

In particular, its reputation as “a moral reformatory” (p. 92) is shown to have a strong basis in fact, it being an establishment in which “religion was all-pervasive and not confined merely to particular times and functions.” (p. 99). Quakers were routinely chosen to head the institution, and for much of its existence, “the Retreat was dependent for its continued existence on substantial financial support from the Quaker community.” (p. 101). Nevertheless, as the century wore on, an increasing proportion of its patient population was drawn, not from the Society of Friends, but from the upper ranks of English society, prompting important changes in the character of the asylum, including the addition of such distinctly non-Quaker features as billiard rooms and Turkish baths. In substantial measure, the pressures to recruit more wealthy non-Quaker patients reflected an attempt to subsidize the costs of treating poorer Friends, though the paradoxical effect was to diminish its overall Quaker character. By the early twentieth century, up to two-thirds of the Retreat’s patients were non-Quakers, and “there were within one building effectively two asylums, each with a quite distinctive clientele.” (p. 186).

The Retreat had initially achieved fame based upon moral treatment, a non-medical therapeutics for madness. This lay character, too, while persisting for most of the first forty years of the Retreat’s existence, was gradually modified and eventually disappeared, a development coinciding, more or less precisely, with a deepening pessimism about the prospects for successfully treating the mentally afflicted. As occurred throughout Victorian asylums, moral treatment was increasingly assimilated into the medical realm, and in the process was steadily trivialized and transformed into little more than a management tool. Ultimately, like most of its fellow institutions, the Retreat became dominated by “an increasingly authoritarian medical regime” (p. 130).

Making use of the extensive surviving records, Digby presents us with useful and quite novel information about the work and attitudes of asylum attendants. In similar fashion, casebooks and other patient records are mined to give a detailed statistical portrait of the patient population. Subsequently, some attempt is made to reconstruct the day-to-day realities of the patient world, an only partially realized ambition. As Digby ruefully comments, even confining one’s attention to a small institution devoted to the care of the socially privileged, the records are often silent on this crucial issue: “It is perhaps a commentary on the asylum that while there is almost too much information on the first objective world of the patient, evidence on their subjectively felt experience was often absent.” (p. 171). Finally, while rightly cautioning against the temptation to “overburden fragile data with a disproportionate weight of interpretation”, Digby provides an extended discussion of how the Retreat’s physicians explained the presence of insanity (they increasingly emphasized physical causes); and how successful they were in treating the condition (increasingly less so as the century wore on).

It cannot be said that *Madness, morality and medicine* dramatically alters our perceptions of nineteenth-century psychiatry. Rather, it extends and solidifies our understanding of how such a small Quaker institution came to exercise such a disproportionate influence on social policy on both sides of the Atlantic, and provides an extremely detailed portrait of its changing fate and fortunes over the course of the nineteenth century. Unquestionably, this valuable book will constitute an important starting-point for anyone interested in the peculiar vicissitudes of our responses to mental disorder in the modern era.

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RUDOLF VIRCHOW, *Collected essays on public health and epidemiology*, edited and with a foreword by L. J. Rather, editing translator, Anne Gisemann, Canton, Mass., Science History Publications, 1985, 2 vols., 8vo, pp. xviii, 1232, \$50.00.

Few careers in medicine were more productive or diverse than that of Rudolf Virchow. A master pathologist and an outstanding teacher, he was also a leading anthropologist and the champion of a scientific and vigorous approach to matters of public health. In mid-career he republished (1879) his major contributions to the study of public health and it is these two volumes which now appear in English translation.

Running through these dozens of essays, some very brief and others monographic, is constant reference to the author's strong political convictions. Physicians, Virchow pointed out during the revolution of 1848, are the "natural advocates of the poor". What is more, "medicine is a social science, and politics is nothing more than medicine on a large scale" (I:4, 33). An active participant in the revolution, Virchow in latter years served as Progressive Party representative in the Prussian Landtag and in the Reichstag. In these positions he was always mindful of his youthful convictions and of the need of public authorities and especially of the medical profession to intervene when the health of the people was involved.

Virchow made this clear in the arrangement of his essays. They are grouped by subject and virtually every category includes references to the fundamentally social orientation of medicine. Taken together, there is no other collection that exhibits so well the varied concerns of nineteenth-century public health and reveals the increasingly scientific orientation of the new public medicine. *Collected essays* offers nine principal sections: Medical Reform, meaning not least the goal of freeing the profession from strict state control; Endemic and Epidemic Diseases; Vital Statistics; Hospitals; Military Medicine; Municipal Sanitation; School Health; Penal Legislation; and Forensic Medicine. Virchow possessed expert knowledge in all of these areas, and certain of his contributions have acquired classical standing.

Surely the most remarkable essay is Virchow's report on the catastrophic typhus epidemic in Silesia (1848). Perhaps never before or since has a medical man written so fierce an indictment of political disinterest, bureaucratic neglect, and economic oppression. The cause to be sought was not that of a disease but of a full-blown epidemic. The latter is a population phenomenon and as a consequence demanded an assessment of the condition of the afflicted population. But all conditions ultimately reduced to economic deprivation. The suffering people, a Polish majority dominated by a German minority, simply had "no idea that the mental and material impoverishment to which it had been allowed to sink, were largely the cause of its hunger and disease." And the remedy was to Virchow also perfectly clear: "The logical answer to the question of how conditions similar to those that have unfolded before our eyes in Upper Silesia can be prevented in the future is, therefore, very easy and simple: education, with its daughters, liberty and prosperity" (I:310, 311).

This is the liberal solution and it informed much of Virchow's thinking. In terms of disease theory, Virchow's report on the Silesian typhus epidemic is especially interesting in that a socioeconomic aetiology is made explicitly to replace the conventional environmentalist explanation of disease. Virchow neither wholly rejected the state nor accepted the Prussian custom of centralized bureaucratic control. He strongly favoured the medical profession both seeking administrative autonomy and assisting directly and constantly in protecting the people's health. The principal instrument for the medical amelioration of the nation would not be, therefore, an inspired ministry or mass agitation; it was, instead, information.

And that is what these many essays contain in rich abundance. Virchow's analysis of the physical infrastructure of Berlin, for example, is a *tour de force* of statistical reasoning as well as a vivid portrait of one of the Continent's most rapidly expanding metropolises, one plagued by filth, overcrowding, and frequent high unemployment. Elsewhere he reports on the problem of seeking the best location for a new hospital, insisting that the decision include consideration not just of convenience or economic constraints but also of local hygienic conditions minutely analysed. He devoted special care to assaying the course of typhus in Germany, to famine conditions which did not lead to major epidemic incidents (in the Spessart), to seeking a standardized vocabulary for causes of death and thus a major improvement in the accuracy of vital statistics, and to numerous issues dealing with epidemic cholera. Also included is Virchow's fascinating essay, 'Progress in military medicine, with special reference to infectious diseases', a wide-ranging and tentative review of disease theory on the eve of the germ theory of disease.

Virchow's *Collected essays* have been translated under the auspices of the National Library of Medicine, Bethesda. While the translation exhibits the occasional (yet trivial) slip, overall it is not only well done but preserves Virchow's energetic and eminently readable style. L. J. Rather has contributed a brief foreword that sets the several essays within the context of Virchow's life and intellectual interests. These volumes should make Virchow's outlook and practices much

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more widely known (there has been no reprint of the original German edition) and, better yet, will introduce the reader to a singularly neglected theme, the nature of the great sanitary movement in central Europe.

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PHIL BROWN, *The transfer of care. Psychiatric deinstitutionalization and its aftermath*. London, Routledge & Kegan Paul, 1985, 8vo, pp. xvi, 275, £19.95.

This sociological overview of the impact of deinstitutionalization on America's mental health services is written from a perspective which is informed by debates within the history of psychiatry as well as medical sociology. In his description of the growth of a federal mental health policy after World War II, and the shift towards community care, Brown documents the complex interweaving of political and economic factors, institutional and professional inertia, and the impact of psychoactive drugs in the processes of change. He endorses Andrew Scull's argument that psychoactive drugs were taken up with uncritical enthusiasm by a mental health administration which already felt grossly overburdened by its in-patient policy; and he emphasizes that the location of psychiatric in-patient care in general, rather than specialist, hospitals has further entrenched a biomedical approach to mental disorders.

The way in which the retraction of state hospital provision for the insane has been shadowed by an expansion of the number of psychiatric beds in voluntary-aided, private general and private psychiatric hospitals is clearly demonstrated. Chilling statistics, such as the 18,000 former state mental hospital inmates estimated to be homeless in New York, portray a stark impression of the colossal inadequacies of "community care" as it is currently practised; statistics beside which complaints that, for example, "the New York City public library system has had to endure troublesome patients hanging out in branch libraries, and to spend scarce funds on extra security" sound carping. However, one of the strengths of Brown's study is the care he takes to document diverse points of view, seeing the mental health services America now has as the outcome of a dynamic interaction between government policies, professional and institutional interests, and public opinion.

The chapter on 'Antipsychiatry and mental patients' rights' offers a subtle reassessment of the patients' rights movement, arguing that even if, as Scull has suggested, its growth was precipitated by the economic crisis within institutional psychiatry, it has heightened public and professional awareness of the importance of respecting patients' civil liberties. In addition, Brown wants to salvage the antipsychiatric idea of "symptoms-as-protest" against unacceptable social conditions, insisting that genuine mental health reform, operating through a range of institutional and community-based facilities, could only be effective if it were part of a more widespread expansion of investment in social and welfare services, most notably the creation of a national health care system. An awkward anachronism in the programmatic conclusion of this otherwise well-informed book is Brown's suggestion, after criticizing the extent to which some states in America rely on contractors to perform essential health care services, that "Britain's National Health Service is a likely model" for the more directly-controlled kind of health service he would like to see in America.

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WILFRED TROTTER, *Instincts of the herd in peace and war 1916-1919*, with introduction by Douglas Holdstock, London, Keynes Press, 1985, 4to, pp. xxviii, 202, £45.00.

Wilfred Trotter, FRS, a surgical polymath on the staff at University College Hospital from 1906 to 1939, wrote 'Herd instinct and its bearing on the psychology of civilized man' in 1905, whilst a demonstrator in anatomy. The work was published in two parts in the *Sociological Review* in July 1908 and January 1909. Subsequently added to with essays written in the autumn of 1915, the work was published by Fisher Unwin in February 1916. The book was twice reprinted in 1917, and a revised fourth impression, with a postscript written after the Armistice, was released in 1919. There were then seven further reprints before Trotter's death in 1939.