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The historiography is rapidly expanding in the history of psychiatry and it is notable for its uniform excellence, as is evident by these two monographs. Changing Faces of Madness is a study of the changing response to madness in Massachusetts between 1700 and 1840. Jimenez explores the relationship between social reactions to madness and wider social, political, economic, and cultural transformations. The book is presented as both support for and a corrective to David J. Rothman’s influential Discovery of the Asylum. Rothman, who considered socio-economic change in Jacksonian America and its consequent effects on the operation of social welfare and control, situated attitudes towards the insane upon their confinement in institutions. The assumption was made that, prior to the 1840s, attitudes towards the insane had been static. However, as Jimenez successfully demonstrates, attitudes towards the insane had shifted well before institutional confinement:

After the American Revolution, the confluence of social, economic and cultural changes in New England colored madness with a vivid significance and led to a break with earlier ways of responding to the insane. This new reaction was largely a fearful one and resulted in a move to confine the insane, not in asylums, but in local jails, almshouses, and even private homes ... . The asylum builders in nineteenth-century Massachusetts were rescuing them not from the cruelty and neglect of the colonists but from an anxiety about insanity in the post-Revolutionary period that led to the separation of the insane from the rest of society. (8)

Jimenez further employs a fascinating and fruitful phenomenological perspective, based upon the premise that “madness has a force, an impact of its own. Madness itself is a significant actor in the drama that unfolds around it ...” (3). Through the examination of seventeenth- and eighteenth-century treatises on insanity, Jimenez determined that insanity was understood in the colonial world as not simply diabolical possession, but as a complex interweaving of religious, biological, and moral explanations. While the English texts on spleen and melancholy are less successfully integrated into her argument – there is no clear connection rendered between pronouncements in medical texts and the beliefs of the general population – Jimenez makes a convincing comparison between two of the works of Cotton Mather. In 1693, Mather cited the devil as the cause of insanity, while in 1724, his quasi-medical tract, “The Angel of Bethesda” was written with a more naturalistic bent; Mather was, according to Jimenez, the first colonial to apply biological causes to human behaviour.

Insanity in the colonial world was known as “distraction,” a mild term which implied a mind otherwise engaged, but not violent or uncontrolled. By the mid-eighteenth century, the impact of the Enlightenment upon Massachusetts society was to move the supernatural from the centre stage of life, and to introduce the concept of self-control of the passions as an important feature in the retention of sanity. As insanity became naturally rather than supernaturally oriented, it was perceived to be arrestable, and sub-
sequently medical intervention became an increasingly appropriate response. The more negative aspect of this process was that the insane came to be regarded as culpable in the creation of their disorder—a new "secularized notion of sin" (29). As shame was attached to madness, as the medical label of "malignant distemper," possibly infectious and threatening, replaced "distraction," popular tolerance of the insane diminished. By the end of the eighteenth century, the quiet as well as the furiously mad were confined. The asylum reforms of the Jacksonian period, the freeing of the insane from their chains and unheated, filthy cells, was thus a response to a recent period of confinement, rather than to conditions centuries old. While Jimenez's sources are often uneven and scanty, they are skilfully woven into a fascinating and convincing argument.

Ellen Dwyer's Homes for the Mad continues the story of the treatment of the insane following the adoption of the institutional model through the examination of commitment and case-book records of the New York State Lunatic Asylum at Utica and the Willard Asylum for the Chronic Insane, also in New York. The systematic examination of patient records is an increasingly popular venue for research in the history of insanity, as evident in the studies by Anne Digby and Charlotte MacKenzie in England, and Nancy Tomes and Elizabeth Lunbeck in the US. Dwyer's book is an impressive and informative addition to the field.

As in other asylums, the superintendents of Utica and Willard struggled with "the need to treat psychological symptoms, to cure physical disease, and to maintain institutional order." As in other asylums, the last goal "became all-important" (3). Financial imperatives and the composition of the patient population greatly influenced the type of therapeutics practiced. Willard, which had been established expressly as a custodial institution for the chronically insane, performed less pathological research and relied less upon chemical restraints to control its patients, primarily because its budget for sedatives was smaller than Utica's. Willard relied, instead, upon physical labour to control its patients.

Dwyer makes a telling indictment of the asylum-building orthodoxy of nineteenth-century mental health advocates, such as Dorothea Dix, who considered state institutions imperative, although the insane in country poor-houses were better cared for physically and at a cheaper rate. Dwyer regrets that New York state's administrators never seriously entertained the possible implementation of a British-style two-tiered system of local and state care.

The Utica asylum was opened by one of the leaders of the American asylum movement, Amariah Brigham, who was succeeded by Nathan Benedict, an adequate superintendent who made the mistake of not guarding his back from knives. While on a convalescent holiday, Benedict was dethroned by John Gray, a compelling and particularly nasty alienist who probably did more to besmirch the reputation of asylum superintendents in the nineteenth century than any other individual. Gray administered Utica like a fiefdom—fighting with and firing employees, commandeering the American Journal of Insanity and directing it as his own organ, and freely distributing asylum patronage to his cronies. Gray certainly is a figure deserving of his own full-length biography.

While Dwyer makes a painstaking statistical study of the characteristics of patients, and stresses the relationship between lack of caregivers and institutionalization, she falls somewhat short of fully analysing the reasons for the socially
isolated's susceptibility to commitment. “More difficult to understand on the basis of casebook histories alone were the institutionalization of a 49-year-old widow who felt surrounded by enemies ... and of a 30-year-old spinster whose main symptom, according to her sister, was the continual reading of old almanacs” (96). Perhaps it would have been instructive to elaborate on the “symptoms” of widowhood and spinsterhood, and how these may have been affected by the development of the urban-industrial household. This is only a minor point in an otherwise excellent, well-written, and complete study of institutional care in nineteenth-century New York. The history of psychiatry is indeed still a fruitful field for research.

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