

technologies penetrated the 'private' domain and ensued 'intense social and cultural shifts'. While Samanta deals with control over the body, in the next chapter Jonathan Saha explores the colonial control over the mind in the context of criminality, psychiatry and the colonial judicial system. The clash of medical authority and penal administration is discussed in this chapter in the context of disruptive activities by lunatics during their terms as convicts. Identifying the mental health of the convicts was crucial, resulting in 'greater medical observation' (p. 136). Apprehension about the accumulation of 'unproductive and unpredictable' convicts in the penal settlements even led the colonial state to allow 'informal space for the indigenous treatment of insanity' (p. 137). Here Saha explores the contribution of psychiatry in defining and shaping state practices rather than remaining as a tool in the hands of the state.

Continuing with the theme of lunacy, Sally Swartz in her essay revisits and analyses asylum archives in an attempt to explore the 'relationship between colonial psychiatric practices and the inmates of the colonial lunatic asylums' (p. 145). Engaging with the historical tracts and textual representations is a crucial part of this volume (essays by Swartz, Phillips and Royer). Swartz in her search for the 'voices' in the archives (the Valkenberg archive is taken as an example here) identifies the censorship in the construction of the textual images often marked by racial overtones. Therefore she emphasises the rereading of these archives with a renewed awareness of such silence. Issues such as control, authority, governance and modernisation pervading the volume are dealt with in the context of medical jurisprudence in the last chapter by Jeffrey M. Jentzen. With a brief narrative about its origin, the author moves towards assessing the colonial experience both in India and South Africa. The importance of medical jurisprudence is discussed in the context of transmission of the rule of law to explore how the issues of assimilation and power play attained greater significance in the colonial setting.

This volume, with its variety of topics and the novelty of its treatment, is an enriching read and will prove provocative for future research in exploring new dimensions of colonialism.

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Louise Hide, *Gender and Class in English Asylums, 1890–1914* (Basingstoke and New York: Palgrave Macmillan, 2014), pp. xii, 240, £60, hardback, ISBN: 978-1-137-32142-8.

The period spanning the end of the nineteenth century and the early years of the twentieth has been relatively neglected in the historiography of the asylum and mental health care in Britain. There has been a widespread consensus that the key developments in the rise and consolidation of 'asylumdom' had already occurred and that the workings of the system had become largely ossified. Louise Hide's meticulously researched book shows that this was far from the full story and that, on the contrary, it was a period of transition when interesting things were taking place even within the large institutions.

Set in its wider social and demographic context, the main evidence on which the study is based emanates from two London County Council lunatic asylums, both opened in the 1890s, at Claybury in Essex and Bexley in Kent, each designed to accommodate some two thousand patients. With class and gender as reference points, and adopting an

ethnographic approach, Hide provides in-depth consideration of the three key constituent groups who inhabited the asylums – the patients, the medical officers, and the staff of nurses and attendants. The many individual case vignettes and other illustrative material she deploys, sourced both from patient casebooks and administrative records, heighten the book's interest and accessibility.

The asylums' patients, many originating from the more deprived areas of London, are analysed from the perspectives of their socio-economic and occupational backgrounds, the circumstances or 'causes' that precipitated their admissions, and the forms of insanity that they manifested. This is an approach that has become relatively familiar in studies of Victorian asylums. However, an exploration of the origins, motivations and experiences of medical staff, including those less senior, is rather more unusual. Aspects of particular interest are the increasing emphasis on scientific methods, the class and status hierarchies that prevailed, the stresses and pressures to which junior doctors were subjected, and the considerable difficulties faced by the 'lady doctors' working at Claybury asylum.

The chapter on the attendant staff shows this to have been a significant period in the history of mental health nursing. Clearly, whilst many of the long-standing problems and issues still prevailed, there were some perceptible changes occurring. Interlinked with a growing professional consciousness and organisation, improvements were taking place in pay and conditions, female nurses were being brought in to look after some male patients, and training was becoming more widespread. Hide contends convincingly that the role of attendant was gradually becoming that of mental nurse.

Three chapters examine important aspects of the asylums' operation, indicating some of the contradictions that were becoming more apparent. The accepted image huge, imposing institution of the late nineteenth century, with its dominant medical superintendent exercising control over a rigid, structured, ordered, routinised and impersonal system, is to some extent confirmed, along with the patients' lack of privacy or agency. Mechanical restraint is shown to be once again in regular use. Violence appears to be not uncommon between staff and patients, with overworked, pressurised attendants sometimes meting out summary justice and otherwise abusing their powers. Yet, at the same time, beneficial changes were apparent. Annexes for the active treatment of recently admitted acute patients were being established. Treatment methods were becoming more eclectic and sophisticated, with a new emphasis on experimental approaches that included separate provision for convalescence and discharge preparation. All these developments suggest that the turn-of-the-century asylum was no therapeutic desert.

A couple of the topics explored are worthy of special mention. In Chapter 4 the perceptive discussion around work and all its complex meanings, as they affected both staff and patients, is of particular interest. It is shown as an indicator of ability, status and mental state, as well as a means of therapy and a vehicle for achieving both individual reward and economic self-sufficiency in the institution. In the next chapter Hide provides deep and sensitive insights into the processes of admission as experienced by the bewildered new patient, focusing on how apparently practical measures became transformative rituals.

As the book's title would indicate, issues of social class and gender are addressed and considered critically at several points. However, its overall content is a good deal broader than the limitations of those particular parameters, for it is an incisive and wide-ranging study of the asylum system, and the people within it, at a critical juncture. Louise Hide has demonstrated that the quarter century in question was a time of significant transitions. The lunatic asylum was gradually transforming into the mental hospital, the attendant moving toward being a nurse, and the lunatic becoming a mental patient. This highly recommended

book shows conclusively that this was far being a period of stagnation in the development of institutional mental health provision.

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Aya Homei and Michael Worboys, *Fungal Disease in Britain and the United States, 1850–2000: Mycoses and Modernity* (Basingstoke: Palgrave Macmillan, 2013), pp. xiii, 225, \$23.00, paperback, ISBN: 9781137392633.

Fungi are all around us (and on us), whether in nature or the clinic. Patients experience athlete's foot, jock itch, and vaginal yeast infections. General practitioners regularly see such infections – and occasionally more concerning fungal disease – in the clinic. And yet, historians of infectious diseases (myself included) have largely ignored fungal diseases, choosing instead to focus on epidemic diseases like cholera and plague or such endemic Captains of the Men of Death as tuberculosis and pneumonia.

Aya Homei and Michael Worboys have sought to correct this collective oversight, focusing on the history of fungal disease in the United States and Britain from the nineteenth-century emergence of the germ theory through the late twentieth-century spread of chemotherapy and organ transplantation. But this is not merely an enumerative or chronological history. As the authors remind us, scientists and clinicians have long thought of infection (including, and perhaps especially, fungal) in the individual in terms of 'seed' and 'soil', or the relationship between a germ itself and the host conditions that allow it to proliferate and make itself visible in one way or another. Homei and Worboys have used the history of fungal disease to cleverly extend this dynamic to the social level, examining the conditions that have promoted the apparent emergence of fungal diseases – whether in absolute terms, or in the gaze of patients and clinicians – over the past century and a half.

They begin with ringworm, a superficial infection which, while hardly life-threatening, stigmatised those afflicted with it at the end of the nineteenth century as unclean and contagious, forcing children home from school (or to be sent to special 'ringworm schools'). Indeed, Homei and Worboys argue that the introduction of mass schooling in Britain from the 1870s onward not only brought children together (contributing to the spread of ringworm), but also raised the visibility and stigma of the disease itself. In turn, this thoroughly 'modern' disease was soon treated with the most modern of technologies, X-rays applied to the scalp, from the 1900s until the 1930s. By the 1930s, though, the most prominent dermatophytosis (as such fungal skin infections would come to be called) had moved, as the authors state, from children to adults, and from head to toe, manifesting as *tenia pedis*, or, more prominently in America, 'athlete's foot'. Epidemiologically spread by modern socks and shoes, the rise of sports facilities and their locker rooms, and the conditions of soldiers and miners, athlete's foot in turn spurred the 'chemical abuse' of the feet of the afflicted with a wide array of (well-marketed) topical remedies, before the introduction of the mold-derived, orally administered griseofulvin in the late 1950s.

And by this time, fungi had become ever more clearly linked to the antibiotic era, whether glorified as the source of such wonder drugs, or feared as 'superinfections' attendant to the alteration of the normal host microbial flora by such exogenously administered agents. Candidal (or 'monilial') superinfections could manifest as such