

the cover picture of an attendant spraying a powerful hose of water on a naked patient), de Young generally makes an effort to outline the ideas behind therapeutics and to put them in context. She observes, throughout, that physicians articulated their desire to help incurable patients, which helps to explain some of the more desperate interventions she describes (although, occasionally, she reveals outrage about past practices, such as physical management in 'Salutary Fear').

The choice to focus on the time period between the 1750s and the 1950s is an interesting one that cuts across standard narratives of somatic therapies. By showing continuities from the eighteenth to the twentieth centuries, de Young calls into question historians' typical story of asylums in their transition from moral treatment in the nineteenth century to somatic treatments in the twentieth century. And, by ending her encyclopaedia before the era of medications, de Young resists the use of history as a foil to celebrate modern achievements. She explicitly emphasises that the history of therapeutics is not a progressive narrative but continues in circles – the encyclopaedia format reinforces this argument. De Young also makes the choice to take an exceedingly broad view of the 'asylum' – she includes within that term any kind of institution that housed individuals perceived to have problems with mood, thinking or behaviour. This allows her to illustrate the ways in which local context, with shared social and cultural assumptions, helped to shape theories and practices directed at patients and also how those were viewed and experienced by patients and those around them.

There are a few aspects of the encyclopaedia format that are hard on the reader. For the longer entries, the references are included after a brief introduction of the topic before subheadings of the topic. This makes it necessary to go back and forth within the volume to identify sources for that topic. In addition, occasionally, de Young wanders into descriptions of the second half of the twentieth century or current practices, sometimes without the careful attention to evidence she uses for the earlier time periods. Within each entry, it is sometimes hard to locate a practice or idea in space and time – it would have been helpful to note more explicitly when and where the individual or theory she describes is situated.

Encyclopedia of Asylum Therapeutics achieves its intended object: to provide a good reference to interventions done within psychiatric institutions. It is less satisfying to read cover-to-cover, but the entries are well organised and the writing is lively. The volume will be a great teaching tool for students wishing to learn about treatments and to spur investigation, and its availability as a cheaper e-book will aid in its use in classrooms. It is broad enough in its approach that students in the social sciences as well as those in the health professions will find something to stimulate their critical thinking. The book will also be valuable for those curious about continuities over time and the longer view of psychiatric therapeutics.

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Francesca Di Marco, *Suicide in Twentieth-Century Japan* (Abingdon and New York: Routledge, 2016), pp. xviii, 198, \$155.00, hardback, ISBN: 978-1-138-93776-5.

Suicide in Japan seems special. From ritual disembowelment to *kamikaze* fighter pilots, voluntary death in Japan has been romanticised as a tragic, yet honourable act that reflects

'traditional' values like altruism and loyalty. Japanese kill themselves, it is said, for the greater good of the nation, society or family. They possess a unique psychology that predisposes them to suicide. Their suicides follow distinctive patterns. But at least one historian has had enough of such cultural essentialism. In *Suicide in Twentieth-Century Japan*, Francesca Di Marco aims to loosen the tenacious grip of these stereotypes on the popular imagination by tracing changes in ideas about suicide in Japan from the 1880s to the 1980s. As a 'counterweight', to use her term, to the narrative about the uniqueness of Japanese suicide, Di Marco tells a lesser-known story about the efforts of psychiatrists to spread the notion that suicide was caused by biologically-based mental illnesses. Her book breaks new ground as the first full-length study in English that critically outlines the historical formation of medical and cultural ideas about suicide in Japan. It is a long-awaited addition to a growing body of work on the histories of Japanese medicine and psychiatry.

Di Marco frames the history of suicide in Japan as a battle between two narratives: a cultural narrative that declared suicide a voluntary act driven by so-called traditional values or nationalist pride and a medical narrative that treated suicide as the result of universal, biomedical diseases. The battle began in the 1890s with Western-trained Japanese psychiatrists claiming that suicide was triggered by mental diseases rooted in genetic inheritances and biological abnormalities. The psychiatrists viewed suicide as a product of pathology, not individual agency. In the 1920s, intellectuals and journalists began to attack the medical narrative for trampling on 'traditional' values and instead resurrected 'a long-standing popular narrative in defense of individual sovereignty and in support of suicide as a free and romantic choice' (28). Psychiatrists wavered. Some continued to promote a strictly biomedical explanation of suicide; others made exceptions to the rule, claiming that forms of 'traditional' suicide like Buddhist martyrdom and the 'double suicide' of lovers constituted normal behaviour. But in the late 1930s, the psychiatrists capitulated to the cultural narrative, integrating social factors and cultural features into their theories of suicide. By the beginning of the post-World War II era, they had reconceived suicide as socio-cultural – as opposed to biological – pathology. Although psychiatrists regained some ground in the early 1960s, aided by the growth of the pharmaceutical industry and the introduction of universal health care, they could not stop the spread in the 1980s of the idea that Japan was a 'Suicide Nation', a place where suicide was a timeless act that embodied uniquely Japanese cultural values. The cultural narrative had won.

But how? The answer, Di Marco suggests, is cultural nationalism. Nationalist propaganda and theories of distinctive Japanese identity (*nihonjinron*) in the 1930s and late 1960s, respectively, were mighty weapons in the battle against science and medicine. In the case of the post-war period, the process of economic recovery ignited a 'rampant cultural nationalism' characterised by an 'ingrained ethnocentrism that then dominated every professional field [and] challenged the paradigms of biomedical science, rejecting biological reductionism and emphasizing sociocultural variables that tended to exalt national character' (8). Yet to argue that the cultural narrative won because of the power of cultural nationalism is tautological. The tautology begs the question of what gave culture, or more specifically, the cultural notion of Japanese uniqueness in death, its power? To hear Di Marco tell it, the medical narrative hardly stood a chance in the face of the power of culture, but she does not satisfyingly explain the origins and nature of that power.

Another problem lies in the opposition constructed between medicine and culture, which undermines the subtlety and complexity of the sources that Di Marco has painstakingly

researched. Medical science did not exist in a culture-free vacuum; nor was culture impervious to psychiatric ideas. Di Marco recognises the mutual constitution of medicine and culture to an extent, but makes normative judgements about the medical sciences. Consider her repeated use of the metaphor of contamination. She contends that the medical narrative was 'contaminated' by nationalistic discourse, making it 'inconsistent' and 'lack[ing] scientific integrity' (7). Psychiatric theories indirectly 'reinvigorated' the cultural narrative, Di Marco argues, because they were 'fragmented', 'confused' and 'dissonant' (123). She implies that psychiatry could have overpowered the cultural narrative of suicide if it had remained 'purely' scientific. To imagine that psychiatry was ever 'uncontaminated' by culture seems naïve at best, dangerous at worst.

Nor did all narratives of suicide in the twentieth century fit neatly into the categories of medicine or culture. Di Marco's close analyses of sensationalised cases of suicide in the national press across the twentieth century suggest that individuals with experiences of suicide and attempted suicide crafted their own language and stories to make sense of their desire to die. Many left behind suicide letters, diaries and confessions that the popular press eagerly disseminated. Tracing the alternative narratives that appeared in such writings may have helped lessen the reductive quality found in the opposition of medicine and culture, a feature that mars this otherwise well-researched book.

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Shane Doyle, *Before HIV: Sexuality, Fertility and Mortality in East Africa, 1900–1980*, British Academy Postdoctoral Fellowship Monographs (Oxford: Oxford University Press, for the British Academy, 2013), pp. 450, British Academy Postdoctoral Fellowship Monographs, £90, hardback, ISBN: 978-0-19-726533-8.

This is an important book: beautifully researched, carefully argued and rich with insight. It contributes to our knowledge in several domains: the history of health care institutions and population in an important sub-region; the evolving nature of sexuality, fertility and reproduction; and the varying efficacy of health care interventions during the whole of the past century. The subject matter is sufficiently rich and complex that it bears reading and re-reading.

Before HIV: Sexuality, Fertility and Mortality in East Africa, 1900–1980 can be read on several levels. On one level, it is an intervention in a long-standing debate about the reasons for population growth in Africa. One school maintains that fertility had always been high in a region that had a strong cultural preference for reproduction. According to these scholars, population grew from the 1920s onwards as a result of declines in mortality that derived from new wealth, new roads and railways, the availability of western medicine, primary education and maternity care. The opposing school put an emphasis on repressive colonial exactions. The argument on this side is (in part) that demands for labour and taxes exerted economic pressure that resulted in women reducing the period of time that passed between pregnancies. Doyle reaches his own conclusion on all these issues, but his main contribution to the debate is not in supporting one side or the other (although he tends to favour mortality decline) but in escaping from the strictures of these generalisations altogether, and showing that local variations were so great that there is no one answer and that we need analyses that are much more fine-grained.