's research has highlighted the civilising mission of institutions, the paternalism evident in the moral management of European institutional care and control. This type of 'civilising' rested on organised labour, itself an extension of the local economies of these islands, and it was economically beneficial, or, at least, neutral. This management also involved notions of discipline, order and tranquillity, but at the same time there was much benign neglect. He also finds that while there was a high threshold for committal – hence the value of patient records and data, and in knowing about the patient as part of this story – there was also internal resistance, patient agency, meaning

that meta-narratives of social control do not work completely for the asylums here, as elsewhere.

Overall, this splendid study shows that there were several planks to colonialism as witnessed through medical and social institutions. Smith has found rich material to position the health institutions of the British Caribbean inside a potent and relevant discussion of the interrelationships between 'race', class, gender and colonialism.

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Samuel J.M.M. Alberti (ed.), *War, Art, and Surgery: The Work of Henry Tonks and Julia Midgley* (London: The Royal College of Surgeons of England, 2015), pp. 368, paperback, ISBN: 978-1-904096-23-8.

Most historians of medicine will be familiar with the works of surgeon and artist Henry Tonks. In 1916 he was posted to the Cambridge Military Hospital in Aldershot, where he painted portraits of men with severe facial injuries. Later in the war he spent time at the Queen's Hospital in Sidcup (Kent) and then (after he was appointed an official war artist) in France. Using pastel – a medium that had been associated with portraiture from the eighteenth century, largely due to its ability to represent fleshy tones – Tonks created some of the most powerful representations of the destructive impact of war on men's bodies. His portraits also served as a medical record of pioneering techniques of plastic surgery that would be of immense value to trainee surgeons. As scholar Suzannah Biernoff argues in her elegant, short essay in this volume, Tonks's drawings are powerful because they are a 'material transcription of a gaze that is at once clinical and arresting'. Facially disfigurement is one of the most stigmatised of all wounds, yet Tonks's portraits insist that we look closely and calmly. What we see disturbs the notion of an individual, stable identity that can be 'read' through the face-to-face encounter.

What does this volume bring that will be new to those of us who are already acquainted with the heroic history of plastic surgery during the First World War and the art of men like Tonks? A great deal. Crucially, this is the first time that all of Tonks's pastel portraits of facial wounds have been brought together, in colour, in one volume. Until recently, these portraits had been viewed only in clinical settings and by relatively few people. It was not until 2002 that they were shown publicly (at University College London), and in 2014 and 2015 the Royal College of Surgeons of England marked the centenary of the First World War in a spectacular exhibition. In this volume, the portraits are set alongside information about the individual men portrayed, often with before-and-after photographs and medical diagrams of the surgical procedures carried out.

The book's short essays provide readers with reflections about the aesthetics of disfigurement. It is important to observe that Tonks always emphasised the artistic aspects of his work. In 1916 he boasted in a letter to a friend that:

I have done some . . . rather fine pastel fragments! One I did the other day of a young fellow with a rather classical face was exactly like a living damaged Greek head as his nose had been cut clean off just where the noses of antiques generally are cut off.

Indeed, Tonks worked alongside reconstructive surgeons who were equally obsessed with the beauty and symmetry of classical forms. The pioneering plastic surgeon