

Book Reviews

“semi-welfare state” (p. 291)—reflects his historicist bias that events should unfold toward goals set by historians. To Katz, Western Europe provides models of “complete welfare states”.

Like most ambitious books, this one has flaws. The first four chapters are mainly about a few communities in Eastern states, rather than about America. Because he excludes health services (except public mental hospitals) from his study, he ignores the difficult question of how institutions treated the sick poor. His strong distaste for charity “reformers” leads him to ignore evidence that, after the turn of the century, some of them—Edward T. Devine, for example—were collectivists boring from within established agencies (p. 83). In his brief summary of public health work at the turn of the century, he uncritically (and uncharacteristically) accepts contemporary claims for its effectiveness in reducing mortality from tuberculosis and other diseases (pp. 141-142). At the end of the book, he ignores the influence of events during the Second World War on social policy in the 1940s and 1950s. He ignores rural poverty throughout the book.

Despite these limitations, this book should quickly replace existing summary accounts of the history of welfare in America. Unlike this reviewer, moreover, many British readers will be heartened by Katz’s polemical stance and his impatience with American exceptionalism in social policy.

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JOAN BUSFIELD, *Managing madness: changing ideas and practice*, London, Hutchinson, 1986, 8vo, pp. 406, £25.00.

Drawing upon existing historical and sociological scholarship, this book attempts a synthetic overview of the theoretical status of psychiatry and of changing psychiatric ideas and practices from the eighteenth century to the present. The focus is largely, though not exclusively, on English society (Scotland, for much of this period, had its own rather distinctive response to the problems posed by the mad). And the perspective is of someone sympathetic to recent critics of the psychiatric enterprise (though not unreservedly so). Currently a lecturer in sociology at the University of Essex, Dr Busfield was trained as a clinical psychologist, and worked in that capacity at a mental hospital for a number of years.

Part One of the book focuses on conceptual and definitional matters. After two chapters presenting what she terms “the liberal-conception of psychiatry and medicine”, she turns to an examination of the anti-psychiatrists of the 1960s and early 1970s—most prominently Szasz, Laing, Goffman, and Scheff. This is all quite useful but standard stuff. The discussions of anti-psychiatry, for instance, lean heavily on prior critiques by Sedgwick, Ingleby, and others. There are some sensible comments on the importance of examining the historical construction of conceptions of mental illness, and the implausibility of the claim that there exists “a single criterion for the diverse behaviours—thought and action—that can be regarded as symptomatic of mental illness” (p. 101). But none of this breaks new intellectual ground. Part One closes with a chapter on “medicine and power”, which contrasts two ways of thinking about medicine in general and psychiatry in particular, characteristic of sociology in the 1970s: the neo-Weberian perspective, whose representative figures, for Busfield, are Illich and Freidson; and *soi-disant* Marxists, among whom she numbers Navarro and myself. Her own sympathies, she makes clear, are with those in the latter camp, provided they avoid “a narrowly functionalist mould” (a trap into which I, among others, am alleged to have fallen). For such functionalism, she contends, denies the relevance of history, a serious error since the “current shape and character of psychiatry and of the mental health services which provide the context of psychiatry work [*sic*] are as much a product of past needs, pressures, and struggles as of present forces” (p. 145).

Part Two of her book, in keeping with this methodological prescription, rehearses the history of psychiatry and the mental health services, from the eighteenth-century trade in lunacy, through the era of optimism in the early nineteenth century, the construction of the Victorian

Book Reviews

lunatic asylums, the tentative steps towards non-asylum psychiatric practice in the first half of the twentieth century, and the subsequent adoption of a policy euphemistically called "community care". Busfield has read quite widely in the recent secondary literature, and draws upon a diverse range of scholarship (MacDonald, Parry-Jones, Kathleen Jones, Hunter and Macalpine, Aubrey Lewis, Scull), as well as on a limited range of primary materials (Maudsley's writings, the Reports of Royal Commissions in 1926 and 1957), to construct her own account of these developments. Once again, all this is sound enough (though one is tempted to quibble here and there); but it offers little in the way of new information or research.

Overall, then, this is a book which surveys a rather broad terrain. Parts One and Two of the work are only weakly linked to each other, and the general level is of an advanced undergraduate text, rather than a monograph offering new research or a striking new synthesis of available materials. As such, it is a reasonably useful volume which can be recommended to those seeking an initial acquaintance with recent issues in the field. Specialists, however, will find little here with which they are not already familiar.

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JAMES C. RILEY, *The eighteenth-century campaign to avoid disease*, London, Macmillan, 1987, 8vo, pp. xvii, 213, £29.50.

Historians of preventive medicine have concentrated their attention primarily on the nineteenth century. It is pleasant, therefore, to encounter a balanced monograph which does not merely recognize how powerful a current prevention formed within eighteenth-century medicine, but which lucidly demonstrates how it flowed from the deeper cultural wellsprings of the Enlightenment. Drawing on Montesquieu and the Enlightenment neo-Hippocratic movement, Riley shows the convergence of eighteenth-century notions of Nature and man's power to transform it, of scientific causation, of progress in the environment as well as within society, and, not least, of the formation of man by circumstances. Having demonstrated this union, Riley suggests that environmentalism thus formed the most rational theory of disease, creating optimism for the conquest of sickness on the basis of the transformation of the environment.

In successive chapters, Riley offers judicious summaries and analyses of the writings of Arbuthnot and Short in Britain, and Ramazzini, Hoffmann, Burggrave, Behrends, Finke, and Frank on the Continent, to highlight the sorts of environmental factors that loomed largest in atmospheric and miasmatic theories of epizootic crises: climate, gases, standing water, exhalations, filth, and refuse. He then proceeds to analyse the practical remedies which these theoretical perspectives generated, paying attention to attempts to ventilate buildings, to clean up towns, and, above all, to drain swamps. And in the concluding sections of the book, he asks the crucial question as to whether medical environmentalism in theory and practice was to any significant degree responsible for declining mortality and rising aggregate population during the century. It is a case he finds generally not proven, though suggesting, following Mary Dobson, that the man-made decline in malaria, thanks to drainage projects, might have been significant.

Riley's discussion is to be welcomed so far as it goes. Unfortunately, it does not advance the state of understanding as far as it might have done. The book contains little which will not be familiar already to readers of Clarence Glacken, George Rosen, Major Greenwood, and other standard authors. Possibly, it is mainly intended to be a textbook survey of the state of the art for student use, but in that case, it suffers from a patchiness which will diminish its usefulness. For example, it is surprising that so little attention is paid to the extensive controversial writings on disease causation and public precautions generated on plague by the Marseilles outbreak (no mention of Paul Slack's admirable history). Smallpox, too, receives oddly little attention, given that inoculation surely proved the most successful of all the eighteenth-century campaigns to prevent disease, and just possibly a significant demographic factor (none of Razzell's books is listed).