

been more important to understand the nature of aggression, and this book is a relevant and informative piece of the jigsaw. Well worth reading.

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Negotiating Insanity in the Southeast of Ireland, 1820–1900. Edited by Catherine Cox (ISBN 978-0-7190-7503-2). Manchester University Press: Manchester and New York, 2012.

For various reasons, the methods of medical history often differ from those of non-medical history. For many decades, the history of medicine was ‘a separate and narrow field, cultivated entirely by and for physicians’ (Burnham, 2005, p. 1). In this way, the history of medicine stood distinctly apart from general history in its methods, themes, protagonists and conclusions.

Even today, many ‘recruits’ to the history of psychiatry ‘have turned to historical enquiry during or after distinguished careers in psychiatric practice’, providing them with ‘perspectives rooted both in professional identity and in active attempts to relieve the victims of mental distress’ (Smith, 1999, p. 1). As a result, it is not uncommon for archival accounts of patients’ experiences to meet ‘the clinical gaze’ of practising or retired health professionals who have turned their minds to history (Condrau, 2007, p. 525).

In more recent decades, however, the field has diversified considerably and another, contrasting perspective on the history of medicine is provided by social historians, owing chiefly to an upsurge in interest amongst social historians in the 1920s and 1930s. This trend has contributed to the centrality of the concepts of ‘medicalization’ and ‘demedicalization’ in much of the subsequent historiography (Burnham, 2005).

According to this paradigm, ‘medicalization’ refers to attempts (deliberate and non-deliberate) by the medical establishment to use ideas derived from medical practice to impose social controls on the population (increasing diagnostic categories, expanding client populations). ‘Demedicalization’ refers to the opposite process, whereby populations seek to reduce the reach of the medical establishment (re-framing psychological distress as spiritual problems, choosing ‘folk remedies validated by tradition, not new-fangled vaccinations’) (Burnham, 2005, p. 7).

The dynamic balance between medicalization and demedicalization is especially prominent in the history

of psychiatry, as mental illnesses have been variously conceptualized as spiritual manifestations, medical diseases, legal conundrums, social issues or all of the above, with the balance between competing conceptualizations varying over time (Scull, 1993; Shorter, 1997; Stone, 1998; Porter, 2004).

A further difference between medical and psychiatric history is the prominence accorded to therapeutic and custodial ‘institutions’ (Henry, 1989; Malcolm, 1989; Reynolds, 1992; Clare, 1998; Mulholland, 1998; Walsh & Daly, 2004; Kelly, 2007) and various forms of ‘legislation’ in psychiatric history (McAuley, 1993; Gibbons *et al.* 1997; Cooney & O’Neill, 1997; Prior, 2003, 2004; Kelly, 2008). These emphases are clearly linked with the creation of large networks of psychiatric institutions in many countries throughout the 1800s and 1900s, revisions of legislation underpinning these remarkable establishments, and various other social practices relating to the mentally ill (such as the insanity defence) (Kelly, 2009).

In addition to these groups of ‘medical’ and ‘social’ historians, the historiography of psychiatry has also benefited immeasurably from the interest of an increasing number of professional and academic historians, resulting in a field that has matured considerably in recent decades, producing a nuanced (if contested) historiography reflecting the stories, themes and myriad contradictions inherent to the history of psychiatry.

Against this backdrop, Burnham (2005, p. 9) identifies five key ‘dramas’ in the history of medicine, relating to the histories of (a) ‘the healer’; (b) ‘the sick person’; (c) ‘diseases’; (d) ‘discovering and communicating knowledge’; and (e) ‘medicine and health interacting with society’. All of these ‘dramas’ are reflected in various ways in an excellent new book on the history of psychiatry in Ireland by Dr Catherine Cox, titled *Negotiating Insanity in the Southeast of Ireland, 1820–1900*.

This fascinating book focuses, in significant part, on the Carlow asylum in the southeast of Ireland, but also broadens its field of enquiry to include topics such as the poor law, petty sessions courts and medical dispensaries. This broad focus assists greatly in exploring and understanding attitudes to the mentally ill in 19th-century Ireland, and the nature of institutional provision for care and custody of the ‘insane’.

The book commences with an involving exploration of ‘shaping the Irish asylum system’ and looks at the expansion of this vast, remarkable system throughout the 1800s. Most interestingly, it goes on to provide a detailed, balanced analysis of ‘routes into the asylums’ during this period, and a uniquely nuanced exploration of medical superintendents’ authority at this time.

One of the key strengths of this text is the breadth of historical understanding brought to bear on the context within which the asylums developed. This strength is in evidence at many points throughout the

book, not least in its discussion of the petty sessions court hearings and their coverage in the print media of the day, and its exploration of gendered presentations of the causes of mental illness by families and dispensary doctors. The issue of gender is an important one in the history of psychiatry in Ireland and elsewhere (Walsh, 2004). In the Irish context, McCarthy (2004), for example, studied women admitted to Enniscorthy District Lunatic Asylum (County Wexford) between 1916 and 1925, and found that both socio-economic factors and menstrual considerations still played key roles in female admissions even in the early 20th century.

Negotiating Insanity in the Southeast of Ireland, 1820–1900 adds greatly to the body of work on the topic of gender and mental illness, and also presents informative, insightful explorations of ‘households and institutionalization’, ‘workhouses and the mentally ill’ and life ‘inside the asylums’ (for patients and staff). The author, Dr Catherine Cox, is very well placed to write this book. She is Director of the Centre for the History of Medicine in Ireland and Lecturer in Modern Irish History at the School of History and Archives, University College Dublin. As one would expect, her book is clear, compelling and immaculately researched.

As a result, *Negotiating Insanity in the Southeast of Ireland, 1820–1900* shines important new light on key issues in the history of psychiatry in Ireland, including the nature of psychiatric institutionalization, the tangled relationships between asylums and courts, and the broader social milieu within which asylums developed.

Best of all, the text is written with exemplary lucidity and clarity of thought. It is engrossing to read, robust in its argumentation and a superb addition to the historiography of Irish psychiatry.

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Becoming a Consummate Clinician – What Every Student, House Officer and Hospital Practitioner Needs to Know. Edited by Ary L. Goldberger and Zachary D. Goldberger. *Hospital Medicine: Current Concepts*, Scott A. Flanders and Sanjay Sant (Series Editors) (210 pp., \$69.95; ISBN: 9781118011430). Wiley-Blackwell: USA.

In the words of the American-based authors, ‘this book is written for hyper-busy clinicians/teachers and their trainees who face...challenges related to apparent gaps