although van Bergen generally tries to be even handed. For instance, the author asserts (p. 286) that "the medical profession was powerless" to do much for the enormous number of casualties that passed through medical units on the Western Front and that "no amount of organization could resolve all the problems that inevitably arose" (p. 288). This was, of course, true and the treatment provided was often inadequate. However, such statements ignore that fact that medical arrangements did not break down, as they did in previous conflicts such as the South African and Crimean Wars, and that specialized centres of treatment became increasingly adept at treating even complex injuries. Death rates in front-line medical units fell in the last two years of the war (despite the comment made to the contrary on p. 327) and an impressive percentage of men were returned to duty of some sort. Van Bergen does not pay sufficient attention to how medical arrangements evolved over the period of the campaign on the Western Front and how they coped, for example, with the resumption of more mobile warfare from the spring of 1918.

Another questionable assertion made in the book is that practising medicine under wartime conditions necessarily rendered doctors "numb" and "insensitive" (p. 291); the reality was often a good deal more complex and one would need to differentiate between doctors working with regiments (where they were "part of the family", so to speak) and those at units some distance from the front. It is also problematic to write of the "motivation" of doctors (p. 361) for these and other reasons.

Yet, these quibbles ought not to detract from what is, by any standards, a major achievement and a landmark in the medical historiography of the Great War.

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Harry Oosterhuis and **Marijke Gijswijt-Hofstras,** *Verward van geest en ander ongerief: psychiatrie en geestelijke gezondheidszorg in Nederland (1870–2005)*, 3 vols, Houten, Bohn Stafleu van Loghum, Nederlands Tijdschrift voor Geneeskunde, 2008, pp. xxvi, 1522, €135.00 (hardback 978-90-313-5238-8).

This study is the result of a collaborative research project funded by the Dutch Council for Scientific Research (NWO), which started in 1999. As well as this mammoth-size study, the research group published a series of comparative volumes and separate studies on more specific issues, which have brought the historiography of Dutch psychiatry to a level that is unsurpassed by that of other nations. The crowning glory of this work is this general overview of psychiatry in the Netherlands since 1870 by the project leaders, Harry Oosterhuis of the University of Maastricht, and Marijke Gijswijt-Hofstra, professor emeritus of the University of Amsterdam. Considering the strong international focus of the project, it is to be deplored that this final study is written in Dutch, also because an English or American university press might have been able to persuade the authors to write more concisely and more explicitly about the specifics of Dutch psychiatry in comparison with that of other western countries.

The history of Dutch psychiatry Oosterhuis and Gijswijt-Hofstra depict, seems to conform to the general pattern in western countries of a steady growth of patients, psychiatrists and institutions for mental health care. The strongest increase was between 1884 and 1914, when intramural care tripled from 5,000 to 14,000 intramural patients, and from 1.1 to 2.3 per thousand of the general population. The high point was reached in 1939, when 2.9 per thousand of the Dutch population was institutionalized; this number of around 30,000 patients started to decline after the 1960s, until it reached the current level of some 20,000 intramural patients, or 1.3 per thousand. Yet the de-institutionalization was not accompanied by a strong anti-psychiatric wave, since the number of professionals occupied with the mental

health of Netherlanders continued to increase, from some 1,350 professionals around 1,900 to the current 30,000 professionals. They are involved in the treatment of hundreds of thousands of people outside hospitals and asylums, the majority of whom suffer from minor psychic discomfort—and in many cases not even that, but are tested by forensic psychiatrists in the army, human resources departments, social security offices, or insurance companies.

The strong development of extramural care appears to be specific for the Netherlands. Even though this pattern is also present in other countries, it started in the Netherlands as early as the 1920s, as psychiatrists became involved in bureaus for family and marriage counselling, alcohol abuse treatment, and extramural psychotherapy. The reasons for this shift were partly financial—to reduce the burden on asylums of increasing numbers of patients—but also inspired by the psycho-hygienist movement, which aimed to broaden the impact of psychiatric interventions. An important impetus was also the Laws on Psychopaths of 1925, which gave psychiatrists an important role in the criminal justice system, among other things by introducing forced treatment as an alternative to imprisonment.

Unlike France and the UK, but more like Belgium and Germany, this whole mental health care complex was rather fragmented, due to the specifically Dutch phenomenon of denominational compartmentalization of social life ("pillarization"). Most asylums and bureaus for extramural care were administered by private parties within civil society, even though they generally received their funds from the state. The system became more centralized after the introduction of a system for public finance for special medical needs (AWBZ 1968) and the integration of a whole range of mental health care services in regional institutions for ambulant mental health care (Riagg's, 1982).

The authors suggest that Dutch pillarization also is an explanation for the early public acceptance of psychological categories to approach moral and social problems. Non-biological, phenomenological and psychoanalytic theories were especially welcomed by denominational psychiatrists, who used them to develop a more liberal approach to morally contested behaviour. Psychiatry became a vehicle for self-development, as a result of which Dutch psychiatry made less use of forced or invasive forms of treatment, yet ironically much more use of separation as a final resort.

These and many other interesting observations are the result of the authors' empirical and descriptive approach to the topic. They explicitly distance themselves from the critical histories of psychiatry inspired by Foucault, which, according to them, never took root in the Netherlands. Instead, they take their theoretical inspiration from the work of Norbert Elias and the Dutch sociologist Abram de Swaan, according to whom psychiatry is a culturally specific response to real inconveniences (*ongerief*), which are then translated into psychic problems.

In order to explain this translation, the authors introduce the rather unfortunate metaphor of a market for psychiatry, in which demand stimulates supply, but more importantly, supply creates demand. Since it is hard to identify a need or demand for psychiatry, the authors focus mainly on the supply side of psychiatry as a set of institutions and as a profession, which generate concepts and discourse to handle moral and social problems. This only shifts the problem: what counts as psychiatry or mental health care is almost as difficult to identify as psychic need or demand. Although the self-definition of psychiatrists and their professional organizations are some indication of what the practices of psychiatry entail, it is clear that over the years, the psychiatric profession has had a hard time warding off competition from other specialists, including neurobiologists and all kinds of alternative mental health care professionals. Moreover, growing supply as an explanation for the growth of psychiatric definitions of social problems

seems to beg the question, why there was a growth of the profession in the first place, and why so many people with "inconveniences" welcomed their expertise.

This leads us back to the demand side. The authors explicitly argue that it is hard to measure demand, which they seem to restrict to the expression of psychic needs by potential patients. Yet pressure to create a supply of psychiatric professionals also seems to come from political, financial or bureaucratic expediency (as is the case in the expansion of extramural care), or from the competition between different groups of specialists for professional recognition. However, the authors in the end explain an increased need for psychiatric care by pointing to cultural developments, such as increased individualism, but also to the specifically Dutch appetite for post-materialist values and a "feminine" orientation towards mutuality and care, which require a "fine-tuned management of emotions" (pp. 1263–5). Maybe it is this phenomenologically inspired, mildly anti-modernist position that is most characteristic of Dutch psychiatry, as well as of some of its historiography.

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Andreas-Holger Maehle, *Doctors, honour and the law: medical ethics in imperial Germany*, Basingstoke, Palgrave Macmillan, 2009, pp. viii, 198, £50.00 (hardback 978-0-230-55330-9).

Research on the history of medical ethics in Germany has so far focused on the Third Reich and the Weimar period. Except for a few studies we hardly know how medical ethics developed and was shaped in the Kaiserreich. A new book by Holger Maehle provides for the first time a comprehensive overview on doctors' professional ethics in Germany from the foundation of the German Empire in 1871 to the beginning of the First World War. In order to understand why there might have been a German *Sonderweg* (a unique way) in medical ethics, one has to remember that the professionalization of German doctors was more closely linked to state interventions than that of physicians in the United States or in Britain where a more liberal system prevailed. A special feature of the professionalization of medicine in Germany was the growing dependency of the medical profession due to the compulsory health insurance system which Chancellor Otto von Bismarck had introduced in the 1880s. "Medical professional ethics in Imperial Germany was", according to Maehle, "as much about defusing competition among doctors as about enforcing solidarity vis-à-vis the health insurance boards" (p. 3). The Penal Code of 1871 also had an important influence on medical ethics in the Kaiserreich, especially those paragraphs dealing with physical injury and professional secrecy.

The first chapter of this book shows that German doctors sought the backing of the state in disciplining their colleagues. An interesting fact is that in Germany the direct model for professional courts of honour was the Lawyers' Ordinance of 1878. In 1899, a disciplinary tribunal was introduced in each of the twelve Prussian medical chambers, while in Bavaria, for example, this was the case only thirty years later. Examining the activities of these medical courts of honour one discovers that a relatively small number of cases were in fact brought before these tribunals, dealing mostly with maltreatment or with patients' complaints. The most frequent reason for disciplinary punishment was excessive advertising, which was regarded as dishonourable and quack-like by the medical profession. Likewise, it does not come as a surprise that a large number of accusations were made by other doctors, indicating the fierce competition in the medical market in the age of professionalization.

The second chapter discusses the codification of secrecy for medical staff in Germany, shedding light on the medico-legal