

in an experimental animal and shown to produce the disease—are the weakest philosophically, because they are not possible to achieve for all infectious diseases. Stronger and more central to the demonstration of causation is the necessity argument embodied in the first three postulates, which state: “The organism must be exhibited in every examined case of the disease. The distribution of the organism must correlate with and explain disease phenomena. For each different disease, a morphologically distinguishable organism must be identified” (p. 131).

To convert sceptics to the radically different view of disease causation, proponents were able to point to a few key events that demonstrated the power of the new ideas. Pasteur, the consummate showman, called in the press and the public to witness his test of an anthrax vaccine and to see that his rabies vaccine had protected Joseph Meister from one of the most dreaded diseases of the time. Koch’s triumphs in discovering and demonstrating the causes of cholera and tuberculosis, both greatly feared diseases, convinced most sophisticated scientists, physicians, and public health leaders. By the 1890s, the transformation was complete, cemented ever more firmly in 1894 when antidiphtheria serum was introduced as the first effective therapeutic substance developed within the new theory. The antiserum’s ability to save the lives of children on the verge of death from diphtheria was powerful evidence indeed for laypeople as well as professionals.

Carter demonstrates how the new aetiological assumptions about infectious diseases were integrated into an entire research programme to identify universal, necessary causes for all diseases. The case of Sigmund Freud is especially telling. Considered revolutionary by many, Freud is viewed by Carter as firmly located within the new paradigm, as he was searching for universal, necessary causes for mental disorders. Also in this framework were the pioneers in nutritional diseases who linked the causes of scurvy, beriberi, and pellagra to the absence of necessary dietary factors.

The case studies in this book breathe life into the abstract concepts that remind historians why

they are not philosophers. Yet to quote Imre Lakatos, as Carter does, “history of science without philosophy of science is blind” (p. viii). For historians who study medical thought and medical research activities in the twentieth and twenty-first centuries, Carter’s book provides a clear vision of the philosophical tenets underlying these activities.

**Victoria A Harden,**  
US National Institutes of Health

**Joel Peter Eigen,** *Unconscious crime: mental absence and criminal responsibility in Victorian London*, Baltimore and London, Johns Hopkins University Press, 2003, pp.xii, 223, £29.50 (hardback 0-8018-7428-9).

In the nineteenth century concerted efforts were made to formalize the complex relationship between crime, volition and madness. The legal system attempted to grapple with the frameworks for dealing with those deemed not guilty due to insanity and, after 1883, guilty but insane. High profile cases against James Hadfield, Edward Oxford, Daniel McNaughtan, *et al.* demonstrated the antagonistic relationship between the burgeoning profession of psychiatry and the law. In these seminal trials, medical experts argued that the accused lacked the mental capacity to understand the nature or consequences of their actions. Despite Victorian attempts to classify the delusional, English courts played host to an array of “mentally wayward defendants” that defied and expanded attempts at classification. As such, what were jurors to do in cases where the accused was “missing” at the time the crime was committed?

Joel Peter Eigen tackles this very question by examining Old Bailey cases between 1843 and 1876. In this period, he argues, a new someone or “something” had wandered into the Victorian courtroom. Eigen is particularly well-versed on the context of the legal conundrums these trials represented, having contributed much of the study for the preceding period. The notion of insanity in the post-McNaughtan era, though still not clearly defined, had some legal underpinning.

Insanity pleas were considered on the ability of experts to show the accused were suffering from delusions that rendered them unable to know right from wrong. However, in the cases examined by Eigen, the perpetrators were not merely delusional, they were “absent”. Eigen’s study leads the reader into a fascinating examination of the pre-Freudian unconscious.

Eigen selected five trials for close examination—intertwined with others that contextualize and expand their findings—to illustrate the dilemma of how to adjudicate in cases where the defendant was controlled by an unknown part of self responsible for actions uncharacteristic of the known self. In mental medicine, descriptions of unconscious states were plentiful—sleepwalking, epilepsy and periods of absence—and well documented in Victorian attempts to elucidate the mechanisms of self control. Eigen demonstrates that there was a “ghost in the sleepwalker”. In 1855, Hugh Pollard Willoughby shot barrister Hardinge Stanley Giffard in the cheek. At the trial, two Willoughbys presented themselves alternately to the jury, apparently sharing the same body. One was poised, gentlemanly, intelligent, articulate, and able to elicit opinion from medical experts to aid his defence, the other a “religiously obsessed, bible-thumping ranter”. Willoughby’s defence counsel pleaded that he was thoroughly delusional. Two distinguishable personae in one body had appeared in medical lore and folk myth, but never, until this point, at the Old Bailey.

Confusingly, Mary Ann Hunt entered the Old Bailey in the previous decade, but her trial provides the basis for Eigen’s next chapter. Initially, the evidence and guidance of the judge pointed to a woman of sound mind who had wittingly committed a brutal murder. However, testimony was introduced that questioned her presence at the crime, suggesting she suffered cyclical periods of absence, and thus challenging the existence of human agency. The defence was that her actions were convulsive, automated and not committed by Hunt. Whether or not she was present at “her” crime, she was certainly expected to be present at her execution. Hunt’s case was unique, in that she was the only woman

after 1843 not to be acquitted when mental absence was claimed.

The key witness in Samuel Hill’s trial was a lunatic (and his 20,000 accompanying spirits). Richard Donnelly, a private asylum resident, witnessed the asylum attendant, Hill, beating to death a fellow inmate. The asylum’s medical superintendent—Joseph Stuart Burton— informed the court that he considered Donnelly, though a certified lunatic, to be a credible witness. Apart from the spirits and associated delusions, Burton took the peculiar stance of describing Donnelly as perfectly rational. The prosecutor attempted to elicit from Donnelly how much his spirits falsified his recollections or jolted his memory: “the spirits assist me in talking of the date, I thought it was Monday, and they told me it was Christmas Eve, Tuesday, but I was an eyewitness, an ocular witness, to the fall on the ground.” The defence called no witnesses, arguing that the prosecution’s case, being reliant on a delusional lunatic, was unsound. Despite this, Hill was convicted of manslaughter, prompting debates as to the credibility of a lunatic witness. How this case fits within the stated remit of Eigen’s book is not obvious. However, his subsequent examination of the medico-psychological interpretation of spirits, double-consciousness, possession and amnesia, goes some way to bringing the chapter back into the fold.

The fourth of Eigen’s main cases involves twelve-year-old William Newton Allnutt placing arsenic in a sugar bowl, in order that he might dispatch his grandfather and steal his gold. At Allnutt’s trial his defence attorneys argued that his conscience was diseased and that he lacked the moral sense to distinguish right from wrong. Much was also made of the presence of voices, upon whose instruction Allnutt acted. In this case in particular, Eigen shows the difficulties of delineating mental disease within narrow legal frameworks. The judge, in summing up, circumscribed the medical testimony suggesting that the delusional Allnutt was responsible for his own condition. Though this case may appear as an exemplar of the antagonism between medicine and the law, Eigen deftly draws out the deeper complexities of this particular clash and

Victorian resistance to endorsing any form of moral relativism or dereliction of individual responsibility.

The final case studied is that of sleepwalking nursemaid Sarah Minchin who feloniously wounded her charge. This case of absence is perhaps easier to understand for the modern reader, as it was to the contemporaries who were familiar with such events in popular culture and lore. The jury's decision suggests sympathy with Minchin's "condition" not evident in the trial of Allnutt. It also serves Eigen with the greatest opportunity to investigate the aforementioned "ghost in the sleepwalker", that is, the criminal other that exists in the unconscious.

As stated on the dust jacket, Eigen "provocatively" suggests that these trials represent early incarnations of the multiple personality disorder. The reader should caution that this is not the only diagnosis that was yet to appear in the court system. You get the sense that Eigen had so much fun researching this book, that his choice of cases had more to do with what excited him, rather than what fitted neatly together, or that stood to support his final bold hypothesis. The chronology is often hard to follow. Further, more could have been made of the wider implications of the machinations and posturing of those claiming expertise in these cases. The stand alone chapters make it ideal for course reading. Eigen has accomplished the rare mix of combining academic rigour with a colourfully written, thumping good read.

**Sharon E Mathews,**  
University of Manchester

**Katherine Watson,** *Poisoned lives: English poisoners and their victims*, London and New York, Hambledon and London, 2004, pp. xiv, 268, illus., £19.99 (hardback 1-85283-379-4).

This book provides a fresh look at the social history of poisons and poisoners based on around 500 cases of criminal poisoning that occurred in England between 1750 and 1914. Watson analyses not only published sources but also the rich documents stored at the National Archives at

Kew. As a consequence, the study offers reliable statistical data about poisoning and includes a broad range of cases, not only the most famous and popular poisoning trials. First of all, Watson describes the main poisons employed in the nineteenth century, their effects on human bodies and the three ways of detecting them: clinical symptoms, post-mortem autopsies and chemical tests. The different value of these signs changed over the period and depended on the poison (as exemplified by the extreme cases of arsenic and strychnine). Moreover, Watson provides statistical data about the principal poisons used in English criminal cases and how they could be obtained by murderers and given to their victims. Most of the poisons were employed in many common activities (agriculture, medicine, vermin control, manufacturing, etc.) and there were no effective legal restrictions on the sale of poisons before the Arsenic Act of 1851.

The large number of cases studied by Watson offers a good opportunity to undermine some broadly diffused ideas about poisons and poisoners. Contrary to common opinion, which emerged from several famous nineteenth-century cases such as those of Dr William Palmer (England), Lucretia Chapman (USA) or Madame Lafarge (France), not all poisoners were women or doctors. Of 540 criminal cases studied by Watson, the number of male accused poisoners roughly equals the number of female. Most of them have a family connection with their victims (mother or stepmother, husband, wife, etc.) and just a small number were physicians or nurses. The most famous nineteenth-century cases involved middle-class murders or professional bourgeois groups but the main group of poisoners were members of the lower classes who usually turned to poison as a means of escaping their intolerable situations. Watson devotes a large number of pages to a detailed analysis of the reasons which drove poisoners to commit their crime: the "reasons of the heart" (unhappy marriages, adultery), unwanted children (extreme poverty, reluctance to assume responsibilities of fatherhood, indifference) and "the root of all evil": money. Around 120 cases were clearly carried out for financial motives: insurance money, inherited properties, frauds