

Book Review: Roberta Bivins and John V. Pickstone (eds) (2007) Medicine, Madness and Social History: Essays in Honour of Roy Porter (Basingstoke, UK, and New York: Palgrave Macmillan). Pp. x + 295. £55.00. ISBN 10: 0-230-52549-0

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HAL Id: hal-00570928

https://hal.science/hal-00570928

Submitted on 1 Mar 2011

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History of Psychiatry, 19(3): 374–384 Copyright © 2008 SAGE Publications (Los Angeles, London, New Delhi, and Singapore) www.sagepublications.com [200809] DOI: 10.1177/0957154X08093499

Book Reviews

Roberta Bivins and John V. Pickstone (eds) (2007) *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke, UK, and New York: Palgrave Macmillan). Pp. x + 295. £55.00. ISBN 10:0-230-52549-0.

Roy Porter was a former editor of this journal, but that was only one of his many contributions to the history of psychiatry, quite apart from his extensive work in the wider histories of medicine, of society, of science and of ideas. Indeed, the great quantity and high quality of his printed output had become legendary even before his untimely death in 2002 – so much so that one unnamed wag suggested that he could not possibly be one person, but that 'Roy Porter' had to be a pseudonym referring to a whole collective of writers.

This volume consists of 18 essays written by former colleagues and students of Roy Porter. Appropriately, it covers a wide range of topics, reflecting the extent of the great man's interests. These include perspectives on Foucault and Freud, the Enlightenment and sex, melancholy and murder, not to mention the cultivation of cucumbers and the care of teeth. There are interesting and challenging pieces on issues such as nineteenth-century medical reform, disability among ex-service men in the seventeenth and eighteenth centuries, and the emergence of blood donor arrangements in twentieth-century England. There is also, however, much to engage the historian of psychiatry more directly, with essays on English asylum patients in the nineteenth century, the insanity defence in eighteenth-century Hamburg, John Stuart Mill's psychiatric pathology, the turn-of-the-century pan-European controversy over hypnosis, and the intellectual context of Freudian ideas.

In his essay, Akihito Suzuki returns to his work on the Middlesex Asylum at Hanwell, to consider the factors that precipitated the admission of working-class men from the London area in the late 1840s. He demonstrates that valuable information on patients' previous domestic and social circumstances can be gleaned from the case books that were diligently kept by the asylum's medical officers. Based on a detailed study of almost 200 cases, Suzuki concludes that a significant proportion of male admissions emanated from either economic distress or the anticipation of poverty and consequent

BOOK REVIEWS 375

inability to support the family. He links this to Victorian preoccupations with ideals of respectability, independence and manhood, all of which would be under threat in a situation of severe hardship. Although case-book material does have its limitations, Suzuki's ability to extract worthwhile data from this source, and from it to develop a coherent argument, is to be commended.

Historical consideration of the aetiology of mental disorder in nineteenth-century England is also prominent in Chandak Sengoopta's piece on the great intellectual, John Stuart Mill. Sengoopta concludes, however, that retrospective diagnosis is fairly futile and subject to changing fashions in psychological thinking. He cites two psychoanalytic studies that have tended to focus on Mill's relationship with his equally famous philosopher father, James Mill, as the main source of his mental pathology, and another that blamed the harsh educational regime to which his father subjected him. Mill himself attributed his recurrent mental collapses to extreme hard work in the exercise of his highly developed analytical skills. The conclusion drawn is that, as Roy Porter himself would have argued, there is little real value in exploring 'causal' explanations for the mental troubles of historical figures.

Porter's favourite historical period was, of course, the eighteenth century, which is represented in Mary Lindemann's consideration of the insanity defence in murder trials in Hamburg. She shows that the discourses elaborated by Roger Smith for England in the following century had already been well rehearsed. Citing court decisions in a number of cases, she illustrates the highly contested nature of concepts of insanity and how these influenced the outcomes both of initial trials and of appeal hearings. Argument and conflict surrounded the differing opinions of physicians, lawyers and lay people. Lindemann demonstrates how local political and social circumstances, and particularly resistance to the opinions of 'experts', were likely to outweigh clear signs and symptoms of insanity in determining whether a convicted murderer suffered execution or confinement in an institution.

A death in highly unusual circumstances also forms the starting point for Emese Lafferton's consideration of the attack on the ethical credibility of hypnotism and hypnotists in late nineteenth-century Hungary. Lafferton carefully employs local source material to elucidate the case of a young woman who died under hypnosis carried out by a charismatic practitioner – a case which had widespread and unforeseen ramifications. Restrictive legislation was quickly enacted in Hungary itself. Reports of the case spread rapidly throughout Europe and beyond, adding combustible fuel to existing concerns around professional morality and the boundaries between medicopsychological orthodoxy and the alleged quack or charlatan fringe.

The critical and sceptical response to another significant set of developments emanating from central Europe is outlined by Daniel Pick in his essay which deals with how Freudian theories were received in England in the early decades of the twentieth century. Their initially frosty reception was based largely on a perception that Freud's concept of self was opposed to

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