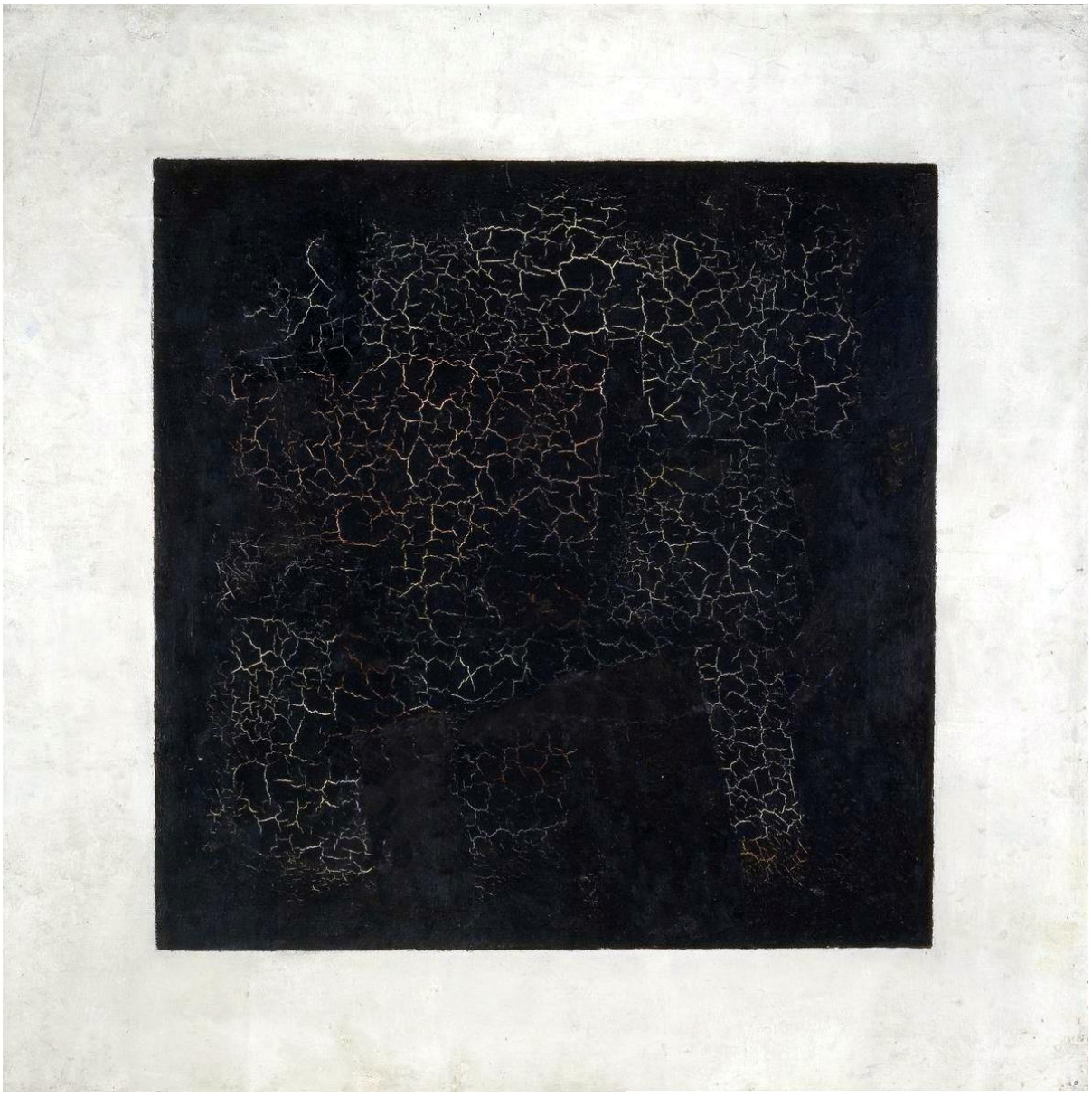
HoPSIG Newsletter

Issue 19, Autumn 2024

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS



Editors:
Mutahira Qureshi, Lydia Thurston, John Hall
Allan Beveridge & Nicol Ferrier

Newsletter of the RCPsych's History of Psychiatry Special Interest Group (HoPSIG)

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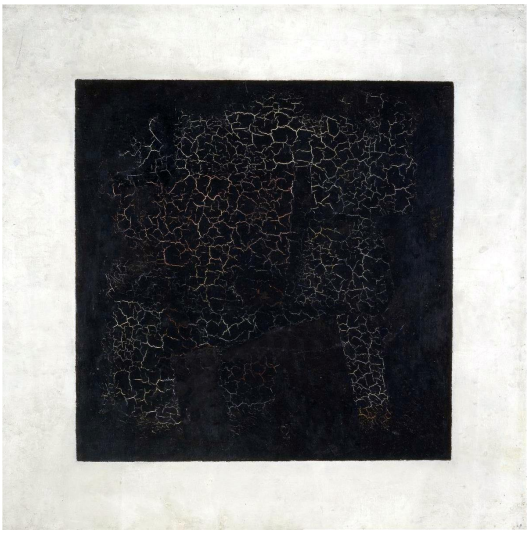

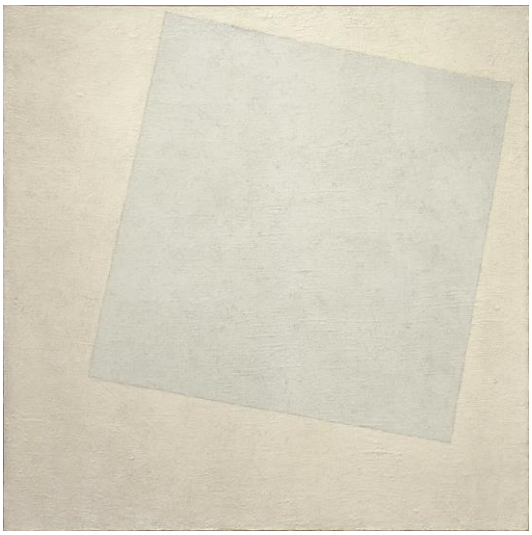

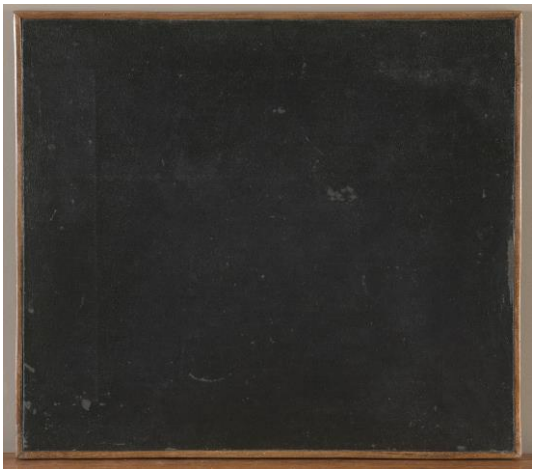

Masterpieces of the monochrome:
Top (and front cover): Kazimir Malevich, *Black Square* (1915)
Middle: Kazimir Malevich, *Suprematist Composition: White on White* (1918)
Bottom: Paul Bilhaud, *Combat de nègres pendant la nuit, huile sur toile*, 1882
All via Wikimedia Commons

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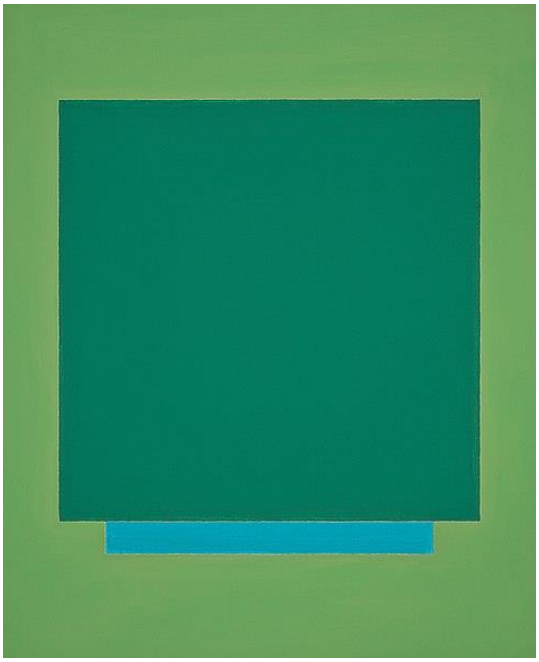
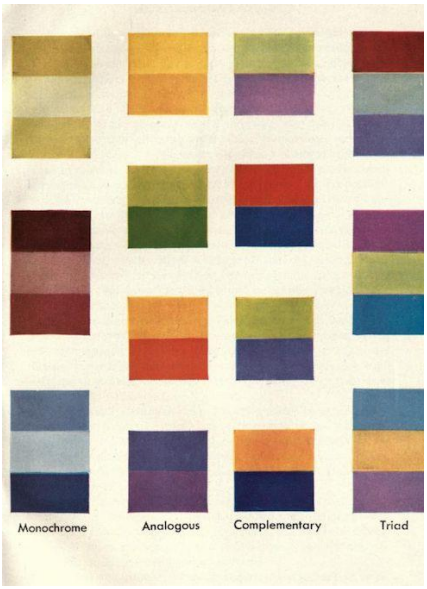
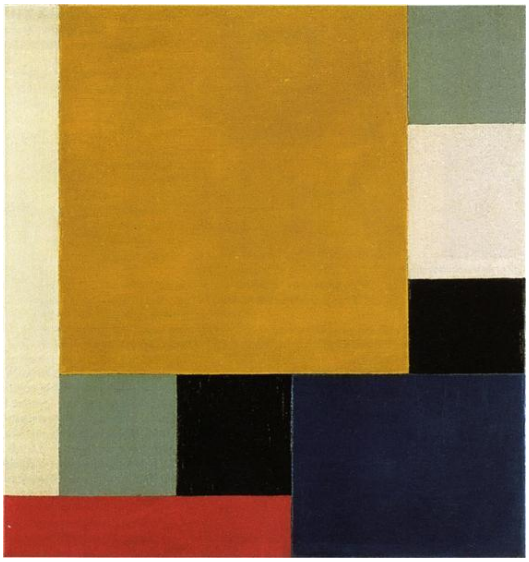
Monochrome continued:
Below: László Moholy-Nagy *Construction* (1924),
Bottom: Alfio Giuffrida *Thema A exp15*
All via Wikimedia Commons







Far Left: *Colour Combinations* from *The color of life*, Arthur G Abbott, 1947 Publisher McGraw-Hill Book Co. New York
Left: Theo van Doesburg *Composition XXII* (1922); Location: Stedelijk Museum, Amsterdam, Netherlands, art in Public Domain

Editorial

Lydia Thurston

Welcome to the Autumn 2024 edition of the Newsletter. We have been delighted to receive so many fascinating articles, reports and reviews over the past few months, and hope that you will enjoy reading this issue as much as we've enjoyed putting it together. As usual we start off with our reports. In the Chair's report, Graham Ash keeps us up to date on some changes to the HoPSIG committee team as well as exciting plans for co-working with other SIGs and Faculties. Gordon Bates, RCPSych Historian in Residence, fills us in on the past 6 months in his new role, which included an invitation to speak at the Worshipful Society of Apothecaries, and a conference on Psychiatry and the Arts in the Nineteenth Century. Gordon's recent blog posts on red-headed men and women discusses how fiction or myth can merge into fact, and are well worth a read. Please also have a look at some of the questions he has recently received, and contact us if you can help! In her Archives report, Claire Hilton raises an interesting question regarding digitalisation, and whether historians of the future will be able to access digital files if technology continues to change. If you find anything interesting in the Archives that you'd like to write about, please send us a photo of the item and a few paragraphs to nicol.ferrier@newcastle.ac.uk. There are also two conference reports: one on 'Museums and Beyond: Public histories of mental illness in the 21st century' in Huddersfield, and one on 'Clinical Hypnosis: Past, Present and Future – an Adjuvant tool that Medicine almost forgot' which was jointly arranged by HoPSIG and the Royal Society of Medicine in March 2024. We would love to hear from you if you attended either of these events, or any others that you think may be of interest to our readers.

The theme this month for the newsletter is academic unity, wonderfully demonstrated by the variety and breadth of our authors' academic disciplines this month. Firstly, Australian psychiatrist, Greg de Moore, has written an article based on his and Ann Westmore's book 'Finding Sanity: John Cade, Lithium and the Taming of Bipolar Disorder'. The article touches on Cade's stay in a prisoner of war camp in Changi and the impact that this had on his life, as well as two fascinating interviews carried out for the research of his book. Claire Hilton has also written a review of the book which is included in this issue. Continuing on the theme of Lithium, but also of academic diversity, our next article is written by Alex Mendelsohn, a patient and physicist. This interesting account of Amdisen, who was responsible for the recommendation of 12h serum lithium levels, was spurred by the author's own research after receiving conflicting medical information. Next, Artists Susan Adams and Penny Hallas tell us about a project which celebrated the history of the

abandoned Brecon and Radnor Asylum in Telgarth. This involved archival research, artist workshops with local Mind groups and at Bronllys Hospital, and culminated in 'a Private Land Art Lab', a 2 day event which involved co-produced and collaborative art, media and performance. It was clearly a fitting homage to the old hospital, and the lives of the patients, staff and members of the community who were connected to it. Child and Adolescent Psychiatrist, Uttom Chowdhury, has delved into the history of medicine for the first time following an interesting encounter with a patient. He explores the history of plague and pandemic, and reflects on the mental health impact of mask wearing during the Covid-19 pandemic. Neurologist Andrew Larner discusses the life of Richard Rows, a war-time psychiatrist who was acknowledged as one of the first psychiatrists to link mental health and neurology, during his treatment of neurasthenia at Maghull Hospital, Liverpool.

This edition also contains several intriguing book reviews, as well as Forensic Psychiatrist Gwen Adshead's review of an oral history film released to celebrate the centenary of the Cassel Hospital. She reflects on the fragmentation of mental health services today, and the closure of many therapeutic communities in the NHS.

Please check out our events section for upcoming historical events, and don't forget this edition's caption competition. The last one featured our very own John Hall, and was won by Dr Vivien Ferrier with "Note to self: 'Only look at hung portraits from now on - this is bad for me knees!'"

Finally, thank you to the rest of the Editorial team, Nicol Ferrier, Mutahira Quereshi, John Hall and Allan Beveridge for welcoming me back on board following maternity leave. I can't wait to get stuck in, and see what the next 6 months has to offer HoPSIG! Please send you articles, reviews, photos, ideas and requests for information to nicol.ferrier@newcastle.ac.uk by 31st March 2025.

Check out our old newsletters at

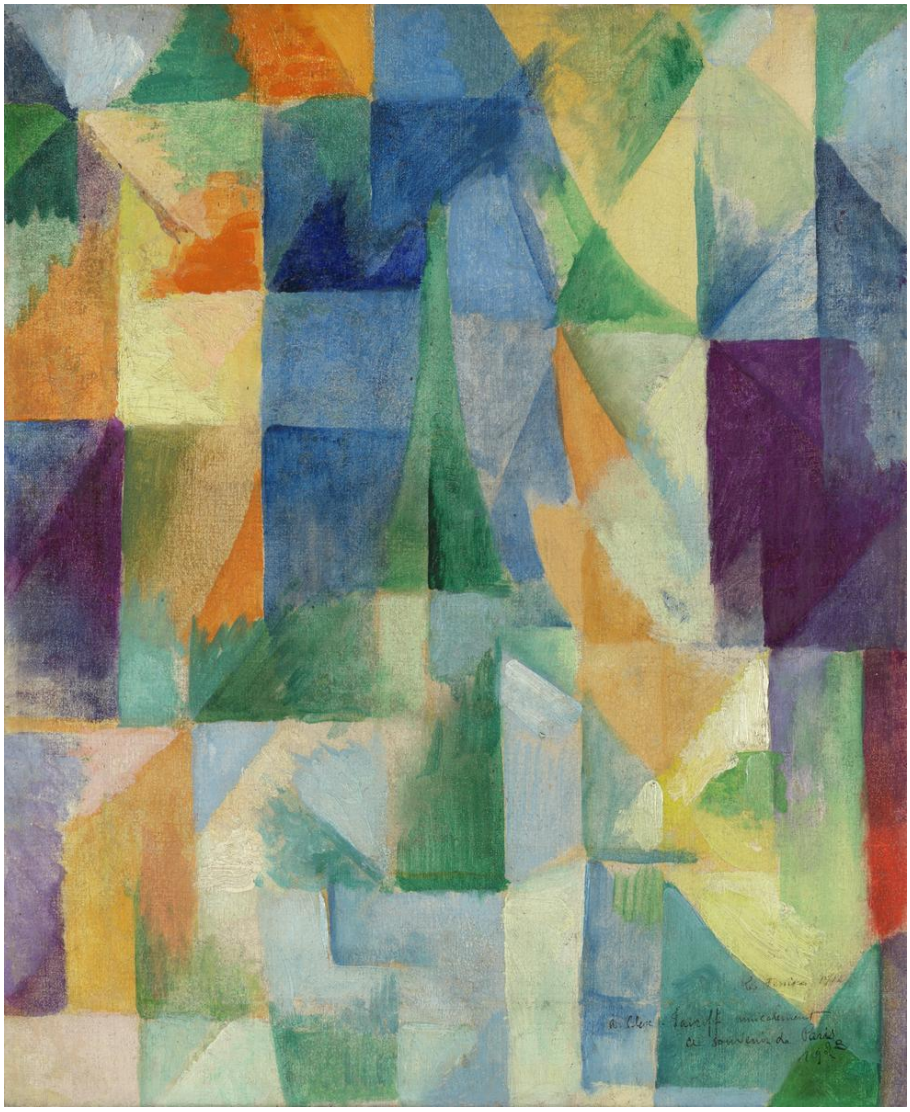
https://www.rcpsych.ac.uk/members/special-interest-groups/history-of-psychiatry/newsletters

Next issue

Please send your articles, reviews, photos, ideas, requests for information etc by
31 March 2025
to
nicol.ferrier@newcastle.ac.uk

Have a look at the RCPsych history, archives and library blog

https://www.rcpsych.ac.uk/news-and-features/blogs/Search/



Robert Delaunay, *Windows Open Simultaneously (First Part, Third Motif)* (1912), Tate Collection, Image released under Creative Commons CC BY-NC-ND 4.0 DEED

Disillusionment of Ten O'clock

A note on the artwork in this issue

Mutahira Qureshi

The houses are haunted
By white night-gowns.
None are green,
Or purple with green rings,
Or green with yellow rings,
Or yellow with blue rings.
None of them are strange,
With socks of lace
And beaded ceintures.
People are not going
To dream of baboons and periwinkles.
Only, here and there, an old sailor,
Drunk and asleep in his boots,
Catches tigers
In red weather.

- *Disillusionment of Ten O'clock* by Wallace Stevens. First published in 1915 in his poetry anthology *Harmonium*

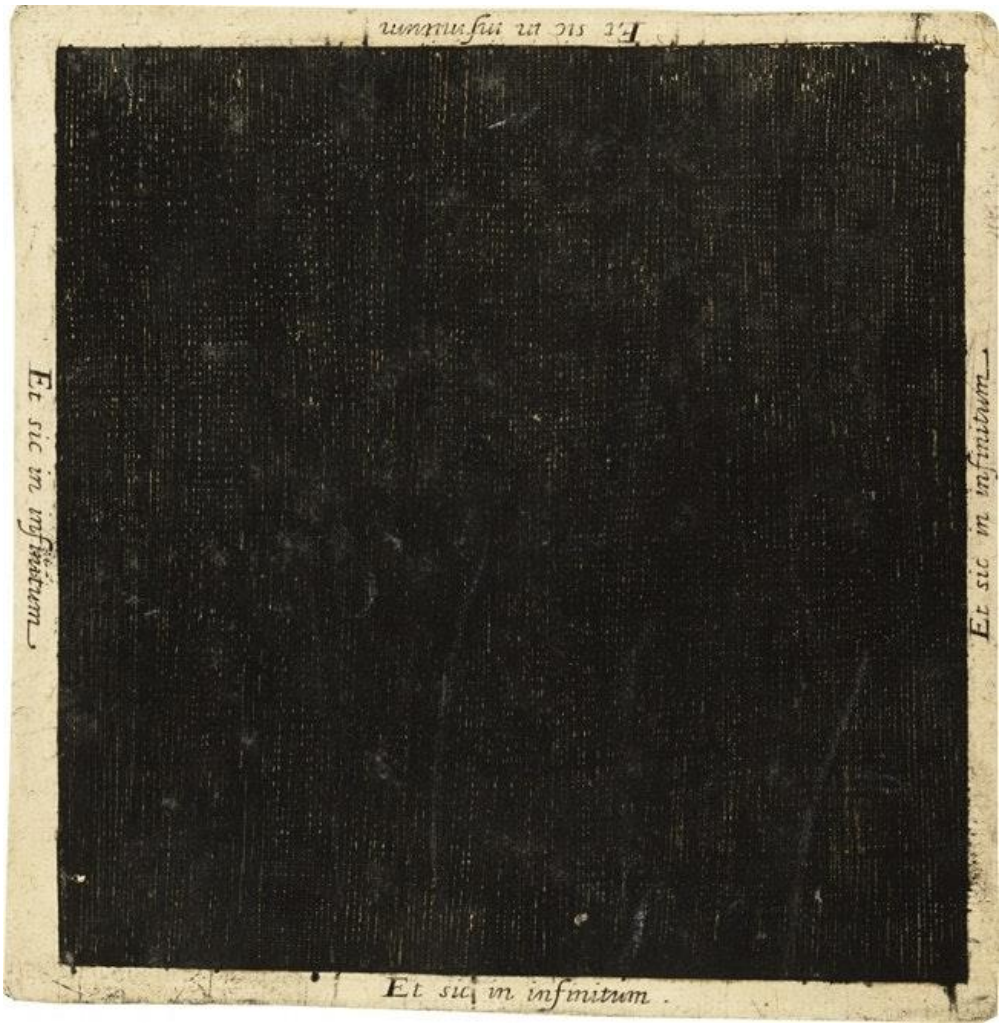
The theme for the artwork in this issue of the *HoPSIG Newsletter,* as best summed in this Wallace Stevens poem is Colour Fields and Monochrome. Colour Fields is a style of painting characterized primarily by large fields of flat, solid colour creating areas of unbroken surface and a flat picture plane, popularized in New York during the 1940s and 1950s. The Monochrome can be understood as a cadet branch of the Colour Field movement in its scope as it concentrates on single rather than multiple colours but is its genealogical predecessor, revived by Kazimir Malevich in 1915 with his groundbreaking *Black Square on a White Field*, which forms the cover image of this issue.

The ideology of both these movements was to deemphasize representational art; where colour is liberated from objective context and becomes the subject in itself and subtle variations in saturation and intensity are the agents of mood and aesthetic effect. A brilliant example of this are Rothko's mesmeric reds, which for me always hold a dizzyingly hypnotic feel— and perhaps are

the reason I might have instinctively first thought of Monochrome and Colour Fields as the thematic union for this issue where we have two rich studies on medical hypnotism, and our Historian in Residence has blogged about red-heads and psychiatry. Another predominant subject in this issue is lithium and the revolution of psychopharmacology that rode in on the back of its discovery. Lithium, for me, invokes colour blocks on the periodic table, as I had a mural sized copy of it hung on a wall in my room from an early age by my scientist parents. Each colour block on the periodic table is named for the spectrum arising from the ionized state of its elements: sharp, principle, diffuse, and fundamental—science begins to speak in the language of art, and becomes it, amidst spectroscopic arrays of dancing colour fields. Colour: one of the great philosophical conundrums of ontology dividing philosophers as early as the ancient Greeks (or perhaps earlier still, but those records have been lost to Time) into colour realists and colour fictionists. If colour is a property that can be perceived, then it is a physical entity, and therefore real, but colours do not possess any physical properties so can they, in fact, be real?
In her diary, the artist Frida Kahlo tries to answer this, and coming a full circle from the periodic table ends up relying on the language of science, this time, to explain it, "Colours are not possessions; they are the intimate revelations of an energy field… They are light waves with mathematically precise lengths, and they are deep, resonant mysteries with boundless subjectivity."

This takes us back to the Monochrome and the Colour Fields which are understood to be paradoxically both static and dynamic. One can read a monochrome or colour block either as a flat space which represents nothing but itself, and therefore signifying an end of the illusion, i.e. the apple is not red. Red is red. Or it can be read as a multidimensional and infinite space, a fulfilment of illusionistic painting. Nowhere does it come together better than in Robert Fludd's black square representing the nothingness that was prior to the universe, from his *Utriusque Cosmi* (1617). In a section discussing the origin of the universe, Fludd was compelled to speculate on what existed prior to the universe, which he describes as an empty nothingness, a sort of "pre-universe" or "un-universe". He chose to represent this with a simple black square. But noting on each edge of the black square, *Et sic in infinitum*, "And so on to infinity. . ." Thus, the square within itself is both things: nothing and everything.

Robert Fludd's black square, from Utriusque Cosmi (1617)



Some of the pieces in this issue are of precisely such a nature: the history of emotions, doctor characters in pastiche, therapeutic communities, abandoned asylums, oral histories, and our honorary archivist's inexplicable need to explore historical psychiatric wards in foreign lands while vacationing! To do them justice I have tried to pair each piece with equally evocative pieces of art, as always, generously donated by many contemporary artists. Always, accompanied by some lovely emails and one this occasion, an invitation to view a deceased artist's work in person, by his son who now manages his estate! We have, in this issue, art works that attempt to capture the sound of deafening silence, the light in the wounds, a river brook, the feel of winter, and water, and the hint of a song on a brontide[1]. And further ambitious still, an attempt to capture joy and affection; and two sides of a window at the same time.

This issue of the Newsletter features the following works, in order of appearance.

- Kazimir Malevich, *Black Square* (1915), Wikimedia Commons
- Kazimir Malevich, *Suprematist Composition: White on White* (1918), Wikimedia Commons
- Paul Bilhaud, *Combat de nègres pendant la nuit, huile sur toile* (1882), Wikimedia Commons
- László Moholy-Nagy *Construction* (1924), Wikimedia Commons
- Alfio Giuffrida *Thema A exp15,* Wikimedia Commons
- *Colour Combinations* from *The color of life*, Arthur G Abbott, 1947 Publisher McGraw-Hill Book Co. New York
- Theo van Doesburg *Composition XXII* (1922); Location: Stedelijk Museum, Amsterdam, Netherlands, art in Public Domain
- Robert Delaunay, *Windows Open Simultaneously (First Part, Third Motif)* (1912), Tate Collection, Image released under Creative Commons CC BY-NC-ND 4.0 DEED
- Robert Fludd, black square representing the nothingness that was prior to the universe, from his *Utriusque Cosmi* (1617), Wellcome Library.
- James Wyper, *Be the Rain You Remember Falling*, reproduced with permission from the artist. Artist's portfolio can be accessed from jameswyper.com and @jameswyper
- Dusty Griffiths, *Fields of Joy*, reproduced with permission from the artist. Artist's portfolio can be accessed from dustygriffith.com
- Paul Norwood, *First Light* from Ribbon Series, reproduced with permission from the artist. Artist's portfolio can be accessed from paulnorwood.com and @paulnorwood.art
- Pawel Czerwinski *a pink and white abstract painting with horizontal lines (Another photo from my visit to Czechowice-Dziedzice ;))*, photographed at Czechowice-Dziedzice, Poland using Canon EOS 77D, published on October 28, 2018, free to use under the Unsplash License. Photograph artist's portfolio can be accessed from unsplash.com/@pawel_czerwinski
- *Colour plates III, IV, and V* from *The Laws of Contrast of Colour*, M. E. Chevreul,1869, published by George Routledge and Sons, London
- Barbara Gilhooly, *Floating Grid-White* (2015), acrylic, ink, drawing on canvas, reproduced with permission from the artist. Artist's portfolio can be accessed from barbaragilhooly.com
- Amy Weil, *Skin Deep*, reproduced with permission from the artist. Artist's portfolio can be accessed from amyweilpaintings.com
- bharath g s *a white and green wall with a blue and yellow stripe*, photographed in Mysore, India using OnePlus, ONEPLUS A5000, published on September 23, 2017, Free to use under the Unsplash License. Photograph artist's portfolio can be

[1] noun. bron·tide. ˈbrän·ˌtīd. plural -s. : a low muffled sound like distant thunder heard in certain seismic regions especially along seacoasts and over lakes and thought to be caused by feeble earth tremors.

accessed from unsplash.com/@xen0m0rph
- Stephen Cimini, *Green Chile Tango*, reproduced with permission from the artist. Artist's portfolio can be accessed from stephencimini.com
- Stephen Cimini, *The Light in the Wound*, reproduced with permission from the artist. Artist's portfolio can be accessed from stephencimini.com
- Gerry Keon, *The Construction of Simple Elements- Winter Mixture*, reproduced with permission from the artist. Artist's portfolio can be accessed from gerrykeon.com
- Gerry Keon, *The Construction of Simple Elements- Winter Mixture*, reproduced with permission from the artist. Artist's portfolio can be accessed from gerrykeon.com
- Pius Fox, *Untitled, 2014* (2014), reproduced with permission from the artist. Artist's portfolio can be accessed from piusfox.com
- *Colour plate I* from *Klaer Lightende Spiegel der Verfkonst* (Clearly lighting mirror of the painting art) created by the Dutch artist A. Boogert in 1692. You can read the work as *Traité des couleurs servant à la peinture à l'eau* at the Méjanes library in Aix-en-Provence, France.
- Tom Cross, *Untitled Helford 1982* , reproduced with permission from the artist's son David Cross who manages his father's estate. Tom Cross's portfolio can be found online at Tom Cross
- Tom Cross, *Low Tide, Helford River 2000*, reproduced with permission from the artist's son David Cross who manages his father's estate. Tom Cross's portfolio can be found online at Tom Cross
- Steven Alexander, *Efforts of Affection 5*, reproduced with permission from the artist. Artist's portfolio can be accessed from stevenalexanderstudio.com
- Pius Fox, *Untitled, 2013* (2013), reproduced with permission from the artist. Artist's portfolio can be accessed from piusfox.com
- *Yellow Silence*: Miniature from the Silos Apocalypse (ca. 1100). From the twelfth-century Silos Apocalypse (British Library Add MS 11695, fol. 125v), a codex copy of the Tractatus de Apocalipsin, eighth-century Spanish theologian Beatus of Liébana's commentary on the Book of Revelation

For all contemporary artists I have included a link to their online portfolio and their biographical pages which I would recommend you to visit and peruse in detail to immerse yourself in the spellbinding phosphenes.

James Wyper, *Be the Rain You Remember Falling*, reproduced with permission from the artist. Artist's portfolio can be accessed from jameswyper.com and @jameswyper

Chair's report – Autumn 2024

Graham Ash

For those of us left gasping by recent events for a copy of Edward Gibbon's *Decline and Fall of The Roman Empire* (1776-1788), Thomas Cole's five history paintings, *The Course of Empire* (1833-1836) provide similar and more immediate imagery. Cole, who was born in Bolton, Lancashire in 1801, became an economic migrant who quickly rose to acclaim as one of America's greatest artists. His cautionary vision of the nature of civilisation developed from his studies of antique Italian art and architecture and was influenced by Gibbon and Byron's romanticism. Theory in history remains problematic, but I shall leave it to your judgement as to whether Cole's history cycle stands the test of time today.

Since our last meeting Caroline Hayes has taken on the role of honorary secretary to the Exec. I would like to thank Caroline for stepping forward, and many thanks too to Tom Stephenson, who is now our Finance Officer, for his diligence and efficiency in establishing the role. Peter Carpenter and I are now co-chairing and will be working in close communication with each other. We have set up an Events planning group which will meet between our Exec meetings which Peter will be leading. Please continue to contact either or both of us about HoPSIG matters.

We have launched our 'Women and Psychiatry in History' essay prize competition and details can be found on the main HoPSIG web page. We have already had several enquiries about the competition and are looking at holding a themed event in Spring 2025 to showcase the winning entries and present the prize. Please do your best to raise the profile of the competition and let us know if you are interested in being a judge.

We recently had an online meeting with Trudy Seneviratne, Registrar and Tommy Denning regarding the College process for investigating historical professional misconduct. Our views have been considered by members of the executive team at the College although no further action has been felt necessary. This is nevertheless an issue which remains under discussion within the Executive and I invite you to read the update on the Challenging Histories Group at the British Psychological Society (BPS) by John Hall in this issue.

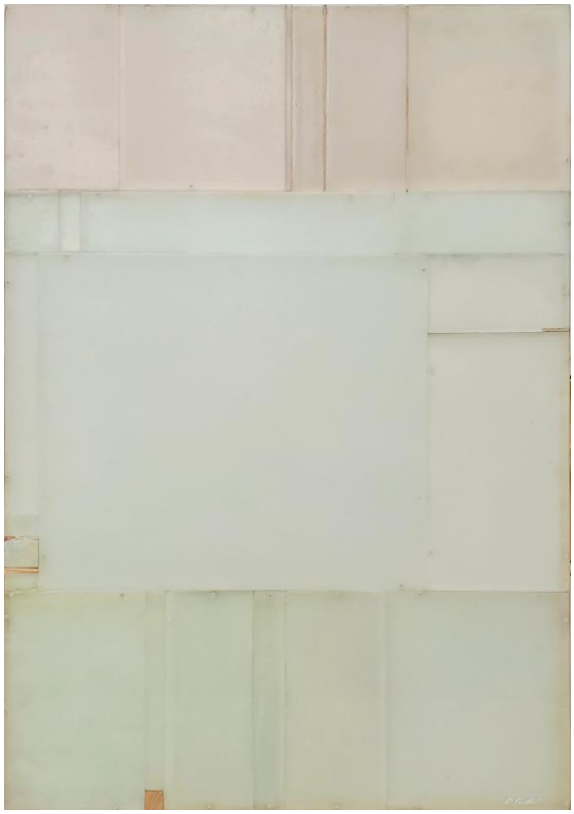
Our Conference, '*Psychiatry at a Time of Controversy*' at the Wakefield Museum of Mental Health on 25th October was very

successful and showcased the excellent work of the museum and highlighted the historical importance to the development of the psychiatry and neurology of the 19th/20th Century of the former West Riding asylum which stood on the site. The meeting was well attended, and all our speakers gave excellent presentations. We had not held a regional meeting for some time, so it was good to see significant support for our activities, and the opportunities for us to support another institution with similar interests. I would like to thank Peter Carpenter, Jane Whittaker, Rob Ellis and Jane Stockdale, Museum Curator and Catriona Grant for their excellent organisation.

We would like to further develop our co-working with the other SIGs and Faculties which I will be taking to the Annual SIG Chairs' meeting this month. We have events in development, including plans for an exhibition with ARTSSiG on 'Celebrity, Media and Psychiatrists', a film event about the Cassel Hospital and therapeutic groups and potential joint events with LBGTQ+ and Transcultural SIGs.

Perhaps I could remind you of our joint conference with Royal Society of Medicine, Section of Psychiatry, *'After Kraepelin: Ambitions, Images, Practices and the History of Psychiatry 1926-2026'* on 6th -7th March 2025 (Early Bird rate ends 25 January 2025).

Thank you for your continuing support of HoPSIG and I look forward to meeting you at a future event.



Dusty Griffiths, *Fields of Joy*, reproduced with permission from the artist. Artist's portfolio can be accessed from dustygriffith.com

Historian in Residence update: April to November 2024

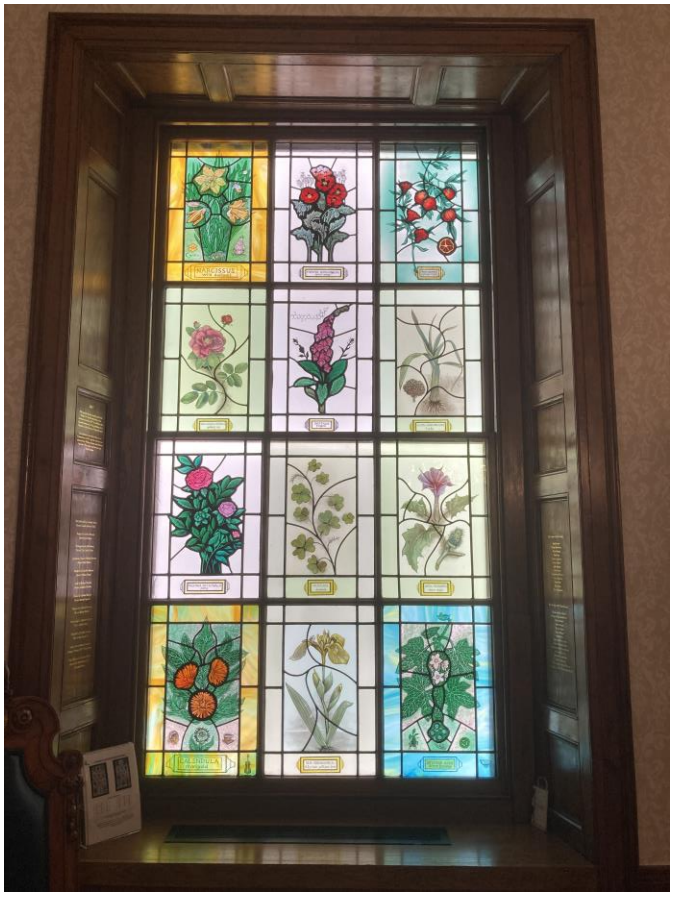
Gordon Bates

The last six months have been increasingly busy for me in the new role. As well as the Hypnotism conference that I helped to organise at the Royal Society of Medicine (RSM) and reported elsewhere, I have spoken at the Worshipful Society of *Apothecaries* and a conference on Nineteenth Century Psychiatry and the Arts in Milton Keynes. All of the above have demonstrated to me the friendly and collegiate nature of historians but the fact that the history of mental health is stranger and more fascinating than one could invent.

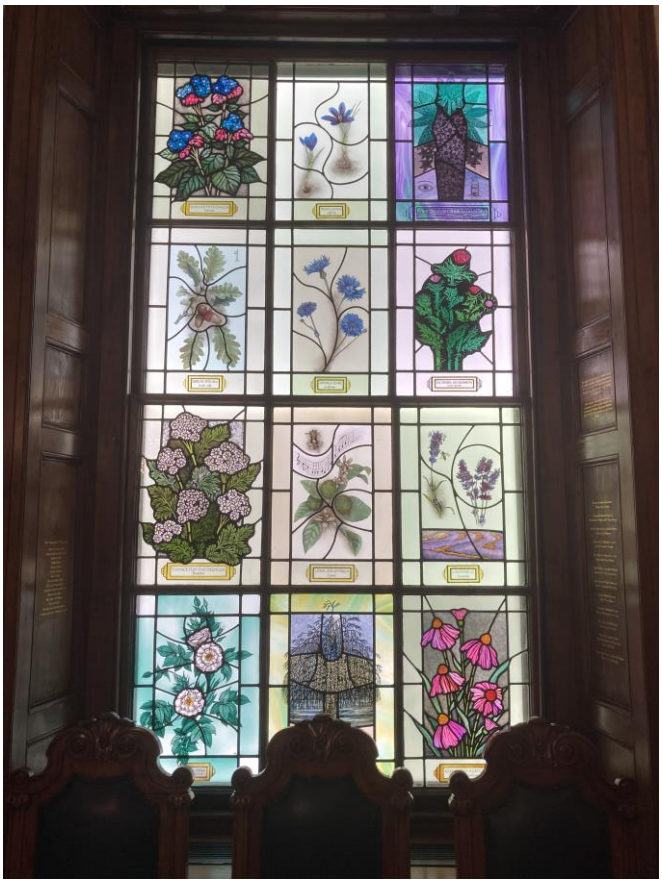
Worshipful Society of Apothecaries

I was invited to the Worshipful Society of *Apothecaries to present some of my research on hypnotism and suggestive therapy to their* Faculty of the History and Philosophy of Medicine and Pharmacy*. It was my first time to visit their hall. It is situated close to Blackfriars tube station and the original building dates back to 1632. As well as their impressive dark panelled Jacobean dining hall regularly borrowed for formal events by other London livery companies, they have a small library and museum which is well worth a visit. The History Faculty offers a diploma in the history of medicine for those wishing to dip their toe into medical history in a supportive environment. The link to the diploma can be found here.*

A)



B)



C)

Pictures: A, B, and C (Photos are author's own)

The afternoon's talks had a mental health theme and HOPSIG was also represented by Peter Carpenter who spoke about Victorian treatment for alcohol dependency and the Bristol hospitals that catered for the problem. I learned about the early sedative, Chloral hydrate first synthesised in the 1870s and the public health impact of chloral dependency. Perhaps the most famous addict was the Pre-Raphaelite painter, Gabriel Rosetti. He drank chloral with whisky to block out the taste and eventually died from the combination. Another regular Chloral user was Mickey Finn, the owner of the Lone Star Inn in Chicago. However, he did not take it himself but added it to his whisky to anaesthetise rich customers to rob them of their belongings. This was the first recognised report of spiking a drink and still bears his name in slang.

Psychiatry and the Arts in the Nineteenth Century

The two day Milton Keynes conference was very multidisciplinary. There were service users, arts academics and historians but only one psychiatrist. The conference was the culmination of two year's funding of the Psychiatry and the Arts in the Nineteenth Century Network (PAN). For those interested in the area the network will continue to function after the funding has finished. The organisers had collaborated with the Crichton Trust in Dumfries and the Bethlem Museum of the Mind to provide a very mixed content. There was a strong emphasis on the visual arts, particularly work made by service users, sometimes called Outsider Art or Art Brut. Other talks had musical themes: the link between Darwin's use of musical metaphors in his work on instinct and his marriage to Emma Wedgwood, a fine pianist who played for her husband for an hour every day. Another speaker looked at what newspaper and journal rumours about the

decline and death of composer, Antonio Salieri, could tell us about contemporary attitudes to senile dementia.

I attended the conference because of my own interest in the ways that psychiatrists, mental illness and those who experience it were represented in the nineteenth century. I spoke on the way that new psychological insights like dual consciousness and hypnotism found their way into Victorian literature. The way that fictions can merge into belief and become scientific 'fact' are explored in my two most recent blogs on red-headed men (link) and women (link)

In the last newsletter, I shared the questions that I had received as HiR. I remain grateful to anyone who can help me to answer these queries. Below is a selection of questions and comments from the last six months:

Questions

I am writing a chapter on the media psychiatrists in the 1940s and 1950s and one of these is Alexander Kennedy who wrote a number of plays for BBC Radio under the pseudonym Kenneth Alexander. I am trying to find out if there is an archive anywhere containing any of his correspondence with BBC producers. He died young at 51, in 1960, whilst Professor of Psychological Medicine at the University of Edinburgh. Previously he had held a chair in Newcastle and before that was at the Maudsley. I cannot find anything in the Edinburgh archives.

My main question is how he ever came to the attention of a BBC producer called Nesta Pain. Might there be any material of his in the archives of the RCPsych? A further question I have is about the Film Sub-Committee of the RMPA which corresponded with the BBC in 1957 about the TV series The Hurt Mind. The letter in the BBC Archives in from a Dr Jonathan Gould. Are there any files on the activities of this Sub-Committee available to view?
PhD Student, Birmingham

I have medical records belonging to an ancestor that was admitted to Gartloch Asylum in 1907. On their admission records they were admitted by J Carswell which I believe to be John Carswell however after it appears to say + C of E. I was wondering what this could mean. I had thought possibly Code of Ethics or Court of E...

I was just wondering if this was a Psychiatry abbreviation or something someone would know as I can't find it as a general medical term.

Genealogy researcher, Scotland

I am a core psychiatry trainee in Northern Ireland and I am setting up a podcast about Psychiatry in Ireland. I am looking for information particularly about the ratio of female to male inpatients and how that changed over 18/1900s. I am also keen to do an episode centring on psychiatrists experiences of the Troubles in NI.

I would be grateful for any pointers!

Psychiatry Trainee, Northern Ireland

I was thrilled to read your blog about Jessie Murray

What about Mary Ainsworth? She did such a lot of work on attachment but the theory was of course afforded to a male, WR Bion.

Psychiatrist, Oxford

Paul Norwood, *First Light* from Ribbon Series, reproduced with permission from the artist. Artist's portfolio can be accessed from paulnorwood.com and @paulnorwood.art

Report from the Archives

Claire Hilton

Honorary Archivist

It is nearly a year since I took up the role of Honorary Archivist at the RCPsych, but only a few months since I really got down to brass tacks and began to look at the opportunities. The delay was because I wanted to get the manuscript of my new book *'Petty tyranny and soulless discipline'? Patients, policy and practice in public mental hospitals in England, 1918–1930* submitted to UCL Press. It should be out by mid-2025, open access.

I have learnt much about archives policy, practice, catalogues, processes, terminology, storage and so on over the last few months.

That includes terms encountered in archive catalogues, such as 'fonds'. I hadn't realise that 'fonds' is a singular noun (as well as a plural) and means a group of documents which share the same origin and which have developed and accumulated organically from day-to-day work of an individual or organisation. An archival fonds is distinct from a collection which comprises material brought together rather than just occurring together naturally. I have also heard about some of the challenges of archival work. Francis Maunze, the RCPsych archivist, has to grapple not just with archives on paper, but there is also the issue of how to ensure preservation of important new 'born digital' material which has never had a hard copy, and you can imagine the complexity and volume of terabytes of that! Today, we can pick up a document centuries-old and read it. But in another hundred years, will the technology permit historians and other curious people to read the material being born-digital today? Format obsolescence is a major challenge within the field of digital preservation strategies and software. Your biographers of the future may be able to delve into your ancient filing cabinet, but what will they do with your prehistoric floppy discs, or will they even know what they are?

There is a vast amount of fascinating material in the RCPsych Archives, and we want people to use it. With that in mind, we are in the process of updating the Archives

webpages, while the HoPSIG Resources page has already been revised to give you some pointers to doing history research. The first section relates mainly to College history and takes you to documents on the RCPsych website and gives some pointers to archival sources. The second section gives information about sources external to the College. If you have anything to add to either list, please let me know. We would also like to hear from you to help us create a database of personal papers of psychiatrists deposited with other institutions, such as the University of Manchester Medical Collection, or the Wellcome Collection, or local or national archives.

At the moment, we are having some problems with the archives online catalogue. If you are looking for something and are struggling to find it, then please contact Francis Maunze archives@rcpsych.ac.uk directly. The problems will take time to sort out and may require that often hard to get ephemeral stuff called money. We are logging difficulties as we hear of them, so do email me. We can all learn from those frustrating archive experiences, whether at the RCPsych or elsewhere. Every archive collection is unique, and catalogues vary in accessibility, but forewarned is forearmed.

It would also be good to hear about your archival successes when you are searching for psychiatry related material. If you have found something in the RCPsych archives which fascinates you, perhaps send a picture and a couple of paragraphs about it, and why it caught your interest, to Nicol Ferrier nicol.ferrier@newcastle.ac.uk for the Newsletter.

Do have a look at the new History, Art and Exhibitions page on the RCPsych website, and if you have ideas for exhibitions, there is a suggestions form. There is also a fairly recent online RCPsych Obituaries page, and excellent instructions on how to write an obituary and submit it. An obituary is a way of remembering and valuing a person and their life and the contributions they made to patient care and psychiatry more broadly. Other Royal Colleges have online databases of obituaries. The Royal College of Physicians of London has digitised their collection back to 1518, and the Royal College of Surgeons' obituaries back to 1843 when their Fellowship was established. Perhaps ours could be comprehensive, like theirs? To me, an institution's records without the individual person-centred content, especially in a medical discipline, seems hollow. I also hope, but cannot find direct evidence, that for a bereaved person, the process of writing an obituary, or having someone else write it, and knowing that their loved one will be remembered, can help them with their grief. Tell me if you know of such a research study, or perhaps it would be a good mental health research project?

Last but not least, we have just been given RCPsych approval for a history / archives, one item a month, display on one shelf of the glass cabinet in the College HQ foyer. The first item should be there by the time you read this (or soon after).

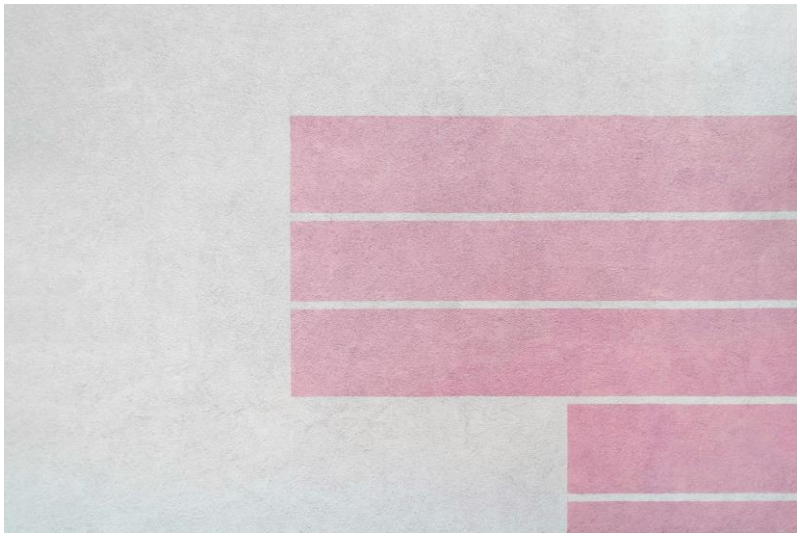
I am grateful to Francis Maunze, Fiona Watson and Catriona Grant for their support with the various projects. What is written here is work in progress and I'll keep you informed. Other things will emerge, as a fonds does! Please let me claire.hilton6@gmail.com know your ideas.

Illustration:

From the Archives…

Watercolour (1971) by Dr Isabel Wilson,
President of the Royal Medico-Psychological
Association in 1962

Pawel Czerwinski *a pink and white abstract painting with horizontal lines (Another photo from my visit to Czechowice-Dziedzice ;))*, photographed at Czechowice-Dziedzice, Poland using Canon EOS 77D, published on October 28, 2018, free to use under the Unsplash License. Photograph artist's portfolio can be accessed from unsplash.com/@pawel_czerwinski



Report on Conference: "Museums and Beyond: Public histories of mental illness in the 21st century", April 2024

Claire Hilton, John Hall and Peter Carpenter

Traditionally, much of doing history—the research, academic analysis and writing up—is solitary. By contrast, the "Museums and Beyond: Public histories of mental illness" conference in Huddersfield and Wakefield, convened by Rob Ellis of Huddersfield University and Jane Stockdale of the Mental Health Museum, Wakefield, was about collaboration. It was about historians and non-historians teaming up to create history and make findings accessible to participatory audiences. For the history of psychiatry (using that term in the broadest sense), patients, carers and colleagues, are among those who can help make history, each contributing their stories or their discoveries in multiple and mixed media, audio, text and visual. Presenting historical material in meaningful, interactive, and thought-provoking ways is important to help engage with our audiences.

The three of us were among the 40 or so delegates and presenters at the Museums and Beyond conference, with Claire and John among those presenting papers. The conference itself was interactive. The first day was at the main campus of the University of Huddersfield, and the second, at the Mental Health Museum, which is itself situated in a 1972 building, previously a hospital for people with learning disability. It included time to visit the museum and walk around the adjacent site of the former West Riding Pauper Lunatic Asylum, as it was called when it opened in 1818, and later known as Stanley Royd Hospital. We so enjoyed visiting the museum and the site that some of us want to go back!

For Claire, two presentations particularly caught her imagination.

One was the work of Rory de Plessis who told us of his research in South Africa. He investigated the lives of people over a century ago in long-stay institutions in Makhanda (Grahamstown) with what he called, using today's terminology, intellectual disability. He used their medical records to tell their stories and curated an exhibition of the photographs—*To Be(Hold) in Revere*—which were in those records. He led public walkabouts of the exhibition, to encourage audiences to "witness the personhood" of those inside the institutions, and to provide

a route into exploring current issues about intellectual disability and human rights. His paper about the project, "The curation of *To Be(Hold) in Revere*: an exhibition of historical photographs of people with intellectual disability" can be found here.

The other was by Elisabeth Punzi and Josef Frischer from Gothenburg University, Sweden. It told the story of a single object, a decorated cushion cover. It was made by Abraham Frischer, Josef's father. He survived Auschwitz, working as a "nummer macher"—tattooing the numbers on the arms of new prisoners—and he then survived the death march to Belsen. He was admitted to Lillhagen hospital two decades later, in the 1960s, when entirely overwhelmed and mentally incapacitated by thoughts of his Holocaust experiences. Elisabeth explained that he was in hospital for some months, and his occupational therapy included making the cushion cover which told his story. He took the cover home and kept it until his death, and his family still have it, now carefully framed. The history project linked up the work Abraham had to do in Auschwitz to survive, his stay at Lillhagen, psychiatry in the 1960s and the cushion, and how it became meaningful to him and to future generations. It was a very powerful example of how something small, an item or a few words, can be laden with meaning. Single objects can endure in the memories of observers, may help people connect and reflect in different ways, and may facilitate debate on mental health, past and present. Carefully chosen, each has a message, acting as a memory anchor or bridging object. An example, away from the conference, is a single item on display in St Stephen Walbrook Church in the City of London, just twenty minutes' walk from the RCPsych HQ, where the Rev'd Chad Varah founded the Samaritans in 1953: the item is their original telephone.

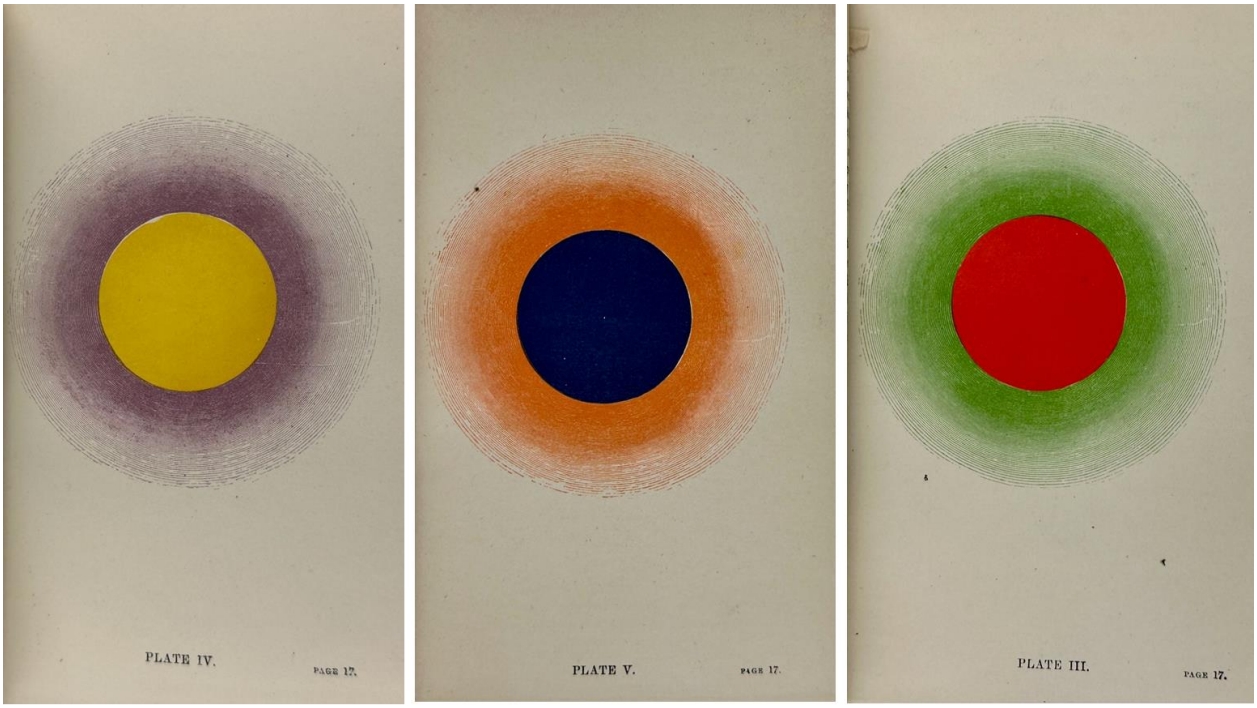
Photograph by CH, taken some time ago. I went back to St Stephen Walbrook in July 2024 to check that the phone was still there, but the building was closed, encased in scaffolding for a major programme of repairs and improvements, and it will not reopen until late 2024.

For John, his interest was particularly taken by the presentation by Francesa Lanz, an architect/historian from Northumbria University. She presented a pan-European perspective and primarily architectural viewpoint of the development of psychiatric hospitals. Another presentation was by Valentina Bold, Heritage Project Co-ordinator at 'The Crichton', in Scotland. The Crichton, founded as The Crichton Institution for Lunatics in 1839, and a psychiatric hospital until recently, is now a multi-institutional academic campus. Valentina's presentation was on the use of drama and music, through theatre groups and self-production of scripts, to illustrate stories of recovery and resilience of former patients.

Presenting historical material in meaningful, interactive, and thought-provoking ways is important to help engage with our

audiences. The benefits of involving local service users and artists to explore material came over powerfully (and see, for example, Change Minds). The sense of place, such as in hospitals or former institutions, may also add meaning to historical artefacts and words.

Besides the Wakefield Museum, there are two other mental health museums in England. They are the Bethlem Museum of the Mind, in the grounds of the clinically active Bethlem Hospital at Beckenham, and the Glenside Hospital Museum at Stapleton in Bristol, in the chapel of the former mental hospital. And for the really keen, the conference introduced us to the museum at De Grote Beek Hospital in Eindhoven in the Netherlands, and the Dr Guislain Museum at Ghent in Belgium. If you know of any others, please let us know and we will add them to the resources list on the HoPSIG webpage.



Colour plates III, IV, and V from *The Laws of Contrast of Colour*, M. E. Chevreul, 1869, published by George Routledge and Sons, London

Meeting Report

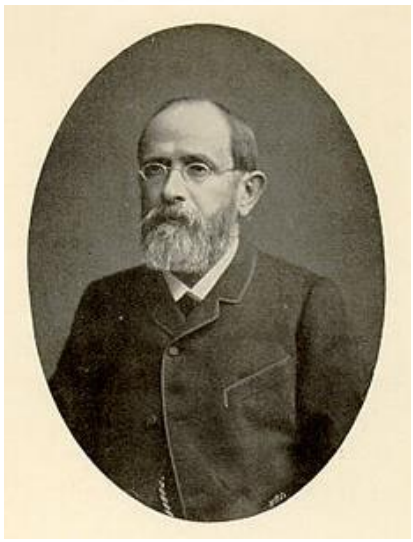
Clinical Hypnosis: Past, Present and Future – an Adjuvant tool that Medicine almost forgot

Royal Society of Medicine 15th March 2024

Gordon Bates

In September 2021 the Ethics Committee of The RSM conference was jointly arranged between HOPSIG and the section for Hypnotism and Psychosomatic medicine and took place in April. The morning sessions concerned the late Victorian history of hypnotism and suggestion, a real passion project for me. The independent scholar Philip Kuhn described the importance of stage hypnotism (or strictly stage mesmerism at this time) in keeping the trance state alive, albeit for entertainment purposes after the disgrace of Anton Mesmer in France and John Elliotson in Britain. He described an 1880 meeting between the stage mesmerist, Carl Hansen and the German professor of physiology Rudolf Heidenhain which led to his work on the body's physiological response to trance. Along with Charcot's work on diagnosing hysteria using hypnotism, these scientific observations helped to demystify hypnotism from the magical trappings of Mesmer's animal magnetism.

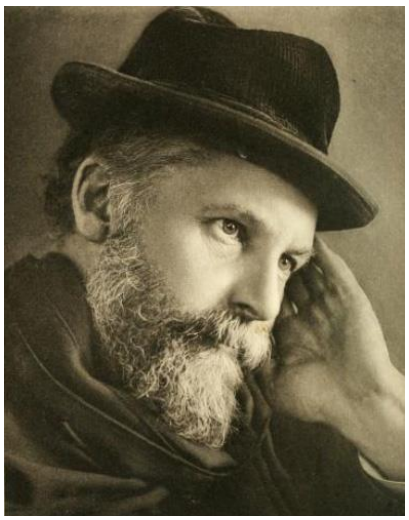
Carl Hansen (1833-1897)



Carl Hansen (top) and Rudolf Heidenhain (bottom). Wikimedia Commons

The following talk was given by Professor Luckhurst and focussed on the Myers brothers in British hypnotic developments. Both were council members of the Society for Psychical Research (SPR). Psychism at this time referred to both spiritual and mental processes, which were investigated by its elite Victorian membership. Frederic Myers is the better known of the brothers, he cofounded and later chaired the society which helped to give experimental psychology an intellectual home in the UK. He pioneered the concept of a secondary consciousness or the 'subliminal self' before Freud's related ideas had gained any traction.

His brother, Arthur was athletic and intellectually bright too. He appeared twice at Wimbledon and trained as a doctor, then working as a house physician at St George's Hospital. While his medical career was interrupted and then ended by his temporal lobe epilepsy, he remained psychologically productive. He visited both Charcot and the Nancy school of hypnotism before reviewing the entire continental literature on the subject for *Brain*. He reinterpreted his experiences of complex partial seizures as a parallel to the subliminal self for the SPR journal in 'Report on an Alleged Physical Phenomenon'. Another paper, co-written with his brother explained faith-healing as a form of suggestion like medical hypnotism: 'Mind-Cure, Faith-Cure, and the Miracles of Lourdes'. He took an overdose, probably deliberately, ending his life at the age of 42. The Myers brothers deliberately recruited doctors like Arthur Conan Doyle, Charles Lloyd Tuckey and John Milne Bramwell to the SPR to investigate the possibilities of medical hypnotism which encouraged its national uptake in the 1890s.

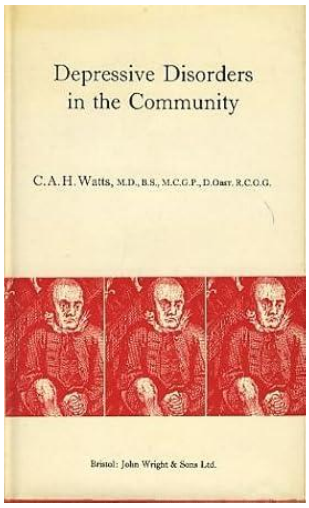


Frederic Myers, Wikimedia Commons

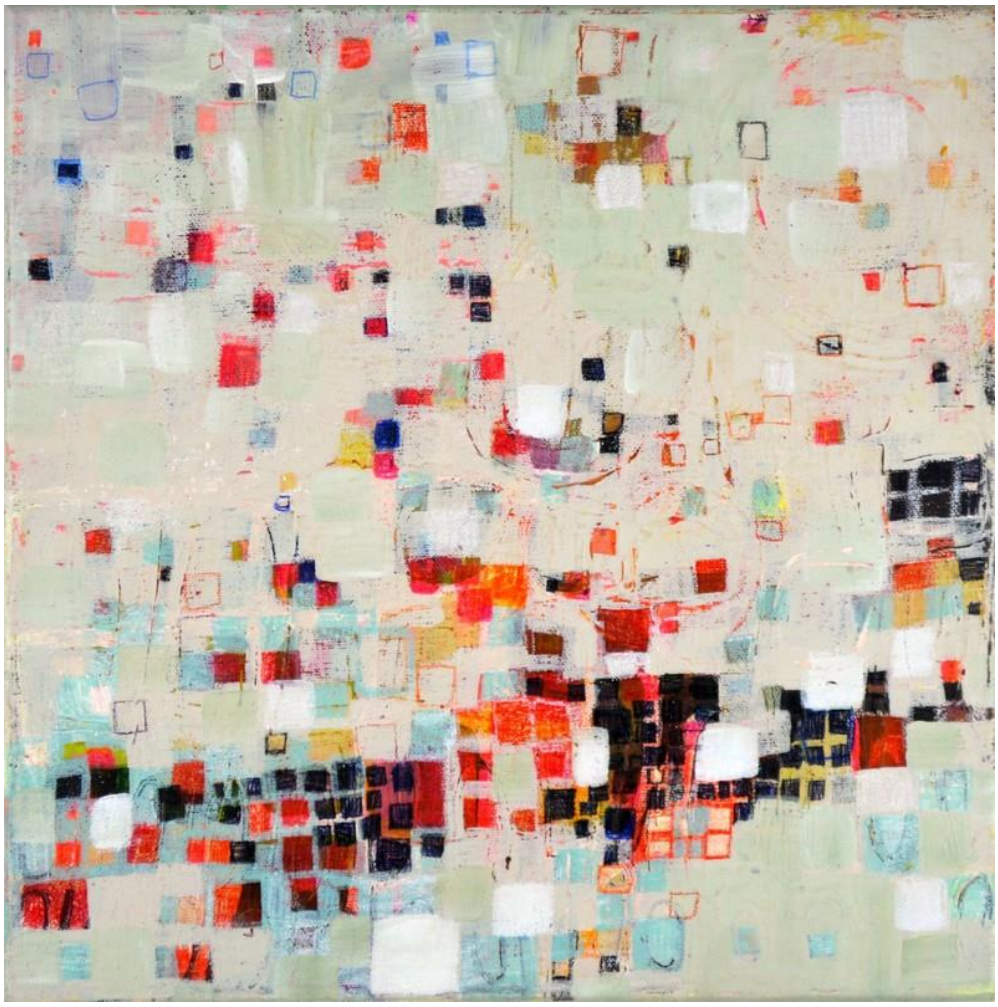
The final speaker of the history session was Dr Rhodri Hayward, Reader in History at Queen Mary College, University of London. His topic was Hypnotism in General Practice in the 20th Century. He started by remarking on the contested role of hypnotism in British Medicine. The previous wave of interest in hypnotism which had provoked a conference on its role in General Practice had taken place at the RSM too, in March 1958. This

was organised by Harold Stewart, a GP, Albert Mason, an anaesthetist and Cuthbert Watts a psychiatrist. This was before the Hypnotism and Psychosomatic Medicine faculty had even been established and demonstrated the spectacular rise and fall in medical and public interest and knowledge in medical hypnotism.

The papers presented at the 1958 conference and the books published around the time by physicians like Mason and Watts had shown the effectiveness of hypnotism in pain management, asthma, a variety of skin conditions like eczema, and neurotic conditions like depression and anxiety. Their work coincided with the 1955 BMA report on hypnotism. The committee of three psychiatrists and a family doctor recommended that all medical students should be instructed in the possibilities, limitations, and dangers in hypnotism as a form of therapy. Needless to say, this never came to fruition. The reasons for this were several and largely unchanged from the late Victorian era. These included the links between hypnotism and platform mesmerism, occult magic and the confusion of hypnotism with fictional hypnotic power. In the 1950s, there were new concerns about its use in the treatment of the psychological casualties of the first and second world war and its promotion by notorious self-help gurus.



The second half of the day concerned modern health applications of hypnotism was a revelation to a psychiatrist with a purely historical knowledge of hypnotism. Hypnotic inductions to reduce pre-operative anxiety and improve post-operative outcomes are available to download onto your smartphone prior to elective surgery at Northampton hospital. University Hospital London has a Neuro-gastroenterology clinic for severe irritable bowel syndrome which uses hypnotism to reduce self-monitoring and health anxiety. Perhaps the most striking aspect was the absence of discussion of the active use of hypnotism in mental health setting.



Barbara Gilhooly, *Floating Grid-White* (2015), acrylic, ink, drawing on canvas, reproduced with permission from the artist. Artist's portfolio can be accessed from barbaragilhooly.com

'Finding Sanity': steps along the road

Greg de Moore

The kitchen on the grounds of the mental hospital where John Cade conducted his work on lithium after WW2. Sadly, the Victorian Government in its infinite wisdom pulled down the building.

John Cade is known for his discovery of lithium for bipolar disorder: the greatest accomplishment of Australian mental health research. His three years as a Prisoner of War in Changi POW camp, on the island of Singapore, defined a pathway that led him to this discovery. On his voyage home from Changi, he wrote what I consider the most significant letter in Australian psychiatric history. In it he dashed down for his wife that – while he'd been imprisoned for over three appalling years – his mind was set alight by how he might untangle dementia praecox and manic-depressive psychosis. Writing the book 'Finding Sanity' was an attempt to lay out the life of John Cade and his remarkable discovery with lithium. The following are two moments from researching this book.

Campsite on the Thai-Burma Railroad. Many Australian and allied soldiers lost their lives in the forced construction of this railroad.

Malaya 1941. John Cade is on the left holding a pole. One of his best mates, Dr John Park, brandishes a bayonet. Park was killed in conflict with the Japanese when Singapore fell.

Until researching this book, no one (as far as I'm aware) knew that a mental health unit functioned during WW2 in Changi POW Camp, in the middle of a sopping, stinking south-east Asian jungle. Even now it seems inconceivable.

Before starting the book, I knew Cade had spent over three hideous years in Changi under the Japanese. One of his grisly duties was to select unfed and ailing Australian soldiers to work on the Thai-Burma railroad, forced by the Japanese to build this rail link as part of their imperial expansion. Many allied soldiers, including Australians, never returned from the railroad.

Understanding the impact of Changi is pivotal to understanding the man Cade was after the war. Indeed, I am convinced that it led to and shaped the discovery of lithium. I interviewed five Australian ex-POWs and they all expressed a common theme: WW2 and their incarceration as a POW stole 5 years of their lives. And that when they returned to Australia they would make up for this; nothing was to be wasted, particularly the merciless tick of time. We know Cade felt the same. Just as importantly, this determination not to waste time was steeled with a courage to undertake tasks that others might not pursue in less challenging times. Lithium research was Cade's courageous path.

Of the various men I spoke to who experienced Changi, one stands out. When I interviewed him, well into his 90s, he had long retired from being an eminent ophthalmologist, and sat alone in the old family home along with his live-in Thai housekeeper, in a ritzy Sydney suburb. Entering through the front door, I departed the 21st century and

stepped into the 1950s; the house was a period piece, all about me were photographs of Queen Elizabeth's 1953 coronation. The housekeeper greeted me in broken English leading me into an ornate lounge room, at one end of which sat the man I'd come to see. Some men never lose their sense of style, and this old doctor, ready at the appointed time, presented in his crisp Aquascutum coat, starched white collar and College-knotted tie.

For the next hour or so I laboured to understand what WW 2 was like for him. Parts were easy to understand – he completed his intern year in Sydney, and at the age of 26 signed up to fight the Japanese in Malaya. But soon we were going round in circles, and it was clear that he had severe dementia. Resigned and disappointed at not getting further information, without expectation I pulled out a book of photographs of Changi and the Thai-Burma railroad. The book fell open at a photograph of a camp site. Immediately he seized the book from my grasp, renewed life flowing through his veins with vigour: 'That's my old hospital!', he shouted, a smile of recognition spreading across his face as if seeing an old comrade. Alzheimer's for the moment was gone. I looked at the photo: it was a grainy, black and white image of a couple of tents and a table. For the next 5 minutes he took me back to Changi and the Thai-Burma railroad. 'That's where I did my first operation', furiously pointing to the plain table: he remembered holding down the leg of a young Australian soldier on that table on his first day, while a surgeon set about amputating the limb. Yes, he was in Changi; yes, he remembered John Cade; I jotted notes fervently. And then, as unexpectantly as it had started, the spell was broken, and he shrank back into the sofa. The blood-red cheeks which had shone for five minutes now went back to standing at ease, dull and grey; Alzheimer's resumed duty. Inaccessible as he'd been for the first hour, gentlemanly and formal he returned to the 1950s, and I felt the slovenliness of my generation in my jeans and T-shirt, every bit the intruder into an event from long ago that I could barely understand.

Bill Brand and his wife, Pearl, on their wedding day, 1923.

The first patient treated by John Cade was Bill Brand. As I was finishing 'Finding Sanity' I kept coming back to the realisation that I didn't know what Bill Brand looked like: the first man to receive lithium in Cade's famous clinical trial was a blank face. In my mind's eye, based on the medical records, Bill was a miserable creature, a vagrant, a man whom the nursing staff had unkindly nicknamed 'The Monkey'. My grubby images were none too pleasant. I had seen the end-product of a lifetime of severe mental illness so many times – those who'd been cast aside, left behind and who lived in a parallel world to the rest of the community. Bill's reputation was of a filthy, aggressive, and disagreeable man.

I was determined to try and find one photograph of Bill. I tracked down Bill like a sleuth: he was married in 1923, but the marriage proved short-lived. When Bill was manic he was occasionally violent, and Pearl, his wife, fled Melbourne during one of those manic explosions spreading the story that Bill was dead. Bill hadn't died; he was in an asylum in Melbourne. We should not look too unkindly on Pearl: at the time it was nigh impossible to get a divorce. Creating a dead

first husband was her way of starting a new life.

Fleeing to a small country town in the far northwest corner of Victoria, the newly minted 'widow' married again. Pearl escaped Bill and moved as far away as she could to where no one knew her, and in safety started a comfortable future with her second husband.

Pearl was long dead by the time the book was nearing completion, but her son from her second marriage – now an elderly, retired farmer – lived in a town with a population of 200, on the edge of a desert over six hours drive from Melbourne. It was to him that I hoped I might find a photo of Pearl's first husband.

When I visited Pearl's son, I cautiously asked if he knew of his mother's first husband? Did he have photographs of Bill? In the inscrutable manner of farmers the world over, he didn't move or speak quickly. Summing up the situation and the psychiatrist sitting before him, he simply said: 'Just one'. He left me and came back carrying a massive oval-shaped photograph ringed by a heavy wooden frame. It was Pearl and Bill on their wedding day from 1923. He came across this expansive photograph unexpectedly some years ago, while cleaning out his mother's house after her death. Stored in a cupboard, and in pristine nick, he was surprised to find the previously unknown image. My eyes settled on the image of the elegant wedding couple before me. As beautiful as Pearl was, I was locked on Bill. What I saw was a tender youth, hardly an adult. This was no vagrant, no 'Monkey'. This was boyish Bill before 30 years of psychosis ransacked his mind and body. Unable to move, I couldn't help but feel his life (and Pearl's) would have been very different if lithium had been around in 1923 to help soothe Bill's moody eruptions, like it has for so many hundreds of thousands of people around the globe since Cade's discovery in 1948.

Acknowledgements: Ann Westmore my co-author of 'Finding Sanity', the Cade and Wandel families for the images.

Amy Weil, *Skin Deep*, reproduced with permission from the artist. Artist's portfolio can be accessed from amyweilpaintings.com

Amdi Amdisen and the forgotten history of lithium therapeutic monitoring

Alex Mendelsohn

Alex Mendelsohn, PhD is a physicist and psychiatric patient. He is writing under a pseudonym to ensure public articles do not influence personal psychiatric treatment.

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In August 2020, I was sitting in my living room confused. The lithium information leaflet my psychiatrist had given me advised a blood test to be taken at 24 hours, contradicting their explicit instructions of 12 hours. "It is standard practice" I remember my psychiatrist saying. I looked for other sources of information on lithium blood test timings. While many indicated 12 hours, windows varied from "between 10 – 14 hours" to open ended "at least 8 hours". If a standard procedure existed, it seemed to have a worrying amount of uncertainty. As my blood sample was being taken, I asked the nurse why it had to be 12 hours after my last dose of lithium, "standard practice" was the response.

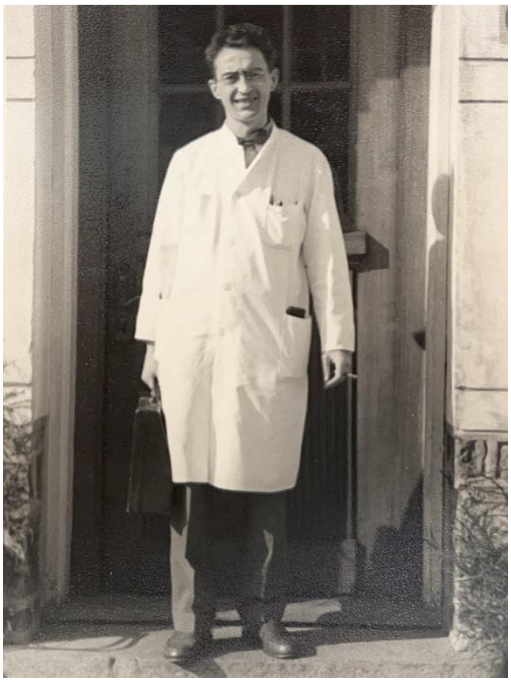
From the use of "trough level" while incorrectly referring to a midpoint for a 12 hour level on a once daily regimen [1], to dosing regimen recommendations that did not match the British National Formulary guidelines, my story of taking lithium is one of scared confusion [2]. Most, if not all, the clinicians and psychiatrists I saw did not seem to know much beyond the available lithium therapeutic monitoring guidelines.

As it turned out, this was no coincidence. When I started to look for the reasons as to why lithium blood tests are taken 12 hours after the previous dose, there were many dead ends. Finally after finding a paper that could only be accessed through the Internet archive [3], I came across the academic who

first suggested the 12 hour level: Amdi Amdisen.

Amdi Amdisen (1925 - 1990)

Amdi called the Danish city of Aarhus home for his entire life. After secondary education, he studied medicine at the Medical Biochemical Institute of Aarhus University [4, Ch. 9]. He was part of the first cohort of students to graduate from the new Masters program in 1955 [5], [6]. Provided no one with a name like Aaron Aaronson studied in his year, Amdi Amdisen may very well have been the first to graduate!



Amdi Amdisen in mid 1950s Denmark. Photo provided by Mads Amdisen (Grandson)

Amdi's original plan was to become a general practitioner [7]. However, while completing his psychiatric training as preparation for general practice at the Middelfart state hospital in 1959, he was asked to take care of the treatment for a bipolar patient. Despite an "unquestionably good response to lithium" the patient entered a "peculiar state not seen before at this psychiatric clinic" [4, Ch. 9].

It was Amdi's first case of lithium poisoning. And was one of the first motivators behind his interest in lithium safety. In 1961 he joined the Aarhus University Psychopharmacology Research Unit headed by Mogens Schou, the psychiatrist who demonstrated the prophylactic properties of lithium for bipolar disorder [8], where Amdi trained to become a clinical chemist.

It had been difficult to find information beyond the academic literature about Amdi. That was, until the author stumbled upon the profile page of "Mads Amdisen" – an early career chemistry researcher at Aarhus university. It is fortunate that a fondness for chemistry and Aarhus runs in the family! The grandson of Amdi Amdisen pointed out that it took 25 years for Amdi to complete his doctorate in 1985. In a personal communication, Mads said that "[Amdi] was a bit of a rebel during his time as a practitioner of medicine as he became chief physician before he completed his doctorate. This was not looked well upon at the time, which was also why he had his dissertation evaluated in [Gothenburg,] Sweden instead of Denmark" [5]. Amdi thought it was more important to spend his time on patients, rather than write a dissertation. The only reason he submitted a dissertation at the age of 60, was because he had written so much about lithium throughout his career, it practically appeared by itself [7]. Further details can be found here: https://zenodo.org/records/13880335

Amdi was never interested in biochemical properties of lithium and in fact viewed the chemical as "a toxic drug with a huge variety of toxic effects within [cells]" [4, Ch. 9]. However, in personal correspondence to F.N. Johnson in *The History of Lithium Therapy* [4], Amdi said that "from the beginning it was clear to me that lithium therapy was of critical importance to patients in whom it works… my interest has, in short, been to try to make a safety net beneath the lithium treatment." [4, Ch. 9]

The early history of lithium therapeutic monitoring

Symptoms of toxicity from lithium therapy have been reported since at least the mid 1800's [4, Ch. 4]. In the 1949 paper introducing lithium as an antimanic treatment, Cade himself stated that "unless [symptoms of over-dosage] are followed by immediate cessation of [lithium] intake there is little doubt they can progress to a fatal issue" [9]. A year later, Talbott was the first to monitor lithium serum concentrations in a small number of patients, suggesting that toxicity could be avoided if serum levels never exceeded 1.0 mmol/L [10]. With the help of Wynn [4, Ch. 5], who had recently shown that serum sodium and potassium measurements could be taken rapidly and accurately using the newly developed Beckman DU spectrophotometer [11], Noack and Trautner were able to monitor the serum lithium concentrations of over 100 patients in 1951 [12]. Unfortunately, they were unable "to find a laboratory test which would indicate optimum dosage or impending intoxication, and which could replace the careful observation of the patient". While Schou et al. came to the same conclusion in 1954 [13], they noted that many patients with a good treatment response routinely had serum lithium concentrations between 0.5 and 2.0 mmol/L. This range became a rough supplement to the main tool of clinical observation for the next 20 years [14].

Mainly relying on clinical observation as a monitoring tool had significant drawbacks for the patient. Schou et al. [13] along with Noack and Trautner [12] observed toxicity symptoms in some patients with serum lithium levels as low as 0.6 mmol/L and in others no adverse effects for levels as high as 3.0 mmol/L. Given the therapeutic window of lithium was found to be very narrow [12], finding the optimal dosage for each patient proved difficult. On initiation of lithium therapy, patients would often experience slight lithium intoxication or relapse. Because of this "there was an intensified search for a supplemental means of valid guidance, which would not require repeated placing of the patients in slight poisoning and impending relapse, respectively." Amdi reflected in a 1978 paper [15].

The 12-hour serum lithium level

While it was clear that a standardised method of monitoring lithium serum concentrations was needed, what this method should be was not obvious.

The response to lithium dosage varied significantly between people – a therapeutic dose in one person could be a toxic dose in another. Also, since lithium is almost exclusively removed via the kidneys, factors such as fever, salt intake, hydration, kidney diseases etc. could have significant effects on levels within each individual and from one dose to the next.

In 1967 Amdi started to tackle the problem by first attempting to determine the most reliable method of measuring lithium serum concentrations using flame photometry. During this study, he observed large fluctuations of lithium serum concentrations during absorption in the first few hours post dose [16]. The team at Aarhus found that post-absorption serum samples produced much less variation [17], so recommended that blood samples be drawn in the morning after the previous dose, just before the next one [18] (multiple daily dosing regimens were typical at that time). The standardisation of sampling time resulted in a correlation between serum lithium level and toxicity symptoms (as well as treatment response). This correlation was absent in the mid-1950s studies because they used random sampling times [12], [13].

Throughout the early 1970s, Amdi refined the standardisation procedure using a combination of simulation and experiment. First, he confirmed that pharmacokinetic

data could be fitted to a two-compartment model. The data indicated it took up to 12 hours to enter the elimination phase, where lithium serum samples would directly reflect elimination by the kidneys. Amdi then measured the lithium elimination half-life of 226 participants and found significant variation: 7-20 hours. Based on this variation, he showed through simulation that the longer after the previous dose was taken, the less reliable the serum concentrations became. Therefore, Amdi proposed a standardised 12 hour serum lithium level (with accompanying notation: 12h-stSLi) taken in the morning after the previous dose [19], [20]. "The 12h-stSLi is…" he remarked in a 1980 handbook [21, Ch. 22] "…one single figure which gives a rather good estimate of the concentration profile during the immediately preceding 24 hours of the day".

Due to the inter- and intra-variability of lithium response between patients, clinical supervision remains an important facet of lithium therapeutic monitoring. However, the 12 hour level has become an indispensable tool to aid in adjustment of lithium dose and guard against lithium toxicity [21, Ch. 22].

Difficulties spreading the word

According to Amdi, while the importance of using standardised protocols in lithium therapeutic monitoring was realised by some clinicians and researchers, many remained unaware [22]. He noted that scientific papers and handbooks at the time continued to cite serum concentration values without mentioning the conditions under which the blood samples were taken. This made the lithium concentration values "incomprehensible, and may, when guidance is concerned, even be dangerous" [15].

It is an issue Amdi spent much of the rest of his career trying to rectify. In 1990, a full fifteen years since the introduction of the 12 hour lithium level, and the last paper Amdi published before his death, he noted that "most of the case reports refer to the serum lithium level without specifying the time-interval between the last lithium dose and the time of venesection" [23].

It is a problem that continues today. The practice of taking lithium levels 12 hours after the previous dose has become the norm, but noting down the conditions under which they were taken has not. Even the 12h-stSLi notation has fallen out of use [24].

Without the painstaking work on lithium therapeutic monitoring by Noack, Trautner, Talbott, Amdisen and others, it is possible the now millions of patients (including the author) who have benefitted from lithium, wouldn't have had access to the drug. The FDA completely banned lithium from 1949 until 1970 because they failed to realise toxicity could be avoided through blood monitoring [25]. Yet the pioneers of lithium therapeutic monitoring are all too often given limited mention (or none at all) in articles about the history of lithium therapy [26], [27], [28], [29]. While the work of Amdi Amdisen does not contain any revolutionary discovery or advance the understanding of the mechanisms of action of lithium, it has nevertheless been crucial to the safety of patients and worthy of remembering.

References

[1] A. Mendelsohn and O. S. M. M.D, 'Lithium: The Depressing Case of Misrepresented Monitoring Data I', The Frontier Psychiatrists.

[2] A. Mendelsohn, 'Lithium story: eight guidelines, eight recommendations', *The Lancet Psychiatry*, vol. 10, no. 5, May 2023.

[3] *Danish Medical Bulletin 1975-12: Vol 22 Iss 7*. Danish Medical Association, 1975.

[4] F. N. Johnson, *The History of Lithium Therapy*. Springer, 1984.

[5] 'Personal Correspondence from Mads Amdisen', 2024.

[6] ‘Amdi Blichfeldt Amdisen Død 1990’, Arkiv.dk.

[7] ‘Dr. med. alt for sent (Dr. med way too late)’, *Jyllands Posten*, Mar. 30, 1985.

[8] ‘Mogens Schou’, *Wikipedia*. Oct. 05, 2023.

[9] J. F. J. Cade, ‘Lithium salts in the treatment of psychotic excitement’, *Medical Journal of Australia*, vol. 2, 1949.

[10] J. H. Talbott, ‘Use of lithium salts as a substitute for sodium chloride’, *Archives of Internal Medicine*, vol. 85, no. 1, Jan. 1950.

[11] V. Wynn *et al.*, ‘The Clinical Significance of Sodium and Potassium Analyses of Biological Fluids: Their Estimation by Flame Spectrophotometry’, *Medical Journal of Australia*, vol. 1, no. 25, 1950.

[12] C. H. Noack and E. M. Trautner, ‘The Lithium Treatment of Maniacal Psychosis’, *Medical Journal of Australia*, vol. 2, no. 7, 1951.

[13] M. Schou *et al.*, ‘The treatment of manic psychoses by the administration of lithium salts’, *J Neurol Neurosurg Psychiatry*, vol. 17, no. 4, Nov. 1954.

[14] E. Strömgren and M. Schou, ‘Lithium Treatment of Manic States’, *Postgraduate Medicine*, vol. 35, no. 1, Jan. 1964.

[15] A. Amdisen, ‘Clinical and Serum-Level Monitoring in Lithium Therapy and Lithium Intoxication’, *Journal of Analytical Toxicology*, vol. 2, no. 5, Sep. 1978.

[16] A. Amdisen, ‘Serum Lithium Determinations for Clinical Use’, *Scandinavian Journal of Clinical and Laboratory Investigation*, vol. 20, no. 2, Jan. 1967.

[17] A. Amdisen, ‘Variation of Serum Lithium Concentration During the Day in Relation to Treatment Control, Absorptive Side Effects and the Use of Slow-Release Tablets’, *Acta Psychiatrica Scandinavica*, vol. 44, no. S207, 1969.

[18] M. Schou, ‘Lithium in psychiatric therapy and prophylaxis’, *Journal of Psychiatric Research*, vol. 6, no. 1, Jun. 1968.

[19] A. Amdisen, ‘Monitoring of lithium treatment through determination of lithium concentration’, *Dan Med Bull*, vol. 22, no. 7, Dec. 1975.

[20] A. Amdisen, ‘Serum Level Monitoring and Clinical Pharmacokinetics of Lithium’, *Clin Pharmacokinet*, vol. 2, no. 2, Apr. 1977.

[21] F. N. Johnson, Ed., *Handbook of Lithium Therapy*. Dordrecht: Springer Netherlands, 1980.

[22] A. Amdisen, ‘Serum Concentration and Clinical Supervision in Monitoring of Lithium Treatment’, *Therapeutic Drug Monitoring*, vol. 2, no. 1, 1980.

[23] A. Amdisen, ‘Lithium neurotoxicity—the reliability of serum lithium measurements’, *Human Psychopharmacology: Clinical and Experimental*, vol. 5, no. 3, 1990.

[24] A. Mendelsohn and A. Aftab, ‘Securing the Future of Lithium Research’, *Psychiatric Times*, May 2024.

[25] B. Blackwell, ‘Johan Schioldann: History of the Introduction of Lithium into Medicine and Psychiatry: Birth of Modern Psychopharmacology 1949 - Review’, INHN.

[26] M. L. Ruffalo, ‘A Brief History of Lithium Treatment in Psychiatry’, *Prim Care Companion CNS Disord*, vol. 19, no. 5, Oct. 2017.

[27] E. Shorter, ‘The history of lithium therapy’, *Bipolar Disord*, vol. 11, no. Suppl 2, Jun. 2009.

[28] M. D. Sehar Raza *et al.*, ‘Lithium: Past, Present, and Future’, May 2023.

[29] D. Draaisma, ‘Lithium: the gripping history of a psychiatric success story’, *Nature*, vol. 572, no. 7771, Aug. 2019.

bharath g s *a white and green wall with a blue and yellow stripe*, photographed in Mysore, India using OnePlus, ONEPLUS A5000, published on September 23, 2017, Free to use under the Unsplash License. Photograph artist's portfolio can be accessed from unsplash.com/@xen0m0rph

A Private Land

Susan Adams and Penny Hallas

Susan Adams works from her studio in Wales. Her practice embraces media including painting, print, polychromed wood-carving and animation. Drawn to the uncanny, Susan is engaged with expressing a sense of narrative through art, making use of folk art, literature, film and children's book illustration. She is interested in the exchange between the solid real, belief and the imaginary.
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Penny Hallas is a multi-media artist living and working in the Black Mountains of Wales with a particular interest in the relationships between interconnecting systems such as environment, nature, industry, culture, society. Theoretical underpinnings include art and systemic psychotherapeutic frameworks, art history interrogations of landscape, archives, poetry, myth and ritual.

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A Private Land FB page

Seeing the former Brecon and Radnor Asylum crumbling into the ground and being taken over by nature cannot fail to move the most disinterested passer by. Its location on the edge of the small rural Welsh town of Talgarth, surrounded by fields and woodland adds to the strange incongruity of this once powerful edifice. As a visual artist living in the area, I've long been aware of it, and when fellow artist Penny Hallas and I were seeking a location that would resonate with our ideas for a collaborative project, we were drawn to the former hospital. Approaching this subject was going to be a challenge on so many levels, but I don't think we were aware of just how challenging it could be.

A quick internet search will find you exploring derelict interiors and caved-in roof tops through the hundreds of photographs charting the buildings' deterioration over the last 24 years. The removal of the roof, vandals, and weather have all taken their toll. We didn't want to just add to what could be called a ghoulish interest into the gothic attraction of a derelict asylum: it was important to us that we focused on the experiences and voices of those who lived and died there in the past, those who were treated there still living, and those who experience mental health problems living in the area now.

As artists, Penny and I share a deep interest in inner and outer worlds, the intersections between the visible world and the realm of

the imagination. It became clear that geographical and psychological territories and the nature of the boundaries that may both protect and / or restrict us were going to form a major theme of the project. Whereas many other former hospitals (e.g. Ely or Whitchurch in Cardiff, Bethlem in London and Glenside in Bristol) have preserved memories and artefacts, patient voices and stories, we noticed that it is particularly difficult to find accounts from the people who received treatment at Talgarth. So we hoped that by making co-produced artwork with community members we could form new narratives in creative ways before both site and memories are lost to us.

Image 1: The former Mid Wales Hospital, Susan Adams

Partnerships

We were encouraged by the support and involvement of our partners: Arts Council of Wales; Brecon and District MIND; Powys Teaching Health Board; Research partner, writer and historian Dr Bob Adams, BSc, MB BS, FRCPsych, M Psychotherapy; Creative mentor, Mel Brimfield, Royal College of Art. We're particularly grateful to Marie Davies, CEO at Brecon and District MIND and to Lucinda Bevan, Arts in Health Co-ordinator, Powys Teaching Health Board, for the inspiration, experience and ideas that shaped our plans as well as the support in safeguarding, risk assessments, levels of consent and observation of service protocols that gave us confidence to go ahead.

Visiting the Archives

Powys Archives were very protective even of data over 100 years old relating to the Hospital, citing that many families still living in the rural locality could be worried about the stigma of mental illness. After a protracted exchange we were able to view registers, case notes, maps and other documents that fall outside the 100 year limitation on viewing, but it was the personal accounts, letters and photographs of individuals taken on admittance that touched our hearts. Before going to the archives we had read that there were 1000 unmarked burials in the grounds of the Hospital. Archives staff showed us burial records confirming that former patients now lie beneath a car park, with some burials as recent as the 1980s. We wanted to honour those buried in a small way, so thought we would scatter wild flower seeds on the site. However, a neighbour of the hospital noticed us and was very angry, thinking that we were digging there. This experience made us even more aware of the resonance of the place for a tight knit rural community and the need to tread carefully.

Community Engagement

We offered a broad range of options for workshop participation including audio,

video, animation, textiles as well as more traditional art media, based on the areas of expertise we have developed in our own practices. We wanted to meet people first though, to find out what they would like to happen so we had three initial meetings, at Brecon, Talgarth and Hay-on-Wye Mind groups. Workshops were then held with the Mind groups and a taster session in Felindre acute admissions Ward, Bronllys Hospital. Participants helped us shape the project – some needed to remember and some to forget, one of the activities was making projected slides with pressed flowers, which allowed for both. Hay-on-Wye Mind group made clear that they did not want to think about the old hospital and would prefer to focus on their healing experiences of walking together by the river, so they chose to work with natural found materials.

Image 2: A Private Land Art Lab installation shot, Susan Adams

A Private Land Art Lab

The culmination of the project featured 2 days of co-produced, collaborative art including sculpture, video, painting, drawing, animation - and events featuring performance poetry, music and projection. Having an Art lab rather than an exhibition felt like the work was live, generating collaborative activity and conversations, a work in progress. The venue was characterful and friendly, we offered refreshments and there was a relaxed area with sofas, books, things to do, or just sit, talk or contemplate.

Some of the 155 visitors stayed for the majority of both days; people came mainly from a 30 mile radius, but also from as far as London and Cambridge. Most moving was the way people came especially to share their stories and memories – of their own or loved one's experiences of care at the Mid Wales Hospital and elsewhere.

Many of the artworks invited interaction and playfulness rather than detached contemplation. Our participants and our own work blended happily together, and rather than the solidity of walls, rickety support structures formed from rusty reclaimed reinforcement rods held much of the work, echoing the fragility of the collapsing Mid-Wales Hospital and perhaps experiences of those resident.

Image 3: Thaumatropes made in community workshops, Marianne Auer

There were thaumatropes - disks that rely on persistence of vision to come to life – to be spun, made by Mind members and myself. Though playful, the optical toys also feel disquieting because they offer a glimpse of something that isn't really there (click here to see a few spin, made by Susan Adams). The disks were inspired by the circular portrait photos on the case notes and also by the board and card games played at Mind meetings we joined.

Our participants were so generous with their time and creativity, extra to the workshops, artist and poet Eve Thomas produced photo-works, poems, and offered jam made from blackberries growing at the Mid Wales site. We had recorded conversations with two individuals who were treated at the Mid Wales, and these were quietly playing at opposite ends of the room.

One of the activities offered in our workshops was weaving with nettles, brambles, briers - plants that are slowly taking over the grounds of the old Hospital. Often seen simply as weeds, they have a protective role and have been highly valued in the past. Penny combined the weavings with large works of her own to create sculptural domes that people could enter, suggesting sometimes shelters, and sometimes traps. One Art Lab visitor joked that his was a voluntary admission, but that he wouldn't be staying in for long.

Image 4: Art Lab visitor animating woven 'shelters', Penny Hallas

On television screens people could sit and watch an absorbing 30 minute video reflecting Penny's personal experiences through the project and something of how she chose to position herself in relation to its complexity and multiple challenges. Lyndon Davies provided a hauntingly beautiful sound-piece, amplifying and carrying the narrative. To see and hear a clip, click here.

Image 5 (top): Still from A Private Land video, Penny Hallas

Susan's sculpture with animation "Plan for the Asylum" refers to the architecture of the stage in the old dining hall, here wrapped in blankets like a theatre of dreams, while woven willow forms suggesting caged corridors or listening trumpets emanate out. The cycles of the natural world in the eerie animation are interrupted by the arrival of the "butterfly plan" asylum, to be ultimately absorbed by nature itself a hundred years on.

The Saturday evening event felt like the heart of the Lab, with performances and conversations. Poet Graham Hartill read poems from Angela Morton's 'The Holding Ground' about her life and experience of mental illness as a patient of the Mid Wales Hospital. Her grandson musician Gwyn Daggett and Beth Flynn played some of their new material. Eve Thomas read her poetry and spoke from the heart about mental health challenges. Well over £100 was raised for Brecon and District Mind.

Image 6 (below): Plan for the Asylum sculpture with animation, Susan Adams

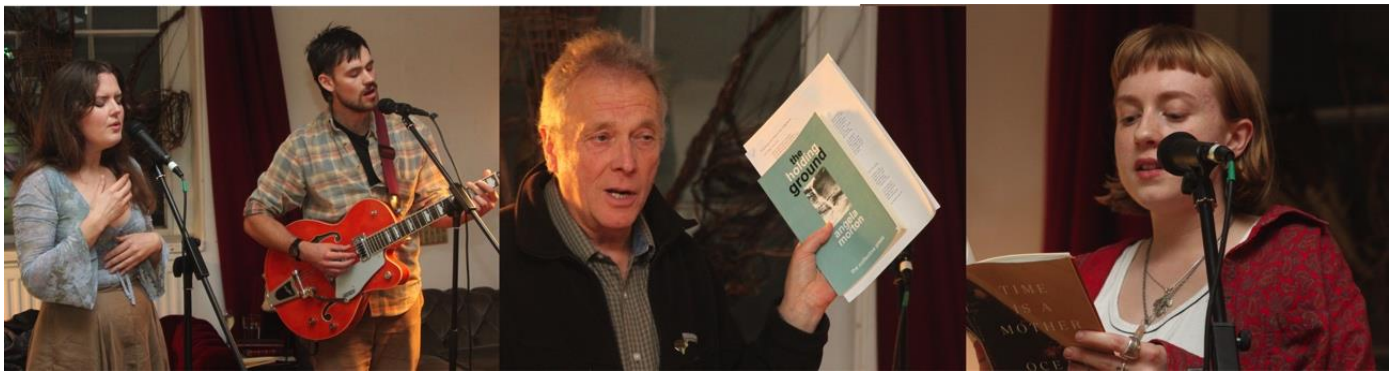

Image 7: A Private Land Art Lab evening event, Marianne Auer

The following day we held a discussion focusing on A Private Land Art Lab, and issues raised by the project. About 25 people came including Mind members, Stella Man and Cerys from Glenside Hospital Museum, Psychotherapists, curators, historians, artists, participatory arts workers, a psychoanalyst and doctor. During the discussion we learnt that the Case Notes books we had to fight so hard to see at Powys Archives were almost discarded when the hospital had closed – the attitude had gone from extreme carelessness to hyper vigilance.

Here are just 2 of the many voices that contributed to A Private Land:

'I was so impressed to see so many people come through the doors and share their stories reflecting on the old Mid Wales Hospital ruin in Talgarth. It felt so valuable and necessary to take this time to talk about the hospital and the people who lived, worked and died there.

'I feel a deep resonance between the works here and my own lived experience as someone impacted by mental health issues. Privacy, emotional intelligence, confidence and self expression explored and shared here in a nurturing space has been profoundly affecting. Thank you for this unique experience facilitating the unfurling of much of my vulnerability.'

Artists Penny Hallas and Susan Adams have extensive experience of working with communities, in education, health and with a wide range of organisations and institutions. They have exhibited widely in Wales and internationally.

Resources and links

Talgarth Museum
https://www.facebook.com/TalgarthMuseum

Glenside Hospital Museum
https://www.glensidemuseum.org.uk

Bethlem Gallery
https://bethlemgallery.com

Outside In
https://www.instagram.com/outsidein_uk/?hl=en

The restoration Trust Change Minds Project
https://restorationtrust.org.uk/change-minds/

Mendip Hospital Cemetery
http://www.mendiphospitalcemetery.org.uk

High Royds Hospital website, Talgarth page
http://www.highroydshospital.com/resource/mid-wales-hospital-talgarth/

The role of Arts in Improving Health and Wellbeing
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929773/DCMS_report_April_2020_finalx__1_.pdf

The Wales Arts Health & Wellbeing Network (WAHWN) https://wahwn.cymru

The Holding Ground, Angela Morton (the collective press 2002)

PEAK cymru https://www.peakcymru.org

QR code to A Private Land / Tir Diarffordd Facebook Page

Cyngor Celfyddydau Cymru
Arts Council of Wales

Noddir gan Lywodraeth Cymru
Sponsored by Welsh Government

PEAK CYMRU

Stephen Cimini, *Green Chile Tango*, reproduced with permission from the artist. Artist's portfolio can be accessed from stephencimini.com

Psychosis and the Plague Doctors: Delusional Ideation and Covid

Uttom Chowdhury

Consultant in Child and Adolescent Psychiatry

My Patient

Back in Dec 2019, a referral came into our CAMHS regarding a 17-year-old boy who had been low in mood with some suicidal thoughts and was becoming more withdrawn and isolating himself. Assessment confirmed that he was acutely depressed, with a medium risk of suicide and he was also experiencing visual hallucinations and well defined delusions. The depression had come on over the previous months; he had become quiet, and withdrawn, with poor appetite. He told me that in the preceding weeks he believed he was being watched by a 'greater being' and that for some reason he was being judged and talked about. He said he could see on his bedroom wall the 'Eye of Providence, the figure of an eye, set within a triangle or pyramid. This image would appear at night and was a clear sign that he was being watched.

Fig 1: The Eye of Providence

This symbol is often associated with Freemasonry but also linked with the apocryphal Illuminati, a secret group of elite individuals allegedly seeking to control global affairs. The 'eye' also features on the back of the American one dollar note. The triangle was part of Christian symbolism of the Holy Trinity, Father, Son and Holy spirit.

However, what really upset him was that he could see in the middle of his bedroom, vague images of a figure which he knew to be a 'Plague Doctor' standing by his bed looking at him. This scared him but he also interpreted this as a sign that something bad was about to happen. When he told me this, I must confess that I did not really know who this 'Plague Doctor' was. I thought it was a character from a video game (believe me, many of my patients have educated me about characters from computer games!). My patient explained that last year, he had taken History GCSE and one of the modules was The History of Medicine. The syllabus covers the Plague and in one lesson, his teacher showed the class a picture of the Plague Doctor. This was the name given to the mysterious figure dressed in a protective suit with a mask with a sharp-nosed beak that is associated with the Plague.

The working diagnosis was of psychotic depression. Treatment with antidepressant medication and individual work started. We worked closely with his family and his sixth form college. The Early Intervention In Psychosis team became involved and he made steady progress. By January 2020, his mood was lifting but he remained suspicious with the same delusions and hallucinations. Antipsychotic medication was added.

Then in February 2020, there was talk in the news of a new virus causing a flu like illness in China and spreading across Europe. A possible pandemic was talked about but at this stage no one knew how things would develop. I spoke to several of my patients about this as many have anxiety and often pick up on news items. My patient was very worried and after some probing, I could see that talk of a 'plague' in the news made sense to him and this concretised his delusions and hallucinations, particularly relating to the Plague Doctor. I remember thinking to myself, 'of all the times to develop hallucinations about the Plague Doctor?!'. In January 2020, the World Health Organisation had announced that Covid 19 was a 'Public Health Emergency of Concern' and in the UK a lockdown was announced from 23rd March. This included isolation and wearing of masks. Like all health services, we continued working although with restrictions. All staff had to wear PPE, masks and many worked from home. I continued to see my patients face to face, whilst wearing the small surgical masks that were required of us. My patient attended outpatients in a more sterile environment and kept two metres away from me. Somehow, we all managed. However, during one consultation, I noted that my patient was extremely guarded with me which was unusual. I was wearing a surgical mask, and I asked him what he thought of me. I suspected that my need to wear a mask had increased his anxiety, given the content of his delusion beliefs. I reassured him I was not a Plague Doctor. Unfortunately, his depression and psychosis got worse and because of increasing suicidality he was admitted into an adolescent inpatient unit and remained there for several months. He made progress with a combination of antidepressants, antipsychotic medication and therapy. He was eventually discharged in late summer 2020. He made a good recovery, and he was jointly managed by EIPT and CAMHS. We talked about the events leading up to his admission and he was able to reflect on this. Although some suspicions remained, his mood had lifted, and he was able to get back to his studies, successfully securing a place at university.

As any clinician recognizes, people suffering from psychosis often incorporate their surroundings such as the news into their delusions or hallucinations. I recall being a SHO in the 90s and seeing patients who were paranoid about the IRA or worried they had contracted HIV. Thus, it will not be unusual for people living through Covid times to incorporate the pandemic into their psychotic beliefs. The case was fascinating, but it prompted me to research in more detail about the origin of the Plague Doctor.

History of Plagues and Pandemics

Terminology:

***Epidemic**: An epidemic occurs when a disease rapidly spreads to a large number of people within a community, population, or region. An epidemic is a sudden increase in the number of cases of a disease — above what would normally be expected. The term "outbreak" has the same definition, though experts often use this term when the geographic area is smaller.*

***Pandemic**: A pandemic is the global outbreak of a disease; pandemics are usually classified as epidemics first, which is when a disease is spreading rapidly in a particular area or region.*

***Plague:** The Plague tends to refer to the rapidly spreading infection affecting humans caused by Yersinia pestis bacteria, usually originating from small mammals and their fleas. The disease is transmitted between animals via their fleas and then from animals to humans. However, plague (small p) is also a generic, and vernacular term to describe a rapidly spreading disease of any origin, for example The Antonine Plague (circa 160's-170's CE), was probably caused by a virus.*

Pandemics and epidemics are caused by specific organisms that have been around for thousands of years that somehow find their way into humans. Many pandemic diseases have evolved from animal pathogens that have switched hosts. For us, this all started around 12000 years ago when humans moved away from nomadic living and started living in villages closely with animals, often using animals for food, agricultural labour and clothing. As human population and curiosity expanded, the close relationship with and movement into new territories inhabited by animals has continued and become much more intensive, Monica Green, a medieval historian with an interest in plagues called this 'niche constructivism' (Green 2020). The more travel, deforestation, urbanization, disruption of ecosystems and agricultural development, the more humans are in contact with potential zoonotic pathogens.

The first recognized plague took place in Athens (430-425 BC). It spread from Greece over to Northern Africa killing an estimated 75000 to 100000 people. Although the cause is not entirely clear, many believe it was caused by anthrax bacteria. The next plague was the Justinian Plague (541 AD) caused by Yersinia pestis which reportedly killed half of the world's population. The next notable plague was The Black Death, again caused by Yersinia pestis starting 1347 and continued in some form for a few centuries. Since then, there has been a steady stream of plagues and pandemics. It is interesting to note that in the past, there were often centuries between plagues and pandemics, but scarily now, there are decades and even years separating plagues and pandemics.

Notable pandemic and epidemic diseases (Adapted from Morens et al, 2020) (1)

Year	Disease	No of Deaths (estimates)
430 BC	Plague of Athens	100,000
541	Plague of Justinian (Yersinia pestis)	30-50 million
1340s	Black death (Yersinia pestis)	50 million
1494	Syphilis (Treponema pallidum)	>50,000
1520	Hueyzahuatl (Variola major)	3.5 million

ca.1500	Tuberculosis	High millions
1793-98	American plague	25000
1832	Cholera pandemic (Paris)	18,402
1918	Spanish Flu	50 million
1976-2020	Ebola	15,258
1981	HIV/AIDS	32 million
2002	SARS	813
2009	Swine Flu	284000
2015	Zika	1000
2020	Covid	15 million

The Black Death

The term Plague Doctor first came about during the Black Death pandemic. The Black Death is thought to have developed around 1320, and its development can be related to human travel related to trade routes (The Silk Road) from what is now Mongolia and China across Asia to Europe. The Bubonic Plague made official landing in Sicily and Italy around 1347 and within 5 years had spread across Europe.

Symptoms involved swollen lymph nodes which would blacken and then burst leading the sufferer to have purple patches over his/her body. Other symptoms include high fever, episodes of spasmodic pain, vomiting and retching with blood sometimes filling the lungs. For those fortunate, death would come quickly but others had a long lingering state of delirium. Panic set in amongst towns and villages and physicians struggled to help. Most physicians recognized that they were helpless and tried their best to manage the situation. Many physicians fled leaving a gap for physicians and non-physicians to specialize in looking after Plague victims, hence the term Plague Doctors.

Plague Doctors often served as public servants who, besides taking care of plague victims, they would record the deaths in public records as well as carrying out autopsies to help determine cause of death and witness wills. It is not clear if Plague Doctors in medieval times wore a costume. **(2)**

The Plague Doctor costume

Plague apparatus from a lazaretto in Venice: an oil cloth mask with bronze beak. Photograph: Wellcome Collection

The first mention of a plague doctor costume is found in a mid-17th century work written by Charles de Lorne, a royal physician in the service of King Louis XIII of France (**2**). De Lorne wrote that during a 1619 plague outbreak in Paris, he developed an outfit made of Moroccan goat leather including boots and hat and gloves. The main feature was the tight-fitting mask. This had a long beak and said to be filled with aromatic herbs and thought to be important to prevent the inhalation of the 'pestilential miasma' or disease-ridden air. It was thought the beak shape would give the air sufficient time to be suffused by protective herbs before it reached the nostrils. The mask incorporated protective goggles. The wooden cane was said to be useful so patients can be seen at a safe distance and their clothing could be removed with it.

Following the written description by de Lorne, in 1656, the German engraver Gerhart Altzenbach published an image of a plague doctor.

Paulus Furst also published a more satirical engraving called 'Doctor Schnabel von Rom' or 'Doctor Beaky from Rome'. Furst added some elements to his drawing including claw like gloves and the pointing stick topped with a bat winged hourglass. These elements are satirical and not historically accurate but have inspired inclusion of the plague doctor or 'Medico della Peste' in Italian theatres since 17th century. **(3)**

A Physician dressed in protective plague costume. Line engraving after J.J. Manget: Wellcome Collection

The plague doctor costume has become one of the most popular costumes in 'Carnevale' or Carnival of Venice in Italy. Venice was a major seaport and thus each ship carried the risk of bringing disease with it, with the potential spread infection through the local population. We credit the Venetians with the term 'quarantine' as they labelled the waiting period before ships could enter port to disembark people and unload goods as forty days, the 'quarantena'. However, recognising the need for infected people to be separated from the rest of the population and isolated was established long before that.

Theodor Zwinger III (1658-1724): coat of arms with portrait and protective costume against plague. Oil painting: Wellcome Collection

Reflections

My encounter with my patient has made me think of a number of things related to history and also reflect on my work during the pandemic. We forget quickly just what it was like. Most of us, if we are being honest, were frightened at the start of the pandemic. It was the unknown with lockdown, isolation, deaths on the news and wearing of masks. Many psychiatrists carried on working in hospitals and clinics face to face, wearing masks. What was the patient experience like

at the time? What did my patients think of me? I work with many children on the autistic spectrum who struggle to read facial expressions so seeing a clinician with a mask must have been so confusing. It is difficult having a mental illness, but to have lived through the first waves of Covid 19 must have been particularly challenging. I know researchers have been capturing patient experience for the record books. Some clinicians have been able to reflect on their experiences of wearing a mask. **(4)**

The 16th-17th century plague costume terrified my patient. We can only speculate about whether these costumes induced fear or a recognition of necessity, like our masks, in those who interacted with the wearers during the waves of infections experienced. After all, the masks we wore were deemed to protect us, and our patients, and were worn by us *and* our patients. Covid 19 is not the last pandemic. We continue to weaken the resilience of our planet and Green's notion of 'niche constructivism' becomes ever more relevant as we do more damage to ecosystems, and travel more. Even the masks we wore are now cluttering landfill and oceans adding to the planetary burden of indestructible waste.

During Covid times, we all wore masks. Will we be seen in centuries to come as harbingers of doom, bringing fear to those we treat, or will history be kind to us, and tell the story of clinicians, just trying to do their best in a challenging situation?

Signed consent was given by the patient to publish the case history

References:

1. Morens, D., Daszak, P., Markel,H., Taubenberger,J. Pan demic COVID-19 Joins History's Pandemic Legion American Society for Microbiology 2020 Vol 11,3
2. Mussap CJ. The plague doctor of Venice. *Intern Med J* 2019;49:671-676.
3. Tibayrenc M, Encyclopedia of Infectious Diseases, 7 August 2006, ISBN:9780471657323
4. Earnest M. On Becoming A Plague Doctor, NEJM 2020;383: e6
5. Green, M.H. (2020) Emerging Diseases, re-emerging histories. Centaurus (spotlight article), 62, pp 234-247.

Stephen Cimini, *The Light in the Wound*, reproduced with permission from the artist. Artist's portfolio can be accessed from stephencimini.com

Richard Rows (1866-1925): from asylum medicine to biological psychiatry

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Dr Andrew Larner was a consultant neurologist at the Walton Centre in Liverpool until his retirement in 2023, with a specialist interest in disorders of cognition and the overlap between so-called neurological and psychiatric brain disorders.

2025 marks the 100th anniversary of the death of Richard Gundry Rows (pronounced "Rowse"), a Cornishman by birth. His name is probably unfamiliar to psychiatrists today. Yet his career illustrates some of the difficulties faced by those interested in "medical psychology" between the 1890s and 1920s, and perhaps prefigures some of the issues still pertinent to psychiatrists (and neurologists) today.[1,2]

Figure 1: Richard Rows, ca. 1920s (image from J Neurol 2024;271:7059-60).

The 1890s was a difficult time to enter the profession of asylum medicine as an Assistant Medical Officer (AMO): posts were poorly paid; residency at the asylum was required with an obligation to remain unmarried, with consequent social and intellectual isolation; prospects for career progression to asylum superintendency (and hence the possibility of marriage) were limited; and research opportunities few. This was the era when, after qualifying at University College London, Rows became an asylum doctor, initially in Birmingham and thereafter moving between posts in Lancashire.

By 1906 Rows was Assistant Medical Officer and Pathologist at the Lancaster County Mental Hospital, the same institution where Samuel Gaskell (1807-1886) had introduced non-restraint in the 1840s before he became a noted Commissioner in Lunacy. Rows had developed an interest in neuropathology, working not only in Lancaster but also travelling to Manchester (50 miles away, up to twice a week) to collaborate with the pathologist David Orr (1872-1941) at Prestwich Mental Hospital, and also at Owens College, University of Manchester, in facilities provided by Professor Lorrain Smith.

In the first decade of the twentieth century, Orr and Rows developed a particular expertise in general paralysis of the insane, at that time one of the most common conditions leading to behavioural symptoms and requiring committal to an asylum. Based on their experimental findings Orr and Rows posited a lymphogenous mechanism of spread of both infections and toxins ("toxi-infection") into the spinal cord. They published many papers on the topic, for example in the *British Medical Journal*, the *Journal of Mental Science* (forerunner of the *British Journal of Psychiatry*), the *Proceedings of the Royal Society of Medicine*, and in *Brain*, as well as presenting at many meetings, both national and international, often featuring a "Lantern demonstration with illustrative slides of photomicrographs". In addition, Rows also wrote many abstracts of foreign language papers, particularly those in the Italian literature, for the *Review of Neurology and Psychiatry* (now defunct). With Orr, he translated *Modern problems in psychiatry* by the Italian psychiatrist Ernesto Lugaro.

Rows was also active in the Medico-Psychological Association (MPA; forerunner of the Royal College of Psychiatrists) leading a committee which sought reform of the career structure of AMOs and the promotion of research. This advocacy was prompted, at least in part, by a visit he made with Orr in 1911 to Emil Kraepelin's clinic in Munich. He thereafter considered this the ideal to which the British system should aspire in terms of the organisation of early treatment of mental disorders, teaching and training of AMOs, and provision of opportunities for research. His work in this cause, like his research work, was well-known in MPA circles.

All changed with the outbreak of the First World War. Rows volunteered and in May

1915 was appointed as temporary superintendent of the Red Cross Military Hospital at Maghull, just outside Liverpool (also sometimes known as Moss Side Military Hospital; now the site of Ashworth Hospital).[1,3]

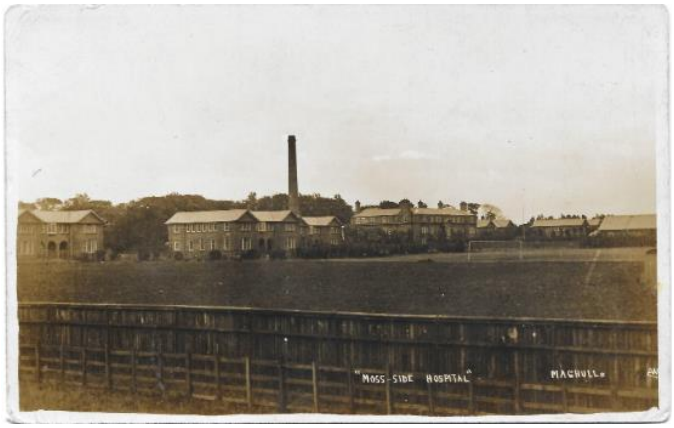

Figure 2: Moss Side Military Hospital, undated (image from Forgotten history of military hospital revealed on Armistice Day | Manchester Metropolitan University courtesy of the late Dr John Rowlands).

This was one of several institutions set up to assess and treat soldiers returning from the front with "shell-shock", particularly those with intractable symptoms. Maghull was primarily an institution for rank-and-file soldiers, with a small annex which catered for 31 officers.

At Maghull, a "brilliant band of workers" comprising both academics and clinicians, was assembled for the task, most notably (to posterity) William Rivers (1864-1922). Rivers in fact only stayed for about a year, unable to make much progress with the predominantly working-class soldiers, before moving on to Craiglockhart in Edinburgh. His work there, particularly with Sassoon, is much better known.

Figure 3: Rivers (centre) with William Brown (left) and Grafton Elliot Smith (right), all members of the "brilliant band of workers" at Maghull (image from #Armistice100: History of first military hospital to treat soldiers with 'shell shock' revealed - The Atkinson n courtesy of the late Dr John Rowlands).

Although discussions amongst the "Maghull doctors" concerning how to address the clinical problems they were encountering undoubtedly took place, it is questionable whether an overarching and unified policy was established amongst the faculty, far less one dictated by Rows, a provincial asylum doctor notionally in charge of university academics like Rivers, not all of whom assumed military rank. Nevertheless, Maghull became a training centre for RAMC doctors in the treatment of neurasthenia, in large part influenced by the War Office and Ministry of Pensions need to develop provision within the UK, to which end Rows solitary publication during the War years, "Mental conditions following strain and nerve shock", was issued. Rows presented a series of patients who had been "treated by the usual method employed here, namely, by seeking the cause of his mental disturbance".[4]

Like many of his generation, Rows had undoubtedly encountered the writings of Freud in the early years of the century.

Maghull provided an opportunity to apply some of Freud's insights but without commitment to all the practices of psychoanalysis. Specifically, interpretation of dreams and discussion of mental conflicts, along with exploration of life-history, but without recourse to hypnosis or explanations couched in terms of childhood sexual development, formed the basis of what historians of psychiatry have subsequently termed a psychodynamic or "analytic" (as opposed to "psychoanalytic") psychotherapy pursued at Maghull. In addition, farm work as a form of ergotherapy was also instituted there. Rows may also have gained some insight into "post-traumatic" syndromes from his reading of and commentary upon papers in the pre-war Italian literature describing the psychological aftermath ("Neuropathic conditions"; "Traumatic mental confusion") of a catastrophic earthquake which occurred in Sicily in 1908.

The approach adopted at Maghull took time: according to Rows the "physician should be prepared to give at least an hour for an interview and in most instances several interviews will be necessary. Short cuts may be attempted; they rarely lead to success".[4] Moreover, this approach significantly differed from pre-war practice: whereas previously, as an asylum doctor, Rows would have been responsible for hundreds of long stay patients receiving custodial care but little medical attention on a daily basis, unless in acute situations, at Maghull treatment would necessarily have been both more urgent and individualised in the hope of rehabilitating soldiers for service. In this situation, talking to patients frequently and in depth, as per Freud, was indicated. This practice, then, was pragmatically, rather than ideologically, determined.

The chosen approach may also explain the dearth of publications by Rows during the war years. There may also have been a psychological cost for Rows: invited to give the Morison Lectures in Edinburgh in 1919, he had to defer them to 1920, reporting that four years of continuous work in the Hospital at Maghull had left him without sufficient energy to accomplish the task.

Figure 4: "Compassion in Conflict (Shell Shock)" - Moss Side Hospital war memorial at Maghull North Railway Station (site of Moss Side Hospital), unveiled 2018. There is no mention of Rows (author's photograph, 16th September 2024).

In his wartime publication Rows had anticipated that "prolonged study of each separate case will not only provide a means of treatment for the individual, but will also collect a mass of evidence which will help to develop a new and enlarged view of psychological medicine".[4] In a series of post-war presentations and publications, now working in London at hospitals in Tooting and Richmond, Rows was able to develop his ideas about "functional mental illnesses" and their treatment by explanation, exploration, and re-education, a methodology developed during the war years. This approach was also applied in his final work, *Epilepsy, a functional mental illness: its treatment*, published posthumously in 1926. In modern parlance, Rows might be characterised as a "lumper" rather than a "splitter" and indeed he had

noted the shortcomings of classifications of mental illnesses, specifically that of Kraepelin which had confounded cases of dementia praecox and manic-depressive insanity.

For Rows, symptoms were secondary, merely "directing-posts" indicating lines of investigation which might elucidate the processes underlying symptoms, be they psychological or physiological: "we shall then begin to understand the cases from the biological and the psychological points of view". He held that the common factor to all symptoms, considered as disturbances of consciousness, was an associated emotional state. But this in turn was related to disturbance of bodily functions, neurological, endocrinological, autonomic, all of which might facilitate or inhibit the establishment of conditioned reflexes. In pursuit of his hypothesis, Rows referred to or quoted from many neurologists and neuroscientists, most particularly Henry Head, John Hughlings Jackson, Ivan Pavlov, and Charles Sherrington. This was consistent with his long-standing commitment to a pathophysiological view of disorders of the nervous system, dating from the time of his experimental studies with David Orr. However, in advocating against anti-epileptic drugs in the management of some forms of seizures he went too far, and the potential importance of his insights for the understanding of functional seizures was consequently lost.

Rows died on 28th January 1925, "suddenly, after an attack of phlebitis" whilst at his home in Prestwich. This occurred just a few months after his appointment to the post of Pathologist and Medical Officer at Prestwich County Mental Hospital, Manchester, suggesting that his long-standing collaboration with Orr was going to be recommenced following the interruption of the war years. Orr noted in an obituary that Rows' "broad mind was one of the first in this country to link up neurology with mental medicine. He could see no distinction between the two and in this one feels he was right".[5]

Certainly today some clinicians from either side of the arbitrary professional divide between neurology and psychiatry still feel that, on this point at least, Rows was right. "Functional neurological disorders" are not new. They have always been with us, although referred to by different names. Significant historical contributions in their identification and management have received relatively little attention. The clinical overlap of so-called neurological and psychiatric symptoms in these disorders means that clinicians from backgrounds in psychological medicine or psychiatry may have contributed to their description, understanding and management. One such was Richard Rows.

Selected References

1. Shephard B. "The early treatment of Mental Disorders": R.G. Rows and Maghull 1914-1918. In: Freeman H, Berrios GE (eds.) *150 years of British Psychiatry Volume II: The Aftermath*. London: Athlone Press, 1996: 434-464.

2. Larner AJ. Richard Gundry Rows (1866-1925). *J Neurol* 2024; 271: 7059-7060.

3. Rowlands JK. *A mental hospital at war. The story of Moss Side Military Hospital, Maghull during the First World War*. [Typescript, 17 pages, of a lecture given by Dr John Rowlands to the Liverpool Medical History Society, February 1985. Liverpool Medical Institution, catalogue Class RA 988, Standard No. B10095.]

4. Rows RG. Mental conditions following strain and nerve shock. *British Medical Journal* 1916; 1: 441-443.

5. Orr D. Richard Gundry Rows. 1866-1925. *J Pathol Bacteriol* 1925; 28: 701.

Gerry Keon, *The Construction of Simple Elements- Winter Mixture*, reproduced with permission from the artist. Artist's portfolio can be accessed from www.gerrykeon.com/recent-work/

Fun with archives: I couldn't keep away….

Claire Hilton

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I had every intention of keeping well away from the history of psychiatry and archives when we were on holiday in August 2024 in California following the wedding of our son who lives there, but I didn't quite manage it. We went to explore the historic town of Martinez (said to be the home of the Martini cocktail) in Contra Costa County. Martinez is the administrative centre of the county, about 30 miles from San Francisco. It has a population of around 37,000 with a median household annual income of $125,000 (2022 data), above average for the USA. Nevertheless, it clearly had a fair share of homeless people on the streets.

Our visit

It was a scorching hot day. We visited the local museum which displayed an interesting local newspaper cutting on its health history wall. Dated 1996, it was about creating facilities for mentally unwell people who required inpatient treatment. At the time, the county was planning to replace Martinez's Merrithew hospital, then considered "probably the most outdated, rundown hospital" in California. The new public hospital would provide care for local people, including those without private health insurance.

Here is the transcript of the newspaper cutting, *with my italics*:

Merrithew Will House Psychiatric Ward

ANN ABREU News-Gazette Staff

County supervisors abandoned the idea of placing psychiatric patients at the closed Los Medanos Hospital Tuesday, voting instead to include a psychiatric ward in the five-story Martinez hospital now under construction.

The 43 psychiatric beds will be placed on the fourth floor of the new hospital, which was to have been left partially unfinished to accommodate future growth.

Supervisor Gayle Bishop voted against the new plans calling the project a "*boondoggle*," and asking that a vote be put off for two weeks.

Bishop was a staunch opponent of the Merrithew replacement project when supervisors approved it a year ago.

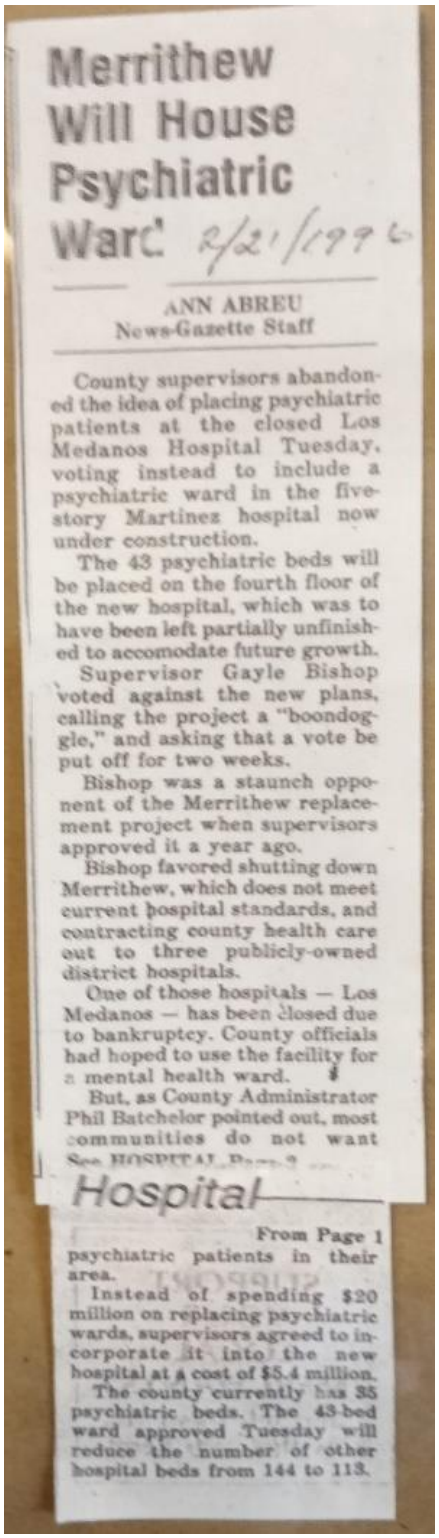
Bishop favored shutting down Merrithew, which does not meet current hospital standards, and contracting county health care out to three publicly-owned district hospitals.

One of those hospitals – Los Medanos – has been closed due to bankruptcy. County officials had hoped to use the facility for a mental health ward.

But, as County Administrator Phil Batchelor pointed out, *most communities do not want psychiatric patients in their area.*

Instead of spending *$20 million* on replacing psychiatric wards, supervisors agreed to incorporate it into the new hospital at a cost of *$5.4 million*.

The county currently has 35 psychiatric beds. The 43-bed ward approved Tuesday *will reduce the number of other hospital beds from 144 to 113*.



Merrithew Will House Psychiatric Ward 2/21/1996

ANN ABREU
News-Gazette Staff

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See HOSPITAL, Page 2

Hospital

From Page 1

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This cutting raised some questions for me.

First was the difficulty of understanding social and psychiatric history cross-culturally, even in another English-speaking country. Could I properly understand this? What did the word "supervisor" mean, in this context? I later found out that it means a member of the "Board of Supervisors", elected in *some* counties and towns in *some* states of the USA, a role *roughly* equivalent to a local councillor in England – but paid. "Boondoggle" was also a new word for me, meaning "an unnecessary and expensive piece of work, especially one that is paid for by the public".

Second was the suggestion of placing psychiatric patients on the fourth floor of a hospital (even taking into account that the "first" floor in the USA equates with the "ground" floor in the UK). Relatively long duration of admission on a fourth-floor ward for physically active patients would be provocatively claustrophobic and restrictive. The supervisors seemed to have little understanding of psychiatric patients' needs, preferring them to be out of sight and out of mind. For comparison, around the same time, the RCPsych advocated that buildings for mentally unwell inpatients "should not exceed two storeys", in order to provide a green outlook, safe access to a courtyard garden for exercise, and minimise risk of injury in the event of jumping from a window.[1]

Third was the emphasis on minimising expenditure on psychiatric care, reducing capital costs from $20 million to $5.4 million in this instance. Fourth, if the floor was to be left partially unfinished to allow for future expansion, would the new psychiatric ward *really* "reduce the number of other hospital beds"? Those words seemed to blame mentally ill patients for reducing *hypothetical* provision for people with physical disorders. Such views chime with those in the UK, although the precise extent and dates differ.

When we left the museum, we noticed a sign which said that the County History Centre was open, so in the heat of the day, we made a beeline for it.

The County History Centre

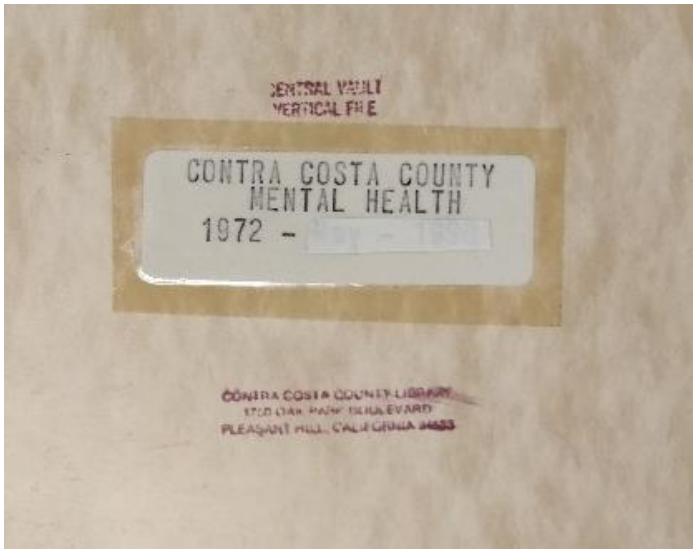
The history centre was air-conditioned. The people on the reception desk were friendly (one, Jim, had noticed us on the bus into town that morning), but there were baffled looks when I asked what they had on mental hospitals in the area. I was hoping for something like the stash of former mental hospital documentation which lurks in county

[1] RCPsych, *'Not just Bricks and Mortar': Report of the Working Group on the size, staffing, structure, siting and security of new acute adult psychiatric inpatient units*, CR62, 1998, pp. 23, 50.

and borough archives in the UK. In trying to make myself understood, I mistakenly used the term "record office" which added more bewilderment: in England, "record office" is synonymous with archive repository, but in California it means what in England is called a "register office".

Unlike county archives in the UK, with their formalities of "please bring two forms of identification and register before we allow you over the threshold" (or similar) and a hive of professional staff, there was no formal registration and all staff were volunteers. As far as I could see, they relied on a card index of their holdings, rather than an electronic catalogue.

They did, however, have some historical material: local newspaper cuttings, some original and others photocopied, back to 1972. Jim kindly retrieved the items then directed me into the archivists' office to look at them as there was no designated reading room. Not having a pencil with me for this impromptu search, I asked for one, and they lent me a pen, and wondered why I looked aghast: what if the pen leaked, I asked? It was yet another difference from the pencil-only rule expected in archive collections in England.



I cannot give you a historical analysis of what was going on with planning psychiatric wards in Martinez at the end of the twentieth century based on an hour or so reading solely local newspaper cuttings, but I thought the fun and pitfalls of a little incursion into an air-conditioned county archive on a hot day in California might be of interest. The archival culture seemed almost as alien as the 1996 newspaper cutting. I found out later that one has to go to the State Archives (for California, in Sacramento, 60 miles from Martinez) to find original documents from the mental hospitals, some of which go back almost two centuries, roughly similar to what might be found in a county archive in England or Wales.

Our esteemed editor, Nicol Ferrier, rightly asked me where they eventually placed the inpatient psychiatric ward. I cannot answer. I could find nothing online about the 1996 decision or the present location, and the hospital campus map gave no details. I completed an online request for information. However, when the reply came back saying "You will need to call [the hospital] directly at (925) 370-5000 with your inquiry" my chutzpah failed.

To end on a lighter note, there were many other historical / medical things in Martinez, which caught my attention. To share just two:

I rather liked the label on an exhibit in the home of John Muir, the naturalist and environmental campaigner (1838-1914), who was born in Dunbar, Scotland, but spent much of his adult life in Martinez.

and this over-sized occupant of someone's front garden.

Acknowledgements: With many thanks to the volunteer archivists at Contra Costa County History Centre, to RCPsych archivist Francis Maunze for digging out *'Not just Bricks and Mortar'*, and to Dr Carol Garbarino for giving me feedback on the article.

Update from the British Psychological Society's Challenging History Group

In the Spring 2024 HoPSIG Newsletter, Dr John Hall gave a report on "Challenging and Hidden Histories and the British Psychological Society"[1] and below is an account of the Society's follow up action.

The Advisory Committee of the BPS History of Psychology Centre (HOPC) has taken action to follow-up on their report on 'Challenging Histories' which was published earlier this year. They are progressing four topics, which are outlined below. For further information please contact Sophie O'Reilly, Archive Manager at the BPS: Sophie.OReilly@bps.org.uk

Cyril Burt project

The Cyril Burt project is on hold due to Dr Mike Chamarette finding insufficient evidence within the BPS archive to make robust determinations on several aspects of the project. The HOPC Advisory Committee will consider the best next steps in regard to this.

AHRC funded PhD studentship

The PhD titled "*Facing up to the Past: Challenging Histories & Changing Future. Conversations at the UK British Psychology Society*" has been offered to and accepted by a candidate with qualifications in psychology, history of medicine and historical studies. They begin the post shortly. An interview with the BPS communications team to introduce themselves and the projects has been published and can be found in this link: -

Challenging the history of psychology PhD underway | BPS

Implementing the Investigatory Process

The HOPC Advisory Committee is currently scoping a pilot project which we are calling the *HOPC Watch List.* The project aims to create a neutral space where areas within the history of UK psychology requiring further research are identified, particularly in cases where acknowledgment and action are essential, and "watched" whilst a strong evidence-base is built to inform next steps. It is vital that the watch list has robust processes and we will be reviewing the draft investigatory process to inform this project. Once the watch list is ready to be piloted, an announcement will be made on the BPS website.

Teaching resource on the history of intelligence testing in the UK

At the end of 2023, we were successful in receiving funding from the Academy of Social Sciences (AcSS) to develop a teaching resource for Key Stage 4 students on the history of intelligence testing in the UK education system and the wider social implications and legacy of this testing. The resource focussed on the negative impact the testing has on the Caribbean community that settled in the UK as part of the Windrush generation.

We partnered with the British Educational Research Association (BERA) and Association for the Teaching of Psychology (ATP) to form a panel of historians, psychologists and educational experts to create the resource. We recreated two intelligence tests from our archive to run interactive sessions in schools to bring this history to life and make it as engaging as possible. So far, we've run 3 sessions with positive feedback from students and teachers. We are running more sessions over the next few months. This has been a pilot project and in 2025 we will review how best to build upon to make the resource available.

WLLIAM SARGANT was innovative, influential and contentious. He played a major role in the development of UK psychiatry 1940-70, and beyond. As one of the first 'media' psychiatrists, he both attracted and courted controversy. Chris Maloney (psychiatrist) and Gilly Greenwood (PhD student and psychotherapist) are researching his life, and the shifting public and professional views of his theories and practice, to explore the evolution of British psychiatry, and its cultural context during his time.

Did you know Dr Sargant, or do you know someone who did? Could you help us with 'witness statements' about him as a clinician and a character? For more information, please contact chrismaloney@doctors.org.uk

After Kraepelin: Ambitions, Images, Practices and the History of Psychiatry 1926-2026, March 6-7, 2025, Royal Society of Medicine, London.

Emil Kraepelin (1856-1926) is probably the single most significant figure in the history of psychiatry and, certainly, one of a handful of most impactful psychiatrists to have shaped the profession. 1926 marks 100 years since his death and this event, jointly organised by the RSM and HoPSIG, will be an opportunity to recall his contribution and focus on significant changes since. Further details, including the full programme and how to register, can be found in this link.

Top: Gerry Keon, *The Construction of Simple Elements-Winter Mixture*, reproduced with permission from the artist. Artist's portfolio can be accessed from www.gerrykeon.com/recent-work/
Left: Pius Fox, *Untitled, 2014* (2014), reproduced with permission from the artist. Artist's portfolio can be accessed from piusfox.com

Congratulations to this year's Beep painting biennial winner Susan Adams! She has won this prestigious award for an artwork she made for the Mid Wales Hospital project (see this issue).

Photograph 1: Adam's installation, Photograph 2: Susan Adams (far right) with selectors Ann Jones and Bronwen Lewis. All winners will be exhibiting at Elysium gallery in 2026.

Beep is now open @elysiumswansea Weds - Sat 11am-7pm until 21st December before travelling over to Aberystwyth in January

Beep (Biennial Exhibition of Painting) was conceived by artist and Elysium gallery Director Jonathan Powell out of a desire to bring a regular series of ambitious contemporary painting exhibitions to Wales. The theme for this round was "I won't stay in a world without love".

Elysium gallery is an artist led, self-sustaining enterprise comprising of 90 artist studios, a contemporary art gallery, performance venue and community outreach space over five locations in Swansea City Centre, Wales, United Kingdom.

Susan has promised us more details on the work and a possible feature on the newsletter cover page in the future! (And we would hold her to that, dear readers!!)

The conference **'Health, Wellbeing and the Arts in the Nineteenth Century',** which takes place online

on 9-10 January, includes several papers which will be of interest to historians of psychiatry. The

conference programme is available at this link and a booking link will be added soon. For more information, please contact **Rosemary Golding at rosemary.golding@open.ac.uk**.

CAPTION COMPETITION

Photo details: National Archive in Kew, courtesy of Claire Hilton

Entries by email to Nicol Ferrier (i.n.ferrier@ncl.ac.uk). The winning entry will be published in the next edition.

Colour plate I from *Klaer Lightende Spiegel der Verfkonst* (Clearly lighting mirror of the painting art) by A. Boogert, 1692

Review of Gordon D L Bates *The Uncanny Rise of Medical Hypnotism 1888-1914: Between Imagination and Suggestion*. Palgrave Macmillan.

John Hall

Oxford Brookes University

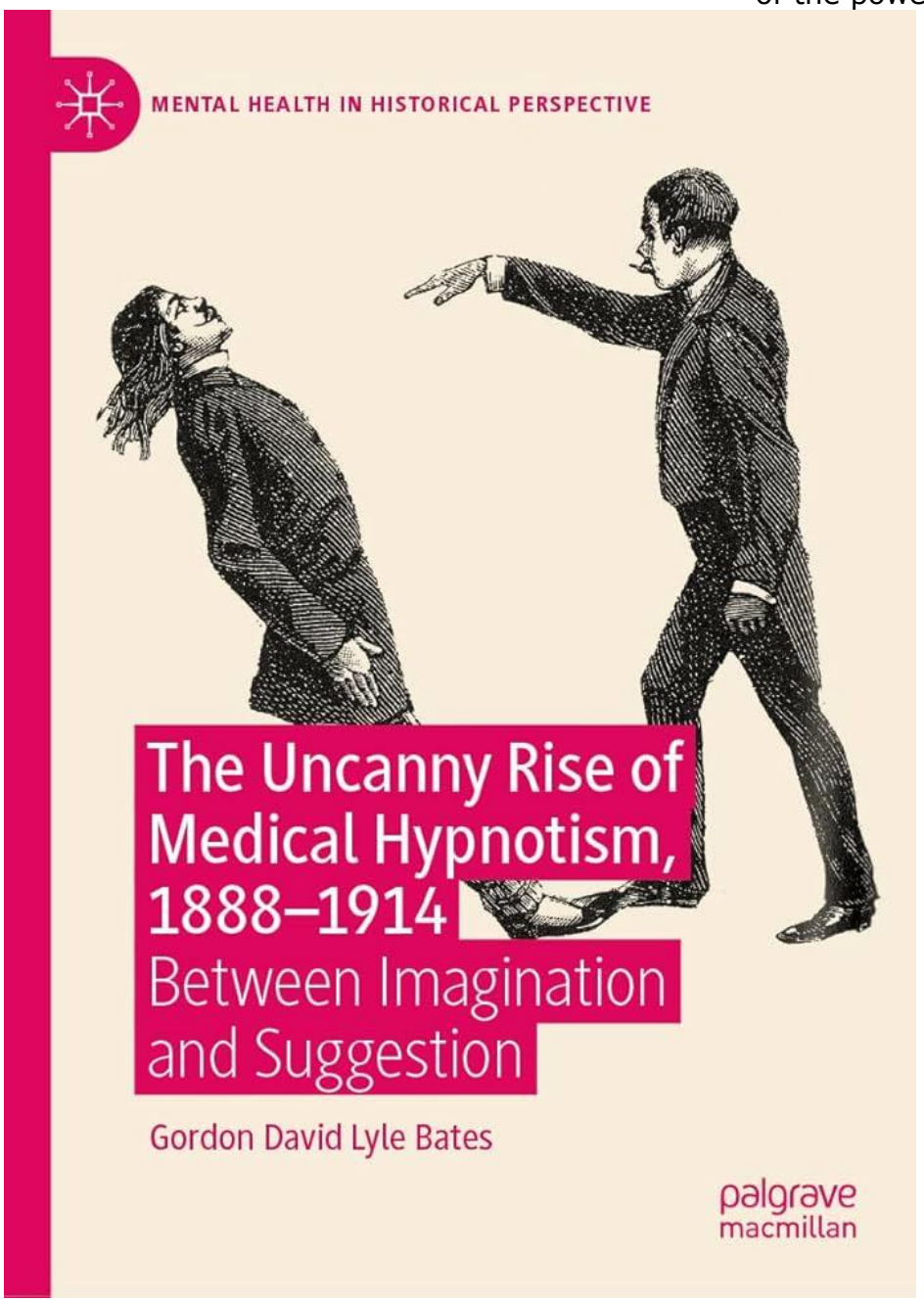
Fascination with hypnosis and hypnotists continues, alongside concerns about the place of hypnosis as a therapeutic procedure - anyone can do an on-line training to obtain a Professional Hypnotherapy Diploma. The history of hypnosis is a significant element in the wider histories of psychology, psychoanalysis (Freud using hypnotic procedures before moving to his Free Association method), and consciousness. So what does this book, developed from the author's PhD, bring to the table?

Conventional histories of early medical hypnotism usually begin with the French story, taking us from Paris, when the Austrian physician Franz Mesmer arrived there in 1778, via the French neurologist Charcot and his pupil Janet, to Bernheim and his less well-known colleague Liebeault working in Nancy. What the title of the book does not reveal is that this is primarily the British story - how was medical hypnosis assimilated, both by the public and medical profession, in Britain?

The book is themed as a series of effectively literary essays, exploring each theme in the

context of the personal lives, and the social groups and organisations to which they belonged, of the 'New Hypnotists' of the 1890s to whom Gordon Bates first introduces us: the four doctors Charles Lloyd Tuckey, John Milne Bramwell, George Kingsbury, and Robert Felkin. These four protagonists (and dispute and arguments are everywhere) are seen as the leading figures in the final acceptance of hypnosis in Britain, but still on the edge of what was seen as acceptable science and practice. A feature of the book is the level of detail given about the networks and relationships through which hypnosis was communicated to both the general public and medical communities, via an array of popular magazines and esoteric organisations.

Two chapters of the book discuss the complex stories of the paradigm shift in the history of hypnosis from 'imagination', as a mechanism for understanding the effects of the mind upon the body and as a means of understanding madness. This story is illustrated both by Mesmer's reception in France and the public investigation of his methods by a Royal Commission in 1784, and by the investigations, both in America and Britain, into the use of 'tractors' (pairs of metal rods) by the American Elisha Perkins from 1796. We then move to ideas of the power of 'suggestion', as a better fit with the understandings of both doctor-patient interactions and psychosomatic conditions, and with current lay culture.



He then takes us back to the earlier John Elliotson and Scottish James Braid (both born sixty years before the 'new' hypnotists), both establishment figures whose status helped to avert some of the hostility to mesmerism and its French radical overtones. But Elliotson fell foul of the conservative medical establishment, and his public fall from grace effectively deferred mesmerism from being accepted professionally by doctors for fifty years.

And so we come to the 1890s. The BMA set up a committee of enquiry to examine the therapeutic usefulness of hypnotism: their report was eventually shelved. The editor of the BMJ, Ernest Hart, then pursued a vendetta against hypnosis during the 1890s. The next chapter takes us back to France, with the London Times exposing what it saw as the scandalous use of hypnosis in France, with the eminent alienist John Bucknill

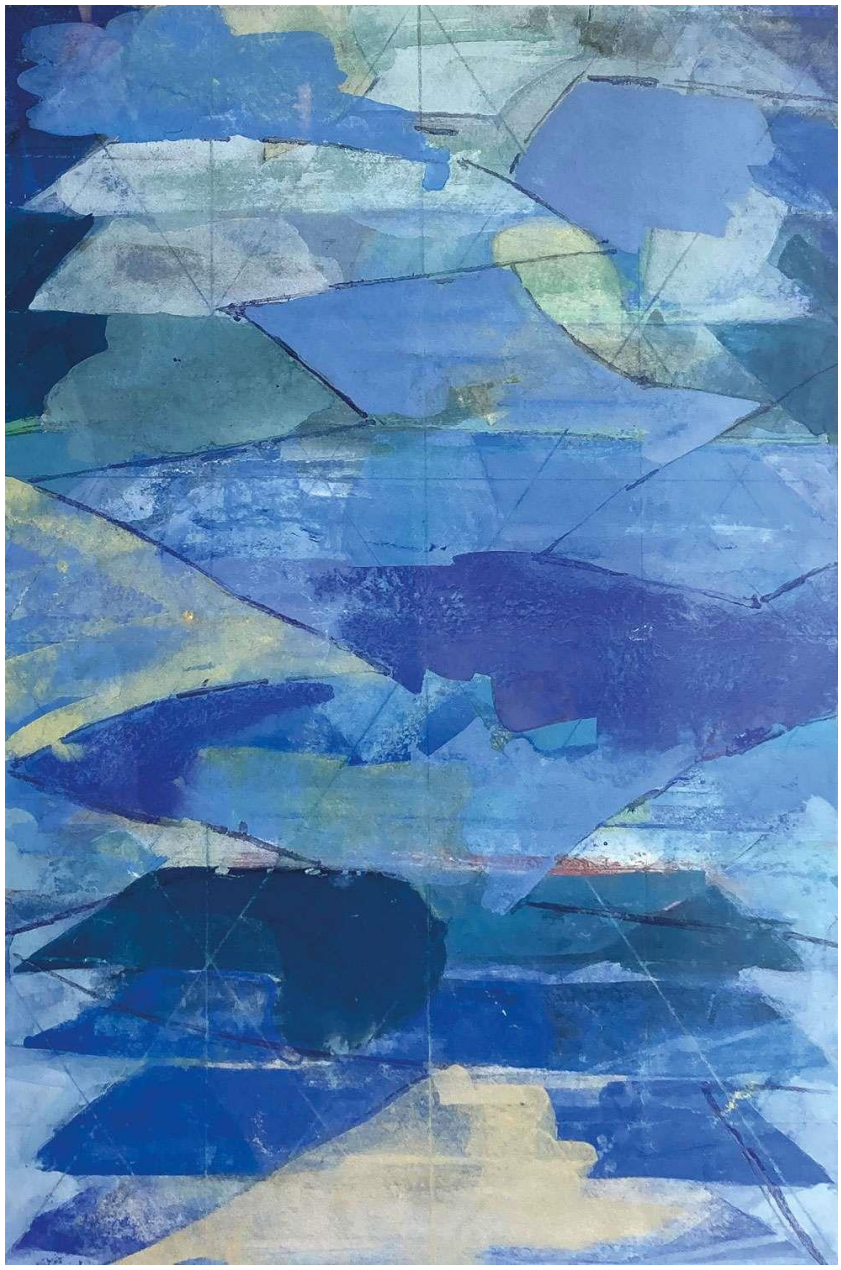
contributing to the debate. Two controversial European murder cases – one French and one Dutch - raised the question of criminal responsibility if a potential culprit was thought to have been hypnotised, and of the possible use of hypnosis to obtain a confession, and these cases were of course the focus of extensive sensational journalism.

The next chapter explores the relationship between hypnosis and a number of esoteric organisations, most prominently the 'Hermetic Order of the Golden Dawn', and the Theosophical Society. Another organisation examined is the Society for Psychical Research (SPR), which was in a different league: it was set up in 1882 by a group of Cambridge scholars, and included a number of respected main-line academics, such as Frederick Myers and William James – it still exists. The penultimate chapter examines the role of fictional literature, on the one hand examining the role of English willpower, contrasting with hypnotists of foreign origin, as in George De Maurier's 1894 Trilby with Polish and Jewish villains and most famously Bram Stoker's 1897 Dracula. The 1895 short story Red Bracelet by 'Lillie' Meade is presented as a critical text, seen as a prime example of the genre in exploring the relationship between hypnosis and professionalization, bringing together the ways in which hypnosis contributed to the wider rise of psychological therapies, through organisations such as the London Psycho-Therapeutic Society, and the Medical Society for the Study of Suggestive Therapy.

This is a discursive and stimulating narrative, exploring the multiple routes by which hypnosis achieved some sort of uneasy position within the medical practice of the period. It can also be seen as proxy for other contemporaneous battles for the place of the 'new psychology' and therapeutics among a wide range of medical practitioners, notably the contested introduction of psychoanalysis into Britain by Ernest Jones (who gets less than a paragraph) and David Eder. The core period covered by the book is important as new ideas in psychiatry, psychology, and psychoanalysis challenged the intellectual torpor of British institutional psychiatry.

I agree with his conclusion: the lives of these men, and others (including women) like them, have been neglected. Their stories provide insights into the changes in British psychiatry after WWI, and the public and professional struggles required to achieve them.

Tom Cross, *Untitled Helford 1982* (top) and *Low Tide, Helford River 2000* (bottom), reproduced with permission from the artist's son David Cross who manages his father's estate. Tom Cross's portfolio can be found online at Tom Cross



Hospital in the Mind: an oral history celebrating the centenary of the Cassel Hospital (2023) Commissioned by the Cassel Hospital Charitable Trust Directed by Rob Lemkin. Produced by Laura Mitchison.

Dr Gwen Adshead

Dr Gwen Adshead is a forensic psychiatrist and psychotherapist. For over 30 years, she has offered therapy to perpetrators of serious violence in prisons and in secure psychiatric hospitals. Gwen has published papers in academic journals and co-edited several academic textbooks. More recently, with her friend Eilleen Horne, she published a book about her work for a general audience called 'The Devil You know' (Faber, 2021) and is working on another book about trauma. Gwen also regularly teaches and lectures nationally and internationally and is the BBC Reith Lecturer for 2024.

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You could say that the film maker and the psychotherapist both look at other people through a lens. The film maker has a literal lens to look through in order to capture an image, which will then be projected onto a space for others to see and interpret. So too the psychotherapist looks through a lens of their own experience, both professional and personal; and they attend to and reflect on projections that emerge in the space between them and the patient. But like the film maker, they must also be aware of the entire social and relational space in which they are working. Without awareness and attention to those relationships, there will be no creation of those attachments that enable the articulation of new thoughts and narratives. Attachment narratives are also memories of the past that inform the present and can influence the future: to know where you are going, you need to know where you are now, and where you have been.

Film has always been a powerful way to capture memories, by generating images that allow past and present to be connected fruitfully; and this lovely film was commissioned to ensure that the work of the Cassel Hospital is not only preserved but celebrated. For those who do not know it, the Cassel Hospital can claim to be one of the most important psychiatric hospitals in England, both historically and clinically. It was first developed as a hospital for soldiers suffering shellshock; and then became a hospital for people who had suffered similarly in civilian life after WWII. It originally occupied a building in Surrey but in 1948, it moved to Ham Common where it has remained. At that time, long term residential care was the mainstay of treatment in psychiatry and the Cassel was superficially no different.

What *was* different about the Cassel was the model of care that was offered; a model that had been developed by the psychiatrist and psychoanalyst, Dr Thomas Main. He had worked as a military psychiatrist during the war, and coined the term 'therapeutic community' in 1946 to describe how building and reflecting on relationships with others could help people could change their minds for the better. The theory of the benefits of therapeutic community (or TCs as they are often known) was originally based on psychoanalytic ideas of childhood development. As these ideas have been substantiated by research into psychosocial development and trauma, so the understanding of TCs has also been supported by academic study in social and political psychiatry employing quantitative research into how psychological therapies 'work' and qualitative research co-produced with those who have actually lived the experience.

Main moved his young family into the Cassel as the buildings were renovated, and the film includes a charming interview with one of his daughters recalling how she grew up there with her siblings, playing in the beautiful gardens, which have always been a vital part of the Cassel experience and identity. The film has many shots of the garden across the season, arguably at its best in spring when the daffodils and magnolias bloom, reminding the viewer that the essence of a TC is that change is organic and all spaces are part of that experience. To be a patient at the Cassel was to participate in group therapy (small and large), but also to work in the kitchens, attend to the gardens and be present to yourself and other people. Every aspect of the community experience is potential material for reflection on the social mind i.e who we are in relation to others and ourselves.

This approach had been tried before in a military psychiatric hospital called Northfield, with mixed results. This first attempt, led by Dr Wilfred Bion, was not a success; perhaps because neither the soldiers nor the professionals caring for them were ready for the way that a TC challenges traditional hierarchies and authority in institutions. The TC approach is radical because it assumes that professionals who join a TC bring themselves to the process as much as the people who are called 'patients', and

together they form a community with a 'flattened' hierarchy. Residents and staff have different roles, but the work of a TC is to build a culture of enquiry which explores conflict and cooperation; and in so doing, enables people to 'see' their own minds and the minds of others differently.

Main had led a second more successful attempt at building a TC at Northfield, and so he was a natural choice to develop a new TC at the Cassel. As the film makes clear, one of his most important tasks was to build the psychological capacity of the nurses who made the TC model possible by running therapy groups and supporting all the other activities as well. Therapists were employed to offer specialist therapies, when necessary, but the mainstay of the TC model was the daily programme of groups and activities run by the nurses. Main worked closely with Doreen Weddell, a senior psychiatric nurse, to develop nurses as therapeutic professionals in their own right; and some of the most moving interviews are with those nurses who trained at the Cassel, remembering how they came to understand how their relationships with patients could be the basis for treatment that changed minds. As one interviewee points out, 'Medication doesn't look at the whole person'.

Across the film, we see an interweaving of reflections of former residents and staff with photographic images of the past and present in a way that parallels therapeutic processes that also look backwards and forwards in time. Much of the film is poignantly dated. We see old film of staff and residents interacting at work, at play and at parties; both sexes intermingled in a way which might seem dangerously free to the somewhat paranoid 'eye' of current safeguarding procedures. So much smoking! And touching! And pets! This grounded humanity of the TC model especially comes across in the affectionate interview with a couple who met at the Cassel as residents, and are still married many years later. It is hard to imagine any psychiatric service today enabling that kind of trust or rapport between patients in a respectful way.

Interviews with former residents makes it clear that the relational approach of a TC is psychologically challenging and not always comfortable. A memorable quote was 'It was St Trinian's one day, Fight Club the next', evoking different kinds of psychological mayhem that had to be contained and managed within the community. It could be hard to stay with psychological discomfort; another past resident said thoughtfully 'I was a bit of a madam… but then I realised that you could say these things out loud and it helped! Who knew?' And that's the point; it can sometimes seem impossible to change

your mind about yourself and others, but 'change happens when something goes on between the two of you' says another interviewee, and that is probably the only way that anyone ever changes their mind for good. I was moved by the therapist who said, 'This is what works; to be able to say 'Sit down, tell me… we've got time'.
Tom Main worked at the Cassel for thirty years, leaving a legacy of thought and practice that is still highly influential. In November this year, discussion of one of Main's most famous papers, 'The Ailment' will open a conference about relationships between staff and patients in mental health services, and how to think about them. It was at the Cassel that some of the first research was done that showed the efficacy of psychological therapies for people with complex needs; therapies that are now NICE recommended. Since 1948, TCs have been built and developed in many different parts of the world, and in different part of human society. There are also day TCs and Monday-Friday TCs, all of which can be effective, both therapeutically and financially; especially from the perspective of cost offset. I am most familiar with prison therapeutic communities, which have been developed over the last twenty years as part of a deliberate policy to make prison rehabilitation more relational. These prisons TCS are not only effective in reducing recidivism, they are also cost-effective. (Beaudry et al 2021; Knapp & Wong 2023). So the contemporary question is why NHS mental health services have closed TCS in England wherever they can. I am afraid to say that there are no good reasons, only the usual humanly bad reasons; irrationality, fear and spite. It is irrational to close down services that are cost effective to run, but managers may fear a service which gives power to professionals and patients in collaboration. It is irrational to idealise short duration of treatment as a service performance indicator without proper attention to the outcomes; high turn-over may be good business in a factory but not always in a hospital. It is irrational to ignore evidence that TCs are psychologically and cost-effective and maintain delusional claims that psychological therapies are ineffective.

But the TC model flies in the face of the current 'widget making' model of mental health care which is now all that is on offer in the NHS. Patients are put on 'pathways of care', which end with discharge when the course is finished, not when the patient is better. The idea of evidence-based medicine has been abandoned much like the idea of 'truth' in social media. The fragmentation of mental health services works to prevent patients making the kind of therapeutic alliances that we know improve recovery. I am thinking of a senior medical manager who was told that nurses on their ward were anxious about how disturbed the patients were and the levels of seclusions. The manager replied 'The nurses shouldn't think that way'. So that's the answer: just don't think any unpleasant thoughts! The same manager later pushed through the closing of a psychological therapy service, saying that the task of the hospital was 'behaviour management'.

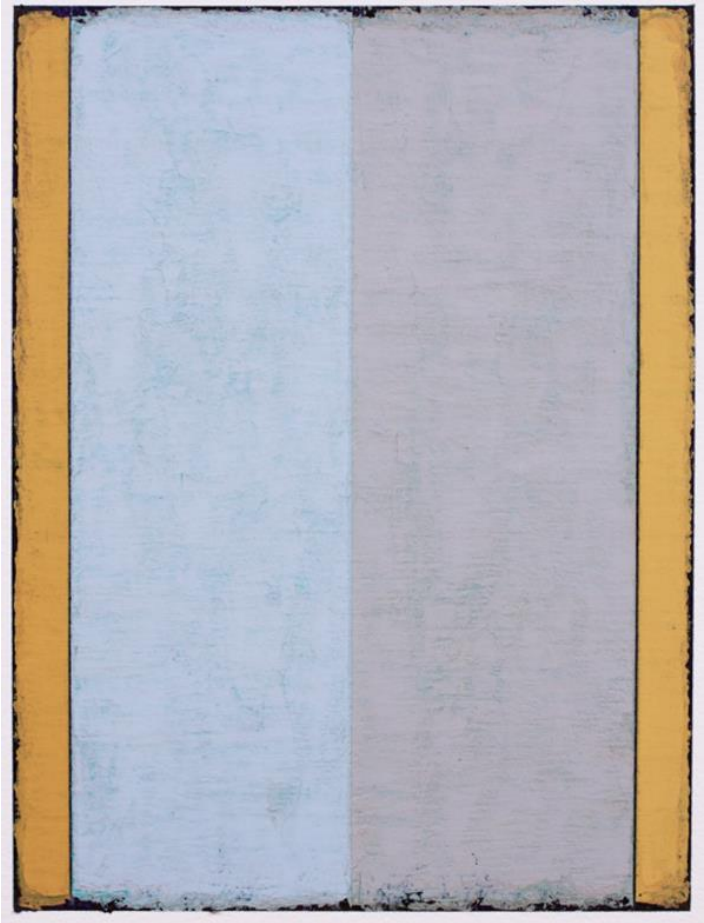
I think we can see a pattern here, which is about fear: fear of thinking, fear of feeling and fear of what might happen if people really invest time and effort to use social relationships to change their minds for the better. The TC model has persisted in the face of this opposition because it takes fear and other such painful emotions seriously, with good results. The Cassel Hospital is one of the originators, and for the moment, it continues as living testimony that relationships change minds for the better, and that therapeutic relationships and alliances are essential for good mental health. But as a therapeutic community, it will need all our support to fend off attacks by those who are hopeless and fearful. This film is part of that support.

References

Beaudry, G., Yu, R., Perry, A.E. and Fazel, S., 2021. Effectiveness of psychological interventions in prison to reduce recidivism: A systematic review and meta-analysis of randomised controlled trials. *The Lancet Psychiatry*, *8*(9), pp.759-773.

Knapp, M. and Wong, G., 2023. Economic evaluations of mental health interventions in criminal justice. *Criminal behaviour and mental health*, *33*(2), pp.139-148.
Main T. (1946). "The Hospital as a Therapeutic Institution". *Bulletin of the Menninger Clinic*. **10**: 66–70

NHSC for Reviews, 1999. Therapeutic community effectiveness: a systematic international review of therapeutic community treatment for people with personality disorders and mentally disordered offenders. *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]*. https://www.ncbi.nlm.nih.gov/books/NBK67920/



Steven Alexander, *Efforts of Affection 5*, reproduced with permission from the artist. Artist's portfolio can be accessed from stevenalexanderstudio.com

Review of *Finding Sanity: John Cade, Lithium and the Taming of Bipolar Disorder* by Greg de Moore and Ann Westmore (Allen and Unwin, 2016)

Claire Hilton
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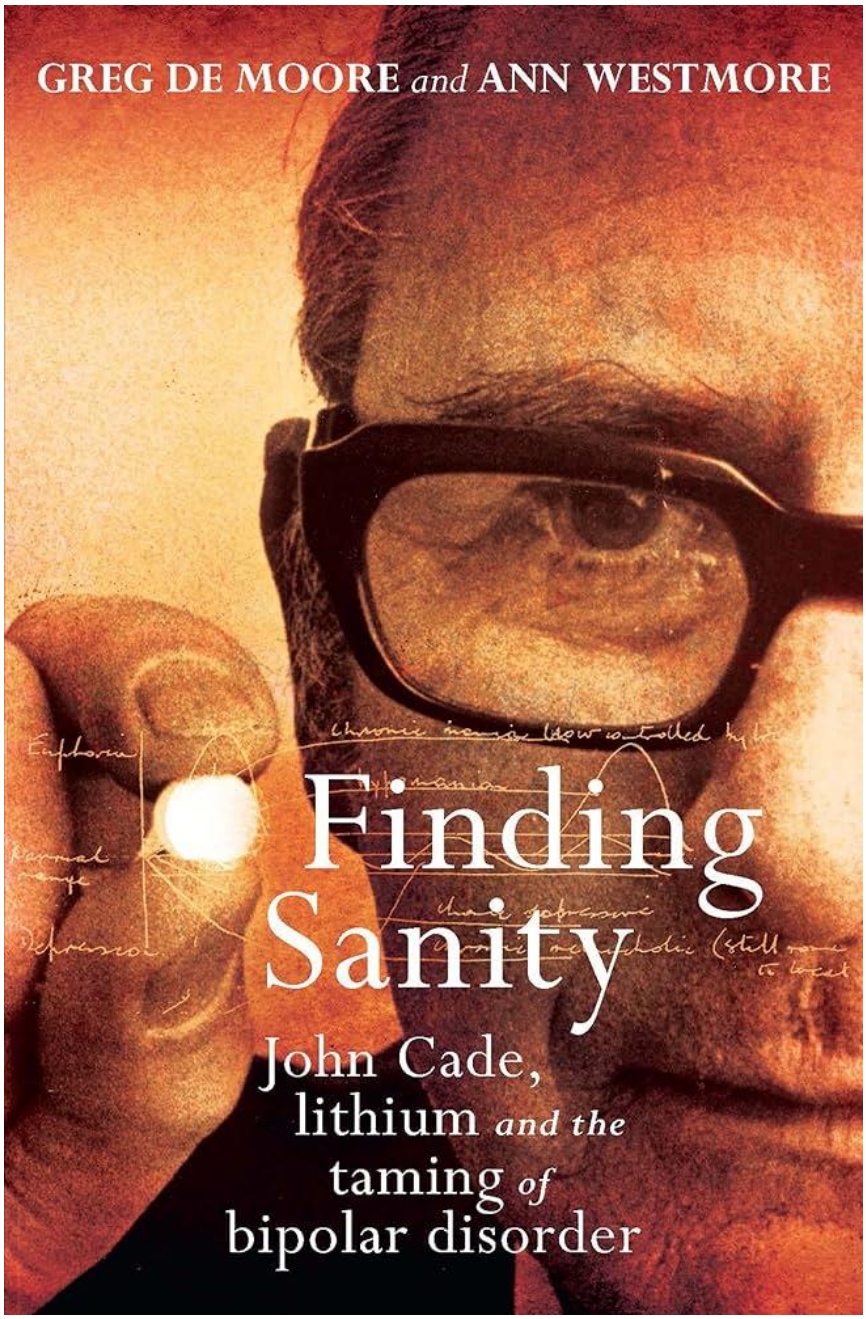
If a biography of a twentieth century psychiatrist can be gripping, this is it! Greg de Moore, an Australian psychiatrist-historian, and Ann Westmore a historian of Australian psychiatry, bring to life the story of John Cade (1912-80) and how he discovered the therapeutic properties of lithium for treating manic depression, now called bipolar disorder.

John Cade was the son of a psychiatrist, and much of his youth was spent living within the grounds of a mental hospital. The hospital was home to many patients and its staff, and the Cades regarded patients as extended family. Even as a young child, John was curious to experiment to learn and discover things. In 1929, he began his medical studies at the University of Melbourne. When he qualified, he dipped into paediatrics, before beginning his career in psychiatry.

In 1939 when the Second World War broke out, he was working in psychiatry, was married to Jean and had two young children, David and Jack. He enlisted, and in 1941 was sent to serve with the 2/9th Field Ambulance in Malaya. Late in 1941, Japanese forces invaded. For the next 3½ years he was a prisoner of war (PoW) in Changi, Singapore, undertaking general medical duties, including dealing with tropical diseases, wounds sustained at the time of the invasion, and hunger, malnutrition and vitamin deficiencies. His clinical and scientific understanding, alongside ingenuity, creativity and luck in many ways, helped him and many others to survive.



Back in Melbourne in 1945, once physically well enough, distracting himself from traumatic memories and making up for the years interned, he worked heart and soul to re-build his family life and his psychiatric career. Dedicated to the wellbeing of his patients, he also wanted to better understand the pathological mechanisms which caused their severe disabling psychotic disorders. He decided to investigate. The garage of his home became his laboratory. He began by testing patients' urine, jars of which he stored in the fridge in the family kitchen. He obtained a supply of lithium because he wanted to convert insoluble uric acid into a soluble compound, lithium urate, for his experiments. How he obtained the lithium remains a mystery. Perhaps he found some somewhere in the hospital. Lithium had been established in the pharmacopoeia for generations. Unsurprisingly, one of its uses was to treat gout. For that purpose, it was recommended to be taken orally, three times a day, "8 grains[1] of carbonate of lithia dissolved in any aërated water", according to *The Family Physician: A Manual of Domestic Medicine,* four volumes compiled by "Physicians and Surgeons of the Principal London Hospitals" and published in 1882. That was well before the days of monitoring serum lithium levels, a technique also developed in Melbourne, but not until the 1950s.

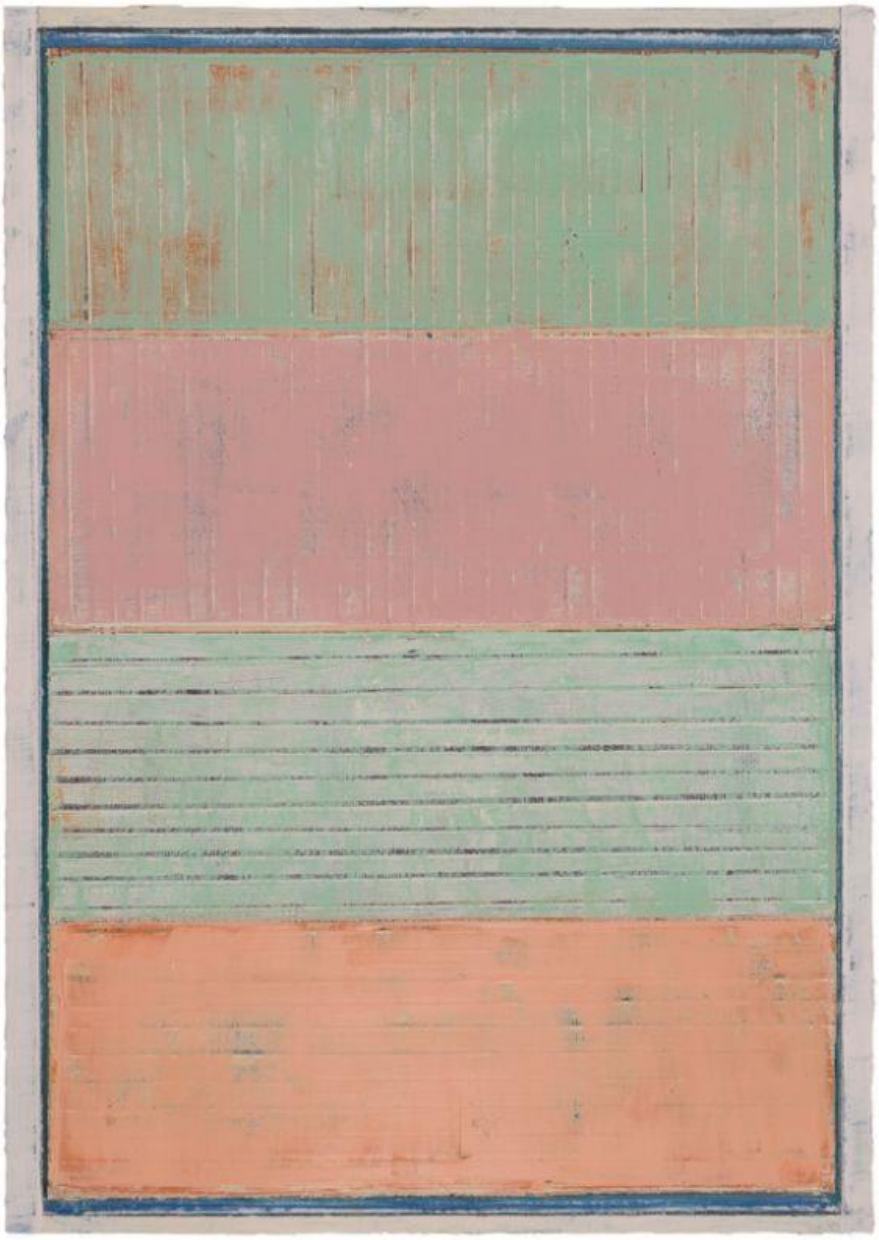
Greg De Moore and Ann Westmore have been meticulous in their explanations of technical terms, making the book accessible to a broad readership. Their list of 28 oral history interviewees is impressive and appropriate to such a recent story. They have generally avoided abbreviations, although occasionally they occur without being defined when first used. The main drawback of the book as a factual narrative is the lack of footnotes, particularly regarding controversial matters, so there is no chance to probe them. There is a select, rather than comprehensive, bibliography, which is also sometimes frustrating. The text, for example, mentions the critique of

[1] About 500mg.

lithium “launched like a series of missiles” in the 1960s by the psychiatric leadership of the Maudsley Hospital, London. The description is colourful and intriguing but where are its references!?

Lithium for the treatment of bipolar disorder had a traumatic gestation and stormy early life history on its route to acceptance as a therapeutic agent. Its pros and cons are still debated, and its precise mechanism of action remains uncertain. In the broadest sense, the book is a double biography, of the ups and downs, troubles and successes of both John Cade and lithium. It also gives insights into the lives of PoWs, and the lives of patients and staff families who lived within the grounds of mental institutions. The book also raises questions about what inspires research, and about research methodology and ethics, including trying new treatments on patients, and being scrupulously honest when things go wrong.

It would be a spoiler to tell you the whole story, and would not do justice to the intricacies and twists and turns of the book. I suggest you read it!

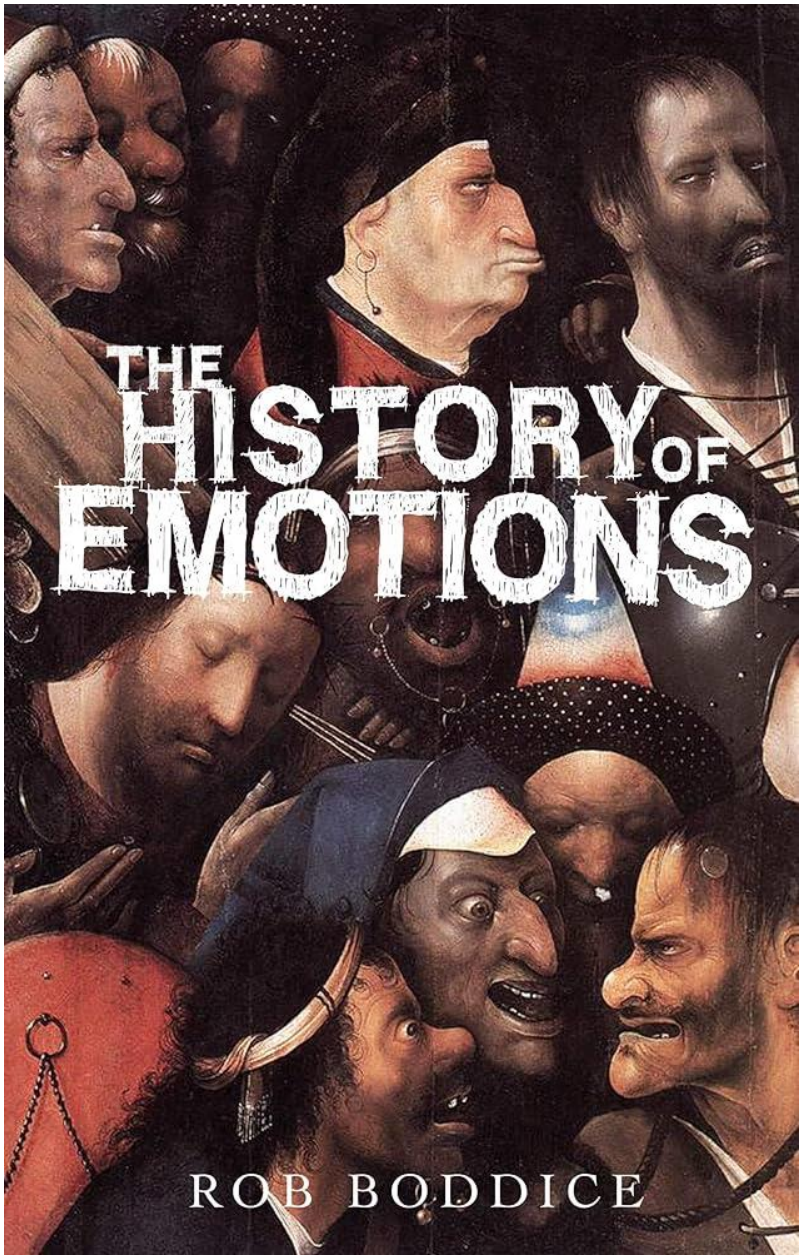


Pius Fox, *Untitled, 2013* (2013), reproduced with permission from the artist. Artist's portfolio can be accessed from piusfox.com

Review of Rob Boddice (2023) *The History of Emotions* & Allan Ingram, Clark Lawlor & Helen Williams (2024) *Myth and (mis)information : Constructing the medical professions in eighteenth-and nineteenth-century English literature and culture*

Jane Whittaker

Rob Boddice (2023) '*The History of Emotions*' Second Edition, Manchester University Press, Oxford Road, Manchester, M13 9PL.
ISBN 978 1 52617117 7 Paperback
RRP £17.99[1]



Do you remember which book you used to study psychopathology? I used 'Fish's Clinical Psychopathology', edited by Max Hamilton, and Andrew Sims 'Symptoms of the Mind'.[2] I still have both copies. This is not just nostalgia, or a problematic inability to clear out old books. They are reminders of the centrality of emotion, as a force in our clinical work and everyday lives. This book is both an overview and a call to action, looking at how *histories* of emotion can and should be central to how all histories are written. As such it compliments any study of emotion, including psychopathology studies and history studies. It is a manual to avoid pitfalls, a plea for interdisciplinary thinking, and a challenge to academic silos. I suspect that recommending this book to psychiatrists who are interested in the history of our speciality this is preaching to the choir. Rob Boddice is an academic Historian of Science, Technology and Medicine, at the University of Tampere in Finland. He writes like a man on an intellectual mission to re-situate and re-define how we read, write, teach and prioritise the history of emotions. No longer a side gig for psychoanalysts trying to retrospectively understand the inner life of historical figures, Boddice argues that understanding the centrality of emotions to all our lives, how they are experienced, shared and act as motivators is key to understanding both actors of history and the events in which they participate. After all what is history, if not an attempt to understand events and the thoughts, feelings, and contexts of the people who drove them.

This is also a revised edition reflecting the rapidity of change in the field. Boddice includes material from his other areas of work in the history feelings and the history of pain. He takes the study of emotions across boundaries of periodicity, geography and language. Neuroscientists and some psychologists argue for neural substrates that underly for a universality of human experience. Boddice counters this arguing that brains are created by and within the culture they inhabit and are participants in shaping it. In so doing he challenges this universalist position that has been a feature

[1] Online providers have new copies at lower prices.

[2] Max Hamilton, editor, *Fish's Clinical Psychopathology; Signs and Symptoms in Psychiatry (Revised Reprint)* (Bristol: John Wright & Sons, 1974). Andrew Sims, *Symptoms in the Mind: An Introduction to Descriptive Psychopathology* (London: Balliere Tindall, 1988).

of much research. However, he does not accept the relativist argument uncritically, reminding us of the complexity of emotional experience as an interaction between physiological, cognitive and perceptual stimuli and responses. The starting point for Boddice is to challenge the idea that we can be universalist about the emotional and affective experience of people in the past, and in the present, across diverse communities. This is a message that psychiatrists should not have any problem with, but Boddice as a historian convincingly articulates it.

The first chapter that situates the historiography of the field. He then goes onto to analyse how the language of emotion description and labelling both helps and constrains understanding in chapter two. In doing this he looks closely at the work of notable historians of emotion like, for example, Barbara Rosenwein. Here the idea that language both expands and limits the similarities and differences between how emotions are experienced and explained is discussed. When is a smile not a smile? In polite anglophone culture a smile has multiple meanings. It can be an act of courtesy, a gesture of recognition, an expression of joy or signal of anxious discomfort that social convention precludes vocalising. Interpretation depends on the subtleties of social and cultural cues. Cultures in the present, never mind the past, cannot be assumed to have the same cues or contingencies. An obvious statement one might think, but we do tend to assume that the same expression means the same thing and large bodies of research are based on this presumption. The famous Ekman and Friesen's standard faces of universal emotional expressions that were not only exclusively white and north American; they were also posed.[3] Yet, it has been argued they mean the same to all cultural groups.

The themes of spatial and temporal recurs throughout the book. Communities past and present have a set of expectations of what is considered ordinary and not-ordinary emotional expression. As he points out when discussing the assessment of emotional expression in psychiatry and psychotherapy "as a temperature test for emotional style in different periods and different places, as well as for clear impression of the way in which emotional prescriptions are deployed and enforced, one could do worse than look at the records of different types of alienist asylum psychiatrists and psychoanalysts. In such places clear expressions of what it looks like when emotions have gone wrong are found" [4]

What is expressed and how it is expressed also has a political context. Personal and societal control of emotional expressions all have their contexts, and judgements about these can be used to oppress. Some emotions are associated with femininity, other emotions with masculinity. This can also be applied to race, and class; one group's normative emotional response can be considered deviant or primitive by another. Expectations about integration can mean negation of the emotions of some groups, and endorsement of others.

Chapter 5 links with this, as an examination of practise (praxis) and expression, including "lost emotions" such as honour, courtly love, and sensibility, situating these emotions in time and place. This is particularly fascinating. A western Eurocentric attitude to honour may situate it firmly in Jane Austen novels or seventeenth century gentlemen duelling. However, it was and, in some societies, still is a powerful motivating force. Boddice points out that those who "would flatten human experience to automated mechanisms of the ancient brain denude humanity of its situated meaningfulness". [5]

Chapter 6 goes on to look at the interaction between experience, sensation, and the brain. Here he takes on Daniel Lord Smail amongst others. Further pressing his point that culture shapes brains and thereby emotional expression he cites how novel technologies influenced thinking and in turn emotion pointing out that

"To think of such things as psychotropic stimulants with psychotropic practises: the

[3] Paul Ekman and Wallace V Friesen, *Unmasking the Face: A Guide to Recognizing Emotions from Facial Clues* (Palo Alto: Consulting Psychologists Press, 1984).

[4] Boddice, ibid p130

[5] Boddice, ibid p172

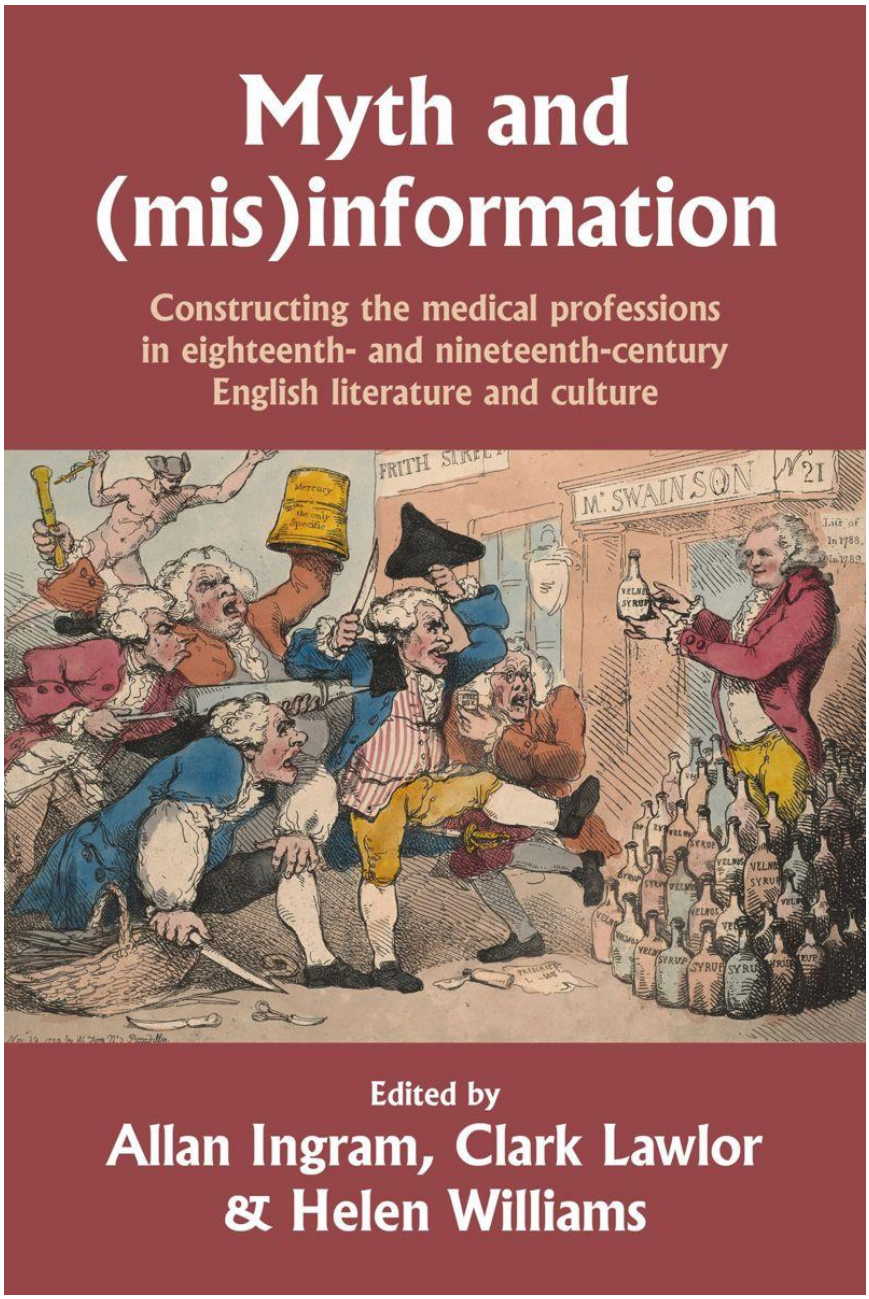
printing press implies new practises of reading, the steam engine implies new practises of work, travel, time keeping and more: the internet implies new practises of communication, organising vision, identification and so on."
He goes on to expand on this in chapter 8 looking at how the physical environment interacts with emotional states. Not just how a building might engender awe, fear or pleasure, but also how a building shapes our behaviours. Inevitably Foucault and the panopticon make an appearance, as the emblematic study of how space has interactive and contextual effects as well as an expression of power. The final chapter is about morality and the emotional basis for morality. What does a history of emotions have to do with morality? The answer is that what we consider to be moral, decent or right has an affective component.
This is a tightly written, highly intelligent book on a subject that is central to psychiatry and especially the history of psychiatry. Challenging both a an overly neurobiological reductionist whilst questioning excessive relativism, Boddice approaches how and what is studied when we think about emotion experience and perception in the past. Inevitably this means that much of this book is historiography. Much of it explicitly challenges assumptions, especially those of a currently largely Eurocentric history of emotions and, incidentally, psychiatry practise. It is an excellent book. I wish I had been able to read it when I was a trainee.

Allan Ingram, Clark Lawlor & Helen Williams (2024) Myth and (mis)information: Constructing the medical professions in eighteenth-and nineteenth-century English literature and culture. Manchester University Press, Oxford Road, Manchester M13 9PL.
ISBN 978 1 5261 6682 1 Hardback
RRP £85.00

I am tempted to save you the trouble of reading this review. This book is brilliant. However I think the editors expect me to write a little bit more to justify my opinion, and it is a rather expensive book.I have long been fascinated by how we as doctors are perceived and experienced by others. I do not just mean our patients and their families; I also mean the media, authors and literary scholars. And, if engaging with the media, do we lose something of our capacity for nuance in the need for clarity of communication with a non-psychiatry audience?
This book is about literature, patients and physicians. Some of these physicians are characters in novels, some of them of the authors of novels, sometimes written anonymously with a medical agenda, and some are authors trying to share medical insights with an interested public.
Thematically the connecting story is of how physicians are perceived, experienced, and inform, and equally importantly, mis-inform. Temporarily the book has diverse chapters following a sequence starting in the eighteenth century, (considered by Roy Porter to be the high point of medical quackery).[6] It ends at the close of the long nineteenth century. This means starting before the alienists who evolved into psychiatrists even existed. The start of this book reflects literary preoccupations with the prevailing cosmology of humoral theory, by the end biomedicine is in the ascendant.[7] So,

[6] Roy Porter, *Bodies Politic: Disease, Death and Doctors 1650-1900* (Reaktion Books, 2003).
[7] In the nineteenth century physicians clearly distinguished between mental and physical disorders. Black bile (melan), yellow bile (choler), phlegm and blood (sanguine) are still with us in words like melancholy, choleric, phlegmatic and sanguine as characterological descriptors and disorder descriptions. The aetiology of mental and physical disorder was framed through the loss of disturbance of balance between these four humours and the interrelationship between the six 'non-naturals'. These six factors were sleep/ wakefulness; food & drink; air; activity/ exercise; evacuation meaning not just excretion of urine and faeces, but also semen, menstrual blood, and finally the passions. This last category included the balance of the emotional life on our wellbeing. All of this will probably look very familiar to anyone interested in lifestyle medicine. For eighteenth century physicians this was core medical theory,

this book covers a key period in medical history, but through the eyes of literary scholars studying the place of doctors in literature. As the editors point out at the introduction and in the afterword, providing and challenging information (and misinformation), whether born of ignorance, or deceit, has a special relevance now. We are beset with doctors writing and performing for the public on TV and social media. Doing 'just one thing' may make a positive difference to people's health, just as vaccine hesitancy can have devastating consequences.



This book is so full of richly articulated papers that I will just highlight three. I will start with the chapter on George Cheyne, creator of the 'English Malady' by Clark Lawlor, a Professor of English with a special interest in the 18th century. This affliction referenced the sufferings endured by those who were of such refined and delicate sensibilities that they fell ill with the stress of living, and this uniquely applied to the English as they were the most cultured and sophisticated. Cheyne used his own experience of living hard and fast as a younger man to demonstrate the value of his approach to healthy living. Repudiating alcohol, eating to excess and his chaotic lifestyle he repaired his shattered (and very overweight) body and damaged nerves by adopting a vegetarian lifestyle and regular habits. He created a body of written work that was from a perspective of personal experience and medical expertise. As such it was aimed at anyone who could read in English. As the chapter heading states 'the very women read it'.[8] In other words, eschewing the Latin of scholarly medicine, sharing medical insights in the vernacular and including personal details was a literary departure that garnered both fame and wealth but also the derision of medical peers.

At the other end of the book, the final chapter 'You taught us that which you knew not to be the truth' is an examination of the Henry Rider Haggard novel Dr Therne, and example of the doctor as a fictional character, in a 'novel with purpose'. Famous

principles and practice. Whilst the core principles of intervention (healthy diet, healthy balance of rest and activity, clean air) have contemporary appeal, some of the remedies implemented were frankly macabre and often deadly.

[8] Allan Ingram, Clark Lawlor, and Helen (eds) Williams, *Myth and (Mis)Information: Constructing the Medical Professions in Eighteenth and Nineteenth Century English Literature and Culture* (Manchester: Manchester University Press, 2024).

for his imperialist, colonial boys-own adventure style of novels (Alain Quartermain for example), the character of Dr Therne is a doctor, who enters politics after his medical career fails. He is supported by a vigorously anti-vaccination patron. Despite believing in the efficacy of vaccination, in this context against smallpox, he compromises his own conscience by publicly fighting and winning an election on an anti-vaccination stance. His unvaccinated daughter dies of the disease, whilst he is ultimately discovered to have covertly vaccinated himself. In our post-covid world the resonances of vaccination (or not), debates about control, autonomy and vested interests are hard to miss.

Fictional doctors can be studied to follow the cultural perception of their role, expertise and the changing patterns of knowledge and practice. This is beautifully illustrated on the chapter looking at the novels of Elizabeth Gaskell by Barbara Wituki of Utica University. Gaskell mixed in a wide social circle, including doctors and social reformers. The methodology in this chapter interrogates the depiction of characters, created by Gaskell, who provide care and remedies to the sick. This includes wise women and their expertise in kitchen remedies as well as physicians and their medicaments. The presence of these characters illustrates the evolution from folk wisdom and humoral theory to early biomedicine and the vernacular to the professionalisation of medicine.

We may not like to admit it, but doctors, including psychiatrists are creators and recipients of media interest. We are uncomfortably in the spotlight when things go wrong and may want to use the same spotlight when we have an issue to promote. In the afterword, written by the eminent Allan Ingram, 'Misinformation and ignorance are not the same thing, but the later massively facilitates the spread and credibility of the former – frighteningly so'.[9] As we have seen especially in the last few years, one person's medical misinformation is another person confident scientific certainty. This book shows that literature can be another arm of the business sorting one from the other.

References

Rob Boddice 'The History of Emotions' Second Edition, (Manchester University Press, Oxford Road, Manchester 2023)

Paul Ekman and Wallace V Friesen, Unmasking the Face: A Guide to Recognizing Emotions from Facial Clues (Palo Alto: Consulting Psychologists Press, 1984).

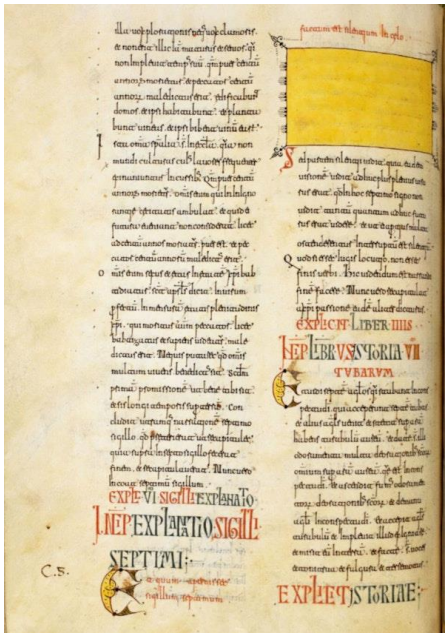
Max Hamilton, editor, Fish's Clinical Psychopathology; Signs and Symptoms in Psychiatry (Revised Reprint) (Bristol: John Wright & Sons, 1974).

Allan Ingram, Clark Lawlor, and Helen (eds) Williams, Myth and (Mis)Information: Constructing the Medical Professions in Eighteenth and Nineteenth Century English Literature and Culture (Manchester: Manchester University Press, 2024).

Roy Porter, Bodies Politic: Disease, Death and Doctors 1650-1900 (Reaktion Books, 2003).

Andrew Sims, Symptoms in the Mind: An Introduction to Descriptive Psychopathology (London: Bailliere Tindall,

[9] Ingram, Lawlor, and Williams. 2024, page 259



Yellow Silence: Miniature from the twelfth-century Silos Apocalypse (British Library Add MS 11695, fol. 125v), a codex copy of the Tractatus de Apocalipsin, eighth-century Spanish theologian Beatus of Liébana's commentary on the Book of Revelation

Here the standstill of sonic vibration at the breaking of the seventh seal in the *Book of Revelation* is visualized, and it is a yellow monochrome erupting on the page of the manuscript, which, as interpreted by scholar Vincent Debiais "opens a visual moment, a space of silence within the manuscript itself."

Commentary from Hunter Dukes' Yellow Silence in the Public Domain Review