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HISTORIOGRAPHICAL REVIEW

A LATENT HISTORIOGRAPHY? THE CASE OF PSYCHIATRY IN BRITAIN, 1500–1820*

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ABSTRACT. *Both empirically and interpretively, extant histories of psychiatry reveal a vastly greater degree of difference among themselves than historical accounts of any other field. Scholarship focuses on the period after 1800 and the same is true of historiographical reviews; those of early modern British psychiatry are often brief literature studies. This article sets out in depth the development of this rich and varied branch of history since the 1950s, exploring the many different approaches that have contributed to understanding the mad and how they were treated. Social, cultural, philosophical, religious, and intellectual historians have contributed as much as historians of science and medicine to understanding an enduring topic of fascination: ‘disorders of consciousness and conduct’ and their context. Appreciating the sometimes unacknowledged lineages of the subject and the personal histories of scholars (roots and routes) makes it easier to understand the past, present, and future of the history of psychiatry. The article explores European and North American influences as well as British traditions, looking at both the main currents of historiographical change and developments particular to the history of psychiatry.*

In 1981, Michael MacDonald famously announced that ‘The history of mental disorder in early modern England is an intellectual Africa.’¹ Two years later, Charles Webster bemoaned that ‘no author has attempted a detailed review of the modern history of medical historiography’.² Yet, just two years after this, the first comprehensive assessment appeared.³ Then, the recently founded (1990)

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* I am grateful to Michael Bentley, Andrew Burt, Gayle Davis, Aileen Fyfe, and Malcolm Nicolson for comments on earlier drafts. I should also like to thank those who discussed their work with me; I hope they will understand my decision to maintain their anonymity in the text.

¹ M. MacDonald, *Mystical Bedlam: madness, anxiety, and healing in seventeenth-century England* (Cambridge, 1981), p. 1. The analogy originated with Sir Richard Blackmore, who thought that beyond generally accepted reason lay ‘a wild uncultivated Region, an Intellectual Africa, that abounds with an endless Variety of monstrous and irregular Minds’. *Treatise of the spleen or vapours, or hypocondriacal and hysterical affections* (London, 1724), p. 263.

² C. Webster, ‘The historiography of medicine’, in P. Corsi and P. Weindling, eds., *Information sources in the history of science and medicine* (London, 1983), p. 30.

³ ‘Introduction’, in W. F. Bynum, R. Porter, and M. Shepherd, eds., *The anatomy of madness: essays in the history of psychiatry* (3 vols., London, 1985), 1, pp. 1–24.

History of Psychiatry published a special issue on writing the history of psychiatry and several other surveys came out around the same time.⁴ These and most subsequent overviews deal largely (and briefly) with the period after 1800 and early modern Britain still lacks an in-depth analysis of writings about 'disorders of consciousness and conduct'.⁵ Important exceptions include the work of Mark Micale and the contributions to his *Discovering the history of psychiatry* (1994; edited with Roy Porter).⁶ Beyond this, there is little that matches the exacting intellectual standards required by modern historiographers.⁷

This article attempts to fill the gap. It is about modern historians' analyses of the period, not early modern writing on disorders of the mind.⁸ It is more than a literature review because its inspiration is E. H. Carr's belief that the historian is part of history: appreciating the sometimes unacknowledged lineages of our subject and the personal histories of scholars (roots and routes) makes it easier to understand its past, present, and future.⁹ The treatment is chronological, picking out the main phases of development since the mid-twentieth century. The article uses published literature (including obituaries) alongside consultations with many of the living authorities on early modern British and Irish madness, both in person and by correspondence.

Micale and Porter aver that, 'both empirically and interpretively, extant histories of psychiatry reveal a vastly greater degree of difference among

⁴ R. Porter, 'History of psychiatry in Britain', *History of Psychiatry*, 2 (1991), pp. 271–9; idem, 'Madness and society in England: the historiography reconsidered', *Studies in History*, 3 (1987), pp. 275–90; idem, 'The historiography of medicine in the United Kingdom', in F. Huisman and J. H. Warner, eds., *Locating medical history: the stories and their meanings* (London, 2004), pp. 194–208; A. Scull, 'Psychiatry and its historians', *History of Psychiatry*, 2 (1991), pp. 239–50; idem, 'A quarter century of the history of psychiatry', *Journal of the History of the Behavioral Sciences*, 35 (1999), pp. 239–46.

⁵ R. Porter, *Mind-forg'd manacles: a history of madness in England from the Restoration to the Regency* (1987; Harmondsworth, 1990), p. xii; A. Scull, 'Humanitarianism or control? Some observations on the historiography of Anglo-American psychiatry', *Rice University Studies*, 67 (1981), pp. 21–41.

⁶ M. S. Micale, 'Hysteria and its historiography: a review of past and present writings (I and II)', *History of Science*, 27 (1989), pp. 223–61, 319–51; idem, 'Hysteria and its historiography: the future perspective', *History of Psychiatry*, 1 (1990), pp. 33–124; J. Andrews, 'Grand master of Bedlam: Roy Porter and the history of psychiatry', *History of Science*, 41 (2003), pp. 269–86; idem, 'History of medicine: health, medicine and disease in the eighteenth century', *Journal for Eighteenth-Century Studies*, 34 (2011), pp. 503–15; G. S. Rousseau, 'Psychology', in G. S. Rousseau and R. Porter, eds., *The ferment of knowledge: studies in the historiography of eighteenth-century science* (Cambridge, 1980), pp. 143–210.

⁷ M. J. Bentley, ed., *Companion to historiography* (London, 1997); idem, *Modernizing England's past: English historiography in the age of modernism, 1870–1970* (Cambridge, 2005); K. Waddington, *An introduction to the social history of medicine since 1500* (Basingstoke, 2011), pp. 1–15.

⁸ T. M. Brown, 'Mental diseases', in W. F. Bynum and R. Porter, eds., *Companion encyclopedia of the history of medicine* (2 vols., London, 1993–7), 1, pp. 438–63.

⁹ E. H. Carr, *What is history?* (Harmondsworth, 1964), pp. 22–3.

themselves than historical accounts of any other discipline'.¹⁰ At one end of the spectrum are clinicians-turned-historians, at the other academic historians who might variously be labelled social, economic, political, religious, cultural, or intellectual.¹¹ In between are social or human scientists, especially sociologists.¹² Criminology uses sociological method, but also encompasses the criminal justice system (the domain of lawyers), the psychology of individuals, and forensic science, which uses the methods of physical science and psychology in a legal context.¹³ Early architects of asylums thought ordered structures would help to reorder the mind and modern architectural historians analyse spaces for 'the sad, the bad and the mad'.¹⁴ English literary scholars and philosophers have also contributed extensively. This unusual disciplinary breadth is exemplified in the history of Glasgow's Gartnavel Royal Hospital, co-edited by an historian and a psychiatrist, but with contributions from a chaplain, social worker, and various mental health specialists.¹⁵

Jan Goldstein believes this diversity is because psychiatry, 'the oldest of the medical specialities, lacks the stability that age would seem to confer', remaining even now 'hostage to the mind body problem, buffeted back and forth between psychological and physical definition of its object and its techniques'.¹⁶ Some believe psychiatry 'is in many respects a clinical-historical discipline' and the practitioner-as-historian remains far more important than in other areas of science and medicine.¹⁷ Yet, the level of engagement is uneven. At their crudest, clinicians' potted histories summarize a transition from cruel incarceration to

¹⁰ M. S. Micale and R. Porter, 'Introduction: reflections on psychiatry and its histories', in M. S. Micale and R. Porter, eds., *Discovering the history of psychiatry* (Oxford, 1994), p. 5. The authors exaggerate in terming history of psychiatry a 'discipline' when it is really a field of interest, without either the departments that characterize history of medicine and history of science or even a standing conference.

¹¹ J. C. Burnham, 'A brief history of medical practitioners and professional historians as writers of medical history', *Health and History*, 1 (1999), pp. 250–73.

¹² L. Jordanova, 'The social sciences and history of science and medicine', in Corsi and Weindling, eds., *Information sources*, pp. 81–96.

¹³ N. Walker, *Crime and insanity in England*, 1: *The historical perspective* (Edinburgh, 1968). Volume II was never published.

¹⁴ T. A. Markus, 'Buildings for the sad, the bad and the mad in urban Scotland 1780–1830', in T. A. Markus, ed., *Order in space and society: architectural form and its context in the Scottish Enlightenment* (Edinburgh, 1982), pp. 25–114; A. Ingram with M. Faubert, *Cultural constructions of madness in eighteenth-century writing: representing the insane* (Basingstoke, 2005), ch. 7; C. Stevenson, *Medicine and magnificence: British hospital and asylum architecture, 1660–1815* (New Haven, CT, 2000); L. Topp, J. E. Moran, and J. Andrews, eds., *Madness, architecture and the built environment: psychiatric spaces in historical context* (London, 2007), pp. 1–16, 41–61, 85–104.

¹⁵ J. Andrews and I. Smith, eds., '*Let there be light again: a history of Gartnavel Royal Hospital from its beginnings to the present day*' (Glasgow, 1993); J. Andrews, A. Briggs, R. Porter, P. Tucker, and K. Waddington, *The history of Bethlem Hospital* (London, 1997).

¹⁶ J. Goldstein, 'Psychiatry', in Bynum and Porter, eds., *Companion encyclopedia*, II, p. 1368.

¹⁷ E. R. Wallace, 'Historiography: philosophy and methodology of history, with special emphasis on medicine and psychiatry; and an appendix on "historiography" as the History of History', in E. R. Wallace and J. Gach, eds., *History of psychiatry and medical psychology: with an epilogue on psychiatry and the mind-body relation* (New York, NY, 2008), p. 3.

humane institutionalization, or a movement from superstition and ignorance toward rational medical science, or they judge the opinions of earlier physicians. History serves science.¹⁸ These uncritically triumphalist or teleological narratives primitivize earlier periods, presenting them with a mixture of horror and indignation. Their advantage is sympathy for sufferers; their disadvantage lies in exaggerating their misery and the errors of those who tried to help them. Yet, under the weight of historical investigation and the continuing dialogue between academic historians and psychiatrists, psychoanalysts, neurologists, and other clinicians the gap in approaches is narrowing. The rising standard of popular or 'public' history (and perhaps science) has also helped.¹⁹

I

Mid-twentieth-century histories of psychiatry blended the social history of medicine with an optimistic view of the role of social policy. The best early scholars recognized that medicine was part of an historical matrix, external context as important as internal development. A cautious externalist, the American scholar, George Rosen, was one of the first.²⁰ He believed the world could be modernized to effect a suite of interrelated changes from within and outside society which would combine radically to alter not only the material conditions of life, but also knowledge, attitudes, and behaviour. History provided a road map. Modernization theory was popularized by sociologist Talcott Parsons, in the optimistic climate of post-Second World War North America, and the English-speaking lineages of late twentieth-century approaches are easily recognized.²¹

Not everyone welcomed the impact of these transgressive developments on intellectual life. Some insisted on the primacy of biomedical sciences, placing science outside and above society and politics, and treating it 'as the corpus of objective knowledge and as an activity governed by a special method'.²² Reacting (like Parsons) against Cold War Marxism, they distanced themselves from 'the social roots and even the social fruits of science'.²³ The successors of this school are those who currently complain that medical history has had the medicine taken out.²⁴ Social historians have sometimes ignored or

¹⁸ G. Brieger, 'The historiography of medicine', in Bynum and Porter, eds., *Companion encyclopedia*, 1, pp. 24-5; J. Duffin, 'A Hippocratic triangle: history, clinician-historians, and future doctors', in Huisman and Warner, eds., *Locating medical history*, pp. 445-7.

¹⁹ L. Jordanova, *History in practice* (London, 2000), pp. 141-71.

²⁰ G. Rosen, *A history of public health* (New York, NY, 1958), p. 17.

²¹ G. Walker, 'Modernization', in G. Walker, ed., *Writing early modern history* (London, 2005), pp. 25-48.

²² S. Shapin, 'What is the history of science?', *History Today*, 35 (1985), p. 50.

²³ R. Porter, 'The history of science and the history of society', in R. C. Olby, G. N. Cantor, J. R. R. Christie, and M. J. S. Hodge, eds., *Companion to the history of science* (London, 1989), p. 35.

²⁴ D. Harley, 'Rhetoric and the social construction of sickness and healing', *Social History of Medicine*, 12 (1999), pp. 407-35.

underestimated medical theories, but, by ranging widely, they have uncovered much about medicine in practice, the earthy realities of unhinged minds and diseased bodies omitted from biologized accounts. Indeed, the history of psychiatry means not just the history of medicine (and certainly not just the history of scientific medicine), but also politics, art, philosophy, sociology, architecture, law, and administrative structures. To an already diverse field, social history in particular brought 'a bundle of new histories of social relationships and of the cultures that inform them'.²⁵ Its continuing importance means that Charles Webster's belief that '[t]he history of medicine is to a large extent now regarded as a subdivision of the history of science' applies much less to the history of early modern psychiatry, which is prominently, if far from exclusively, social history.²⁶

Rosen and his inspiration, Henry E. Sigerist, tried unsuccessfully to promote social welfare in the United States. The British context in which Kathleen Jones wrote *Lunacy, law, and conscience, 1744–1845: the social history of the care of the insane* (1955) was very different. Drawn by the richness of psychiatry-related asylum archives and reflecting the social problems of the interwar years, Jones portrayed the dawn of enlightened approaches to mental health.²⁷ She carried on a Fabian social vision that originated in late nineteenth- and early twentieth-century concerns with social issues (including her inspiration, Daniel Hack Tuke's *Chapters in the history of the insane in the British Isles* (1882)), where the state intervened to do good, but where power was diffused. She expressed optimism about the role of central planning and supervision, seeking to consolidate and direct the Welfare State, to which the Beveridge Report of 1942 had committed Britain.²⁸ William Parry-Jones, a child and adolescent psychiatrist, latterly professor at the University of Glasgow, exemplifies the same blend of institutional and early social history. His Cambridge MD thesis became the basis for a pioneering study of private madhouses; it remains a model for research on early asylums.²⁹ Parry-Jones immersed himself in historical sources and allowed these to drive his conclusions, remaining mercifully detached from the condemnations seemingly required by either late eighteenth- and early nineteenth-century investigations of madhouses or the mid-twentieth-century sensitivities of his 'narrower clinical colleagues'.³⁰

²⁵ K. Wrightson, *Earthly necessities: economic lives in early modern Britain* (London, 2000), p. 21.

²⁶ Webster, 'Historiography of medicine', p. 29.

²⁷ K. Jones, *A history of the mental health services* (London, 1972).

²⁸ A. Wright, 'A century of Fabianism, 1884–1984', *History Today*, 34 (1984), pp. 50–1; M. Wiener, 'The unloved state: twentieth-century politics in the writing of nineteenth-century history', *Journal of British Studies*, 33 (1994), pp. 283–308.

²⁹ W. L. Parry-Jones, *The trade in lunacy: a study of private madhouses in England and Wales in the eighteenth and nineteenth centuries* (London, 1971); J. A. R. and M. E. Bickford, *The private lunatic asylums of the East Riding* (Beverley, 1976).

³⁰ M. Nicolson, 'Obituary: William Llywelyn Parry-Jones (1935–1997)', *Medical History*, 42 (1998), p. 100. He was not working on virgin territory. Arthur D. Morris (1889–1980), medical

II

Reading Kathleen Jones gives little sense of the shifts in political and intellectual life beginning in the 1950s. Changing ideological priorities created a drastically different alternative, replacing faith in the state with profound suspicion about the extent of central power, confidence in psychiatry with equally deep distrust. Psychiatry's prestige had grown in the late nineteenth century on the back of Freudian and other schools of psychoanalysis. Reaching its peak in the mid-twentieth century, its privileged social and epistemological position subsequently came under vigorous and sustained attack – along with all kinds of structures, symbols, and bases of authority.³¹ Favouring organic over psychogenic explanations of mental problems, while exploring and expounding sources for the history of psychiatry and publishing their seminal findings on topics ranging from madhouses to George III, clinicians Richard Hunter and Ida Macalpine's scepticism about modern psychiatry (especially psychoanalysis) is, for example, clear.³²

The anti-psychiatric tendency of the 1960s and 1970s focused on the labelling of deviant behaviour, revising earlier progressive or meliorist approaches and substituting social constructionism for medical nominalism. The key figures – Michel Foucault, Erving Goffman, Ronald Laing, Thomas Scheff, Thomas Szasz, and others – have left their diverse marks on scholars, but Ken Kesey's novel, *One flew over the cuckoo's nest* (1962; an Oscar-winning film directed by Milos Forman in 1975), shaped enduringly negative attitudes towards psychiatry among the broader Anglo-Saxon public, including twenty-first-century undergraduates.³³ During the 1980s and 1990s, this revisionism was itself revised by those sceptical of its ideological inclination and its broad-brush analysis of structures and discourses, which fudged issues of intention, agency, and experience.³⁴

The last great torch-holder, for a very disparate group, is perhaps Andy Scull, a sociology professor from the University of California at San Diego, who writes

superintendent at St Leonard's Hospital, Shoreditch, had already published a brief study of *The Hoxton madhouses* (Cambridge, 1958).

³¹ Micale and Porter, 'Reflections on psychiatry', p. 7; W. Bromberg, *Psychiatry between the wars, 1918–1945: a recollection* (London, 1982).

³² T. J. Peters and D. Wilkinson, 'King George III and porphyria: a clinical re-examination of the historical evidence', *History of Psychiatry*, 21 (2010), pp. 15–16; I. Macalpine and R. Hunter, *Three hundred years of psychiatry, 1535–1860* (London, 1963); idem and idem, *George III and the mad business* (London, 1969).

³³ Similarly negative early and mid-twentieth-century histories of Bethlem Hospital remain fixed in the popular imagination in spite of abundant balancing evidence. P. H. Allderidge, 'Bedlam: fact or fantasy', in Bynum, Porter, and Shepherd, eds., *The anatomy of madness*, II, pp. 17–33; C. T. Neely, *Distracted subjects: madness and gender in Shakespeare and early modern culture* (London, 2004), pp. 206–12. The culprit here may be a much older novel, William Wilkie Collins, *The woman in white* (London, 1860).

³⁴ P. Sedgwick, *Psychopolitics* (London, 1981); A. Megill, 'Foucault, ambiguity, and the rhetoric of historiography', *History of the Human Sciences*, 3 (1990), pp. 343–61.

disarmingly of 'my hybrid disciplinary background [which] drew part of its inspiration from Weberian sociology, and part from the marxisant social history of the *Past and Present* crowd'.³⁵ Scull sees the rise of the asylum from the eighteenth century as a response to capitalism, social control, professionalization, and political change; economic and ideological transformation dissolved traditional social and familial bonds, with asylums becoming 'warehouses of the unwanted'.³⁶ Historians questioned his picture, at least for the period up to 1820, emphasizing the emergence of madhouses as an aspect of consumer culture and as the result of well-intentioned developments in the practices of care.³⁷ Yet 'social control' or even conspiracy views of madness remain enduringly popular.³⁸

Always a diverse tendency that encompassed the political right and left, the anti-psychiatric metanarrative is still there, a ghost at the feast. More recent historiography emphasizes micro-historical studies and the experience of mental illness for sufferers and carers in local contexts, whether household, parish, or institution.³⁹ It has been profoundly influenced by the outcome of the 'psychiatry wars' fought between the 1960s and 1980s (a reminder of how politicized psychiatry is), in the aftermath of which came 'decarceration' and 'care in the community'.⁴⁰ Some might call modern writing post- or neo-revisionist, yet it is better to see it as the current mainstream in scholarship, for history is constantly being revised. And some might detect the fragmentation of historical research into discrete themes, less concerned now with grand narratives ('the big *why* questions' or

³⁵ Scull, 'Quarter century', p. 241; idem, 'The fictions of Foucault's scholarship', *Times Literary Supplement* (21 Mar. 2007).

³⁶ A. Scull, *The insanity of place/the place of insanity: essays on the history of psychiatry* (London, 2006), p. 1; idem, *Museums of madness: the social organization of insanity in nineteenth-century England* (London, 1979); idem, "'Museums of madness" revisited', *Social History of Medicine*, 6 (1993), pp. 3–23; idem, *Madness: a very short introduction* (Oxford, 2011).

³⁷ R. Porter, 'Madness and its institutions', in A. Wear, ed., *Medicine in society: historical essays* (Cambridge, 1992), pp. 277–301; J. Andrews, 'The rise of the asylum in Britain', in D. Brunton, ed., *Medicine transformed: health, disease and society in Europe, 1800–1930* (Manchester, 2004), pp. 298–330.

³⁸ For example C. Arnold, *Bedlam: London and its mad* (London, 2008). Many other (admittedly readable) victimologies similarly ignore inconvenient historical evidence. J. Keay, *Alexander the corrector: the tormented genius who unwrote the Bible* (London, 2004).

³⁹ J. Andrews, 'Identifying and providing for the mentally disabled in early modern London', in D. Wright and A. Digby, eds., *From idiocy to mental deficiency: historical perspectives on people with learning disabilities* (London, 1996), pp. 65–92; A. Suzuki, 'The household and the care of lunatics in eighteenth-century London', in P. Horden and R. Smith, eds., *The locus of care: families, communities, institutions, and the provision of welfare since antiquity* (London, 1998), pp. 153–75; R. A. Houston, "'Not simple boarding": care of the mentally incapacitated in Scotland during the long eighteenth century', in P. Bartlett and D. Wright, eds., *Outside the walls of the asylum: the history of care in the community, 1750–2000* (London, 1999), pp. 19–44.

⁴⁰ S. Gelman, 'The law and psychiatry wars, 1960–1980', *California Western Law Review*, 34 (1997), pp. 153–75. The number of patients in British asylums was reduced by 80 per cent between 1960 and 1990.

'the big changes').⁴¹ New fields emerge without being integrated into a wider conception of historical study, leading some to suggest that there is too much trivial research ('story telling') and not enough conceptualized scholarship.⁴²

In the late 1970s and early 1980s began the most productive period for the history of early modern British psychiatry, thanks to two key figures: Porter and MacDonald. Porter was an historian of Enlightenment science, deeply influenced by the newly separated Department of History and Philosophy of Science at the University of Cambridge, which pioneered work on the sociology of scientific knowledge.⁴³ After moving to the Wellcome Trust Centre for the History of Medicine at University College London in 1979, Porter supervised the doctorates of some of the best current scholars in the field, notably Jonathan Andrews (1991) and Akihito Suzuki (1992), as well as having a personal influence, while there, on many other important figures as diverse as Peter Bartlett, Jane Kromm, and Andy Scull. Porter's infectious enthusiasm (among others) inspired a generation of scholars and, by publishing *Mind-forg'd manacles* (1987) and *A social history of madness: stories of the insane* (1987), he created a wider audience convinced of history of psychiatry's interest and importance.

For his part, MacDonald remains a towering (if enigmatic) presence, as significant as Porter if a less committed disseminator and a more normally productive writer with strong roots in manuscript sources; Porter preferred print and cultural, intellectual angles. In his *Mystical Bedlam* (1981), MacDonald blended history of science with perspectives from social sciences, gender and literary studies, and the 'new social history', to shape a strikingly original book about the mad and sad (and simply sick) who consulted the seventeenth-century Buckinghamshire clergyman and astrological healer, Richard Napier. MacDonald's other major contribution, written with Terence Murphy, is more controversial, arguing that understandings of suicide became secularized and medicalized during the long eighteenth century.⁴⁴

⁴¹ L. Stone, 'The revival of narrative: reflections on a new old history', *Past and Present*, 85 (1979), p. 9; C. Tilly, 'Retrieving European lives', in O. Zunz, ed., *Reliving the past: the worlds of social history* (London, 1985), p. 15.

⁴² A. Wilson, 'A critical portrait of social history', in A. Wilson (ed.), *Rethinking social history: English society, 1570–1920, and its interpretation* (Manchester, 1993), p. 25; A. Scull, *Social order/mental disorder: Anglo-American psychiatry in historical perspective* (London, 1989), pp. 9–10.

⁴³ R. S. Porter, 'The making of geology: earth science in Britain, 1660–1815' (Ph.D. thesis, Cambridge, 1975); S. Schaffer, 'Obituary: Roy Sydney Porter', *Social Studies of Science*, 32 (2002), pp. 477–86; C. Webster, *The great instauration: science, medicine and reform, 1626–1660* (London, 1975).

⁴⁴ M. MacDonald and T. R. Murphy, *Sleepless souls: suicide in early modern England* (Oxford, 1990).

III

MacDonald's work exemplifies the importance of North American social and literary sciences in shaping writing about early modern British psychiatry; history there began to incorporate disciplines other than economics in the 1940s, whereas in Britain this did not happen until the 1960s.⁴⁵ Continental influences are, however, less obvious and British historians' intellectual debts to non-anglophone scholars are slowly paid. The early French sociologist Emile Durkheim's finding that recorded suicide is disproportionately urban remains valid today, even if his attribution of it to rootless town life (and restless Protestantism) is now much nuanced.⁴⁶ Historians recognize the importance of French psychiatry to the development of care (personified by Philippe Pinel, around whom one of the most powerful foundational myths formed),⁴⁷ but are less aware that one variation on modernization theory, MacDonald and Murphy's secularization model, has the same origins.⁴⁸ It comes from Enlightenment anti-clericalism that became a political force in nineteenth-century France (manifested in titanic struggles between church and state) and culminated in Albert Bayet's monumental *Le suicide et la morale* (1922), mediated to English speakers by travel writer Henry Romilly Fedden.⁴⁹ France had academic sociologists a century ago and it is the home of literary theory, just as late nineteenth-century Germany is the fatherland of modern philology, blending hermeneutics and philosophy into the history of medicine. It is, however, only fair to note that French receptions of later American sociology are themselves often unacknowledged.

Representative of the way British historians approach the history of psychiatry and its institutions is Len Smith.⁵⁰ Driven by documentation rather than theory, Smith's main interest is in celebrating the subscription or voluntary hospitals of George III's reign, either those specifically for the insane or adjuncts of generalist institutions that catered for sufferers from mental disorder. Trained as an economic historian (like Anne Digby and others of

⁴⁵ Micalé and Porter, 'Reflections on psychiatry', p. 9; W. Bromberg, 'Some social aspects of the history of psychiatry', *Bulletin of the History of Medicine*, 11 (1942), pp. 117–32; D. J. Rothman, *The discovery of the asylum: social order and disorder in the new republic* (New York, NY, 1971); G. N. Grob, *Mental institutions in America: social policy to 1875* (New York, NY, 1973). J. Obelkevich, 'New developments in history in the 1950s and 1960s', *Contemporary British History*, 14 (2000), pp. 125–42.

⁴⁶ E. Durkheim, *Le suicide: étude de sociologie* (Paris, 1897).

⁴⁷ D. B. Weiner, "'Le geste de Pinel': the history of a psychiatric myth', in Micalé and Porter, eds., *Discovering the history of psychiatry*, pp. 232–47.

⁴⁸ R. A. Houston, *Punishing the dead? Suicide, lordship and community in Britain, 1500–1830* (Oxford, 2010), pp. 7–13, 285–8.

⁴⁹ A. Bayet, *Le suicide et la morale* (Paris, 1922); H. R. Fedden, *Suicide: a social and historical study* (London, 1938).

⁵⁰ L. Smith, 'Cure, comfort and safe custody': *public lunatic asylums in early nineteenth-century England* (London, 1999); idem, *Lunatic hospitals in Georgian England, 1750–1830* (London, 2007).

their generation),⁵¹ Smith is keenly aware of the financial realities behind provision. In common with other scholars of early madhouses, such as Elaine Murphy, he stresses their individuality and permeability: the reverse of sociologist Goffman's largely ahistorical 'total institutions'.⁵² Baroness Murphy also carried on the interaction between history and contemporary social policy that characterized mid-century studies.⁵³ Historians can be useful to parliamentarians, while those who have had experience of the political and administrative side of mental health care have brought special insights into the governance processes which for centuries have mediated or negotiated relations between the state and local political entities, law enforcement, medical personnel, communities, families, and patients, for the shifting benefits of different groups.

We have English translations of a handful of polemics published in the 1960s, in the main trenchantly ideological products of anti-psychiatry that criticized mental health institutions and the psychiatric profession. In *Bürger und Irre* (1969), Klaus Dörner saw emerging psychiatry from the late eighteenth century as a way of dealing with what bourgeois-capitalist society regarded as irrationality.⁵⁴ Dörner realized his arguments more by cultural correspondence than through detailed critical analysis of sources. He owed more to Karl Marx and Max Weber than to his European and North American contemporaries, who included the French materialist philosopher, Foucault.⁵⁵ Foucault forced us to look again at the origins of the widespread incarceration and treatment of the insane, counselling scholars to anatomize medical knowledge and to see that power is knowledge; the

⁵¹ Smith's M.Sc. in economic history preceded his Ph.D. in labour history under Dorothy Thompson (University of Birmingham, 1982). Digby read economics and history at Cambridge. A. Digby, *Madness, morality, and medicine: a study of the York Retreat, 1796–1914* (Cambridge, 1985); idem, *From York Lunatic Asylum to Bootham Park Hospital* (York, 1986).

⁵² E. Goffman, *Asylums: essays on the social situation of mental patients and other inmates* (Garden City, NY, 1961); M. Ignatieff, 'Total institutions and working classes: a review essay', *History Workshop Journal*, 15 (1983), pp. 167–73.

⁵³ E. Murphy, 'Mad farming in the metropolis', 2 parts, *History of Psychiatry*, 12 (2001), pp. 245–82, 405–30. Murphy was at various times a practising community psychiatrist, an academic, a regulator (vice-chair of the Mental Health Act Commission), a government adviser, an NHS manager, and a parliamentarian. Peter Bartlett, whose first taste of mental health issues was a university summer placement with a Canadian NGO, also bridges law and policy.

⁵⁴ K. Dörner, *Madmen and the bourgeoisie: a social history of insanity and psychiatry* (Oxford, 1981). Far better and more recent books remain available only in German. M. Schär, *Seelennöte der Untertanen: Selbstmord, Melancholie, und Religion im alten Zürich, 1500–1800* (Zurich, 1985); G. Signori, *Trauer, Verzweiflung und Anfechtung: Selbstmord und Selbstmordversuche in spätmittelalterlichen und frühneuzeitlichen Gesellschaften* (Tübingen, 1994); V. Lind, *Selbstmord in der frühen Neuzeit: Diskurs, Lebenswelt und kultureller Wandel am Beispiel der Herzogtümer Schleswig und Holstein* (Göttingen, 1999); U. Baumann, *Vom Recht auf den eigenen Tod: die Geschichte des Suizids vom 18. bis zum 20. Jahrhundert* (Weimar, 2001).

⁵⁵ G. Rosen, 'Social attitudes to irrationality and madness in seventeenth- and eighteenth-century Europe', *Journal of the History of Medicine*, 18 (1963), pp. 220–40.

literary historian, George Rousseau, calls this more generally ‘the politics of knowledge’,⁵⁶

Foucault’s impact on historians is, at best, productively provocative; most challenge and refute, even damn, him. Among the few who have engaged systematically and constructively with his ideas are Colin Jones and Roy Porter, hard as it is for anyone in the field to ignore Foucault’s archaeologies of knowledge.⁵⁷ Historical geographer Chris Philo offers perhaps the best sustained application of his concepts (testing, critiquing, reformulating) through empirical engagements.⁵⁸ Advocates like Philo believe Foucault’s contribution is persistently misunderstood and misrepresented, and that the entangling of his concepts of discourse, power-knowledge, surveillance, abnormality, and the phenomenology of the body become alive, subtle, and persuasive when properly historicized.

Nomothetic disciplines like geography that wear their conceptual apparatus prominently (and proudly) are more comfortable with theory than many historians, whose idiographic approach takes them to the concrete and the particular, not the universal or structural.⁵⁹ Another comparable specialism is modern literary study and its representations of the mad ‘as performative caricatures permanently segregated from the onstage and offstage spectators’.⁶⁰ Thus separated, reading and seeing madness can make a political or ideological statement. For example, Duncan Salkeld’s cultural-materialist take on Foucault seeks to link greater actual incarceration and an ideology of social control in Elizabethan and early Stuart England, with dramatic representations of confinement, seeing the body as a metaphor for order and madness as a ‘metaphor for sedition and the subversion of authority and reason . . . a sign of sovereignty . . . in crisis’.⁶¹ Madness’s protean nature makes it unique as a carrier of meaning.

⁵⁶ Rousseau, ‘Psychology’, p. 203; see also pp. 182–9, 200–2, 209–10.

⁵⁷ C. Jones and R. Porter, eds., *Reassessing Foucault: power, medicine, and the body* (London, 1994); P. Burke, ed., *Critical essays on Michel Foucault* (Aldershot, 1992); A. Still and I. Velody, *Rewriting the history of madness: studies in Foucault’s ‘Histoire de la folie’* (London, 1992). Still is a psychologist and Velody a sociologist. M. Dinges, ‘Michel Foucault und die Historiker’, *Österreichische Zeitschrift für Geschichtswissenschaften*, 4 (1993), pp. 620–41; G. Gutting, ‘Michel Foucault’s *Phänomenologie des Krankengeistes*’, in Micale and Porter, eds., *Discovering the history of psychiatry*, pp. 331–47; idem, ‘Foucault and the history of madness’, in G. Gutting, ed., *The Cambridge companion to Foucault* (Cambridge, 1994), pp. 47–70. Gutting is a professor of philosophy at the University of Notre Dame. A. Wilson, ‘Porter versus Foucault on the “birth of the clinic”’, in R. Bivins and J. Pickstone, eds., *Medicine, madness and social history: essays in honour of Roy Porter* (London, 2007), pp. 25–35.

⁵⁸ C. Philo, *A geographical history of institutional provision for the insane from medieval times to the 1860s in England and Wales: the space reserved for insanity* (Lampeter, 2004).

⁵⁹ Wilson, ‘Critical portrait of social history’, p. 36. The distinction originated with the German philosopher W. Windelband, *Geschichte und Naturwissenschaft* (Strassburg, 1894).

⁶⁰ Neely, *Distracted subjects*, p. 168.

⁶¹ D. Salkeld, *Madness and drama in the age of Shakespeare* (Manchester, 1993), pp. 2, 59–60; Neely, *Distracted subjects*, pp. 210, 211; J. Kromm, *The art of frenzy: public madness in the visual*

In contrast, most historians stand back from Foucault ('an unreadable fraud', according to one respondent), noting how his narrative of separation and anathematization belies the early modern emphasis on reintegration and cure, and how medical knowledge is not solely produced by doctors or in asylums.⁶² At best, scholars recognize that the entrenched positions adopted by exponents and opponents alike have done little to enlighten historical understanding. Carrying on his 'dark continent' theme, MacDonald wrote: 'Ever since the publication of *L'histoire de la folie*, in 1961, rival groups of historians have retold their version of the history of madness and shouted imprecations at each other, like contesting lineages at an African wedding.'⁶³ Similarly, most historians are happier to acknowledge the contribution of literary scholars to their discipline, explicating overt messages and opening up hidden meanings in language ('the linguistic turn'), than they are actively to take on board their methods.⁶⁴ Historians argue that literary discourse needs to engage with the workings of power behind 'the veil of language' to understand how the people of the past constituted and maintained the social order, and that individual agents offered conscious and particular meanings when they spoke and wrote. Being unsettled is good for the discipline, as long as it is not too disturbing. Some, like Roger Cooter, have even suggested that 'the cultural turn' has derailed the social history of medicine.⁶⁵

IV

The roots of MacDonald's *Mystical Bedlam* lie in a belief that reason oppressed madness in the Enlightenment, which in turn comes out of earlier literary and artistic scholars' portrayal of apparently benign conceptions of mental aberration in the Renaissance; MacDonald saw subsequent medicalization and secularization as part of an attack on popular culture, with disastrous therapeutic implications.⁶⁶ Perhaps all who follow this line are working through

culture of Europe, 1500–1850 (London, 2002), p. 25, describes mania as 'an absolute rejection of civilizing processes'.

⁶² Porter, *Mind-forg'd manacles*, p. 280. 'It is not that Foucault was a historian himself or, if he were, he was a very bad one.' M. Bentley, *Modern historiography: an introduction* (London, 1999), p. 141; Rousseau, 'Psychology', p. 163, is more positive—and characteristically playful—in describing Foucault as 'the Olympian master of the opaque style within the impersonal mode'.

⁶³ M. MacDonald, 'Madness, suicide, and the computer', in R. Porter and A. Wear, eds., *Problems and methods in the history of medicine* (London, 1987), p. 208.

⁶⁴ M. MacDonald, 'Ophelia's maimèd rites', *Shakespeare Quarterly*, 37 (1986), pp. 309–17; S. R. Boettcher, 'The linguistic turn', in Walker, ed., *Writing early modern history*, pp. 71–94.

⁶⁵ R. Cooter, "'Framing" the end of the social history of medicine', in Huisman and Warner, eds., *Locating medical history*, pp. 309–37; idem, 'After death/after-"life": the social history of medicine in post-postmodernity', *Social History of Medicine*, 20 (2007), pp. 441–64.

⁶⁶ M. MacDonald, 'Religion, social change and psychological healing in England, 1600–1800', in W. J. Sheils, ed., *The church and healing* (Oxford, 1982), pp. 101–25; C. A. Moore, *Backgrounds of English literature, 1700–1760* (Minneapolis, MN, 1950); L. Babb, *The Elizabethan malady: a study of melancholia in English literature from 1580 to 1640* (East Lansing,

Weber's belief that bureaucratic rationality (the asylum and the doctor) replaces sensibility and sensitivity (the neighbourhood and the astrologer or empiric) as part of 'the disenchantment of the world'. Yet, English literary scholars have themselves begun to question both traditional and early Foucauldian historiographies, which regard the Renaissance as 'strangely hospitable' to madness.⁶⁷ Melancholy was part of Renaissance moral discourse, on the cusp between humanism and medicine as well as positioned between competing philosophical traditions. Both Aristotelian and Stoic thinkers allowed for a virtuous side to melancholy and tried to explore its wider relationship with social and political activity.⁶⁸ Yet, contemporaries remained ambivalent about real (as opposed to feigned or fashionable or dramaturgical) madness from the middle ages through to the Enlightenment and it is simplistic to see the Renaissance as unusually understanding of irrationality. Nor did the Age of Reason exclusively condemn or suppress madness, but also selectively elevated and sentimentalized it.⁶⁹ For literary scholar, Allan Ingram, Renaissance sources show that madness revealed things about people, politics, and the universe whereas their Enlightenment equivalents demonstrate (deluded) inner states.⁷⁰ Immersed in practical literary criticism, Ingram has brought sensitivity to language and an understanding of psychology to the study of eighteenth-century madness, better able than literary scholars of earlier periods, like Lawrence Babb, to benefit from the context offered by innovative historical studies of the 1970s and 1980s. He explores culturally constituted patterns of language, the way accounts influence each other, and how language as a discourse constitutes experience.

Micale and Porter describe the history of psychiatry as classically 'presentist, progressivist, and tenaciously internalist' whereas feminists expose the implicit or concealed or they deconstruct claims to objectivity, emphasizing the social construction of disease (and gender), and the role of psychiatry in social control.⁷¹ Researchers now use more evenly insights derived from feminist

MI, 1951); R. Klibansky, E. Panofsky, and F. Saxl, *Saturn and melancholy: studies in the history of natural philosophy, religion, and art* (London, 1964).

⁶⁷ M. Foucault, *Madness and civilization: a history of insanity in the age of reason* (1961; New York, NY, 1965), pp. 40–1; S. Harper, *Insanity, individuals, and society in late-medieval English literature: the subject of madness* (Lampeter, 2003); P. Chakravarti, 'Natural fools and the historiography of Renaissance folly', *Renaissance Studies*, 25 (2011), pp. 208–27.

⁶⁸ A. Gowland, 'The ethics of Renaissance melancholy', *Intellectual History Review*, 18 (2008), pp. 103–17.

⁶⁹ Ingram, *Cultural constructions of madness*.
⁷⁰ A. Ingram, *Boswell's creative gloom: a study of imagery and melancholy in the writings of James Boswell* (London, 1982); idem, *The madhouse of language: writing and reading madness in the eighteenth century* (London, 1991); A. Ingram, S. Sim, C. Lawlor, R. Terry, J. Baker, and L. Wetherall-Dickson, *Melancholy experience in literature of the long eighteenth century: before depression, 1660–1800* (Basingstoke, 2011).

⁷¹ Micale and Porter, 'Reflections on psychiatry', p. 6; N. Tomes, 'Feminist histories of psychiatry', in Micale and Porter, eds., *Discovering the history of psychiatry*, pp. 348, 359–60; J. Andrews and A. Digby, 'Introduction: gender and class in the historiography of British and Irish psychiatry', in J. Andrews and A. Digby, eds., *Sex and seclusion, class and*

approaches, not concentrating on a single sex, but offering a more symmetrical, complementary view of gender and madness.⁷² Mental problems were more-or-less equally distributed between the sexes, for example, but organized responses to them were gendered. Literary scholar, Helen Small, analysed cultural discourses surrounding mental problems, showing that representations focused on male madness in the Renaissance and that the association between love and madness among women emerged in the eighteenth-century.⁷³ According to George Rousseau, on the other hand, Renaissance literary sources show depression and melancholia as a female problem, only incorporated with male madness in the eighteenth century.⁷⁴ Such disagreements about the meaning of madness stem from the lack of an accepted definition and the bewildering diversity of attitudes in historic literary texts.

Other literary scholars have offered an intricate exploration of articulations of the self, using autobiographical writings and allowing the possibility of heterogeneous interactions between different cultural forms. Better grounded even than Ingram in historical sources, Kate Hodgkin shows from three seventeenth-century life-narratives how sufferers constructed their experience of madness around religious trial and regeneration, and how the act of writing put their madness (like their sin) in the past.⁷⁵ Trained in history and English literature, influenced by Foucault, and aware of psychoanalysis (like many, an autodidact in this field), Hodgkin uses spiritual accounts to gain profound insights into the relation between culture and psyche, gender and power, self-representation and subjectivity. For her part, Jane Kromm, an art historian with training in psychological anthropology (among much else), demonstrates how imagery articulates and shapes, as well as reflects, historical processes and perceptions, and how images connect with other concurrent discourses.⁷⁶

Intellectual historians have made important contributions along similar lines. Jeremy Schmidt deals with representations of melancholy by analysing how language shaped understandings of both spiritual and bodily health. Constituted not only by humours, but also by passions, beliefs, behaviours, and relationships, melancholy was 'a problem of the person, not simply of the body

custody—perspectives on gender and class in the history of British psychiatry (Amsterdam, 2004), pp. 7–44.

⁷² This approach originated with N. Z. Davis, 'Women's history in transition: the European case', *Feminist Studies*, 3 (1975–6), p. 90; R. A. Houston, 'Madness and gender in the long eighteenth century', *Social History*, 27 (2002), pp. 309–26.

⁷³ H. Small, *Love's madness: medicine, the novel, and female insanity, 1800–1865* (Oxford, 1996).

⁷⁴ G. Rousseau, 'Depression's forgotten genealogy: notes towards a history of depression', *History of Psychiatry*, 11 (2000), pp. 71–106; idem, *Nerves, fibres and spirits: essays in cultural history and understanding* (London, 2004).

⁷⁵ K. Hodgkin, *Madness in seventeenth-century autobiography* (Basingstoke, 2007); see also C. A. Ryscamp, *William Cowper of the Inner Temple, esq.* (Cambridge, 1959).

⁷⁶ Kromm, *Art of frenzy*; R. A. Houston, 'The face of madness in eighteenth-century Scotland', *Eighteenth-Century Life*, 27 (2003), pp. 49–66.

or of the mind', its treatment rooted in ethics and moral philosophy as well as medicine.⁷⁷ Eighteenth-century sufferers still sought out religious healing or what Schmidt terms 'practical divinity' (contemporaries called it 'spiritual physicke'), though the trend towards 'less passionate and agonistic spiritual expression and experience' is clear.⁷⁸

Angus Gowland followed Cambridge historian of political thought Quentin Skinner's approach of situating texts in their historical context, asking what their authors intended to accomplish. Peter Burke's exploration of the 'historical anthropology' of early modern Europe, notably ideas about human nature, and the relationship between body and soul also influenced Gowland.⁷⁹ Gowland's book on Robert Burton's *Anatomy of melancholy* (1621) is an outstanding fusion of intellectual and cultural history that seeks to probe the roots of modernity.⁸⁰ Few earlier scholars who studied the *Anatomy* were historians; melancholy now has specific interest for historians of medicine whereas the topic concerned not only contemporary physicians, but also theologians, moral philosophers, poets, and dramatists.⁸¹ For Gowland, Burton is a humanist sceptic who used scholarship on melancholy in all its forms to illuminate his world.

Rather than privileging a special class of (medical) facts, historians of psychiatry now prefer to study all sorts of evidence from a medical viewpoint. Yet, they may be mistaken to see issues primarily in medical terms. Gowland's work is a valuable corrective and there are others. For example, the Elizabethan Dr Edward Jorden's apparently enlightened claim that the alleged bewitchment of Mary Glover in 1603 was the result of a natural, somatic (uterine) condition was in fact religious propaganda on behalf of Anglicans to discredit Catholic and puritan claims about exorcism.⁸² Similarly, conflict over the running of York Asylum in the 1810s was about competing conceptions of social power and public accountability, played out over the care of the mad.⁸³

⁷⁷ J. Schmidt, *Melancholy and the care of the soul: religion, moral philosophy and madness in early modern England* (Aldershot, 2007), p. 16.

⁷⁸ *Ibid.*, p. 131.

⁷⁹ P. Burke, *The historical anthropology of early modern Italy: essays on perception and communication* (Cambridge, 1987).

⁸⁰ A. Gowland, *The worlds of Renaissance melancholy: Robert Burton in context* (Cambridge, 2006).

⁸¹ Y. Haskell, 'Essay review: the languages of melancholy in early modern England', *British Journal for the History of Science*, 42 (2009), pp. 275–80; R. Terry, ed., *Depression in the Enlightenment, Studies in the Literary Imagination*, 44 (2011).

⁸² M. MacDonald, *Witchcraft and hysteria in Elizabethan London: Edward Jorden and the Mary Glover case* (London, 1991).

⁸³ M. Brown, 'Rethinking early nineteenth-century asylum reform', *Historical Journal*, 49 (2006), pp. 425–52.

V

Historians of England seldom look outward, though Andrews is a noteworthy exception, having spent part of his career in Glasgow.⁸⁴ Perhaps they do not need to, because England used to be seen as the norm for the development of institutional care; in fact, it followed only one of several pathways and Wales, Ireland, and Scotland were different.⁸⁵ For example, Scotland's 'mixed economy of welfare' had more domestic care and a prominent voluntary sector; like Wales it had few private asylums.⁸⁶ Clerical care of individual lunatics, common in England, is almost unknown in Scotland.⁸⁷ Except for the introductory pages of Pam Michael's study of nineteenth- and twentieth-century asylums, most references to mental disability in pre-1800 Wales are incidental, in the literature on poor relief and crime.⁸⁸ Henry VIII integrated Wales legally and administratively with England, yet it provides a particular social milieu for the development of political and cultural change – most obviously in language.

Ireland is served even less well, this time by institutional or personal portraits, folklore, and literary studies. Jonathan Swift, made a governor of London's Bethlem Hospital in 1714 and himself subject to a commission of lunacy in 1742, endowed St Patrick's Hospital, Dublin, 'for Ideots and Lunaticks' (1757).⁸⁹ Compressed pre-histories of the poor laws imply that a pre-conquest 'system of care' in the community subsequently broke down and was only replaced, late in the day, by the horrors of jails and workhouses in the eighteenth century and asylums in the nineteenth.⁹⁰

⁸⁴ J. Andrews, 'Begging the question of idiocy: the definition and socio-cultural meaning of idiocy in early modern Britain', 2 parts, *History of Psychiatry*, 9 (1998), pp. 65–95, 179–200.

⁸⁵ P. Michael, *Care and treatment of the mentally ill in North Wales, 1800–2000* (Cardiff, 2003), pp. 2, 5.

⁸⁶ F. J. Rice, 'The origins of an organisation of insanity in Scotland', *Scottish Economic and Social History*, 5 (1985), pp. 41–56; N. Anderson and A. Langa, 'The development of institutional care for "idiots and imbeciles" in Scotland', *History of Psychiatry*, 8 (1997), pp. 243–66; R. A. Houston, 'Institutional care for the insane and idiots in Scotland before 1820', 2 parts, *History of Psychiatry*, 12 (2001), pp. 3–31, 177–97; idem, 'Poor relief and the dangerous and criminal insane in Scotland, c. 1740–1840', *Journal of Social History*, 40 (2006), pp. 453–76; Michael, *Care and treatment*, pp. 2–3.

⁸⁷ A. Mason, 'The reverend John Ashbourne (c. 1611–1661) and the origins of the private madhouse system', *History of Psychiatry*, 5 (1994), pp. 321–45; R. A. Houston, 'Clergy and the care of the insane in eighteenth-century Britain', *Church History*, 73 (2004), pp. 114–38.

⁸⁸ S. A. Williams, 'Care in the community: women and the old poor law in early nineteenth-century Anglesey', *Llafur: Journal of Welsh Labour History*, 6 (1995), pp. 30–43; N. Woodward, 'Infanticide in Wales, 1730–1830', *Welsh History Review*, 23 (2007), pp. 114, 115.

⁸⁹ B. D. Kelly, 'Dr William Saunders Hallaran and psychiatric practice in nineteenth-century Ireland', *Irish Journal of Medical Science*, 177 (2008), pp. 79–84; M. V. DePorte, *Nightmares and hobbyhorses: Swift, Sterne, and Augustan ideas of madness* (San Marino, CA, 1974); H. J. Real and H. J. Vienken, 'Psychoanalytic criticism and Swift: the history of a failure', *Eighteenth-Century Ireland*, 1 (1986), pp. 127–41.

⁹⁰ J. Robins, *Fools and mad: a history of the insane in Ireland* (Dublin, 1986), pp. 14–54; H. Burke, *The people and the poor law in nineteenth-century Ireland* (Dublin, 1987); J. E. Gillespie, "'Every material of the best quality': the foundation of Bloomfield Hospital, Dublin', *Journal of*

Scotland has greater presence thanks to the rejuvenated Georgian medical schools of Edinburgh, Glasgow, and Aberdeen; the most prominent British physicians and mad doctors of the eighteenth century were bred and/or trained north of the Border.⁹¹ Yet the Scottish historical establishment, like that of Wales and Ireland, is small; institutional medical history is well served, but there is only a single monograph on madness before the nineteenth century, by R. A. Houston (author of this review).⁹² My background is as a comparative social historian of Scotland and England, trained at the Cambridge Group for the History of Population and Social Structure. I used legal sources alongside methods and questions derived from medical anthropology, abnormal psychology, and sociology to explore understandings of madness among a broad spectrum of the population. I tried not simply to add Scottish experience to the main line of English history and so create a more comprehensive British perspective, but to open up new questions and debates within the wider history of psychiatry, using Scotland as a case-study. The other tradition I built on is folklore. As in Wales and Ireland, extensive belief in the healing power of water – wells, rivers, lochs, and the sea – informed understandings of care and cure.⁹³ Folklore is a valid source as long it can be cross-checked and the resulting research does not lean towards antiquarianism, which seeks to identify ‘popular errors’ or celebrate ‘Celtic’ exceptionalism.⁹⁴ The guiding hand of ethnography, geography, and anthropology can help here.⁹⁵

VI

The historiography of early modern psychiatry has proceeded piecemeal through multiple contributions. Research is now extensive and sophisticated enough to allow a fresh, comprehensive overview of the period. Whoever attempts this will find that different disciplinary and conceptual

the Friends' Historical Society, 55 (1988), pp. 185–89; J. O'Connor, *The workhouses of Ireland: the fate of Ireland's poor* (Dublin, 1995), pp. 17–25, 30–8; see, however, C. Cox, *Negotiating insanity in the southeast of Ireland, 1820–1900* (Manchester, 2012), and P. M. Prior, ‘Mad not bad: crime, mental disorder and gender in nineteenth-century Ireland’, *History of Psychiatry*, 8 (1997), pp. 501–16.

⁹¹ A. Scull, ‘The peculiarities of the Scots? Scottish influences on the development of English psychiatry, 1700–1980’, *History of Psychiatry*, 22 (2011), pp. 403–15.

⁹² R. A. Houston, *Madness and society in eighteenth-century Scotland* (Oxford, 2000).

⁹³ A. Withey, ‘Unhealthy neglect? The medicine and medical historiography of early modern Wales’, *Social History of Medicine*, 21 (2008), pp. 163–74.

⁹⁴ E. Donoho, ‘Appeasing the saint in the loch and the physician in the asylum: the historical geography of insanity in the Scottish Highlands and Islands, from the pre-modern to the Victorian era’ (Ph.D. thesis, Glasgow, 2012).

⁹⁵ M. MacDonald, ‘Anthropological perspectives on the history of science and medicine’, in Corsi and Weindling, eds., *Information sources*, pp. 61–80; V. Skultans and J. Cox, eds., *Anthropological approaches to psychological medicine* (London, 2007). Skultans’s earlier foray into madness shows both the influence of her own discipline (social psychology) and that of literary studies in a context of feminist and anti-psychiatric critiques. V. Skultans, *English madness: ideas on insanity, 1580–1890* (London, 1979).

frameworks have used differing kinds of sources to produce multiple writings of the history of psychiatry that often talk past one another, rather than engaging in dialogue.

Yet, much is still to be done. In 1987, Porter found that the ‘Tudor and Stuart epochs remain curiously ill-researched as a whole’ and he began his ‘exposition and synthesis’ at the Restoration; the imbalance remains.⁹⁶ Among other openings, there is still a place for the ‘great men’ approach that dominated early work.⁹⁷ In her book about George Cheyne, a Scottish physician resident in England and author of the famous *English malady* (1733), historian of science, Anita Guerrini, ranges over medical history (discussing doctor–patient relations and contemporary scientific understandings of psychosomatic and somatopsychic ailments), the history of ideas, gender, and religion, exploring education, sociability, and the pursuit of advancement. Andrews and Scull have re-contextualized the most prominent of a ‘dynasty’, which set its stamp on eighteenth-century mad-doctoring, with their study of John Monro, visiting physician to Bethlem, successful private-madhouse keeper, and metropolitan physician.⁹⁸ There remains room for studies of mad-doctors and their madhouses, including perhaps Joseph Mason Cox (1763–1818). Biography is less fashionable today and some of the ‘greats’ provide ammunition for those who attack psychiatry and its apparent wish to dominate and exploit; Georgian fat-cats are as unattractive as modern ones. Yet, other historic figures brought a genuine desire to help their fellow human beings into their work, alleviating the distress, disgrace, dissociation, and despair that accompanied mental problems.⁹⁹ The stories of both are worth telling – preferably without either hagiography or transforming human folly and frailty into a politicized professional or class conspiracy.

Archival sources for further social histories remain abundant. There is much underused poor relief documentation in English and Welsh quarter sessions papers, parish churchwardens/overseers accounts, and Scottish kirk session records. Building on the clinician and amateur historian A. Fessler’s work of the 1950s, historians Peter Rushton and then Akihito Suzuki showed more than twenty years ago what could be done to illuminate parish provision and provincial private madhouses.¹⁰⁰ The records of civil and

⁹⁶ Porter, *Mind-forg’d manacles*, p. viii.

⁹⁷ D. Leigh, *The historical development of British psychiatry, 1: Eighteenth and nineteenth century* (Oxford, 1961); A. Scull, C. MacKenzie, and N. Hervey, *Masters of Bedlam: the transformation of the mad-doctoring trade* (Princeton, NJ, 1996).

⁹⁸ J. Andrews and A. Scull, *Undertaker of the mind: John Monro and mad-doctoring in eighteenth-century England* (London, 2001); idem, *Customers and patrons of the mad-trade: the management of lunacy in eighteenth-century London, with the complete text of John Monro’s case book* (London, 2003).

⁹⁹ P. K. Carpenter, ‘Thomas Arnold: a provincial psychiatrist in Georgian England’, *Medical History*, 33 (1989), pp. 199–216; J. Andrews, ‘A respectable mad doctor? Dr Richard Hale F. R. S. (1670–1728)’, *Notes and Records of the Royal Society of London*, 44 (1990), pp. 169–204.

¹⁰⁰ A. Fessler, ‘The management of lunacy in seventeenth-century England: an investigation of quarter-session records’, *Proceedings of the Royal Society of Medicine*, 49 (1956), pp. 901–7;

criminal courts, which tested mental capacity, remain underused, as do the newspapers of the long eighteenth century, which contain a wealth of information on madhouses, understandings of suicide, and criminal responsibility.¹⁰¹ Personal correspondence can tell us about how families understood mental problems and how physicians explained them while estate records (including manor courts) show how lords, stewards, and tenants coped with the implications of incapacity. Diaries and autobiographies, many published, have sometimes extensive descriptions.¹⁰² Ego-documents may allow closer focus on the complex, fractured dialogues between insane and sane, sufferers and healers.

Beyond this, we can hope for ever-more-imaginative engagement with sources that lie away from the conventional remit of the psychiatric historian. Terrains not precisely of unreason, but with a marginal and complex relation to reason, that have already attracted interest include dreams, visions, and memory.¹⁰³ Scholars imaginatively examined the link between expressions and experiences of religiosity and madness in Scotland (and elsewhere), as well as the mental state of those who believed they were witches and, to a lesser extent, those who thought they were bewitched—not to mention the accusers.¹⁰⁴ The new history of emotions builds on early modern ideas of relationships between body, soul, and mind, to explore changing ideas

P. Rushton, 'Lunatics and idiots: mental disability, the community, and the poor law in north-east England, 1600–1800', *Medical History*, 32 (1988), pp. 34–50. Rushton was originally a social anthropologist who later incorporated sociology into his historical work. A. Suzuki, 'Lunacy in seventeenth- and eighteenth-century England: analysis of quarter sessions records', 2 parts, *History of Psychiatry*, 2 (1991), pp. 437–56, 3 (1992), pp. 29–44; S. B. Black, *An eighteenth century mad-doctor: William Perfect of West Malling* (Sevenoaks, 1995), pp. 53, 62–3.

¹⁰¹ R. A. Houston, 'Courts, doctors and insanity defences in eighteenth- and early nineteenth-century Scotland', *International Journal of Law and Psychiatry*, 26 (2003), pp. 339–54; D. J. Adamson, 'Insanity, idiocy and responsibility: criminal defences in southern Scotland and northern England, c. 1660–1830' (Ph.D. thesis, St Andrews, 2004); Houston, *Suicide*, pp. 325–61.

¹⁰² R. A. Houston, 'Explanations for death by suicide in northern Britain during the long eighteenth century', *History of Psychiatry*, 23 (2012), pp. 52–64.

¹⁰³ L. Dacome, "'To what purpose does it think?': dreams, sick bodies and confused minds in the age of reason", *History of Psychiatry*, 15 (2004), pp. 395–416; S. Wiseman, K. Hodgkin, and M. O'Callaghan, eds., *Reading the early modern dream: the terrors of the night* (London, 2008); D. Rabin, 'Drunkenness and responsibility for crime in the eighteenth century', *Journal of British Studies*, 44 (2005), pp. 457–77.

¹⁰⁴ L. Yeoman, 'The devil as doctor: witchcraft, Wodrow and the wider world', *Scottish Archives*, 1 (1995), pp. 93–106; idem, 'Archie's invisible worlds discovered—spirituality, madness and Johnston of Wariston's family', *Records of the Scottish Church History Society*, 27 (1997), pp. 156–86; S. W. McDonald, A. Thom, and A. Thom, 'The Bargarran witch trial: a psychiatric reassessment', *Scottish Medical Journal*, 41 (1996), pp. 152–8; A. Walsham, "'Frantick Hacket": prophecy, sorcery, insanity, and the Elizabethan puritan movement', *Historical Journal*, 41 (1998), pp. 27–66; K. Hodgkin, 'Reasoning with unreason: visions, witchcraft, and madness in early modern England', in S. Clark, ed., *Languages of witchcraft: narrative, ideology and meaning in early modern culture* (London, 2001), pp. 217–36.

of personhood.¹⁰⁵ Work specifically on the soul – in natural philosophy, but also theology and practical divinity – may eventually add a hitherto missing element.¹⁰⁶ Collaborative research can help here as, perhaps, can psychoanalysis: an examination of ‘the nature and content of memory, legacies of past events, historically persistent symbols, and cultural products as evidence of the unconscious’.¹⁰⁷ An accepted tool of many American historians, most British regard it as over-speculative and potentially ahistorical. Those who follow Durkheim in the search for the causes of suicide, for example, mostly eschew his psychologized notion of *anomie* in favour of apparently more substantial social, religious, or political interpretations.¹⁰⁸

Retrospective diagnosis may be another field where collaboration is appropriate. Practising psychiatrists delight in consulting across the centuries, interpretations of what ailed George III proving enduringly popular.¹⁰⁹ Wary of diagnosing those long dead, historians accept the ontological certainty of neuropsychiatric disorders such as dementia and stroke or functional psychoses such as schizophrenia and depression, while insisting on calling them by contemporary names and locating them in the social and cultural milieu that gave them meaning.¹¹⁰ Recent developments in the understanding of genetic codes and their relationship to syndromes such as autism is likely to put pressure on the cultural relativism that dominated study of mental disability in

¹⁰⁵ B. H. Rosenwein, ‘Worrying about emotions in history’, *American Historical Review*, 107 (2002), pp. 821–45; L. Hunt, ‘Psychology, psychoanalysis, and historical thought’, in L. Kramer and S. Maza, eds., *A companion to western historical thought* (Oxford, 2002), pp. 349, 352–3; L. A. Pollock, ‘Anger and the negotiation of relationships in early modern England’, *Historical Journal*, 47 (2004), pp. 567–90; F. Bound Alberti, *Matters of the heart: history, medicine, and emotion* (Oxford, 2010).

¹⁰⁶ A. Suzuki, ‘Dualism and the transformation of psychiatric language in the seventeenth and eighteenth centuries’, *History of Science*, 33 (1995), pp. 417–47; idem, ‘Anti-Lockean Enlightenment? Mind and body in early eighteenth-century English medicine’, in R. Porter, ed., *Medicine in the Enlightenment* (Amsterdam, 1995), pp. 336–59; C. F. Goodey, ‘“Foolishness” in early modern medicine and the concept of intellectual disability’, *Medical History*, 48 (2004), pp. 289–310; idem, ‘Blockheads, roundheads, pointy heads: intellectual disability and the brain before modern medicine’, *Journal of the History of the Behavioral Sciences*, 41 (2005), pp. 165–83.

¹⁰⁷ Jordanova, *History in practice*, p. 109.

¹⁰⁸ Hunt, ‘Psychology, psychoanalysis, and historical thought’, p. 345; D. Purkiss, ‘Psychoanalysis’, in Walker, ed., *Writing early modern history*, pp. 114–35.

¹⁰⁹ Bentley, *Modernizing England’s past*, pp. 152–3; T. J. Peters and A. Beveridge, ‘The madness of King George III: a psychiatric re-assessment’, *History of Psychiatry*, 21 (2010), pp. 20–37.

¹¹⁰ G. E. Berrios and R. Porter, eds., *A history of clinical psychiatry: the origin and history of psychiatric diseases* (London, 1999). On the advantages and problems of retrospective diagnosis see W. F. Bynum and M. Neve, ‘Hamlet on the couch’, in Bynum, Porter, and Shepherd, eds., *The anatomy of madness*, 1, pp. 289–304; L. Jordanova, ‘Has the social history of medicine come of age?’, *Historical Journal*, 35 (1993), pp. 437–49; idem, ‘The social construction of medical knowledge’, *Social History of Medicine*, 8 (1995), pp. 361–81. Among eloquent calls for collaboration between historians and clinicians, see G. E. Berrios, ‘Historiography of mental symptoms and diseases’, *History of Psychiatry*, 5 (1994), pp. 175–90. For an example, see R. A. Houston and U. Frith, *Autism in history: the case of Hugh Blair of Borgue* (Oxford, 2000).

the last generation. We live in a very different intellectual world from Robert Burton – different even from the one in which Porter wrote. ‘In the mental sciences today’, writes Micale, ‘various forms of biological psychiatry are ascendant, and the leading collateral fields of knowledge are judged to be chemistry, genetics, endocrinology, pharmacology and molecular biology, not literature, philosophy, painting and poetry.’¹¹¹ This will leave historians to argue more forcefully that historicizing madness can help to preserve a sense of perspective and humanity in relation to the ‘rise of medicine’ by explicating just how unusual and diverse the past is and how people experienced mental ailments under different circumstances. Historical understandings of conditions revolve around simple contemporary dyads like mania or melancholy, idiocy or lunacy, leaving many categories of difference unexplored. Classifications of incapacity or irresponsibility applied, in both law and practice, to a much narrower range of individual behaviours in the past; knowing when and why the threshold changed is vital to understanding the far higher diagnosed incidence of certain mental problems in the modern world.¹¹²

VII

In the climate of hope that pervaded western thought after the mid-1950s, history could be put in the service of science for the good of all. The presentist inclinations of modern clinicians sit uneasily in an environment where most historians are only too well aware of ‘the complexities, contingencies and ironies of historical change’.¹¹³ At one level, we welcome science’s successes in improving wellbeing and perhaps accept that researching the history of psychiatry is an inherently presentist search for the symbols necessary to establish contemporary social order.¹¹⁴ Like politicians, medical professionals need to offer what Adam Smith called ‘universal, continual, and uninterrupted effort’ at betterment and it is further arguable that *all* traditional histories of science are necessarily teleological.¹¹⁵ The success of medicine has become its own justification, even if this means sometimes belittling (and foreshortening) the past.

Scholars take it for granted that those who seek to help the mentally troubled will write about the history of their profession. Doing history is easier for clinicians (and bad history simpler still) than is psychiatry for historians (it is, of

¹¹¹ M. S. Micale, ‘Two cultures revisited: the case of the *fin de siècle*’, in Bivins and Pickstone, eds., *Medicine, madness and social history*, p. 222.

¹¹² M. Jackson, *The age of stress: science and the search for stability* (Oxford, 2012).

¹¹³ Wrightson, *Earthly necessities*, p. 15.

¹¹⁴ O. M. Marx, ‘What is the history of psychiatry?’, *History of Psychiatry*, 3 (1992), pp. 279–301.

¹¹⁵ A. Smith, *An inquiry into the nature and causes of the wealth of nations* (2 vols., 1776; London, 1778 edn), 1, p. 420.

course, an offence to practise medicine without a licence).¹¹⁶ Asymmetry in training and experience remains, creating the cross-disciplinary illiteracy which often limits historians' engagement with other sciences; this also helps to explain why epidemiological approaches to madness (such as debating the origins or changing prevalence of conditions) are largely confined to clinicians.¹¹⁷ The existence of 'two cultures' and an exasperation with historians accusing psychiatrists of treating the past as a playground for diagnoses may lie behind neuroscientist German Berrios's criticism of academic sociologists and historians (among other 'migrant worker[s]'), who have never had to bear the burden of clinical responsibility, for their careless lack of 'empathetic "feel"' for patients.¹¹⁸ Yet, scholars from Dale Peterson and Porter to Hodgkin and Ingram are drawn sympathetically to the voice of the mad in the past, bringing alive the experience of suffering through the vivid personal detail of contemporary self-writing.¹¹⁹ Their work exudes humanity and compassion.

More than this, a number of historians of psychiatry have personal experience of voluntary or professional work with the mentally troubled. For example, Chris Philo was a volunteer psychiatric social worker, Len Smith is a qualified psychiatric social worker who still works in community mental health care, and Jane Kromm has close experience of pastoral counselling, and art, work, and occupational therapy. This surely fits the bill of Berrios's '*knowledge by acquaintance*'.¹²⁰ For other historians, the leap of imagination and commitment is in truth an even smaller step. Georgians, Samuel Johnson, James Boswell, and George Cheyne, wore their melancholic affliction more or less openly and there is poignant evidence that Jacobean Robert Burton (whose *Anatomy* was one of Johnson's guiding lights) was himself a melancholic who may have died by his own hand.¹²¹ Whatever their training or employment, some of the foremost writers on early modern mental problems are themselves sufferers, notably manic depressives; Foucault is only the most famous. Their search to understand the darkness, distress, and dissolution of their own minds, as well as the successes and failures of therapies they have experienced, brings an eloquent voice to the subject – perhaps the only truly empathetic one there is.

¹¹⁶ A. Hochschild, 'Practicing history without a license', *Historically Speaking*, 9 (2008), pp. 2–6, and debate at pp. 6–23.

¹¹⁷ E. Hare, 'The origin and spread of dementia paralytica', *Journal of Mental Science*, 105 (1959), pp. 594–626; idem, 'Was insanity on the increase?', *British Journal of Psychiatry*, 142 (1983), pp. 439–55; see, however, A. T. Scull, 'Was insanity increasing? A response to Edward Hare', *British Journal of Psychiatry*, 144 (1984), pp. 432–6.

¹¹⁸ C. P. Snow, *Recent thought on the two cultures* (London, 1961); Berrios, 'Historiography of mental symptoms', p. 175; Wilson, 'Critical portrait of social history', pp. 30–1.

¹¹⁹ D. Peterson, ed., *A mad people's history of madness* (Pittsburgh, PA, 1982); R. Porter, *Social history of madness: stories of the insane* (London, 1987); A. Ingram, *Voices of madness: four pamphlets, 1683–1796* (Stroud, 1997); K. Hodgkin, ed., *Women, madness and sin in early modern England: the autobiographical writings of Dionys Fitzherbert* (Farnham, 2010).

¹²⁰ Berrios, 'Historiography of mental symptoms', p. 176.

¹²¹ Gowland, *Renaissance melancholy*, p. 300.