

Eric J. Engstrom. *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*. Ithaca & London: Cornell University Press, 2003. 295 pp. ISBN 0-8014-4195-1.

By the late nineteenth century, German science set the tone in the Western world. The integration of teaching and research at Germany's universities was largely responsible for this success, as exemplified by the field of psychiatry. Initially, psychiatry developed in the context of the care for the insane in asylums, rather than as academic discipline at universities. By tracking the emergence of a new kind of treatment facility, the academic psychiatric clinic, Engstrom describes how at the end of the nineteenth century psychiatry was established at German universities and how this drastically changed psychiatry's professional practices. The groundwork for this development was laid by Wilhelm Griesinger, when in the 1860s he worked as a professor in Berlin. His plea for the establishment of widely accessible psychiatric clinics in large cities for patients suffering from acute mental problems was basically aimed against the isolated mental institutions found in the countryside. Commonly, these facilities were overpopulated – on account of the growing number of incurable, chronic patients – and this prevented them from realizing their therapeutic goals, while many had also degenerated into nursing or detention facilities. Consequently, Griesinger argued, they were unsuitable for gaining medical knowledge about insanity. Burdened by managerial tasks and the challenge to ensure peace and order, the medical staff of these facilities had no time for establishing diagnoses, let alone investigate the causes of mental problems. Griesinger's dictum was that "mental disease is a disease of the brain" and, accordingly, he felt that psychiatry had to associate itself with natural scientific medicine, neurology in particular, and that laboratories were needed to trace the causes of insanity. In the 1870s and 1880s laboratories were indeed set up at various universities. Leading professors dissected and prepared the brains of their deceased patients and incessantly they were gazing through their microscopes in order to uncover the secret of insanity. However, the results of this anatomical and physiological brain research proved disappointing, and from the 1890s academically employed psychiatrists, while dissociating themselves from the reductionism of the natural scientific approach, began to explore other ways to establish their burgeoning field as a science. Systematic observation of large samples of living patients, experimental psychological research in support of diagnostics, statistical processing of mental symptoms, and meticulous recording of clinical pictures were meant to offer a better perspective on the shaping of psychiatry as medical psychology. Based on this approach, Emil Kraepelin designed his influential classification system of mental disorders. Furthermore, academic psychiatrists extended their professional domain not only by establishing policlinics for treating psychosomatic disorders, nervous disorders, and minor mental problems, but also by presenting themselves as experts in the field of mental hygiene in society at large. A major strategy for strengthening their position at universities was their push to make psychiatry a mandatory ingredient of medical training, which in fact succeeded in 1901.

Engstrom's contextual account and analysis of these developments is most engaging. Convincingly, he reveals how the various dimensions of academic psychiatry – its cognitive content, its treatment and research practices, its curriculum, its tools, its workspaces (clinics, laboratories, lecture halls), and its institutional (medical

departments, universities, mental health care in general) and political and social contexts – were all closely interrelated, without the author prioritizing one explanation over the other in advance. Engstrom’s interpretations are also nicely detailed. He argues that professional ambitions were neither subservient to impartial knowledge acquisition aimed at the betterment of society, nor simply reducible to power concerns – the striving to bring deviant behavior under control as a matter of the state’s interest. For example, not just patients but also psychiatrists and their students were subjected to a new disciplinary regime of rules and norms involving what constituted legitimate knowledge, research, and treatment. Moreover, psychiatrists were very dependent on their professional environment and the broader social context and frequently met with antagonism from competing groups and uncooperative bureaucracy. Only hesitatingly did psychiatry become established at universities, while its professional strategies evolved along with the divergent and constantly changing circumstances, which in turn affected the latitude available to psychiatrists. This study, which overall is a preeminent example of contextual history of science, unfortunately leaves one issue unaddressed, namely why academic psychiatry first developed in Germany, rather than in Great Britain and France, where earlier in the nineteenth century the care for the insane had reached a more advanced level. Such a comparative angle, I believe, might have brought out the distinctive features of nineteenth-century German psychiatry even more sharply.

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