In July 1838 – a few days after Queen Victoria’s coronation – Dr William A. F. Browne took up his appointment as superintendent of the Crichton Royal Institution at Dumfries. He had recommended himself for the post by his influential lectures on asylum management, which outlined his general approach of ‘moral treatment’ – the secret, he explained, lay in kindness and occupation. As the first patients arrived at Crichton, they found themselves caught up in a whirlwind of activity, including work programmes, educational events, a library and museum, a regular periodical, concerts and theatricals, and outings to places of interest in south-west Scotland and further afield.

However, there was a darker side to asylum life. Within a short space of time, Browne was expressing frustration with the rates of remission and cure. His own health was becoming compromised and, in this book, Maureen Park points to the unusual circumstance of Browne and his wife raising their own family under the scrutinising gaze of the patients among whom they had come to live. In the early 1840s, Browne began to make systematic records of his patients’ dreams and engaged an ‘art instructor’ for patients who had been ‘prescribed’ art as part of their treatment.

Why did he do it? Dr Park is an art historian based at Glasgow University and she records how, in 1983, Crichton archivist Morag Williams came upon Browne’s original collection of patient art, bound into a leather volume. This collection, amounting to about 140 paintings, forms the central portion of this book. It is superbly reproduced and catalogued, and presented with notes on the patient-artists. Park has spent years with this material, and her scholarship, always meticulous, is never oppressive. In addition to this, Park provides an introduction with a biographical essay on Browne, a general survey of early asylum art, a fascinating account of life in the Crichton, and a note on Browne’s own writing on outsider art.

Some of the illustrated artwork is rather formulaic in character, but several patients – like the clergyman Joseph Askew and engraver William Bartholemew – developed authentic personal visions. Dr Park’s achievement with this book has a revelatory aspect. Browne’s public views on patient art, she shows, had a conventional ring to them, but he was a most unconventional man. Dr Park presents a sustained meditation on the role of art in life and hundreds of glimpses of the heady days of the early asylum movement. This is a profound contribution to psychiatric history from a most unusual and illuminating perspective.

Telling the story of ‘schizophrenia as a neuronal process’ risks leaving much unsaid. No social psychiatrist, Freedman’s view of madness is unapologetically ‘within’ the head, explicitly contrasted with Harry Stack Sullivan’s ‘human process’. Freedman, a psychiatrist and clinical scientist, aims to make accessible, to patients and families as well as medical people, his research on endophenotypes in schizophrenia. Much of his work centres on the theory of impaired sensory gating – that people with schizophrenia have a hippocampus which lets too much information through from the outside world.

Woven around the stories of two semi-fictionalised patients of his are some densely informative accounts of genetics and neurobiology, leavened with charmingly random anecdotes. We learn the name of one of the beagles sacrificed in Freedman’s trial of a novel therapeutic agent, revealed when he offered bereavement counselling to the veterinary technicians. And he neatly introduces the theory of impaired sensory gating with a story about Second World War air defences.

This is a ‘popular science’ book, often good fun. Popular science is tricky to write and Freedman is almost, but not quite, sensitive enough to the pitfalls of jargonising and the potentially numbing effect of the denser technical passages. Pausing in his descriptions of hippocampal microanatomy, he reassures us, ‘Patience, dear reader, the punch line is coming’. Sadly, I missed it.

Unfortunately, some careless editing almost jeopardises Freedman’s project to make his science accessible. In the worst example, we are discussing nicotinic receptors in the brain one minute, in muscle the next. Is the brain a muscle after all? It is an obvious drafting mistake (no doubt, half the paragraph languishes on a hard drive somewhere) but possibly confusing to anyone without a grounding in neurophysiology.

For the reader able to plug the editorial gaps, Freedman bravely tackles a grand synthesis: how do changes at the level of gene and neuron make people with schizophrenia experience the world differently from others? No unreflective reductionist,