

moral sciences regarding its understanding. Though most of the authors studied in this book are already very well known by historians, from Pinel to Chiarugi, Esquirol, Georget, Bayle, Tardieu, and Morel, among many others, Huertas does not attempt to provide a lengthy and complete account of their work. He concentrates, rather, on those neglected aspects whose study serves the purpose of the book. When writing on degeneration, for example, Huertas explains how, despite the emphasis placed on a somatic conception of mental diseases, based mainly on biologically determined causes and physical stigmata, delirium still played a preponderant role as a diagnostic category. In the same vein, the discussion of Joseph Guislain rests on his classification of mental disorders and the use of a new psychiatric terminology. While Guislain claimed that all mental disorders had a common origin, named phrenalgia, he was also forced to accept an enormous variety of symptoms and manifestations.

El siglo de la clínica provides a picture of the medicalization of madness, where the shortage of therapeutic resources was balanced by the richness of conceptual tools regarding nosological and nosographic approaches. The author takes a middle ground between the social construction of mental illness and the history of therapeutic practices. He claims “that any objective interpretation of reality has always been given by the dominant culture and that systematic classifications [of mental illnesses], though very useful as intellectual tools, are but artificial abstractions with their (diagnostic) categories made up in given historical moments” (p. 259). From this point of view, nothing, except a misunderstanding of history and an irresponsible fear of change, prevents the arrival of new developments. These combined statements turn the history of psychiatry into both a critical rejection of stagnation and a heuristic tool for new practices. From an epistemological viewpoint, Huertas draws a necessarily schematic picture of the development of psychiatric discourses between social and cultural history, between the formation of concepts and their interaction

with psychiatric practice. This gives important insights into the study of a highly elusive and culturally mediated object. However, the emphasis on practices could have gone a step further to include the conditions under which a given therapy or nosology was thought to be sound or adequate. After all, though many of us may very well accept that hysteria, for example, was constructed as a diagnostic category, as the author explains at length in one of the chapters of the book, the questions still remain as to whether or not that category had a diagnostic value within a given epistemological culture.

Written with clarity and gusto, and relying heavily on Spanish historiography of psychiatry, this book will be very useful not only for the historian of psychiatry, but also for the scholar interested in an up-to-date bibliography of Spanish secondary sources on the history of psychiatry.

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Martin Gorsky and John Mohan with Tim Willis, *Mutualism and health care: British hospital contributory schemes in the twentieth century*, Manchester and New York, Manchester University Press, 2006, pp. xii, 243, illus., £60.00 (hardback 978-0-7190-6578-1).

In today’s health service, the values of voluntarism, mutualism and participation embodied in the ethos of the hospital contributory schemes that emerged in the nineteenth century and came to the fore in funding voluntary hospitals in inter-war Britain are little in evidence. In *Mutualism and health care*, Gorsky and Mohan re-examine the history and impact of such schemes on hospital finance and policy. Sympathetic to the brand of mutualism the schemes embodied, they position themselves in the revisionist school of welfare and use the idea of the “moving frontier” of welfare and a Tocquevillian model of civil society. At the same time, they draw on contemporary concerns about the role of mutualism and participation in the NHS with

the implicit aim of examining the advantages and disadvantages of different ways of organizing and delivering health care. They hence use hospital contributory schemes to explore the strengths and weaknesses of civil society, voluntarism and participation. In doing so, Gorsky and Mohan trace the evolution of these schemes from their nineteenth-century origins to their growing importance to hospital funding in the 1920s and 1930s, and to wartime debates on the health service through to the present.

For historians familiar with the existing scholarship on contributory schemes or voluntarism, Gorsky and Mohan offer few new revelations. However, *Mutualism and health care* presents a richly researched and insightful examination of the twentieth-century history of hospital contributory schemes. By drawing on a greater range of empirical evidence than other historians, they provide clearer assessments about membership and the schemes' influence to highlight their heterogeneity. In doing so, the authors effectively question their role in civil society and in encouraging participation and control.

Starting their history in the nineteenth century, Gorsky and Mohan examine how hospital contributory schemes drew on existing models of friendly societies and a cultural shift in attitudes to risk and responsibility. They reveal how they were not the natural outcomes of working-class support for individual voluntary hospitals but were established by local elites. Like many forms of voluntary activity, committed activists, many of whom were drawn from the social and professional elites, continued to dictate how the schemes were organized and managed. Growing participation between the wars did not materially alter how the schemes were run but raised expectations and demands for treatment that were not always fulfilled. If local schemes were able to gain some concessions in the delivery of hospital care, Gorsky and Mohan show how when their demands were at odds with the wishes of the governors or medical staff they were often ignored or bypassed.

However, as the authors make clear, this is not to downplay their importance. By the inter-war period, hospital contributory schemes formed a crucial component in hospital finance. They offered many institutions a route to salvation, emphasizing how the traditional conception of hospital care as a charitable dispensation had all but collapsed by this time. At their peak, such schemes could boast some eleven million members although there were substantial regional and local variations. The importance of these regional and local differences is sensitively asserted throughout the book. Localism helped maintain levels of support and identification but at the same time created difficulties in securing cooperation between schemes despite moves to develop reciprocal arrangements.

The creation of the NHS made the scope for voluntary effort and insurance under the new service unclear. In taking their history beyond 1939, Gorsky and Mohan are concerned to draw lessons for contemporary policymakers. They examine how the British Hospitals Contributory Schemes Association failed to influence policy before addressing how surviving schemes developed new roles and links under the NHS whilst working to maintain their voluntary and mutual character. Social and economic change, shifts in NHS policy, and competition with private medical insurance all served to threaten the ethos of the schemes, forcing them to adapt. If Gorsky and Mohan address how schemes fit in with New Labour's vision for the NHS, they conclude that it is difficult to see how they might provide the basis for a revival of mutualism.

However, what exactly this mutualism signifies during the twentieth century remains ill defined. Nor is what Gorsky and Mohan mean by civil society made clear. Some of the questions they set up are not fully examined. For example, their assessment of whether contributory schemes were perceived as a form of insurance—the most likely in their view—or as charity remains muted. Certain periods are neglected—relatively little, for

example, is said about the Edwardian years or the First World War—whilst ideas of gender, voluntarism and participation are addressed in a paragraph. In addition, Gorsky and Mohan occasionally come across as partisan, especially in those chapters that address the post-1948 period. For example, they lament the “failure of the contribution schemes to act collectively and articulate a plausible alternative in the NHS debates” (p. 227). Their frustration that the schemes were unable to create a fully integrated hospital service between the wars, or that a different path was not taken in the 1940s, sits uneasily with the historical record.

These points aside, the authors present a detailed examination of the nature of hospital contributory schemes. They effectively highlight their dualist nature as forms of charitable activity and insurance, in order to explore their strengths and weaknesses before and after the NHS. In so doing, Gorsky and Mohan rightly emphasize the importance of voluntary activity in health care throughout the twentieth century.

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Sharon L Snyder and David T Mitchell,
Cultural locations of disability, Chicago and London, University of Chicago Press, 2006, pp. xiv, 245, illus., £12.00, \$19.00 (paperback 0-226-76732-9).

This is an ambitious and provocative book written by disability studies specialists, rather than historians. The authors argue that current approaches to disability are haunted by “phantoms of the past” (p. xii), and that it is timely to reflect upon the cultural heritage of past practice, particularly eugenics, which, they claim, “lurked like a social phantasm just below the surface, determining the standards, manner and parameters of our cultural, political and intellectual debate about embodied differences” (p. x).

The authors examine a range of “cultural locations of disability” that have been set out on behalf of disabled people in western Europe and the United States—nineteenth-century charity systems, institutions for the feeble minded, the disability research industry, sheltered workshops, film representations of disability and current academic work in disability studies. Their theoretical framework is that these cultural locations construe disability as undesirable deviation from the norm, and that this is a consistent theme, attributable to the persistence of eugenic thought. The comfortable belief that eugenics perished with the revelations of Nazi extermination practices, is one they seek to demolish.

It is difficult to do justice to such a wide ranging book in a short review. The central thesis, namely the persistence of eugenic thought, was for me the most interesting strand. Overall, it is argued that a historical understanding of disability is underdeveloped. Even the extermination of disabled people by the Nazis has not received the attention it warrants. The chapter entitled ‘The eugenic Atlantic’ lays out the proposition that far from an aberration, eugenics was central to European and American efforts to engineer a healthy society, and that disability “functioned as the hub that provided cross-cultural utility” to fears around racial and sexual weakness (p. 101). Rather than being nation specific, they argue that eugenic thought between the two world wars crossed and recrossed the Atlantic, creating an “unprecedented level of scientific and governmental exchange over what to do with those designated with physical, sensory, and cognitive ‘defects’” (p.103). Far from Germany being unique, they regard its extermination practices as a logical extension of transnational biological targeting of defective conditions. The argument is developed that eugenics grouped people with widely divergent physical and cognitive characteristics into a single “defective” group. Whereas most historians of disability distinguish between treatment regimes for physical and mental impairment, Snyder and Mitchell contend that physical