

Book Reviews

case books and diaries and court records have been, or are being, done to a frazzle. In 1979 we had Scull's *Museums of madness*, its dust-jacket a garish interior of St Luke's Hospital, its title in bold red capitals. In 1994 we have *The most solitary of afflictions*, its title set in a soft blue box, against a fetching background of van Gogh's *Hospital at Arles*.

This sense of stalemate is not really the fault of Andrew Scull. He has not written a lesser book, nor even a new book, but rather a re-working (with additions) of the original, radical text. The opening chapter still starts with quotes from Marx and Foucault, and "The social control of the mad" is still the first sub-heading. There is no hint here that maybe the asylum had some softer tones. However, he acknowledges that he has now had the chance to "explore sources" with which he previously had "only the most glancing acquaintance", and a much more detailed picture emerges of the world of Victorian responses to mental illness. His summary of the pre-asylum discourse is excellent, and the later additions, which include "The critics of asylumdom", "Degeneration and decay" and "Extra-institutional practice", are better written and embrace much of modern scholarship. His final comment, though, is something of a lament. He suggests that "Modern psychopharmacology", as the unambiguous monopoly of the medically trained psychiatrist, is "thereby furnishing a decisive means of recementing the profession's jurisdictional claims to the value-free realm of medical science". In one sentence his tone, language, and version of events is seen at a glance.

Perhaps most troubling is the thought that this work might be an epitaph. The milling crowds of the "museum" have been historically dissected, forgiven their sins, and put out to their solitary-communal lives. The historians and sociologists are departing, and a few dusty archivists and aging psychiatrists are left to carry on the work of uncontroversial recording. Boarded out in his seaside hotel, the chronic schizophrenic has little to say to us, yet when gesticulating from the water towers of those endlessly growing Gothic institutions,

he seems to say something about freedom, about the over-control of the rational, about the problems of a Godless society. Without a new dynamic, a new sense of what madness (or psychiatry, or schizophrenia, or what you will) means in terms of social evolution, its historical analysis can only slide into a tranquillized back ward of the agenda. Perhaps it is time to suggest that looking after behaviourally disturbed people is not very easy. Perhaps we should be asking different questions, such as why serial avarice or sexual abuse were not also made the bases for confinement? The fact that we must think such thoughts is an acknowledgement of Scull's achievement.

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James W Trent, Jr, *Inventing the feeble mind: a history of mental retardation in the United States*, Medicine and Society No. 6, Berkeley and London, University of California press, 1994, pp. xii, 356, illus., \$30.00 (0-520-08243-5).

James Trent has produced the first serious history of institutional care for the mentally retarded in the United States. The book will attract a wide audience; it is accessible, well presented and illustrated, and covers a broad period, from the start of the nineteenth century to the present day. Trent's story parallels that which has been constructed for the mentally ill: reforming, therapeutic optimism was replaced by pessimistic custodialism.

It is difficult not to admire the vision of education which dominated early-nineteenth-century interest in "idiots". However, the vision of educating idiots to become functioning citizens of the community was short-lived. Trent shows how professional self-interest contributed to the emergence of custodialism. Education as a means to independence became an end in itself. Economic conditions encouraged the shift to custodialism, for the depressions and

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unemployment of the post-civil war period made it far more difficult for educated idiots to gain employment in the community, while the culture of success and “hustle and bustle” meant that “without a head one could not get ahead” (p. 134). Education remained central to the institution but was adapted from the “three Rs” to industrial training, and from gymnastic stimulation of the senses to military drill. Education would train productive, working “inmates” for “colonies” which expanded to populations of over 2,000, a size that would have horrified the founders of idiot asylums.

Between 1890 and 1910, under the influence of Social Darwinism, there were increased demands to institutionalize “mental defectives”. The institutional population rose from 5,000 to 21,000. Superintendents actively propagated the idea that crime and mental deficiency were linked, that mental deficiency was rapidly increasing, and that for the safety and eugenic fitness of the community defectives should be segregated in greater numbers. However the serious flirtation of superintendents with eugenic ideas was brief. Soon World War One superintendents distanced themselves from the eugenic lobby and instead allied themselves with the mental hygiene movement’s vision of adaptation of the mentally disordered. Superintendents extended their influence into the community through “farm colonies” and “parole” in employment in the community. Such policies were viewed favourably by state governments as cheap options, alleviating pressure for further institutional expansion. Trent argues that support for sterilization needs to be understood, not only as eugenic policy, but also as a supplement to parole. Ironically, although the arrival of the depression placed even greater strain on institutions, mass unemployment made parole far more difficult. Colonies survived by neglecting standards of care and became dependent on the labour of residents to produce food, clean, and act as carers for less able residents.

In the 1950s public awareness of conditions of care was raised by the emergence of middle-class confessional accounts of coping with

retarded children. Rather than precipitating mass withdrawal, this catharsis legitimized the use of institutional care. The post-war baby boom, an increasingly mobile workforce, and an idealized nuclear family provided the conditions for the most rapid period of expansion in residential care and special education of the mentally retarded, rising from 81,000 in 1936 to 193,000 by 1967. De-institutionalization began in the 1970s in reaction to a new critique of the institution, awareness of the rights of residents, and financial cuts by state governments who looked to replace institutions with “intermediate care facilities” and shifted those capable of education into special schools which were federally supported.

Trent can be commended for raising such a wide range of factors in explaining the development of policy. However, weaknesses should be pointed out: one is left uncertain which factors were the more important, and, although the role of the psychiatric profession is thoroughly researched, we are often left to accept, without much proof, the influence of state policy, social and economic conditions, or changing public attitudes. In summary, although the book provides a much needed, ambitious, well written, and largely convincing historical narrative of mental deficiency, it also raises a series of questions over the construction of policy which need further historical research.

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Leonie De Goei and Joost Vijjselaar (eds), *Proceedings of the 1st European Congress on the History of Psychiatry and Mental Health Care, 's-Hertogenbosch, The Netherlands, 24–26 October 1990*, Rotterdam, Erasmus Publishing, 1993, pp. xii, 352, Hfl. 95.00 (paperback 90–5235–036–1).

This collection of thirty-eight papers represents well the new state of the history of psychiatry. Sweeping generalizations and the bellicosity of the old dogmatic schools which