

These efforts were led by young men and women student leaders who envisioned a “missionary movement that would draw a wave of idealists into active service, transcending sectarian, denominational, national, gender, and racial divisions” in the new century (329). The stumbling block to this “heady vision” were the “growing problems revolving around women and their place in the missionary movement ...” (329).

Chapter 7 then returns to “Women’s Work: Leadership, Dependence, and the Limits of Change” and the growing conservative religious backlash against expanding women’s roles and the “modern” missionary methods, especially the progressive program promoted at the 1910 World Missionary Conference in Edinburgh. Some of the greatest concern related to matters of clerical authority and church government, as women began to fill executive roles within various church and religious organizations.

Chapter 8 focuses on the “imperial church” and the breakdown of a unified effort for “Mighty England” to do good in the overseas mission field. At the height of the age of New Imperialism, divisions arose “as missionaries and missions were forced to define their relationship to empire” (432). Efforts to “construct a meaningful, unifying Anglican imperial program” failed, doomed by “university heterodoxy, re-emerging party factionalism, and discomfiture with contending imperial models” (432). The High Church plan to “implement a student-driven ‘imperial Christianity’ had not united the Church but had further divided it” (438).

It should be clear that this is a densely-packed study of the issues surrounding mission that swirled around the Anglican Church in Britain from the mid-1800s to the beginning of the Great War, including both domestic and foreign policy, gender, imperialism, evangelicalism, race, identity, civilization, and respectability. It should appeal to scholars working in any of these fields in British and missionary studies.

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Leonard Smith. *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838-1914*. Basingstoke, UK: Palgrave Macmillan, 2014. 285 pp. ISBN: 978113702862. £63.00.

Leonard Smith’s work provides a clear, concise and meticulously researched history of the asylum regime in the British Caribbean. Smith focuses primarily on the intentions and motivations of personalities in the dynamic, though often ad hoc and piecemeal, approaches to insanity on the part of colonial agencies in the post-emancipation Caribbean. The author wants to eschew both a historical objectivity that “can be mistaken for apologism” and a presentist moralism associated with “outright condemnation of key groups of participants and their actions” (2). Smith urges us to consider how “[c]onscious motivations for their [the asylums] gradual establishment throughout the empire comprised both benevolent and controlling intentions” (3). Colonial authorities, in short, did not view the asylum as an extension of the oppression of slavery, and the directors and doctors of the reformed asylums were committed to the therapeutic relief of human suffering, most often through the paradigm of “moral treatment”. Smith’s commitment to objectivity is admirable, if conceptually a bit simplistic. The approach leaves certain critical questions unanswered, and Smith’s judgment of the effects of institutional, disciplinary power and the rise of a “therapeutic” scrutiny on the patients’ psyches can at times seem tone-deaf to the trauma of brutal slave regimes in transition.

Smith first offers a brief but effective historical introduction to British asylums and the sometimes contradictory approaches to treating mental illness in the eighteenth and early nineteenth century. He draws his main lines of comparison between asylums in the British West Indies and asylums in England. Most of the asylum directors, like Thomas Allen and Joseph Plaxton in Jamaica and Robert Grieve in British Guiana, were trained in British “moral management” techniques and had varying degrees of success with their practices in England. Yet, Smith could have cast a wider geographical net for comparison in the Americas by comparing not just asylums in the British West Indies and England, but also asylums in other post-emancipation societies like those in the Southeastern United States. Scholars working on broader questions of warfare, trade, environment, and disease have made a strong case for treating the area from the Brazilian coast in the south to the Chesapeake Bay in the north as an integrated web of exchanges called the “Greater Caribbean.” Smith could have adopted this broader scope when drawing comparisons rather than simply stating whether practices that seemed to work in England also worked in former slave societies in the British West Indies. For example, the South Carolina asylum, whose history has been meticulously researched by Peter McCandless, shares a multitude of similarities with the Caribbean asylums in terms of varying conditions and public support; contradictory approaches to therapy; experiences of patients, staff, and doctor/directors; and, most importantly, the implications and vicissitudes of mental care in a post-slave society.¹

Although the personal testimony of patients is often lacking, Smith is able to construct a detailed narrative of the growth of the asylum and the medicalization of mental illness from British Guiana in the south to the Leeward Islands of the east and a focused case study of the troubled history of the Kingston Asylum in Jamaica during the critical years of the late 1850s and early 1860s, when scandal from within and political chaos of the vast empire without caused the temporary closure of what was the first and model institution in the West Indies. Smith ably uses archival and print sources, newspapers, medical records written by doctors, often reading “against the grain” to get at the patients’ experiences within the colonial asylums. For the most part, we receive the opinions of doctors, reporters, and British officials; though for the key study of the Jamaica asylum, patient testimony does exist as do articles from a particularly critical newspaper, the *Daily Gleaner*, that allow Smith to paint a vivid, revealing picture of asylum life at its nadir, right down to the use of “tanking,” a kind of water torture used by nurses and orderlies on patients. The Kingston case also comes during a period of communal protests that culminated in the Morant Bay rebellion in October 1865.

Smith demonstrates how, after the last vestiges of legal “apprenticeship” slavery were eliminated in 1838, treatment of mental suffering, previously the responsibility of private estate “hospitals,” now fell under the purview of colonial governments, who were caught between London’s desire for at least a semblance of public order and a colonial, Creole elite reluctant to pay for the public health care of former slaves, servants, “coolie labourers” and other members of the lower classes. The Kingston scandal demonstrated the limitations of institutional care, however well-intentioned, where the real commitment of colonial legislatures and the white political class was lacking. After 1838, and certainly after Morant Bay and the Barbadian Confederation Riots of 1876, public funds went towards maintaining social order and the protection of property against the real or perceived “resentments” of former slaves. Such cases

¹ Peter McCandless, *Moonlight, Magnolias, & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996).

were often pathologized as “melancholia” or “mania” thought to be endemic amongst black and brown-skinned peoples and intensified by the tropical environment. Moral treatment, therefore, blended with Malthusian environmental explanations of moral decay, and the apparent prevalence of insanity among black and brown patients added to “the authorities’ apparent indifference to deteriorating conditions” in the asylums by the 1840s (39-40).

Nevertheless, Smith convincingly explains how the scandal in Jamaica from 1859 to 1861 provoked a legitimate commitment of the British government to overseas asylum reform. Broad mandates came from London for reform-minded doctors like Thomas Allen to introduce enlightened “moral management.” Allen and his counterparts at other West Indies asylums believed that they could solve the problems of the colonial asylum through humanitarian treatment, non-restraint, classification and personalized care, and the discipline of “work therapy.” The principles of moral therapy were based on the idea that even the insane possessed a kernel of reason beneath the exterior of irrational behaviour and mental suffering. Therefore, as Allen explained, “Every endeavour is made to induce the Patients to look, think, act, and speak, like persons of sound reason—they are individualized and surrounded by such kind, and civilizing influences, as will break up their morbid train of thought, tend to exercise their self control, as well as to excite their feelings of self respect” (84). Cultivating reason by example and self-control through the discipline of work, Allen believed he could counteract the “ungovernable passion” amongst the coloured population of the Jamaican asylum and the insalubrious effects of tropical climate thought to provoke sexually inappropriate behaviour, indiscriminate violence, public disturbance and crimes against property. It all smacked of white hypocrisy that offered the paternalism of moral treatment and the reformed asylum as an antidote to inherent racial deficiencies of former slaves, servants, and “coolie” labourers, half a million of which found their way from India to the West Indies after 1838. Men like Allen, Plaxton and Grieve saw no contradiction in believing their patients possessed the modicum of rationality necessary for effective moral treatment and at the same time an inherent racial deficiency that explained why their treatments often failed. Here the Enlightenment belief in the universality of a rational human nature coexisted alongside increasingly eugenicist pseudoscience of the late nineteenth century, and the expression of more quotidian fears of a white elite for the danger posed to their lives and property by former slaves, servants, and immigrant labourers with legitimate causes for grievance.

Smith’s study reveals how the colonial asylum regime became another locus of incarceration for those who posed a threat to themselves or to property—in sum, Smith writes, “control was at its heart” (152). Such statements do not always sit comfortably alongside Smith’s “objective” statements about patients’ perceived symptoms. He sometimes wants to retroactively diagnose the patients, and while the need to understand their suffering is admirable, I do not always see this practice as “objective” and historical. It could just be that most of the colonized peoples were suffering only from oppression and a “treatment” that prescribed the further insult to injury of work discipline, self-control, and obedience. Had Smith not dismissed Michel Foucault’s work outright and adopted a wider geographical perspective on trends in the “Greater Caribbean,” his otherwise outstanding historical contribution might have explained the way the humane, moral treatment of mental suffering hid a more insidious process by which the colonized subjects became “subjects” of another kind under the power of the asylum and the scrutiny of emerging psychiatric practice.