

Book Reviews

Andrew Scull, Charlotte MacKenzie, Nicholas Hervey, *Masters of Bedlam: the transformation of the mad-doctoring trade*, Princeton University Press, 1996, pp. x, 363, illus., £23.00, \$35.00 (0-691-03411-7).

For all the familiarity of the images associated with nineteenth-century asylums, contemporary descriptions of life within these “reasonably well-tended cemeteries for the still breathing” (p. 118) retain a remarkable capacity to shock. Reports of patients chained to walls in a manner resembling a dog kennel; “feet torn off from legs . . . females of birth [drinking] their urine . . . poetry written in blood”, surface repeatedly and appallingly in investigative commission reports. It is no small accomplishment that the authors of *Masters of Bedlam* manage to bring to light the professional struggles of the most influential asylum superintendents in hues that stop somewhat short of demonization. One would be hard put, however, to find much that was commendable in asylum management, either.

In this estimable volume, Andrew Scull, Charlotte MacKenzie, and Nicholas Hervey have set richly detailed biographies of the seven most influential mad-doctors *cum* mad-house superintendents into the broader social world of Victorian society, with its rich traffic in patronage and burgeoning administration of public asylums. Readers will learn of the bitter rivalries, thwarted career trajectories, and professional slights—including an incredibly nasty and vindictive obituary written by an ungrateful son-in-law—which linked personal device to professional desire. These biographies are put to more thematic use, however, for the authors intend to demonstrate the emergence of “ideas about madness in the context of [the mad-doctors’] struggles to build their lives and careers”, in short, they endeavour to examine the intimate link between “the cognitive and the social” (p. 9).

Scull *et al.* succeed admirably in drawing together the desire for professional advancement

with ideas about the *treatment* of madness. Each medical man in this volume subscribed to a conception of insanity as physical disease, and justified his role as rightful caretaker of the mad by virtue of unique medical training, treatment experience, and subsequent insight. Although the authors persuasively demonstrate the centrality of professing physical etiology to medical claims to pride of place in managing derangement, they are less forthcoming on the connection between “the social and the cognitive” for decoding the riddle of madness *per se*. Presumably interest in attaining and retaining asylum posts steered the unquestioning acceptance of insanity as a medical condition, yet it would have been intriguing to consider the variation in medical views about the precise *nature* of madness, given the considerably differing career paths some mad-doctors took.

Two practitioners, for example, were distinguished by atypical professional trajectories. Alexander Morison’s *private practice* grew out of caring for persons in their homes; Henry Maudsley chose to work out of a consulting room. Both men asserted a much broader social role for psychiatry, with Morison providing us with the prototype of today’s cult “de-programmer”. Patients in his (private) lodgings included “victims of the mesmeric craze”, persons thought to be contemplating undesirable marriages, and family members who joined “fringe religious groups” (p. 146). Maudsley, whose misanthropy is frankly shocking (he refers to the degenerate mad as “morbid varieties fit only for excretion” [p. 237]), saw an enhanced role for psychiatry in providing guidance for rearing children and choice of marriage partners. One wonders how such extra-institutional experiences shaped their particular views about the etiology of insanity, in contrast to those of the asylum-based physicians whose notions about psychiatry’s social role were confined to the culture of inmates found within Bedlam’s walls.

In the end it is these walls, and the sheer impossibility of “cure” or even reasonably

humane treatment, that will leave readers so disheartened. Optimism and conviction give way to despair and backtracking. Private mad-houses, once excoriated by the public asylum “masters”, are eventually but grudgingly endorsed. Medical treatments, avowedly eschewed in favour of moral treatment, are similarly embraced in time. The authors’ cautionary tale of unbridled faith in institutionalization includes a prescient warning by Henry Maudsley, who anticipated not only yesterday’s enthusiasm for anti-psychotic medication, but today’s penchant for depression’s “designer-drugs”. The question surrounding drug prescription, Maudsley posed in 1871, was larger than whether medication promoted recovery: it was “whether the forcible quieting of a patient by narcotic medicines does not diminish his excitement at the expense of his mental power—whether it is not, in fact, ‘to make solitude and call it peace’” (p. 241).

Maudsley’s caution and the experiences recounted so tellingly by the authors of *Masters of Bedlam* compel us to reflect anew on what we have learned about confinement and treatment, and what few alternatives are depressingly available to us.

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John M Eyler, *Sir Arthur Newsholme and state medicine, 1885–1935*, Cambridge History of Medicine, Cambridge University Press, 1997, pp. xviii, 422, illus., £45.00, \$64.95 (0-521-48186-4).

“John Eyler does it again” is an inelegant if not inappropriate response to this book. *Victorian social medicine* (1979) analysed the ideas and methods of William Farr, the man whose construction of Victorian cause of death statistics made state medicine in Britain possible; *Sir Arthur Newsholme* describes the career of England’s last Local Government Board Medical Officer, the man whose retirement in 1919 ended the tradition of

Victorian state medicine. The former is essential reading for anyone who wishes to understand the making of public health in nineteenth-century England, the latter will be required reading not only for those who wish to understand the condition of public health at the end of that era, but also for those interested in the development of health and welfare provision in twentieth-century Britain. Newsholme’s career (1888–1919) took him from public health responsibilities in the well-conducted resort of Brighton to the complexities of national planning in the coulisses of Whitehall, and spanned the thirty crucial years at the turn of the century that witnessed the transition from an environmentalist tradition of preventive medicine to one centred in education and social services. In terms of historical material and interpretation, this is a huge and ambitious project, handled with deftness and discretion. Lucidly written by an author who never seems in danger of losing control over his sources, *Newsholme* is a work of substance and maturity, of careful scholarship and tempered judgement.

Newsholme’s ideas and professional activities form the essential subject of this book, and Eyler has chosen to explore them through a series of career vignettes selected from his work first at Brighton, and then at the Local Government Board, with a final chapter on his very active retirement as an elder statesman. From Brighton come discussions of, for example, the problems which meat supplies and oysters presented to public health and the local administration, as well as the more familiar issues of drains and housing, tuberculosis and infant mortality; from the LGB, poverty and national health policy, tuberculosis and venereal disease, and the Great War—listings which give little idea of the delicacy with which Eyler makes these vignettes illuminate the ways in which action and policy on health matters were framed and executed both at national and local level. Newsholme’s own method, developed at Brighton, but very much in an established Victorian tradition, was to study a given