



## **Book Review: Mental Illness and Learning Disability Since 1850: Finding a Place for Mental Disorder in the United Kingdom**

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after all, 678 pages long!), it gives some idea of its great potential for re-evaluating madness over the long durée in England and Wales.

One important aspect of the history of madness that fits rather awkwardly in this book is home or domestic confinement. At one point Philo acknowledges that his focus might 'underplay the extent to which [the mad] ... were left in the charge of family, friends and neighbours' (p. 178). At another point, engaging with Roy Porter's claim that most mad people were not institutionalized at all during the supposed 'great confinement', Philo suggests that 'such "domestic confinement", wherein mad people commonly ended up chained alone in attics or cellars, could be seen as an element within, not as opposed to, the sequestered geography envisaged by Foucault' (p. 186). I would suggest that the very long history of domestic confinement and care of the mad, and the understudied nature of its multiple forms, make these claims difficult to sustain. While it must be said that this is not a focus of Philo's work, his challenging analysis of the spaces reserved for insanity will no doubt encourage others to consider how the emerging literature on domestic/family confinement and care fits into a geographical history of madness. What is needed is an approach to the domestic geography of madness similar to that offered by Philo for institutional provision.

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Pamela Dale and Joseph Melling (eds). **Mental Illness and Learning Disability Since 1850: Finding a Place for Mental Disorder in the United Kingdom.** Abingdon and New York: Routledge, 2006. Pp. xii + 234. ISBN 0-415-36491-4.

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The historical development of institutional care for mentally disordered people continues to engage the attentions of historians. That it remains a fertile field for research is amply demonstrated in this new collection of articles. Although the asylum is still the central reference point, it is no longer the sole focus of scholarly attention, as reflected in several of the chapters. Even in the nineteenth century, other institutions such as workhouses were providing a significant alternative option for many people deemed insane or otherwise mentally disordered, as Elaine Murphy's contribution carefully illustrates. In the twentieth century various newer types of institutional facilities emerged, and part of this collection represents the beginnings of an appraisal of their relative historical significance.

The book contains much to interest both historians of psychiatry and of learning disabilities. Most of the individual contributions appear to be part of

wider research studies, and all are of a high quality. Although there are some common themes, there is a striking diversity in the chapters. Several break new ground, notably Louise Westwood's study of two pioneering female psychiatrists in the first half of the twentieth century, which also highlights significant developments occurring outside the institutional mainstream. Vicky Long's chapter on the role of psychiatric social workers in facilitating the return of mentally ill people to paid employment, in the post-war period, serves both to underscore the increasingly important role of non-medical professionals and to demonstrate the changing nature of the emphasis on work as a therapeutic and rehabilitative agent. John Welshman's preliminary analysis of the rise of hostels, both for the mentally ill and for those with learning disabilities, points to an almost virgin field for comprehensive historical research as it passes out of the realms of contemporary study.

In several instances the authors have based their work on the compilation of an extensive and elaborate database, utilizing the voluminous records kept by asylum superintendents. Frank Crompton, in his study of the Worcester Asylum in the nineteenth century, has skilfully marshalled this material to demonstrate the linkages between diagnosis, behavioural presentation, and the techniques of patient management within the asylum. Similar methods have been employed by David Pearce in using the admission records of the Devon Asylum to consider how the 1930 Mental Treatment Act, with its introduction of voluntary admissions, impacted on the gender and social class composition of the in-patient population. Joseph Melling has taken the methodology a stage further, by combining his occupational analysis of the earlier Devon Asylum records with a linkage of individual inmates through census data. In constructing a more rounded picture of one particular group of patients, governesses in this case, he has delineated new possibilities in the development of a far richer social history of psychiatry.

Although the majority of the studies relate primarily to mental illness, there are two chapters that specifically cover mental deficiency. Matt Egan's work on Scotland provocatively argues that the apparent significant increase in the numbers of mental defectives in the early twentieth century was largely the consequence of changing definitions, and the concerns of professionals to raise educational standards by removing problematic children from the general school system. Pamela Dale similarly demonstrates the undue influences that could be wielded by often competing professional groups in determining policies and practices. She shows how apparently complex and chaotic the management of services could become as a consequence.

Dale and Melling have put together a valuable collection comprising much important new material, which successfully widens our understanding of the history. Several of the contributions leave the reader wanting more, and there can hardly be a stronger recommendation.

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