In a survey spanning 2,500 years there are inevitably enormous variations in pace and level of detail. Most of the book is devoted to the last three centuries. Highlights of detailed original research include accounts of the reception of general anaesthesia in mid-nineteenth-century France, Duchenne de Boulogne's and Jacques Arsène d'Arsonaval's electrotherapies, and René Leriche's "physiological surgery" of the sympathetic nervous system. The variety of historical methods employed is enjoyable, from analysis of the frequency with which different words for pain appear in Homer, Sophocles and the Hippocratic Corpus, to a detailed conceptual history of "sensibility" in the eighteenth century and the elegant summaries of key experiments. The latter require that rare combination of detailed neurophysiological knowledge and writing flair. Some effort is made to place the discoveries in institutional and intellectual context, and there are inserts on religious attitudes to pain, but this book is predominantly an "internal" history of ideas and medical practice. The use of terms such as "great discoveries", "breakthrough" and "advance" might have been tempered a little.

Rey proffers several important arguments, each of which merits further research. She argues that the secularization of pain was a prerequisite for it to become an object of scientific investigation. Protestantism and the "creation of the individual" in the Renaissance are credited with loosening pain's links with original sin and Christ's passion. It is argued that the semiology of pain remained essentially Galenic until Xavier Bichat's pathological anatomy placed special emphasis on spatial localization. Keele agreed with this view.

Rey claims that there was considerable interest in psychological determinants of pain, such as attention, mood and memory, in the early nineteenth-century writings of Bichat and Johannes Müller but it was lost as reductionist specificity theories of "pain pathways" and "pain receptors" appeared, Max von Frey's work offering a prime example. The unhelpful separation of experimental physiology from messy clinical reality is blamed, epitomized by the French academies of science and medicine.

The emphasis on temporal and competitive aspects of pain perception, such as conduction velocity, summation and integration, in the early twentieth-century research of Charles Sherrington, Keith Lucas and Edgar Adrian depended on cell theory and theories of evolution, Rey suggests. The paucity of French electrophysiological work in this period is attributed to a failure to attend to either of these broader intellectual fields.

What work on the history of pain remains to be tackled now that this large introduction is available? A patient-centred history would be of great interest, though Rey considers it would be limited by shortage of material. There is clearly room for studies of literary and religious sources in their own right. Another approach might be to single out particular pains, such as headache or dysmenorrhoea, as the focus of a review of clinical texts and case histories.

Andrew Hodgkiss, Guy's Hospital, London

CHARLOTTE MacKENZIE, *Psychiatry for the rich: a history of Ticehirst private asylum, 1792–1917*, Wellcome Institute Series in the History of Medicine, London and New York, Routledge, 1992, pp. x, 234, £45.00 (0-415-08891-7).

It is probably something of a truism that the beginnings of mental disorder are "usually first noticed in the family". Diseases of insidious onset, whether presenting physical or psychological signs, are notorious for the misapprehensions generated in sufferers and their close intimates. Thus part of the joy of medicine lies in its explanatory power, its ability to diagnose. This search for truth is also the basis of the detective story, unsurprisingly invented by a doctor, Conan Doyle with his Sherlock Holmes stories. The denouements of detective fiction are thus very similar to the wonders of diagnostic accuracy, hence the interaction and continuing power of both traditions to entertain in many media.

Among the enlivening questions at the heart of the debate on private (and public) asylums, is the question "what sort of people did they really look after?". Given that these asylums also dominated the care of the insane for nearly 200 years, and continue to be part of the public debate as to where the mentally ill should be housed, this question embraces a range of issues. Thus, in this history of

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Ticehurst Asylum, the "mecca" of private establishments by the late nineteenth century to quote a visitor's comment, we need to understand why people were placed there. Whether from wealthy families, or genteel middle-class families, or impoverished pauper families, was the lunatic certified (by his or her relative) as an acceptable act of desperation, or was this a form of social convenience? Was it easy, embarrassing, ill-understood, or a long drawn out process over many days of fearful uncertainty? If we attempt to review asylum history without this dynamic, the slide into a bureaucratic series of events, inhuman and colourless, is too easily made. Within the twentieth century there are several instances of individuals being placed in a lunatic asylum by their relatives or by other interested parties, when the issue of mental illness was seriously in doubt. The wife of T. S. Eliot and the case of Ezra Pound, come at once to mind. Likewise the dominant concerns of the law makers of Victorian England were the rights and liberty of the citizens. It needed only several novels such as *Hard cash*, to arouse easily the fears of inappropriate incarceration that lurked beneath the development of the asylum movement.

Charlotte MacKenzie's detailed account of Ticehurst House in Sussex, from 1792 to 1917, has several advantages over other asylum histories. The Ticehurst records are much more complete, with the casebooks from 1845–1917 entire, and unique in their prolonged details of patients' stays at Ticehurst. Furthermore the asylum was run for five generations by a single medical family, the Newingtons, one of whom, Herbert Hayes Newington, was also an extremely prominent lunacy physician and key figure in the Medico-Psychological Association from the 1880s to his death in 1917. This biography in itself would be a rich review of English psychiatric practice around the fin-de-siècle. Finally, by being so specially for a wealthy clientele, the accoutrements of family, finances, and (relatively) famous individuals give the establishment a special significance. MacKenzie has certainly used these ingredients, exploring the culs-de-sac of family histories and biographies, and reviewing well the secondary sources although she is rather over-reliant on Perry Jones and Roy Porter. She has also fitted her argument neatly into the current debates about asylum care, the family, and private versus public systems. However, there are worrying gaps.

For example, to what extent are there other similar records with which one might compare the Ticehurst material? She mentions a number of other establishments, many of which received patients from, or sent patients to, Ticehurst. The reasons for these transfers are rarely explicit from the registers or casebooks, although violent behaviour, family doubts and hard cash were the likely candidates. But the notes of Bethlem Hospital, of the Manor at Chiswick, and several other places are available, and comparisons might have been helpful. Of course, the issue of confidentiality permeates everything, obscuring what actually happened, but there must be some imaginative analysis, as well as the recording of stated details. Thus medical memoirs and personal biographies, or novels of the period, might have been introduced more colourfully to exemplify some of her arguments. She rightly concludes that apart from the sheer cost of private care—and Ticehurst was seriously expensive at about £450 per annum at least—the quality of that care and the pliability of the asylum proprietor in dealing with clients (and addressing the families' often unspoken wishes) were the dominant predictors of success.

But medical practice has a professional side to it, in terms of such things as getting the correct diagnosis, knowing the likely prognosis, and treating the overt symptoms and physical effects of mental illness. Thus the art of safely force-feeding those too demented or psychotic to eat for themselves was no less technically demanding than the modern procedures of, say, a lumbar puncture or chest drain. And the briefest review of the Ticehurst notes would show that the use of the "stomach pump" was a daily routine. Of course, being Ticehurst, this was not just for the passing of beef broth and fortifying gruels but was also used for the induction of beer, porter, champagne, brandy and other stimulating substances. Furthermore a wide range of medications were used, particularly towards the end of the century when barbiturates were available. Opium, cannabis tincture, and bromides were regularly handed out. MacKenzie does review this briefly, but the lack of clinical explanation makes for sometimes incomplete narrative. There is much data here of length of stay and recorded outcomes ("relieved", "restored", etc.), but we sometimes long to know if the clients were ever perhaps forgiven. Several suicides are also reported, although very few in the context of the suicidal risk brought to them, but we also long to know why patients felt thus. The fact that the fear of suicide was a commonly recorded reason for admission surely points to simple

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"safety first" as an underlying family motive, rather than the more complex versions sometimes nuanced. Perhaps the most difficult part of asylum or institutional history is style in writing. Should one be safe and routine, avoiding flights of convoluted prose? Should words like "routinization" be included? MacKenzie's rhythm is staid and generally clear and coherent, but trying to balance out data and analysis lends itself to safety first prose as well. It was never easy to write about the obvious and the expected, yet part of this particular history should be about language, the descriptive language generated by the demands (for recording in the notes) of the 1845 Asylums' Act, the Act that gave birth to these very casebooks.

The most potentially interesting chapters are those on "a family business" (ch. 2), and "the protection of private care" (ch. 7), in which she explores some of the reasons why an otherwise undistinguished country GP started looking after mentally ill patients. Taking at first patients "such as are of a quiet and tractable disposition", Newington's skills seem to have evolved via practical management details. We have a potential here to explore the real meaning of moral therapy, as to whether it was a kind of behavioural approach or more a description of a certain style of physicianly behaviour that seemed to be effective. Good husbandry abounds, in that the Newingtons were quite adept at organizing their labour force. Demand, going to the top end of the market, the influence of other private asylum owners, the local gentry, all added to the flowering of the asylum.

Perhaps most disappointing about this history is the lack of focus generated by the limited scope of MacKenzie's enquiry. Thus in the chapter on "the asylum and moral reform", she quite rightly points to the use of the diagnosis "moral insanity" for a third of the inpatients in the period 1838–1855. She outlines the increased length of stay, the reduced number of admissions, the increasing rise in population and the dropping off of the acceptance of pauper inmates. However, she does not once mention the work of Prichard, the man who actually coined the term "moral insanity". She suggests that a notion of reward and punishment, and the cultivation of a desire for esteem, were essential to the Newingtons' management process, and asks questions as to why families chose to send their members to an asylum. Clearly this is a complex point, with many cultural, social and financial considerations to be thought through. However, the most obvious reason, that the families themselves were being driven mad by the behaviour of their deranged relatives, never seems to surface. We are told that the most famous inmate, John Perceval, who was there only briefly, called the place Pecksniff Hall, but there is no attempt to clarify the meaning of this term to those of us not versed in the caricatures of Dickens.

Certain questions about the asylums in nineteenth-century Britain remain. The most obvious one, why were they built in such enormous numbers, remains most urgently in need of an answer. Versions of "social control" derive from the key work of Andrew Scull, but as an increasing number of individual asylum histories are reviewed the picture becomes more complex. Edward Hare has suggested the possibility of a new viral disease, and thus the emergence of schizophrenia-like illness in a chronic form not unlike general paralysis of the insane. The evangelical zeal of Lord Shaftesbury cannot be left out of the equation. The increasing recognition of mental disease behind abnormal behaviour, in the context of a more sophisticated and urban society, has also to be more fully explored. What Ticehurst surely shows, however, is that people placed in the asylum were generally mad, and that good care required lots of people. MacKenzie's focus on the doctor as entrepreneur, and on the role of the family, is an interesting one, but the details of this book tend to show that these were not the heart of the matter.

Trevor Turner, St Bartholomew's Hospital, London

SAUL JARCHO, *Quinine's predecessor: Francesco Torti and the early history of cinchona*, The Henry E. Sigerist Series in the History of Medicine, Baltimore, Johns Hopkins University Press, 1993, pp. xviii, 354, illus., £45.00 (0-8018-4466-5).

The story of cinchona—commonly known as Jesuits' bark, or Peruvian bark—is an excellent example of the successful introduction and marketing of a new remedy in the mid-seventeenth century. When given powdered, it commonly stopped the chills of intermittent fevers, without so much as purging: it was, in short, a specific, whose actions could not be explained according to

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