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**Book Review: Penny Coleman (2006) Flashback, Posttraumatic Stress Disorder, Suicide, and the Lessons of War (Boston, MA: Beacon Press). Pp. xiii + 223. £11.99. ISBN 978-0-8070-5041-5**

Edgar Jones

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established ideas about the power of free will and the importance of personal responsibility. Doctors were particularly sceptical, and increasingly concerned, about the intrusions of charismatic practitioners and the non-medical fringe. As Pick highlights, such attitudes were very reminiscent of earlier responses to mesmerism and hypnotism. However, he shows that among the non-medical intellectual elite some of the key psychoanalytic ideas became increasingly influential, and have to a large extent become incorporated into the cultural mainstream.

About a third of the essays in this volume deal directly with issues in the history of psychiatry. Within these contributions, there is much that is both informative and thought-provoking, as indeed there is in all the other very diverse essays. This is exactly what one would expect from disciples of Roy Porter, a man who would never allow himself to be tied down by historical, spatial, cultural or intellectual categories.

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Penny Coleman (2006) *Flashback, Posttraumatic Stress Disorder, Suicide, and the Lessons of War* (Boston, MA: Beacon Press). Pp. xiii + 223. £11.99. ISBN 978-0-8070-5041-5.

This book is a polemic written with the intention of preventing future wars by demonstrating the enduring psychological scars caused to Vietnam veterans. Edited transcripts of interviews with the wives of servicemen who committed suicide after military service are interposed with historical passages on the psychiatric effects of battle. Driven in part by personal commitment (Penny Coleman's first husband took his own life after service in Vietnam), this is a difficult book to review because little is left open for debate. The author has adopted an uncompromising stance, buttressed by traumatic cases.

Nevertheless, there are numerous historical errors. For example, W. H. R. Rivers is described as being appointed director of Craiglockhart military hospital in 1915 (p. 33). In fact, he never became the hospital's director and had been deployed there in October 1916. More serious, however, is the contention that irritable heart, shell shock, battle fatigue and post-traumatic stress disorder (PTSD) are all the same disorder but with different labels (p. 19). Symptom-based research has shown that these are far from the same. Irritable heart was often a long-term disorder characterized by palpitations, shortness of breath, chest pain and inability to perform tasks. It bore no resemblance to current formulations of PTSD. Indeed, there are a number of unsubstantiated statements about this disorder: that it is caused by guilt (p. 75) or is particularly associated with killing in combat (p. 73). The source for the latter claim is a newspaper article. We know, in fact, that less than

20% of US servicemen sent to Vietnam experienced battle, the vast majority being in combat-support or base roles.

Throughout the book it is assumed that if a Vietnam veteran had committed suicide, then the war must have been the cause. Yet no information is given about the pre-conflict life of such cases. Was the veteran subject to child abuse, or was there a family history of violence, mental illness or alcoholism? We know that individuals from abusive families with poor educational achievement are at greater risk of suffering from PTSD and that their recovery can be influenced by the environment to which they return. Also, it is far from true that everyone exposed to a life-threatening event then experiences PTSD; moreover, 60% of those who have the disorder recover – whether treated or not – within six months. These nuances are not considered by the author, who comes close to characterizing PTSD as an infectious disease spread by war. Like Jonathan Shay, who wrote the foreword, Coleman interprets PTSD as a universal stress reaction found at all times in all cultures. The alternative view, that it is a culturally-conditioned expression of distress, limited in the first instance to English-speaking, Western societies, is not explored.

Everyone would have sympathy with Penny Coleman's concern for the psychological effects of war and the fact that these often have to be re-discovered, but slipshod and selective historical research has weakened her argument. A more subtle and carefully argued case would have served her ends more effectively.

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Joseph Melling and Bill Forsythe (2006) *The Politics of Madness: The State, Insanity, and Society in England, 1845-1914* (London: Routledge). Pp. 278. ISBN 978-0-415-30174-9.

This book is the most comprehensive and large-scale study of psychiatric provision at a locale ever conducted. The authors' selected site is Devonshire, and they have investigated the nineteenth- and early-twentieth-century archives of asylums in this county in a most thorough, systematic and rigorous manner. Materials from the county asylum at Exminster form the core sources for this work. The asylum's 13,000 admissions were fed into databases; 4,000 patients were selected for intensive analysis of their social and personal background of their stay at the institution, using their certificates of insanity, magistrates' orders, admissions registers and casebooks.

Not content with this single institution, the authors have examined three other psychiatric institutions in the area: one private institution (Wonford House Asylum) and two borough asylums. The staggering amount of