

Book Reviews

The Confinement of the Insane: International Perspectives, 1800–1965. Edited by Roy Porter & David Wright (Cambridge University Press, Cambridge, 2003).

THIS IS MICRO-HISTORY OF A HIGH STANDARD. *THE CONFINEMENT OF THE Insane* comprises fourteen chapters by different scholars examining one or more insane asylums in a single country. Each case study charts the origins, legal status, conditions, reputation, and the composition of the patient population, by race, class and gender, for its particular asylum(s). All focus on a period between 1800 and 1965, but the geographical scope is far broader: from Ireland, Australia and Canada to Nigeria, India, Japan, and Argentina. Microanalyses do not always make for readable history as too often they lose sight of the big picture. That this criticism in no way applies to *The Confinement of the Insane* is a testament to the fine, synthetic introduction provided by the late Roy Porter, and more so to the fact that nearly all of the book's authors explicitly engage with more general historical themes.

In particular, each chapter adds caveats to the kinds of scholarship that have dominated the last two decades of scholarship in this field, in particular to the vehemently anti-Whiggish critiques of psychiatry associated with David Rothman, Andrew Scull and several others working in a broadly Foucaultian tradition. There is no doubt that scholars like Scull and Rothman have performed a valuable service. Their revisionist histories have helped wean historians of medicine off the conventional accounts of enlightened medical experts gradually supplanting barbarous laymen in the management of the insane.

Rothman and Scull have usefully shown that behind its mask of medical benignity, the asylum could function as a dumping ground for those who, in the new industrial economies of Europe and America, were simply not deemed economically productive. The 'mad genius' category of earlier times lost its legitimacy. And the many who fell outside the narrowing definitions of normality were abandoned to the asylum system. Psychiatrists themselves, moreover, often indulged in quite

shameless and entrepreneurial empire building, ousting lay custodians from asylums on the basis of often spurious claims of medical expertise. This re-interpretation certainly has some validity. But how much?

In questioning the completeness of the picture provided by Rothman and Scull, *The Confinement of the Insane* chimes with a growing body of scholarship which suggests that revisionist analyses have been rather too sweeping. Several studies in the past few years have stressed the relative *unimportance* of public asylums in the nineteenth-century management and care of the insane. Recent works emphasise that the majority of the insane continued to be looked after in the home, in private madhouses and in various charitable institutions. This is a point clearly brought out in several chapters of this volume, not least those focusing on psychiatry in Japan and South Africa.

New scholarship also stresses the numerous ways in which the authority of psychiatrists was contested and often suborned, by police, courts, legislatures, poor law authorities, and by the patients' families and, perhaps, by the patients themselves. Catherine Coleborne's fine chapter, on the role of police in securing committals to Victoria's asylums in the second half of the nineteenth century, exemplifies the importance of looking beyond the psychiatric profession. In Victoria, Coleborne reveals, the police played an important part in adjudicating the boundary between sane and insane *and* in medicalising madness. The legal system needed a means of distinguishing mad from bad in order to prevent its custodial institutions filling up with individuals whom its prison officers were ill equipped to handle. And the Victorian police stepped into the breach.

The chapter by Patricia Prestwich also counters the claim that psychiatrists exercised an absolutist authority over the meaning and the treatment of madness. Her study of the Sainte-Anne asylum reveals that psychiatrists never enjoyed complete autonomy in Paris's largest public asylum. The parents, spouses and friends of the many voluntary patients took a clear hand in determining treatment and the duration of the patient's stay. Psychiatrists might fume when relations arrived and withdrew patients irrespective of medical advice, but there was precious little they could do about it.

More importantly, far from asylums existing only for the self-aggrandisement of the psychiatrist, it is quite apparent that they were also satisfying the long-standing demands of the families of the insane. When one young man tried to burn his sister's eyes out with a hot iron and another broke furniture and threatened to strangle his wife, in taking them to Sainte-Anne their families were not passive victims of the 'medicalization of madness'. On the contrary, they saw institutionalisation as a regrettable necessity when things got out of hand at home. Asylums continued to provide families with welcome respite from insane par-

ents, spouses or children, and in some cases hid away family members attracting intolerable levels of embarrassment and social stigma.

Prestwich's reassessment of the importance of the patient's family in determining asylum admissions is fully supported by Elaine Murphy's account of insanity in England. She insists that the growth of the public asylum system in east London had more to do with the influence of families and the interests of the State than with the aspirations of a new medical elite. Similarly, Elizabeth Malcolm's account of insanity in Ireland shows how many of those in asylums were confined at the behest of local communities keen to rid themselves of additional financial burdens in economically fraught times. It is becoming increasingly evident, then, that asylums did more than provide the medical profession with a lucrative niche in a crowded medical marketplace. In their near-exclusive focus on the emergent psychiatric profession some scholars have paid far too little attention to forces emerging from the 'bottom up', and from families and communities in particular.

Nor, as several chapters in this volume demonstrate, were asylums invariably repositories for the dependent poor, the misfits of the industrial age, although poverty may have been the common denominator among the inmates of the asylums in Berlin and post-Bellum South Carolina. The asylums in Victoria also certainly contained a disproportionate number from vulnerable groups such as the Chinese and Irish immigrant populations. But detailed statistical analyses of case records from asylums in Paris, Toronto, Geneva, Lausanne, Toronto, Cape Town, and elsewhere demonstrate that many of the institutionalised insane hailed from the middle classes. Until slipping into insanity most had held down perfectly respectable occupations.

The same data also questions the view that women were over-represented in asylums: few studies in this volume give any support for such a thesis. In fact, in several cases men outnumbered women, though a few asylum records indicate that women tended to be kept in for longer and subjected to more heroic therapies. Likewise, those chapters dealing with colonial contexts do not provide clear evidence of the deployment of psychiatry in the exercise of imperial authority. Jonathon Sadowsky's study of Nigerian asylums in the 1900s convincingly argues that imperial authorities were too distant and hands-off to have any real effect on the definition or treatment of insanity.

If these studies provide some useful counterpoints to a post-Foucaultian history of psychiatry, they also remind us of the imperative for recognising the importance of purely local circumstances in determining the role of the asylum. Each chapter shows how the asylum system emerged from different cultural traditions and proceeded from very different starting points. In India, psychiatry merged religious duty and medical principles. During the 1950s Dr Vidyasagar

of the Amritsar asylum spent nearly all of his working hours with his patients and their families, the latter often camping out in the asylum grounds. In Japan, a publicly funded, nationwide network of asylums did not emerge before World War II, but there had been a long tradition of the insane being cared for in 'brain hospitals' that had originated in Buddhist temples and Shintoist shrines. Many of the Japanese insane also lived out their lives locked into cages in their families' homes.

Attitudes towards class and race have also made a big difference. Not until after the American Civil War did the South Carolina asylum begin admitting members of the black population. And the race and class composition of the Robben Island asylum in Cape Town was tightly linked to social and economic patterns affecting much of the colony. During the 1850s the asylum contained mostly poor whites, then the introduction of 'moral management' in the 1860s–70s saw the arrival of far more from the white middle classes. But with the establishment of new asylums for the middle classes and increasing racism towards the black population, by the early 1900s the asylum had become a largely custodial institution housing insane blacks. The development of asylum systems in each region follows a unique trajectory.

All in all, this is a first-rate book. It is not light reading and the views it affords are seldom of the pleasingly panoramic kind. But it is the outcome of high-quality research involving much-neglected patient records as well as a mature engagement with the existing literature. *The Confinement of the Insane* does not overthrow the revisionism of Scull, Rothman and others. But we can no longer accept that either the need to dispose of the economically unproductive or the aspirations of aspirant psychiatrists were the *only* important driving factors in the rise of the asylum system. In short, this collection of case studies is a must for the historian of psychiatry and for any library that wishes to keep up-to-date with scholarship in this vibrant field.

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'Madness' in Australia: Histories, Heritage and the Asylum. Edited by Catharine Coleborne & Dolly MacKinnon (University of Queensland Press with the API Network, Brisbane, 2003).

THE TIME OF THE 'GRAND' HISTORIES OF PSYCHIATRY, MAD-DOCTORING and the asylum has been over for a while. The first generation of historians dealing with these topics wrote narratives in which humanitarianism, understanding, care, and effective treatment methods