

Book Reviews

commentators indicted male irresponsibility and “lasciviousness”. Nearly everyone condemned prostitutes, especially “amateur” ones, a category that could include virtually any sexually active unmarried woman. Stigma was structured not only by gender anxieties but also by those surrounding race and, especially, class. The virtue of young Scottish womanhood was threatened, so it was feared, by the ice-cream parlours of Italian immigrants. “Coloured” men were deemed to lack the “moral and social training which would enable them to live as decent members of a civilised society”. Throughout the period, efforts to control “dangerous sexualities” were directed with greatest force against working-class patients.

Throughout his book, Davidson is, quite rightly, much more concerned with medical and social attitudes than epidemiological questions. Nevertheless, in Chapter 7, he ventures an assessment of the effectiveness of the anti-VD campaign during the inter-war period. This is, as he acknowledges, a very problematic matter. Considerable weight is placed upon the fact that the death rate from GPI fell steadily from 1920 onwards. But given that the time-lag between infection and the development of tertiary neurosyphilis may run into decades, it seems unlikely that this decline can be reasonably attributed to the impact of clinics set up progressively only after 1916. Much of this discussion is marred by the author’s failure consistently to make the crucial (from an epidemiological point of view) distinction between incidence (the number of new cases per year per population) and prevalence (the number of cases present in the population at any given time). Curiously, both the fall in the number of new cases of syphilis and the rise in new cases of gonorrhoea are interpreted as evidence in support of the effectiveness of the campaign. Nonetheless, Davidson’s contention that the inter-war campaign did make a significant difference to Scottish levels of morbidity and mortality from VD

has sufficient force to merit further attention.

In his discussion of the post-war period, Davidson returns productively to his earlier themes. The social history of VD in late-twentieth-century Scotland is as much a story of moral regulation as of clinical or public health medicine. Distinctively interventionist, compulsionist and legislative tendencies within Scottish social administration, coupled with the enduring influence of a puritanical religion, have made the development of VD policy a contentious business. But yet, overwhelmingly, the history of venereal disease in Scotland is a vindication of a voluntarist, non-judgemental, approach to its control. Therein lies the relevance of this book to AIDS policy.

A noteworthy feature of *Dangerous liaisons* is its illustrations, about which the author writes perceptively. The prose is admirably considered and precise, although on one occasion (p. 225) Davidson inadvertently implies that 72 per cent of nurse almoners suffered from syphilis and/or gonorrhoea. Surely not! The index confuses the venerologists David and Robert Lees. Overall, however, Davidson’s balanced and judicious, yet frank and committed, scrutiny of the social impact of venereal infection significantly raises the standard of Scotland’s historical discourse about sexuality.

Malcolm Nicolson,
University of Glasgow

Mark Jackson, *The borderland of imbecility: medicine, society and the fabrication of the feeble mind in late Victorian and Edwardian England,* Manchester and New York, Manchester University Press, 2000, pp. 273, illus., £45.00 (hardback 0-7190-5456-7).

During the past ten years or so, historians in Australia, Canada, England,

France, Japan, the Netherlands, Scandinavia, and the United States (and, no doubt, in other places) have written about intellectual disabilities. Other social problems—mental illness, poverty, crime and punishment—have received the historian's attention for a longer time. Yet, what was slow coming before 1990 has come in a rush since. Mark Jackson's book is another important contribution to the rapidly growing literature on intellectual disabilities.

The book covers a period between 1890 and 1914, the year of the Elementary Education (Defective and Epileptic Children) Act. Its leading character is Mary Dendy, a middle-class parson's daughter whose progressive ideas found their place in the turn-of-the-century world of eugenics, scientific charity, and institutional segregation. Her principal concern became the feeble-minded, that "borderland" group of intellectually disabled people whom the Americans, after 1910, called morons. The founder of Sandlebridge Special School in 1902, Mary Dendy spent the remainder of her career advocating the permanent segregation of this class of "defectives" that she and others believed was a danger to the safety and well-being of the social order.

Not intelligent enough to stay out of trouble but intelligent enough to get into trouble, feeble-minded people became a leading source of vice, crime, illegitimacy, and racial and national decline. Linking social Darwinism, eugenics, and the newly rediscovered studies of Mendel, reformers saw in the control of feeble minds an important—maybe the most important—way to control a host of social problems. Despite the important influence that they exerted in the three decades around 1900, Jackson is quick to point out that the reformers were hardly unified in their claims about the threat of the feeble-minded. These conflicting claims were only exacerbated by conflicting meanings and symbols, many of which placed the feeble mind in boundaries between normality and abnormality,

between adult responsibility and childish irresponsibility, between bourgeois morality and lower class sensibilities, and between state authority and the authority of private charities. Besides showing conflicting meanings and symbols, Jackson notes that professional priority shaped competing claims for the control of mental deficiency. By the turn of the century, scientific medicine with its emphasis on pathology had become the dominant claimant. In this position, medicine supplanted an earlier generation's faith in education to transform feeble minds.

In an especially provocative chapter, 'Images of deviance', Jackson turns to photography to show this shift to pathology. He argues that authorities used photographs to provide "the successful elaboration and visual representation of an association between feeble-mindedness and physical appearance" (p. 109). In doing so, authorities reinforced the feeble mind as a type of mental defect that could be identified. Of course, successful identification strengthened the legitimacy of the identifiers to provide social control. Feeble minds were a threat to the social fabric, but authorities, who observed and identified the feeble-minded, could protect society from the threat.

In the last two chapters of the book, Jackson claims, among other things, that the control of feeble minds did not occur without opposition. He gives examples of inmates and their relatives who did not always co-operate with institutional segregation. But the examples are few and the information about resistance is, at best, vague. He also notes, and more convincingly illustrates, the opposition of British authorities, especially G K Chesterton and Josiah Wedgwood, to eugenics in general and to the parliamentary bills of 1913 and 1914 in particular.

Well researched and carefully argued, *The borderland of imbecility* is an important contribution to the history of intellectual

Book Reviews

disabilities. Readers from many disciplines will find it informative and insightful.

James W Trent,
Southern Illinois University at Edwardsville

Michael Kutzer, *Anatomie des Wahnsinns. Geisteskrankheit im medizinischen Denken der frühen Neuzeit und die Anfänge der pathologischen Anatomie*, Schriften zur Wissenschaftsgeschichte XVI, Hürtgenwald, Guido Pressler, 1998, pp. 293, DM 140.00 (3-87646-082-4).

Traditional historians of psychiatry have often argued that in medieval and in early modern times madness was interpreted in theological rather than in medical categories. According to this view, it was not before the seventeenth-century rivalry between religious and secular explanations that a rationalization and naturalization of madness took over. And even then, psychiatric knowledge was mainly theoretical and was not related to medical practice. More recent approaches have modified this view, in particular the myth, according to which a progressive psychiatry replaced demonology and superstition.

Michael Kutzer's well-researched study follows this track of a more differentiated historiography of psychiatry. His analysis is based on a remarkable number of treatises from the sixteenth and seventeenth centuries, and it is Kutzer's central claim that a "somato-physiological model" of madness was widely discussed by medical university teachers and vernacular doctors long before the scientific revolution and the writings of René Descartes and Thomas Willis. The first half of the book shows at length that early modern physicians mixed psychiatric nosology as a cocktail of Galenism, humoral pathology, pathological anatomy and the medieval ventricular theory of mental faculties. Thereby they followed an ontological dualism, according

to which the immaterial mind-soul (*anima rationalis*) remained unaffected, whereas an affection of the material body-soul (*anima sensitiva*) was responsible for mental disease. Most importantly what this book shows is that the theory of localizing mental faculties (*sensus communis*, *ratio*, *memoria*) in the cerebral ventricles was—despite Vesalius' sharp criticism—widely discussed until the seventeenth century, because it was used as an explanation of various mental lesions and deficiencies.

This variety of medical theories of madness challenges Kutzer's explanation of the success of the new mechanistic physiology in the second half of the seventeenth century. Following many other historians, Kutzer states that Descartes' theory of the pineal gland as the organ of the soul was mainly rejected by his contemporaries, whereas his mechanistic model was widely accepted. In consequence, ventricular theory was abandoned and the idea of a mechanic disturbance of the animal spirits presented a new form of the age-old humoral theory. The author mentions several times that the new thought style was theoretically rather than practically driven. This is an interesting observation, but unfortunately, it remains largely unexplored. More generally speaking, the book does not address historiographic issues that might be relevant for a deeper understanding of early modern psychiatry. For example, when Kutzer claims that the "somato-physiological model" was relevant for medical practice, one would like to know more precisely what he means by that. If physicians dissected corpses of maniacs or melancholics and found irregularities like a sclerotic brain or overfilled blood vessels, this was relevant for nosology, but it does not tell us very much about the treatment of those mentally insane before their death.

Kutzer seems to hope that the analysis of anatomical, pathological and clinical treatises and what he calls medical theory will provide the background for further