

illicit drugs and prescribed medications, not to mention what separated ‘junkies’ from ‘medical addicts’. Whereas the public face of drug addicts during the interwar period was ‘immigrants, urban workers, petty criminals, and others in the racially mixed milieu of America’s burgeoning urban vice districts’ (p. 88), the typical user of ‘mother’s little helper’ was white, middle class and female. Although 20 years of political and medical debates about the addictiveness of tranquilizers resulted in Valium being placed on the Schedule of Controlled Substances in 1975, albeit in its own category, public concerns about the drug became ‘widespread panic’ during the late 1970s. As celebrities such as Betty Ford admitted addictions to Valium, investigative journalists found the drug worthy of exploration, and women’s health activists targeted it as a metaphor for the social control of women.

The concluding chapters of *Happy Pills* concentrate on the generation of anti-depressants that emerged during the 1990s, specifically Prozac. Herzberg foreshadows the history of Prozac with that of earlier anti-depressants, such as Triavil and Deprol, which emerged during the 1960s and 1970s but did not become popular treatments of depression. According to Herzberg, the commercial success of selective serotonin reuptake inhibitors (SSRIs), such as Prozac, had a great deal to do with increasing interest in and aggressive marketing of biological psychiatry and ‘brain science’, as well as the perception that such drugs caused fewer side effects than their predecessors. Prozac’s popularity was also rooted in the notion that depression was widespread in American society, particularly among middle-class whites, and represented a serious threat to public health. This idea was also actively promoted to consumers, especially after the ‘FDA loosened its restrictions on advertising of medications on television and in non-medical journals’ (p. 178). Finally, many of the older arguments about tranquilizers forcing women to accept domestic roles were negated by the way in which Prozac was marketed; rather than restricting women’s choices, Prozac was said to allow women ‘true choice and control in how they would feel and act’ (p. 179).

Herzberg’s *Happy Pills* provides an engaging and thoughtful example of how the development, marketing and reception of psychiatric drugs by both physicians and patients has been shaped by a range of factors, including changing notions of gender, the commercialization of medicine, and the blurry line between illicit and beneficial drugs. There are a small number of instances where Herzberg over-generalizes, for example, claiming that the drugs he discusses are ‘the most culturally controversial of the modern psychiatric drugs’ (p. 8) – Ritalin, used to treat hyperactivity, could be seen as a contender for this crown – and Herzberg could have gone further in his analysis of why these drugs have become so popular and whether or not this has been a positive development. But these are minor points. *Happy Pills* provides an excellent starting point from which to explore many changes in post-war American psychiatry, changes that have affected the way in which we conceptualize, analyse and treat mental illness.

Julia Barbara Köhne, *Kriegshysteriker: Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914–1920)*, Husum: Matthiesen Verlag, 2009; 344 pp.: 9783786841067, €49 (pbk)

Reviewed by: Eric J Engstrom, *Humboldt University, Germany*

This work hails from the fields of cultural and media studies, where it represents a contribution to discussions about the ‘mutual stimulation’ and ‘competition’ (p. 297) between the natural sciences and various forms of representation. In particular, it focuses on two issues that the author claims have been ignored: the metaphorical use of ‘the masses’ (p. 26) in discussions about war hysteria, and the production and function of different technical media (scientific photography, cinematography, etc.). The book’s primary aim is to examine the scientific procedures and arguments that were used to

construct 'war hysterics' (*Kriegshysteriker*) as both medical and cultural problems. In contrast to much recent scholarship on the war that has stressed lines of continuity stretching across 1914, Köhne emphasizes discontinuity and 'new dimensions of the episteme of war hysteria' (p. 14).

Citing the extensive amount of recent historical research on trauma and traumatic neurosis, Köhne rejects these terms as too narrow for her purposes. Instead, she justifies her use of the term 'war hysteria' based on its utility for gender analysis, its far broader common usage and its richer connotations (conversion, simulation, theatricality, weak-will). Köhne makes a number of cogent arguments as to both the pitfalls and potential of using patient records, and her focus on the structures and functions of patient records is a helpful departure from studies that attempt to use those records to elicit patients' voices or feelings.

From the outset, Köhne is forthright about her constructivist pretensions: she understands war hysteria not as something that 'really exists, but rather as something that was *discovered* as a kind of reaction to morbid phenomenon in a specific power-knowledge formation' (p. 15, original italics). Symptoms emerge from a 'complex production process' of seeing, understanding, ordering and describing and are created within a space of 'knowledge narration' (p. 79). In the pictures of war hysterics, she locates nothing less than new epistemic objects. Strikingly enough, these constructivist convictions fade away when Köhne reflects on her own work: she sees herself rather more positivistically as 'filling holes' (p. 26) in our knowledge of medical history.

The book's first section explores the various 'theoretical and imaginative linkages' that joined war hysteria with the 'Gestalt of the masses' (p. 27). The hypothesis here is that the dual images of the war neurotic and mass phenomena – be they soldiers, symptoms, or simply the discourse on mass psychology – were strategically merged in order to fan the fears of military planners. The second and third sections delve into the techniques used to portray war hysteria, examining the various strategies behind both textual and visual modes of representation. Here the claim is that these media had significant implications for the 'representation-systems of military psychiatrists' (p. 299), and that they not only shaped the diagnostic gaze of doctors, but also projected a rhetoric of cure. This section also draws on evidence used in the 2002 BBC TV real-life documentary 'Shell Shock'. The book's final chapter jumps forward to the end of the 1920s to explore one of the electrical apparatuses commonly used in Germany to treat hysteria. These final sections fit awkwardly with the rest of the book and are included at the high cost of the monograph's overall coherence.

Throughout, Köhne tends to paint with an extraordinarily broad terminological brush. For example, her use of the term 'picture' includes textual, verbal, mental and visual forms of representation. Also, in her usage, 'war hysteria' is not a contemporary diagnosis, but rather a 'complex of phenomena' (p. 19) that include – among much else – psychopathy, neurasthenia, psychosis, traumatic neurosis and paranoia. Too often, such terminological aggregations run roughshod over the historical nuances of the very media techniques and strategies that Köhne is struggling to explain. Furthermore, Köhne consistently ignores distinctions between psychiatry, neurology, psychology and psychoanalysis. In apparent flight from discipline-centred historiography, Köhne has thrown the baby out with the bathwater: rather than entertain the possibility that these disciplinary distinctions might inflect upon the representations of war hysteria, she unnecessarily conflates them. While her analysis need not have been enslaved by disciplinary perspectives, a more judicious approach would at least have taken those differences seriously and incorporated them into the analysis. Having done so might have prevented, for example, the confused and confusing claim that, during World War I, German military psychiatrists 'operated with psychoanalytic parameters' (p. 2). Furthermore, given that most military psychiatrists did not even believe that psychoanalysis was a science, the status of many of Köhne's claims about how certain 'media techniques' enhanced the power and prestige of medical science are decidedly ambiguous and remain unsubstantiated.

More critically, however, like a number of other recent studies on psychiatric iconography, Köhne's work does not adequately contextualize these new media in relation to the rich array of pre-existing psychiatric cultures and technologies that were designed to elicit and represent patients' symptoms. In order to assess her claims about the influence of photographic and cinematographic images, they would need to be analysed in relation to other iconic media, for example wall charts, microscope slides, clinical observations, or patient demonstrations in lecture halls or at scientific conferences. To my knowledge, no one has argued that the new media can do a better job of representing and transporting psychiatric symptoms than, say, direct clinical observation; in view of this, Köhne seems too often to inflate the importance of these media and take the enthusiastic claims of their advocates at face value, without reflecting sufficiently on the broader landscape of competing technologies.

Catharine Arnold, *Bedlam. London and its Mad*, London: Pocket Books, 2008; xiii + 306 pp.: 978184739004, £7.99 (pbk)

Reviewed by: Keir Waddington, *Cardiff University*

Reading Arnold's well-written account is like stepping back in time, not because Arnold has presented a nuanced panorama of how mental illness was viewed over the last 800 years, but because reading *Bedlam* is like returning to an unproblematic narrative that historians have come to reject. In presenting a history of madness for a general audience, Bethlem in both fact and fiction is placed at the centre of the account, although it is mainly the hospital's alter ego 'Bedlam' that dominates, along with the stories of (often famous) patients. Scholarship and engagement with the rich sources held in the Bethlem archive take a back seat to a familiar cast of heroes, villains and determined reformers as Arnold struggles to balance the sensational with a more sensitive reading of Bethlem's history familiar to revisionist historians. Although the bibliography references some excellent examples of scholarship, little of this finds its way into the text, which draws heavily on O'Donoghue's *Story of Bethlehem Hospital from its Foundation in 1247* (1914) and *History of Bethlem* (1997) by Andrews et al. One result of this over-dependence on a limited range of texts is that *Bedlam* often provides an undigested rendition of existing published works, the authors of which may well be galled by Arnold's periodic claims that she is rescuing figures from obscurity or consulting manuscript sources when she is repeating what they have already found. If O'Donoghue acts as a flamboyant guide, Arnold's *Bedlam* offers up an unproblematic synthesis that reduces asylums to simple institutions of social control and all too frequently presents a one-dimensional characterization of Bethlem as a troubled institution dominated by scandals.

This is not to suggest that *Bedlam* is without merit. Often delivered with a punch and with a journalist's eye for a good story and human detail, the early chapters effectively recount the founding of Bethlem and its medieval and early modern history. Notwithstanding the tendency to anachronism – reference is made to early-modern psychiatrists, for example – the use of extraneous romanticized detail, and the occasional inaccuracies in interpretation, Arnold purposefully blends what was happening at Bethlem with the wider story, both of London and of the responses to mental illness. For example, like the more authoritative accounts on which Arnold relies, there is a close engagement with the career of Simon Fitzmary, with Bethlem and the Elizabethan stage, and with the hospital's rebuilding at Moorfields. The chapters that deal with the eighteenth and nineteenth centuries are less successful, however. Here Arnold does include some astute detail, such as concerns about the earthquake of 1750, but for the most part she presents a largely