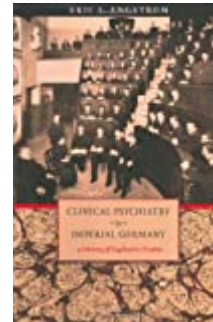


Eric J. Engstrom. *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice.* Ithaca: Cornell University Press, 2003. 295 S. \$49.95 (cloth), ISBN 978-0-8014-4195-0.



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Disciplining Madness: Psychiatric Practice in the

At the core of Eric J. Engstrom's study of psychiatric practice in Imperial Germany lies one overarching development, namely the rise of university psychiatric clinics in the mid- to late-nineteenth century and the shift of psychiatry's main professional locus to these clinics from the large rural asylums that dominated the psychiatric landscape of the *Vormärz*. The older institutions submitted the mad to a well-regulated existence far from the noxious influence of the city; patients were segregated by class, gender, and diagnosis, their lives choreographed by a rigid set of rules and routines, and their fates, ultimately, were presided over by the asylum director, a paternal figure endowed with the expertise of a physician, but perhaps more importantly, the moral authority of a pastor. The asylum, then, aimed at a kind of moral rehabilitation of society's most marginal cases by creating a highly ordered and restrictive family life around them, and these environmental conditions themselves were believed to have enormous therapeutic value. The newer institutions, on the other hand, which emerged amid the rapid modernization of the German economy and German society, were led not by patriarchal alienists but by practitioners of psychiatric science. As this new cadre of

psychiatric scientists challenged the domination of the large asylums in the latter decades of the century, they brought a reorientation of the profession's methods and goals. And they transformed "the mad" from sources of moral opprobrium into patients, "objects of direct medical intervention and scientific inquiry" (p. 5).

Engstrom's book is a welcome contribution to a previously understudied topic in the historiography of psychiatry. Given its preeminence as a site of late-nineteenth-century psychiatric practice, one might legitimately wonder why the university clinic has thus far received so little historical attention. The first histories of psychiatry were generally written by psychiatrists, and these early works tended to focus on psychiatric ideas and theories, usually placing the author's own school of thought at the end of a long teleological sweep. More recent studies of psychiatry's history—reflecting Foucault's formidable influence on the field—have often shifted focus from psychiatric ideas to institutions, but typically emphasized the profession's role as an instrument of state power or class solidification.[1] Such works have been perhaps especially salient in the

German case, where the role of the medical profession in designing and carrying out Nazi-era atrocities has led many historians to seek the historical roots of the profession's close relationship to the state and its enforcement of rigid bourgeois norms and sensibilities.

While still working within a largely Foucauldian framework, Engstrom redirects his attention from the state and the *Bürgerertum* to the profession itself, complicating the image of psychiatric professionals obsequiously advancing state interests. Indeed, he views the psychiatric clinic above all as a disciplinary institution, a web of power relations that inhered between doctors and patients to be sure, but also enmeshed medical students, clinic staff members, and even the larger society. Significantly, Engstrom emphasizes psychiatric practice above intellectual-, political-, or social-historical developments. He portrays psychiatrists' daily activities as practices of power-knowledge in a Foucauldian sense. Engstrom's nuanced, complex, and thorough exposition traces these relations elegantly in what he describes as a centrifugal manner, progressing from the clinic's hallowed internal space, the laboratory, outward to the more public areas such as instructional facilities, and through the polyclinic, psychiatrists' broadest point of contact with the outside world. The book begins with a historiographic and theoretical introduction (chapter 1), and its second chapter surveys the landscape of psychiatric institutions and professional activity in the middle of the nineteenth century.

The key figure in the emergence of the modern, urban psychiatric clinic—and the modern profession—was Wilhelm Griesinger, the subject of Engstrom's third chapter. Although today Griesinger's vast output has been essentially reduced to the catch phrase, "All mental illness is brain disease," Engstrom calls attention to the complexities of Griesinger's ideas and his role in wresting power from the alienists. His key innovations were to medicalize madness, that is, to ground the mind's psychological and spiritual qualities in the functioning of the brain and thus to turn its study into a proper object of medical inquiry and to replace the reigning diagnostic eclecticism, even anarchy, with a more systematic conception of mental disease. For Griesinger, patients in the early stages of psychosis were particularly well suited to medical treatment and examination in a small, urban asylum, a kind of prototype for the university psychiatric clinic, where medical professors and students could have access to psychiatric patient "material". And casting his cause with the legacy of the liberal Forty-Eighters, Griesinger promoted the idea of "free" or "non-restraint treatment"

which, as Engstrom points out, worked both to liberate the mad from mechanical restraining devices and also to free the psychiatric profession from the control of the alienists and their large rural asylums. Griesinger, then, stood at the beginning of a new wave in the history of psychiatry, a neurological turn, by which a new generation of doctors shifted the psychiatric gaze from the patient as a whole to the patient's brain. Applying new techniques and technologies of scientific observation, including microscopy, fluid analysis, and quantification, psychiatric practitioners from the 1850s and 1860s embraced the materialist neurological paradigm and re-founded psychiatry as a laboratory science. Engstrom's fourth chapter follows these developments, culminating in a fascinating discussion of progressive paralysis as the paradigmatic case for emerging medicalized psychiatry. An extremely debilitating, often fatal disease, progressive paralysis afflicted a high percentage of psychiatric patients in the later-nineteenth century, but it also proved useful for psychiatric scientists, as its manifestations provided solid, demonstrable evidence of the neuropathological basis of mental symptoms.

Engstrom is careful to avoid assuming a teleological advance of psychiatric science, and he frequently points out that alienists fought back against the ideas and practices of the new psychiatric scientists, whose goals often aroused controversy and whose advances were certainly not always steady. The 1890s represent a key moment in the alienists' counterattack, a time when the euphoric advances of the 1860s were fading and the limits of the neuropathological approach revealed themselves and seemed to be yielding to a return to psychological approaches to madness. The most significant figure in the defense of psychiatric science and modern clinical practice is Emil Kraepelin, architect of modern psychiatric nosology and major compiler of psychiatric knowledge. Kraepelin's activities form the core of Engstrom's fifth chapter. The chapter provides an overview of Kraepelin's Heidelberg clinic and his restructuring of psychiatric care within Baden to facilitate more rigorous observation of patients over time. Indeed, for Kraepelin—whose distinction between manic-depressive insanity (later bipolarity) and early onset and gradually debilitating youth insanity (later schizophrenia) still exerts a major influence on psychiatric thought—patterns of disease development were the crucial diagnostic determinant, and this necessitated close and careful study of incoming patients and a coherent, rational system of patient administration that allowed for long-term observation. Engstrom sees Kraepelin's reorganization of psychiatric care as a

high stage of psychiatric professionalization, which enabled the processing of more patients and meant a deeper subjugation of these patients to psychiatric systems of knowledge gathering and classification.

Engstrom's sixth chapter might be his most groundbreaking. Psychiatric education has scarcely been studied by historians, and none other, to my knowledge, has viewed the teacher-student relationship in these terms. That is, Engstrom shows how students too were treated as objects of psychiatric intervention. He writes: "In the ensuing small daily rituals of alternating humiliation and confirmation, the students' performance was judged and normalized by the instructor before an audience of peers" (p. 163). Significantly, Kraepelin's methods brought a return to psychological observation, which had been sacrificed several decades before in the interest of psychiatric professionalization through the somatic paradigm; by 1890, as Engstrom shows, a return to psychosomatic mechanisms served psychiatry's professionalization by allowing the discipline to expand its field of operations and simultaneously to edge out non-licensed practitioners from areas being claimed as the domain of medical science. In part, this opportunity was created by Bismarck's insurance legislation of the 1880s, which opened up a space for medical authority between accident victims and the state.

The book's final chapter discusses psychiatrists' increasing concern with mental hygiene and social prophylaxis. In light of theories of degeneration and a deepening pessimism about the effectiveness of psychiatric treatment, many psychiatrists turned to society itself as a site of intervention. As such, they began to emphasize the prevention of mental illness over curing existing conditions and sought to cast themselves in the role of "psychiatric sentinels" or guardians of mental health. And hence the polyclinic, the psychiatric outpatient clinic, which dispensed advice and diagnosed borderline states and, as Engstrom claims, aided the profession's attempts to colonize new areas and conditions. The chapter discusses these institutions in light of the period's emerging anti-psychiatry movement and broader attempts by the profession to manage its image and shore up its reputation amid ongoing scandals of psychiatric abuse and wrongful

incarceration. Somewhat surprisingly, but I think justifiably, the chapter has nothing to say about eugenics or the mid-twentieth-century consequences of psychiatrists' new social roles and concerns.

Despite its many virtues, this book is not for everyone. Its high level of detail and occasional narrowness could put off readers who are not already well grounded in psychiatric history. A greater attention to political, social and cultural-historical context—which appears at the beginning and end but is not sustained through the book—would have added much and given it greater relevance to German and European historians not interested in psychiatry per se. Finally, Engstrom's Foucauldian framework is, at times, rather over-determined, even a bit suffocating, and some readers might hope for the inclusion of alternative analytical currents. Nevertheless, Engstrom's book unquestionably represents an enormous contribution to the historiography of psychiatry. His thorough and careful research combined with his nuanced treatment of key psychiatric figures and institutions and his well articulated theoretical framework sets a new standard for this growing field of inquiry. *Clinical Psychiatry in Imperial Germany* is an indispensable book for anyone concerned with the history of psychiatry, the professional/disciplinary landscape and professionalization process in the later nineteenth century, or constructions of madness and normality in the modern world. No other study offers such a comprehensive and well-theorized view of the manifold practices of psychiatric power in nineteenth-century Europe.

[Reviewer's note: for the sake of full disclosure, my book on German psychiatry also appeared in this series. I recently became a member of the series editorial board, after Engstrom's work was already in press.]

Note

[1]. Among the many works in this category, see Klaus Dörner, *Bürger und Irre: Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie*, 2nd ed. (Frankfurt: EVA, 1984); and Dirk Blasius, *Der verwaltete Wahnsinn: Eine Sozialgeschichte des Irrenhauses* (Frankfurt: Fischer, 1980).

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