

admits on p. 4) with other countries or even with other Dutch towns; only in the vaguest and most superficial way is there any attempt to locate the development of the Coolsingel Hospital to a general trend in the country or in Europe. There is no attempt to contribute to any theoretical ideas in the social history of medicine, and the whole makes an impression of a vast antiquarian study conducted by a very thorough archive-grubber who misses nothing, however insignificant, in his history of his chosen institution. There are many telltale signs: Van Lieburg confesses to having changed the subject of his doctoral research (and his supervisors) at least four times, the section in the Introduction laying out the problems and issues to which his research addresses itself is less than one page long and says very little; and worst of all there is no conclusion whatsoever. One minute we are deep in the minutiae of the evolution of the office of hospital boiler-room attendant and night porter, and the next we are straight into the appendices. That the author cannot sum up the conclusions of his study, and relate to them to the general trends and issues in his discipline, amounts to a sad squandering of all that time, effort, and paper. On the other hand, for anyone who wants to know anything at all in the way of detail and anecdote about this particular hospital in this particular period, then this book represents the end of the trail.

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ROY PORTER, *A social history of madness: stories of the insane*, London, Weidenfeld & Nicolson, 1987, pp. ix, 261, £14.95.

When Herbert Butterfield used the phrase “the Whig interpretation of history”, he did not have in mind the shameless apologists of psychiatry posing as historians, though a better example could hardly be found. Whether seen through the eyes of Albert Deutsch, Gregory Zilboorg, Franz Alexander, or Kathleen Jones, the history of psychiatry invariably appears as a tale of glorious progress, of psychiatric diagnosis and treatment advancing relentlessly from darkness to light, from superstition to science, producing, as Butterfield put it, “a story which is the ratification if not the glorification of the present”.

A social history of madness is not, assuredly, another Whig interpretation of the history of psychiatry. Indeed, Porter claims not to have written a “history of psychiatry” at all: “This book”, he states in the introduction, “is not a medical history of insanity viewed as a disease. Much less is it a history of psychiatry.” Perhaps Porter is stepping so gingerly because he has done something no historian of psychiatry before him has, namely, surveyed the story of madness and mad-doctoring without assuming that the madman is ill or irrational. On the contrary, he assumes that the madman can speak for himself: “The pontifications of psychiatry have all too often excommunicated the mad from human society, even when their own cries and complaints have been human, all too human.”

I submit, then, that Porter *has* written a “history of psychiatry”, one that might arguably be called a “Tory” interpretation. Unlike the Whig interpretation, which basks in the “humanism” of the mad-doctor, the Tory interpretation reclaims the humanity of the madman and thus serves as an indispensable counterpoise to the former. “Posterity”, observes Porter, “has treated the writings of mad people with enormous condescension.” Sad to say, posterity has treated the writings of mad people with much worse. “Condescension” implies that a residue of rationality and legitimacy is attached to thoughts which psychiatry has in fact treated as the symptoms of “thought-disorder”, the veritable detritus of decomposing brain-minds. Armed with the idea of mental illness, psychiatry allows only the mad-doctor to speak; the madman can do so only with and through the voice of the psychiatrist. This expropriation of the mental patient’s voice is a crucial clue to the central political problem of psychiatry—that is, its profoundly paternalistic-despotic character.

Although others have also recognized the legitimacy of the madman as a teller of his own tale, and have made use of his own insights to illuminate the rich and tragic fabric of the relationship between madman and mad-doctor, no one has done it as systematically or successfully as Porter.

Book Reviews

Even when he ploughs such deep furrows as the Schreber case or Freud's own 'Autobiographical Study', he has new lessons to teach us. It is salutary to be reminded, too, that Freud "attributed [Emma Eckstein's] neurosis to masturbation and, following Fliess's 'reflex nasal neurosis' theory, saw the nose as the source of her masturbatory activity". The treatment, as Porter aptly puts it, was "anti-masturbatory nasal surgery". Since then the therapeutic armamentarium of psychiatry has progressed to insulin coma, electroshock, lobotomy, and psychotropic drugs.

"This book", summarizes Porter, "has argued that there is a 'story from below' which needs telling." There is, indeed, and he has told it eloquently. And to what end? Herein, perhaps, lies the greatest strength of this fine book which, concludes Porter, "has not pleaded a cause; neither has it had any palpable design upon its readers." Although it may not have been Porter's aim to plead a cause, one cannot write a book on so emotion-laden a subject as madness without, at least tacitly, doing so. If, then, the Whig interpretation of the history of psychiatry pleads the cause of uninterrupted medical progress in the diagnosis and treatment of mental illness, what cause does the Tory interpretation plead? That we must never stop pondering the dilemmas of human existence; and that the social-psychiatric engineering we undertake ought to be peaceful and piecemeal, as Karl Popper has urged, and not violent and revolutionary, as the much-ballyhooed "reforms" of psychiatry have been, especially in this, our own violent and revolutionary century.

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JAN GOLDSTEIN, *Console and classify: the French psychiatric profession in the nineteenth century*, Cambridge, etc., Cambridge University Press, 1988, 8vo, pp. xiii, 414, illus., £30.00, \$49.50.

Jan Goldstein's *Console and classify* is a persuasive and brilliantly researched account of the relationship between psychiatric theory and the professional history of mental medicine in nineteenth-century France. It is the most thoroughly documented effort to reconstruct the history of French psychiatry from the Revolution to the *belle époque*. Goldstein argues that the professionalization of French psychiatry was inseparable from such wider cultural currents as secularization and bureaucratization. She contends that the major success of psychiatrists—or alienists—lay in their ability to devise diagnostic labels which enjoyed widespread popularity within liberal and anticlerical circles. Alienist terms such as "monomania" and hysteria had the professional advantage, Goldstein maintains, of disguising the fact that asylum physicians in France could do little for their incarcerated patients except comfort and "console" them. The irony was that alienists had largely appropriated this form of "moral treatment" from the Catholic religious orders during their campaign to eradicate clerical involvement in the institutional care of the insane. Thus alienists relied on their prowess at labelling patients to convince the state that they deserved to be the only experts in the diagnosis and treatment of madness when all the evidence suggested otherwise. The trouble for psychiatry was that this strategy did not fool everyone. For most of the century, alienists had to parry criticism and outright attempts to restrict psychiatric power and authority. Goldstein's account of this drama therefore qualifies Michel Foucault's over-simplified analysis of the power/knowledge relationship found in his *Discipline and punish* without necessarily disproving his thesis that a "discipline" like psychiatry was an integral ally of the modern state in its attempt to control deviance.

Console and classify is especially strong in its exhaustive coverage of the 1815–1848 period, when physicians made great strides towards establishing themselves as the sole authorities in the administrative, managerial, and therapeutic functions of public asylums. Her book abounds in important insights into the practice of nineteenth-century asylum psychiatry in France: for example, she argues that the patronage dispensed by charismatic and influential physicians proved to be more professionally consequential than the process of psychiatric organization into associations for the promotion of professional interests. She also shows skilfully how the