



**Åsa Jansson.** *From Melancholia to Depression: Disordered Mood in Nineteenth-Century Psychiatry.* Mental Health in Historical Perspective Series. Cham: Palgrave Macmillan, 2021. 249 pp. \$59.99, cloth, ISBN 978-3-030-54801-8.

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Throughout the second half of the nineteenth century, melancholia was consistently one of the most common diagnoses in asylums across Britain (second only to mania). Much has been written on individual mental disorders and on the general history of psychiatry and asylum medicine, but how melancholia was defined and diagnosed has been neglected.

Åsa Jansson's *From Melancholia to Depression: Disordered Mood in Nineteenth-Century Psychiatry* (part of the publisher's Mental Health in Historical Perspective series) demonstrates how the idea of a "mood disorder" was created in the nineteenth century and how melancholia was re-conceptualized as a disease to fit into this new diagnostic understanding. Jansson explains that melancholia was not a timeless illness finally discovered by nineteenth-century doctors but, instead, that the meaning of melancholia as a medical condition changed during this period, effectively making it a new disease. To explain this, Jansson focuses on the uptake of physiological language and concepts into psychological medicine and the institutionalization of medical statistics and standardization of record practices in asylums.

The introduction carefully presents a background to melancholia that clearly demonstrates the complexity of a condition that has never been easily defined as one "thing." The early medieval definition was based around ancient humoral imbalances, which developed over the centuries to the "English malady" of the eighteenth century, thought to primarily affect the weak-nerved upper classes. But while the term "melancholia" has existed since ancient times, Jansson sets out to prove that the biomedical illness which the term came to infer in the nineteenth century was historically new.

Chapter 2, "The Scientific Foundation of Disordered Mood," explains how the language and concepts of physiology were adopted by medicopsychology. Specifically, the chapter considers how the work of Thomas Laycock and W. B. Carpenter served as an initial framework for explaining disordered mood. Similarly, the next chapter, "The Classification of Melancholia in Mid-Nineteenth Century British Medicine," traces the work of two influential physicians, J. C. Prichard and John Conolly, and their uptake of new "moral treatments" in treating the insane, rather than the older practice of restraint. "Melancholia and the New Biological

Psychiatry" then draws on the influence of German psychiatry on British psychological medicine and traces the conceptual history of disordered mood through the latter half of the century, culminating in melancholia being considered a distinct psychiatric category with a neurobiological foundation. Chapter 5, "Statistics, Classification, and Standardisation of Melancholia," departs from the history of medical men and turns instead to the creation of the Lunacy Commission and the subsequent administrative framework that sought to standardize diagnostic systems from the 1840s onward. The process of classification and diagnosis is then traced to the asylum ward in the final chapter, "Diagnosing Melancholia in the Victorian Asylum," which uses casebooks from the Edinburgh Royal Asylum and others to examine how the diagnosis process was gradually merged down to an efficient system of key words and neat medical categories.

A thought-provoking read, the book draws on a range of sources, including medical and psychiatric textbooks, lunacy commission records, asylum records, and journal articles, to demonstrate how melancholia was made into a modern biomedical mood disorder. In particular, I found the careful and considered exploration of how asylum statistics shaped diagnostic categories and criteria to be both novel and engaging. The "creation" of melancholia, from what was clearly a complex condition made up of vast experiences, however defined, to a neatly categorized condition, forces the reader to consider the definitions and diagnosis of mental health in a broader sense. Jansson's focus on this process, therefore, fills an important gap in the current literature.

More broadly, this book is based firmly on the premise that the idea of a mood disorder was not possible before the modern scientific model of emotion itself was created, which raises much deeper ontological questions about the timelessness of mental health disorders that have never been more relevant. I found myself initially skep-

tical of Jansson's dismissal of broad histories of melancholia and mood disorders, based on this central premise that mood disorders could not have existed before mood was defined. But the author's explanation of melancholia as a product of definition is a powerful one. It could still be argued that if some mood disorders are thought to have some biological roots, then they would have existed in some form before having been defined by nineteenth-century psychiatry. That said, without a consistent means of definition and relevant and substantial source material these conditions cannot be traced with any meaningful biological constancy. In this sense, Jansson's work has only been made possible by the Victorian obsession with record keeping, classification, and definition, concepts that quite neatly sum up this book. Jansson's work is, in essence, one of definition and language that has so far been lacking in the history of nineteenth-century psychiatry but that is essential to our understanding of how mental health was perceived and diagnosed. Overall, Jansson's work provides a timely, fresh, and important contribution to the history of psychiatry and mental health more broadly.

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