Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820–1860 (review)

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twentieth century, actually goes back much farther to the early modern period and has undergone many transformations until the twentieth century. Though every reconfiguration formed a new concept of the "male climacteric," fragments of older explanation remain and influence the associations that it raises.

"Historical analysis," Stolberg writes, "can neither prove nor disprove the universal biological basis of a disease pattern" (p. 106).[1] However, it does have the potential to revise medical conceptions by highlighting how pre-modern ways of thinking about diseases prevail. His revision also challenges historians to rethink the history of the female menopause. The collection's real value lies in destabilizing entrenched concepts of the material body and its relationship to medicine for both historians and health professionals.

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Akihito Suzuki. *Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820–1860.* Medicine and Society. Berkeley and Los Angeles: University of California Press, 2006. xii + 260 pp. Ill. $49.95, £32.50 (0-520-24580-6).

In 1985 historian Mark Finnane hypothesized that the asylum was "an institution whose role and function was mapped out by a lengthy process of popular usage and custom as much as by the legal and financial imperatives which the state erected around it."[1] Twelve years later David Wright was still lamenting that there was "no systematic study of lay attitudes to insanity in the nineteenth century which would illustrate the reception of professional ideas about mental illness, or the role these new ideas had in persuading families to seek medical treatment in an institution rather than in the household."[2] A small wave of academic work on these important issues has recently arisen, and Akihito Suzuki's book, *Madness at Home*, is definitely riding the crest of that wave.

The subject of Suzuki's book is the changing responses to madness of wealthy English families in the nineteenth century, including how those responses were conditioned both by an evolving culture of domesticity and by fluctuations in families' encounters with professional psychiatry. The choice of families with means is largely source-based. Suzuki has thoroughly researched about two hun-

1. Michael Stolberg. "Das männliche Klimakterium. Zur Vorgeschichte eines modernen Konzepts (1500–1900)," in *Männlichkeit und Gesundheit im historischen Wandel ca. 1800–ca. 2000*, ed. Martin Dinges (Stuttgart: Franz Steiner Verlag, 2007), p. 106.

1. Mark Finnane, "Asylums, Families and the State," *Hist. Workshop J.*, 1985, *20*: 136.
2. David Wright, "Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century," *Soc. Hist. Med.*, 1997, *10*: 144.

dred commissions of lunacy between 1823 and 1861 that were published in the London *Times*. These sources produce a wealth of information with which to write "a history of lunacy from the family's viewpoint" (p. 4). It is from this perspective that Suzuki articulates several lines of argument that, when carefully considered, challenge some of the conventional wisdom in the field of mental health history and encourage us to reconsider our own approach to the subject.

First and foremost, in *Madness at Home* Suzuki stresses that a "domestic psychiatry" existed in England. Based on a wide-ranging "flexible fabric of strategies" (p. 92), this domestic psychiatry was grounded in a decidedly lay framework of understanding. Far from being destroyed by the rise of the asylum and professional psychiatry, domestic psychiatry continued to thrive. Suzuki argues that although domestic psychiatry was necessarily altered by more formal psychiatric developments, it was at the same time strengthened by the increasing social and emotional importance placed on family cohesion in the face of late eighteenth- and early nineteenth-century political and industrial dislocation.

For Suzuki, the lay understandings of insanity that sustained this rich and resilient domestic psychiatry also informed, to a considerable extent, the content of the first and second generations of professional psychiatric discourse. In a careful analysis of the communications between psychiatrists and families in select lunacy trials, he is able to show how the lay language of lunacy penetrated the diagnostic and therapeutic sensibilities of psychiatrists.

This leads Suzuki to consider the tenuous nature of psychiatric control during much of the nineteenth century. For example, many of the commissions of lunacy generated hot debate about whether the liberty of the individual on trial for mental incapacity or the protection of the family and its control over property ought to have priority—a debate that drew in the opinion of leading lights in the field including John Conolly, J. C. Prichard, and the like.

Finally, Suzuki suggests that the emergence of moral treatment itself ought to be reconsidered partly as the product of familial understandings and conceptualizations of madness and their impact on formal psychiatric discourse. "Moral treatment," he posits, was "the boundary-crossing of a species of psychological technique from the domestic realm to the realm of institutions . . . an appropriation of lay technique for medical use" (p. 117). This is both a stimulating and challenging analysis that needs further consideration in light of the very class-specific nature of his sources. But Suzuki's focus on domestic psychiatry, its influence, and its role in the negotiated power politics of mental health care gives us refreshing intellectual food for thought.

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