Susan Ashley’s “Misfits” in Fin-de-Siècle France and Italy: Anatomies of Difference is an impressively researched reassessment of the role of degeneration in late nineteenth-century European medicine and society. Degeneration theory came to prominence following the publication of Benedict Morel’s Traité des dégénérances physiques, intellectuelles et morales de l’espèce humaine in 1857, which argued that a multitude of seemingly disparate medical conditions were biological and hereditary in origin and that the appearance of any one such “defect” in a family line could lead to the appearance of the others in subsequent generations. The supposed proliferation of individuals bearing the signs of degeneration led doctors and others to study its various permutations with a sense of urgency in the last decades of the century.

The history of degeneration and its social consequences in France and Italy represents well-trodden scholarly territory. What sets Ashley’s study apart is her novel decision to assess multiple aspects of degeneration side by side, showing how experts in a wide variety of fields pointed to “anatomies of difference” to explain the prevalence of those she terms “misfits.” There are six thematic chapters, with each focusing on a different object of late nineteenth-century medical scrutiny: “geniuses,” “lunatics,” “neurotics,” “vagabonds,” “criminals,” and “sexual deviants.” In this Ashley follows her sources’ lead. As she convincingly argues, boundaries between fields such as criminology, psychiatry, and neurology (just to name a few) were hazy in the last part of the nineteenth century, and the proponents of degeneration theory often contributed to what we might now consider multiple fields of study throughout their careers or even within a single piece of scholarship. Thus, someone like Cesare Lombroso (1835-1909)—famous for identifying the physical signs of the so-called born criminal—did not limit his remarks to the study of crime, but also wrote extensively on genius, mental illness, sexual deviance, and vagabondage, as well as the ways in which these categories supposedly overlapped.

The strength of Ashley’s approach lies in her ability to draw connections between degenerationist interpretations of each anomaly. Several trends appear throughout the chapters. Most intriguingly, there was considerable disagreement among self-designated experts over how much weight to give medical versus social factors in the creation of misfits. While some insisted that a propensity towards vagabondage, for example, was essentially an inherited characteristic (often related to epilepsy), others emphasized social factors, such as increased migration and economic insecurity, to explain the apparent rise of the phenomenon (albeit still pinpointing heredity as to why one person might become a vagabond while another in similar circumstances might not). Ashley makes parallel arguments about genius, lunacy, neurosis, criminality, and sexual deviance.

The most suggestive features of this book involve the intellectual implications of the various perspectives Ashley identifies within degenerationist thought. She solidly shows that degeneration’s influence across disciplines reflected anxieties over modern life (a line of argument previously developed by Robert Nye and Daniel Pick, among others).[1] Misfits—according to those who studied them—were people whose bodies were maladapted
to the requirements of work, family life, and citizenship. That said, Ashley insists that misfits represented more than dangerous outliers or atavistic throwbacks. For one, doctors suggested that everyone was a potential misfit when they highlighted the social and accidental origins of degeneration in addition to the more purely biological sources. Furthermore, some doctors by the end of the century “began to see misfits as the progenitors of novelty, and even progress” (p. 25).

That doctors held positive opinions of degeneration’s effects on European society, even in a limited fashion, is a surprising conclusion. This part of Ashley’s argument relies heavily on medical discussions of geniuses, who served as the misfits most likely to advance humanity by virtue of their anomalous natures. Ashley shows that some experts, notably Lombroso, considered genius a biological sign of degeneration that had the potential to move society forward. She also emphasizes that this was by no means a consensus opinion. Nonetheless, according to Ashley, Lombroso’s interpretation of genius eventually gained supporters and even “served as a paradigm for deviance. Although it could disrupt society in regrettable ways, biological difference also held the key to progress” (p. 224). This does seem to have been the case for a handful of late nineteenth-century degeneration theorists, particularly the Italian Enrico Ferri (1856-1929). That said, it is unclear how common this perspective really was in light of evidence presented throughout the book concerning the overwhelmingly negative effects of degenerationist thinking on misfits themselves, especially of the non-genius variety.

In general, I found myself wanting more on the lives of the men and women whose very existences the medical community pathologized, preferably in their own words. I also wondered how visual signs of degeneration might fit into Ashley’s argument about civilization and progress, particularly considering Lombroso’s insistence that born criminality could be read upon the body. Did those who considered genius a path to the future feel the same way about what we might call visible disabilities?

Of course, no book can do all things, and this book does many things well. Ashley is a lucid writer with strong command over an impressive variety of complex sources. “Misfits” in Fin-de-Siècle France and Italy is not a work of disability history, but Ashley’s detailed analysis of competing medical interpretations of anatomical difference will provide useful context for anyone with an interest in modern European understandings of disability.

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