Lidwell-Durnin on Porter, 'Genetics in the Madhouse: The Unknown History of Human Heredity'

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The science of heredity developed on the farm, in the garden, and in the hospital. Though these three sites are routinely grouped together when pointing toward the longer history of genetics, the hospital has arguably received the least attention. *Genetics in the Madhouse: The Unknown History of Human Heredity* addresses this gap, arguing that the emergence of the asylum is a crucial site within the history of genetics and also eugenics. Drawing on materials produced by asylums, prisons, and hospitals in Europe and North America, *Genetics in the Madhouse* has insights to offer both to historians of genetics unfamiliar with the history of mental illness and to historians of mental illness who will be familiar with the actors and institutions Theodore M. Porter discusses in the book. Given the significance of eugenics to the history of genetics, the history of the asylum is an obvious and clear destination. New connections between eugenics, the rise of the asylum, and the science of heredity are established in the book, while links between the three topics that were already familiar to historians of science and medicine are strengthened and given new importance.

The book is composed of three parts. In the first section, “Recording Heredity,” we are introduced to the origins of record keeping in the emerging asylum networks. Here, Porter views the statistical investigations into insanity as motivated by desires to uncover its causes. In part 2, “Tabular Reason,” the focus shifts to efforts to standardize methods and also to the evolving practices of registration and recording adopted by various asylums in Britain, Norway, France, and Germany. In these chapters, there is attention to events in Germany that are not often included in the history of the asylum in Britain, particularly the significance of the emergence of census cards in the 1850s and sustained criticisms of the idea of “degeneration” so associated with the era. In part 3, Porter traces the emergence of what he terms “a data science of human heredity,” also the title of this section. It is in these later chapters that Porter shows how the long-established practices in asylums of the production of tables and statistics became intertwined with genetics and the large data projects of the twentieth century, concluding in the 1930s.

To situate the argument within the period, Porter revisits a classic narrative in the history of mental illness: the madness of King George chosen as a crucial event that spurred the development of the asylum in Britain, from which we trace the increasing authority wielded by physicians over insanity. As is familiar to historians of medicine, the rise of asylum brought with it needs for improved record keeping and diagnosis. A generation of doctors, inheriting control over these new institutions,
hoped that thanks to the opportunity to observe and diagnose so many cases, an understanding of the potential hereditary nature of insanity might be uncovered. Focusing particularly on the career of the Quaker asylum doctor John Thurnam in the early part of the book, Porter argues that these institutions sought information not only on their patients but also on their family histories. Drawing on religious networks and parish records, Thurnam was particularly motivated to try to identify the extent to which heredity was a factor in the causes of mental illness. Through the 1840s and 1850s, the production and publication of tables by asylums placed increasing weight on heredity as a cause, despite the tenuous and often anecdotal nature of the information that doctors like Thurnam could uncover concerning their patients. Shifting to Germany, Porter shows how census reforms created opportunities to produce asylum statistics on unprecedented scales. Particularly valuable to the history of mental illness is the focus on paper technology and on the role played by quantification. These sources have informed the history of the asylum, but Porter’s work provides the first substantial history of how doctors understood and contributed to the development of statistical representations of their asylums and hospitals.

The focus on these early efforts to explore the statistics of insanity provides Porter with a means to revise the position held by later figures. Revisiting Bénédict Morel, a key figure in Daniel Pick’s classic *Faces of Degeneration* (1989), Porter argues that Morel’s focus on degeneration in 1857 was, in fact, viewed by his peers as lacking useful or new insights. Having established that the nineteenth century saw doctors become increasingly interested in statistical approaches to understanding the causes of mental illness, Francis Galton and Karl Pearson’s interest in asylum statistics can be understood in its proper context. Moving beyond the theme of degeneration, readers are encouraged to view the asylum as one of the first institutions that scrutinized the family for hereditary traits and characteristics, producing data out of the families of the insane.

There is a deliberate anachronistic twist in the title: *Genetics in the Madhouse*. The use of the word “genetics” in the title is crucial in linking these actors and institutions to practices and questions that emerge in the twentieth century. At the same time, the title invites us to view these doctors as deeply interested in a putative role played by heredity in mental illness. But that interest, even when it existed, would not have been enough on its own to produce data. How much interest did families have in reporting their own histories of mental illness? Porter acknowledges that much of the data production was formulaic and not particularly focused on heredity, but it seems plausible that the numbers of patients listed as “hereditary” were labeled so because most disease in this period was thought to involve hereditary predispositions, and new patients often arrived with no more personal information than what was recorded on their medical certificate. The tables produced by asylum doctors certainly included numerous hereditary cases, and their numbers continued to rise through the century; but did that rise really reflect increasing scrutiny of the relatives of patients?

The importance of the asylum to the study of heredity has been discussed before but never given the focus and treatment that it deserves. *Genetics in the Madhouse* provides much-needed attention to the significance that the study of mental illness played in the development of hereditarian thought.
