

**Waltraud Ernst and Thomas Mueller (eds), *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800–2000*, Newcastle upon Tyne: Cambridge Scholars, 2010. Pp. xxiii + 321. £44.99. ISBN 978 1443 822 176.**

The research programme sketched out in the introduction of *Transnational Psychiatries* is important and timely. Too often, the editors claim, histories of psychiatry (and histories of medicine in general) have limited their scope to specific national contexts, despite the fact that physicians have always built and maintained international networks through which information, theories, practices and technologies have been disseminated. The current interest in world history and the effects of globalisation, as well as more than three decades of research in the history of colonial psychiatry, have increasingly made national histories of medicine appear out of date. Comparative histories have started to address the development of psychiatry in an international perspective, but have often limited themselves to locating (and at times explaining) differences between two specific national contexts instead of investigating how they are related. The authors in this edited volume follow psychiatrists, medical theories, treatment techniques and conceptions of mental disorder as they traverse national boundaries. This mirrors similar trends in science and technology studies, which have generally focused on technology and the natural sciences. The approach advocated by Ernst and Mueller brings a similar interest in the many relationships between the local and the global, and demonstrates how it can be applied to research in the history of psychiatry.

Psychiatrists have long had an interest in varieties in the forms and expression of mental disorder, a discussion which has always raised important questions about the relationship between culture-bound syndromes to the universalistic claims of psychiatric nosology, which have been embodied in the successive editions of the Diagnostic and Statistical

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Manual of Mental Disorders. Junko Katanaka sets out to answer the question of the absence of 'depression' as a psychiatric diagnosis in Japan until the 1990s and its popularity since then. From the nineteenth century on, Japanese physicians have translated western concepts (including melancholia, 'nerves' and depression) into Japanese terminology, which itself underwent significant change at that time as well. In adopting western technology, physicians displaced local conceptions with one that failed to find resonance among the Japanese, leading to the (mistaken) impression that the prevalence of depression in Japan was unusually low. Forceful attempts by physicians and pharmaceutical companies have led to significant changes during the last two decades.

Jacqueline Leckie investigates the social role of asylums in (British) Fiji and (French) New Caledonia. The Fiji asylum closely followed changes in psychiatric treatment styles which originated elsewhere in the British Empire. Leckie emphasises the importance of the different styles of colonial administration in both places as well as the ways in which the asylum became entangled with local settler, migrant and indigenous communities. Several chapters investigate the practice of housing psychiatric patients within the community, an approach which has long been practised in Gheel, Belgium. Mueller demonstrates how this practice disappeared in Germany during the 1930s as a consequence of Nazi policies while it remained in operation in Belgium and France. Akira Hashimoto argues successfully that Japanese experiments in treating mental disorder in the community did *not* originate in Gheel, Belgium, even though Japanese psychiatrists had always pointed to the Belgium precedent to enhance the international visibility of their own efforts. In an unusually interesting way, the author of this chapter argues that, in this case, no international transmission of ideas and practices had taken place, which provides a thought-provoking and critical reflection on attempts to identify international networks within psychiatry.

With respect to treatment techniques, Yolanda Eraso investigates the transfer of 'active therapy' or occupational therapy from Germany to Argentina. In both places its therapeutic effects as well as the possible economic savings it could realise were emphasised (which became increasingly important during the 1930s). Waltraud Ernst explores the career of an Indian superintendent of a mental hospital in India in the 1930s who eagerly followed and applied the latest developments in psychiatry worldwide, illustrating that his professional network was not limited to India or the British colonial empire but encompassed the western world as a whole. In similar vein, Akihito Suzuki investigates the reception and use of shock therapies in Japan. In the 1930s, academic psychiatry in Japan was well attuned to developments elsewhere, yet the organisation of asylum care led to a very different use of shock therapies in Japan. Because there were few beds in public institutions and a relatively large number of small private ones, shock therapies were mostly administered to private patients.

In general, it appears that somatic treatment methods such as prolonged bath treatment, malaria therapy for general paresis, insulin therapy, metrazol therapy, electroshock therapy and, in the 1950s, psychopharmacological treatment methods, were disseminated relatively quickly around the globe. Psychiatric theory is transmitted more slowly and is often modified in the process, as is illustrated with approaches to trauma in the United Kingdom, Serbia and Germany. Psychoanalysis and other psychotherapeutic techniques were modified considerably when received and further developed by different audiences, as is analysed in a chapter on psychotherapy in France and Switzerland. Popular conceptions of mental disorder, in particular depression and 'nerves' were highly variable as they depended on popular conceptions of the self and the nature of the issues that could trouble the self.

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The chapters in this edited volume demonstrate how research in the history of psychiatry that transcends national boundaries can be conducted in a fruitful and interesting way. They illustrate the benefits of a variety of historical methods and show what can be gained from this new approach. This volume will, hopefully, inspire new research projects in the history of psychiatry and the history of medicine in general.

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