

Book Reviews

Tavistock Classics in the History of Psychiatry, London and New York, Routledge:

JOHN HASLAM, *Illustrations of madness*, with an Introduction by Roy Porter, 8vo, pp. lxiv, xi, 81, illus., £17.00.

THOMAS TROTTER, *An essay medical, philosophical, and chemical on drunkenness and its effect on the human body*, with an Introduction by Roy Porter, 1988, 8vo, pp. xliii, ix, 203, £19.95.

WILLIAM PARGETER, *Observations on maniacal disorders*, with an Introduction by Stanley W. Jackson, 1988, 8vo, pp. xl, vii, 140, £17.00.

For the last year or two, historians of psychiatry have been experiencing an *embarras de richesse* in the form of facsimile reproductions of a whole series of classic texts, each with a “substantial scholarly introduction based on ongoing research”. Though the model for it was developed by Hunter and Macalpine in the 1960s, this current project’s rationale is in fact the elusiveness of many influential works: published in small numbers and then never reprinted, these failed to receive the thorough analysis which modern historicism can offer. Where the original was in French or German, a contemporary translation will be used in most cases, but the first three volumes are all by English authors.

Roy Porter describes John Haslam’s *Illustrations of madness* (1810) as “the first book-length study of a single patient in British psychiatric history”. It concerns James Mathews, a London tea-broker who—for reasons which are still obscure—had been in Paris and imprisoned during the Revolutionary ferment. Confinement after his return resulted from letters written to Lord Liverpool, accusing both him and the royal family of treachery and corruption. As Apothecary to Bethlem, Haslam was responsible for Mathews over many years, and opposed an application of habeas corpus for his release. Whilst this opposition was clearly what the Government wanted, there is no evidence that it represented anything but Haslam’s honest opinion. The story turned to irony, if not farce, though, when Haslam himself was dismissed in 1816 because of the scandalous conditions of Bethlem—which were probably not his responsibility.

Haslam wrote mainly to justify his own part in what had become something of a *cause célèbre*, giving a straightforward description of the patient’s beliefs and behaviour, together with lengthy quotations from Mathews’s own writings. On the whole, this succeeds well enough in demonstrating that the patient experienced an elaborate delusional system, which would today be described as resulting from paranoid schizophrenia. Mathews believed that he and others were seriously affected by an immense underground machine, operated by a gang of persecutors and named, in punning neologese, the Airloom. It was inevitable that he should have looked for an explanation of the peculiar sensations he experienced in terms of the technology of his time; to understand this, though, does not reduce the validity of Haslam’s view that he was insane.

Porter makes much of the fact that the “gang” probably represented Haslam and his staff, and that (“exquisite irony”) Haslam failed to recognize this, so that the verbal dual between himself and Mathews was a case of *folie à deux*. That the patient was partly responsible for the doctor’s dismissal was certainly an odd twist to the story, but it simply represents the well-known characteristic of paranoid psychoses that, outside the delusional area, intellect and personality mostly remain intact: as the patient in the Yorkshire asylum said—“I may be crazy, but I’m not daft”. More interesting is the support that this case might give to the “recency” hypothesis of schizophrenia, since an earlier book by Haslam of 29 case-histories describes only one as experiencing auditory hallucinations (R. J. M. Howard, ‘Haslam’s schizophrenics’ (letter), *Br. J. Psychiat.*, 1989, 155: 265–6). That controversy, though, is far from settled yet.

A fellow student of Haslam’s at Bart’s was William Pargeter, who eventually became a naval chaplain; his *Observations on maniacal disorders* of 1792 are published with an introduction by Stanley Jackson. Pargeter was not an original thinker, his ideas deriving mainly from Cullen, Battie, or Monro, but he was an observant and humane clinician. That mania and severe depression were somehow connected had been recognized earlier in the century, though the nature of this relationship remained obscure, and is not fully resolved even today. Pargeter sometimes refers to the two conditions as though they were distinct and sometimes as though they were parts of “maniacal disorders”. He is very decisive, though, in his opening statement—“The chief reliance in the cure of insanity must be rather on management than medicine”—a principle which held true almost until the 1950s.

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The issue is important, not least because “management” was the basis for moral treatment, and Foucault—whose view of it has been followed so widely and uncritically—failed to grasp the cultural basis of that approach in England. For someone out of control, being controlled was the first step in the restoration of sanity, but Pargeter lays emphasis on the need for this to be done always in a humane way. He is particularly critical of laymen with dubious qualifications who set up private madhouses—a situation that has unfortunately returned to relevance, 200 years later. Amongst psychological measures, he emphasizes “catching the eye”, which Dr Willis used in treating George III, but did not describe. Pargeter’s list of Errata ends with the charming general disclaimer, “other inaccuracies, it is hoped, will be excused”.

Also echoing the theme of moral management is Thomas Trotter’s essay on drunkenness of 1804, since he advises clinicians to obtain ascendancy over the patient by emphasizing moral arguments, so making the habit of heavy drinking cease. Roy Porter is again the editor here and, although finding the work “puzzlingly anecdotal” and lacking wholly original ideas, nevertheless rates it “a pioneering contribution to the understanding of alcoholism” as a medical disorder. Pargeter showed awareness of the social and psychological factors which then favoured heavy drinking, at the same time as asserting that its problems fell within the medical domain. Just as abuse of heroin and marijuana spread in the 1960s through cultural and technical changes, so the later eighteenth century experienced an enormous increase in alcohol consumption because agricultural and industrial development produced grain surpluses, larger urban populations, and more ready money. Pargeter saw the habitual drunkenness of his time as part of a civilizing process which had got out of control and had opened a Pandora’s box of unexpected consequences. It is a view that remains highly relevant.

The claim for this series, then, that it will “break new ground in the history of psychiatry” seems a very reasonable one.

Hugh Freeman, *British Journal of Psychiatry*

ELISABETH FINCKH, *Foundations of Tibetan medicine*, vol. 1, London, Watkins, 1978, pp. 103, illus., £9.95, vol. 2, 2nd ed., London, Shaftesbury, 1988, pp. 126, £9.95; *idem*, *Studies in Tibetan medicine*, Ithaca, N.Y., Snow Lion, 1988, pp. 77, \$9.95.

YESHI DONDEN, *Health through balance*, Ithaca, N.Y., Snow Lion, 1986, pp. 252, illus., £10.95.

TOM DUMMER, *Tibetan medicine and other holistic health care systems*, London, Penguin Arkana, 1989, pp. xxiv, 307, illus., £8.99.

RECHUNG RINPOCHE, *Histoire de la médecine tibétaine. Vie de Gyu-thog-pa l’Ancien*, Paris, Le Chardon, 1989, pp. 278, illus., Fr 390 (leather-bound numbered copies Fr. 860).

Traditional medicine is sought after more and more to complement orthodox Western medicine. Both have their value in the scheme of things. Tibetan medicine is Buddhist medicine and therefore equally helpful in healing body and mind.

Dr Finckh is a naturopath from Hamburg. Her two-volume work is a meticulously scholarly exposition of the Tibetan medical system, with a list of the chief Tibetan works on the subject, and with a detailed analysis of the “trees of medicine with their branches, leaves and fruit” encompassing the *rGyud bzhi* (*Four Treatises* or *Four Tantras*), the fundamental medieval Tibetan work on the subject. Her *Studies* are an abridged version of this, with an additional chapter on pulsology that compares it with the Chinese system. She bases her exposition on two passages from this work in the original Tibetan transliterated into Western script, and has worked out a terminology for the German (her work being an English translation from the German) and English translation of the technical terms.

Dr Yeshi Donden has been for many years the personal physician to the Dalai Lama. While his text is based on the *Four Tantras*, there are several sections of questions where his answers to a modern audience bring the subject matter from the medieval framework of its composition between 750 and 1100 CE home into our own time and place. His assumptions will not always be ours, and the reader will have to work out where he or she stands in those matters. The special value of this work is that it is seen through Tibetan eyes.