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had forceps before the 1730s at the earliest; and perforators were, to the best of my knowledge, a nineteenth-century invention. I have not the ghost of an idea what a head-puller is meant to be. In the illustration opposite p. 141, which shows a surgeon and a dismembered foetus, the instrument is almost certainly a sharp hook. It is not, as suggested, a pair of forceps with which it would have been impossible to produce dismemberment of the kind illustrated.

The footnotes are maddening. There is no running head to guide one by the page number, and works are cited without dates as in "La Motte, *Traité* pp. 406–7" or the example of "Peu, *Pratique*" given above. The reader may search back through the footnotes for the full reference, but usually in vain. There is no bibliography; only a list of secondary sources in 'Further reading'. In spite of a memorable collection of stories, this is a disappointing work. On the dust cover it is suggested "This book will surely become the standard scholarly text on the history of childbirth in pre-modern times". Not for long, I hope.

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JANET OPPENHEIM, *Shattered nerves: doctors, patients, and depression in Victorian England*, New York, Oxford University Press, 1991, pp. x, 388, \$27.95 (0–19–505781–3).

Janet Oppenheim dedicates her latest book to the memory of Stephen Koss and it is becoming clear that she is replicating in the cultural area the breadth of interest that Koss showed in the political world of Victorian life. Oppenheim is a leading exponent of the view that what were once fringe Victorian activities, such as spiritualism or various forms of culturally organized valetudinarianism are in fact of the essence. Although her focus is on the bourgeoisie, she knows that the nineteenth century in Britain generated profound disturbances in all areas of social life and that Victorian medicine and Victorian spiritualism attempted in part to come to terms with the scale of these new difficulties. Scientific materialism could seem both impressive and yet empty. Male members of the middle class and the upper middle class were meant to be upright and manly, their mission to pacify the world. In fact, as with Charles Darwin, a great deal of time was given over to a more fundamental activity: vomiting. Industrial capitalism fashioned a cruel and novel social universe and Oppenheim is one of our leading students of the price that was paid. Above all, in a way that Stephen Koss would have approved, she has studied the limitations of the kinds of assistance that were on offer in the nineteenth century. Individuals and families were on their own, whether in the afternoon *séance* or the long life of anxiety and depression that may well be the secret history of the educated classes of the period. The character of Oppenheim's examples and her slight remoteness from the world of economics can sometimes mar her analysis. Obvious as the point may be, the history of labour made a great difference with regard to depression and neurasthenia since these were overwhelmingly the anxieties of affluence. Oppenheim is a fine historian of a certain class of Victorian and this gives her books their strength.

The medical/historical problem, as always, is to avoid the anachronistic use of diagnostic terms. Depression, as a useful psychological expression has now reached an impasse of excessive meaning. It has perhaps become neurasthenic even, lacking the "nerve-force" to conjure up a firm identity. There is of course "Major Depressive Disorder", as enshrined in American nosology, and there are many antidepressant drugs. There are depressing circumstances, and depressed figures and economic depressions. But when a doctor now hears the phrase "I'm depressed", much clarifying of symptoms and precipitants is still required to understand the meaning or venture a diagnosis. If we go further and attempt to extrapolate this broad-church term into historical exposition, the uncertainties increase with a depressing regularity for every decade re-traced. Is it "nervous breakdown" rearranged? Is it the existential state of crowded modern man? Victorian patients talked of "unpardonable sins" and endured their going forth (walks, water cures, worldwide wanderings) as well as their incoming (purges, tonics, hypnotics) remedies. Melancholia has been with us for 2,000 years or more, and embraces a noble tradition of writings, experiences and honourable suffering. Depression by contrast has generated a

colourless ease of access, that somehow cheapens and diffuses the pain in hand. This decline in the (appropriateness of) language seems of the essence when considering the evolution of neurotic disorders over the last 200 years. Not least because language in itself becomes the confounding factor, hauling human distress into nervous dark alleys of speculative theory and distorted physiology.

The process has had its historians as well. Drinka's admirable *The birth of neurosis*, Berrios's search for connected psychopathologies, and Ellenberger's *Discovery of the unconscious* come directly to mind and brain. These are very different approaches, embracing perspectives across the European and American experience. Viewing a longer time-span Pedro Entralgo's *Mind and body*, and Gregory Zilboorg's *History of medical psychology* are traditional works, now swamped by the adumbrations of the Freud research industry. Yet a detailed analysis, of what patients saw doctors about, remains elusive without the bare source material of clinical notes. There are of course personal stories and diaries that can highlight events medical from selected individuals. These are the favoured children of modern historical research, even though they largely tell survivors' tales. Much remains to be done, as ever, but several truisms cannot be ignored. For whatever the state of the mind-body debate, however many the alternative views of coping with the troubled psyche, the continuing expansion of the medical (including psychiatric) profession says something about where the troubled people went. Secondly, the virtual elimination of the obvious pathologies, via public health measures and latterly the use of antibiotics, has made it possible for medicine to consider more closely the "walking worried" in both clinical and research terms. That pre-penicillin world is hard to clarify now, encrusted as it was with the sores of syphilis, tuberculosis and other pustulent events. Yet the process of demystifying mental disorder had been going on for years, not least with the phrenological notions of localizing moral functions in specific areas of the cerebrum. And if God and the Devil were no longer imminent, whispering or muttering in your ear, then "hearing voices" could become "aural hallucinations" and brain malfunction could make sense.

Professor Oppenheim, in *Shattered nerves*, a thoughtful and detailed consideration of Victorian approaches to depression, insists that until the 1840s there was "public uncertainty whether madness was really a medical problem at all". In addition it seems it was "the overriding concern of the early nineteenth-century British alienists to wrest control of the asylum from laymen", and these alienists were also apparently "eager to assume the duties of social disciplinarians". Such generalizations are unsatisfactory, not least because she has some sensible things to say about the muddled terminologies of nervous disorder. There are well-chosen personal stories, and she rejects the concept of feminist rebellion as the basis for diagnosing hysteria. We thus have an extremely complete book, tracking down its themes and ideas with relentless sentences. But any departures from the details of description and reference have to be studied with care. There is no worthwhile textbook on her subject—and this work seems to want to fill that gap—yet any attempt to provide fresh analyses lacks a supportive opposition. Oppenheim has been forced into using some of Scull's version (e.g. the "wrest control" stuff, as if asylums were priceless jewels bringing fame and glory to their owner), albeit warily, while interposing her own less certain analysis.

Thus after nicely clarifying for the reader the several and extended meanings of the term "moral" in Victorian medical thought (it meant ethical *and* emotional and something more), she states that it "seems utterly inconsistent that they (Victorian alienists) should have stressed the organic bases of functional nervous disorders while recognizing that strong emotions could exert a devastating impact on physical health". Yet the whole thrust of Victorian neurophysiological research dwelt on the *means* by which brains could transform psychical and physical, sadness into lacrimation for example. And there was good reason to take such theory into the treatment approach. Doctors may have tried to persuade patients, with moral language, to "pull themselves together", but such moral treatment need not be mistaken for mere preaching. It seems perfectly reasonable to consider such moral approaches as deriving from a psycho-physiological perspective akin to modern cognitive therapy. By getting brains to think the right, poetic thoughts, and given that brains were seen as plastic, changing organs of

cerebral reactivity, one might assume that morbid, depressing ideas could be layered over, buried even, beneath a new mental skin. Which would explain why Victorian medical men so often despised the Freudian approach with its “quest of the unclean” and “its boring in search of veins of pruriency”—as the elderly Sir James Crichton-Browne would have it—even though no historical attempt has yet been made to clarify these alternatives to psychoanalysis.

The strengths of Oppenheim’s work are the descriptive resources. Between an Introduction entitled ‘The Enigma of Nervous Breakdown’ and a Conclusion on the ‘The Psychiatric Dilemma’, she has summarized well the pre-history of neurasthenia and the directions that the notion took in Victorian and Edwardian Britain. “The concept of nervous temperament was constructed from the ideas of sensitivity to external stimuli, exactability, irritability, and exhaustability that lumbered metaphorically through the pages of medical literature about the nerves”. There is an excellent and timely chapter on ‘Nervous Children’, and nice outlines of therapy in ‘Nerve Tonics and Treatments’. Some might reject her description of “Gully, and other leading hydropathists”, as “skilled psycho-therapists”, while others would be concerned at the liberal use of the word “depression” to describe a number of variably famous cases, many of whom were certainly anxious, troubled, uncertain and valetudinarian, but tended to go on enjoying their Château Lafitte and a brace of pheasants. Further chapters on ‘Manly Nerves’ and ‘Neurotic Women’ are largely sensible and comprehensive although it is difficult to agree that “the code of manly honor at the end of the 19th century was, to all intents and purposes, pagan”. Again, when Oppenheim breaks into analysis, one feels that, for all her concern to follow every lead, she remains uncertain. Thus “it must have been terrifying for a young woman” and “doctors must have caused parents much needless suffering” are phrases that try to impose a view rather than let it seep into the narrative. A constantly repeated use of the word “molding” is perhaps indicative, in its trans-atlantic spelling and modern intonation, of her dilemma. She has inheritance “molding personality traits” and “a plausible theory to mold his own studies”. There are “motives molding the medical rejection of mesmerism”, neuroses “molded” in Freud’s hands, and public perceptions “molded by systems of values”. It seems an essentially uncertain turn of phrase.

Perhaps the most interesting and unexpected inclusion is the chapter on Sir James Crichton-Browne. While he was certainly long-lived, and able to provide a Victorian viewpoint well into the 1930s, despite qualifying in 1861, his role in the development of theories of “nervous breakdown” was always peripheral. To describe him as a physiologist would also seem inappropriate, given his medical qualifications and extensive anatomical, clinical and sociological writings. On the other hand one cannot look at the childhood end of the nervous spectrum without acknowledging his priority in stressing the importance of children’s psychology, upbringing and education. That he was slapdash in his educational report seems undoubted, but his strength lay in generating enthusiasm rather than counting neurons, and we still await a full evaluation of his career. Certainly he does not represent at all the office psychiatry and/or neurology that saw “nervous breakdown” as its bread and butter. Not only was he far too busy lunching and dining on more substantial aristocratic fare, but also his mere schedule of visits as Lord Chancellor’s Visitor meant a life of travel rather than a sedentary awaiting of nervous clients.

Whatever the reality of depression as an intensive disease, and however we may wish to link present and past versions, it simply is not true that “people no longer have nervous breakdowns”. A mere afternoon in a GP’s waiting-room, listening to conversations trivial and clinical, would demonstrate the power of the nerves to shape (or even mold?) people’s lives. There can be no blame to attach to Professor Oppenheim for her view in this regard, for by choosing to collate above the clinical fray she has certainly given out a text that is solid, that can provide a benchmark for a future synthesis, and that understands the despair with which it is dealing. She is rather pessimistic about curative approaches to depressive illness, then and now, which may reflect an over-optimism as to therapies in other branches of medicine. After all the Sherlock Holmes’ story, of regular success once deductive diagnosis has been achieved, continues to permeate in hidden ways the public understanding of what doctors do. Yet Conan Doyle himself saw Holmes as a potent medical myth, a “distraction from the worries of life . . . which can only be found in the fairy kingdom of romance”.

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Oppenheim's pessimism partly turns on her feelings about the reception of Freudian theory within British psychiatry. Clearly this subject needs more exploration but it is certainly to be hoped that Professor Oppenheim extends her researches into the fascinating question of national styles of psychiatric culture and their varieties of response. She has studied the Victorians of the literate classes with distinction and we are left with a melancholy picture. It would be extremely interesting to ponder whether the diseases of civilization and the fringe practices of the age of competitive anxiety have their existence elsewhere. Were the British Victorians uniquely fatigued or was the nineteenth century, as Alfred de Musset thought, one long funeral?

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