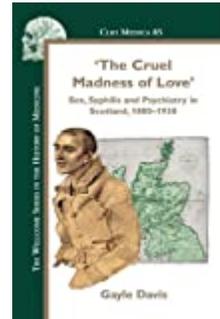**Gayle Davis.** *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland, 1880-1930.* Amsterdam: Rodopi, 2008. 285 pp. $84.00 (cloth), ISBN 978-90-420-2463-2.

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The Wages of Sin: Sex, Syphilis, and Society in Modern Scotland

In her study *The Cruel Madness of Love: Sex, Syphilis, and Psychiatry in Scotland*, Gayle Davis suggests that "psychiatric diagnoses were constructed within a wider social context" in the Calvinist soul of Scottish psychiatrists in the half-century after 1880 (p. 17). Little understood before 1900, General Paralysis of the Insane (GPI) was a neurosyphilitic disorder characterized by a progressive degeneration of the mind and body. In Scotland, the connection between GPI and syphilis was stoutly resisted within the decidedly middle-class psychiatric community until well after 1900. More significantly, Davis attempts to illuminate a social history of psychiatry as reflected in what she describes as the "developing epistemological relationship between syphilis and insanity" (p. 15).

Following the lead of Michel Foucault, contemporary scholarship has emphasized the "rise of the asylum" during the nineteenth century as a consequence of the bourgeois social and cultural values of Scottish psychiatrists, and the "wider shifting relations between patients, doctor, and state" (p. 17). Davis laments that much of cur-

rent scholarship "tends to be narrowly clinical in focus," rather than providing a broader overview of what she describes in her perceptive study as the "sociological impulse" (p. 18). Explaining disease was not a "value free enterprise," but rather drew upon a "generation-specific repertoire of verbal constructs" (p. 30). Employing a careful analysis of the evolving meaning of language in medical practice, Davis builds a framing methodology, an interpretative construct that explores the interconnections between medicine and society, which allows scholars "to engage with the social and cultural perceptions that surround and shape representations of disease" (p. 30). She contends that current scholarship relies upon overused published sources that reflect contemporary medical orthodoxy, sources that make insufficient use of linguistically revealing case notes. Case notes, Davis maintains, have the distinct advantage of revealing the diversity of opinion within the psychiatric profession regarding the social and cultural implications inherent in the putative relationship between GPI and syphilis.

Davis explores these implications within the institu-

tional context of the Scottish Poor Law Act of 1845. Prior to this landmark reform, there was no statutory requirement for chartered asylums in Scotland, and parish and burghal authorities maintained poorhouses to provide rudimentary care for the pauper insane. The 1845 Act was adopted–in part–to deal with the burdensome problem of the pauper insane by creating elected parochial boards that were answerable to a nationwide Board of Supervision. This act created two levels of administration–which operated at the local level and with the Board of Supervision taking the role of overseeing a "national" standard–with the "line of demarcation [set] at pauperism" (p. 45). People who fell below this line came under the "purview" of parochial boards that were legally required to provide poorhouses for their jurisdictions or make other forms for provision, while those mentally troubled people who were not engulfed by pauperism had their needs tended to primarily by chartered royal asylums.

The first asylum founded with "philanthropic origins" opened at Montrose in 1781. Davis notes that before the nineteenth century, private fee-paying, or parish-paying, patients were cared for in private madhouses centered in the community. The Royal Edinburgh Asylum was established with voluntary contributions in 1813 to provide care for the insane–regardless of class–but a lack of funds meant that only fee-paying patients were accepted. By 1842, the Royal Edinburgh Asylum began to cater almost exclusively to a middle-class clientele for a fee,"making them … resemble the private, commercialized system dominant in England" (p. 50). Chartered asylums provided a "class-demarcated service" that distinguished between fee-paying middle-class patients and the rate-aided pauper insane whose treatment and maintenance was paid by local authorities. Davis concludes that the Royal Edinburgh Asylum was a public asylum that reflected the "Scottish class system and all its social inequalities … a reflection of the outside world, rather than something peculiar to asylumdom" (p. 50).

The Scottish Lunacy Commission Inquiry of 1855-57 revealed the pitiable conditions in the poorhouses, and prompted the creation of a national system of district asylums. The resultant Scottish Lunacy Act of 1857 established a General Board of Commissioners in Lunacy for Scotland, and divided the country into twenty-seven Lunacy Districts in which asylums were to be maintained for the insane. This act spurred the creation of what Davis terms a "mixed economy of care" in which patients received treatment in a variety of non-specialized institutional venues (p. 43). Chartered institutions such

as the Royal Edinburgh Asylum and the Glasgow Royal Asylum at Gartnavel were designed to provide appropriate treatment for both the pauper insane and private patients. However, physician superintendents, such as Thomas Clouston at Edinburgh and David Yellowlees at Gartnavel, actively courted rate-paying patients by erecting comfortable facilities–such as Craig House at Edinburgh–and prescribing suitable treatments for affluent private patients. Convinced of the social incompatibility of pauper and private patients, Yellowlees discharged pauper patients to newer district asylums–such as the Barony Parochial Asylum at Woodilee and the Midlothian and Peebles District Asylum at Rosslynlee–in order to raise the social tone of the institution and attract rate-paying patients. However, not all provision for the insane was "institution-based" as poorhouses remained refuges for the harmless insane after 1858, many of whom were also boarded within the community. This often ill-managed system created unremitting conflict between local and national authorities. Unwilling to foot the bill, local communities resisted funding expensive asylum incarceration, preferring instead to house the pauper insane in local poorhouses.

Although Scottish psychiatrists experimented with many dangerous therapeutic regimes throughout the period, palliative care was the "mainstay of therapy" (p.154). Davis suggests that recent scholarship has little to say about what middle-class psychiatrists were willing to do to the pauper insane in the name of treatment. Diagnosis and treatment were often socially mediated; suggesting that evolving treatments reveal changing "epistemologies of causation" in the *fin-de-siÃ¨cle* era (p. 199). Scottish psychiatrists preferred to see syphilis as a "multi-causal" disease during much of the nineteenth century, a disease resulting from excessive indulgence in alcohol, tobacco, and sex by working-class degenerates (p. 22). Middle-class psychiatrists associated syphilis with the "vicious degraded life of … working class men [and] prostitutes," rejecting the notion that middle-class patients were susceptible to this disease of the slums (p. 202). Despite the scientific proof that syphilis caused GPI, psychiatrists blindly refused to accept this connection, clinging instead to "multi-causal" diagnoses of GPI that drew heavily on "wider Victorian medico-social concepts of civilization and degeneration" (p. 199). Diagnoses of GPI continued to be socially mediated well after 1900, as psychiatrists assumed the "anomalous" role of treating patients without passing judging on them, even though "sin and sexuality were inextricably linked in the Scottish consciousness" (p. 212). In effect, Scottish psychiatrists

became "priests of the body" (p. 213).

Social attitudes relating syphilis, class, and GPI created "medical ideologies" designed to legitimize middle-class concepts of "civilization and degeneration" (p. 244). Davis concludes that disease has often been "construed as both indicator and product of adverse social conditions, and theories of causation and pathology used as vehicles to articulate and legitimate wider cultural criticisms" (p. 244). Although *The Cruel Madness of Love* is repetitive at times, the author convincingly argues that Scottish psychiatrists assumed the role of "moral guardian" for many types of patients afflicted with General Paralysis of the Insane, medical men who adhered to Victorian moral values "as an integral part of their medical practice" (p. 245).

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