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be applauded. It is enough to say that in appearance and arrangement it resembles the *Index Medicus*.

One has to be less sanguine over the Beaumont index. The first question it raises is whether a computer is really necessary to produce a guide to a small archive of 400 documents; though one must in fairness recognize that the index is experimental in nature and intended to stir up comment. It is claimed that the system by which it was produced can be applied to any other archive. My own response is clouded with scepticism. Here, in 165 closely packed double-column pages, bulging with entries, are recorded the contents of a 'small, homogeneous and important' historical collection. Five indexes tell us in minute, and often ludicrous, detail how many letters were exchanged, for instance, between St. Martin and Beaumont; where and when they were written, subjects discussed and the actual location of the documents within the collection. On the face of things this might seem admirable, but in fact I fear that confusion is the main result. It helps no one, least of all the historian, to have an archive of this nature microscopically dissected into its smallest constituents. Who, but someone transfixed by trivia, will be helped by index entries beginning with abstractions such as 'thank you', 'suggest', 'frustration', 'proposed' and so on? The computer has enjoyed its joke. Will the poor researcher?

Obviously a lot of hard and expensive work was put into the original indexing. Could not the results have been pruned and arranged by a person practised in the art of archive description? Old-fashioned methods are sometimes still the best; they could certainly have been turned to producing a worthwhile and economic piece of work in this instance. The computer is important enough to be kept in its due and proper place.

E. GASKELL

The Construction and Government of Lunatic Asylums and Hospitals for the Insane, by John Conolly, 1847 ed. reprinted with an introduction by Richard Hunter and Ida Macalpine, London, Dawsons of Pall Mall, 1968, pp. 37 + 183, port., £4 4s. 0d.

This is the latest publication in the Psychiatric Monograph series edited by Hunter and MacAlpine, and brings yet another classic of psychiatry within the reach of the ordinary reader. Conolly's original publications are surprisingly rare, considering the influence he had on his contemporaries and on the design and building of lunatic asylums. His ideas spread as far afield as Australia, Ceylon, and Jamaica and the great upsurge in mental hospital building programmes in the later nineteenth century must have been, to some extent, the result of his writings. It is therefore important to be able to refer to the original work, so that some of the claims made on Conolly's behalf can be seen in their proper context. Hunter and MacAlpine rightly point out that three important publications preceded Conolly's own book—Samuel Tuke's Practical Hints on the Construction and Economy of Pauper Lunatic Asylums, 1815; Browne's What Asylums were, are, and ought to be, 1837; and Jacobi's On the Construction and Management of Hospitals for the Insane, 1841. Conolly was the third superintendent of Hanwell, and a good deal of excellent work had already been carried out by Sir William Ellis—the patients were systematically employed, a fund for recovered

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patients had been created, and a number of eminent foreign visitors had toured the hospital. The unfortunate Millingen, who succeeded Ellis, did not stay long, and in 1839 Conolly was appointed. He remained five years as resident physician; it was this five-year experience on which he was to base his major writings, of which *The Construction and Government of Lunatic Asylums* is perhaps his best. It is a lucid exposition of all those matters concerned with the administration of a mental hospital, and even if it is perhaps a little too full of loving kindness, that may be excused as Victorian sentimentality. The organizational system which was to persist in mental hospitals for over a century in England owes much to Conolly, and if today we are in revolt against it, this is not to say that it did not fulfil a very useful and necessary purpose. Hunter and MacAlpine, as we have come to expect of them, have unearthed a good deal of new material for their introduction, which helps to set the scene for the book itself. The book is impeccably produced—the lucky possessors of the original edition will want to put this present reprint side by side with it.

DENIS LEIGH

Medical Licensing in America, 1650-1965, by R. H. Shryock, Baltimore, Johns Hopkins Press; London, Oxford University Press, 1968, pp. xi, 124, 52s. 6d.

This is an interesting account of the struggle to establish a system of licensing that would limit practice to those proved fit to protect the public while maintaining the ethical standards of the profession. Already in 1649 a Massachusetts Act had urged regulation on English models. Hope of success came in John Morgan's foundation of the first medical school at Philadelphia in 1765, but by 1780 there was no virtual control over practice, generally of poor quality. By the mid-nineteenth century, however, there was a pride in American medicine, fostered by public support for the demand of medical societies for reform in education.

Such pride proved ill-founded. Quarrels over ends and means, over prestige of early schools that, like professors, conferred too many licences, and the growth of sectarian schools, many of them confined to homeopathy and botanic medicine, brought chaos until in 1870 there was pressure for the British principle of searching written as well as oral examinations. The first registration system was set up by the Legislature in 1881, and in 1896 the National Confederation of State Medical Examining and Licensing Boards urged that graduation from high school must be the minimum standard for entrance to a three-year curriculum. Learned societies had increased steadily after the foundation of the New York Pathological Society in 1844, and the first real university medical school was founded by Johns Hopkins in Baltimore in 1876.

A period of intensive study of contemporary European (especially German) medicine led returning post-graduates to recognize the defects which still survived in their own system of education and research, and a new movement for reform came to a head with the Flexner report in 1910. Since that time the situation has been completely transformed, not without some reaction against the pace and extent of the reform, but this was quashed by the 1960 study of medical schools by the American Medical Council.

R. R. TRAIL