

Its Finnish counterpart is more for the scholar. Its strength lies in its use of the inscriptions of doctors, written in both Greek and Latin, to give some idea of their social position, a favourite Finnish theme that goes back to Gummerus. Its conclusion modifies the optimistic conclusions of Kudlien, confirming that there is little evidence for great wealth among physicians, and, equally, none for grinding poverty. There are few novelties here, and, in general, there is little of André's sparkle. But what there is is thorough, even if undue attention is paid to the execrable Pfeffer. The heart of the thesis is the list of physicians, which incorporates one new inscription (no. 31), of a "medicus oculusarius". Its range is impressive, from Archagathus in the second century BC to the time of Gregory the Great, even if some of the names are open to question: I doubt that Epigenes (225) was a doctor, or that Magnus (237) came to Rome. I miss the story in Galen, xiv 623–4, of the young boy who came to Rome, c. AD 150, with brilliant prospects and was murdered by his jealous medical competitors. I also append two unnoticed inscriptions. The first, of Sosicrates Sosicratis f. of Nicaea (see my *From Democedes to Harvey*, VII, p. 53), shows a Greek immigrant to Rome, the second a family of ex-slaves. A large stele in the archaeological store at the Via della Ferratella, measuring 138cm × 51 × 16, and dating to the late Republic or early Empire, bears the following inscription: L. Naevius C.I. Philippus/medicus chirurgus/Naevia C.I. Clara/medica philologa/in fron. ped. XIV/in agr. ped. XVII. Not only are the "job descriptions" of the deceased worth noting, but the size of the plot, 14 × 17 feet, is some indication of their respectable wealth.

As a collection of primary material, Dr Korpela's study is to be welcomed, and one can only admire his persistence in revising it during a diplomatic career in two continents and four capitals. Its narrowness of focus, however, and a patchy awareness of the very latest discoveries make it a less satisfactory answer than André's to the question posed at the beginning of this review.

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M. J. VAN LIEBURG, *Het Coolsingelziekenhuis te Rotterdam (1839–1900): de ontwikkeling van een stedelijk ziekenhuis in de 19e eeuw* [The Coolsingel Hospital Rotterdam (1839–1900): the development of a city hospital in the nineteenth century], *Nieuwe Nederlandse Bijdragen tot de Geschiedenis der Geneeskunde en der Natuurwetenschappen* [New Netherlands Contributions to the History of Medicine and the Natural Sciences], edited by M. J. van Lieburg and others, no. 21. Amsterdam, Rodopi, 1986, 4to, pp. xviii, 770, Dfl. 160.00.

This substantial work chronicles sixty years in the history of a famous Dutch hospital, in a period when it was held to be a "model hospital" for the rest of the Netherlands. The 770 pages (in A4 format) cover the development of Dutch hospitals in the last century, the medical history of Rotterdam, the building and numerous extensions of the Coolsingel Hospital, its administration, the hospital as 'medico-social institution', and a great deal of detailed information about the development of the medical and surgical departments, the dispensary and laboratories, and the auxiliary and technical services. There are copious appendices, eighty pages of notes, a huge bibliography and an index of personal names. The book is well produced, with many fine black and white illustrations, particularly of architectural drawings and early photographs of Dutch hospitals, most aptly placed in the text. There is an English summary of the book, and with the help of the very detailed list of contents, it should be possible to locate just about any aspect of the hospital's history in the course of these sixty years. The author has put twelve years of work into his research, and it can hardly be doubted that there has been a stone left unturned in the course of his labours in the archives and contemporary literature. He has laid it all out for us in easily digestible form.

This is the commercial edition of Van Lieburg's doctoral thesis for Rotterdam University, where he also received his medical training. Since 1972 he has been a professional medical historian, and has published extensively on the medical history of Rotterdam and the Netherlands in general. But in the case of this book, as a social historian I cannot help feeling that all this effort and diligence has been rather underused. There are virtually no comparisons (as the author freely

admits on p. 4) with other countries or even with other Dutch towns; only in the vaguest and most superficial way is there any attempt to locate the development of the Coolsingel Hospital to a general trend in the country or in Europe. There is no attempt to contribute to any theoretical ideas in the social history of medicine, and the whole makes an impression of a vast antiquarian study conducted by a very thorough archive-grubber who misses nothing, however insignificant, in his history of his chosen institution. There are many telltale signs: Van Lieburg confesses to having changed the subject of his doctoral research (and his supervisors) at least four times, the section in the Introduction laying out the problems and issues to which his research addresses itself is less than one page long and says very little; and worst of all there is no conclusion whatsoever. One minute we are deep in the minutiae of the evolution of the office of hospital boiler-room attendant and night porter, and the next we are straight into the appendices. That the author cannot sum up the conclusions of his study, and relate to them to the general trends and issues in his discipline, amounts to a sad squandering of all that time, effort, and paper. On the other hand, for anyone who wants to know anything at all in the way of detail and anecdote about this particular hospital in this particular period, then this book represents the end of the trail.

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ROY PORTER, *A social history of madness: stories of the insane*, London, Weidenfeld & Nicolson, 1987, pp. ix, 261, £14.95.

When Herbert Butterfield used the phrase “the Whig interpretation of history”, he did not have in mind the shameless apologists of psychiatry posing as historians, though a better example could hardly be found. Whether seen through the eyes of Albert Deutsch, Gregory Zilboorg, Franz Alexander, or Kathleen Jones, the history of psychiatry invariably appears as a tale of glorious progress, of psychiatric diagnosis and treatment advancing relentlessly from darkness to light, from superstition to science, producing, as Butterfield put it, “a story which is the ratification if not the glorification of the present”.

A social history of madness is not, assuredly, another Whig interpretation of the history of psychiatry. Indeed, Porter claims not to have written a “history of psychiatry” at all: “This book”, he states in the introduction, “is not a medical history of insanity viewed as a disease. Much less is it a history of psychiatry.” Perhaps Porter is stepping so gingerly because he has done something no historian of psychiatry before him has, namely, surveyed the story of madness and mad-doctoring without assuming that the madman is ill or irrational. On the contrary, he assumes that the madman can speak for himself: “The pontifications of psychiatry have all too often excommunicated the mad from human society, even when their own cries and complaints have been human, all too human.”

I submit, then, that Porter *has* written a “history of psychiatry”, one that might arguably be called a “Tory” interpretation. Unlike the Whig interpretation, which basks in the “humanism” of the mad-doctor, the Tory interpretation reclaims the humanity of the madman and thus serves as an indispensable counterpoise to the former. “Posterity”, observes Porter, “has treated the writings of mad people with enormous condescension.” Sad to say, posterity has treated the writings of mad people with much worse. “Condescension” implies that a residue of rationality and legitimacy is attached to thoughts which psychiatry has in fact treated as the symptoms of “thought-disorder”, the veritable detritus of decomposing brain-minds. Armed with the idea of mental illness, psychiatry allows only the mad-doctor to speak; the madman can do so only with and through the voice of the psychiatrist. This expropriation of the mental patient’s voice is a crucial clue to the central political problem of psychiatry—that is, its profoundly paternalistic-despotic character.

Although others have also recognized the legitimacy of the madman as a teller of his own tale, and have made use of his own insights to illuminate the rich and tragic fabric of the relationship between madman and mad-doctor, no one has done it as systematically or successfully as Porter.