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following Dr. Charles Webster, England in the sixteenth century, and some of Dr. Jacquart's dilemmas might be resolved by further investigation into local archives. Her computerized percentages appear impressive, but until more is known about the general archival base on which they are made, they should be treated with some caution. But the attempt to use Wickersheimer in this way is worthwhile, and Dr. Jacquart deserves our thanks for carrying it out accurately and lucidly. Alas, the illumination given by the eighty pages of graphs and tables is not continued by the provision of a full index of names and places.

I append two corrections and two references: p. 132, on treatment of plague victims, add Brignoles (J. N. Biraben, *Les hommes et la peste*, p. 129); p. 133, the *Reformatio Sigismundi*, is not an imperial edict, but a later piece of propaganda, see Sudhoff, *AGM* 1929, 21, pp. 228–239. Jean de Sainte-Croix (D) is also mentioned in *Bibl. Nat.*, fonds lat. 6865, fol. 215 v.; and much new evidence for Nicolas de Reggio (D) and his stay at Avignon glimmers in G. Pezzi, *Atti della IX Biennale di Fermo*, 1971, 229–233.

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ROGER SMITH, *Trial by medicine. Insanity and responsibility in Victorian trials*, Edinburgh University Press, 1981, pp. ix, 238, £15.00.

The history of British psychiatry in the nineteenth century has recently attracted considerable scholarly attention, most of which has been sharply critical of an older tradition that explains developments in this period as the straightforward product of a rising tide of humanitarian sentiment combined with the steady growth of scientific knowledge and understanding. For the most part, however, the new work has concentrated upon the social and institutional history of madness and its treatment. One of the most welcome features of Roger Smith's new book, therefore, is his emphasis on the need for renewed attention to the *content* of medical knowledge, and his demonstration of the value of incorporating an examination of this material into revisionist analyses.

Smith eschews the "famous trial" approach to medico-legal history in favour of a more comprehensive and unified attempt to elucidate the issues surrounding the use of the insanity defence between the 1830s and the 1870s. As he points out, use of the defence was not common, being largely confined to capital cases. Still, it attracted attention out of all proportion to the frequency with which it was invoked. Among alienists, the question of their role in determining the boundary between insanity and criminal responsibility was naturally a highly charged and symbolically crucial issue, given their aspirations to professional status. But more generally, the acceptance or rejection of the insanity plea was related to fundamental philosophical and moral differences and difficulties over the interpretation of and attribution of responsibility and/or causation for human action. Hence it cannot be surprising that among Victorians (as among ourselves) the process of drawing boundaries between insanity and responsibility was endlessly and fiercely controversial.

As Smith points out, alienists sought to remove their discourse to a plane where it would be accorded the objectivity of physical science. Madness, they claimed, was a somatic condition, the product of physical abnormalities, structural or functional, in the brain, other nervous tissue, or the neural blood circulation. In turn, physicians' privileged access to such knowledge (on the basis of their clinical and diagnostic skill) ought to secure for their judgments a unique and unchallengeable truth status. And given that their account of the relationship between insanity and behaviour was deterministic in form, the moral issue of responsibility dissolved in confrontation with scientific objectivity.

Obviously enough, in rejecting the language of guilt for that of disease, medicine threatened profoundly to undermine the social rituals of retribution on which the criminal law was founded. Legal discourse, by contrast, remained wedded to a commonsense schema wherein will or intention, the voluntary basis of action, assumed a central place, and in which the presumed presence or absence of certain mental states was crucial to the assessment of responsibility. Notwithstanding efforts to achieve verbal compromises, Smith argues – correctly I think – that the two discourses are essentially incommensurable; and, equally

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importantly (and despite alienists' claims to the contrary), that the choice between them was (and remains) inherently evaluative.

Alienists who attempted to dispute this last point were repeatedly impeached by their own inability to agree on a diagnosis. The embarrassment of having eminent men testify that the same individual was both unambiguously mad and unquestionably sane was something the profession felt deeply but could never adequately resolve. Moreover, medico-psychological descriptions of the accused's actions exhibited striking similarities to commonsense, everyday descriptions of conduct, something that was not to be hidden by incantations of scientific truth and appeals to physicalist causation. Nor, in the last analysis, did alienists possess "the requisite standing for the public acceptance of 'clinical facts.'" (p. 40).

Smith's discussion of these issues is notable for its empirical richness and theoretical sophistication. The scope of his research is impressive and its presentation is for the most part skilfully handled. *Trial by medicine* is consequently a major contribution to our understanding of medico-legal history.

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MICHAEL MACDONALD, *Mystical Bedlam. Madness, anxiety, and healing in seventeenth-century England*, Cambridge University Press, 1981, 8vo, pp. x, 323, £27.50.

Many of the most exciting historical studies of the past decade have exploited caches of manuscript material which illuminate social realities, mental structures, or off-stage activities not visible through printed historical sources. Emmanuel Le Roy Ladurie's *Montaillou*, Carlo Ginzburg's *The cheese and the worms*, and Robert Darnton's *The business of Enlightenment* are three examples noteworthy for their imaginative use of these raw materials of history. It is no exaggeration to claim a similar feat of fertile historical scholarship for Michael Macdonald. *Mystical Bedlam* is based on the extensive case records of Richard Napier (1559–1634), a clergyman and astrological physician who quietly practised medicine for almost forty years in Great Linford, Buckinghamshire, in the parish where he was also rector. Because of Napier's well-known interest in alchemy, Elias Ashmole acquired the former's books and papers after his death, whence they ultimately went to the University of Oxford. (A. L. Rowse's study of the randy astrological physician Simon Forman was made possible through the same bequest.)

Napier's sixty volumes of case notes cover forty-five years (including six years after the elder Napier's death, when the practice was continued by his nephew). They record tens of thousands of consultations, including almost 2,500 with patients suffering from mental complaints or disturbances. It is this group which Macdonald has subjected to rigorous analysis. His many charts, tables, and graphs break these down into such categories as age, sex, and geographical distribution; symptoms and their perceived causes; and diagnoses. Some of his tables overwhelm the reader with rather too much detail, particularly since some of his smaller sub-categories are not statistically significant and in any event are reconstructed on what are often extremely fragmentary case histories. But Macdonald's decision to be ruthlessly complete can be applauded, for it has forced him to consider the totality of Napier's psychiatric practice. Thus, we learn that women consulted Napier more than men, young adults more frequently than either older people or children, and that personal distress lay at the heart of many of his patients' psychiatric problems. His work reinforces the now commonplace recognition of the centrality of the nuclear family in pre-industrial English society, but challenges the thesis of Lawrence Stone that companionate marriages became common only in the eighteenth century, and that seventeenth-century parents distanced themselves emotionally from their children. Richard Napier's patients did not: many of them came with what a modern psychiatrist would undoubtedly call a reactive depression, caused by the death of a spouse or child.

Although Napier's case histories provide the core of this book, Macdonald firmly locates Napier's beliefs into the larger context of early seventeenth-century England. Drawing on the medical and theological literature of the period, he shows the extent to which medical, magical, and theological precepts often coalesced in the explanation and treatment of mentally