

empirical study, but faced competition from methadone for public funding and esteem. It seemed therapeutic communities had arrived when the state of Illinois and then the Nixon administration embraced them as part of a mix of solutions to the drug-abuse problem, but the chaos and estrangement of the 1970s produced uneven results.

The Reagan administration readily adopted the prohibitive moralism of the original therapeutic community. Clark provides a fascinating treatment of Nancy Reagan's Just Say No campaign with a focus on the first lady's partnerships – largely contrived for the television cameras – with the third generation of therapeutic communities. The rise of evangelism and the emerging national obsession with so-called family values aided the shift to prevention for teens rather than recovery for adults. In a disturbing development, parents embraced militant treatment centres, such as The Seed and Straight, Incorporated, to reform their drug-experimenting teenagers. While the tough love of the Synanon model remained, residents' agency seemed much diminished.

Just as some histories support the idea that the uses and effects of drugs are socially constructed, Clark offers good evidence that sobriety and recovery too can be made by humans. In framing the therapeutic community as a worthy innovation gone awry, she seems to point out its untapped advantages over harder technologies such as prison cells or additional drugs. The original gist of the recovery revolution had been that drug addicts could achieve recovery on their own terms and by their own processes, upending the authority of the medical establishment that had failed them. But those who recovered by entering a therapeutic community would have to be more religious than radical, would have to truly believe in the righteousness of abstinence.

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**Tom Crook** and **Mike Esbester** (eds), *Governing Risks in Modern Britain: Danger, Safety and Accidents c.1800–2000* (London: Palgrave Macmillan, 2016), pp. xiv+315, £63.00, hardback, ISBN: 978-1-137-46744-7.

To the editors' credit, this book is an example of an edited collection with a single voice. Taking risks in their multiple contexts, it convincingly argues that risk and its management are a useful means for rethinking how Britain has been governed over the past two hundred years and more. Individual chapters examine an eclectic variety of risks, dangers and accidents, including drowning, gas leaks, poisoning, traffic accidents and environmental pollution. Each contributor is subsequently drawn to the ways that such risks challenge and normalise everyday social interactions, and are even, in some cases, resisted by those who feel disenfranchised by state bureaucracy. There is much here of relevance to historians of medicine, not least in the emergence of the state's legislative responsibility for public safety, the professionalisation and specialisation of safety as a field of concern, and the regulation of dangers in specific sites, notably the home, the workplace and on the street. Whilst chapters can certainly be read individually, this book is more than the sum of its parts and worth reading in its entirety.

The book benefits from an excellent introduction by the two editors, Tom Crook and Mike Esbester, who situate its themes within the fledgling historiography on risk. They subsequently outline the theoretical contributions made in recent decades to understanding the 'age of risk' (p. 10) that we live in today, drawing particular attention to Ulrich

Beck's important work. Moreover, the book's conclusion, jointly written by the editors with Arwen Mohun and Thomas Le Roux, makes a strong case for comparative and international research into the evolving governance of risk in western capitalist societies. As Chris Otter and Timothy Cooper remind us in their chapters, knowledge of risks spread unevenly because accidents remain localised events, but they also reverberate further afield, which offers greater scope for comparative research in future studies.

The book is a little unevenly organised into four sections (early risk societies, environmental risks, mobility and leisure risks and occupational risks), but this does reflect the breadth of original scholarship on show. Taking the work of the sociologist of risk, Ulrich Beck, as a general framework for the book, a clear chronology shifts from the early risk societies of the eighteenth century to the more recognisable risk societies of the nineteenth and twentieth centuries. Yet, while Beck's work focused on the period after the Second World War as the age of risk, the chapters in this volume identify earlier periods where risk significantly influenced the governance of British society. The chapters by Francis Dodsworth, Ryan Vieira and Chris Otter are particularly good at historicising the development of risk society, in ways that the sociological literature is not. Dodsworth locates an embryonic culture of risk management in the field of policing in the late eighteenth century. Vieira stresses the cultural production and dissemination of risk in his chapter. He takes the enormous public interest in accidents, and charts the rise of the 'single accident article' (p. 57) in early nineteenth-century London newspapers as evidence of the significance of risk to social relationships. Otter's gripping synthesis of the evolving materiality of risk stresses the contradictions in new technologies and chemicals, which, whilst designed to be socially useful, have brought new forms of pain, chronic illnesses and death. For example, whilst the growing use of synthetic materials like benzene and polychlorinated biphenyls (PCBs) brought initial benefits to industry, they are also substances with molecularly specific risks, which have endangered ecosystems and animals as well as human health.

Later chapters provide detailed case studies of the sort of unintended risks generated by new technologies. Tom Crook's chapter on sewer gas and Rebecca Whyte's on the dangers of carbolic acid in disinfectants clearly demonstrate the contingent and contested nature of public health policies. The growing use of chemical disinfection products in the late nineteenth century, for example, helped health experts and mothers kill germs in the home, whilst simultaneously generating anxieties about their use in suicides during the 1890s, which led to a successful campaign by professional groups to better regulate their sale. Later chapters, by Bill Luckin on the history of drink driving in Britain, and Chris A. Williams on the role that the police played in enforcing, educating and engineering safer driving in the early twentieth century, continue this theme. Police experts like Arthur Bassom and Herbert Tripp were integral in collating statistical information on road accidents and traffic licensing to shape policies addressing traffic segregation and control.

The book provides a wealth of voices from risk professionals, ranging from police officers and health and safety inspectors to voluntary groups and commercial operators. Health practitioners feature occasionally, often in the form of medical officers of health, and this journal's readers might reasonably expect more consistent coverage of their role in accident prevention and treatment (Glen O'Hara, for example, briefly mentions the Royal College of Surgeons' Working Party on Accident Prevention in his informative chapter on water safety in the mid to late twentieth century). While the state features heavily, it is never taken as a monolith, and the different interests of local and central government feature in various chapters.

The general public, as consumers, critics and victims of risk society, are somewhat neglected by this focus on the regulators, with a couple of exceptions. Timothy Cooper makes good use of oral interviews to show how environmental disasters like the Torrey Canyon oil spillage off Cornwall's coastline in 1967 generated problems for local communities' recovery. Moreover, Paul Almond and Mike Esbester's excellent chapter on the contested nature of health and safety regulation analyses the intensification of populist public discourse surrounding deregulation since the 1980s. Having read this book in the aftermath of the tragic Grenfell Tower fire on 14 June 2017, this chapter, and Christopher Sirrs' similarly effective chapter on the origins of health and safety legislation in the 1970s, remind us of the continued importance of regulation to public safety and the hard-fought battles ahead to protect and strengthen them. This is an important and timely book that situates present anxieties surrounding public safety in their historical context, and demonstrates that, contrary to popular opinion, bureaucrats can be good for our health.

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**Joel Peter Eigen**, *Mad-doctors in the Dock: Defending the Diagnosis, 1760–1913* (Baltimore, MD: Johns Hopkins University Press, 2016), pp. 224, hardback, \$40.00, ISBN: 978-1-4212-2048-6.

This third and final volume of Joel Eigen's study of the English insanity defence is again a scholarly triumph. Following in the vein of Nigel Walker's inspirational *Crime and Insanity in England* (1968) and Roger Smith's path-breaking historical contribution to the sociology of medical knowledge, *Trial by Medicine* (1981), *Mad-Doctors in the Dock* covers some of the terrain of Eigen's two previous studies, *Witnessing Insanity* (1995) and *Unconscious Crime* (2003), yet steps back to offer the best available overview of the ways psychiatry entered the courts, and thus expanded its power further into society. The focus of this volume is on psychiatric diagnoses in the Old Bailey, with particular attention paid to delusions, epilepsy and homicidal mania as constructs that were negotiated by psychiatrists, lawyers, judges and the jury in the Central Criminal Court. Beautifully written, Eigen has an unmatched talent for dipping into the details of a particular case to illustrate a general point. This skill can only be realised by someone with a complete comprehension of the subject. His clear voice and great compassion match his fair and thorough treatment of the insanity defence.

Eigen's work is the result of a lifetime of careful study devoted to one huge data set: the Old Bailey Session Papers (OBSP). Well before they were digitised, he developed a card index system (inherited from Nigel Walker) for comprehending this most complex source in English legal history. He read every trial, and annotated every suggestion of insanity, a total of 994 between 1760 and 1913 – the year when the OBSP ceased publication. That same year, the British Medical Association's Crime and Insanity Special Committee ceased meeting, delaying the publication of an official report on criminal insanity for ten years. It was not until 1923, in the aftermath of the trial of Ronald True (1922), that the Atkins Committee met to re-evaluate the insanity defence. No one knows the OBSP material like Eigen. Re-reading the transcripts over the course of years of study brings an appreciation of the subject matter far more profound than word-searching the OBSP, now possible at <https://www.oldbaileyonline.org>.