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underpinning behaviours and illuminates the making of the story. The account is set then into an open model of explanation which underlines gaps and unanswered questions, leaving the reader with matter for further speculation. In the way in which it is written, the book appears closer to a novel than to an essay, and it certainly succeeds in grasping in an unusual way the attention of the reader.

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STEPHEN GARTON, Medicine and madness: a social history of insanity in New South Wales 1880–1940, The Modern History Series, Kensington, New South Wales University Press, 1988, 8vo, pp. viii, 212, illus., A\$29.95, A\$19.95, (paperback).

Gradually we are piecing together the world of the asylum. Social historians have been attracted down those long corridors by the distinction of the pioneers (Goffman, Foucault, et al.) and by the interface that these institutions represent. This is where chaos meets structure, reason meets madness, and a threadbare medical enterprise tries to understand the roots of social behaviour. Stephen Garton's contribution is neo-traditional in that primary sources, casebook descriptions, and social control theory are used in parallel, and at times the data obstruct narrative. But it is a worthwhile book, providing useful material for any attempted synthesis of the asylum era.

In particular, Garton has charted a previously unrecognized shift in the pattern of asylum admissions between 1880 and 1940. From the single, rural, itinerant male, the typical inpatient became transformed into a depressed, suburban, family-based female. This may merely be a local, Australian, phenomenon related to changing population patterns in New South Wales. Gold-rush vagabonds disappear, an urban society arises. But "psychiatry gained sufficient credibility by the 1930s to allow individuals to police themselves", so there is also a story of psychiatry's coming-out, the acceptance of voluntary care as opposed to a police-initiated committal system.

There are some problems of course. Croton oil and calomel were not emetics but purgatives—Garton has got the wrong end, so to speak. The word "social" crops up so often on some pages that one starts to look for a party. The understandably naïve view of psychotic illness leads to assumptions about cause and effect—was family violence due to, rather than causative of, illness perhaps?—and overvaluation of the content of delusional beliefs. This leads him into speculative statements about the "construction of femininity" (or masculinity) which seem unnecessary.

Even without such sexological larding, there is a rich sufficiency of material here in terms of the high police profile, the prevalence of general paralysis of the insane, due to syphilis, the violence in the asylums, and the insight that it "was not illness that ensured committal but the breakdown of alternative forms of care and control". Most important of all, whether at the personal level or in the broader view, the difficulty of getting accurate details is immense. As Garton points out, "patients who answered 'Looney' or 'Turd' when asked their name subverted medical interrogation". Mad people will continue to be chief custodians of the prismatic nature of historical debate. Nevertheless, the delicate task of cleaning the canvas goes on, and this bit has been nicely done.

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RONALD BAYER, Homosexuality and American psychiatry: the politics of diagnosis, with a new Afterword on AIDS and homosexuality, Princeton University Press, 1987, 8vo, pp. vii, 242, £6.25 (paperback).

DAVID F. GREENBERG, The construction of homosexuality, University of Chicago Press, 1988, 8vo, pp. x, 635, \$29.95 (USA and Canada), £23.95 (UK and Ireland), \$34.50 (elsewhere).

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One of the supremely dramatic showpieces in the entire history of psychoanalysis was surely the ballotting of its membership by the American Psychiatric Association in 1973, to decide whether to remove homosexuality from its official list of mental illnesses. As Ronald Bayer demonstrates in his tautly-written account, psychoanalysis's treatment of male-male sexual orientation as psychopathological (a view seemingly authorized by Freud, elaborated by Sandor Rado, Irving Bieber, and Charles Socarides, and given the *imprimatur* of the APA) had been coming under increasing fire for a generation from a variety of sources. Various pioneering insiders, such as the psychologist Evelyn Hooker, had challenged the orthodox view of the homosexual as sick. In the late 1940s, the researches of Alfred Kinsey proved that homosexual activity, far from being, as psychoanalysts claimed, abnormal, was (statistically speaking, at least) as American as apple pie: over a third of Kinsey's respondents had had orgasms with other men: Kinsey was instantly dismissed as a vulgar empiricist. In the 1960s, Thomas Szasz began to accuse his profession of self-servingly legitimizing its own moral and sexual prejudices, by the manufacture of fictitious diseases and disease labels, in a bogus parade of scientificity whose consequence was victim-blaming. And, most important of all, "gay rights" activists mobilized their own campaigns against discrimination and prejudice. The APA became one of their prime targets, since psychiatry provided the chief validating rationales for public discrimination and official exclusionism towards homosexuals. In response to these mounting pressures, the Board of Trustees of the APA urged the removal of homosexuality from its Diagnostic and statistical manual.

Furore resulted. Conservative members such as Socarides accused the Board of abandoning science for demagogy—and, ironically, as history must see it, demanded the issue be put to the vote! Declassification won, though hardly by a handsome majority (58% polled in favour). The chief effect of this Swiftian ploy of inventing and abolishing diseases by show of hands was, however, to divide the profession and expose it to ridicule—especially as subsequent attempts were made to smuggle back the disease concept of homosexuality under such rum neologisms as "homodysphilia" (soon changed to "dyshomophilia") and "ego-dystonic homosexuality".

It is a topic which affords us a few harmless chortles at the expense of American psychiatrists. But Bayer's book also raises the much larger issue of the relationship of Freudian psychiatry to what the Castels have called "the psychiatric society". It is sobering to read the blinkered prejudice mid-century psychiatry was putting forward in the name of science. Bieber was asserting, for example, that "homosexuality is incompatible with a reasonably happy life", Socarides, for his part, was claiming that "homosexuality is based on the fear of the mother . . . [it is] filled with aggression, destruction and self-deceit . . . the unconscious manifestations of hate, destructiveness, incest and fear are always threatening to break through". In offering such objective, dispassionate, and value-neutral findings, how far was the science of psychiatry essentially pandering to pre-existing public prejudice? Or was the psychiatric profession actually an important agency for the creation of stigma?

These are some of the many issues tackled in David Greenberg's learned, scholarly, and honest attempt to survey and make some sense of the burgeoning, and often highly polemical, literature on the history of homosexuality. How are we to see the relationships between, on the one hand, the development of the "homosexual" (emergent out of the traditional category of the sodomite) and, on the other, the perdurably high level of "homophobia" in Western culture? Social-constructivist and Foucaultian scholars have had a simple answer to hand: it was homophobic doctors, sexologists, and experts who created the label of the sexual invert in the nineteenth century, and it has been psychiatrists who have sustained it in the present century: the homosexual is thus a product of hegemonic discourse.

Greenberg contends this is far too glib. For one thing, and pace Foucault, medico-psychiatric thought constitutes a rich and diverse heritage, which cannot be reduced to a deviant-scapegoating function. For another, Greenberg attempts to demonstrate that over the last three centuries homosexual subcultures have been largely self-creating under the conditions of modern urban capitalism. Deploring victim-blaming by psychiatrists, Greenberg sensitively avoids turning doctors into the villains/victims of his own analysis. His is a fine book which deserves careful study.

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