

Book Reviews

DAVID ARMSTRONG, *Political anatomy of the body. Medical knowledge in Britain in the twentieth century*, Cambridge University Press, 1983, 8vo, pp. xii, 146, £17.50.

This book belongs to the category describing itself as "thought provoking". For once this claim is well grounded. Quite explicitly, the author sets out to apply the methods of Foucault to the analysis of conceptual change within medicine in the present century. Although not a slavish imitation of Foucault, the hand and name of the master are never far from sight. But the book is also sufficiently original and scholarly to be refreshing and challenging to both sociologists and historians.

Dr Armstrong stands apart from the mainstream of both subjects. His approach will not be universally applauded. Many of the objections to this book are the same as those which have already been applied to Foucault's work. Some will view Armstrong's book as a challenging work of synthesis; others will regard it as an unscientific fiction. However, from the social historian's point of view there is much to admire. For instance, rather than restricting himself to a limited field the author deals with subjects as diverse as school clinics, paediatrics, venereology, psychiatry, geriatrics, and general practice. He thus monitors change in twentieth-century medicine less in terms of the high-technology specialisms than with respect to lower-status specialisms which nevertheless occupy an important social function. An elaborate mosaic is constructed demonstrating the significance of numerous key elements which have hitherto been omitted from the picture painted by both sociologists and historians, or which, as in the case of the Peckham Health Centre, have only just received the attention they deserve. Figures such as Balint, Pickles, and especially Ryle (accidentally not included in the index), or initiatives such as the Goodenough Report on Medical Education, the Oxford Institute of Social Medicine, or the Social Survey, all find their places in Armstrong's explanatory framework.

True to his neo-structuralist affiliations, Armstrong enriches our vocabulary by adding to the by now familiar concept "panopticon", his own invention "Dispensary". Dispensary is nowhere defined precisely, but it is loosely characterized on a great number of occasions in the book as the "new way", "new gaze", "new extended clinical gaze" of modern medicine, involving the "extension of the panoptic vision to a whole society". He is able to sustain this view with respect to a wide variety of instances taken from the medical specialisms under review, and by this means to demonstrate that modern medicine has extended its domain from human anatomy to control of the entire "social space" or the "interstices" between individuals.

Armstrong thus postulates a major epistemological shift in modern medicine, along with technological medicine, serving to extend the process of medicalization or "surveillance". He diligently avoids judgement on the changes described. It is left open to us to regard Armstrong's account as a celebration of the final maturation of the new scientific attitude within medicine. On the other hand, his language and rhetoric invite the reader to recognize the dangers of the intrusive gaze of the Dispensary. As an arm of this movement the social sciences themselves contribute to the possible menace of medicalization. Dispensary might thus be regarded as the evolutionary form of medicine ordained for 1984.

As in the case of Foucault, the historian's difficulties with Armstrong relate to the lack of a precise historical frame of reference. Anyone familiar with the diversity of seventeenth-century medical theory and the dominance of Baconian natural history will fail to appreciate the case for regarding Dispensary as an invention of any later age. No doubt structuralists can take precursors in their stride. But it is difficult to tie Dr Armstrong down to locating his epistemological change at any precise point in time, with the result that he is able to escape explaining this change with reference to any discrete set of historical circumstances. Past changes of perspective within medicine thus seem to occur spontaneously without any relationship to socio-economic circumstances. Major events like the two world wars, or the National Health Service legislation (1946, not 1964, p. 82) are mentioned in passing as reference points, but they assume no greater significance. In cases where he is more specific it is doubtful whether his analysis is correct. For instance, it seems to imply a slightly rose-tinted view of general practice to regard World War II as the occasion for the creation of the "reconstructed doctor-patient relationship and the fabrication of the patient as a subject" (p. 103),

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involving the rise of the health centre and the health care team. In terms of precursors, these ideas went back at least to 1920; in terms of operational application, the modernization of general practice cannot really be said to have begun before 1966. It may even be argued that the characterization of modern general practice – “a network of surveillance that discovered, identified and monitored the common disease, the minor symptom, the transient illness which hardly marked the body of the patient” (p. 84) – is little more than a gleam in the eye of a few luminaries in the Royal College of General Practitioners, rather than an epistemological reality representative of the body of general practice. As far as this aspect of medicine at least is concerned, the Dispensary might lie in the future, but it is not standard for 1948, nor even for 1984.

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KENNETH DEWHURST, *Hughlings Jackson on psychiatry*, Oxford, Sandford Publications, 1982, 8vo, pp. xi, 169, £9.00.

Formidable obstacles confront anyone trying to come to grips with the thought of John Hughlings Jackson. Despite the urging of his friends and colleagues, Jackson never collected his contributions into a single *magnum opus*; as a result, his writings remain scattered in numerous articles, some of which are to be found in rare and obscure journals. Only partial collections of these papers exist. To add to the problem, Jackson's prose is dense and, at times, opaque. These facts go far to explain why, for all his importance to clinical and theoretical neurology, Jackson remains elusive to the historian.

We are therefore indebted to Dr Dewhurst for having undertaken the onerous task of sifting Jackson's diffuse and turgid works to produce a concise and lucid summary of his ideas on psychiatry. Jackson emerges as a complex and subtle thinker – as, in J. J. Putnam's words, “one of the great philosophers of medicine”. For the scattered character of Jackson's output masks the inner coherence of his analysis of apparently disparate topics and a formidable determination to achieve a unified understanding of all diseases of the nervous system.

Psychiatric disorders were seen as merely one form of nervous disease. Jackson was perhaps the most single-minded and uncompromising of psychiatric physicalists: “if there be such a thing as a disease of the mind”, he held, “we can do nothing for it.” He was unwilling even to consider the existence of such an entity as a “psychological malady”, regarding hysteria, for example, as a form of malingering. Jackson approached psychoses with an essentially neurological perspective. Taking post-ictal states as his model of all insanities, he sought to understand them as sensori-motor disturbances of the higher nervous centres, with concomitant intellectual symptoms. Rather than regarding insanities as *sui generis*, Jackson sought to integrate them into a comprehensive theory of the pathology of the nervous system.

He justified this attempt at a holistic concept of the function and dysfunction of the nervous system by reference to the putative continuity that obtained between the lower and the highest nervous centres. The anterior lobes of the cerebral cortex were, like the basal ganglia and spinal cord, sensori-motor organs; they were also centres for the intellect, but Jackson maintained that, from a medical point of view, this was of secondary interest. Dewhurst rightly points to the importance of Jackson's one-time teacher, Thomas Laycock, in shaping this unitary concept of nervous structure and function as a hierarchical arrangement of progressively more complex but basically homologous levels of organization. Laycock also anticipated Jackson's concept of disease as the consequence of the degeneration of the most developed units of this hierarchy.

Jackson's thought strikes us as more “modern” than Laycock's because the former worked within the framework of post-Darwinian ideas of evolution; however, Dewhurst, like Young before him, recognizes that it was not Darwin's, but Herbert Spencer's version of evolutionary theory that had the greatest impact on Jackson's thinking. Nervous diseases (including insanity) were for Jackson reversals of the evolutionary process, whereby higher functional levels were impaired or destroyed with resultant hyperactivity of the nervous structures that remained intact. The symptomatology of the neuroses was thus explicable as a compound of the “negative” effects flowing from the degradation of higher centres and the “positive” effects of the uninhibited operation of levels of organization that were, in evolutionary terms, more primitive.