

Book Reviews

RECENT WORKS ON THE HISTORY OF MEDICAL ICONOGRAPHY

- KLAUS KNECHT, *Charles Bell, The anatomy of expression (1806): Die Ausdruckstheorie des Anatomen und Chirurgen Sir Charles Bell (1774–1842) und ihre Beziehung zur Ästhetik des 19. Jahrhunderts*, (Kölner Medizinhistorische Beiträge 7), Cologne, Forschungsstelle des Instituts für Geschichte der Medizin, 1978, 8vo, pp. 212, illus., DM. 37.80.
- MARIA MEURER-KELDENICH, *Medizinische Literatur zur "Bildneri von Geisteskranken"*, (Kölner Medizinhistorische Beiträge 14), 1979, 8vo, pp. 314, illus., DM. 48.80.
- RENATA TAURECK, *Die Bedeutung der Photographie für die medizinische Abbildung im 19. Jahrhundert*, (Kölner Medizinhistorische Beiträge 15), 1980, 8vo, pp. 258, illus., DM. 43.80.
- OTTO GLANDIEN, *Franz Xavier Messerschmidt (1736–1783): Ausdrucksstudien und Charakterköpfe*, (Kölner Medizinhistorische Beiträge 20), 1981, 8vo, pp. 205, illus., DM. 37.80.
- SUSANNE DAHM, *Frühe Krankenbildnisse: Alibert, Esquirol, Baumgärtner*. (Kölner Medizinhistorische Beiträge 21), 1981, 8vo, pp. 441, illus., DM. 66.80.
- WILLIAM SCHUPBACH, *The paradox of Rembrandt's 'Anatomy of Dr. Tulp'*, (*Medical History*, Supplement No. 2), London, Wellcome Institute for the History of Medicine, 1982, 4to, pp. xiv, 110, illus., £9.00.

The first five titles listed above are dissertations completed under the auspices of Marielene Putscher of the University of Cologne. Professor Putscher, the *Altmeisterin* of medical iconography, is both an art historian and a historian of medicine, and is surely best known in the English-speaking world for her completion of the *History of medical illustration*, a work which remains the standard for any history of medical iconography. She is also the editor of the series in which these dissertations (and many other related ones) appear. Unlike her own work, these theses show both the strengths and the weaknesses of a school of medical history which is bound to the era of *Geistesgeschichte*, an era whose limitations are all too apparent to the contemporary reader.

These are descriptive dissertations. They bring much information compiled from the existing secondary sources with some reference to primary material. The best of them, Maria Meurer-Keldenich's work on the history of medical interest in the art of the insane, compiles much little-known material in search of a thesis. The worst of them, Knecht on Bell and Glandien on Messerschmidt, simply repeat in skeletal form, more detailed investigations. These are, of course, the strengths and failings of dissertations in general, but they also reflect a basic alteration in our sense of the necessary embeddedness of the study of medical iconography. Such a lack of embeddedness can be seen in the very title of Meurer-Keldenich's study: she wishes to examine the "medical" literature on the artistic production of the insane. This presentation should focus on the interest in the works of the insane within medical discourse. It should isolate this discourse as something unique. But, of course, it cannot. And thus the author, aware of the limitations placed upon her by an outmoded manner of understanding medical history, the Leipzig school three generations later, constantly butts into invisible walls, which for her are all too real. Thus, the entire question of the shift in the nature of the aesthetic object through the influence of the Romantics, the altered relationship to the production of "works of art" by patients (in medical discourse heralded by Pliny Earle, a fact unknown to the author), as well as the altered function of this interest within phenomenologically oriented psychiatry is *terra incognita*. And this is not merely because of any weakness in the scope of the writer, but because of the essential "in-house" nature of the history of medicine. What does the metacritical question of the theories of perception have to do with medical iconography? Everything, of course. What does social context, the shift in the function and perception of the nature of the patient, of healing, of treatment, have to do with medical iconography? Everything, of course. What does the development of altered philosophic systems have to do with the discourse of medical iconography? Everything, of course. It is not merely that we are dealing with "influence". Rather, that one cannot isolate any given discourse from the related discourses that surround it. The history of medical iconography is not simply the story of the pictures which accompanied

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medical texts. It is one of the major resources in measuring the shifts in perception present within systems that claim to represent the "realities" of the world. It is thus not merely of interest to parallel one world of aesthetic objects to another (as Glandien does in his work on Messerschmidt and his influence in contemporary art) or to draw the internal history of the function of photography in medicine (as does Taureck). What one must do is to use this material to reconstruct (as far as is possible) the world seen through these visual paradigms, to lay out the ideology inherent in the visual structures employed, to see with the eyes and the mind of the present the limitations of the past's perception of its world. All of this is missing from these dissertations. But what is present is the raw material for such work. To be blunt – these students have done the spadework for a much more complicated history of medical iconography which remains to be written.

A model for this new history of medical iconography has appeared recently. Going well beyond the art-internal work of art historians such as Heckscher, William Schupbach has presented a study of one painting, Rembrandt's anatomy, and has shown how a series of discourses must be unravelled before the painting makes any real sense. First, he explores the formalistic structure of the medical iconography, illustrating on this mechanical level the iconographic nature of the painting. He then asks the basic question of the iconography – what is the underlying ideology which the formalistic presentation wishes to reflect? He finds this ideology in the public nature of medical education and its heavily religious overlay. To do this, he must present a third discourse, that of the "idea" of the body and of anatomy. He shows, in a tour-de-force, that these discourses are not separate, not isolated one from the other; that the aesthetic object has a function in social history, in the public sphere, in the world of ideas, and that each in turn illuminates and is illuminated by the work of art. This does not vitiate the work of art as aesthetic object, but it does destroy the oldest fallacy of both art history and the history of medical iconography – that there is a special and unique place for the aesthetic object in any history of perception. If this special place does exist, it is as a focus for more integrated presentations of the world of art and medicine as part of a social and intellectual history of perception ("images").

We can see a not-too-subtle movement from the older description studies in the history of medical iconography to a new function for this area in the books under review. On the one hand, one must encourage Prof. Putscher to keep on producing such wonderful, heavily illustrated monographs. They will serve as a major resource for the new histories of medical iconography. On the other hand, one does hope that these dissertations fall into the hands of subtle investigators such as William Schupbach, who will be writing this history.

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THOMAS HAENEL, *Zur Geschichte der Psychiatrie*, Basle, Birkhauser Verlag, 1982, 8vo, pp. 249, illus., SFr. 32.00.

This history of psychiatry is nowadays an over-crowded territory. Sociologists and historians are the most frequent visitors. Whether involved in an anti-psychiatry campaign, or endeavouring to show that social control theory works, or simply looking for an empty academic niche, they all have a different tale to tell. Few, however, care much for psychiatry itself.

The sight of a practising psychiatrist trying his hand at history-writing might be, according to one's viewpoint, either a welcome change or a cause for consternation. Clinicians, as the rumour goes, are supposed not to write very good history. There is no reason, however, to worry about Dr Haenel's book, which is clear and uncomplicated. In fact, it is two shorter books put together. The first section deals with the general history of psychiatry; the second with the history of this speciality in Basle. In spite of the fact that Dr Haenel has included a bridging chapter on Swiss psychiatry, the two sections do not mix well together, because the first section is not very good. Its style and brevity are reminiscent of the historical inventories often included in clinical textbooks. The usual string of names is trotted out and the entire tour, from the Greeks to the present, lasts no more than thirty-five pages. Apart from identifying obvious errors, there is not much meat in it for any reviewer to get his teeth into. For example, the date