

Book Reviews

Republic—because he was the first head of the Committee of Public Safety, and this at a time when that body had assumed no governing, let alone sovereign, powers.

As to the history of pharmacy itself, its relation to chemistry is the principal subject. Still, I should have thought its relation to botany equally important in practice, and to mineralogy not without importance. It surprised me that Simon mentions these connections only in a sentence or two in his conclusion. I should also have thought the involvement with experimental physiology in the wake of Magendie's research programme to be as important as chemistry in the French practice of pharmacy in the nineteenth century. Simon mentions the names of Pelletier and Caventou once, but has nothing further to say along those lines. It may be consistent with his exclusion of theory and knowledge from the historiography of science that he also has nothing to say about what may have interested physicians and their patients most, and that is the efficacy of the medications dispensed in the eighteenth century.

For my taste the quality of Jonathan Simon's slim and interesting volume is marred by its occasionally polemical and dogmatic tone. Those who in the early years of the modern historiography of science did treat primarily the development of theories and growth of knowledge concerning the structure and forces of nature are charged with proceeding from preconceptions and writing with prejudice. Our author's approach is in the lineage stemming from Michel Foucault and the Edinburgh strong programme in sociology of science. He is among those who consider anthropology and sociology rather than philosophy and science as the disciplines with which to link arms in studying the history of science. To the charge of preconception and prejudice, the reply "*Tu quoque*" might occur to historians of science who consider that theory and knowledge of nature go hand in hand with the practice and context by and in which they are formulated and obtained. I shall resist that temptation and merely observe that it has occurred to me on several occasions

that one of the blessings of being a historian instead of a philosopher, a mathematician, or even a sociologist is that somehow our books tend to be better than our theories. The enduring value of a work of history may be what remains after the reader has discounted the author's argument.

In Jonathan Simon's case, a lot remains.

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Eric J Engstrom, *Clinical psychiatry in imperial Germany: a history of psychiatric practice*, Cornell Studies in the History of Psychiatry, Ithaca and London, Cornell University Press, 2004, pp. xii, 295, £29.95, \$49.95 (hardback 0-8014-4195-1).

Few topics have captured the scholarly imagination more than Germany's history in the modern era. Many historians marvel at how disparate regions in central Europe, known mostly for their ages-old distinctiveness, united in the course of the nineteenth century to become the continent's leading industrial, military, and diplomatic power. Germany's leadership in the arts, medicine, and science has also attracted considerable scholarly attention, and its achievements in the medical specialty of psychiatry were no less formidable. Seemingly out of nowhere German psychiatrists—notably the Munich clinician Emil Kraepelin—emerged by the end of the nineteenth century as the acknowledged experts on the diagnosis, treatment, and prevention of mental illness. Psychiatrists from around the industrializing world flocked to Heidelberg, Munich, Halle, Berlin and other locales to learn from German teachers how to interpret, cure, diagnose, and experiment on mental illness, and returned to their home countries bent on putting what they had learned into practice. By the beginning of the twentieth century Germany had replaced France as the unofficial headquarters of world psychiatry, having risen from backwater status to global leadership in the

space of only a few generations. Meanwhile, psychiatry arguably underwent its most revolutionary epoch in a long history that stretched back at least as far as the ancient Greeks.

The transformation of German psychiatric practice in the second half of the nineteenth century is the topic of Eric Engstrom's long-awaited book, which for years to come will serve as an indispensable text on the subject. Easily the best English-language account of nineteenth-century German psychiatry, *Clinical psychiatry in imperial Germany* recounts the rise of the university psychiatric clinic in the period after German unification in 1871. Over these years, the university psychiatric clinic, normally situated in urban areas close to universities, superseded the asylum (where most psychiatrists had laboured in the first half of the nineteenth century) as the chief *locus* of psychiatric practice. The theory behind psychiatric clinics was that they enabled psychiatrists to treat patients in the early stages of their conditions when a cure was most likely, and study patients and their symptoms with a view to classifying mental illnesses as purely natural disease entities. Clinics also gave psychiatrists the opportunity to teach their subject within academic settings, in the process carving niches for their specialty within the wider medical profession and the burgeoning university system of imperial Germany. By contrast, asylums typically were large institutions located in rural settings and housing patient populations characterized by high rates of chronic (often geriatric) diseases. Whereas an asylum psychiatrist was as much an administrator and moral authority figure as a physician, the clinic psychiatrist prided himself on his scientific and academic credentials. The asylum physician was an "alienist", literally living and working on the fringes of polite, bourgeois society, while the clinic psychiatrist was a scientific and medical expert whose knowledge governments depended upon to inform policy-making on such social problems as alcoholism, crime, welfare, and syphilis. The asylum psychiatrist was often

viewed as living apart from society; the clinic psychiatrist was firmly embedded in the civic community.

Engstrom argues that "therapeutic efficacy" cannot account for the meteoric rise of clinic psychiatry in imperial Germany. "[A]cademic clinics contributed relatively little in the way of new therapeutic procedures and techniques," he writes (p. 12). Indeed, in his view, the reputation of academic psychiatrists depended on their renown, first as pioneers in research and education, and later as experts in public health, what in imperial Germany was often called race hygiene. Overall, the rise of the psychiatric clinic was a multi-faceted story involving a variety of relationships between (for example) doctors and patients, psychiatry and other medical specialties, instructors and students, researchers and their objects of study, and professionals and their society at large. In such a complex matrix of cross-cutting relationships simple theories about the medicalization of everyday life and the links between knowledge, power, and social control break down. Engstrom rejects the notion that clinic psychiatrists were part of a top-down exercise in social control designed to discipline unruly groups. "The motivations of the state" cannot entirely explain the expansion of psychiatry and institutionalized populations in imperial Germany (p. 202). Instead, clinic psychiatry was a maze of disciplinary practices and institutions "designed to maximize normalcy" (p. 9). It was this endeavour to exploit and adapt to the mounting demands placed on it by society, state, and populace that explains clinic psychiatry's remarkable ascendancy in imperial Germany.

Engstrom is to be commended for his ability to unravel psychiatry's intricate web of social and professional relations. If there is one weakness in his book it is that, apart from a single endnote, there is no attempt to place imperial German psychiatry in a wider, international context. What was happening in the US, Britain, France, Italy, and other nations at the same time? How similar was the experience of psychiatrists in these countries to that of German psychiatrists?

How dissimilar? If events in French or US psychiatry unfolded somewhat differently—as appears to have been the case—might such a contrast have made German psychiatry yet another example of the *sonderweg* thesis so popular among certain historians? The answers to these questions need not have occupied a prominent place in Engstrom's narrative, but they would have added analytical depth to an already fine book.

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Sanjoy Bhattacharya, *Expunging variola: the control and eradication of smallpox in India, 1947–1977*, New Perspectives in South Asian History, New Delhi, Orient Longman, 2006, pp. xv, 326, Rs 750.00 (hardback 81-250-3018-2).

On 23 April 1977 an international commission certified that India was finally free of smallpox. Sanjoy Bhattacharya's compelling and refreshing account of how this was achieved follows on from his previous volume, *Fractured states: smallpox, public health and vaccination in India 1800–1947*, co-authored with Mark Harrison and Michael Worboys. The two volumes together chart almost 150 years of smallpox control in India, from colony through to nation; and many of the analytical themes in the first volume are further explored here. In the period under discussion in this book national and international efforts went beyond the mere control of smallpox to its ultimate global eradication. India as the “hyper-endemic” state was the obvious primary target. This was attempted against a national and international context which presented new challenges both for India and the international health agencies. The new nation was intent on shaking off its colonial past; reversing the underdevelopment that was perceived to be its colonial legacy; and establishing itself as a regional player, at the very least, on the geo-political stage. Moreover, both the Indian government and

the WHO were aware that the Cold War context in itself provided a new dynamic for the conduct of relations between the industrialized nations and the ex-colonies of South Asia. The Indian government was not a passive recipient of aid from the richer nations but had the capacity to exploit the situation to pursue national self-interest. The novelty of this account stems from its exploration of the multi-faceted nature of this humanitarian achievement.

As Bhattacharya cogently argues, neither the Indian government nor the WHO were monolithic structures capable of imposing their will on the processes of decision making or of policy implementation. In India a myriad of actors at all levels was involved so that, in assessing the shaping of public health policies, indigenous resistance from within as well as from without the state apparatus is explored. At national level there was the Prime Minister's Office, the Health and Finance Ministries, the Directorate of Medical and Health Services. These were replicated at the state level with ministerial offices, state health departments, and district and sub-divisional health workers. The various agencies were protective of their responsibilities, their departmental identities and their professional interests. Furthermore, the WHO headquarters at Geneva had its own objectives, but these were not always accepted by the South-East Asia Regional Office (SEARO), its branch organization in India. The timing, nature and scope of the smallpox campaigns were continually under discussion and dispute, and hence, despite the WHO's call for eradication in 1958, they proceeded in the subcontinent at an uneven, disjointed and hesitant pace. Both the major campaigns—the National Smallpox Eradication Programme (NSEP), inaugurated in 1961 and the Intensified National Smallpox Eradication Programme (INSEP) launched in 1973—were beset by funding problems, and constantly compelled to adapt to the social, geographic and climatic variations of the country and the competing agendas of the various participants. There was civilian opposition too, sometimes met with force but more often countered through