



Jennifer Wallis. *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices.* Mental Health in Historical Perspective Series. Basingstoke: Palgrave Macmillan, 2017. Illustrations. 276 pp. \$31.00, cloth, ISBN 978-3-319-56713-6.

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By the late nineteenth century, many psychiatrists (alienists) believed that the cause and result of mental “disease” could be located on the body. Much has been written on the general history of the asylum and there has been increased interest in recent years in the examination of the asylum dead. How asylum doctors viewed the living body in the asylum, however, has been neglected. Jennifer Wallis’s *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices*, part of the Mental Health in Historical Perspective series, sets to demonstrate how asylum doctors sought to locate mental illness on the body. To achieve this, she focuses on the condition of general paralysis of the insane and takes us chapter by chapter through the parts of the body that the medical men at the West Riding Pauper Asylum would have encountered in their hunt for the disease.

The first chapter, “Skin,” uses an album of photographs to examine the sores and scars typically present in cases of general paralysis, which we are told “graphically illustrates the value on the body as a site of information in the late nineteenth-century asylum” (p. 21). The chapter contributes to wider debates on the history of photography, the medical gaze, and the doctor-patient relationship, although I was disappointed that only two out of a portfolio of 118 images were included. Of course,

we can use our imaginations, but we have to take the author’s word for the emotions evoked from such evidence. In her defense, Wallis wisely raises the ethical issues of reproducing patient photographs, although I wonder if the inclusion of a few more images in which the patient’s anonymity is assured (such as of limbs or other body parts) might have better allowed us to determine the purpose of these images for ourselves.

The second chapter, “Muscle,” highlights the increased interest in links between the body and the brain. Issues of strength, degeneration, and patient willpower are discussed through cases of seizures, paralysis, loss of motor control, and reflexes in living patients, while the search for muscular abnormalities continued in the postmortem examination. The next chapter, “Bone,” takes a slightly different approach: it examines the responses to allegations of harm and abuse within the asylum setting. Cases of broken bones in general paralysis patients were attributed by asylum doctors to a weakened bodily state as a result of the disease. The chapter questions whether a culture of abuse existed in the asylum, or whether physical harm to, and degeneration of, patients could have been caused by the asylum environment, such as through prolonged lack of physical activity. “Brain” then discusses the postmortem ex-

amination of the body part deemed most important in the study of mental health. The author explores how improved preservation techniques allowed for the brain to be “read” for signs of disease, such as changes in its size and appearance, or by the presence of abnormalities and lesions. In the final chapter, “Fluid,” Wallis considers the interest of asylum doctors in cerebro spinal fluid, which was often found in large quantities around the brains of general paralysis patients at post-mortem and thus justified the use of the treatment perhaps most associated with the brutal image of the Victorian asylum—trepanation. The author then explores the toxic theory of mental disease and resulting tests on the blood and urine of general paralytic patients, before discussing beliefs in the predisposed nature of mental illness more broadly.

A thought-provoking read, Wallis’s book raises some interesting points about patient consent to photographs and postmortem examinations that fit into wider discussions by Helen MacDonald on dissection of asylum bodies in Australia and Britain, and my recent study on the Littlemore Asylum in Oxford.[1] She could perhaps have considered the purpose of the postmortem in the asylum further. Were these examinations being performed by medical men who knew what the patient had been diagnosed with in life, who therefore set about finding evidence to support that diagnosis? Or were they performed with an objective eye? Such questions are crucial to our understanding of how the supposed internal and external signs of mental disease developed over the period in question.

The decision to take one condition and chart us through how it was believed to physically present itself on the body is a novel and engaging one. My only reservation in the choice of general paralysis is that one condition is that both modern and contemporary medicine recognize syphilis to present physical symptoms. I find myself intrigued to know how contemporaries believed

such conditions as depression or mania presented themselves on the body. That said, it would be an unrealistic undertaking to examine how numerous mental conditions were believed to appear on the body in a single work. Similarly, the fact that Wallis only focuses on one asylum can be understood given the scale of the study, and it is worth pointing out that the central focus remains undiminished by this. Her approach could therefore provide a template for wider studies and comparisons of other mental conditions and asylum practices. Overall, Wallis’s work provides a fresh, important, and much-needed contribution to the history of psychiatry, the body, and medicine more broadly.

Note

[1]. Helen MacDonald, *Possessing the Dead: The Artful Science of Anatomy* (Carlton, Victoria; Melbourne University Press, 2011); and Lynsey Cullen, “Post-mortem in the Victorian Asylum: Practice, Purpose and Findings at the Littlemore County Lunatic Asylum, 1886-7,” *History of Psychiatry*, 28 (2017): 280-296.

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