

Two figures dominate Dowbiggin's treatment of the subject: the American psychiatrist, G Alder Blumer, superintendent successively of the Utica State Hospital in New York, and of the Butler Hospital of Providence, Rhode Island, and sometime president of the American Medico-Psychological Association; and the Canadian, Charles Kirk ("C.K.") Clarke, arguably the most famous psychiatrist Canada has produced, superintendent of Rockwood Asylum and the Toronto Asylum, and subsequently dean of the Faculty of Medicine at the University of Toronto and superintendent of the Toronto General Hospital. Much of the narrative is drawn from their papers, and the analysis of the evolution of their views in relation to their changing personal circumstances underpins and gives weight to many of Dowbiggin's central conclusions. But the book ranges much more widely than this, and the views and actions of many other leading figures within the profession also receive considerable attention.

Fundamentally, Dowbiggin believes that the infatuation of early twentieth-century psychiatry with eugenics should not be reduced to the power of racial, class, and gender prejudice (though he shows that these were by no means minor aspects of the story). Instead, he places professional concerns at the very centre of his account, insisting that the "morally and scientifically dubious decisions" made by these fallible human beings must be seen as rooted in the vulnerabilities and professional marginality of their chosen speciality. So far from it being surprising that such self-professed humanitarians should become protagonists of "a cause their profession might prefer to forget", Dowbiggin suggests that the more pertinent question is "why *any* psychiatrists [of the period] resisted the eugenic message . . .". The sense, as one of their number put it, that psychiatric therapeutics was simply "a pile of rubbish", when coupled with the relentless accumulation of chronic patients and the growing pressures on the profession exerted by parsimonious politicians, was more than sufficient to convince most psychiatrists that "mental

diseases were chronic ailments whose incidence could only be reduced through extreme preventative measures".

Dowbiggin is careful to point out, however, the limits of psychiatry's loyalty to eugenics, and the shifting stance of individual practitioners, complexities he persuasively links to altered professional and career contingencies. Ultimately, he suggests, it was the combination of the discredit heaped upon programmes of asexualization by their association with the horrors of Nazism and the ability of many in the profession "to cut their ties to 'the enduring asylum'" after World War Two that led to an evaporation of their earlier enthusiasm for eugenic ideas. The profession, he shows us, was populated by careerists, not proto-Nazis.

One can raise a few quibbles about Dowbiggin's account. In some places, his narrative is excessively dependent on a small handful of secondary sources. In passing, too, he badly misconstrues the relationship between Alan Gregg and the Rockefeller Foundation on the one hand, and American and Canadian psychiatry on the other. (So far from having "little sympathy for psychiatry" and emphasizing "disinterested laboratory medical research", Gregg and the Foundation made psychiatry their major funding priority during the 1930s.) Fundamentally, though, this is a well-researched and original monograph that deserves a warm welcome. Together with Lynn Gamwell and Nancy Tomes' fine illustrated survey of *Madness in America*, it sets a high standard for the new series of Cornell Studies in the History of Psychiatry.

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David Wright and Anne Digby (eds), *From idiocy to mental deficiency: historical perspectives on people with learning disabilities*, Studies in the Social History of Medicine, London and New York, Routledge, 1996, pp. viii, 238, £45.00 (hardback 0-415-11215-X).

Book Reviews

David Wright and Anne Digby have edited a useful if uneven collection of articles on the history of a group they awkwardly label “people with learning disabilities”, those the Victorians bluntly termed the idiotic and the feeble-minded. The book is uneven in a double sense: chronologically, there are several papers on the medieval and early modern periods, and another series on the Victorian and Edwardian periods, but little or nothing about the eighteenth or most of the twentieth centuries; and substantively, the papers vary considerably in quality, and interest.

In an introductory chapter, Digby correctly draws our attention to the curious fashion in which the social marginality of the book’s subjects has continued to be mirrored by their academic marginality, even in the face of the explosion of interest in the history of psychiatry that has marked the past quarter century. *From idiocy to mental deficiency* makes a number of contributions towards overcoming that neglect. One of its least satisfactory features, however, is how little effort most of the contributors make to analyse the parallels and differences that can be observed in the histories of the mentally disabled and the mentally ill.

That laymen readily distinguished idiocy and lunacy and interpreted these conditions using predominantly naturalistic criteria even in the medieval and early modern period is emphasized in all three of the first substantive papers in the book: Richard Neugebauer’s examination of legal records generated by courts charged with assessing legal incompetency; Peter Rushton’s examination of family and community responses to the mentally disabled in North-East England; and Jonathan Andrews’ survey of provision in seventeenth-century London (which stresses, however, that “there is only limited evidence that early modern institutions attempted to maintain internal segregation between the mad and the idiotic”) (p. 69). There are, nonetheless, important differences in these authors’ claims about social policies and practices in the period which remain unreconciled. Rushton, for instance, insists that

“overwhelming evidence suggests that there existed much more careful and organized policies of relief than has hitherto been recognized” (p. 45), while Andrews asserts equally emphatically that “there is scant evidence to challenge the impression that relief of the poor mentally disabled was extremely scanty” (p. 74).

The stress on recapturing lay attitudes towards the idiotic resurfaces again in David Wright’s interesting exploration of the situation in Victorian England, which argues for substantial continuities with earlier periods and contends (though on the basis of quite limited evidence) that, in negotiations over the meaning of disability, “if anything, the family had the stronger say [rather than] . . . the labelling of idiocy . . . being imposed by the medical profession downwards” (p. 127). Medical discourse and medical interest in mental deficiency grew more prominent in the fin-de-siècle period, and thus feature far more centrally in the closing papers in the collection, all of which are concerned with various facets of the interpretation of idiocy as degeneration and hence as a grave menace to the social order. These essays, however, are a very mixed bag, and include some of the weakest pieces in the collection. Particularly unfortunate is the recurrent failure to place individual findings in a broader socio-political context.

Overall, then, *From idiocy to mental deficiency* is a worthwhile but rather patchy survey of an under-scrutinized subject. It does not begin to compare, in depth, coherence, or sophistication with James Trent’s valuable recent examination of the American scene, *Inventing the feeble mind: a history of mental retardation in the United States* (Berkeley, 1994). But it should certainly serve to stimulate debate and further research, and on those grounds it is a welcome addition to the literature.

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