Medical History, 2007, **51**: 399–401

Essay Review

The Destabilization of Domestic Psychiatry

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Akihito Suzuki, *Madness at home: the psychiatrist, the patient, and the family in England, 1820–1860*, Berkeley and London, University of California Press, 2006, pp. xii, 260, £32.50, $49.95 (hardback 978-0-520-24580-8).

In *Madness at home: the psychiatrist, the patient, and the family in England, l820–1860*, Akihito Suzuki examines the forces that undermined, or as he puts it, destabilized, domestic psychiatry: the caring for lunatic family members at home. Standard accounts of the process by which families "lost the treatment franchise" have routinely focused on the rise of the asylum and the coming of the (mad) doctor. But by mining an unusual source—newspaper reports of commissions of lunacy from l825 to l861—Suzuki has put to marvellous effect some l96 accounts of the actors, the language, the depositions, as well as the public and professional reaction to the shifting meanings of lunacy in an era noted for qualitative change in both civil and criminal jurisprudence. In addressing how domestic care of the mad lost its legitimacy, he deftly engages a host of issues dear to the heart of historians of medicine: the vagaries that surround a clinical diagnosis, the yawning gap that opens between professed medical opinion and actual medical practice, the motives thought to animate various actors who participated in the designation and sequestration of the mad in nineteenth-century England.

It is ultimately the fine art of diagnosis that threads its way through this comprehensive and intelligently written study. Although readers in medical history have grown familiar with the proffering of professional, political, and even venal motives believed to have framed the Victorian medical gaze, it is frankly difficult to finish *Madness at home* without a certain compassion for the predicament facing the period's specialists in mental medicine. As Suzuki makes clear, patients could actively mislead the physician, carefully circumnavigating delusional shoals to appear perfectly sane; relatives with an eye to recovering or protecting family property could manipulate the physician's inference in quite the other direction, tendentiously embellishing the narrative of their allegedly mad relative's antics. Even when supplied with a truthful history, where was the physician to look in order to translate florid accounts of seeming derangement into a diagnosis of lunacy? The professional literature, such as it was, contained only vague and imprecise criteria for the designation of madness; the expressed opinion of one's colleagues could be just as unhelpful. If there remain readers today who need to be reminded of the *sui generis* nature of psychiatric diagnosis, they have only to try to name another medical specialty whose practitioners could advise: "an ideal . . . clinical encounter was one without the patient" (p. 54). George Man Burrows, the author of this particular sentiment, would pay dearly for his self-regarding skills: he was brought low in a legal action that resulted from signing a lunacy certificate

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without having actually interviewed the subject of the commission's inquiry.

Among the voices ridiculing the unfortunate Dr Burrows were those of his medical colleagues, who faulted him and fellow "exclusive monopolizers of insanity" for being all too eager to sign certificates of insanity. To the historian of psychiatric diagnosis, however, the problem was not only a readiness to diagnose lunacy, but the paucity of substantive criteria to discern a degree of mental derangement that could justifiably deprive someone of both his personal and economic liberty. One notes instead the frequent use of "unsoundness of mind" to support an inference of lunacy. This is a forensic term with an ancient pedigree in the common law: the first recorded acquittal of a criminal defendant in England (1505) cited "unsound mind" to characterize the accused's mental state. Invoked three centuries later to inform the work of lunacy commissions, the term had lost none of its hopelessly opaque character and flew in the face of delusion, monomania, melancholia, and even "lesion of the will", the era's more familiar diagnoses. Readers may wonder why these states of being—on the lips of both medical men and the London populace—featured so rarely in a finding of lunacy. Unsound mind, after all, had no direct medical significance; it defied clear description and admitted of no diagnostic criteria.

A medical term with more forensic traction was moral insanity, coined by James Cowles Prichard. Testifying in both criminal and civil jurisdiction, medical witnesses had found themselves constrained by the law's preference for diagnoses that turned on the existence of delusion. The reliance on cognitive confusion—a fateful error in belief, an insistent, intruding idea—was designed to restrict the jury's consideration of insanity to a question of *knowing* that an act was wrong. Delusion was not only the term of preference for the courts; many medical men also insisted that a derangement of intellect (alone) defined insanity. Other medical voices, however, advanced the notion that insanity could be revealed in a derangement of the moral sentiments: how one *ought to feel* towards one's children, one's friends or one's lovers. Violent actions that stemmed from no logical, coherent reason—indeed aggressive behaviour that imperilled the perpetrator for no reason at all—was ascribed to a moral insanity *precisely* because it made no sense. Moral insanity had particular utility to medical witnesses when lunacy commissions considered the narrative of a suspected madman who failed to show proper respect for property. In fact, medical men were capable of reframing delusion itself into purely behavioural terms: a "delusion of manner" was invoked to diagnose inappropriate behaviour. Most often, though, it was moral insanity that medical witnesses introduced, which Suzuki maintains was conceived by Prichard "first and foremost as a means to save the family from financial ruin" (p. 84).

It is of course not hard to see how a family's anxiety for its economic future could have influenced the medical man's proclivity to find moral insanity. One could also argue that his respect for the patient's own liberty might have encouraged the mad doctor to err on the opposite side, deducing singularity of character rather than manifest derangement. This is the stark choice facing the physician in Suzuki's account, but one wonders if the motives of the physician were really a question of "either/or": *for* the family (or) *for* the patient. Volitional, in contrast to intellectual, impairment had its own history, predating Prichard's creation of moral insanity. Earlier in the century, Philippe Pinel had advanced the notion of a mania without delirium (delusion): an autonomous fury that impelled the afflicted into acts that admitted of no logical motivation. Pinel's innovative nosology, as well as that of his acolytes, Esquirol and Georget, was thought to rest on first-hand clinical experience with a wide array of patients. To focus on the grounds for medical theorizing is not to contend that (all) the clinician did was to read madness in the mind of the deranged. Certainly an array of professional and personal motives could have contributed to the creation of a new type of diagnostic term, and yet one needs to reserve some consideration for the cognitive aims of the physician himself, and how these could have been influenced by the availability of a range of medical cases of the distracted.

That the eventual diagnosis delivered in court bolstered one interest at the expense of the other is undeniable, but the medical effort to supply a forensic diagnosis may reveal at least as much about the evolving experience clinicians drew upon as it does the personally-felt pull to one side or the other.

It is also good to remember that moral insanity was far from universally accepted by medical specialists in insanity. John Connolly, himself no stranger to courtroom testimony, believed that such a diagnosis threatened "every eccentric man [to be] actually in danger of being treated as a madman" (p. 74). It seems odd that similar sentiments were not prominently voiced by the bench in the accounts that Suzuki has unearthed. In America during the same period, moral insanity invoked in court hearings concerning contested wills sparked a visceral reaction among American judges, to the point where they were willing to accept *any* testator's behavioural anomaly as evidence of singularity of character rather than madness—so determined was the effort to keep moral insanity out of their courtrooms. One might have expected English judges (or voices in the legal establishment) to react with similar disquiet at such an obvious expansion of the grounds for finding lunacy. They were certainly not reluctant to voice their disapproval of moral insanity when introduced at the Old Bailey in *criminal* trials during the same years covered in this work. Granted there is a qualitative difference in broadening the grounds for acquitting a suspect of a violent act in contrast to declaring a person lunatic, and yet issues of personal liberty rendered the lunacy commissions a dramatic and consequential forum. In both civil and criminal settings, medical witnesses were advancing a form of mental derangement uniquely—one might even say *purposely*—fitted to the legal issue at hand. The plea to respect questions of equity and justice was certainly on the lips of many of the medical men and medical writers; were they not joined by anxious voices on the English bench?

Perhaps legal anxiety was allayed by the very prominent role that lay interpretations of madness were playing in the diagnoses of madness that surfaced in the lunacy commissions. Among the many important insights in Suzuki's narrative is his underscoring of the enduring influence of family and lay understanding of madness, especially given the increasing frequency of the medical specialists in court. In a telling observation, he notes how professional authority and influence may have actually moved *away* from psychiatric opinion during this period, providing an important corrective to the notion that medical dominance in matters of social and legal administration is either inevitable or linear. Along the way, the author provides further debunking insights: the manner in which moral treatment was rooted in previous family patterns of care, the related and largely unexamined ways in which "domestic psychiatry" appears to have operated as a controlling, carceral setting, appearing to resemble the asylum in everything but record keeping.

Above all, the reader will find a renewed appreciation for the role religion played in "destabilizing" the family's claims to pride of place in the treatment of madness. Although the influence of Evangelical religion is more suggested than argued explicitly, the reader will come away from Suzuki's thoughtful and comprehensive narrative with a healthy respect for the array of formidable social forces other than medical that worked to wrest control of the lunatic from the clutches of the family.

https://doi.org/10.1017/S0025727300001502 Published online by Cambridge University Press