exerting its relative dominance once again in the period of capitalist crisis that began in the mid-1970s. Somehow, though, in the Callahan and Swift account, the struggle between these two perspectives is obscured. Society and the state appear to have gone in one direction and the authors, looking in from the outside, in the other. While this works well enough as a critique of the contours of current policy, it unfortunately makes it appear as if supporters of a more society-centred approach both in the formulation and implementation of policies in the area of child welfare have been missing in action. That is misleading.

Geoffrey Nelson’s chapter, “Mental Health Policy in Canada,” provides a more nuanced, more historical, and more hopeful accounting of a social policy area than the uniformly bleak chapter by Callahan and Swift. Nelson traces the development of the mental health field which, he notes, has had a biomedical perspective since the late nineteenth century. But he mentions the challenges to that model that have been launched at least since Thomas Szasz argued in the early 1960s that the model was fraudulent since it failed to demonstrate any physical basis for the behaviours that it claims to treat, behaviours that are objected to for reasons of social value as opposed to any proof that they constitute illness. The psychological profession’s uninformed efforts to characterize homosexuality as a mental disorder, dropped only in 1973, are presented as one example of the extent to which notions of mental health constitute social relations of power rather than scientific investigations of the adequate functioning of an individual human’s nervous system. Nonetheless, as Nelson makes clear, there are many individuals who find integration within their communities to be a great challenge and who need help. Social stigmas associated with mental health have made it difficult for them to seek help, and the type of help available at various times and in various places has been questionable. There have been many exceptions however to this depressing tableau. Nelson mentions holistic therapies, including feminist therapies and community mental health alternatives with focuses on empowerment and social justice, while acknowledging that the medical model, which largely empowers psychiatrists rather than those seeking help and their families and communities, remains entrenched for the moment.

Other essays in the book fall somewhere between the nuanced historical treatment of Nelson and Callahan and Swift’s gaze on the most powerful, without any nod to the ideas and work of others within society to effect social change, a gaze which is nonetheless cogent. I would hope that, in future editions, Anne Westhues might use articles like those of Nelson and Vaillancourt as the model for their authors. It would make for a book that is not only an effective critique of current government policies, but one that also provides a more historically grounded explanation of both the origins of policies and the debates that have existed around paradigmatic approaches throughout various periods.

Alvin Finkel
Athabasca University


*Downs: The History of a Disability* by David Wright traces the Syndrome from the European medieval period through to the discovery of Trisomy 21 in 1959 and into the present
time. While the book incorporates material from many different countries in 239 pages, any limitations in length do not impede the author’s nuanced analysis. Indeed, the book is a poignant account of the advances, paradoxes, inhumanity, and humanity that mark the history of Down’s Syndrome. Framing this history as more than a mere straightforward trajectory of progress, Wright complicates assumptions of improvement in regard to both medical/scientific technology and social attitudes, and shows the history of Down’s and its status in present-day society to be riddled with ambiguity, uncertainty, and irony. Raising issues both complex and troubling, Wright offers critical insight into the Syndrome and encourages reflection on a fundamental humanistic and bio-ethical question: What is the value of a human life?

Wright deconstructs the articulation and development of Down’s and its various appellations as a distinct disease entity over several centuries. In so doing, he presents the Syndrome as not simply a medical diagnosis, but a cultural phenomenon reflective of social attitudes and medical theories and shaped by cultural forces. Beginning with a “pre-history” of Down’s and the debates on the legal status of “idiots” under English Common Law, Wright argues that the Crown’s early preoccupation with distinguishing and defining mental disabilities was linked to property. The King’s Prerogative of the thirteenth century differentiated the “natural fool” (a permanent “idiot” from birth) from the lunatic (one who had lucid moments); in the former case, the individual’s property would be the Crown’s possession until his/her death, whereupon it would be transferred to an heir (p. 19). Only in eighteenth century did mental impairment attract attention in the realm of medicine, but, as Wright demonstrates, growing concern should not necessarily be interpreted as indicative of progress or improved status for individuals with Down’s. Without negating the realities of what may have preceded it, Wright reminds us that medical care entailed segregation, institutionalization, and experimentation for many with Down’s in the nineteenth and twentieth centuries. Such “treatment” was often predicated on views of the intellectually disabled as not only inferior, but also threatening to greater society. At various times, Down’s would be associated with racial reversion, hereditary degeneration, syphilis, or alcohol consumption, and subjective views shrouded in “science” determined whose rights, and whose lives, would be valued.

From the 1860s when John Langdon-Down presented the term Mongolism to the mid-twentieth century when the chromosomal trisomy was discovered, a racist veneer tainted understandings of the Syndrome and a link between abnormal physiognomy and mental disability was established. Down’s formulation presented the Syndrome as atavistic and a form of racial reversion, ideas that would become connected to the theory of degenerationism. The popularization of term “simian crease” – a single crease running horizontally across the palm – and its association with primates contributed to the view that Mongolism represented a degenerative, primitive form of humankind. “Mongoloid Idiocy” eventually became one sub-category under the rubric of “feeble-minded” (p. 94), a broad term used by eugenicists and reformers in the early twentieth century. Wright discusses how intelligence testing was seized upon by eugenicists as a purportedly “scientific” and “objective” means of determining mental deficiency and, combined with a growing fear of social degeneration, over-crowding in asylums, and ideas of “racial betterment,” it would be used to justify the practice of sterilization in many countries. While
the body of historical studies on eugenics is substantial, Wright helps to break-down
the broad category of “feeble-minded” by focusing on Down’s Syndrome, and further
touches on why some regions implemented eugenic programs while others, including
New Zealand and Australia, were more hesitant.

Although sterilization continued both overtly and quietly in many jurisdictions follow-
ing the Second World War, Wright highlights the important changes in attitudes towards
and understandings of Down’s Syndrome that came with Lionel Penrose’s The Biology
of Mental Defect in 1949. Penrose rejected earlier associations that linked Mongolism
with alcoholism, tuberculosis, or syphilis and, instead, he drew a connection to maternal
age. According to Wright, Penrose’s “investigations pointed towards a genetic future”
(p. 112). Penrose would also play a key role in the debates surrounding the renaming and
de-racialization of the disorder in the 1950s and 60s. Advancements in genetic research,
many of them serendipitous, and an array of social and political changes in the cultural
landscape would further redefine the place of the mentally disabled in contemporary
society.

Lest we feel progress in scientific knowledge and social acceptance has been uniform,
Wright addresses the implications of many contemporary practices. Parents and doctors
could withhold medical assistance to facilitate the death of a child with Down’s until
recently, while reproductive rights were forcibly curtailed in many countries for decades
after the Second World War. As well, in spite of the discovery of Trisomy 21, deinstitutionalization, disability rights movements, and the integrationist policies that shape many
modern-day practices and attitudes, some disability rights advocates claim “silent eugenics” characterize many contemporary practices, including neo-natal tests that often result
in the termination of pregnancies. Moreover, Wright emphasizes the fact that genetic
research has not cured or mitigated the Down’s phenotype, and that improved scientific
knowledge has not translated into improved therapeutic interventions (p. 186).

Downs is framed by Wright’s assertion that the “Syndrome is a genetic anomaly, a
lived experience, and the invention of the society within which it is framed” (p. 15).
Although the book concentrates on legal and medical discourse and practices, Wright
does not marginalize the experiences of those living with Down’s. Instead, he helps to
illuminate them by examining both the effects of social and medical responses and the
power behind labels. Insight into how individuals and their families lived with Down’s
prior to the second half of the twentieth century and outside the confines of custodial
institutions is especially limited owing to a paucity of sources, yet Wright never loses
sight of who is central in this history – individuals who were often the victim of brutal
policies. While their voices are difficult to retrieve from existing historical documents,
Wright brings them into the foreground by highlighting the implications of historical and
contemporaneous understandings of Down’s and the ramifications of social, medical, and
political practices. The social experiences of Down’s individuals are much more detailed
in the latter part of the book dealing with the modern context. Here Wright employs a
range of sources from advertisements to television shows to illustrate the fundamental
social changes enacted by rights groups over the last few decades.

Like Wright’s other books on intellectual disabilities, Downs is beautifully written
and thought-provoking. Although a brief historical overview, it accomplishes much more
than a simple narrative of change and persistence and makes an important contribution
to the growing field of disability studies. While it appears on the surface that greater bio-medical knowledge, wider social acceptance, and growing rights have improved the status of the mentally challenged in present-day society, genetic engineering and the impulse to define and create the “perfect” child will ensure an on-going debate about “the social value of people with mental disabilities” (p. 147).

Janet Miron
Trent University