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Book Reviews

Hans de Waardt, *Mending minds: a cultural history of Dutch academic psychiatry*, Rotterdam, Erasmus Publishing, 2005, pp. 312, illus., €49.59 (hardback 90-5235-180-5).

In the past few decades, the historiography of psychiatry in the Netherlands has resulted in many publications, notably on psychiatric institutions, psycho-hygiene, and ambulatory mental health care. But so far academic psychiatry has received little systematic attention. The historian Hans de Waardt (Free University, Amsterdam) has now filled this gap with his *Cultural history of Dutch academic psychiatry*, which covers the period 1850–2000.

Although from the 1830s onwards some medical professors in the Netherlands devoted attention to insanity in their teaching, psychiatry acquired formal academic status as a medical specialty only in 1893, when the neurologist C Winkler was appointed professor of psychiatry at the University of Utrecht. Around 1900, later than in Germany and France but earlier than in Great Britain, Dutch universities had combined chairs in psychiatry and neurology, as well as clinics in this field for purposes of teaching and research. As was true for Dutch scientific practice in general, the main influence on Dutch academic psychiatry initially came from Germany. This implied emphasis on a medical-scientific approach; the causes of mental disorders were looked for in the patient's brain and nervous system, while neurological research set the tone. This approach was motivated to a certain extent by strategic reasons: the striving for recognition by somatic medicine.

At the start of the twentieth century, in part because there were no results that could be used in psychiatric practice, several professors began to take a more critical stance vis-à-vis brain-anatomical and neuro-physiological research, which caused experimental psychology, psychoanalysis, and phenomenology to gain ground in Dutch academic psychiatry. For example, even before

the First World War, G Jelgersma, professor of psychiatry at Leiden, had embraced Freudian theory. This was seen as a breakthrough by the international psychoanalytic movement. Psychiatry at Leiden—under Jelgersma and his successors—evolved into a major centre of psychoanalysis, in both its theory and practice. Similarly, L Bouman, the first professor of psychiatry at the Protestant-Christian Free University of Amsterdam, advocated, in part for religious reasons, a psychological approach that capitalized on psychoanalysis and phenomenological psychology. Because a number of Bouman's students taught at other Dutch universities, phenomenology left its mark on the development of Dutch academic psychiatry. It should be underscored, however, that the rise of a more emphatic, psychological approach did not proceed at the expense of other, biomedical and social, approaches. Already in the inter-war period, there were in academic psychiatry advocates of social psychiatry and psycho-hygiene, such as K H Bouman (City University, Amsterdam) and W M van der Scheer (University of Groningen). By and large, Dutch psychiatrists were no quibblers: both university psychiatry and psychiatric practice in general were strongly marked by pragmatism and eclecticism. Yet, in contrast to Germany in particular, eugenics made hardly any inroads in Dutch psychiatry.

Although Dutch academic psychiatry did not renounce medical-scientific approaches, from the First World War into the 1980s it was strongly influenced by psychological and humanities approaches. Until the 1960s phenomenology prevailed, while in the period 1960–1985, when European-continental philosophies were replaced more and more with American views, psychoanalysis set the tone. Together with the highly philosophic-contemplative nature of the work of several leading professors, this shift caused the distance between university psychiatry and clinical practice in psychiatric institutions to widen. For the most part, university psychiatry was increasingly geared

toward approachable neurotic patients rather than the insane. This changed in the 1980s and 1990s with the burgeoning influence of biological psychiatry, which, despite earlier advocates in academic circles, had been largely decried in the 1970s, mainly as a result of the continued effect of critical anti-psychiatry. The founder of bio-psychiatry in the Netherlands, H M van Praag, left in the early 1980s for the United States, only to return after some ten years. The quick rise of biological psychiatry did not mean the end of psychological and social approaches, which continued to have a strong presence. The critical voices of psychotherapists and social psychiatrists could still be heard and even leading proponents of biological psychiatry warned against its one-sidedness and biological reductionism. If the emphasis in Dutch university psychiatry had shifted in a medical-biological direction, its heterogeneous tradition remained in place.

All these developments are addressed in this accessible and very readable study by De Waardt. Unfortunately, however, his account largely concentrates on the centrally located universities of Amsterdam, Utrecht, and Leiden, while other universities receive but slight attention. This leads to a rather unbalanced picture of Dutch academic psychiatry. Thematically, too, De Waardt's study is somewhat one-sided: while psychoanalysis and child psychiatry are given ample space, the reader searches in vain for accounts of the significance of, for example, social psychiatry, epidemiology, or forensic psychiatry in academic psychiatric practice. A complete overview of all psychiatry chairs and sub-specialties is absent (with many factual data randomly scattered through footnotes), while also the information provided on curricula and scientific research, based for instance on dissertations, leaves much to be desired.

As an angle for his account of the history of Dutch university psychiatry, De Waardt puts much emphasis on personal elements: the actual experiences of leading professors and their views on the field. Such an approach can certainly be justified inasmuch as it applies to the period until the 1960s, in which university psychiatry was

still quite small-scale and few professors had much influence on the field's content. This same perspective, however, seems less suitable for mapping the past four decades, during which the number of chairs and academic staff strongly increased, psychiatry and neurology each went their own ways (a topic the author does not address systematically), and academic psychiatry became differentiated in sub-specialties. This comes to light in particular in the final chapter that concentrates on bio-psychiatry. Although De Waardt stresses that it did not marginalize social psychiatry and psychotherapy, he subsequently ignores recent developments and changes in the content of these two areas.

De Waardt sets aside much space for conflicts and skirmishes, affairs and scandals, as well as for mutual rivalry and envy among professors. Such focus may well provide a basis for a systematic analysis of the content of academic psychiatry and the social field of force in which it developed. Especially in the first chapters, the author does indeed succeed in realizing this, but more than once anecdotes prevail over analysis, while the book's style also gives one the impression that it was written hastily. To justify calling the study a cultural history of Dutch academic psychiatry, as the subtitle has it, much more attention should have been devoted to broader social developments. In this respect this study lives up to its promise only in some episodes, notably the period of the Second World War.

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Christopher M Callahan and German E Berrios, *Reinventing depression: a history of the treatment of depression in primary care, 1940–2004*, Oxford University Press, 2005, pp. xvii, 214, £30.50 (hardback 0-19-516523-3).

Over the last ten years, according to the WHO, depression has emerged as the leading cause of disability amongst young adults in developed countries. It is estimated that 3 per cent of the