In this multidisciplinary study of fin-de-siècle France and Italy, Susan A. Ashley follows the efforts of authorities to understand a set of problems that they saw as the peculiar plague of their era. At the turn of the century, alarming statistics suggested a disturbing increase in crime, mental illness, and other undesirable trends that seemed to challenge popular assumptions about the inevitability of progress. In spite of technological advances, more representative government, and the improvement of the overall quality of life for the average individual, a rising tide of “misfits” increasingly occupied society’s ever-expanding margins. Leaders both civic and medical scrambled to find explanations and solutions for these troubling aberrations.

Ashley distinguishes between two categories of misfits: “mental misfits” (part one) and “social misfits” (part two). She then further divides these two categories, designating geniuses, lunatics, and neurotics as mental misfits while classifying vagabonds, criminals, and sexual deviants as social misfits. Dedicating a chapter to each of these six subcategories, Ashley examines how authorities defined, explained the origin of, and responded to each type of deviant behavior. Ashley supplies the word “misfit” to fill a linguistic gap: it serves as a broadly inclusive term for all individuals who failed, for various reasons, to qualify as conventional. She thus avoids the risk of using outdated fin-de-siècle vocabulary, for which connotations have shifted, or inappropriately applying modern terminology.

In delineating the landscape of the era, Ashley shows how official responses reflected particular political and professional concerns. Mixed motivations influenced the actions of many self-proclaimed experts and other leaders. Sincere concern for the good of society was only one consideration among many. Politicians, for example, wished to point to uniformity as a sign of stability under new regimes: the Third Republic in France and the newly unified Italy. Medical professionals—particularly psychiatrists—sought to legitimize their own professions. Individuals who disturbed the status quo and defied correction (whether deliberately or otherwise) posed a threat on multiple levels: it was not merely individuals within society, but the infrastructure of society itself that misfits seemed to imperil, as failures to curtail rising numbers of criminals and other disturbing elements called into question the competence of the existing authoritative framework.

Focusing throughout on the larger ramifications of abnormalities within society, Ashley explains how fin-de-siècle viewpoints and motivations shaped understanding, and consequently medical and governmental policy. A circularity in the socio-medical discourse becomes evident, as particular elements recur in discussions of each category of misfit. Professionals disagreed in their interpretations of certain behaviors, like sexual deviance, treating it at times as the symptom of a disorder and at other times as the cause of a disorder. In following this discourse, the reader receives the curious impression that the dégénérescence of society, which was in many ways the preoccupation—perhaps the characteristic anxiety—of this era, was simultaneously the cause and the result of aberrant behaviors. Conditions that professionals generally considered as distinct from one another nonetheless shared many of the same symptoms and speculated causes and provoked the same debates: is biology responsible for mental illnesses and deviant behaviors, or are individuals the products of their environments? Should the medical and civil response to aberrant citizens focus on punishment or treatment? To what degree was true rehabilitation possible?

In Ashley’s view, the diagnoses proposed for misfits tell us as much about the states of French and Italian societies as they do about the states of the patients themselves. She shows how diagnoses of certain ailments were at least to some degree projections of the particular anxieties of society at the time. As anxieties changed, so did diagnoses. In one particular example cited by Ashley, medical professionals warned that nervous instability was the inevitable result of the fast pace of modern life; it was also one of the defining characteristics of neurasthenia. When concerns about the stress of life during wartime superseded concerns about an excess of leisure, shellshock supplanted neurasthenia as the diagnosis of the day, even though many of the principal symptoms were identical. Perhaps this habit of projection explains why many of the disorders that fascinated authorities at the time seem to be similar—and why discussions of them faded in the early part of the twentieth century. Nonetheless, the shift in socio-medical discourse as a consequence of our improved knowledge of the nervous system does not render the medical opinions of fin-de-siècle authorities irrelevant. Modern society may no longer subscribe to many of their ideas, but as Ashley notes in closing, “our current understanding of personality, memory, willpower, and morality owes a good deal to late nineteenth-century thinking.”
Like any good study of history, “Misfits” in Fin-de-Siècle France and Italy gives attentive readers the tools necessary to understand their own societies. Synthesizing research in criminology, psychiatry, and sociology, Ashley demonstrates the interdependence of these fields, providing a more complete picture of societal perspectives during the transition from the nineteenth to the twentieth century than do studies that restrict themselves to a single line of inquiry. Furthermore, she conveys a sense of how failed attempts to cope with misfits often paved the way for later advances. While fin-de-siècle ideas about misfits have waned, the question they sought to address has not. How society should respond to abnormalities is as urgent a concern today as it was at the turn of the century. This book, consequently, will be useful not only to students and scholars of history, psychology, and sociology, but also to any reader interested in having a better understanding of the history that has shaped the modern discourse about social policies and mental health.

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