

## Book Reviews

too. For example, much of the background material on issues like legislation will be thoroughly known to social historians of eighteenth-century medicine. The chapter on Earl Ferrers' and Nicholson's trials is principally narrative and does little to advance our understanding of the development of the insanity defence in the eighteenth century. At one level it is curiously old-fashioned, even if the analysis of social status and gender in determining the treatment of offenders is right up-to-date. Yet these reservations should not detract from a book that is often fascinating and original.

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Mark S Micale and Paul Lerner (eds), *Traumatic pasts: history, psychiatry, and trauma in the modern age, 1870–1930*, Cambridge Studies in the History of Medicine, Cambridge University Press, 2001, pp. xiv, 316, £40.00, US\$59.95 (hardback 0-521-58365-9).

It is not clear why it has taken five years for this collection of papers, originally given at a conference in Manchester in March 1996, to appear in print; but the delay is unfortunately timed. In the last seven years the historiography of trauma has been transformed, not simply by major historical studies by Allan Young and Ruth Leys, but by revisionist clinical writing on Post-Traumatic Stress Disorder. The main text of *Traumatic pasts*, despite some late retouching footnotes, is very much a product of the early 1990s, when young scholars explored trauma in the footsteps of Eric Leed and Elaine Showalter, using gender as their primary interpretative tool, and tended to project the PTSD model back into the past. The editors' blustering introduction, which dredges up a great many obscure works and ignores some central recent texts, cannot disguise that fact.

All the same, this is a welcome and

valuable book which adds significantly to our knowledge. Four sections look in turn at Victorian "travel and trauma", industrial trauma in the work place, *fin-de-siècle* theories of trauma, and the First World War; and, if there is occasional duplication, it is more than made up for by the steady accumulation of insight. A short review can touch on only some of the riches.

Once initial reluctance to accompany Drs Erichsen and Page on yet another railway journey had been overcome, I found Ralph Harrington thorough and useful on British "railway spine" literature, and Eric Caplan amiable and urbane on American. Harrington brings out the nuances of John Erichsen's position, while Caplan points up the ironic role of railway surgeons in pioneering psychotherapy.

By contrast, the section on industrial accidents and the German welfare state is disappointing. Neither Greg A Eghigian nor Wolfgang Schäffner provides the essential information needed by non-German readers and both write turgidly. Schäffner's chapter, which is full of lethal passages like "thus psychic trauma signifies probabilistic normalization", defeated me completely.

The theoretical section, however, is strong. Everyone who writes about the history of trauma already owes a substantial debt to Mark Micale and Paul Lerner for making the rich French and German literature accessible to their linguistically-challenged colleagues, and here Micale gives a fluent and authoritative review of Charcot's work on trauma, while Lerner sets Hermann Oppenheim's concept of traumatic neurosis firmly in the context of Wilhelmian medicine. In addition, Lisa Cardyn trawls effectively through the graphic American literature on female sexual trauma to show the reluctance of male doctors to probe the psychological causes of their patients' afflictions.

Finally, there is the Great War. In a valuable piece of revisionism, Peter Leese extends British "shell-shock" beyond the simplistic stereotypes popularized by Pat

Barker, using hospital journals and records to recover the experience of soldier patients—who turn out not to have shared the anguished alienation of the famous “literary cases”. Even richer clinical material surfaces in Bruna Bianchi’s fine account of Italian wartime experience, which combines a sense of what was distinctively Italian with interesting international comparisons. This important, scholarly, and beautifully-written chapter leads naturally into Marc Roudebush’s capable summary of his great, indispensable (and unpublished) thesis on the French in the War. Unfortunately, the quality of their work only highlights the weakness of Caroline Cox’s account of American policy towards veterans. There is some new material on the role of the American Legion, but Cox combines ignorance of the clinical literature with remarkable naivety about the underlying issues. She seems unaware that the “uniquely enlightened” policies of the Veterans’ Administration were in retrospect regarded as a complete disaster by the entire medical profession, including Abram Kardiner; or that there has been prolonged historical discussion of the distorting effects of generosity towards veterans on the American medical and welfare systems.

One small correction. The reason why the National Hospital, Queen Square, has no separate case files for “its best-known medic, the infamous Dr Yealland” (p. 217) is straightforward. He was not a Consultant, just a temporary houseman.

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**David Wright, *Mental disability in Victorian England: the Earlswood Asylum, 1847–1901*, Oxford Historical Monographs, Oxford, Clarendon Press, 2001, pp. xii, 244, £40.00 (hardback 0-19-924639-4).**

David Wright has already proved himself to be an eminently readable as well as

prolific writer. Alongside Anne Digby, Mathew Thomson, Mark Jackson and others, Wright has pioneered the application of new methodologies to open up the previously neglected history of people with learning difficulties. This important monograph provides a comprehensive summary of his contribution to this expanding historiography and gives a useful critique of current thinking on mental illness and mental disability issues. Wright seamlessly develops this narrative around the history of a unique institution in its Victorian heyday.

The foundation and early history of the Earlswood Asylum is presented in a series of carefully researched chapters, each with a wealth of information and its own insightful mini introduction and conclusion. The Earlswood Asylum is used as a case study to examine Victorian ideas about philanthropy, education, healthcare, class, gender and the limits of family care. The monograph will therefore appeal to the general as well as specialist reader and be an asset to many undergraduate courses.

David Wright is best known for his work on networks of care and control beyond the asylum and their relationship to institutional care. This theme is impressively dealt with in the monograph, which also innovatively addresses the role of health workers and the process of specialization and professionalization within the market for care. Asylum workers are rescued from the margins of existing studies and are shown to play a full role in the life of the institution as well as pursuing their own career aspirations. A careerist approach also tackles the role and motivations of the controversial figure of John Langdon Down who is neither simply lauded as a great medical man nor dismissed as a racist or eugenicist for his work on the classification of mental disability.

Wright tends towards an optimistic assessment of nineteenth-century asylum life and emphasizes its caring as well as