
In this impressive monograph Julie Parle provides a meticulous and perceptive assessment of the many ways inhabitants of the Colony of Natal responded to, and sought relief from, mental illness from the mid-nineteenth century until the end of the First World War. Natal was the site of southern Africa’s first asylum dedicated to institutionalizing mentally ill people, the Natal Government Lunatic Asylum, opened in 1880. *States of mind* is the first detailed analysis of the asylum’s patients and practices, and of the establishment and expansion of professional psychiatry in the colony. However, the study is concerned with more than institutional and professional developments. It also tells a complex story of dynamic medical pluralism in which psychiatrists constituted only one of a wide range of healers, from diviners to hawkers of mail-order medicines, representing three contesting and interacting healing systems—indigenous African, Western and Indian—to which sufferers of mental illness or their families turned for relief. Indeed, a major argument of *States of mind* is that for much of the period under study colonial psychiatry was the least significant system on offer.

Parle’s work begins in 1868, the year the government of the Colony of Natal passed the first piece of legislation in all of southern Africa requiring the detention of the “dangerously insane”. In turn, the legislation sparked the opening of the Government Lunatic Asylum, which differed significantly from asylums subsequently opened in the Cape Colony in that the former did not produce psychiatric theory and practices based on putative racial difference. In Natal, blacks as well as whites were accommodated, a policy, according to Parle, that reflected the dominance of liberal humanism in guiding (and justifying) British imperial practices in the nineteenth century. Chapters one and two place the passage of the Natal Custody of Lunatics Act (1868) in the context of evolving ideas about the treatment of the insane in the metropole and their transmission to the colony at the instigation of officials in the Colonial Office in London. They also analyse the management of the Natal Government Asylum under the leadership of Dr James Hyslop, who was physician superintendent from 1882 to 1914 and a highly influential figure in South African psychiatry generally.

The subsequent three chapters de-center the role of the asylum in the treatment of the mad of Natal. Together they constitute the most ambitious and significant aspect of the study, namely an account of the efforts of ordinary people from all ethnic backgrounds—Africans, Afrikaners, British colonists, and Indian indentured labourers—to regain mental health “beyond the walls of the asylum” (p. 131). Parle is one of the growing number of historians who are moving away from the preoccupation with the mental hospital in studies of insanity, a trend inspired largely by Michel Foucault’s argument that asylums were sites designed to maintain social control. Like Megan Vaughan, a key figure in the turning away from Foucauldian theory in the study of insanity in Africa, Parle acknowledges the “resilience of indigenous epistemologies” (p. 15) as well as the limited reach of the colonial state relative to that of European states in attempts to contain the mad. Her study also extends a renewed concern of historians with continuities in family and community care of the insane to colonial Natal: ‘In Their Own Hands’, chapter four, reveals myriad, previously under-examined healing practices that took place outside the asylum. They include taking mentally ill family members to Christian churches for faith healing, *inyangas* (African herbalists), and *izangomas* (African diviners). Only after these and other options had failed to bring relief did many families, black and white, turn to the asylum for assistance; colonial psychiatry, in other words, was often the last resort of the extremely desperate.
A fascinating and complex example of indigenous ideas and therapeutic responses to insanity is explored in chapter three, ‘Witches, Spirits and Hysteria’. This was the widespread outbreak of mental suffering called indiki (possession by evil spirits) among women in Zululand from 1894 to 1914. Parle draws on ethnographic and anthropological theory to conclude that indiki was “a socially acceptable form of articulating personal and wider pressures” (p. 158) by women at a time of great socio-economic upheaval and stress. Methods used to rid themselves of the spirits included ritualized forms of healing and the taking of herbal medications; notably, the role of colonial psychiatry in this dramatic episode was irrelevant. The “colonial position” was confused and contradictory, and ultimately psychiatric authorities left those afflicted to turn to indigenous medicine or Christianity for solace.

Chapter five, ‘Death in Black and White’, examines the high rate of suicide during this period among the population of indentured Indians brought to Natal as agricultural labourers. It is only through a focus on suicide, Parle explains, that the large Indian community can be included in a study of mental illness in the colony. This is because the Indian population was significantly under-represented in the number of asylum patients, not least because of the colonial government’s practice of simply shipping back to India labourers deemed unfit for work because of insanity. Given the brutal conditions under which Indians were forced to live and work, and the callous disregard of the colonial authorities for their well-being, Parle calls suicide an “understandable reaction” (p. 207) to extreme mental anguish.

*States of mind* is a compassionate social history of madness that seeks, when sources permit, to make visible individuals from a variety of cultures that suffered from insanity and attempted to regain mental health. It is also an informative history of the relationship between the colonial state, psychiatry and the insane. This study is an important contribution to the historiography of medicine and madness in Africa.

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We should never judge books by their covers or indeed their typesetting. Were we to do so, then this unglamorous-looking book would be found wanting on both counts and, in the process, we would end up ignoring an interesting set of questions, arguments and hypotheses that claim to announce the new field of evolutionary epidemiology. Yet, just as the cover and typesetting imply little concern for the aesthetic sensibilities of audiences, so too is it unclear to whom the authors direct this manifesto. Although spotted with occasional references to arguments by Aristotle, Bacon, Nietzsche, Darwin, Tuke, and other figures of historical and scientific import, this cannot be a book intended for historians of science or medicine. It seems equally unlikely that most psychiatrists, ethologists, neuroscientists, or geneticists will have the time to dedicate to it—it is long but possesses a rather short message that the authors could have condensed into a review article. Nevertheless, this book would appeal to any scientist or clinician with a passion for big pictures, synoptic arguments and theoretically ambitious syntheses. Its primary audience is probably one that does not yet exist—a new generation of scientists and clinicians who may become enamoured with its ideas (if they ever get around to reading the book).

In this work, Daniel Wilson and Gerald Cory ask a very large question. They wish to know how and why it is that certain psychiatric disorders (presumed now to be at...