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0521802067 - The Confinement of the Insane: International Perspectives, 1800-1965

Edited by Roy Porter and David Wright

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## Introduction

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*Roy Porter*

The closing decades of the twentieth century brought a rising and sustained critique of the welfare institutions of the modern state – one largely left-wing in origins but increasingly taken over and voiced by the radical right. Professions which professed to be ‘enabling’ were, claimed a rising chorus of critics, ‘disabling’.<sup>1</sup> Social services which presented themselves as benign were, in reality, ‘insidious’, serving the interests of providers not consumers, promoting professional dominance, policing deviance and intensifying the social control required to ensure the smooth running of multinational capitalist corporations – or, in the right-wing version, such institutions were wasting tax-payers’ money on scroungers and so encouraging malingering.<sup>2</sup>

Unsurprisingly, such political critiques of ‘welfarism’ (in its widest sense) spawned histories of their own. Replacing various kinds of Fabian, ‘Whig’ or celebratory historical interpretations which had treated the emergence of the ‘caring professions’ and social-security institutions as beneficial and progressive – as shifts from neglect to administrative attention, from cruelty to care, and from ignorance to expertise – a new brand of studies took altogether a more negative or jaundiced view of such social institutions and policies, and sought to blow their benevolent ideological cover.<sup>3</sup>

In no field were the new and critical histories more critical, indeed more indignantly impassioned, than the history of psychiatry. Traditional ‘in-house’ and Whig histories of the care of the insane had never been *particularly* triumphalist – after all, psychiatry had always been a house divided against itself, uneasy in its stance towards both the public and the medical profession at

<sup>1</sup> I. Illich, *Limits to Medicine: The Expropriation of Health* (Harmondsworth, 1977) and *Disabling Professions* (London, 1977).

<sup>2</sup> The literature here is so vast, it would be impossible to begin citing it. Of great importance, however, in clarifying the issues has been S. Cohen and A. Scull (eds.), *Social Control and the State* (New York, 1981).

<sup>3</sup> Once again, ‘humanitarianism or control’ is a topic on which the survey literature is too vast even to begin to cite, but see M. Micale and R. Porter (eds.), *Discovering the History of Psychiatry* (New York and Oxford, 1994), especially N. Dain, ‘Psychiatry and Anti-Psychiatry in the United States’, 415–44; G. Grob, ‘The History of the Asylum Revisited: Personal Reflections’, 260–81, and the substantial introduction.

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large, and aware of its embarrassing want of 'magic bullets'.<sup>4</sup> But from the sixties, psychiatry and social policy towards the mad became subjected to intense historical analysis.

Perhaps most radically, and certainly most doggedly, the American (anti-psychiatrist) Thomas Szasz deemed mental illness a mythic and monstrous beast, and proclaimed that 'mental illness' was a fiction. Insanity, he has continued ever since to claim, is not a real disease, whose nature has been progressively scientifically unveiled; mental illness is rather a myth, forged by psychiatrists for their own greater glory. Over the centuries, medical men and their supporters have been involved, argues Szasz, in a self-serving 'manufacture of madness'. In this he indicts both the pretensions of organic psychiatry and the psychodynamic followers of Freud, whose notion of the 'unconscious' in effect breathed new life into the obsolete metaphysical Cartesian dualism. For Szasz, any expectation of finding the aetiology of mental illness in body or mind – above all in some mental underworld – must be a lost cause, a dead-end, a linguistic error, and even an exercise in bad faith. 'Mental illness' or the 'unconscious' are not realities but at best metaphors. In promoting such ideas psychiatrists have either been involved in improper cognitive imperialism or have rather naively pictorialized the psyche – reifying the fictive substance behind the substantive. Properly speaking, contends Szasz, insanity is not a disease with origins to be excavated, but a behaviour with meanings to be decoded. Social existence is a rule-governed game-playing ritual in which the mad person bends the rules and exploits the loopholes. Since the mad person is engaged in social performances that obey certain expectations so as to defy others, the pertinent questions are not about the origins, but about the conventions, of insanity. In this light, Szasz dismisses traditional approaches to the history of madness as *questions mal posées*, and aims to reformulate them.<sup>5</sup>

In some ways reinforcing and complementing Szasz's critique of the epistemological status of insanity, Michel Foucault's *Madness and Civilization*, first published in French in 1961, argued that mental illness must be understood not within the domain of positivist science but as inscribed within discursive formations. To be precise, 'madness' was a voice that, from Classical through Medieval times, spoke its truth and was listened to, within a Platonic philosophy

<sup>4</sup> J. G. Howells (ed.), *World History of Psychiatry* (New York, 1968). An important attempt at European comparative history is L. de Goei and J. Viselaar (eds.), *Proceedings: First European Congress on the History of Psychiatry and Mental Health Care* (Rotterdam, 1992). R. Porter, 'Madness and its Institutions', in A. Wear (ed.), *Medicine in Society* (Cambridge, 1992), 277–301, is a brief comparative study of institutions.

<sup>5</sup> T. S. Szasz, *The Myth of Mental Illness* (New York, 1961; London, 1972; revised edn, New York, 1974); and *The Manufacture of Madness* (New York, 1970; London, 1972). For discussion see R. E. Vatz and L. S. Weinberg, 'The Rhetorical Paradigm in Psychiatric History: Thomas Szasz and the Myth of Mental Illness', in Micale and Porter (eds.), *Discovering the History of Psychiatry*, 311–30.

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of poetic *furor*, an Aristotelian assumption of the mad genius, or the Christian doctrine of divine or demonic possession inspiration. At a later stage as part of the developments dubbed by Foucault the ‘great confinement’, madness was ‘shut up’ (in both senses of the word), reduced to ‘unreason’ (a purely negative attribute), and rendered the object of supposed scientific investigation.<sup>6</sup> The critique of the ‘great confinement’ proved highly influential. Amongst the more conspicuous contributions, David Rothman applied the critical interpretation of the asylum (exposed as an engine of control) to the United States, and Andrew Scull saw madhouses serving a similar function in Britain, as well as being a vehicle of professional imperialism.<sup>7</sup>

The ‘new historians’ did not have it all their own way. Foucault’s provocative formulations – which stood traditional history of psychiatry on its head, taking the heroes of the standard story and making villains of them – have been robustly rebutted by various professional psychiatrists. In *The Reality of Mental Illness*, Martin Roth and Jerome Kroll, for instance, counter-asserted that such have been the stability of psychiatric symptoms presented in recorded history that we may confidently affirm that madness is more than a label, a device for scapegoating deviants in the interests of social control: it is a real disease, probably with a biological basis.<sup>8</sup> For their part, traditionalist historians of social policy have continued to reiterate the progressivist view.<sup>9</sup> And historians of psychiatry of a socio-cultural bent have also taken issue with many of the empirical particulars of Foucault’s reading of the transformations of madness and its treatment from Medieval times into the nineteenth century. *Discovering the History of Psychiatry*, edited by Mark S. Micale and Roy Porter, and *Rewriting the History of Madness: Studies in Foucault’s ‘Histoire de la Folie’*, edited by Arthur Still and Irving Velody, contain many essays offering detailed

<sup>6</sup> M. Foucault, *La Folie et la Dérison: Histoire de la Folie à l’Age Classique* (Paris, 1961); trans. and abridged as *Madness and Civilization: A History of Insanity in the Age of Reason*, by R. Howard (New York, 1965; London, 1967). C. Gordon, ‘Histoire de la Folie: An Unknown Book by Michel Foucault’ and ‘Rewriting the History of Misreading’, in A. Still and I. Velody (eds.), *Rewriting the History of Madness: Studies in Foucault’s ‘Histoire de la Folie’* (London and New York, 1992), 19–43, 167–84.

<sup>7</sup> D. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston, Mass., 1971); A. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London and New York, 1979) – a much-revised version of this later appeared as *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900* (New Haven, Conn., and London, 1993). The Castels’ pioneering studies of France should also be mentioned: R. Castel, *L’Ordre Psychiatrique: L’Age d’Or d’Aliénisme* (Paris, 1973; and 1976); English trans. by W. D. Halls, *The Regulation of Madness: Origins of Incarceration in France* (Berkeley and Cambridge, 1988); F. and R. Castel and A. Lovell, *The Psychiatric Society* (New York, 1981).

<sup>8</sup> For instance M. Roth and J. Kroll, *The Reality of Mental Illness* (Cambridge, 1986).

<sup>9</sup> K. Jones: *Mental Health and Social Policy, 1845–1959* (London, 1960); *A History of the Mental Health Services* (London, 1972); and *Asylums and After: A Revised History of the Mental Health Services from the Early Eighteenth Century to the 1990s* (London, 1993).

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critiques – rather than mere polemical bouquets or brickbats – of Foucault's views, producing many promising avenues of research.<sup>10</sup>

Overall it would seem that the Foucault who saw 'Reason' and society as involved in a joint mission (or even conspiracy) to control and silence madness did not offer a much more *sophisticated* historical view than traditional Whiggish and meliorist interpretations. But his emphasis upon the dialectic between 'Reason' and 'Madness' is surely valuable to historians. In some ways that is an insight which has been built upon by Sander Gilman and others who have examined madness as a particular mode of disease representation. Gilman had argued that the image of the insane forms part of wider construal of 'self' and 'other' whereby societies identify themselves by the projection of stigmatizing stereotypes. The mad form part of a world of the 'other' also populated by (for example) blacks, homosexuals, the criminal and other 'deviants'. Such an approach to the history of perceptions appears to offer a fruitful entry into the analysis of language, myth and metaphor respecting madness.<sup>11</sup>

The debates detonated by the works of Szasz, Foucault, Scull and others have been noisy, polemical and often angry.<sup>12</sup> Going beyond ideological, and sometimes personal, differences, new studies of the institutionalization of the mad, and the role of the psychiatric profession in it, have increasingly argued that the bait has been cast far too crudely – as if there were, for instance, a cut-and-dried choice between Whiggism and 'anti-psychiatry'. Closer scrutiny and more thoughtful analysis of the historical records, younger historians were claiming, revealed that the asylum was neither just a site for care and cure, nor just a convenient place for locking up inconvenient people ('custodialism').<sup>13</sup> It was many things all at once. And far from being a weapon securely under the control of the profession, or the state, it was a contested site, subject to continual negotiation amongst different parties, including families and the patients themselves. Monolithic and conspiratorial accounts are being replaced by ones

<sup>10</sup> Micale and Porter (eds.), *Discovering the History of Psychiatry*; Still and Velody (eds.), *Rewriting the History of Madness*.

<sup>11</sup> S. L. Gilman: *Difference and Pathology* (Ithaca and London, 1985); *Jewish Self-Hatred, Anti-Semitism and the Hidden Language of the Jews* (Baltimore, 1986); *Sexuality: An Illustrated History* (New York, 1989); *Inscribing the Other* (Lincoln, NE, 1991); *The Jew's Body* (New York and London, 1991); and *Health and Illness: Images of Difference* (London, 1995). See also related themes J. Hubert (ed.), *Madness, Disability and Social Exclusion: The Archaeology and Anthropology of 'Difference'* (London, 2000).

<sup>12</sup> For polemics see for instance J. L. Crammer, 'English Asylums and English Doctors: Where Scull is Wrong', *History of Psychiatry* 5 (1994), 103–15; K. Jones, 'Scull's Dilemma', *British Journal of Psychiatry* 141 (1982), 221–6. Scull has not been slow to hit back: 'Humanitarianism or Control? Some Observations on the Historiography of Anglo-American Psychiatry', *Rice University Studies* 67 (1981), 35–7; 'Psychiatry and its Historians', *History of Psychiatry* 2 (1991), 239–50; 'Psychiatrists and Historical 'Facts'. Part one: The Historiography of Somatic Treatments', *History of Psychiatry* 6 (1995), 225–42; and 'Psychiatrists and Historical 'Facts'. Part two: Re-Writing the History of Asylums', *History of Psychiatry* 6 (1995), 387–94.

<sup>13</sup> A. Scull, 'A Convenient Place to Get Rid of Inconvenient People: The Victorian Lunatic Asylum', in A. D. King (ed.), *Buildings and Society* (London, 1980), 37–60.

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which emphasize the role of consumers ('purchasers') as well as suppliers, which highlight the market model, and give due weight to 'bottom up' as well as 'top down' history, histories of use as well as abuse, of resistance as well as domination – or which acknowledge (as in the later thinking of Foucault) the sheer complexity of the constitution of power.<sup>14</sup>

Different scholars have brought out different features of this more complex reading. Some, such as Peter Bartlett and James Moran, have emphasized how far the management of the mad remained outside psychiatric control.<sup>15</sup> Others, notably Len Smith, Elaine Murphy, and André Cellard stress that the handling of the insane should be seen not as monolithic and monopolistic but as a mixed economy of care provision, with inputs from the private sector, charity and the state.<sup>16</sup> Other scholars question the model of professional dominance and further argue that the active agency of the family in mediating forms of treatment and custody for a difficult relative was far more important than has hitherto been recognized.<sup>17</sup>

These debates provide the launching-point and the focus of inquiry for several of the studies in this book. Before teasing out some of their implications, it might be helpful at this point briefly to address each of the papers in this volume, to underscore key themes and potential points of comparison.

Cathy Coleborne, as part of a wider scholarly interest in gender and confinement, considers the role played by police in the institutionalization of 'insane' persons in lunatic asylums in Victoria, Australia. From the earliest days of the asylum in the colony, the police were involved in the detection, seizure and

<sup>14</sup> For one contribution amongst many see C. Jones and R. Porter (eds.), *Reassessing Foucault: Power, Medicine and the Body* (London, 1994).

<sup>15</sup> P. Bartlett, *The Poor Law of Lunacy: Administration of Pauper Lunatics in Nineteenth-Century England* (London, 1998); J. Moran, *Committed to the State Asylum: Madness and Society in Nineteenth-Century Ontario and Quebec* (Montreal, 2000). See also the studies in P. Bartlett and D. Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000* (London and New Brunswick, NJ, 1999).

<sup>16</sup> L. D. Smith, *Cure, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth-Century England* (London, 1999); E. Murphy, 'The Administration of Insanity in East London 1800–1870', PhD thesis, University of London (2000). Pioneering was W. Llewellyn Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London, 1971).

<sup>17</sup> A. Suzuki, 'Lunacy in Seventeenth- and Eighteenth-Century England: Analysis of Quarter Sessions Records'. Part one, *History of Psychiatry* 2 (1991), 437–56. Part two, *History of Psychiatry* 3 (1992), 29–44; and see his 'Closing and Disclosing Lunatics within the Family Walls: Domestic Psychiatric Regime and the Public Sphere in Early Nineteenth-Century England', in Bartlett and Wright (eds.), *Outside the Walls of the Asylum*, 115–31; 'Framing Psychiatric Subjectivity: Doctor, Patient and Record-keeping at Bethlem in the Nineteenth Century', in B. Forsythe and J. Melling (eds.), *New Research in the Social History of Madness* (London, 1999); and his forthcoming book on family psychiatry in nineteenth-century Britain, provisionally entitled *Insanity at our Own Doors: Family, Patient and Psychiatry in Early Victorian London*. See also B. Forsythe and J. Melling (eds.), *Insanity, Institutions and Society: New Research in the Social History of Madness, 1800–1914* (London, 1999); Bartlett and Wright (eds.), *Outside the Walls of the Asylum*.

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sequestration of women and men deemed to be 'insane'. As the nineteenth century progressed, the numbers of asylum inmates dramatically multiplied and the asylum system expanded rapidly. In order to cope with the spiralling patient numbers, a series of legal, medical and administrative measures was instituted in the latter part of the century, which shaped the meanings of both madness and the asylum.

Towards the end of the century, further legislation detailed the methods police were to follow in the committal of lunatics. They were asked to perform a role that was both medical and legal in nature, and were thus intimately involved in the forging of the asylum population. This has been taken as an indication that control of the insane was not primarily achieved through 'medicalization'. Yet, Coleborne argues, police *were* indeed central to the medicalization of madness, since they were asked to amass medical particulars of 'lunatics', and were also, in a variety of practical ways, the adjudicators of the boundary between sanity and insanity. Central to her chapter is the conviction that families, police, asylum authorities and the alleged insane all negotiated with each other, in the process producing definitions and experiences of both insanity and the asylum.<sup>18</sup>

In 'Ireland's crowded madhouses', Elizabeth Malcolm builds on the rather startling fact that Ireland was one of the first nations to construct a national asylum system.<sup>19</sup> The first purpose-built asylum was inaugurated in Dublin in 1814; a further nine were erected throughout the country in the 1820s and 1830s; and twelve more during the 1850s and 1860s. Subsequently, all these asylums were considerably enlarged or augmented with supplementary hospitals. Between 1851 and 1901, the asylum population rocketed by 337 per cent, to an astonishing 63.4 per 100,000. The United Kingdom and other European and colonial societies no doubt experienced enormous increases in their asylum populations during the latter part of the nineteenth century, but perhaps none on such a scale as Ireland.

Malcolm investigates this phenomenon through a meticulous study of the Irish asylum system. She shows that Irish asylums should not be seen as geriatric institutions, nor were their inmates the socially maladjusted or economically redundant 'misfits' supposed by certain historians to have been characteristic of late-Victorian asylums in England. A majority of the inmates at that time were 'ordinary' members of Irish society: persons under fifty – and many, particularly men, only in their twenties and thirties. The largest group among these men were rural labourers and farmers' sons. What, Malcolm asks, were the socio-economic origins of these patients? What conflicts within struggling rural Irish families led to institutional confinement?

<sup>18</sup> See also K. C. Kirkby, 'History of Psychiatry in Australia, pre-1960', *History of Psychiatry* 10 (1999), 191–204.

<sup>19</sup> For her earlier work see E. Malcolm, *Swift's Hospital: A History of St Patrick's, Dublin* (Dublin, 1988). See also P. M. Prior, 'Mad, not Bad: Crime, Mental Disorder and Gender in Nineteenth-Century Ireland', *History of Psychiatry* 8 (1997), 501–16.

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Patricia Prestwich takes up the question of the dynamics of incarceration. Nineteenth-century psychiatrists, she notes, were fond of portraying their patients as ‘fresh off the streets’, without a medical identity until they came under the ‘clinical gaze’ and therapeutic control of the asylum physician – a professional view curiously echoed in Foucault’s and Szasz’s own formulations. Recent research in the history of institutional psychiatry, however, has been suggesting that the ‘journey to the asylum’ may be no less important than the clinical gaze for understanding the social composition and function of this contested institution – indeed scholars have recently been maintaining that admitting psychiatrists merely confirmed the diagnosis of insanity made by families, by neighbours, or by non-medical authorities. Such possibilities make it therefore essential to go beyond the concept of the asylum as an instrument of medical power and to examine the demands made on the asylum and its doctors by the community.

As examined in Patricia Prestwich’s chapter, the records of the Parisian asylum of Sainte-Anne provide an opportunity to explore the complexities of the process of committal in France. Constructed in 1867 as the first of five new ‘model’ asylums in the Paris region, Sainte-Anne represented the hopes of Parisian psychiatrists for the scientific yet humane handling of the insane. It was specified as the teaching hospital for Paris, and its courses in psychiatric medicine were conducted by the most celebrated physicians of the period, including Valentin Magnan. The grounds of Sainte-Anne also housed the admissions office for all five asylums in the department of the Seine. There, from 1867 to 1912, Magnan examined and certified from 3,000 to 4,000 patients a year. Sainte-Anne was also the only public asylum situated within Paris itself, and was therefore the most convenient of these institutions for the Parisian population.

On the basis of quantitative and qualitative analysis of the admission records for over 7,000 patients treated at Sainte-Anne from 1873 to 1914, Prestwich examines three key questions of institutional confinement: first, how did inmates arrive at the asylum? Second, what kinds of people were committed? And third, what sorts of behaviour resulted in their confinement? Although the role of committal in maintaining public order is discussed, the accent is on what this committal process reveals about the motives and requirements of families. Prestwich then proceeds to examine the types of patients admitted to Sainte-Anne. Recent research on nineteenth-century asylums has established that they did not serve, as has often been suggested, as a ‘dumping ground’ for ‘undesirables’. But it remains vital to analyse the diversity of the asylum population, in terms both of standard social characteristics (e.g. age, marital status and occupation) and of the types of behaviour leading to committal. Prestwich stresses the variety of medical and social problems faced by the community and, in consequence, the multiple demands for care and treatment placed on the asylum and its physicians. Gender, she suggests, was more important than the ‘type of insanity’ in distinguishing patients: women and men were frequently

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diagnosed as suffering from different afflictions and, as a result, had different experiences of the asylum.

In certain ways resembling one of the *'hopitaux généraux'* delineated by Foucault, Robben Island, off the southern coast of South Africa, accommodated lunatics, lepers and the chronic sick in a 'General Infirmary' for nearly a century after 1846. As Harriet Deacon shows in her chapter, the institution was established soon after the emancipation of slaves, at a time when the colonial government and a nascent Cape Town middle class were trying to impose a new order on the undisciplined urban underclass in preparation for self-rule. The Cape's most threatening insane were sent to the island asylum, which, until 1875, was the only such institution in the colony. Although it grew steadily after 1846, the total of insane isolated in the island asylum at any one time was relatively small, exceeding 200 only in the 1890s. The aggregate institutionalized population in the colony numbered only 645 in 1891; twice that sum of 'lunatics' and 'idiots' were kept in private houses. There was thus no 'great confinement', though the same pressures for institutionalization operated at the Cape as in Europe: the interruption of social networks of care, and a dominant-class horror of uncontrolled behaviour.

Deacon's analysis of the admissions registers for the asylum suggests how and why some of the Cape insane were confined at Robben Island. The selection and treatment of asylum inmates were related to social and economic patterns of change in society at large. At the time when the asylum was established, it took from country gaols and the overcrowded Cape Town hospital those regarded as disruptive to an institutional order on the mainland, which placed a new stress on the discharge of labour by gaol inmates and the rapid cure of patients in the hospital. Most of these patients were male, in a proportion which remained fairly steady throughout the century and demonstrated the primacy of gaol admissions and the overwhelming focus on detention rather than cure. During the first fifteen years, nearly half of the admissions were convicts.

In the 1860s and 1870s, however, the proportion of white paying patients rose fivefold, as the asylum underwent reforms along 'moral management' lines. New asylums were opened to take these middle-class patients (more of them being women) as pessimism over the curability of black lunatics coincided with a growing racism in colonial society. By the early twentieth century, four fifths of the island inmates were black (most of them deemed 'dangerous') and a third were convicts. The patient profile had come full circle, its function once again being to eject the most dangerous and threatening members of society from overcrowded prisons that made their black prisoners work at public works to prepare them for re-entry as disciplined labourers in a booming colonial economy resting on gold and diamonds.

Comparative history forms the analytic framework in two chapters – 'The Confinement of the insane in Switzerland, 1900–1970: Cery and Bel-Air



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Asylums', by Jacques Gasser and Geneviève Heller, and 'The confinement of the insane in Victorian Canada' by David Wright, James Moran and Sean E. Gouglas. Both form part of larger interdisciplinary projects on the history of nineteenth-century Swiss and Canadian psychiatry. Cery and Bel-Air in Switzerland, and the Toronto and Hamilton asylums in Canada, were public asylums designed to receive both pauper and middle-class lunatics. Because these Swiss institutions were responsible to two *separate* cantons of the Swiss confederation (Geneva and Lausanne), they operated under *distinct* legislation governing the practice of confinement. The two Ontario asylums, by contrast, operated within the same provincial legislative framework. On the basis of a sample of patient records and other archival material, a socio-demographic analysis of inmates of both sets of asylums is offered, providing substantial new material on the social and 'medical' data (diagnoses, length of stay, number of stays) of patients.

Gasser and Heller provide a study of admission criteria to the Swiss asylums. They discuss the evolution of legislation which gave a relatively settled legal framework to each period, defining the type of admissions, those authorized to admit patients, and the reasons for confinement. In the canton of Geneva, until 1936, jurisdiction over the internment of the insane fell to the Department of Justice and Police; in the canton of Lausanne, by contrast, such jurisdiction lay under the control of the Department of the Interior (health and public welfare). Gasser and Heller also quantitatively analyse admission procedures during the whole period under consideration. They show the fluctuating proportions of patients who requested admission, were accepted on the request of others, or by civic authorities (generally by the intervention of a doctor outside the institution), or who were confined by judicial order. Finally, Gasser and Heller discuss the circumstances and processes of admission in specific situations, looking in particular at a handful of patient records, chosen from around 1930, which give some indication of the interweaving of medical and social criteria in the admission process.

Wright, Moran and Gouglas present detailed socio-demographic analyses that further question an older revisionist portrayal of the asylum as a 'dustbin' for the 'useless and unwanted' of industrial society. The Toronto and Hamilton asylums were not, according to them, populated by the fringe elements of industrial society, at least certainly not from a socio-demographic standpoint. Patients were admitted across the adult age spectrum. Men and women became patients in accordance with their representation in the general population.<sup>20</sup>

<sup>20</sup> The major studies suggesting women were disproportionately confined in asylums are: P. Chesler, *Women and Madness* (New York, 1973); E. Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980* (New York, 1985); Y. Ripa, *Women and Madness: The Incarceration of Women In Nineteenth-Century France* (Minnesota, 1990). For excellent summaries of feminist critiques of psychiatry and the history of psychiatry, see J. Busfield,

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Indeed, the absence of sex as an important socio-demographic variable (when cross-referenced with age, occupation, length of stay, religion and geographical background) is striking. Wright, Moran and Gouglas use their statistical findings as a base upon which to reconsider the relationship between asylum admissions and wider patterns of employment, kinship networks, immigration and socio-economic growth in Victorian Ontario.

Andrea Dörries surveys the strengths and shortcomings for the historian of German psychiatry of surviving archival material. Founded in 1880, the Wittenauer Heilstätten psychiatric hospital in Berlin has preserved nearly all its patient records. In addition to an exhaustive run of patient files, documentation can be found on special treatments (e.g., malaria therapy for progressive paralysis due to tertiary syphilis) as well as material concerning hospital employees.

Aided by a computer-based analysis of patient records from the hospital, Dörries builds her paper with a view to describing patients' lives in the period from 1919 to 1960. Her database includes personal, medical, social, postmortem and admission data, as well as data on sterilizations performed during the 1930s and 40s. Using a random sample of 4,000 records (8 per cent of all surviving ones), the paper focuses on three topics: first, the social and demographic characteristics of admissions; second, the treatment and discharge of patients based on diagnosis, year and gender and the effect of the patients' social circumstances on their lengths-of-stay; and, third, the care and treatment of children who stayed at the hospital. Dörries takes particular account of changing political circumstances: the Weimar Republic, with its tremendous implications for most patients with physical disorders; and the post-war period in Germany, with the emerging new political systems in East and West Berlin. Her paper demonstrates continuities and discontinuities in the daily life of patients admitted to a municipal psychiatric hospital during the period of the first four decades in the twentieth century.

The records of the South Carolina Department of Mental Health form the foundation of Peter McCandless's chapter, an investigation of how an asylum in the southern United States changed as a result of radical changes in its patient population, and how those mutations were in turn related to major shifts in the society at large. Opened in 1828, the South Carolina Lunatic Asylum is the third-oldest state mental institution in the United States. American historians of mental illness have argued that it (and other early Southern asylums) began as custodial institutions caring for pauper lunatics. Its founders, however, hoped to create a curative establishment, grounded on moral treatment, for patients of

'Sexism and Psychiatry', *Sociology* 23 (1989), 343–64 and N. Tomes, 'Feminist Histories of Psychiatry', in Micale and Porter (eds.), *Discovering the History of Psychiatry*, 348–83. For a more recent discussion of the role gender played in the history of psychiatry, see the collected papers in J. Andrews and A. Digby (eds.), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam, 2002).