BOOK REVIEW

Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century, by JOEL BRASLOW. Berkeley: University of California Press. 1997. 254 pages. \$40.00 hardcover.

Joel Braslow has written a remarkable book. An assistant professor in the Department of Psychiatry and History at UCLA, Braslow has succeeded in resurrecting a long-buried chapter in the history of American psychiatry. *Mental Ills and Bodily Cures* offers an analytically rigorous, historically nuanced critique of early to mid-20th-century American psychiatry's preoccupation with physical solutions to psychological distress. In contrast to previous scholars who have focused largely on elite psychiatric culture, Braslow considers instead the everyday experiences of ordinary asylum psychiatrists and patients. Relying on an extraordinary trove of patient records that he mined from various California state hospitals, he recreates a world that has long since been forgotten but whose legacy continues to endure.

Braslow's analysis consists of seven chapters, including four illuminating case studies (sexual sterilization, malarial fever therapy, electroshock therapy, and lobotomy) that make for fascinating reading and, I should add, extraordinary classroom discussion. In the period that Braslow considers, roughly 1900–1950, psychiatric therapies focused almost exclusively on the patient's body, which, as he explains, "provided a fertile ground for a host of technologies" (p. 34). Patients hospitalized in California state psychiatric hospitals during the first half of the 20th century were subjected to a battery of such therapies—indeed, to the untrained eye, it appears that many were, in fact, battered by these therapies. Some were packed in ice; others surgically sterilized; some were injected with live malaria virus; others received electroshock; a substantial number were lobotomized. How could this be? What could possibly justify such terrifying practices?

At the center of Braslow's analysis is the concept of "therapeutic rationale," a term coined by Charles Rosenberg two decades ago.¹ What Rosenberg wanted to understand was how early 19th-century physicians and patients could willingly subscribe to a therapeutic regime that included such (now horrific looking) practices as bleeding, blistering, and purging. His answer: They "worked." By work, Rosenberg did not mean to suggest that such therapies actually cured disease (though in some cases, they cer-

tainly appeared to do just that). Rather, they fulfilled and reinforced a world view embraced by both doctor and patient. As Braslow explains it, "[acting] as a conceptual filter, a therapeutic rationale organizes what physicians see as disease and its cure. In this way doctors structure signs and symptoms into treatable disease" (p. 5). Put differently, a therapeutic rationale justifies, indeed commands, a physician to take action.

But what of those instances in which men and women display no clearly discernible signs of somatic disease? When no pathogen is present, when no hereditary explanation is plausible, when no structural damage is apparent, what then is a physician to do? True enough, hallucinations, depression, even disruptive behavior are doubtless signs of something. But of what? Sickness? Disease? Writing just before the period that Braslow considers, celebrated Philadelphia neurologist S. Weir Mitchell captured the prevailing sentiments of his profession's approach to mental illness: "You cure the body, and somehow find that the mind is also cured."² Effective therapies, Mitchell argued, needed to center on the body. That psychiatrists, who after all, are medical doctors, should also hold this view is neither novel nor surprising. Having worked long and hard to acquire esoteric knowledge of the body, it is only fitting they would wish to apply it when treating the sick. To expect them to do otherwise would be akin to expecting a dog not to bark.

"[Trapped] in an epistemological web of seeing only biological disease," California psychiatrists clung tenaciously to the idea that to be "effective," a therapy must, in some way, center on the body (p. 151). This view, Braslow suggests, is not only theoretically compelling but also empirically enticing—especially in our own age of medical and surgical triumphs in which a combination of vaccines, antibiotics, and other drugs along with various surgical interventions have added countless years to the average life span. But, as *Mental Ills and Bodily Cures* brilliantly demonstrates, the notion that the source of all mental illness ultimately lies hidden in the body is also problematic, especially when it compels physicians and patients alike to assume uncritically that behavior itself may be a sign of disease, which by definition warrants some type of somatic intervention.—**ERIC CAPLAN, PhD**, *Department of History, University of Chicago, Ill.*

REFERENCES

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2. Mitchell SW. The treatment by rest, seclusion, etc., in relation to psychotherapy. *JAMA*. 1908;50:2037.

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