

Books & Electronic Media

Madness: a brief history

By Roy Porter

Oxford University Press, Oxford, England, and New York, USA, 2002.

ISBN 0 19 280266 6, price: £11.99 and US\$ 22

Roy Porter's final contribution to the history of medicine, published shortly before his death at 55, is more of an executive summary than a history, even a brief one. But it is a good read, full of provocative insights. Somewhat immodestly described by the author as 'brief, bold, and unbiased', the book seeks to assess the credibility of mainstream views of the history of psychiatry as a steady march towards progress and enlightenment. Though he draws back from saying so outright, it is clear that Porter sees only modest evidence of either progress or enlightenment.

In spite of the title, this is not really a history of madness but a history of psychiatry — or rather of the faltering, inconsistent, faddish and often hubristic attempts to determine who is mad, why, and what can be done about it. For each epoch, Porter draws from the ambient culture, expressed in poetry, philosophy or literature, some of the notions, ideologies or outright prejudices that moulded the theory of madness and the clinical responses to it.

For Porter the history of the asylum is emblematic of the instability of both the theory and practice of psychiatry. From the time of Bedlam in London (originally called St Mary of Bethlehem, then Bethlem Royal Hospital, used specifically for the mentally ill from 1402 onwards), the madhouse was the product of a genuine desire to create a safe and relatively salubrious environment for people otherwise exposed to mistreatment by themselves and others. Initially, Pinel, Battie, Chiargui, and other pioneers saw asylums as places of moral reform rooted in respect and concern for the patient. Yet, economic and social pressures, and the inability of psychiatry to get any positive results, soon transformed asylums into ware-

houses or mere "dust bins for hopeless cases", while, not coincidentally, providing psychiatry with subjects for therapeutic experimentation. Bloodletting and purging gave way to psychosurgery, shock therapies, and, by the mid-20th century, psychopharmacology, transforming no-hope asylums into hospitals and giving psychiatry a much-needed "lifeline back into mainstream general medicine".

Is this progress? The discipline of psychiatry may have weathered the storm of Szasz, Laing and the anti-psychiatry movement, and in wealthier countries psychopharmacology may be reducing the need for institutionalization. But, as Porter remarks, pacifying patients with drugs hardly seems like the pinnacle of clinical achievement and, even today, claims about the maturity of a science of mental disorders seem somewhat premature and contestable.

Current trends do not bode well for the future either. In the last couple of decades, psychiatry seems to be shifting its attention to "milder" or "borderline" cases of mental abnormality (arguably within the range of normal variability), with a concomitant expansion in complexes and syndromes. "These days," Porter writes, "clinics and techniques for psycho-social problems, sexual dysfunctions, eating disorders, and personal relations continue to proliferate — while prospects are held out of a pill for every psychological ill."

The psychopharmacology industry is undoubtedly the driving force in this expansion in the number of mental disorders and lowering of the threshold of complaint. One sometimes suspects that the chemical treatment antedates the disease and helps to give it an official existence. Should we not be concerned about the tendency to use pharmaceutical products to reshape personalities on the one hand, while creating new and ever more nuanced varieties of madness on the other — "especially when the development, manufacture, and marketing of such drugs lie in the hands of monopolistic multinationals"? One can only speculate where, but for his

much too early death, these questions might have taken Porter in his future writings. ■

Jerome E. Bickenbach¹

Asbestos blues: labour, capital, physicians and the state in South Africa

By Jock McCulloch

Published by James Currey, Oxford, England, and Indiana University Press, Bloomington, USA, 2002.

ISBN 0 85255 862 7, price £12.95

The history of asbestos is a remarkable one of shifting attitudes towards this substance, from "magic mineral" in the early days to "killer dust" in the end. It unfolds as the epidemiological evidence was slowly compiled, then concealed, and then, at last, disseminated. For health professionals internationally, the rise and fall of asbestos in South Africa provides a telling account of short-sightedness, the limits of human understanding and of science, and ethical conflict. Given the global public health importance of asbestos, there are surprisingly few books on its history, or on its impact in local contexts, and perhaps no others at all that are written with such well-informed depth of feeling.

McCulloch's book is a particularly interesting record of asbestos in one country, its relation with the international industry, and its companies, workers and communities. It is inspired by the author's long-standing interest in the health of workers and their communities, and his commitment to documenting the abuses of power and information that affect them. The publisher is a small, radical one, equally committed to publicizing unusual and important stories, particularly from the South. It forms part of a well-regarded dogma-challenging series called "African Issues".

Asbestos blues is wide-ranging and readable, looking at the history of the

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global industry, the mines, the companies, the medical history of asbestos, the difficult lives of the men and women working in the mines, and the role of the state. It includes a critical account of epidemiology in the context of a socially divided African state with a strong transnational company presence, offering valuable insights for anyone with an interest in the interaction of science and policy. A particular strength is in the range of sources the author has brought together, with primary interviews, archives and published books and papers combined to tell a deeply human story of greed, power — and courage.

There is some repetition in the book and it is not for those who like to keep the world neatly divided into disciplinary slices. In examining the complex economic and social processes and their health outcomes, it encompasses the real, messy, political world of public health. In this sense, *Asbestos blues* tells a timely and widely relevant public health story, by documenting the asbestos background of recent ground-

breaking rulings against transnational corporations. These may lead to new powers for communities in the South to claim due recognition and compensation for health damage done by companies working in their countries. *Asbestos blues* provides a valuable case study of how a major harmful industry falls, and how in this case communities, unions, epidemiologists, lawyers, public health professionals and a Southern state finally came together to work for public health and social justice. It is a well-told salutary tale. ■

Carolyn Stephens¹

CORRIGENDUM

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