

concept of “monomania”—the name psychiatrists used to denote an otherwise rational mind which was obsessively preoccupied with a single idea—captured the imagination of the liberal press during the 1815–1848 period.

However, the book is not without problems. In accounting for the decline of monomania in the early 1850s, Goldstein contends that the greater professional security French psychiatrists felt by mid-century enabled them to be more self-critical and finally drop a concept whose many flaws had been recognized for years. Yet this explanation overlooks the fact that alienists felt far from secure at mid-century. Overcrowding of the profession and the reluctance of departmental Prefects to build more public asylums and employ more alienists were worrying for psychiatrists in the 1840s. They were also highly disenchanted with the decentralized system of asylum governance during the Second Empire (1852–1870), which they felt failed to serve their material self-interests as state employees. Finally, the profession was rent with serious divergences of opinion over a wide variety of matters, hardly a sign of a “secure” profession. A more likely explanation, and one which fits Goldstein’s own data, would identify monomania’s fate with that of phrenology, an equally liberal and anticlerical concept which had lost even its most stubborn adherents by the clericalist reaction of the early Second Empire. For psychiatrists to have dropped the theory of monomania at a time when liberal ideas were anathema would merely corroborate what Robert A. Nye and other scholars have noted about nineteenth-century French psychiatry, that is, its acute sensitivity to cultural, political, and philosophic trends.

In addition, Goldstein has made a questionable assumption by equating Jean-Martin Charcot’s Salpêtrière “School” with asylum psychiatry. Although ties undoubtedly existed between Charcot’s school of neuropathology and the psychiatric wards at Salpêtrière and Bicêtre, there were as well important features which distinguished the two branches of medicine, the most obvious being the differences in the kinds of illness encountered by alienists and neurologists. Professional differences may also have been matched by political dissimilarities. Désiré-Magloire Bourneville, an alienist and follower of Charcot, was indeed a rabid republican and positivist, but Goldstein has not shown that his opinions were shared by other alienists. She has written a brilliant political account of the Charcot School’s anticlericalism during the early Third Republic yet she has not extended her analysis convincingly to the psychiatric mainstream.

Nonetheless, Goldstein’s book is a vital contribution to the growing historiographic literature on psychiatry. Methodical in her critical estimation of customary historical assumptions, she has produced a book which will inform future scholarly discussions of nineteenth-century asylum medicine.

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VINCENT QUINN and JOHN PREST (editors), *Dear Miss Nightingale*, Oxford, Clarendon Press, 1987, 8vo, pp. xxxvii, 359, £35.00.

This selection contains about three-fifths of the 700 or so letters from Benjamin Jowett to Florence Nightingale and nearly 50 of the surviving drafts of her letters to him. The book is meticulously edited with a lucid, if non-committal, introduction and helpful brief annotations. Altogether it is a model of how such materials should be presented.

The correspondence began when Florence Nightingale took to her bed in about 1860. She sought to enlist Jowett as a compliant reader of her ‘Stuff’, her three-volume ramblings on theodicy and life. He, like the other eminent persons she canvassed, backed away from the ‘Stuff’ but the exchange inaugurated twenty years of coy conspiracy between these self-contained, sharp celibates bent on advancing themselves and the public good. He was resolved to elevate Balliol and Oxford, she was intent on raising the moral and sanitary condition of the British Army. Both wanted sanitary and taxation reforms in India. Nightingale used Jowett to capture such notables for the cause as Lord Dufferin, the future Viceroy, and to plant propaganda in *The*

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Times for Poor Law changes. He was a willing collaborator: he likened their secret, ostensibly independent manipulations to working like “pickpockets in a crowd”.

Their complementarity is engaging. He was compassionate, attracted by her frailty, and ponderously gallant. He appears to have enjoyed her sisterly scolding, until it became bitter in the 1870s and age attenuated their relationship. She fed on his concern and the gossip he retailed from the country houses. Neither could, as Jowett confessed of himself, “separate Benevolence from the Love of Power”.

These racy, wide-ranging letters will absorb any reader interested in matters Victorian, but students of medical history will find few surprises. Jowett in 1863 saw deeper into the complexities of Contagious Diseases legislation than did Nightingale. In 1865 he was still having difficulty persuading Balliol “Men of ability” to take up medicine. She successfully undermined his respect for John Simon and thrust at him hopelessly muddled dicta on “infection” and “contagion”. She lied to him about her opinion of Agnes Jones, the workhouse nursing heroine. She drew on him, as she did with other male correspondents, to reinforce her in decisions she had already made, as when she refused to be caught up in the agitation against the Contagious Diseases Acts. Occasionally Nightingale’s prejudices were bossily absurd: Michael Faraday “was absolutely without imagination” (against Jowett’s generous and acute appraisal); open windows comprised the safeguard against smallpox, not vaccination.

Finally, three small additions to the annotations: Daniel Home was probably *not* descended from the earls of Home and near certainly not from the tenth Earl; the unidentified book in letter 302 is very likely *The true history of Joshua Davidson, Christian and Communist* (1872) by Eliza Lynn Linton (it is intriguing that Jowett should read such an outré novel); and the untraced sentence attributed to Carlyle in letter 346 reveals a delicate piece of misremembering. The Negroes whom Jowett insisted were “up to their knees in pompions”, were, Carlyle wrote in ‘The Nigger Question’, “sitting . . . with their beautiful muzzles up to the ears in pumpkins”. Jowett was ever a refiner.

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WENDY ALEXANDER, *First ladies of medicine: the origins, education and destination of early women medical graduates of Glasgow University*, Wellcome Unit for the History of Medicine, University of Glasgow [5 University Gardens, Glasgow G12 8QQ], 1988, 4to, pp. 84, illus., £4.50/\$9.00 post free (paperback).

The short title of this slim monograph is misleading. It is not about the “first ladies” of professionalized medicine in Britain at all. Rather, it is a study of a sample of the second generation of medical women who, entering medicine after the legal battles were over, faced opportunities and constraints different from those experienced by their pioneer predecessors. Alexander focuses on women graduating in medicine from Glasgow in 1898–1900 and 1908–1910, making some useful comparisons with their male peers. Drawing mainly on university records and the *Medical Directory* she analyses the women’s fathers’ occupations, performance at medical school, and subsequent careers. She documents the importance of Carnegie grants for women, who were ineligible for most established bursaries; other institutionalized barriers identified include women’s persistent exclusion from examiners’ classes and from resident posts in prestigious hospitals. But marriage and medical practice were by no means incompatible for these women.

In a study that began as an undergraduate project, Alexander has made a very valuable contribution to our historical knowledge of British medical women. But its limitations might also be attributed to its undergraduate origins. There are a few howlers. For example, her assertion that women who obtained training abroad could not practice legally in Britain after the 1858 Medical Act (p. 3) is not only wrong, it suggests that she has misunderstood the debates over women’s medical education in the early 1870s that she is discussing. The limited sources used provide little insight into the women’s motivations and personal experiences. On occasions, Alexander inappropriately employs a late-twentieth century framework in analysing her