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well as the present and so, indirectly, back to Henry Sigerist's emphasis on the sociological approach to the history of medicine.

In his earlier work, Andrew Scull has employed the method of historical sociology to challenge some of the assumptions underlying the moral treatment and the community care of the mentally ill. In this book he has brought together essays by a group of British and American scholars, most of them historians, on the social history of psychiatry in the Victorian era. All the papers, half of which have been published previously, are concerned from different standpoints with the aftermath of the psychiatric revolution of the late eighteenth and early nineteenth centuries. They are organized around four broad themes: institutions, therapeutics, professional orientations, and legal issues.

As a group, the essays pinpoint several complex problems raised by the gradual extension of the medical ethos to a variety of heterogeneous mental states and forms of conduct. The design and administration of asylums represented the most visible expression of this trend, which Nancy Tomes and John Walton exemplify with their studies of the work and outlook of Thomas Kirkbride in America and the development of Lancaster Asylum in England respectively, while the editor looks at the influence of corporate asylums on American lunacy reform. Even at the height of the asylum movement, however, the ideology of non-restraint, philanthropy, and reform was challenged by the concept of extra-mural care embodied in the Geel Lunatic Colony, a model which is analysed in some detail by William Parry-Jones. Attitudes to the mentally ill were partly dependent on the expectation of treatment, a theme which underlies W. F. Bynum's overview of the rationales for therapy in British psychiatry from 1780 to 1835 and is given more specific consideration in Roger Cooter's chapter on phrenology and Scull's on moral treatment. Barbara Sickerman traces the origins of the mental hygiene movement, and the early conflicts between the psychological and somatic approaches to mental disorder are outlined by Bonnie Blustein and Michael Clark. For the public at large it was then, as now, the forensic implications of psychiatric theory and practice which attracted most attention, and the chapters by Peter McCandless and Roger Smith – one on compulsory commitment and the other on criminal responsibility – illustrate the problems arising from divergent concepts of insanity and standards of behaviour. Finally, Elaine Showalter tackles the complex interrelationships between Victorian criteria of mental abnormality and the emerging notions of feminine conduct inside and outside the asylum.

In one form or another most of these issues are with us still and the editor may be said to have justified his claim that "historical analysis may have something to contribute, if not to their resolution, then at least to a broader understanding of their social roots and significance". In many respects, the history of psychiatry lends support to Goethe's maxim – "Die Geschichte einer Wissenschaft ist die Wissenschaft selbst". But not entirely. As G. M. Young observed in his magisterial portrait of Victorian England, it can be useful to "see what happened next", and in retrospect it is apparent that the fumbblings and posturings on the part of most nineteenth-century alienists represented little more than early efforts to map the varieties of human behaviour and experience according to medico-scientific principles. The contours of that map were not to be charted during the Victorian era and whole continents remain unexplored. In consequence, a longer, complementary perspective is required to do justice to the subject in the round. In the meantime, *Madhouses, mad-doctors, and madmen* should serve to stimulate further interest by medical historians in an area which contains rather more than Foucault's "discourse of power".

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JOSEPH P. MORRISSEY, HOWARD H. GOLDMAN, and LORRAINE V. KLERMAN (editors), *The enduring asylum. Cycles of institutional reform at Worcester State Hospital*, New York, Grune & Stratton, 1981, 8vo, pp. xi, 356, illus., \$31.50.

Worcester State Hospital has played a prominent role in the history of American psychiatry. Founded in 1830, it was the first state institution in which the new moral treatment was practised, and as such served as an influential model on which other states drew heavily as they

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constructed their asylum systems. Moreover, its subsequent history – overcrowding, inundation by the poor and unwanted, ever more visible therapeutic failure, and recurrent cycles of scandal and reform – mirrors that of the larger system to which it acted as midwife.

The story of its first hundred years has already been examined at length by Gerald Grob, in what is an unusually valuable and sophisticated study of a single institution, *The state and the mentally ill* (Chapel Hill, 1966). Regrettably, this is now out of print. The volume reviewed here, a collaborative effort involving more than a dozen contributors, purports to provide further insight into the hospital's complex history. One of Grob's own previously published summaries of a portion of his findings is reprinted, with minor modifications; and a further chapter, by Morrissey and Goldman, essays a brief overview of events between 1856 and 1968. While the latter provides a moderately useful chronological summary of this period, it lacks any real depth or analytical penetration and at a number of points degenerates into an overly diplomatic internal history.

In essence, however, these historical chapters are simply the prologue to what is intended to be the real meat of the book, a series of papers on various aspects of the rundown of the hospital in the 1960s and 1970s, coinciding with the establishment of new, community-based treatment programmes. Almost all these essays are produced by people who participated in designing and implementing the new policy, ranging from Worcester State Hospital's last physician-superintendent to directors of facilities which were supposed to take over some of the hospital's clientele and functions. The accounts they produce are predictably biased and self-justificatory in tone. Many of the essays are also barbarously written. The introductory chapter by the volume's editors, for example, is littered with phrases like "minimal defining characteristics", "boundary maintaining systems", "onputs, throughputs, and outputs", "reciprocal flows", and "interfaces"; and a subsequent chapter by Morrissey and Goldman leaves the reader drowning in a sea of acronyms: WSH, WACHMC, DON, UMMC, GWA, FTE, and so forth. The different bureaucratic positions of the individual authors at times lead them to hint (almost inadvertently) at some of the conflict and turmoil that inevitably marked attempts to break with the precedents of the previous century and a half, but such revealing glimpses beneath the surface are all too rare. For the most part, one is faced with a rather amorphous and thoroughly bland official version of what transpired, and accordingly, this is a volume of little enduring interest.

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ANDREW W. RUSSELL (editor), *The town and state physician in Europe from the Middle Ages to the Enlightenment* (Wolfenbütteler Forschungen, Band 17), Wolfenbüttel, Herzog August Bibliothek, 1981, 8vo, pp. 156, illus., DM.42.00 (paperback).

This volume of papers given at a conference in September 1979, jointly organized by the Society for the Social History of Medicine and the Research Programme of the Herzog August Bibliothek at Wolfenbüttel, contains survey essays on the relations between doctors and state and municipal authorities in classical antiquity and medieval Italy, in the medieval Islamic world, and in early modern Italy, Spain, France, Germany, Hungary, and Switzerland. Although few of these essays incorporate substantial finds of hitherto unknown archival material, collectively they serve a valuable function in surveying and summarizing what are often the highly disparate researches of urban and administrative historians, local antiquarians, and town chroniclers, as well as medical historians, and doing so with a wisely sceptical eye. Various of the authors critically point out the dangers of premature and false inference, often made for patriotic reasons (scraps of evidence that one or more physicians in a region were referred to as *medici condotti* do not automatically prove the existence of an established office of medical officer of health within a scheme of medical provision or supervision). We are rightly warned of the dangers of anachronism. We must not read the high bureaucratic ideals (or desires for social control) of Enlightenment medical police theory back into the charges of