

Book Reviews

knowledge as they did that of nuns, governesses, midwives and wet-nurses who operated within feminine medical categories. Ultimately, it is to this aspect of female medical authority that Broomhall contributes the most interesting insights and original research.

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Jonathan Andrews and Anne Digby (eds), *Sex and seclusion, class and custody: perspectives on gender and class in the history of British and Irish psychiatry*, Wellcome Series in the History of Medicine, *Clio Medica* 73, Amsterdam and New York, Rodopi, 2004, pp. vi, 338, €80.00, US\$104.00 (hardback 90-420-1186-6); € 39.00, \$51.00 (paperback 90-420-1176-9).

This addition to the Wellcome Series in the History of Medicine continues its excellent tradition of making important debates in the history of medicine available to the widest possible audience. Jonathan Andrews and Anne Digby have brought together well-known contributors to recent discussions about the identification and management of mental illness and mental deficiency as social and medical problems, and have posed an important new question about the significance of the interplay between class and gender.

The introduction provides an unusually thought-provoking overview of what had seemed exhausted territory. While other recent volumes have extended their coverage of time and space to trace the global development of care in search of new sources and debates, this collection revisits familiar historical and geographical landscapes in a genuinely novel way. The sophisticated case studies produced, which link detailed archival work to broader methodological questions, show the value of this approach. Students should find these very readable accounts a useful way into the complex literature on the history of asylums and psychiatry, and even scholars familiar with the wider research projects the papers are drawn from will want to take note of the

individual contributions and the collection as a whole.

The invitation to authors to put the interplay of class and gender at the heart of their analysis has produced nuances of argument missed by other studies. This revives and reinvigorates debate about professionalization and lay as well as medical conceptualizations of insanity. The consideration of masculinity as well as femininity and the relationship of both, mediated through class, to work and notions of respectable behaviour, is a theme that draws many of the papers together. It also merits further attention in the light of recent debates emerging from both labour history and ongoing work on the Poor Law. While some papers give more attention to class or gender issues, the key question remains in focus and there is evidence of tight editorship and a real commitment to the project by all the contributors.

The introduction stresses the importance the editors attached to getting the geographical coverage right, and the resulting balance of papers reflects this. Contrasts between different parts of England and the Celtic fringe underline the importance of social, economic, political and legal factors in the construction and management of insanity. The book also contextualizes different patterns of kinship relations and the importance of religion, helping to explain how community notions of appropriate class and gender roles were not simply imposed from above. Thematically the volume also works well, but the chronology is more problematic. While coverage does extend from the mid-eighteenth to the late-twentieth centuries, the editors acknowledge the majority of papers concentrate on the Victorian and Edwardian periods. Robert Houston does an effective job of setting the scene at the outset but the two final chapters cannot possibly capture all the complexities of twentieth-century developments in psychiatric practice or institutional and community care, so ably summarized in the comprehensive introduction. In fact Mark Jackson's paper deliberately concentrates on the campaign for, rather than implementation of, the Mental Deficiency Act and this leaves Joan Busfield with the impossible task of covering every major

development in the field of mental disorder since 1913. Her explanation for her rather arbitrary decision to consider four main periods 1890–1929, 1930–53, 1954–73, and 1973 to present, then has the unfortunate effect of crowding out the much anticipated case studies of shell-shock and psychopathic disorder that are given excellent but necessarily brief treatment at the end. It might have been better to expand the case studies and simply anticipate developments to come. However, this is a minor point that does not detract from the overall quality of the book.

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Hilary Marland, *Dangerous motherhood: insanity and childbirth in Victorian Britain*, Basingstoke and New York, Palgrave Macmillan, 2004, pp. xii, 303, illus., £50.00, US\$69.95 (hardback 1-4039-2038-9).

Today psychiatrists estimate that between half and two-thirds of women experience some sort of post-natal depression shortly after childbirth. In the nineteenth century such sufferings were rarely remarked upon. Yet, severe mania or melancholia among pregnant women or those who had just given birth attracted a great deal of medical attention in the same period. Called “puerperal insanity” or “puerperal mania”, the disease was devastating to those it struck, causing once calm women to physically and verbally strike out at both themselves and those around them. At its most severe the disease could result in infanticide or suicide. Even at its less extreme a woman’s behaviour could seem disturbing and bizarre, leading to the neglect of her child, home and her own body. Using a wealth of asylum records, case notes, diaries and medical texts, Hilary Marland’s scholarly book, *Dangerous motherhood*, provides a rich window into some of the anguish puerperal insanity could inflict on women and their families, and the variety of ways medical practitioners explained its cause and sought to treat it.

Dangerous motherhood begins by tracing the rising fascination of the medical profession with

puerperal sepsis at the start of the nineteenth century and ends when many within the medical profession began to dispute the link between psychosis and childbearing at the end of same century. As Marland points out, puerperal insanity was a disease of its era, gripping lay people and the medical profession’s attention at a time of heightened anxiety about the dangers of childbirth and social fears about the future sanctity of the bourgeois home. What stunned most contemporary observers was the intensity and violence of the condition and the degree to which it challenged the social norms and feminine behaviour expected of Victorian mothers. Moreover it could strike both rich and poor women, including Queen Victoria herself. So common was the disease believed to be that medical experts began to see it as an “almost anticipated accompaniment of the process of giving birth” (p. 5).

As Marland shows in her book, puerperal insanity became the subject of concern for a wide range of Victorian health professionals, including obstetricians, gynaecologists, asylum doctors, general practitioners and midwives. With many of these practitioners just beginning to forge their specialisms at this time, puerperal insanity provided a useful means of building reputations as well as obtaining clients. Given the disruption the disease could cause to households, health practitioners perceived themselves as healing the whole family as well as the woman herself.

Each type of practitioner attributed different causes to the disease, partly reflecting their specialism and clientele. Midwifery practitioners, who were more likely to deal with wealthier women, for example, commonly linked the condition with the risks and stresses associated with childbirth. By contrast, asylum doctors, whose clientele were poorer, frequently attributed the disorder to poverty and neglected health. Much of the debate around puerperal insanity, Marland points out, centred on the location of treatment. Many Victorian midwives and obstetricians believed the disease to be a special category of mental illness, which if caught early, lent itself, in less severe cases, to treatment at home. Asylum doctors, on the other