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guaranteed the spread of the asylum system, which political discourse portrayed as compassionate and humanitarian in contrast to the punitive workhouses. However, argues Bartlett, the asylums quickly became swamped with pauper lunatics so that control rather than cure or reform inevitably became their ethos. This reality was acknowledged in 1874 when central government agreed to make a per diem payment to each institution according to the number of its inmates, thus strengthening the role of the state in the management of the insane.

Bartlett concludes that, whereas the eighteenth century enacted social control through incarceration and punishment, the nineteenth century sought to control the body by transforming the soul. Control meant persuading deviant individuals to conform to societal norms. Central to this new approach was the study of human behaviour and how to amend it (p. 240). Disciplines such as psychiatry, criminology, and social work began to play increasingly important roles in the maintenance of social order towards the end of the nineteenth century. The fate of the individual was determined by the tension between humanitarian and legislative discourses. Asylum staff presumably tried to do a good job despite the lack of clarity as to what the job was, since caring and curing remained inextricably bound up with the Poor Law whose medical officers remained key people in the operating of the asylum system.

The book is well structured and logically presented and appendices provide ample statistical evidence for the position the author adopts. The reader is persuaded that Poor Law legislation shaped the legal and administrative infrastructure of the nineteenth-century asylums. Some readers might prefer to have more attention devoted to the influence of legislation on the attitudes and behaviour of those managing and manning the institutions. If legislative language is stigmatizing, it must adversely affect the staff who worked in the

institutions. The style is lively and engaging, while at the same time the work is scholarly and evidence-based. Perhaps the only disappointment is that the scholarship and erudition of the author are not used to discuss whether it is possible to liberate the mentally ill from the oppressive and lasting effects of previous legislation. Despite this criticism and the fact that the arguments put forward by the author are not entirely new, the book makes a significant contribution to scholarship in the area. By re-examining the origins of institutional care, it should enable scholars to accurately interpret, understand and challenge current and future developments in mental health care.

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Christine Stevenson, *Medicine and magnificence: British hospital and asylum architecture, 1660–1815*, New Haven and London, Yale University Press for The Paul Mellon Centre for Studies in British Art, 2000, pp. viii, 312, illus., £30.00 (hardback 0-300-08536-2).

Traditionally, historians have mostly dealt with hospital architecture in a descriptive fashion, explaining the details of surviving buildings and plans. Indeed, ward designs can provide important clues about the presumed functions of hospitals as well as daily life inside their walls. More speculative are the efforts to employ architecture as a tool to uncover sets of values and meanings that might have guided past caregivers, thus shedding further light on the evolution of medicine and nursing. Christine Stevenson has taken another path: she has gone “outside” the institutions and carefully examined British culture during the “long” eighteenth century to explain the birth of the voluntary hospital system and its buildings. Employing the voices of

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politicians, poets, and medical reformers, the author has given us a rich and nuanced account of a medicalizing world in which the redefinition of the hospital as a healing space remained at best ambiguous.

The work is divided into ten chapters. At the outset, Stevenson engages in a discussion of the traditional outer splendour and ostentation displayed by hospital buildings as houses of God. While such luxury had been an important measure of hospitality and charitable commitment for earlier donors and patrons, it seemed increasingly at odds with a new medical agenda that sought to envision institutions as places for brief stints of rehabilitation. A clash of religious values posited a Catholic propensity to blind and dominate their flocks with extravagant monuments against a mythical, spartan Protestant bent for individual freedom and voluntary collaboration. The ensuing tension created between the vanity of founders and the professional needs of medical men came to shape British hospital design.

Subsequent chapters offer a comparative view between palaces and hospitals, the control of spaces within them and need for discipline, especially in asylums. The gradual process of planning and raising funds for a voluntary hospital is chronicled in great detail for the Royal Infirmary of Edinburgh. Here Stevenson illuminates the collective effort to erect such an institution, pointing out the convergence of public good with private profit within the context of a perceived spirit of Protestant benevolence that even enlisted the builders and suppliers to contribute their labour and materials to this charitable quest. Not to be ignored were the wishes of hospital subscribers who expected the rapid recovery of their sick workforce and the commercial expansion of the former capital of Scotland through an influx of medical students from England and the colonies who would walk its wards.

The remaining chapters deal with the growing problem of institutional cross-infection that converted hospitals into

“gateways to death”. Stagnant and hot air, corrupted by the febrile exhalations of the sick, seemed the culprit, prompting numerous design changes, including the elimination of quadrangles, the expansion of windows to facilitate ventilation, and the break up of large wards to segregate potentially contagious individuals. Cubic air space and flow became important criteria to avoid sick buildings. Here Stevenson points out how innovations in the construction of textile mills during the early Industrial Revolution—including fireproofing, roof ventilation, paved floors, plastered beams and cast iron columns—were adopted by the builders of hospitals. Although Lister’s antiseptic method seemed to make all such architectural details irrelevant, the ensuing efforts to create aseptic facilities demanded further design changes as well as technological improvements such as the sterilization of water and instruments. This beautifully produced and generously illustrated book has extensive notes, a list of manuscript sources and full bibliography. We are greatly indebted to the support of the Paul Mellon Centre for Studies of British Art and Yale University Press for getting it into print.

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Eric J Engstrom, Matthias M Weber, Paul Hoff (eds), *Knowledge and power: perspectives in the history of psychiatry. Selected papers from the Third Triennial Conference of the European Association for the History of Psychiatry (EAHP), 11–14 September 1996, Munich, Germany*, Berlin, Verlag für Wissenschaft und Bildung, 1999, pp. 231, illus., DM 68.00 (hardback 3-86135-770-4).

This is a collection of twenty papers originally presented at the 1996 conference