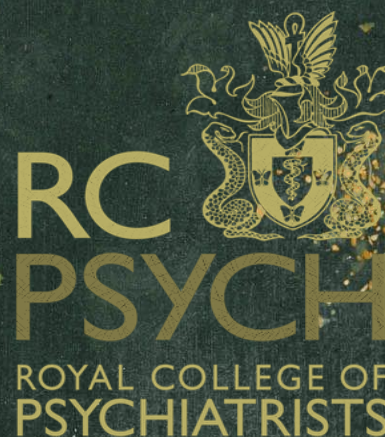


HoPSIG Newsletter

Issue 18, Spring 2024



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

Editors:

**Mutahira Qureshi
John Hall
Allan Beveridge
&
Nicol Ferrier**



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Contents

EDITORIAL	Nicol Ferrier	3
------------------	---------------	---

REPORTS

Chair's Report	Graham Ash	11
Historian in Residence Report	Gordan Bates	15
Archives Report	Francis Maunze	18
A new Memorial Plaque	Peter Carpenter	20
Challenging and Hidden Histories and the British Psychological Society	John Hall	22
Report on HOPSIG Webinar "L'Istituzione Negata" - Franco Basaglia (1924-1980) Centenary commemoration: Life, Ideas and International Legacy	Tommaso Squeri, Graham Ash, George Ikkos	25

ARTICLES


A memoir of 1950s Psychiatry	David Marjot	30
Hannah Mills : The woman whose death changed the face of psychiatry	Bob Adams	34
Psychiatry and the Arts: Past and Present	Rosemary Golding	39
Reflections on a portrait of James Crichton-Browne	John Hall	43
Psychiatry in Pictures: The cover images of <i>The British Journal of Psychiatry</i>	Allan Beveridge	46

REVIEWS

Outrageous Reason: Madness and Race in Britain and Empire, 1780–2020	Femi Oyeode	53
Intact: A defence of the unmodified body and Exposed: The Greek and Roman Body	Jane Whittaker	57
Freud's Last Session	Mutahira Qureshi	61

A letter from the Archivists, and a date for your diary		64
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Cover image:
Nocturne in Black and Gold – The Falling Rocket by James Abbott McNeill Whistler. Public Domain



green thoughts have wings - Pastel - 21 x 20 by Loriann Signori. Reproduced with artist's permission.

Editorial

Nicol Ferrier

Welcome to the (late) Spring 2024 edition of the Newsletter. We hope you enjoy the mixture of articles, reports and reviews and find some things to interest you and whet your appetite for more.

On serious matters first, John Hall gives an account of the report of British Psychological Society's (BPS) Challenging Histories Committee. Graham Ash, in his Chair's report, comments on the importance of the issues raised by the BPS for the Royal College of Psychiatrists in general and our group in particular. Both emphasize the complexity of retrospectively judging the past and the need for both caution and clarity in this area. We would welcome comments from members on their thoughts on how these complex issues are best tackled.

The articles in our Newsletter reflect both the breadth and depth of our members' interests. This time there are two main themes, art and psychiatry and the changing faces of psychiatry. Allan Beveridge gives an account of the artwork used on front covers of the BJPsych and shows the wide and varied interactions between mental health and illness and art. This theme is picked up

by Rosemary Golding in her fascinating account of the Psychiatry and the Arts in Nineteenth-Century Britain [PAN] network. John Hall examines a portrait of one of the big names in C19th psychiatry with reflections both on the painter and the sitter and musings on their conversation. The second theme is taken up by Bob Adams and David Marjot and their pieces remind us how far we have travelled and the distance still to go!

This edition carries thought provoking book reviews by Femi Oyeboode and Jane Whittaker, both on challenging topics which deserve more reflection and appreciation. Tommaso Squeri and co-authors give an account of a recent HoPSIG webinar on the life and work of Basaglia and describe his widespread influence then and now. Finally, on a less serious note, the caption competition! Last edition's one was won by a contributor who prefers to remain anonymous, "Get yer archives here and make history!"



This current one is of John Hall deep in his Crichton-Browne portrait research. Suggestions by email (i.n.ferrier@ncl.ac.uk) please!



Finally, my thanks to the editorial team of Mutahira Qureshi, John Hall and Allan Beveridge. We are also delighted to welcome Lydia Thurston back to the fold. Please send us an email if you are interested in writing an article or wish to comment on a previous one, review a book or other media or want to report on a meeting or advertise a forthcoming one.

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

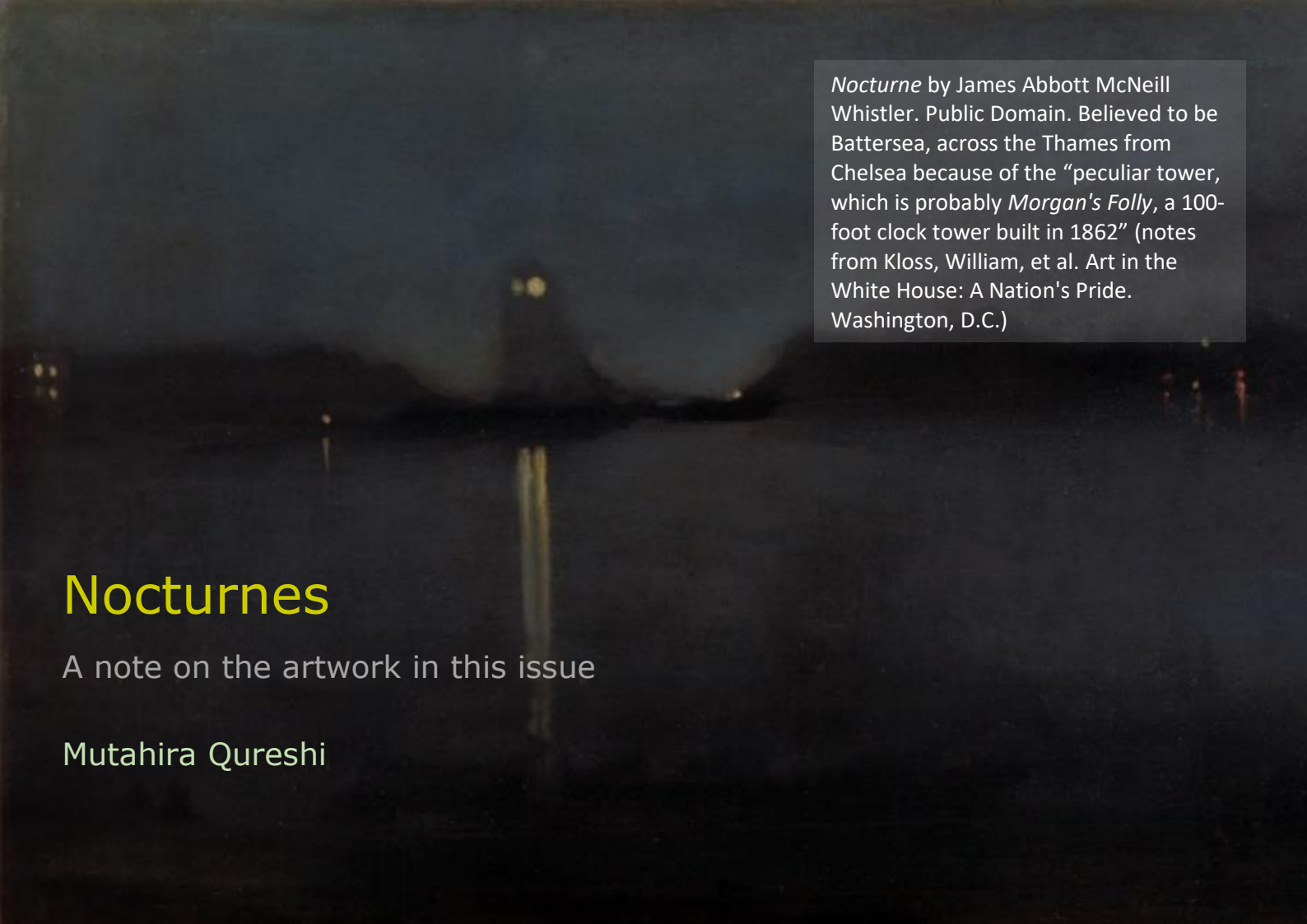
30 September 2024

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/>



Nocturne by James Abbott McNeill Whistler. Public Domain. Believed to be Battersea, across the Thames from Chelsea because of the "peculiar tower, which is probably *Morgan's Folly*, a 100-foot clock tower built in 1862" (notes from Kloss, William, et al. *Art in the White House: A Nation's Pride*. Washington, D.C.)

Nocturnes

A note on the artwork in this issue

Mutahira Qureshi

The theme for the artwork in this issue of the *HoPSIG Newsletter* is Nocturnes. While in general sense the term nocturne in art is applied to any painting depicting a night scene, however in specific sense it refers to the style pioneered by the American painter James Abbott McNeill Whistler, who, inspired by Chopin, titled paintings with a "dreamy, pensive mood" as "nocturnes". He would also go on to style his painting after other music expressions, such as "symphony" and "harmony" to put emphasis on the colour tones and the composition and remove it from the narrative content; in line with his aesthetic ideology that art should be for art's sake only. Of all these various music-inspired styles, it would be the nocturnes that would come to be most associated with the art movement of Tonalism, which includes a narrow range of muted colours, diffused light and softened, indistinct forms, free and expressive paint handling, all of which imbue the works with a strong sense of mood. The most famous of these is Whistler's *Nocturne in Black and Gold: The Falling Rocket*, which is displayed

on the title page of this issue and depicts fireworks exploding over the Thames in an ephemeral and atmospheric style. Whistler challenged the famous Victorian art critic and literary giant John Ruskin's scathing review of this painting and went on to win the famous Ruskin vs. Whistler trial in November 1878 at the Old Bailey. Although a Pyrrhic victory in the short-term as Whistler had to declare bankruptcy after all the court costs, in the long term it was akin to David's victory over Goliath considering the might and artistic influence of Ruskin at that time.

Nocturne in Black and Gold: The Falling Rocket also forms my earliest memory of the transporting nature of art when I, aged 7, discovered it by accident in a coffee table book on Pre-Raphaelite Artists, in a second-hand bookshop, in the unlikeliest of places where one would expect to find it: an industrial block in the heart of Karachi. I clearly remember my heart rate going up, and becoming so transfixed by it that I was unable to turn the page for a good few minutes, where previously I was rapidly

flicking through. Hence it seemed only natural to choose *The Falling Rocket* (and *Nocturnes*) as the backdrop for this issue which has art and psychiatry as one of the uniting themes of several articles. Whistler's brave challenge of Ruskin's highly negative review of his piece, in a world where Ruskin was the most influential art critic whose polemics and praise had destroyed and made the reputation of many artists, also aligns with another recurring theme of several articles in this iteration on challenging the established practice, opinions, and mores that have shaped psychiatry over the years.

While not intentional, but happily serendipitous, the many gorgeous nocturne pieces included here also mark en passant the stunning nights of aurora borealis that we have enjoyed recently in the UK— a phenomenon only possible at this magnitude every 11 years or so. I have arranged the pieces as such that we experience the night in all its stages, from the oneiric and tenebrous to the faint inkling of the first light of dawn.

In addition to **James Abbott McNeill Whistler** who requires no further introduction, this issue of the Newsletter features the works of the following artists, in order of appearance.

Loriann Signori

Loriann Signori, who currently lives and works in Silver Spring MD, is an American landscape painter. She received her BFA from Swain School of Design and MFA, under full fellowship, at American University. While her preferred mediums have always been oil or pastel, her methods, techniques, and aesthetic aims have all undergone significant transformations since she first began. Her paintings, situated between abstraction and recognizable form, are explorations into the colour of air and beauty. Despite being a highly decorated artist (full list of honours [here](#)) she is a wonderful person and was a joy to interact with, over emails. In this issue we feature two of her many splendid works *green thoughts have wings* and *Swept Away*. More of her works can be found on

her [official website](#) and are a visual immersive experience at its finest.

Roos Schuring

Roos Schuring is an award winning contemporary *en plein air* artist living in the Netherlands. She is known for her loose brushwork, mixtures of greys and natural palette. Her fearless attitude while painting under (extreme) weather circumstances has brought her a lot of visibility on various platforms.

Her paintings have been purchased by hundreds of national and international collectors, and have featured in numerous articles, books, magazines and newspapers. The artist's gallery, including her highly followed blog and vlog can be found in her official website [here](#). In this newsletter we feature her *Windmill in Darkness* from her *Blue Nocturnes* series.

Jennifer Moses

Jennifer Moses' paintings reflect the essence of her subject and the emotionally symbolic aspects of nature. "Creating visual poetry through painting is a celebration of beauty and the interrelatedness of all things." Her work evolves from field studies into more in-depth explorations in the studio where thoughtful compositions unfold within her unique application and layering of paint. Moses is a signature member of the California Art Club and American Tonalist Society. Her work has been exhibited in New York and numerous galleries and museums throughout California including the Natural History Museum of Los Angeles and the Autry Museum of the American West. Her online portfolio of mesmerizing fireworks rendered in Whistler's nocturne style can be found [here](#).

Charles Nègre

Charles Nègre (1820–1880) was a French photographer born in Grasse, France. He is best known for his pioneering work in 19th century photography. Nègre began his career as an artist, studying painting in Paris with Paul Delaroche. However, he soon became interested in the new medium of photography and began to experiment with it. Some of his famous portrait photography

subjects include Victor Hugo and Alexandre Dumas. Nègre was one of the first photographers to use the calotype process, which allowed multiple prints to be made from a single negative. He also experimented with other photographic processes, including wet plate collodion and albumen printing; and his legacy continues to influence photography today. In addition to his photographic work, Nègre was also an accomplished painter and sculptor. In this issue we feature one of his paintings, a nocturne of Paris, as seen from the Louvre.

David Haughton

David A. Haughton was born in Philadelphia, Pennsylvania in 1956 and moved to Canada in 1991. He trained as a medical doctor at Harvard College and Cornell University Medical College, and currently is a paediatric emergency doctor. Haughton has extensively painted the wild west coast of British Columbia with its stormy clouds, sparkling waters and ships at sea, the deep rich tones of Dordogne, Provence and Tuscany and the intense clarity of the light in Greece. He has exhibited in Zurich, Boston, New York City, Los Angeles, Seattle and Vancouver, and his work hangs in private and corporate collections worldwide. For our Newsletter he had made an incredibly generous donation of five nocturnes, of which we here feature two: *Crepuscle III Two Ships and Stumps* and *Nocturne Inner Harbor*. His other works, such as the [Kindertotentanz](#) series, wrestle with the moral ambiguities of modern medicine miming themes akin to Goya's Disasters of War and Black Paintings. Haughton's select corpus of work can be found on his official website [here](#).

Matt Corvis

Matt Corvis is a freelance illustrator based in Hampshire. For the last two decades he has been illustrating for a variety of clients in a spread of styles. His main areas of interest are book covers and chapter illustrations. Alongside this, he's also been lecturing Graphic Design and Illustration to college and university level students, as well as developing and leading Graphic Design degree programmes. In this issue is featured his enchanting rendition of the famous (and

my favourite) [Field of Lightbulbs scene](#) from Christopher Nolan's 2006 movie *Prestige*. A full body of Mr Corvis's work, which is highly reminiscent of Studio Ghibli, can be accessed online [here](#).

Duane Keiser

Duane Keiser currently lives and works in Richmond, VA. He studied painting under Raymond Berry and Lennart Anderson. His "A Painting a Day" blog has been written about in numerous publications, including USA Today, The New York Times, and The Huffington Post. Using a makeshift easel made from a cigar box, he makes a postcard-sized painting each day and posts them to his blog where collectors can bid on them via eBay. The project is ongoing. In this issue we feature one of them, a Christmas nocturne, with Whistler-esque treatment of pinpoint lights illuminating a darkened scene.

He has exhibited at Fischbach Gallery, Allan Stone Gallery, and, most recently, the New York Academy of Art. His work resides in several corporate collections and thousands of private collections worldwide, including the Gregory Peterson Collection. His online portfolio can be found [here](#).

Eugène Jansson

Eugène Fredrik Jansson (1862-1915) was a Swedish painter known for his night-time land and cityscapes dominated by shades of blue that earned him the title of *blåmållaren*, or "the blue-painter". Jansson spent all his life in Stockholm of which he painted splendid panoramas in shades of blue, also inspired by his favourite composer, Chopin, in whose honour he named several of his blue paintings "Nocturne". In this issue we feature one of them, steeped in ultramarine, deeply evocative of the mysteries of the night.

Childe Hassam

Childe Hassam (1859-1935) was an American painter best known for his impressionistic depictions of Boston, New York, and the countryside and coastline of New England. Hassam along with a few other contemporaries helped introduce what came to be known as American Impressionism to museums, dealers, and

younger artists during the 1890s, and with the re-revival of American Impressionism in the 1960s is considered to be a lost genius. today, his works are in the collections of the Art Institute of Chicago, the Musée d'Orsay in Paris, The Museum of Modern Art in New York, the Museum of Fine Arts in Boston, the National Gallery of Art in Washington D.C., and the Los Angeles County Museum of Art among others.

Toushif Alam

Toushif Alam works as a civil engineer and is also a photographer based in Bangladesh. His interests include urban architectures and urban gardening photography and has some truly beautiful bokeh images that can be classified as photographic nocturnes of night streets with lights. In photography bokeh, from the Japanese word *boke* (暈け/ボケ), which means "blur" or "haze", refers to the technique where one element of the image is intentionally blurred and the emphasis placed on certain points of light in the background. A limited body of Toushif Alam's portfolio can be found on Unsplash [here](#).

Harald Moltke

Harald Viggo Moltke (1871 – 1960) was a Danish painter, author, and explorer. As an explorer he acted as draftsman in four Arctic expeditions including the Literature Expedition which was a dog sled journey along the unmapped north-west coast of Greenland from Upernavik to Cape York close to Thule— an influence that is readily palpable in his art. Cape Harald Moltke in North Greenland and Harald Moltke Glacier were named after him; and he was created a Knight in the Order of the Dannebrog and awarded the Cross of Honour.

August Matthias Hagen

August Matthias Hagen (1794-1878) was a Baltic German painter and graphic artist who specialized in landscapes and cityscapes with figures. Despite being blind in one eye since childhood, Hagen would go on to become decorated by the St Petersburg Imperial Academy of Arts for his Romantic pieces of visual art. Here we feature his *Virmalised*, 1836, which would not be out-of-place in its tonality or rendering in a modern post-apocalyptic dystopian sci-fi cinematic piece.

Birge Harrison

Lovell Birge Harrison (1854 – 1929) was an American genre and landscape painter, teacher, and writer. He was a prominent practitioner and advocate of Tonalism. Harrison received numerous prizes and medals, including the gold medal at the Pennsylvania Academy of the Fine Arts in 1910. He became a member of the National Academy of Design, National Institute of Arts and Letters, New York Water Color Club, Society of American Artists, and was director of the landscape school of the Art Students League. In this issue we feature his majestic *Fifth Avenue at Twilight*, currently housed at the Detroit Institute of Arts.

Pierre Adolphe Valette

Pierre Adolphe Valette (1876–1942) was a French painter, based in England whose Impressionistic paintings of urban Manchester are now housed in the Manchester Art Gallery. While he is lovingly dubbed as the "Monet of Manchester", he is more famous for being the art tutor of the decorated L.S. Lowry. Valette's influence of urban landscapes as a worthy subject of artistic study is rife in Lowry's work. In this issue we feature his *India House*, a dreamy soft rendition of the packing and shipping warehouse in Manchester.

Paul Benney

Paul Benney has worked as an artist and musician in both the U.S. and U.K. and is represented in public collections worldwide including The Metropolitan Museum of Art, The National Gallery of Australia, The National Portrait Gallery, The Royal Collection, The Eli Broad Foundation, AIG Houston, and Standard Life. Benney has twice won the public choice award in the BP Portrait Awards and has been short listed on two occasions. A member of the Neo-Expressionist group of the early 80's in New York's East Village, Benney became known for his depictions of stygian themes and dark nights of the soul. Also, one of the country's leading portrait artists, he has painted many prominent cultural and political figures. We are very grateful to him for his generous donation of *Iken*, which is currently held in a

private collection, for our Newsletter. A full portfolio his work can be found [here](#).

Patrick Hendry

Patrick works as a Data Science Product manager but is also a photographer based in Utah with an interest in nature, landscape, desert, and mountain photography. Some of his most captivating images include studies of landscape in mist and morning fog. A limited body of his portfolio can be found on Unsplash [here](#).

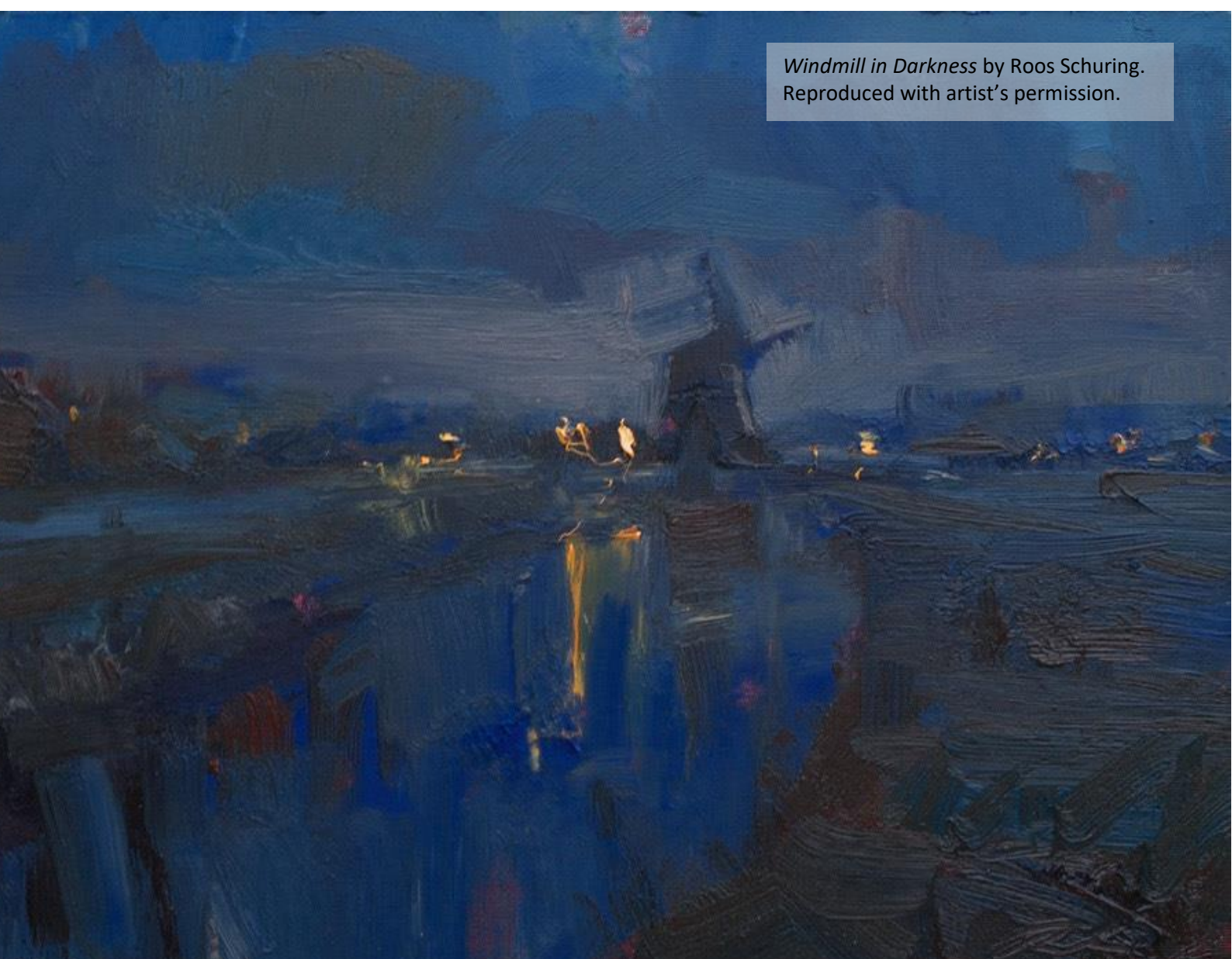
Tania Rutland

Tania is an artist who lives in Brighton, where she moved to after graduating from the Royal College of Art. She has had her studio there for over twenty years. Rutland has exhibited her work in numerous galleries.

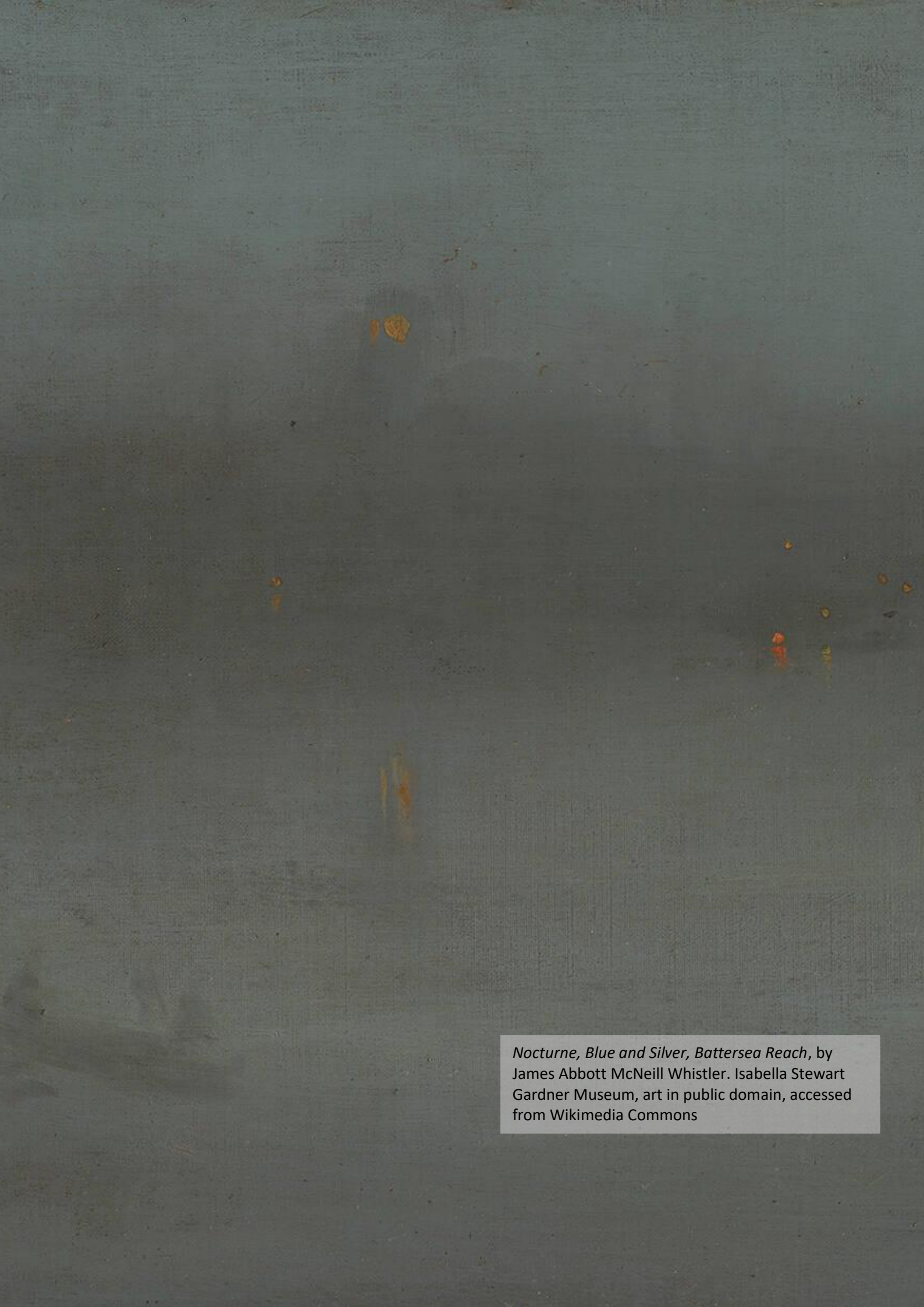
She has exhibited extensively both in the UK and internationally. She has also completed many commissions for both commercial projects and private collections. She specialises in semi abstract landscapes of Sussex and the beautiful South Downs countryside. Her preferred mediums are oil painting, etching and pencil/graphite on paper.

Her online portfolio can be found [here](#).

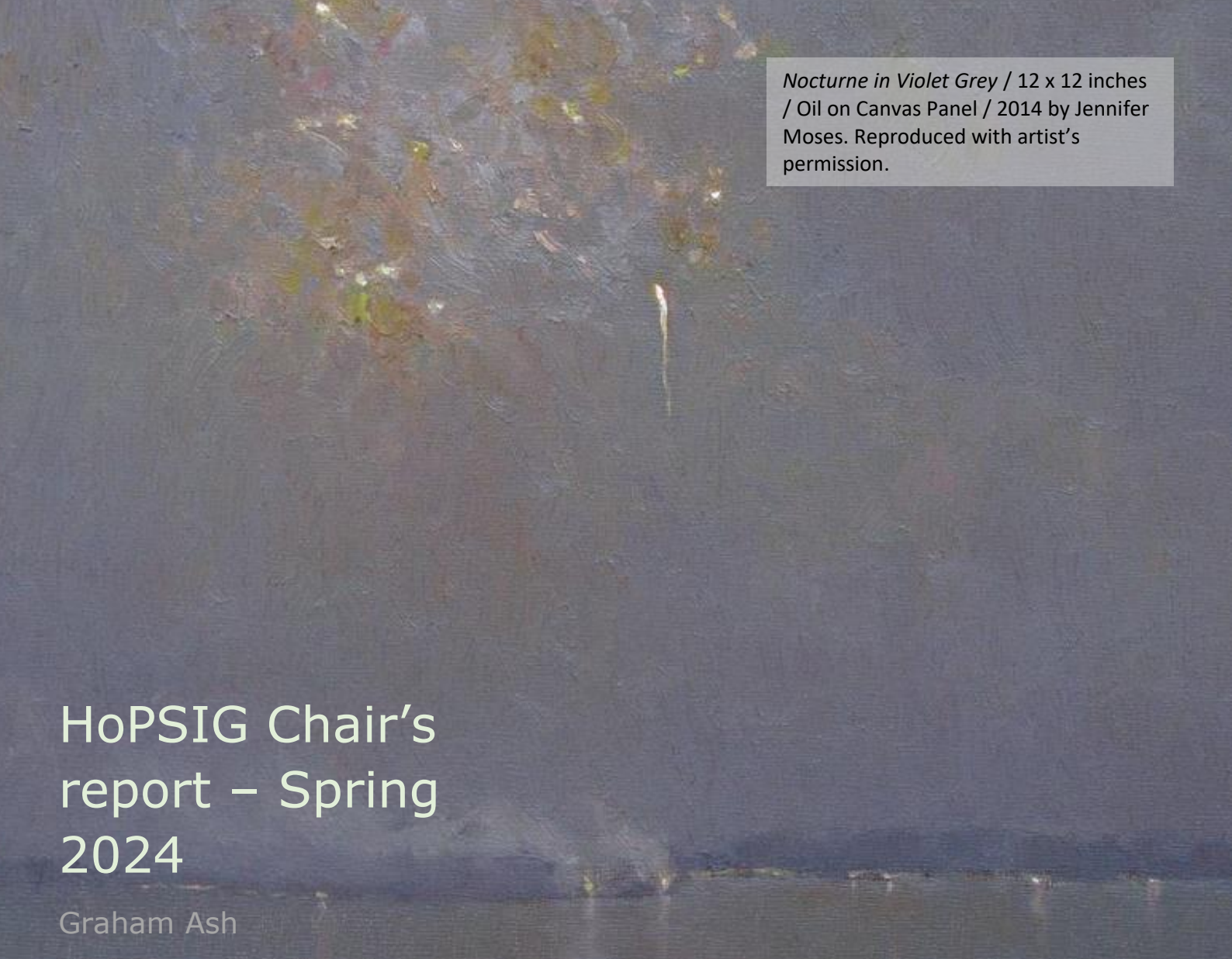
As always, it is our hope that you enjoy perusing this issue as much as we have enjoyed putting it together.



Windmill in Darkness by Roos Schuring.
Reproduced with artist's permission.



Nocturne, Blue and Silver, Battersea Reach, by James Abbott McNeill Whistler. Isabella Stewart Gardner Museum, art in public domain, accessed from Wikimedia Commons



Nocturne in Violet Grey / 12 x 12 inches
/ Oil on Canvas Panel / 2014 by Jennifer
Moses. Reproduced with artist's
permission.

HoPSIG Chair's report – Spring 2024

Graham Ash

Since the last edition of the Newsletter, Gordon Bates and Claire Hilton have moved into post as our new Historian in Residence and Honorary Archivist respectively. I would like to welcome both to their new roles and I am sure we all look forward to hearing their aspirations and plans. I would like to congratulate Claire, who has stepped down after five years as the College's first Historian in Residence, for her exemplary development of the role and her sterling work over the past five years and I hope that Gordon will also have every success in his tenure.

On 28 February 2024 we held our first face to face executive meeting since the temporary closure of the College building in March 2020. We held a strategy meeting for the executive on the same day which

allowed more extensive discussion of a number of topics including the contested and changing nature of the History of Psychiatry as an academic discipline and our own position on this as a SIG within the College, and the historical involvement of psychiatrists in eugenics and alleged professional misconduct.

The writing and interpretation of history is arguably changing and will continue to do so¹. Many histories of mental health are now available, examples range from histories of the emotions to biographical studies of the lives of individual asylum patients to the scientific and technological histories of treatments in psychiatry, such as ECT. The definition that we adopt has significance not only in determining the scope of our historical activities but also in shaping the identity of HoPSIG within the College. So, should we concentrate on the core history of the professional development of psychiatry

and its institutions and organisations or take a wider view of the history of mental health? The answer to the question - 'What is the History of Psychiatry, Now?' – remains elusive but will no doubt continue to be the subject of stimulating debate.

We are aware that psychiatrists have been both advocates and opponents of eugenics and that some changed their position, but in 2021 whilst developing the Eugenics exhibition we identified several prominent psychiatrists from the past who were allegedly involved in eugenics and in the affairs of the Royal Medico-Psychological Association, the College's predecessor association. We have also become aware of historical instances of alleged or proven professional misconduct by other psychiatrists in relation to clinical research.

We have been thinking about whether and how these allegations could be investigated and appraised, and whether it might be appropriate for the College to take any action or not. Within the Exec we recognise that these are complex matters and believe that there is a need for a methodology and process within the College to appraise allegations of historical professional misconduct. We hold the view that historical actions should be examined within their original context, including the legal and ethical positions of the time, and that the appraisal of the past should attempt to avoid judgements based solely on the standards of the present. I have written to Trudi Seneviratne, the Registrar, regarding these matters. I invite you to read the article in this issue by John Hall, who is a member of both our Exec and the Challenging Histories Group at the British Psychological Society (BPS). John's article outlines the background and approach that has been adopted by the BPS to assess similar issues and it would be interesting to hear your views on whether you would like to see the College adopt a similar approach.

We have recently held two on-line webinars with the common theme of psychiatry and political intervention - '**Psychiatry, Society**

and the State: The End Of Political Neutrality?' jointly with PhilSIG and "**L'Istituzione Negata**" - **Franco Basaglia (1924-1980) Centenary commemoration: Life, Ideas and International Legacy**, the legacy of Franco Basaglia's ideas and work in Italy in the 1960s and 1970s. Taken together, there is much to reflect on in relation to the historical conditions that allowed positive change to happen in mental health services and care, and equally why this did not occur.

Change happens to be discussed in an insightful article in this issue by Bob Adams which examines how the distress of the York Quaker community at the death of a woman, Hannah Mills, at York asylum in 1850 led to major changes in care. Hannah was a Quaker who lived in Leeds but was admitted at York in a time before 'Out of Area Placements'. The dramatic and sustained response to her death by the Quakers in York led to the foundation of the Retreat and the beginnings of moral therapy, a new and less restrictive approach to care.

Less well known is the death by suicide of another woman, Elizabeth Lightbown, at Whittingham asylum in Lancashire in November 1897. The circumstances of her death were unexpected, traumatic, and disturbing as she died in the institution's laundry at the end of the day's work. Reports of her inquest appeared widely in the local and national press attracting considerable attention and a detailed account of her death by suicide appeared in the annual report of the Commissioners in Lunacy for 1858^{2&3}. However, and despite the high level of public concern, other than minor changes to make safe the machinery in the laundry and check the return of patients to the wards, no significant measures were introduced to improve care at this asylum or other County institutions.

I find it very difficult to refrain from commenting on the recent media and press reporting of so many recent and tragic psychiatric incidents, which one might conjecture form a line of historical

continuity. These are immeasurably tragic for the victims of violence, and their families and friends for whom I am sure all of us have every sympathy. But they are also tragic for those people living with mental disorder who become perpetrators of violence or take their own lives when, unfortunately, it has only too often been reported that there have been serious deficiencies in their psychiatric and social care. The Lancet recently published an editorial, 'Severe mental illness in the UK: a crisis of compassion' which seems highly relevant⁴. One might wonder whether more concerted reflection and research into the responses of the past to psychiatry's historical tragedies would help to drive improvements in care today?

Looking ahead, I am pleased to say that we now have approval to proceed with our essay competition, 'Women and Psychiatry in History', which Caroline Hayes will be helping to run. We hope that this will attract considerable interest and I expect that we will be able to launch this in the next few months.

Our proposal for a future exhibition on 'Celebrity, Media and Psychiatrists!' with Gavin Miller, Reader in Medical Humanities at the University of Glasgow, has been accepted by the Exhibition Group at the College. We will be developing this with Adam Hines-Green, our new Artist in Residence and ARTSiG. I am helping to convene a group to write an academic article with ARTSiG on the same subject. Please let me know if you would be interested in participating.

Peter Carpenter has recently written eloquently about the problems of

digitalization and destruction of wills and other historic documents⁵. The preservation or destruction of historic documents is an extremely important issue, yet many current documents do not achieve physical existence being 'born digital', certainly so for much of the huge output of news, information and scientific research during the pandemic. In 2019 The National Archives launched its vision and strategy for archives nationally to adapt to meet the 'digital challenge'⁶. So, given our relationship to the College archives do we need to consider how we can work with other areas within the College around implementing good practice in this important and developing area?

Peter Carpenter, our finance officer, will be stepping down at IC2024. Peter has played a vital role in HoPSiG's recent affairs so many thanks to him for his invaluable contribution. I am very pleased that Peter will be joining me from June as co-opted co-chair of HoPSiG and that Tom Stephenson, our first Hon. Secretary, will be moving into post as Peter's successor.

HoPSiG will be at the SIGs Fair and Lunch on Tuesday 18 June in Edinburgh and it would be good to meet you there! We will be arranging further HoPSiG events later in the year so please watch out for announcements.

Finally, I would like to thank everyone who has contributed to HoPSiG in any way over the past year, and particular thanks to Nicol Ferrier and our Newsletter team and to Catriona Grant for her extremely efficient support for HoPSiG.

With Best wishes

Graham Ash, Chair of HoPSiG

¹ See, for example, E.H. Carr, '*What is History?*' (Macmillan, 1961, republished Penguin Random House, 2018), and Helen Carr and Suzanna Lipscomb, '*What is History, Now?*', (Weidenfeld & Nicholson, 2021).

² 'Suicide of a Lunatic', within '*Multiple Sports Items*', The Morning Post (London, England, Issue: 39134, Tuesday 9, Nov., 1897).
<https://link.gale.com/apps/doc/R3214467211/BNCN?u=welcome&sid=bookmark-BNCN&xid=284fe4ff>
 Accessed 18/04/2024

³ The Fifty-Second Report of the Commissioners in Lunacy to the Lord Chancellor, London, HMSO, 29 June 1898.

⁴ Severe mental illness in the UK: a crisis of compassion. Editorial, The Lancet, 2024, 403, p.587
[https://doi.org/10.1016/S0140-6736\(24\)00308-8](https://doi.org/10.1016/S0140-6736(24)00308-8)
Accessed 18/04/2024

⁵ Wills: should we destroy them? Peter Carpenter
RCPsych Blog 7 Feb 2024

<https://www.rcpsych.ac.uk/news-and-features/blogs/detail/history-archives-and-library-blog/2024/02/07/wills-should-we-destroy-them>

Accessed 18/04/2024

⁶ [plugged in, powered up - a digital capacity building strategy for archives, NA 2019](#)

Accessed 18/04/2024

Historian in Residence update: January to March 2024

Gordan Bates

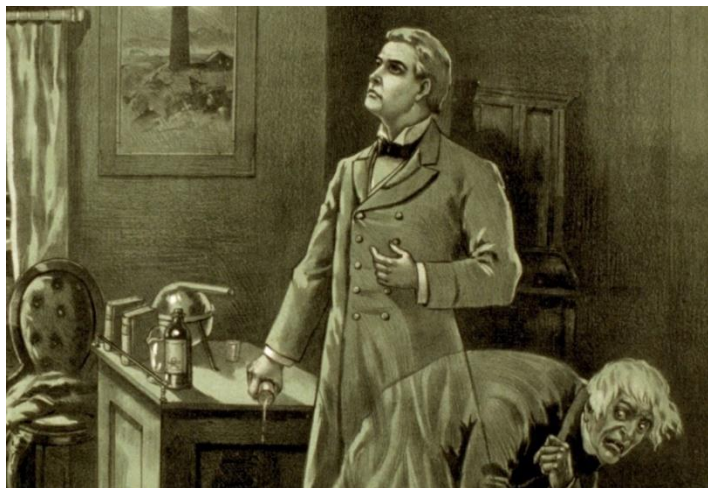
This is my first contribution to the HOPSIG newsletter as the new Historian in Residence. The college post is a relatively new one, created six years ago at the suggestion of my predecessor, Claire Hilton. Similar roles exist in other private and public institutions. Generally, the idea is to bring a historical perspective to contemporary conversations about mental health and psychiatry within the college and beyond. Regular readers will know that Claire made a regular report to the Newsletter, and I will continue that tradition despite the fact that I have little to report only three months into the job. I should also take the opportunity to thank her for all her previous hard work and her offer to mentor me over the first year.

I have already written a couple of blogs for the college website. The first is a personal introduction and reflection on the Roman god Janus ([Link](#)). The second is an overview of the life of Jessie Murray, the remarkable psychiatrist and suffragette who set up London's first psychotherapeutic hospital, the Brunswick Square clinic ([Link](#)). Blogs are short tasters for a wide audience and usually have some contemporary relevance. In this case it was International Women's Day.

While Claire's interest has been mental health in the twentieth century, my own is slightly earlier. As a child, I had a precocious appetite for Victorian fiction and the late Gothic stories of the late nineteenth century. Many years later, this led to a Medical Humanities MA dissertation examining the historical reasons for the recurring appearance of medical doctors in these narratives from *Dracula* (1897) to *The Island of Dr Moreau* (1896) and *The Strange Case of Dr Jekyll and Mr Hyde* (1886)



Cropped and edited lobby card for the 1931 film *Dracula*, featuring Bela Lugosi and Edward Van Sloan. Public Domain, accessed from [Wikimedia Commons](#)



Poster for a theatrical adaptation of *Strange Case of Dr Jekyll and Mr Hyde*. Public Domain, accessed from [Wikimedia Commons](#).

I discovered that the villainous doctors were appearing as a result of late Victorian societal fears of the increasingly prevalent and influential professionals whose association with the darker aspects of human existence and use of animal experimentation had to be questioned. Even the heroic doctors like van Helsing were mysterious and slightly sinister due to their dangerous metaphysical learning. It was van Helsing's use of hypnotism and namechecking of Jean-Martin Charcot which led me to discover the historical links between psychiatry, hypnotism, arcane magical societies and the elite London club, the Society for Psychical Research. It was an incredible story that sounded like a chapter from Umberto Eco's *Foucault's Pendulum* (1988). I had thought the association to be fanciful and was wholly ignorant of Henri Ellenberger's classic *The Discovery of the Unconscious* (1970). The eminent historian and psychiatrist had clearly described the development of Freudian psychotherapy from European mesmerism and hypnotism over 150 years. Despite being bowed by Ellenberger's scholarship, I found that his coverage of British developments was sketchy. So it was that six years and 100,000 words later I completed my PhD on *The Survival of Suggestion* and recovered the story of Britain's early medical hypnotists and suggestive therapists.

I will continue to return to this era in my research and blogs. The culmination of this work will be a conference at the Royal Society of Medicine in April. Jointly organised with the Hypnosis and Psychosomatic Section, it examines the historical prejudices that prevent the wider use of hypnotism in Medicine. As in the Victorian era, today the general public and physicians alike are wary of the links to stage magic, black magic and worry about automatic obedience. While writing the thesis, I had already envisaged the conference and my "dream team" for the conference and I am delighted that all agreed to speak. As I write, it is a fortnight away, but I will provide a report for the next News and Notes.



May 10, 1908 *The Washington Times* (Washington, DC), Image 29. Chronicling America: Historic American Newspapers. <https://chroniclingamerica.loc.gov/lccn/sn84-026749/1908-05-10/ed-1/seq-29/>>

I remain excited by the people, the social and conceptual links and the historical events that I unearthed. But in the process of research and writing, I accidentally became a historian. I am slightly bemused by the fact that someone without a History O-level and little previous interest or aptitude, achieved a historical higher degree.

Joining HOPSIG, I am humbled that I am surrounded by some of the brightest and most insightful historians of the specialty. This is no false modesty but a realisation that my field is specific and limited and that I need my colleagues' help to answer the questions that regularly come to the Historian in Residence. These queries come from both college members and those outside the college and represent a significant workload of the post.

I thought that I would share some of the questions received. Although I try to answer them promptly with or without my colleagues' help, it is rare that any answer is definitive. I thought that if I offered them to the wider readership then there might be a HOPSIG member who is more familiar with the topic and willing to provide a more complete answer. I know historical research to be wonderfully collegiate and that discovering another researcher interested in your area is always welcome. If both parties agree then I will link the two. Here is a fascinating selection from my first 3 months:

- 1- "I'm attempting to locate the origin of the term "schizoid," wherein independent research has found that all claimed dates in the literature are erroneous. At this point, it is not even clear to me if Bleuler is the one who coined the term, contrary to consensus.

"I was reading Kahn's "Über die Sogenannten Schizoiden Psychopathen" from 1929, and he writes that: "Kurt Binswanger introduced the word schizoid, which originated from the Bleuler school, into the literature - the schizoid, which has played a major role in psychiatric problems in recent years through the work of Kretschmer and his school and the subsequent discussion."

Researcher from Calgary Canada

- 2- "I was wondering whether you would be able to provide some advice/guidance regarding a therapeutic group we are in the

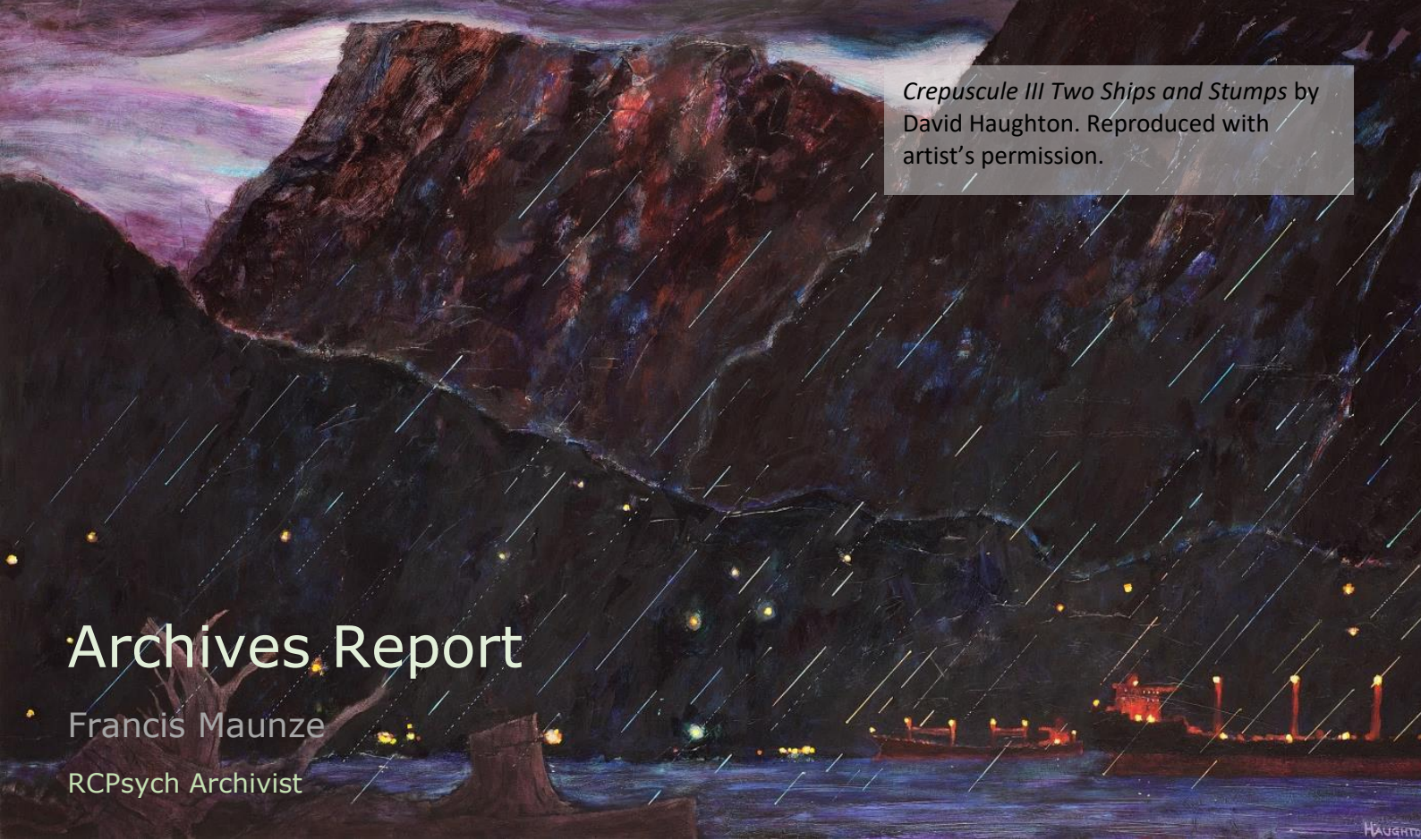
process of creating on one of the wards. At the request of the patients, this aims to be a 'research' group involving patients and members of the MDT, exploring the history (and future) of psychiatry. We were, therefore, wondering whether you were aware of a similar project already taking place within other inpatient services, as well as whether there are any particular resources/materials you think would be helpful and suitable for this client group to use to help them research this topic?"

Psychologist from Oxford

- 3- "I am helping a colleague write an article about the history of the orthopaedic unit that was set up in the late 60s at the Lancaster Moor Hospital / County asylum. I believe that this was part of a nationwide process of converting spare capacity in asylums that was described as the 'Birmingham' or 'McKeown' model of care. The unit in Lancaster was called the Garnett clinic and a lot of hip replacements and other procedures were performed there. I'm not sure when it closed but possibly the 1990s. I'm wondering if this was a unique example of orthopaedic surgery in a provincial asylum or did this happen in other parts of the NHS?"

Retired surgeon from Lancaster

I hope this gives a good flavour of the work of College Historian in Residence. Please keep the questions (and answers) coming.



Crepuscule III Two Ships and Stumps by David Haughton. Reproduced with artist's permission.

Archives Report

Francis Maunze

RCPsych Archivist

This report features recent acquisitions by the College Archives, and information about two unique resources: the old pubs, a collection of old institutional records, and information about a small collection of badges and medals.

Northern Ireland Division/Devolved Nation Photographs

The Northern Ireland Office transferred to the Archives its collection of framed photographs late last year. The collection consists of photographs of new members of the Division, staff of the Department of Mental Health, 1989-1993, Annual Meetings attended by Honorary Fellows and foreign dignitaries, and members awarded the Diploma in Mental Health Award, 1996 and 1997.

Dora Black donation

The Archives recently received a donation of [Dr Dora Black's](#) personal papers, books and framed photographs from her daughter Sophie. The papers are mainly newspaper cuttings with information about her work and contribution to the child and adolescent psychiatry specialty. The photographs are of Bethlem Hospital, the Consumption Hospital, Brompton, and St George's Hospital in 1745.

The "Old Pubs (Publications)" Collection

The Archives has eight boxes containing over four hundred records which have been classified as Old Pubs. The word "Pubs" stands for publications. The collection is a mixture of records that were either published by the College and its predecessor bodies from around 1900 to 2000 or were received during that period. These records comprise archives such as College reports, memoranda, guidance documents and notes, comments and consultation responses, conference proceedings, Bills and Acts, minutes of meetings and position statements.

Most of these archives were created by Council and its committees such as the Education, Parliamentary, Manpower and Public Policy Committees, the Court of Electors, and Sections mainly, the Child and Adolescent and Substance Misuse Sections. The collection also contains responses to consultations from organisations such as the General Medical Council, the Department for Health and Social Services, the Home Office, the Royal Commission on Medical Education, e.t.c

Badges and Medals

We have a small collection of badges and medals in the Archives. The items were

originally housed in the Library and the Secretary's department and were transferred to the Archives around 1987 and 1988. The College has no policy of collecting objects from outside.

The collection consists of the Bronze Medal, Gaskell Medal, donated presidential medals of Angus McNiven, (1959-60) and Thomas Tennant, (1952-53), Medico Psychological Association (MPA) and Royal Medico Psychological Association (RMPA) badges for proficiency in mental nursing showing the psyche to 1926, and the serpent after 1926, RMPA certified mental deficiency nurse badges, and blocks for the nursing badges, the RMPA seal, Coat of Arms and the Gaskell medal.



The Nursing Medal (left) and Presidential Medal (right)

The Bronze medal and Prize was awarded to any officer below consultant status of a psychiatric hospital or unit for the best dissertation on a clinical or pathological subject relating to mental disorder.



The Bronze Medal, front and back

The Gaskell Medal and Prize was established from a trust fund in memory of Dr Samuel Gaskell, Medical Superintendent of the County Aylum, Lancaster. The Gaskell Medal and Prize has always been considered one of the foremost academic distinctions for scholarship in clinical psychiatry. It was awarded annually by examination in accordance with the terms of the Gaskell Trust.



Gaskell Medal front and back

All images provided by Francis Maunze.

Access to the Archives:

These archives can only be accessed by making an appointment to visit the [Archives](#) at 21 Prescott St London.

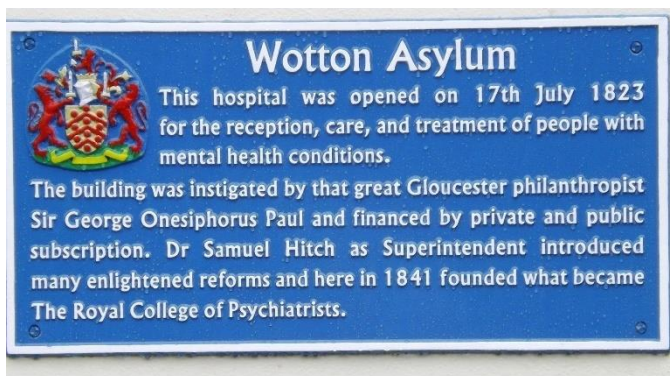
Prestige by Matt Corvis. Reproduced with artist's permission.

A new Memorial Plaque

Peter Carpenter

From account given by Ian Hollingsbee

On Thursday 7th December 2023, in Gloucester a long-awaited plaque was unveiled at the former Wotton Asylum, later known as Horton Rd Hospital. Despite the bad weather on the day, there were over 30 interested people present at the unveiling with many former nursing staff and invited dignitaries.



It was Sir George Onesiphorus Paul, 1746-1820, a philanthropist and prison reformer, who proposed a county institution for the treatment of the insane as far back as 1794. His new prison was built fairly quickly but

work on the asylum did not start until 1817. It was opened on 17th July 1823 after Sir Paul died. The asylum was built for 120 patients with both private, charity and pauper 'lunatics'. It was envisaged the wealthy patients would subsidise the cost of treating the charity patients and paupers. Amongst the original subscribers were Dr Edward Jenner and Robert Raikes, the instigator of Sunday Schools.

Dr Samuel Hitch was the second medical superintendent, a local GP starting after the first superintendent left to found the Kent County Asylum. He worked under the Physician, Hardwicke Shute. Together they implemented many humanitarian changes in treatment, with Samuel as the driving force. In 1841 he organised the meeting of his fellow medical colleagues at Gloucester Asylum, that founded the *Association of Medical Officers for Hospitals of the Insane*, the association that developed into our *Royal College of Psychiatrists*. In recognition of this the College contributed £200 to the cost of the plaque.

Wotton Asylum is one of the finest Georgian buildings in Gloucester and grade 2 listed. It was set to close with the opening of Gloucester's new County Asylum at Coney Hill in 1883, when it housed 698 patients, but remained open as a hospital for 165 years, until 31st March 1988 when it was converted into private residences.

The force behind the plaque was Ian M. Hollingsbee, who worked as a mental health nurse at Coney Hill and is now a retired Senior Lecturer in Mental Health and Gerontology at the University of the West of England. He expressed his sincere appreciation for the support from the many people who have made his venture possible. He had hoped to unveil the plaque in July on the bicentenary of the building's opening, but finances and more importantly frustrating delays in getting the relevant permissions stopped it being unveiled in the summer.

Martyn White, Chairman of the Gloucester Civic Trust was invited to conduct the proceedings. Claire Smith, a PhD student at Gloucester University, read one of her poems at the beginning and another to end the proceedings. Her poems were an interpretation of former patients' records held in the Archives and are available on request from Dr Peter Carpenter



Ian Hollingsbee and Martyn White, left column, bottom.


Dr Carpenter gave a talk on the life and contribution of Samuel Hitch and several of his achievements and innovative ideas such as giving some patients extended leave.



Peter Carpenter and Trish Jay

Finally, Trish Jay, trustee of the Barnwood Trust, which is the successor of the charity part of the old Gloucester Asylum, talked about the original charity subscribers. and how the charity separated from the Wotton Asylum to become Barnwood Hospital, (famously where Grey-Walters first used ECT in England). It now continues as a financial charity that still supports various mental health related activities around Gloucestershire, including the plaque. She announced the unveiling of the Plaque and we went out in the rain to see it.

All images provided by Peter Carpenter.



Christmas Tree oil/board, 7"x6" 2015 by Duane Keiser, as part of his *A Painting a Day* project: apaintingaday.com.
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Challenging and Hidden Histories and the British Psychological Society

John Hall

Oxford Brookes University

In September 2021 the Ethics Committee of the British Psychological Society (BPS) convened a 'Challenging Histories Group' (CHG), arising from concerns about challenging aspects of psychology's past. One aspect of those concerns arose from what were then two recent reports: in 2020 University College London had completed an enquiry into the history of eugenics at UCL, with a follow-up report in 2021, which had direct implications for the history and legacy of eugenics in both British UK psychology and psychiatry. In 1995 the Scottish psychiatrist Tony Pelosi made a complaint to the BPS regarding the research of the psychologist Hans Eysenck, at what was then the Institute of Psychiatry and is now the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) within Kings College London (KCL), into the links between personality and medical ill health. Both the Institute of Psychiatry and the BPS at that point declined to investigate these concerns, but in 2019 KCL completed an enquiry into

articles that Eysenck had co-authored with Ronald Grossarth-Maticek, a physician based in West Germany.

The purpose of the CHG, as set out in its terms of reference, was to "identify, develop and co-ordinate projects, undertake historical analysis and input into any policies regarding the challenging aspects of Psychology's past, and to look more widely at prominent historical cases of unethical conduct in UK Psychology". In the event the CHG, of which I have been a member, has examined other cases and issues, some of which are of equal relevance to psychiatry. This note summarises the main points of the report, now available on the BPS website (*Challenging Histories* tab of the *Ethics Committee* ([Ethics Committee | BPS](https://www.bps.org.uk/ethics-committee)) in the *Boards and committees* section of *Who we are*) and also outlines some changes in the internal structures of the BPS relating to the Society's History and Philosophy of Psychology Section and to the management of their Archives, which mirror some of the structures of the RCPsych in those and related areas.

The work of the BPS Challenging Histories Group

The membership of the CHG has been drawn from three groups: senior psychologists, both academic and applied, with experience and expertise in these fields; BPS staff with relevant responsibilities, for example in equality and diversity; and three non-psychologist experts who are Tony Pelosi himself, Professor Marius Turda of Oxford Brookes University (who is an expert on the history of eugenics and who has worked with the College in this field), and Professor Liz Hurren of Leicester University, who is an historian linked to the BPS History of Psychology Centre.

The group has met exclusively by Zoom for over two years, and alongside exploring the UCL eugenics and the KCL Eysenck reports, has considered two other British areas of concern in detail. Sir Cyril Burt, the most renowned psychologist of his generation, later became the most controversial, both on the basis of his work on the inheritance of intelligence and later on the basis of his activities as editor of the *BPS Journal of Statistical Psychology*. From 1962 a research programme into the use of aversion therapy to 'treat' homosexuality was begun at Manchester by the psychiatrist Malcolm MacCulloch and the clinical psychologist Philip Feldman: this programme moved to the University of Birmingham in 1966, and in 2022 the University of Birmingham reported on their enquiry into the research, by then known as conversion therapy.

The discussions within the group have been wide-ranging. For example, in 2021 the American Psychological Association (APA) issued an apology to people of colour for the failure of the APA to challenge racism and racial discrimination in the US: it was apparent that the resources and time required to carry out the analysis underpinning this apology were substantial, so a long-term strategy was required by the BPS, rather than a one-off apology. As another example, little has been done in UK psychology to address the historical silence on those groups excluded from psychology as members of marginalised communities. A

significant output from the project has been the creation of an Investigatory Framework Process, to identify the sequence of processes necessary to investigate both breaches of research integrity and practice misconduct. The framework is based on criteria already developed within, for example, the United Kingdom Research Integrity Office, and the Health Care Professions Council.

The Report is by way of being an interim report. A number of topics initially identified in the Terms of Reference were not addressed, such as making direct recommendations on how challenging aspects of psychology's history should be taught. Further work, such as a continued re-assessment of the activities of Cyril Burt, and a PhD project using the BPS archives to research the history of marginalised groups, will be overseen by the new Advisory Committee for the BPS History of Psychology Centre (chaired by Professor Hurren). A modern archive centre has recently been opened at the BPS offices in Leicester, while the historical library of the BPS is held at the University of London Senate House Library. The procedures for implementation of the Investigatory Framework will be set up by managers within the BPS.

From the BPS History and Philosophy of Psychology Section to the Historical, Philosophical and Theoretical Psychology Section

For over 30 years there has been a special-interest group within the BPS, the *History and Philosophy of Psychology Section*, for those BPS members interested in historical and philosophical aspects of psychology, with an accompanying journal *History and Philosophy of Psychology*: the Section was set up when there were still a number of senior academics whose first degree included philosophy. Last year this Section metamorphosed into the *Historical, Philosophical and Theoretical Psychology Section*, reflecting a changing shift in both academic and professional interests. In March a webinar was sponsored by the new Section, together with speakers from the CHG, on the topic of: *Hidden Histories*:

Critical and Reflexive Uses of the History of Psychology. This opened up the wider debate around some past psychological perspectives and findings, raising questions about why these issues, often controversial or problematic at the time, have not been more openly considered.

Graham Richards, formerly Professor of the History of Psychology at Staffordshire University (the only person to hold such a post in Britain) has recently published (now with Paul Stenner) the fourth edition of his *Putting Psychology in its Place: Critical Historical Perspectives*. This comprehensive and authoritative text discusses the underlying and continuing conceptual problems in psychology, and how the discipline has changed to address contemporary problems. They note: "psychological theories, while striving to be orthodox scientific theories, are also products of specific cultural contexts and bear the hallmarks of the settings in which they originated" (Richards & Stenner 2023:p1)

The BPS is continuing to enquire into the challenging and hidden histories of individuals, organisations and issues within the discipline and profession of psychology, recognizing the increasingly inter-disciplinary nature of these changing fields.

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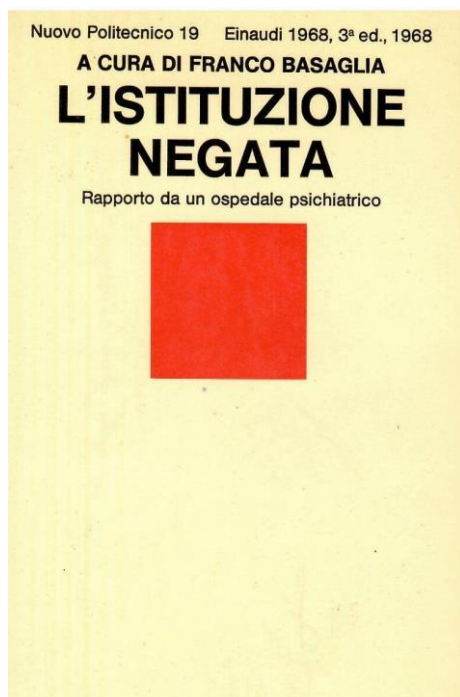
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Nocturne by Eugène Jansson (1862–1915). Public Domain

Report on HOPSIG Webinar "L'Istituzione Negata" - Franco Basaglia (1924- 1980) Centenary commemoration: Life, Ideas and International Legacy

Tommaso Squeri, Graham Ash,
George Ikkos

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Front page of the original edition of
"L'istituzione Negata" (Basaglia, 1968)¹

"L'istituzione Negata. Rapporto da un ospedale psichiatrico" (i.e. "The Institution Denied. Report from a psychiatric hospital") is the title of Franco Basaglia's 1968 landmark text¹ in which he recounts his experience as director of the Psychiatric Hospital of Gorizia (Italy) and the radical transformation of the practices within it. Edited with his collaborator and wife Franca Ongaro, it was translated and read around the world and prompted reflections in the medical, cultural and political fields but it was never translated into English. A webinar organised by the RCPsych History of Psychiatry Special Interest Group held on 20th March 2024 took inspiration from this title to celebrate the hundred years since the birth of its author, a remarkable Italian psychiatrist and reformer active from the 1960s to 1980, and to reflect on his work in Italy, his international legacy and the scepticism of British psychiatry.

The afternoon began with an historical contextualisation by Prof. John Foot,

Professor of Modern Italian History at the University of Bristol and author of "The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care"². He firstly introduced the legal and political situation of Italy in the early 1960s, when Franco Basaglia took over as director in Gorizia, a provincial town in the North-east of the country bordering the "iron curtain" with Yugoslavia. Psychiatric institutions were still regulated by 1904 legislation, centred around notions of social dangerousness and deprivation of civil liberties. The talk was then developed around Basaglia's biography: the influence that the anti-fascist upbringing in Venice had on his later formulation of a "prison-asylum", his medical (and philosophical) training in Padua after WW2, and his later work in the asylums of Gorizia, Colorno and Trieste. His experience in Trieste was particularly important in encouraging the transformation of hospital-centred psychiatry into community-based care throughout the country. It provided decisive ground for the approval of "Law 180", also known as "Basaglia law", the 1978 legislation that forbid new admissions to asylums in Italy and the dismantlement of existing asylums in the years that followed.

After the historical introduction, Dr. Paolo Peloso, Director of a District Mental Health Unit in Genoa, painted an elegant and passionate profile of Basaglia as a doctor and intellectual, deconstructing common misconceptions around his ideas. Drawing from his personal experience of working with Antonio Slavich, one of Basaglia's closest colleagues in Padua and Gorizia, and from his published monography on Basaglia³, Dr. Peloso underlined the socio-political engagement of Basaglia's writings. In Basaglia's own words, a psychiatrist should be a "friend, spokesman and trade unionist". He traces a humanistic and socially involved ideal of care, in which the relational and critical dimension are cardinal features. Dr. Peloso also revealed the contradictions that Basaglia came across in his psychiatric practice, particularly the tension between notions of "liberation" and "control", which he wrote about in his appendix to "L'Istituzione Negata" and which remained as internal struggles throughout his life.

After the historical and intellectual portraits of Basaglia, the webinar addressed the impact that his work and thinking had in Italy, Latin America and the United Kingdom.



Franco Basaglia with colleagues and patients in Trieste (Ernè)⁴

Dr. Angelo Fioritti, President of the National Council of Departments of Mental Health in Italy, analysed the process of de-institutionalisation and the development of the mental health care reform in his country. Centring the content of his reflection on an article he published on the 40th anniversary of the "Basaglia law"⁵, Dr. Fioritti pointed to the reduction in the number of compulsory admissions that has been achieved in Italy between 1978 and 2023 (from approx. 20000 vs. 6000 per year). In fact, beyond the closure of asylums, a vital element of the reform which continued after Basaglia's death in 1980, was the conceptual shift from hospital care to a community-based system. This began with the creation of "Departments of Mental Health" across Italian regions, their integration within the national health service and continued through to the more recent closure of forensic hospitals in 2008, with the last patient being discharged in 2017. Dr. Fioritti outlined the many challenges that were encountered and that are still present today, including the regionalisation of healthcare in the early 2000s that resulted in heterogeneity between different parts of the country with respect to funding and therapeutic approaches (e.g. generalist vs. sub-specialised). The speaker concluded his reflection with a wider discussion on contemporary phenomena of "re-institutionalisation" in areas like the care of

the elderly and current refugees-and - asylum systems.

The legacy of Basaglian ideas in Latin America was explored by Prof. José Miguel Caldas de Almeida, Professor of Psychiatry at Nova University of Lisbon and President of the Lisbon Institute of Global Mental Health. He introduced Basaglia's interest in South America and his several visits to the continent, which culminated with the "Brazilian conferences" in 1979, a series of 14 seminars across 3 cities⁶. The success of the seminars inspired more collaboration between mental health reformers, particularly from Italy and Spain, and local professionals in Brazil and Argentina. This gradually encouraged the establishment of international agreements, with the participation of governments in Latin America and the Caribbeans coordinated by the Pan-American Health Organisation, leading to the Caracas Declaration in 1990⁷. Prof. Caldas de Almeida described this as the landmark framework of mental health care reform in the region. It called for a shift from hospital-based care to community-based care, the protection of human rights of people with mental disorders and an aspect that was not present in the original Italian reform: a key role of primary care in mental health care. The de-institutionalisation process continued well into the 2000s but differences in the translation of these principles into policy and legislative efforts persist between countries. Prof. Caldas de Almeida concluded that, despite its difficulties, the Latin American experience remains one of the most stimulating and comprehensive approaches in inspiring global mental health initiatives. Through the work of Dr. Benedetto Saraceno, it has also influenced the Division of Mental Health and Pathological Addictions of the WHO in Geneva, with global effects.

The webinar's closing contribution was delivered by Prof. Tom Burns, Emeritus Professor of Psychiatry at the University of Oxford and co-editor of "Basaglia's International Legacy" with Prof. John Foot⁸. He examined the British response to Basaglian ideas and the reasons underlying this. The relation was always a complex one:

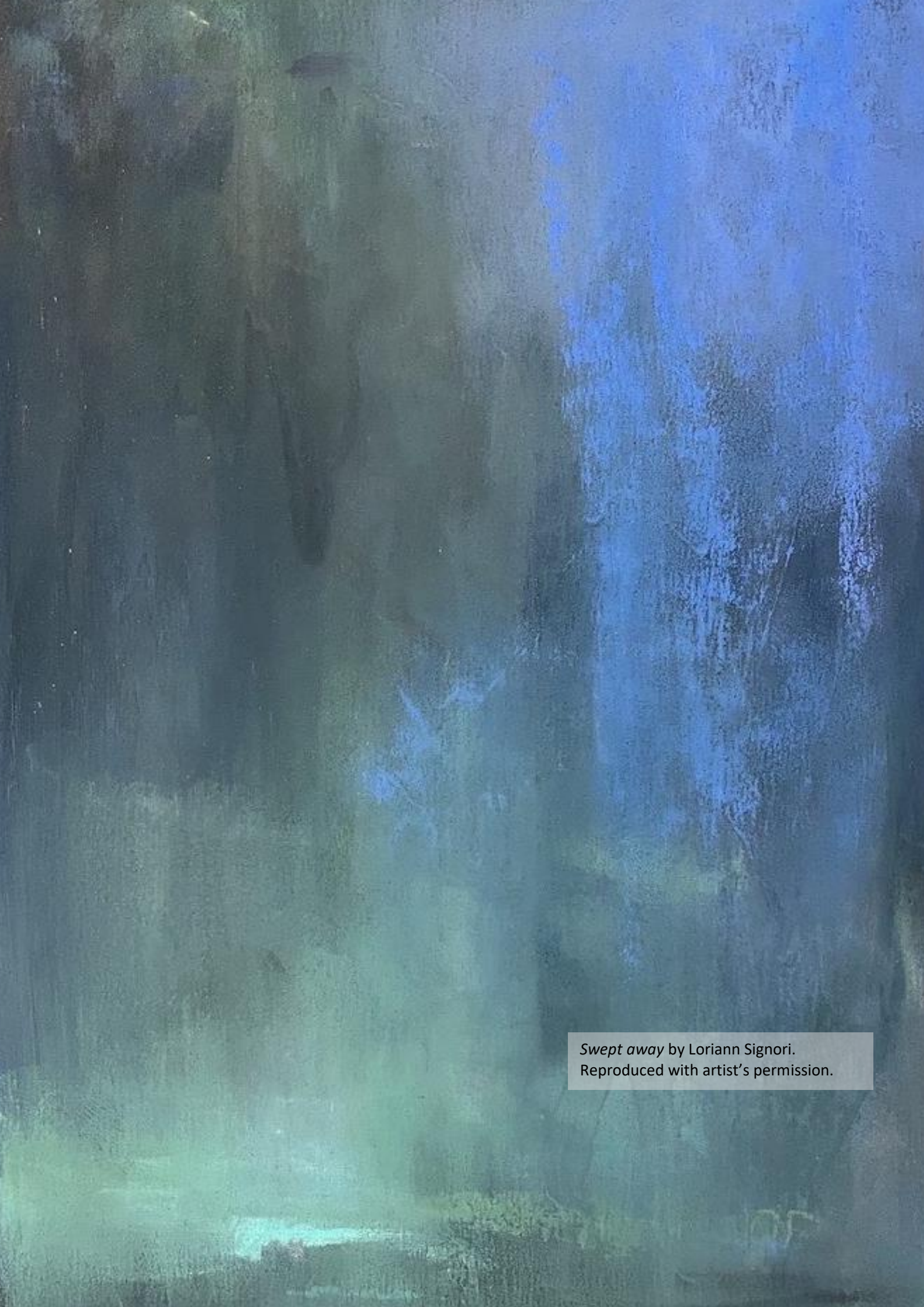
Basaglia himself visited Maxwell Jones' Dingleton community in 1963 and imported some of its practices in Gorizia but later rejected their lack of radicality, while Sir Martin Roth, eminent academic psychiatrist, defined Basaglia as an "anti-psychiatrist" in 1972. Positive responses included Hanvey's in 1978⁹ and Ron Lacey in 1984¹⁰. The most influential and somewhat controversial reaction was Kathleen Jones' analysis of the implementation of the Italian reform, which she discussed in the articles published with Allison Poletti between 1984 and 1986¹¹⁻¹³. They visited several units across Italy, highlighting significant differences between them and observed that Trieste was in fact "not closed in any meaningful sense". Overall, Prof. Burns identifies three major reasons for the UK position towards Basaglian ideas: number one, although reformed, Italian hospitals were not in fact dismantled; second, a general belief the UK was already at the forefront of rehabilitation psychiatry; and, three, a rejection of "ideological" approaches. He ended on a personal note, describing his mixed feelings of admiration towards the confidence and unifying enthusiasm perceived in Italian psychiatry at the time of Basaglia but equally the importance of science and evidence in bringing about change.

The webinar finished with reflections on recent domestic experience, that British psychiatrists need to regain their confidence in determining the direction of mental health services, a matter that seems important and enduring. The outcomes of Basaglia's contribution can serve shining example of what can be achieved.


Acknowledgements: We would like to thank our speakers and chairs for their enthusiastic support and advice in developing the webinar, and Catriona Grant for producing the webinar and for her organisational skill in setting up the event. Finally, we would not have had this event had Tommaso not proposed the initial idea for the event, about which he has been very modest and HoPSIG is very grateful.

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Swept away by Loriann Signori.
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nocturne in blue/ 12 x 12 inches/ oil on panel/ in private collection by Jennifer Moses. Reproduced with artist's permission.

The Great British revolution in psychiatry, 1945-1960: personal reflections

David Marjot

"Medicine is a social science and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solutions: the politicians...must find the means for their actual solution...The Physicians are the natural attorneys of the poor, and the social problems should be largely solved by them." Rudolph Virchow 1848. (cit. Wikipedia 2023)

Introduction

Late in my life, I have been looking at the history of psychiatry, particularly in Britain, and (re)-reading amongst other things, collections of essays edited by Ikkos and Bouras, 2021, and Berrios and Freeman, 1991. Of the contributors to these

compendiums, of those whose names I recognised, only Hugh Freeman was older than me, by two years. The great British revolution in psychiatry 1945-1960 has been wiped out of our psychiatric history, but, by a quirk of fate, I was there, and I am still alive to tell the tale.

In these two volumes, in my view, the most significant remark was by Joanna Bourke (in Ikkos and Bouras, 2021, p. 4.) is:

"The first theme is deinstitutionalisation ... The closure of the Victorian public asylum system and its replacement by community-based psychiatric services is the greatest social shift for patients and professional since the 1960s."

She continued that...a decisive moment occurred in 1961 when Enoch Powell, the minister of health...in a speech...he predicted

that... 'in fifteen years there may well be needed not more than half a many places in hospitals for the mentally ill as here are today'... He maintained that it was necessary for the medical profession outside the hospital service ... to accept for more and more of that care of patients outside of the hospital service...to accept responsibility for more and more of that care of the patients which today is being given inside the hospitals' ...". Bourke has confused the start of the revolution as occurring after 1960, conflating it with the date of Powell's speech, whereas the revolution had been effected by 1960, by psychiatrists, not as Powell suggested, by the government.

Powell's speech was an early blow of neo-liberalism against the Welfare State which was based upon William Beveridge's principles of freedom from "want, disease, ignorance, squalor and idleness". Powell was the herald of the current overburdening, denigration, destabilisation, degradation, and resource starvation of British psychiatry.

From medical student to National Service

As a clinical student, I was distressed by the suffering of the patients, not least those who were not given a clinical diagnosis as there seemed to be barely admitted clinical ignorance.

I left my teaching hospital in 1952 with a degree, a wife, and the obligation to do National Service. By opting to do four years' service rather than two I was able to get in surgical and medical jobs and a year as a "casualty" (A and E) doctor. I met a wide variety of people and patients with mental distress and disorder and was fascinated by discussion with psychiatric colleagues.

My epiphany regarding psychiatry was joining the Royal Navy and being sent to a Naval Air Station near Littlehampton during an insurrection in Singapore and Malaya. I was promptly introduced to the 'fear of flying syndrome'. Naval flying was very dangerous hence the syndrome. With help from his comrades, his more experienced senior flyers, the medical officers, and a

progressive reintroduction to flying, hopefully the reaction would be temporary and the airman could return to front-line duties. It was my first experience that the fit and young could suffer devastating changes in behaviour without apparent or literal brain damage. My next appointment was for three years in Singapore where I worked as a GP and then as Dockyard Medical Officer looking after local employees at work and their families.

Into civilian psychiatry

In 1930, the Mental Treatment Act allowed the admission of voluntary patients to mental hospitals and allowed local authorities to set up out-patient clinics. Change towards "open" hospitals and community care had begun, but WW2 stopped it.

As a junior doctor, I was acutely aware of my ignorance of psychiatry and of my interest in the speciality. My limited experience of mental disorders, mental hospitals and reading medical journals such as the *Lancet* fired my enthusiasm to become a reformer of psychiatry and to open the asylums. In 1958, I was fortunate to be taken on by Dr Marshall Annear, Medical Superintendent of the Morgannwg Hospital, the old Glamorgan County Lunatic Asylum that then held 2300 mainly long stay patients, had a waiting list, and covered a population of 800,000 souls. Dr Annear was determined to open the hospital, improve existing community services and create new services. He had just established an excellent training programme for junior psychiatrists. I was one of four youngish doctors who had applied the Morgannwg hospital because of Dr Annear's training programme. We obtained the Diploma in Psychological Medicine in two years. Three of us had just finished National Service and we saw ourselves as a sort of Three Musketeers! Dr Annear and Dr Rosenberg, the Deputy Medical Superintendent, both had distinguished Army service in front-line psychiatry. Our consultants and ourselves had a lot in common, and they saw us as fellow servicemen who were competent to carry out our job with minimal supervision.

On my first day Dr Rosenberg said he would take me round my wards. I was shown six wards that were occupied by more than 300 patients. These included the female sick ward (akin to a general hospital facility) and the refractory ward. I was to review my patients and start new treatments including anti-psychotics, where possible organise discharge, and bring about the opening of most, if not all, the wards. Although I was distressed by my patients' states of mind and their mental and physical disorders, I did not see any evidence of ill-treatment.

The doctors' keys if turned 'open' twice could not be locked again by nursing staff. On my third day I opened all the doors of my wards including the refractory ward. I considered I had enough experience and had been given a responsible role, and felt that I could act upon my own initiative. I thought it was better to do it on the spot rather than get involved in potentially lengthy, unproductive discussions. The nursing staff walked out leaving me to cope alone.

I was on the refractory ward at the time. They had six 'worker' patients, paid a pittance for their work. They sat me behind a heavy table and brought me a cup of tea. A few patients came up to me, but the ward continued to function without the nurses. After several hours the nurses returned with Matron, to find a very nonplussed doctor who was dying to urinate. After a few words I left, to my personal relief. I was not made party to the nurses' discussions with my senior colleagues, but I understood that Dr Annear took responsibility and the wards stayed open.

I later joined Dr Cuthill, a new consultant who had also been in the RAF. He had taken over a catchment area of 150,000 souls based upon the general hospital that served the Rhondda Valleys and some other places. I was on a new group of wards, and a major task was to free beds to create admission facilities for Dr Cuthill's catchment area. We must never forget that the Labour Government of 1945 abolished the Poor Law, created the NHS, improved social security and public housing which facilitated

discharge. We had a lovely disablement rehabilitation officer (DRO) from the Ministry of Labour. We identified about 15-20 patients able to go out to work while initially, at least, resident in the hospital. They all found work in the new steelworks. We organised transport and they set off and settled down to their new jobs. The custom was only to pay workers at the end of the second week of work. After two weeks they returned with their pay and handed it over for safe keeping, and possibly a contribution for their board and lodging. On Monday I came on duty to be accosted by the Chief Male Nurse: "Damn and bugger it Dr Marjot, look what you have done. Most of my assistant nurses have given notice as they are going to the steelworks on much better wages." Be careful what you wish for.

I still think about two patients who were close friends and would have been separated on discharge. They committed suicide together. An awful shock and a terrible lesson, not only for we enthusiasts but all those moving patients out of their familiar setting: take great care what you do.

When I left the hospital at the end of 1960, there were fewer than 2,000 patients and a much-reduced waiting list. The 800,000 people catchment area had been divided into six community facilities linked to local general hospitals with out-patient clinics, nursing and social work, and links with GPs were being introduced and local psychiatric beds planned. An impressive number of people moved into the community, with an increased turnover of patients in the hospital, plus community services. The foundation, framework, and part of the structure of the new psychiatric services was finished and was being used (only to be nearly destroyed by later malignant developments). I am proud to have been part of the success of the great British psychiatric revolution, before 1960.

In my view...

Enormous changes in UK psychiatry between 1945 and 1960 were brought about and driven through by psychiatrists, particularly those coming back from active war service.

We were responsible for more changes than those in more prestigious facilities where it is customary to publish, so they are often thought to be the innovators and initiators.

The anti-psychiatry, anti-authoritarian and anti-parental family movement, inspired by Marx and Freud, chose psychiatry and psychiatrists as a scapegoat for the capitalistic, paternalistic society movement exemplified by the lunatic asylums. Arguments of Szasz, Foucault, Goffman, and Laing were distorted to justify the destruction of psychiatry as a clinical science, but their works were published after 1960. This change was supported by the nascent professions of social work and psychology who wanted diagnostic and prescriptive authority that previously lay in the hands of the medical profession. This resulted in a turf war. Psychiatrists were blamed for being the evil keepers of the asylum, as an original sin. We are still blamed for this original sin even though I, and my colleagues across the United Kingdom, were responsible for the seismic changes between 1945 and 1960.

I note an apparent popularity of the biopsychosocial model of mental disorders being foisted upon us. I would suggest the pathobiopsychosocial model whereby the pathological or clinical component takes precedence. But therein lies another polemical piece. I am also struck by how feebly we British psychiatrists responded to anti-psychiatry and neo-liberal policies, and I suspect many doctors coming into psychiatry after 1960 were much influenced by the intellectual ferment from which anti-psychiatry sprouted and flourished. At the end of my life and my career as a psychiatrist I am aghast at the way we have let others walk over us. We must resolutely reject past and present stigmatising views of our speciality. I call for a robust assertion of our profession, but beware, we will be our own worst enemies.

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Hannah Mills: The woman whose death changed the face of psychiatry

Bob Adams

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I first came across Hannah Mills when I visited the Retreat Hospital in York in the 1990s to do second opinions for the Mental Health Act. One of the acute wards was named after her.

The death of Hannah Mills led to a major change of direction in how the mentally ill were treated in the early 1800s. The prime mover behind this change was a York grocer and tea trader, a Quaker called William Tuke (1732-1822). Hannah Mills was a fellow Quaker who died at the York Asylum in 1790.

The York Asylum

The York Asylum, when it first opened its doors in 1777, was only the fifth public asylum to be established in England. It was conceived and built with philanthropic aims after subscriptions had been raised from local people. But those aspirations were sadly lost early in its life when bed numbers increased from 54 up to nearly 200 by 1815, without a consequent increase in staffing¹.



The York Asylum (Bootham Park Hospital). Photograph by Bob Adams in 2012, before closure.

At the outset there were eight resident staff consisting of a head keeper and matron, together with three male and three female servants. The staff were expected to be assisted by 'quiet and governable' volunteer patients. There was a visiting physician, a founder member of the asylum committee, Dr Alexander Hunter, and a visiting apothecary. As disclosed in an enquiry in 1814, the hospital servants were poorly supervised and the visiting physician and apothecary took no responsibility for conditions within the asylum. Responsibility was held by the governors, but by the 1790s they rarely visited the asylum. As well as visiting, Dr Hunter ran his own private asylum and had private patients as well as many other interests outside medicine.

By 1790 the number of patients accommodated at the York Asylum had risen to 75. A new 'detached' wing had been completed to the rear of the main building to house the extra patients. Concern began to be expressed that the care of patients admitted to the asylum was not up to standard. Suspicions were further raised by the reluctance of the asylum staff to allow visitors. The ban on visitors may have been instituted to counter what happened at the Bethlem Hospital in London, where the hospital had become a tourist attraction with visitors paying fees to see the 'lunatics'.

Who was Hannah Mills?

Hannah lived at Hunslet, at the time a developing industrial area just south of the river Aire in Leeds. When we look into her family background it is easy to see some of the origins of her melancholia that resulted in her admission. Careful research by Ros Batchelor, York Area Quaker Archivist, demonstrates that Hannah lost her husband and three of her children all within just three years. Hannah's husband Samuel, a 'stuff weaver', died in March 1786 at the age of thirty-two. ² Hannah was pregnant at the time and gave birth to a son, John, about six months later. An older son, Sam, died in September 1787 at the age of thirteen, with John dying four months later at the age of sixteen months. If that was not enough, daughter Hannah died in November 1788 at the age of five. All were buried at the Friends Burying Ground at Meadow Lane in Leeds. ³ The site of the burial ground and the Quaker Meeting House at the time is now occupied by an Asda offices carpark. ⁴ A few months before her admission to the York Asylum, Hannah applied and was accepted to become a full member of the Society of Friends (Quakers). ⁵ This would have given her and her surviving family (two boys) access to financial support, including one son who attended Gildersome Friends School.

Cities were dangerous places in the late eighteenth century, especially in overcrowded industrial areas like Hunslet. Infectious diseases were a major cause of death in childhood, aided by overcrowding, poor sanitation, diet and lack of clean drinking water. Hannah's children were most likely to have died of infectious disease, but no records are available to confirm this.

Hannah was admitted to the York Asylum on the 29th April 1790. At the time anyone admitted required a petitioner and someone who could provide financial security in case the fees were not paid. At the time there was a variable scale of fees with the idea

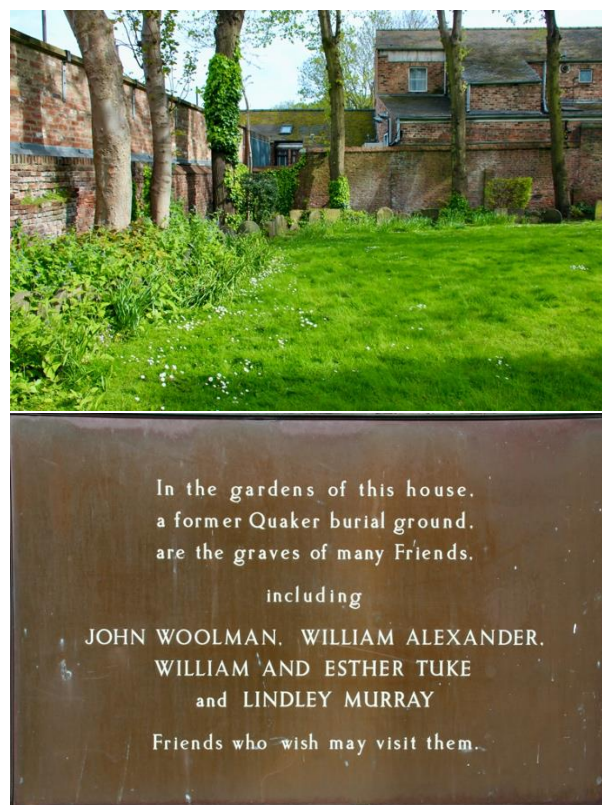
that more opulent patients paid extra to help fund those with reduced means. Paupers were normally funded by parish relief, but this was not available to Quakers as they had separated themselves from the established church and refused to pay tithes. David Jepson from Leeds acted as both petitioner and suretor for Hannah's admission.

Unfortunately, full records are not available for admissions to the York Asylum at this time, but what is known is that Hannah Mills, Admission Number 610, was aged forty-two at the time of her admission. She died on the 29th April 1790, just six weeks later.⁶ There is no information as to the cause of her death (death certificates were not required at the time) or how she was treated. At the time sedatives, emetics and purgatives were used at the asylum, described as Dr Alexander's secret 'green and grey insane powders'.⁷ It is unlikely that the three female staff looking after upwards of forty female patients were able to provide effective personal care to all their charges. As a result it is possible that Hannah failed to take in adequate food or fluids as a result of her melancholia and died of dehydration or malnutrition.

Hannah was buried in York, thirty miles from her family, at the Bishophill Friends Burial Ground. The order for burial was issued by William Tuke and the burial took place on the 2nd May 1790. No grave plan survives and no headstone was provided, in common with other Quaker burials at the time, so the exact location of her grave cannot be identified. However, she is in illustrious company as several eminent Quakers including William Tuke himself are buried in the same ground.

Despite Hannah being the inspiration behind the establishment of the Retreat it is surprising that the plaque at the entrance to the former Quaker burial ground does not

record her name. In his influential 'Description of the Retreat', published in 1813, Samuel Tuke, William Tuke's grandson, does not mention Hannah's name, merely recording her as a 'female patient'. Tuke also got the year of her death wrong, recording it as 1791, instead of 1790. He wrote that 'visits of the Friends were refused, on the grounds of the patient not being in a state to be seen by strangers'.⁸



Site of the Quaker Burial Ground at Bishophill, York, now in the garden of a sheltered housing scheme. Photos by Bob Adams 2023

The circumstances of Hannah's death were discussed at York Quaker meetings and concerns were expressed that no one from the Quaker community had been allowed to visit her at the asylum and she was therefore unable to receive the benefits of religious consolation. It is likely that David Jepson would have called in on some York Quakers when he brought Hannah to York and he would have stayed overnight. The Quakers were a small community and the admission of one of their colleagues would

not have been unnoticed. William Tuke was not a man to ignore what had happened to her. His daughter Ann apparently asked him, 'Father, why cannot we have an establishment for such persons in our own Society?'⁹

The York Retreat



The York Retreat. Photo by Bob Adams 2019

Raising funds for a new hospital was not an easy task and required much persuasion on the part of William Tuke. Eventually by 1793, £1,357 was raised, enough to purchase an eleven-acre site on rising land to the east of the city. The hospital was completed in 1796 and arrangements were made to appoint staff. The superintendent was to be George Jepson (1743-1836) from Leeds, a younger brother of David Jepson, Hannah's petitioner. Although William Tuke had a major role in establishing the hospital it was George Jepson and the matron, Catherine Allen (1765-1844), who had the greatest influence on the running of the hospital and how the patients were treated. They married in 1806. Their approach to caring for patients came to be known as 'moral therapy' and was emulated across the country by the reform movement in the early 1800s, aided by Samuel Tuke's book described above.¹⁰

Moral treatment basically meant being kind and benevolent to one's patients and treating them as human beings. The historian Anne Digby described the practice as having three elements.¹¹ The first was the provision of a therapeutic environment. The Retreat was situated in a rural setting with pleasant views. The hospital interior was designed to be as close to a home environment as possible. Galleries had day rooms, furniture was as domestic as practicable and the wooden sash windows contained hidden iron bars within them for safety. The second element was that of keeping the patients occupied. Patients were to be kept engaged with useful work and leisure activities. Finally, there was the social milieu. The superintendent and the matron lived in the hospital and acted as the kind and compassionate father and mother of the establishment. Medical treatment and the use of restraint were kept to a minimum. For this approach to succeed the staff/patient ratio needed to be sufficient. At the time of the 1814 enquiry the York Asylum had a staff/patient ratio of around 1:28. The Retreat started with 1:10 and this improved later in the nineteenth century.

Conclusions

Hannah Mills changed the face of psychiatry in the UK as her unfortunate death catalysed members of the Quaker community into initiating a major change of approach. This does not mean that change would not have happened without her. Reform was already starting in Europe initiated, among others, by Vincenzo Chiarugi in Italy and Philippe Pinel in France. But without the death of Hannah Mills reform would have taken longer and the Retreat might not have been established.

The humanitarian approach taken by the Retreat has many lessons for psychiatric practice today. All services can benefit from a bit more compassion and kindness, and the provision of good services require well trained and adequate staff.

After the enquiry of 1814, practice at the York Asylum improved and for the remainder of the nineteenth century and beyond the asylum became an example of good practice for others to follow. After changing its name to Bootham Park Hospital in the early twentieth century, the hospital continued to serve the citizens of York until it was closed in 2015. The York Retreat closed to inpatients in 2021. The Retreat governing charity continues to offer out-patient services in York and more widely across the country.

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3. Mills family information researched in 2023 by Ros Batchelor, Voluntary Archivist for Friargate Local Meeting, York Area Meeting and a Custodian for Leeds University Quaker Special Collections. Records of the Brighouse Monthly Meetings were accessed with the help of 'Find My Past'.
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Psychiatry and the Arts: Past and Present

Dr Rosemary Golding

Dr Rosemary Golding is a Senior Lecturer in Music at The Open University, where she has worked since 2009. Rosemary's research focusses on the social and cultural history of music in nineteenth-century Britain, particularly around the status and identity of music. Her research on music in asylums has been published as *Music and Moral Management in the Nineteenth-Century English Lunatic Asylum* (Springer, 2021); more recent studies have focussed on Ticehurst House in Essex, and the Crichton Royal Institution in Dumfries.
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A blurry photo of a street at night, Photo by [Toushif Alam](#) on [Unsplash](#)
Published on March 14, 2023, Camera: Samsung, SM-A525F
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Just over ten years ago, my research into the history of music took an unexpected turn. I was busy researching the careers of organists in nineteenth-century Britain, sifting through the advertisement sections of music journals, when I came across an advert for an organist required for a lunatic asylum. At the time I knew nothing about nineteenth-century asylums, mental health or psychiatry, but it struck me that this might be an interesting avenue to follow up. As I began reading further, I discovered a vast realm of literature on asylums and psychiatric care, with tantalising references to dancing, bands, and chapels, but no real study of the music. And so I set myself on this path to tease out what I could about the musical lives of the English asylums.

COUNTY ASYLUM, Wotton, near Gloucester.—
WANTED, MALE ATTENDANTS. It is necessary that they should play fairly upon some musical instrument, chiefly Organ, Violin, and Cornet. Wages £24, with board, lodging, and washing. A NIGHT NURSE is also required. Wages £16, with board, &c. It is not necessary that she should have previously had Asylum experience. Apply, with testimonials, stating age, whether married or single, to the Superintendent, at the Asylum.— By order,
BENJN. SHADGETT, Clerk.
24th April, 1866.

The Musical Times and Singing Class Circular, 1 May 1866

During my archive visits and explorations of former asylum buildings I uncovered a wealth of evidence of musical activity, including details of the ways bands were formed, trained and funded, the organisation of dances and their benefits, and the ways that chapel choirs fitted into broader schemes of 'moral' education and improvement. Music was a really core part of the system of 'moral management' – the treatment of patients via their surroundings, routine, activities and employment.



The Recreation Hall at the West Riding Asylum, Wakefield, which hosted concerts, dances and theatricals during the second half of the nineteenth century (top).

BUCKS. COUNTY LUNATIC ASYLUM.—A concert of sacred music was held here on Easter Monday. Mr. Rose, who is regularly engaged to teach the patients, brought over with him several vocalists from Haddenham. In the course of the evening, the unfortunate inmates sang several times; in the chorus of "Rule, Britannia," their voices were overwhelming; they gave some of the Church Service in a creditable manner: in each piece they seemed greatly to enjoy themselves.

The Musical Times and Singing Class Circular, 1 May 1857 (top)

Music was, in many instances, the most efficient and effective way of occupying large numbers of patients. In some cases I found wonderful collections of concert programmes, photos of bandsmen and, rescued from a Norwich skip, a large amount of sheet music.

I also found details about the ways music was used. Social class affected patients' musical exposure, with upper- and middle-class patients often accessing instruments and holding soirees; pauper patients were usually restricted to large-scale dances and concerts, with theatricals also included in some asylums. I encountered early experiments into music as a signifier of brain function in the 1890s, part of a wider debate about music, language and cognitive ability.



The High Old Times Quadrilles, part of the Norfolk asylum collection of music held by David Juritz.(right)

I also investigated some examples of individual patient engagement with music recorded in case notes, including records of patients directly affected or even 'cured' by musical encounters.

As my project was coming to an end in 2021, I began to come across others working in similar fields, or who had also published on aspects of the history of the arts and psychiatry. Susan Hogan, Professor of Arts and Health at the University of Derby, published some years ago a wonderful book on the 'Healing Arts'; Ute Oswald, now a member of the HoPSIG committee, had produced an article on the notion of agency in Victorian asylum amusements; while a colleague at The Open University pointed me towards Laura Blair's fascinating work on asylum libraries. With a couple more early career researchers on

board the time seemed right to gather us all together, and swap notes and narratives.



Mentally ill patients dancing at a ball at Somerset County Asylum. Process print after a lithograph by K. Drake, ca. 1850/1855. Source: Wellcome Collection

At the same time, I had another motive for bringing together historians and more. The academic agenda in the UK has increasingly turned towards public engagement and impact, and I was keen to explore new ways of aligning my research with the interests of the public, of practitioners in health, heritage and the arts, and of service users within the spheres of mental health or psychiatry. It seemed sensible also to explore this as a group, in collaboration with some key institutions. The Psychiatry and the Arts in Nineteenth-Century Britain [PAN] network was formed in association with both the Bethlem Museum of the Mind in London and the Crichton Trust in Dumfries, but has increasingly found interest from a wide range of practitioners and service users as well as Arts-health organisations.



An edition of *The New Moon*, the Crichton's patient magazine, 2 November 1846. Source: Wellcome Collection

The Network has run three symposia, and will conclude with a hybrid conference on 20-21 June this year. We met initially at the Crichton campus, where we also enjoyed a concert drawing on a recent oral history project, and a campus tour. Throughout the six papers presented on the day, we noted tensions between the asylum's remit to control or contain, and ideas of patient agency or creativity. We saw where the arts were used to offer relief from boredom and heard anecdotes of their therapeutic impact. We also got a sense of the way the arts formed a key part of the self-contained communities of the asylums, yet also offered opportunities for connection with the world beyond the walls.

The second and third symposia continued these themes, broadening to include literary depictions of 'madness' and considerations of material history, as well as valuable insights from modern-day creative projects. Key themes have included the notion of patient choice and agency, and how this has been enacted, restricted and interpreted through the arts; the language and depictions of madness and mental health through medical and artistic media; the arts as locations of resistance, critique or conformity. We have also heard much about the close connections between medics, psychiatrists and artists during the nineteenth century. In the most recent symposium, March 2024, we concluded with much discussion about the 'messiness' of history and how best to capture difficult and tangled narratives.

joining us. We would be delighted to welcome members of the HoPSIG.

Full details will be on our website

<https://fass.open.ac.uk/research/projects/PAN>

Regular updates are posted on my research blog

<https://musichealthandhappiness.wordpress.com/>

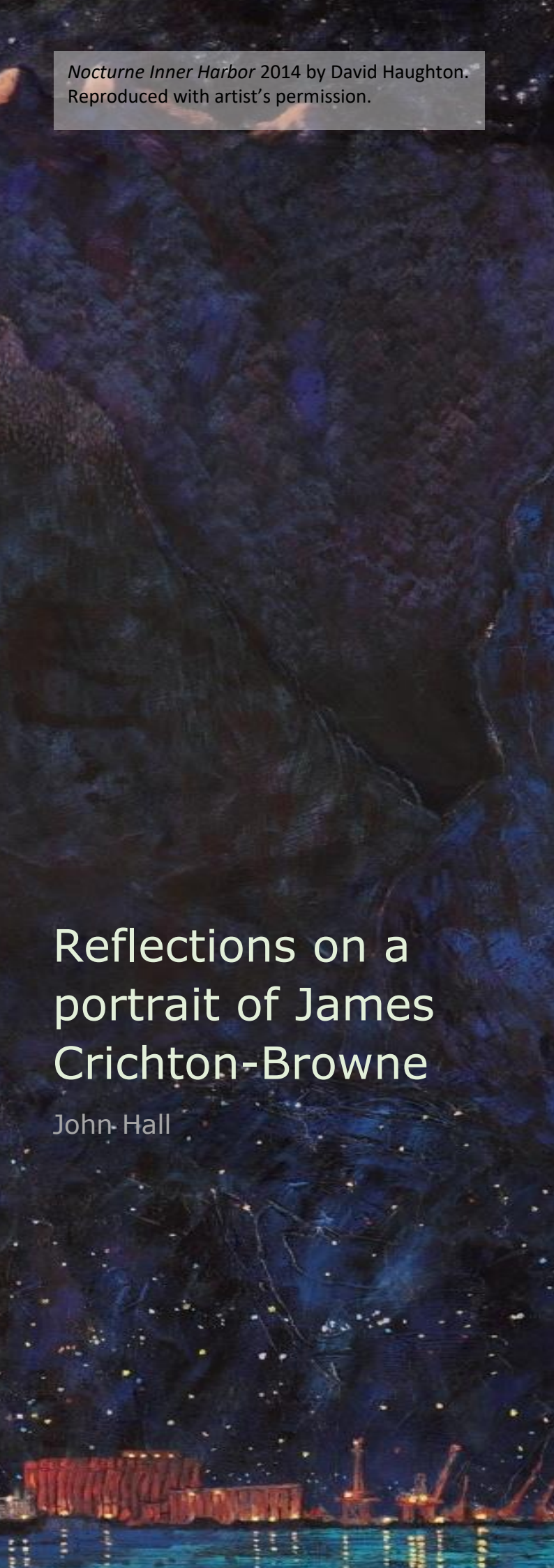
For further information please email

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Members of the PAN symposium outside the Crichton Memorial Church, Crichton Campus, Dumfries

Our conference in Milton Keynes is intended to further explore the potential synergies between the history of psychiatry and the arts, and modern practice, finding new avenues for collaboration and a deeper understanding of both continuity and change. We are excited that representatives from archives and creative projects, practising musicians and historians will be



Nocturne Inner Harbor 2014 by David Haughton.
Reproduced with artist's permission.

In July last year I became aware that the National Portrait Gallery held an oil portrait of Sir James Crichton Browne (1840-1938), arguably one of the most eminent British alienists of the late nineteenth century, painted in 1928 by the gay radical feminist Gluck. How was it that this radical figure painted this prototypical establishment psychiatrist?

What then should be easier than to turn up at the National Portrait Gallery (NPG) to see it? Easier said than done. The NPG has recently undertaken the largest renovation since it opened in 1896, delaying access to see the painting, which is actually held in the reserve collection in Stockwell, secure behind steel fencing and security gates. When I viewed it, it was placed on a functional cushion on the floor of the stark storage area - not the prestigious setting I was expecting. I then discovered that the 'Registration Packet' - which contains all the background details, including the provenance, of an item - is held in the NPG archives, a separate building at the rear of the main Gallery. So:

- Why is Crichton Browne significant for the history of British psychiatry?
- Who was Gluck, and why did **she** do the portrait?
- What of the portrait itself?

James Crichton Browne

James was born to the psychiatric purple. His father Dr W A F Browne was himself a leading reformer of asylum care, medical superintendent firstly of Montrose Royal Asylum and from 1838 of the Crichton Royal Hospital at Dumfries, and President of the Medico-Psychological Association (MPA) in 1866. So James was brought up in an asylum, and from 1857, when he went to Edinburgh to study medicine, he already showed an interest in mental disorders. He qualified in 1861 and took a 'highly commended' MD on the topic of hallucinations a year later. In 1863 he visited a number of asylums in Paris (including the Salpêtrière) and worked as an assistant asylum physician before being appointed as medical superintendent of the West Riding Lunatic Asylum at Wakefield,

Reflections on a portrait of James Crichton-Browne

John Hall

then the county town for the booming economy of the West Riding of Yorkshire.

The asylum was then the only public mental hospital for the whole of the West Riding, but in nine years he established the hospital as a leading centre of psychiatric and neurological research and treatment by setting up the first psychiatric research centre in Britain. He attracted a number of young able colleagues to work with him, most notably David Ferrier and John Hughlings Jackson, and he appointed the first pathologist to set up a research laboratory in an asylum. He believed that asylums should be educational as well as therapeutic, and in 1871 he inaugurated and edited the *Annual Medical Reports* of the West Riding Asylum, which were published annually for six years. Between 1869 and 1875 he had an extensive correspondence with Charles Darwin. Alongside his scientific work he was an active reformer within the hospital.

In 1878, together with Ferrier, Hughlings Jackson and John Bucknill, he founded the neurological journal *Brain*, and in the same year he was President of the MPA. At the still early age of 36 he was appointed to the prestigious – and lucrative – post of Lord Chancellor’s Visitor in Lunacy, a post he held for 46 years. After his move to London in 1876 he ended his direct involvement with clinical research, but he became a prolific author and a public figure, very supportive of public health measures, and in 1920 he delivered the first Maudsley Lecture to the MPA.

He was a Fellow of the Royal Society, was knighted in 1891, and his papers are seen by UNESCO as being of international cultural significance. His obituary noted “He was an “orator, wit, raconteur and intellectual”. So it is not surprising he is commemorated at the National Portrait Gallery.

Gluck

Gluck (1895-1978: born Hannah Gluckstein) came from a Jewish family, and after attending St. John’s Wood School of Art moved to an artists’ colony at Lamorna in

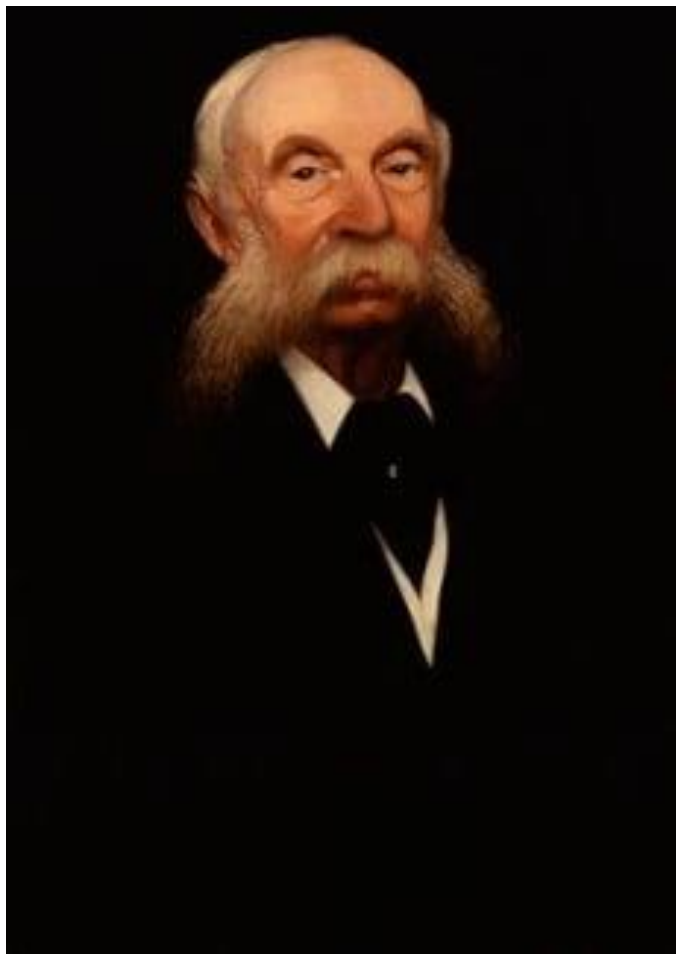
Cornwall where she adopted a masculine appearance and defied then current gender norms, insisting on being known simply as Gluck. From the 1920s she was noted for portraits and for flower compositions, but showed her work only in solo exhibitions, the first of which was in 1924 (Souhami 2000). She was also interested in the technical aspects of painting, including the quality of pigment production, and designed her own frames.

Gluck had a series of partners, and while she was living at Bolton House in Hampstead (where she had a purpose-built studio) she was joined by Sybil Cookson, the granddaughter of Crichton Browne, and her two daughters. Crichton Browne visited Sybil and came to know Gluck and admired her paintings, and so he commissioned the portrait himself. Gluck also did two paintings of one of Sybil’s daughters, Georgina, and when Crichton Browne died, the portrait of him passed to Georgina. It was later sent for sale at Sotheby’s in 1983 and was bought by a private collector, who in turn offered it for sale to the NPG, who bought it for £900 in 1985.

Gluck is a significant painter in her own right. She is herself displayed in the NPG by a striking self-portrait. Paintings by her are held by major British public collections: she donated a number of items to Brighton Museum and Art Gallery, where she was the subject of a 2017-2018 exhibition *Gluck: Art and Identity*, with an accompanying book of the same title.

The Gluck Portrait

The portrait is sombre in tone, all the clothing being dark, the most striking features being his domed balding forehead, hooded eyebrows and his bushy ‘Dundreary’ side-whiskers and walrus moustache. He looks straight at you out of the portrait, the only colour being his blue eyes and matching small aquamarine cabochon-cut tie pin.



Sir James Crichton-Browne by Gluck: oil on canvas, 1928. (559 mm x 406 mm). NPG Primary Collection 5791, Purchased 1985. Picture reproduced by permission of Penny Gluckstein, the widow of Gluck's nephew.

He was delighted with the picture: 'I am stern' he said 'I feel like a creature of a remote past' – he was 88 when the portrait was taken (quotes from pp.70 of Souhami, 1988). Another image of him is the caricature by Leslie Ward ('Spy'), one of the artists who regularly drew prominent people in the weekly magazine *Vanity Fair*.

The legacy of Crichton-Browne has been contested, with opinions ranging from the the conventionally celebratory (Todd & Ashworth 1991), to reservations about his contribution to clinical practice and strong support for eugenics (Neve & Turner 1995). He was a cultured and reflective man – like Dennis Gath (1930-2005) in a later generation, the psychiatrist chosen by the *BMJ* in 1996 to have their photograph displayed in the NPG (NPG Reference P676). Viewing this portrait has been for me a glimpse into the past, a prompt to try to understand a person and their life. But as

Claire Hilton has suggested to me (drawing on her own experience of reviewing the more recent portraits of Presidents of the College), what did these two extraordinary people think of each other, and what did they talk about during the sittings? This quest has also been a stimulus to me to search out other public memorials to those who have sought to understand, and improve the care and treatment of, those who are psychological distressed.

With thanks to Claire Hilton, who joined me at both the NPG repository and NPG archives, and commented on a draft of this article.

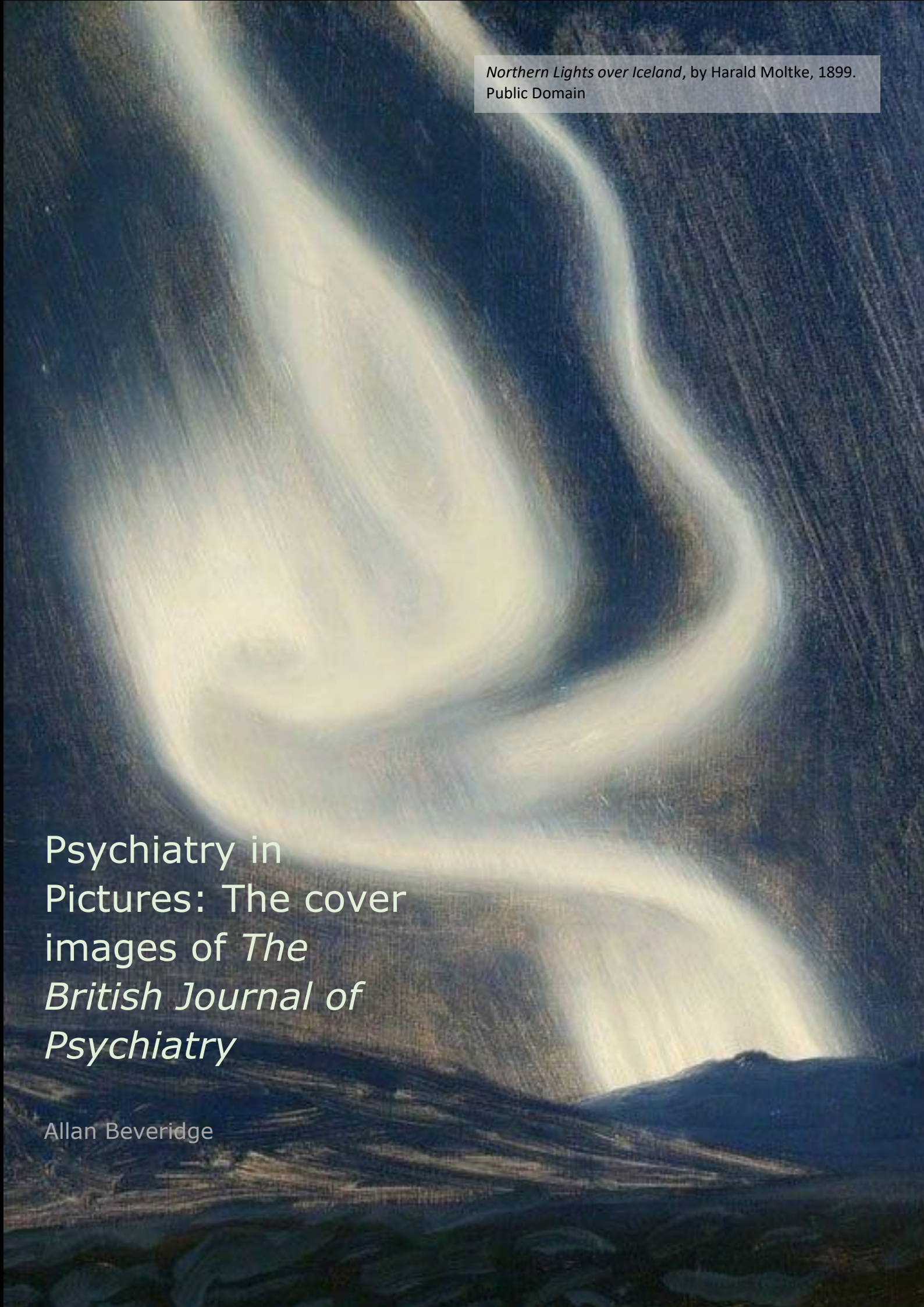
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Souhami D (2000) *Gluck: 1895 - 1978: Her Biography*. London: Weidenfeld & Nicolson.

Obituary: Sir James Crichton-Browne FRS. *Nature*, 41 Feb. 12 1938: 274-275.

The background of the entire page is a reproduction of the painting 'Northern Lights over Iceland' by Harald Moltke, 1899. It depicts a dramatic night sky with vibrant, swirling aurora borealis in shades of yellow, green, and blue, set against a dark, rugged landscape of mountains and water.

Northern Lights over Iceland, by Harald Moltke, 1899.
Public Domain

Psychiatry in
Pictures: The cover
images of *The
British Journal of
Psychiatry*

Allan Beveridge

Introduction

To coincide with an exhibition celebrating the cover images of *The British Journal of Psychiatry* at the Royal College of Psychiatrists, I will offer some reflections on the series and on the relationship between the visual arts and psychiatry. I will particularly focus on the history of psychiatry.

At its most basic, pictures document the evolution of psychiatry from its beginnings in the 18th century to the present day, giving us images of doctors, patients and institutions. Art can also portray how people from the past experienced mental and emotional disturbance. Books and articles on the history of psychiatry repeatedly draw on such work to illustrate the subject and make the past more vivid. But art also, inevitably, reflects the attitudes to mental illness of the particular period and culture in which it was created and can range from the censorious, such as in the moralistic work of William Hogarth and George Cruikshank, to a romantic depiction of madness and psychiatrists. A good example of the latter is Tony Robert-Fleury's famous 1876 picture of Pinel, freeing the insane from their chains at the Salpêtrière, which historians have contended is a highly idealised version of events¹ (Figure 1.).



Figure 1. Tony Robert-Fleury. *Pinel, Medecin en Chef of the Salpetriere*. 1795.

Alongside pictures depicting psychiatric patients, there are pictures *by* psychiatric patients. The art of the mentally ill has been the subject of historical and cultural investigation^{2 3}. This has focused on several questions. Firstly, how do we judge the aesthetic value of the art of the mentally ill? Is it original, visionary and ground-breaking, as the artist Jean Dubuffet thought, or does it merely demonstrate evidence of mental pathology, as the Italian criminologist, Cesare Lombroso contended? Secondly, is there anything distinctive about the art of the mentally ill? And thirdly, does artistic activity have a therapeutic role? In the nineteenth century, asylum physicians, such as WAF Browne at Dumfries, saw artistic activity as a means of occupying the patient's time and giving them a sense of purpose, as well as distracting them from their troubling thoughts. In the twentieth century, the Austrian psychiatrist, Leo

¹ Weiner, D (1994) *Le geste de Pinel: The History of Psychiatry Myth*. In Mark S, Micale and Roy Porter (eds), *Discovering the History of Psychiatry*. pp. 232-47. Oxford: Oxford University Press.

² MacGregor, JM (1993) *The Discovery of the Art of the Insane*. Princeton: Princeton University Press.

³ Beveridge, A (2001) A disquieting feeling of strangeness? The art of the mentally ill. *Journal of the Royal Society of Medicine*, **94**, 595-99.

Navratil held that artistic creativity had the potential to heal the patient.

Background to 'Psychiatry in Pictures'

The 'Psychiatry in Pictures' series began in July 2001. It was the idea of Professor Robert Howard and originally the pictures appeared in the inside pages with an accompanying text. I took over in February 2004 and, in January 2008, for the first time, the picture was featured on the cover. Prior to this, the Journal cover consisted entirely of text, relating to the content of the issue, as was the format of many of the journals of the time. As well as attempting to make the cover more interesting and appealing, the inclusion of pictures was following in the tradition of the medical humanities, which holds that art, literature, history and philosophy can add to our understanding of illness. They can complement biomedical knowledge by offering another perspective and one not necessarily filtered through the eyes of the clinician. They can also provide many other perspectives on mental illness and the exhibition has been organised around themes that the visual arts reflect and illustrate. In this article, I will focus on those aspects relating to the history of psychiatry.

Approaches to mental illness

In the 18th century, William Hogarth (1697-1764) produced his famous sequence of 'A Rake's Progress', which told the tale of Tom Rakewell⁴. Having squandered his fortune through gambling, drunkenness, venereal disease and imprisonment for debt, he reaches what Hogarth sees as the most degrading and terminal stage – admission to Bethlem Hospital. The final picture, 'The Rake in Bedlam' or 'Madhouse' depicts Tom in chains and practically naked surrounded by the other asylum inmates (Figure 2). The Victorian artist, George Cruikshank (1792-1878), who had been a heavy drinker, took up the cause of Temperance and produced a sequence of eight prints, entitled *The Bottle*,

in which he depicted the catastrophic effect drink had on a previously respectable family⁵. The prints caused a sensation in Victorian society and were eagerly sought after.



Figure 2. William Hogarth. *A Rake's Progress VIII. The Madhouse*. 1734.

In 1838 the Edinburgh alienist, Sir Alexander Morison (1779-1866)⁶, who was the first lecturer in mental diseases in Britain and wrote the first textbook of psychiatry, published *The Physiognomy of Mental Diseases*⁷. Morison had commissioned professional artists to create portraits of the inmates of Bethlem hospital and other asylums in the south of England. The theory of physiognomy rested on the notion that a patient's appearance and facial expression reflected their underlying mental condition. The accompanying texts reflected the psychiatric thinking of the time. Like Hogarth and Cruikshank, Morison took a judgmental tone to patients with alcohol problems, but his severest tone was reserved for gay men, whom he deemed to suffer from an 'unnatural disposition'. We featured several portraits from Morison's book in the Journal and began the sequence with a striking picture of Morison by Richard Dadd, completed whilst the artist was an inmate of

⁴ *British Journal of Psychiatry*, September, 2002.

⁵ *British Journal of Psychiatry*, January to May, 2006.

⁶ Beveridge A, (2018) Sir Alexander Morison and *The Physiognomy of Mental Diseases*. Parts 1 and 2.

Journal of the Royal College of Physicians of Edinburgh. **48**: 272-283: 352-67.

⁷ Morison, A (1838) *The Physiognomy of Mental Diseases*. London: Longman & Co.

Bethlem⁸. It portrays Morison, standing in the grounds of his estate at Larchfield, looking as weary and troubled as some of the patients in his book.

Portrayal of patients

We have featured several portraits of patients, which give an insight into how they looked, what they wore, their demeanour and posture, and perhaps an inkling of their inner worlds. Theodore Géricault (1791-1824) was commissioned by Dr Georget, a pupil of Esquirol, to paint asylum inmates at the Salpêtrière in Paris. We reproduced his painting of an old woman said to suffer from 'monomania'⁹. In Scotland, WAF Browne (1805-1885) had commissioned William Bartholomew, an engraver who was also a patient at the Crichton Royal Asylum, to make drawings of eleven patients to illustrate his lectures on 'the physiognomy of different forms of insanity'¹⁰. In 1838, medical photography was introduced to the Western world. In Britain, Dr Hugh W Diamond (1809-1886) produced the first photographs of the insane and they came to be regarded as more scientifically accurate than the portraits produced by artists, though historians have demonstrated that photographic portraits could be posed and manipulated too¹¹. Henry Hering, the London society photographer, took a series of pictures of asylum patients, one of which we featured in the Journal¹².

Portrayal of the asylum

We have featured many images of asylums. We have already mentioned Hogarth's picture of Bethlem, but we have also featured Francisco Goya's (1746) painting, *The Madhouse* (1812-1819), based on a

scene he had witnessed at the Zaragoza asylum¹³. The inmates are largely naked and act out their delusions. During this period, the mentally ill were frequently portrayed as naked and striking melodramatic and disturbing poses¹⁴. Morison's *Physiognomy* book in the 1840s was a positive departure in showing patients fully clothed and as individuals, rather than as stereotypical 'mad' folk. A gentler and more positive view of the asylum than that represented by Hogarth and Goya is that by Charles Altamont Doyle (1832-1893)¹⁵, the father of Conan Doyle, who was resident at the Sunnyside asylum at Montrose in the 1880s¹⁶. He depicted more congenial aspects of asylum life, such as picnics and walks in the grounds.

The art of the mentally ill

One of the earliest works by a patient to have survived is 'The Air-Loom' by James Tilly Matthews (died 1815), an inmate of Bethlem. John Haslam (1764-1844), apothecary to the Bethlem used the picture in his 1810 book, *Illustrations of Madness*¹⁷. Professor Howard writes: 'The book contains a verbatim account of Matthews' delusional beliefs and hallucinations and stands as the original description of all the positive symptoms of paranoid schizophrenia'¹⁸.

The nineteenth century saw the growth of the asylum. Despite the stereotype that they were grim, oppressive institutions, and certainly many of them were, several of the Medical Superintendents who ran them, were interested in providing the inmates with interesting and meaningful activity, such as art, though this tended to be reserved for private rather than pauper patients. Jessica Campbell is currently

⁸ *British Journal of Psychiatry*, June to November, 2004.

⁹ *British Journal of Psychiatry*, June, 2011.

¹⁰ *British Journal of Psychiatry*, March, 2005.

¹¹ Gilman, SL (2014) *The Face of Madness. Hugh W. Diamond and the Origin of Psychiatric Photography*. Brattleboro, Vermont: Echo Point Books & Media (originally published 1976).

¹² *British Journal of Psychiatry*, March, 2008.

¹³ *British Journal of Psychiatry*, February, 2008.

¹⁴ Gilman, SL (1996) *Seeing the Insane*. London and Lincoln: University of Nebraska Press (Originally published by Wiley; 1982).

¹⁵ Beveridge, A (2006) What became of Arthur Conan Doyle's father? The last years of Charles Altamont Doyle. *The Journal of the Royal College of Physicians of Edinburgh*, **36**, 264- 270.

¹⁶ *British Journal of Psychiatry*, October, November, December, 2007.

¹⁷ Haslam, J (1810) *Illustrations of Madness*. London: G Hayden for Ringtons.

¹⁸ *British Journal of Psychiatry*, September, 2001.

completing her PhD on this subject at Edinburgh University and has found that many asylum doctors were keen on providing a pleasant and congenial environment for the patients, and this included having the walls hung with pictures. It was hoped that this would have a calming and 'civilising' effect on the patients.

Dr WAF Browne, Superintendent of the Crichton Royal Asylum in Dumfries and author of a paper, entitled 'Mad Artists' collected work from his patients as well as from asylums throughout Scotland¹⁹. He felt that creative activity was beneficial to the mental state of the patient. We featured several artists from his collection²⁰. Browne also argued that there was nothing distinctive about the art of the mentally ill and that it was no different from that of the sane. This question has remained at the heart of discussions of the art of the mentally ill, with others contending that there is something distinctive, at least for a small core of mentally ill artists.

This latter view was held by the German psychiatrist and art historian, Hans Prinzhorn (1886-1933) who also collected work by patients, this time from asylums throughout Europe. In 1922, he published the classic *The Artistry of the Mentally Ill*²¹. He featured the work of ten patients, whom he deliberately termed 'Schizophrenic Masters', stressing that he thought their art was of great aesthetic value. The book became very influential with modern artists in the early part of the twentieth century. We featured several artists from the Prinzhorn Collection, now housed at Heidelberg Hospital²². A grim fate awaited many of these artists when the Nazis came to power in the 1930s and began the systematic mass-murder of psychiatric patients, who were deemed to have 'lives unworthy of life'. Many of the artists in the Prinzhorn Collection perished. This dark period is documented in *The Gallery of Miracles and Madness. Insanity, Art and*

Hitler's First Mass-Murder Programme by Charlie English²³. In the post war period, the Austrian psychiatrist, Dr Leo Navratil (1921-2006) set up the Artists' House in the grounds of the Gugging asylum near Vienna. He felt that patients should be given materials to create, free from the intervention or supervision of psychiatric staff. Several artists from Gugging were featured on the cover²⁴.

We have also featured other artist-patients, some of whom are well-known. Jonathan Martin (1782-1838), whose delusions led him to set fire to York Minster, painted dramatic pictures whilst a patient in Bethlem Hospital's Criminal Lunatic Department. His portrait also appears in Morison's *Physiognomy*, drawn by one of the commissioned artists. In the Journal, we featured his *London's Overthrow*, in which he depicts his premonitions of the disasters that will befall the English capital²⁵. The picture is a more or less conscious homage to the work of his brother, the successful painter, John Martin.

James Henry Pullen (1835-1916), who was diagnosed as an 'idiot', was an inmate of the Royal Earlswood Hospital for nearly seventy years, during which time he became locally celebrated for his elaborately carved model boats. One of his creations, 'The State Barge', which was fully operational, was considered by his doctors to be of sufficient quality to be sent to the 1867 Paris Exhibition and afterwards to be displayed in Earlswood's entrance hall²⁶.

Concluding remarks

The 'Psychiatry in Picture' series has covered a wide range of work, much of which has relevance to the history of psychiatry. As the art historian, Nicholas Tromans has argued, art offers another source for studying and

¹⁹ Park, M. (2010) *Art in Madness. Dr WAF Browne's Collection of Patient Art at Crichton Royal Institution, Dumfries*. Dumfries: Dumfries and Galloway Health Board.

²⁰ *British Journal of Psychiatry*, June, 2005.

²¹ Prinzhorn, H (1972) *Artistry of the Mentally Ill*. (trans, E Von Brockdorff). New York: Springer Verlag.

²² *British Journal of Psychiatry*, March, 2023.

²³ English, C (2021) *The Gallery of Miracles and Madness. Insanity, Art and Hitler's First Mass-Murder Programme*. London: William Collins

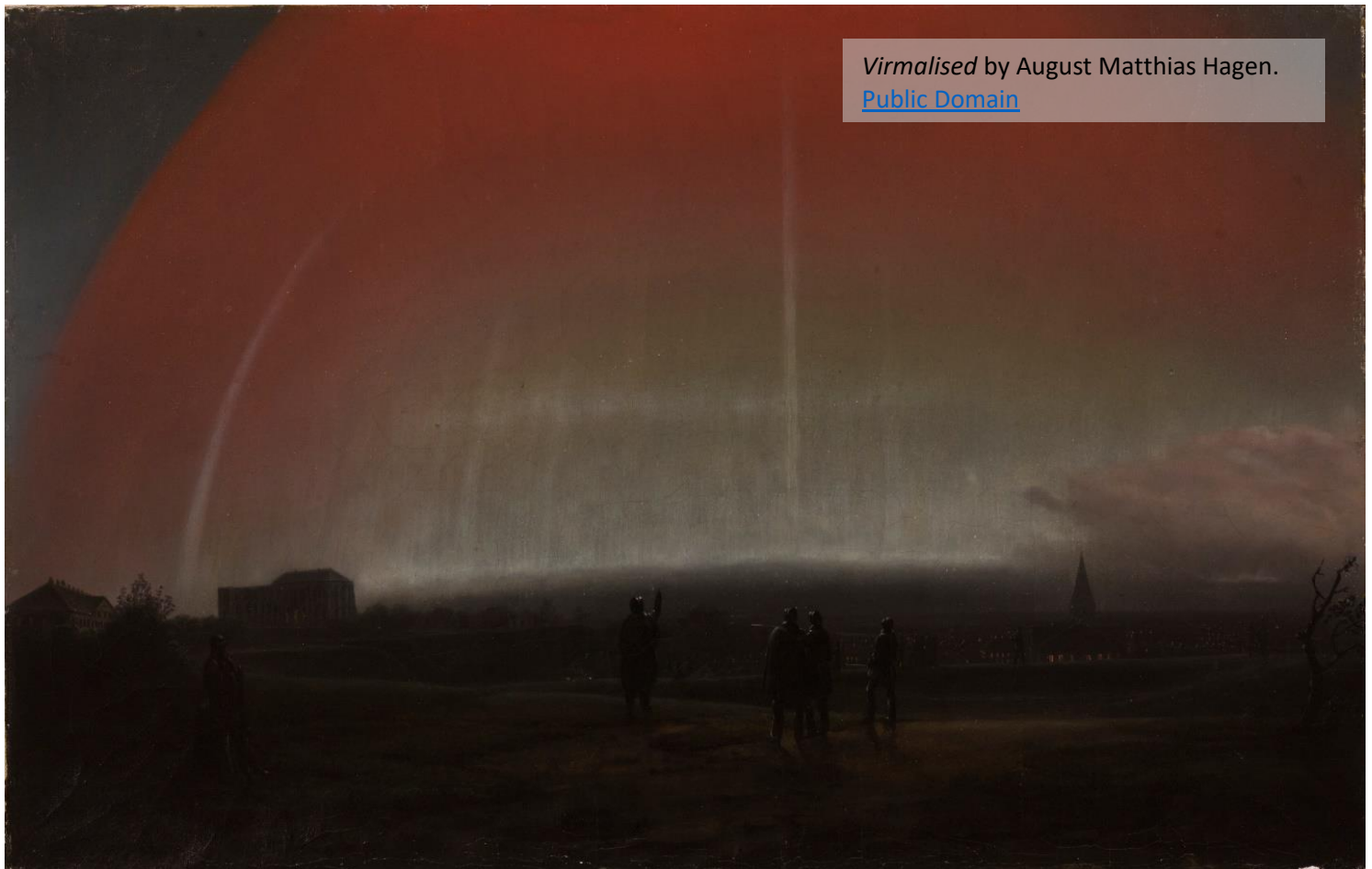
²⁴ *British Journal of Psychiatry*, September, 2018.


²⁵ *British Journal of Psychiatry*, September, 2016.

²⁶ *British Journal of Psychiatry*, June 2019.

thinking about psychiatry's past²⁷. Like any other source, it has to be seen in the context of its time and interpretation of its meaning has to be done with care. An engagement with art can also help us to identify the particular attitudes and assumptions that we have, ourselves, about mental illness and psychiatry.

To view the exhibition, visit: [Psychiatry in Pictures](#) | Royal College of Psychiatrists



An oil painting of a snowy Fifth Avenue at twilight. Bare trees frame the scene, and a large building with lit windows stands on the right. The wet pavement reflects the streetlights and building lights. A few figures are visible in the distance.

Fifth Avenue at Twilight, ca. 1910, oil on canvas by Birge Harrison. Detroit Institute of Arts, City of Detroit Purchase, 10.21. Reproduced with the Detroit Institute of Art's permission.

Book review

Outrageous Reason

Femi Oyeboode

Institute of Clinical Sciences

University of Birmingham

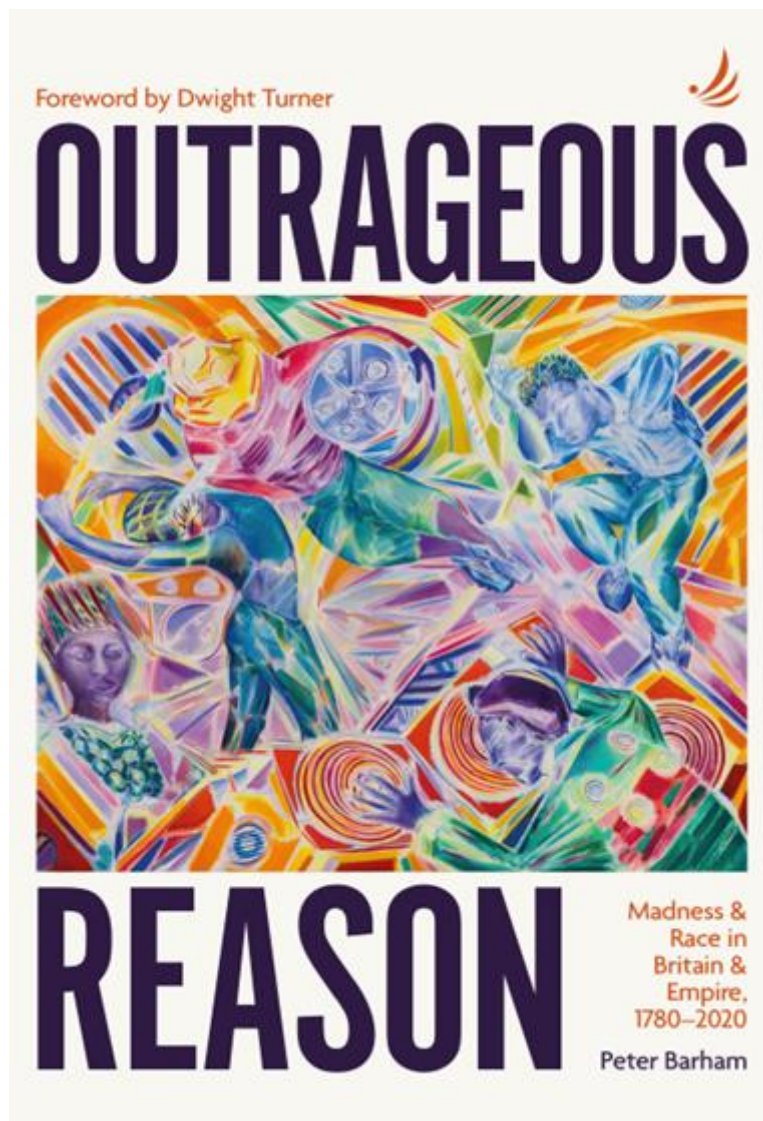
Email Address: femi_oyebode@msn.com

This is an extraordinary book. It is by turns challenging, disturbing, even trenchant. It is guided, always, by deep moral conviction about the value of the individual, irrespective of race (whatever race might signify). The aim is to show that to discuss mental health or madness is to engage with questions of race. Barham sets the scene by, firstly, discussing the infamous slave ship, the Zong. The Zong set sail for Jamaica from the coast of West Africa on 18th August 1781 with a cargo of 470 enslaved Africans. The captain was Luke Collingwood, a ship's surgeon. Due to navigational error, the journey took longer than expected and when water became short, Captain Collingwood or another person gave the order to throw, from 132 and 142 Africans and an infant, overboard. It is not clear that this contemptible act was actually necessary since it is known that it rained heavily, shortly after the first batch of Africans was despatched in this way, but the order was carried out, nonetheless. J.M.W Turner's masterpiece *Slavers Throwing Overboard The Dead and Dying (1840)* may have been inspired by the Zong affair. As if the murder of these enslaved Africans was not bad enough, the owners of the ship, the Gregson

syndicate, went to court to claim insurance on the dead Africans. The crux of the case was whether the Africans had been killed out of 'Necessity' which would then justify the decision to throw them overboard, even though they were alive at the time. The court duly agreed, Chief Justice Mansfield stating that insurance law defined enslaved people as commodity and that their fate was no different from that of horses being thrown overboard. What mattered was whether there was absolute necessity to throw them overboard, so as to save the rest. Barham's point is simple- Africans were no more than beasts to Europeans. In other words, they were less than human. This belief and the attendant attitude towards Africans determined and shaped the inhumane and brutal slave system in the Caribbean and Jamaica in particular. Barham argues that this legacy pervaded the mental asylum in Jamaica and continues to influence the treatment of black people in Britain today.

Barham's method is the case history and it serves him well. This method allows Barham to give voice to people whose accounts have not had the proper attention that they deserve and in his first choice, Henrietta Dawson, he found a powerful, compelling

voice, one that is incisive and convincing. Henrietta Dawson was a woman born in 1825 and who was admitted, to the female Lunatic Asylum in Kingstone Jamaica on two occasions between 1858 and 1860. Her account is from the Public Hospital and Lunatic Asylum Commission, chaired by Judge Alan Ker in May 1861.



Outrageous Reason: Madness and Race in Britain and Empire, 1780–2020. Peter Barham with a foreword by Dwight Turner. PCCS Books. November 2023. £21.50. bit.ly/outrageousreason
Cover image provided by the reviewer.

We learn of such punishments as ‘tanking them well’, consisting of the inmates passing through a cistern that was 7 foot long, 4 foot wide and 2 and a half foot deep. Sixty to 70 inmates had to pass through each day, bathing in the same water. To be tanked was

to be seized, ‘the hands and legs separated and extended, the head is taken hold of by one person, [...] The person is then plunged under the water and kept submerged [...] in order to make the sufferer swallow water’ (p 48). This process is repeated until all resistance ceases. Predictably, fatalities occurred either during this process or as a direct result of infections acquired because of the forcible consumption of the dirty water. The culpable role of the doctors and nurses in this travesty of medical and nursing care is clear.

Barham makes the point that the callousness that he describes within the asylum system in Jamaica was also apparent in Britain itself. He traces the racial ideology that the world comprises of adults and non-adults, in which only Europeans were adults and the rest of the world were non-adults. In this scheme, only a minority of Britons were adults and the rest were uncivilised, and laboured under diseases that destroyed their powers of self-control and self-help. In short, poor whites were coterminous with Africans as they were impure white people and thereby tainted. Barham discusses the case of Alice Rebecca Triggs to illustrate how race, class and precarious social standing influenced psychiatric care.

Barham has by this point established his method. He then applies it to the case of R.R. Racey, born in 1873, a colonial administrator, serving in East Africa, and to the Mir of Khaipur whose fitness to rule was doubted because of presumed mental illness. I am not persuaded that these two case examples further develop Barham’s thesis that slavery and colonisation both serve to demean and diminish the humanity of enslaved and colonised people and by so doing, adversely influencing the psychiatric care that they receive. In the final section, Barham returns to his thesis and examines the cases of Winston Rose who died in Police custody in Britain in 1981 and Orville Blackwood who died at Broadmoor Hospital in 1991. These cases are exemplars of the continuing tragedy of the death of Black men, often with a history of mental illness, who die during encounters with the Police or

psychiatric institutions. Barham shows how these events are reminiscent of the brutality of the slavery period and also of the imperial and colonial period. I think that he is right to draw attention to the continuities over historical time of entrenched racist attitudes and discriminatory behaviours that foster and inform police and clinical practices in the 21st century.

The Zong affair is pivotal to Barham's exegesis. His reading underlines the agency of the European slave traders and the Africans are in this account, ciphers, who are not merely nameless but also count for no more than cargo, commodity, without any human value. An African reading, is of course, altogether different. The affair shines a light on the venality of British mercantile system, one that was brutish, callous, and inhumane and as Barham argues laid the foundation for the rise and rise of Britain and capitalist structures during the Industrial Revolution. However, there are other accounts that demonstrate the agency of enslaved Africans. One of the most important is the *imàle* (Muslim) uprising in Bahia, in 1835, which although it failed, demonstrated that enslaved Africans, mostly Yoruba, who had learnt the art of warfare during the Yoruba wars of 18th and 19th centuries resisted the intolerable oppression of the Portuguese showing their agency and will to power (Reis, 1993).

There are other accounts of the practice of psychiatry during the colonial period in Africa (McCulloch, 1995; Sadowsky, 1999; Vaughan, 2004; Jackson, 2005). These accounts, each, in their own way, point to the degree that the racism and segregation in wider colonial society was replicated or perhaps sharpened within the asylums. Furthermore, that it was perfectly acceptable to propound patently false racial theories such as that by Carothers (Carothers, 1951) who practised in Kenya, that African adults are mentally, only the equal of European children. Barham's account differs in that it makes a link between slavery and the practice of psychiatry during the colonial period and contemporary times.

Barham's focus on the vicious and violent treatment of patients in the Lunatic Asylum in Kingston Jamaica is apt. Nonetheless, treatment of inmates in England in the 19th century, even for those in private madhouses, and those rich enough to employ attendants within their own homes, was no less brutish. John Perceval's (Perceval, 1840) account of his incarceration shows how demeaning many of the practises were, including the use of shackles, cuffs, solitary confinement, and 'ducking' which is indistinguishable from 'tanking'. And for those cared for at home, hidden from public view, their plight could be far worse, as the situation was compounded by shame and secrecy. The case of George Smith comes to mind. He was found in January 1826 in a darkened room, with bricks blocking the light from the window and the floor covered with heaps of filth, excrement, oat chaff and straw, and George himself covered with a dirty blanket and coiled up on the floor like a greyhound (Suzuki, 2006). It seems true to say that the plight of the mentally ill is uniformly desperate wherever they may be.

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Detail from *India House* by Pierre Adolphe Valette. Housed at the Manchester Art Gallery. Art in Public domain

Book reviews:

Intact: A defence of the unmodified body and

Exposed: The Greek and Roman Body

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When I was a student a pathology tutor told a very old and probably apocryphal joke. He explained that first pathologists got a few squashed cells from a tissue biopsy, then they got the organ and, eventually, they got the whole patient. Jewson's classic paper exploring the disappearance of the sick man from medicine explained the physician's migration from the bedside to the clinic and then into the laboratory, in effect echoing this joke in reverse.¹ Michel Foucault argued in 'The Birth of the Clinic' that the loss of autonomy of the patient-as-person lost sight of the individual as an autonomous being. The gradual focus on bodily systems, and then cellular and genetic levels of

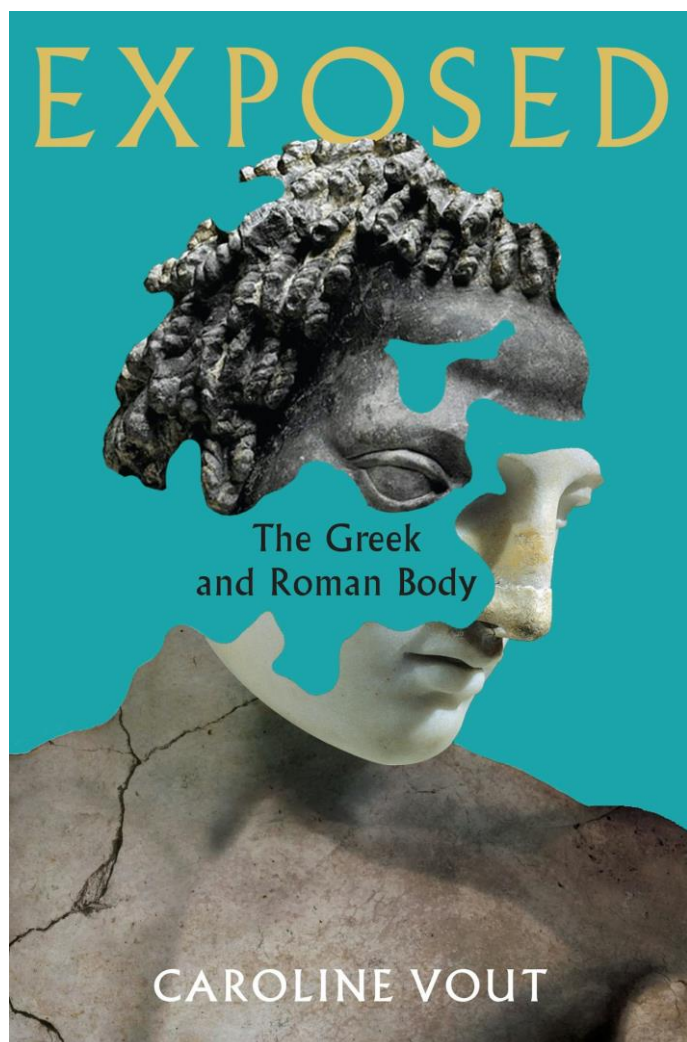
pathological understanding, placed power in the hands of the physician, and physician as agent of the state.²

Psychiatry has travelled a similar journey. Social psychiatry has steadily lost cachet, and many of us, it could be argued, have become physicians of neurochemistry and practitioners in psychopharmacology. Psychiatrists can also be charged with focusing on minds or brains, sometimes both, but forgetting about the bodies that those minds/ brains travel around in. These two books are ideally placed to remind us that bodies are quite important in psychiatry. This is not just because certain conditions have subjective body experiences

¹ N. D. Jewson, 'The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870', *International Journal of Epidemiology* 38, no. 3 (2009): 622–33, <https://doi.org/10.1093/ije/dyp180>.

² Gary Gutting, *Foucault: A Very Short Introduction*, Very Short Introductions (Oxford, UK: Oxford University Press, 2005), http://link.library.utoronto.ca/eir/EIRdetail.cfm?Resources_ID=1048321&T=F.

at their core. The most obvious example is eating disorders, diagnostic criteria for anorexia nervosa include distorted perception of body shape and size. Body dissatisfaction is central to bulimia and binge eating disorders. Let us not forget somatoform disorders, and dysmorphic disorders imply distorted beliefs about body features, held with delusional intensity. We also need to remember that we routinely use some quite dirty, in the sense of side effects, drugs. Whilst they may reduce distressing symptoms, they also have life altering and life limiting side-effects. Our patients have bodies, and these two books provide distinct, but interesting reflections on them.³



Caroline Vout. *Exposed: The Greek and Roman Body*. Wellcome Collection, Print, London 2022. Reproduced under Fair Use

Having, hopefully, persuaded you, let me encourage you to read both books. Clare Chambers is a Professor of Philosophy and Caroline Vout is a Professor of Classics. Both are based at Cambridge University and both books emerged out of the pandemic, when bodies and their frailties were central to public, political, and medical consciousness. Clare Chamber's book takes on the position of bodies in the current climate of expectations of ideal bodies. Caroline Vout's book challenges established ideas about 'classical' bodies, the created bodies of antiquity in statuary which have been the template of a bodily ideal since the Enlightenment. She shows us that ancient bodies were just as messy, leaky, and unruly as in our own time, but the ideas of how they were understood has evolved.

Caroline Vout takes a thematic, rather than chronological approach to the body in antiquity. This is hardly surprising given that early to late antiquity spans over a thousand years. To do otherwise would be like trying to condense a summary of how bodies have been represented and in turn influenced us from just before the Norman Conquest to the last decade or so. This thematic approach works well, but can feel rushed at times, leaving the reader wanting more depth and detail. A chapter on 'Medics and Miracle Workers' starts with the Gods of medicine, Asclepius and Apollo, but visits Hadrian's Wall, before discussing Galen and the benefits of bleeding in the context of humoral medicine. This idea that health required balance of the humours and recovery was aimed at restoring that balance remained the primary model of medical thought for centuries. No distinction was drawn between aetiologies of psychological and physical suffering. Magical aetiologies of madness and melancholia as afflictions from the gods were already being challenged by Galen and his peers, re-framing them as disorder. The chapter on 'Resurrection' provides a fascinating take on the impact of the new religion of Christianity on attitudes towards the body. Values associated with

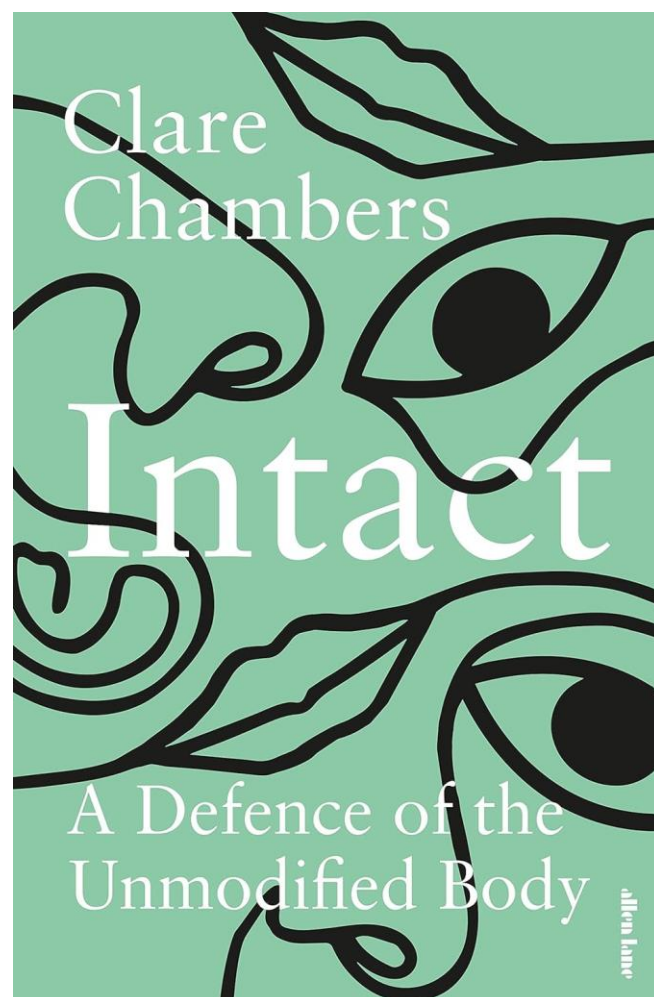
³ Claire Hilton, 'Our Values and Our Historical Understanding of Psychiatrists', *BJPsych Bulletin* 48, no. 2 (April 2024): 117–20, <https://doi.org/10.1192/bjb.2023.16>.

restraint, self-denial and asceticism become prominent. Quoting St Jerome addressing a Roman noblewoman Eustochium 'Let your female friends be those who are visibly thin and pale of face because of fasting...'p 321, before going on to expand on the virtues of food restricting that Eustochium should cultivate.⁴ The roots of later ascetic elective self-starvation and aspirational and perfectionist elements of what would become known as anorexia mirabilis are instantly recognisable.⁵

Other chapters cover the relationship between body and soul and perceptions of beauty. The imperfect body was flawed, implying a flawed person, just as the beautiful body implied goodness. An oft quoted notion that fat was considered desirable 'in the past' is swiftly dispatched in a discussion of the Ptolemy's, rulers of Egypt before the Cleopatra of Julius Caesar fame. Famous for their obesity, fat was associated with fleshy weakness, comedic effect, and ineffectual effeminacy. Thinness is harder to pin down. Most of the population of antiquity would have been surviving at subsistence levels; one bad harvest could mean starvation. Emaciation in the face of ample food was associated with miserliness.⁶ However, Vout adds a fascinating extra dimension to this, pointing out that loss of appetite and resulting thinness was also a feature of chronic lead exposure, lead salts being a ubiquitous part of Roman life; in the pipes that carried their water and in the lead compounds they used to sweeten their wine. As psychiatrists it is hard not to disappear down the rabbit hole of wondering about the relationship between the neurodevelopmental and neurotoxic effects of chronic lead exposure and the behaviour of some of the Imperials, such as Nero and Caligula.

Clare Chambers book, by contrast, has a narrower focus, but more depth. Starting from the premise that in the modern world we are responsible for our own bodies yet

are continually interacting with internally generated and externally imposed expectations about them. Arguing that the 'unmodified body' of the title is a political principle, she explores the distinction between natural and normal bodies, and the rights we have as individuals to modify and change them for ourselves and for others. On the one hand the 'natural' body is sweaty, hairy and messy. It gets sick, hungry, and thirsty, and of course has to get waste stuff out. All these facts mean that bodies require maintenance, in effect modification. She points out the paradox that the 'natural look' takes hours of cosmetic modification to achieve. There is nothing natural about it.



Claire Chambers. *Intact: A defence of the unmodified body*. Allen Lane, Random House, London 2022.

⁴ Caroline Vout, *Exposed: The Greek and Roman Body* (London: Wellcome Collection, 2022). Incidentally, her name is spelt with the masculine Latin ending -um, instead of the more recognisably feminine noun ending -a, as Eustocia.

⁵ Rudolph M. Bell, *Holy Anorexia* Chicago; University of Chicago Press, 1985

⁶ Christian Laes, 'Writing the History of Fatness and Thinness in Graeco-Roman Antiquity', 2016.

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The 'normal body' is even more problematic. What is a normal body? What about the bodies of those who have, in history and sometimes in our present, been 'othered' as a consequence of their bodies, because of dubious ideas about race, gender and disability? These tough issues are all explored here. Taking a lead from Foucault and his thinking on 'discipline', she points out that the drive to modify is both a right, and an expectation. How that is experienced as an aspiration is complicated by the expectations of others, for example the medical exhortation to eat healthily and take exercise as a form of power, failing to do this has invoked censure. However, she also points out that expectations are internalised, and perceived as one's own. Self-surveillance induces action driven by the individual themselves, or is it? Do I want that breast enlargement for me and my self-esteem, or because I live in a world that defines my attractiveness by my chest measurements?

Further sections go on to explore body modifications in three frames. The first, the clinical, which implies those interventions undertaken in the name of 'health'. Surgery, ingesting medication, dieting are all seen as forces for good, but also exercise in modification. The parameters of these modifications have both cultural and political elements. The second, is cosmetic interventions; the changes we make for the sake of appearance and attractiveness. Modifications might be relatively minor, makeup, shaving. But they can be huge – witness the some of the catastrophic results of people who have undergone surgery overseas. Lastly, there is cultural modification. Tattoos may indicate group membership; circumcision of boys denotes entry into certain faiths. Failure to undergo this procedure risks exclusion. Male circumcision in some cultures is also considered a hygiene requirement. Health and faith? Both modifications, but, arguably, distinct motivations.

The book explores the idea that some bodies are faulty, too thin, too fat, dis-abled – but

these are social as well as biological constructs. A person judged dis-abled may decline surgery that an able-bodied person would see as 'curative'. Surely it would be better to be changed to be more ordinary, more 'normal'. Or would it? The central argument of Clare Chambers book is in the title, she wants to argue for defending the unmodified body, but goes further. Her argument is also about regarding the unmodified body – and its occupant – with respect and not assuming that an idea of an 'improving modification' is shared by the person who is being encouraged to try it.

Both books are well worth the time spent on them and should be worthy of an honourable inclusion in any psychiatrists CPD portfolio. Caroline Vout's book is an easier read, not quite beach reading, but at least Saturday-afternoon-in-the-garden. Clare Chambers is tougher, because it is denser, but like the Vout book, the questions it poses are highly relevant to us as practicing psychiatrists. After all we deal with minds, brains, *and* bodies.

Untitled, Photo by [Patrick Hendry](#) on
[Unsplash](#)
Published on July 30, 2018, Camera:
Canon, EOS 5DS
Free to use under the [Unsplash License](#)

Freud's Last Session (FLS) is a film adaptation of the American playwright Mark St Germain's 2010 off-Broadway Alliance hit play of the same name, which in turn was inspired from the 1967 lecture series *The Question of God* by the Harvard psychiatrist Dr Armand M. Nicholi Jr.. In these lectures, Nicholi (a deist) discussed the atheist philosophies of Sigmund Freud which he later sensationalised in his [fiction-nonfiction book](#) *The Question of God: C.S. Lewis and Sigmund Freud Debate God, Love, Sex, and the Meaning of Life* which went on to become a [PBS series](#) and now also has a [website](#). C.S Lewis was chosen to represent "religion" to counter Freud's atheism because "(he) was the 20th century's most popular proponent of faith based on reason" who existed in Freud's timeline, and who probably (in the sense where probably and speculation are one and the same thing) met Freud in Freud's last days (the movie makes this conjecture, in any case).

Yes, the film itself is about as convoluted as that intro.

The setting of the *FLS* is a fictitious meeting between Sigmund Freud and C.S. Lewis, which would be the "last session" Freud would have in his lifetime. Freud, dying from cancer, receives the Oxford don C.S. Lewis at his London residence on 3 September 1939, the day the United Kingdom declares war on Germany, two days after Germany's invasion of Poland and the two engage in an intellectual verbal standoff on issues of spirituality, religion, and life (including the afterlife), and everything in between.

In its most basic sense, it is a clash between science and God; reason and faith; known and the unknown. Instinctively, one knows neither would have the last word, but both would die trying, till the very last word.

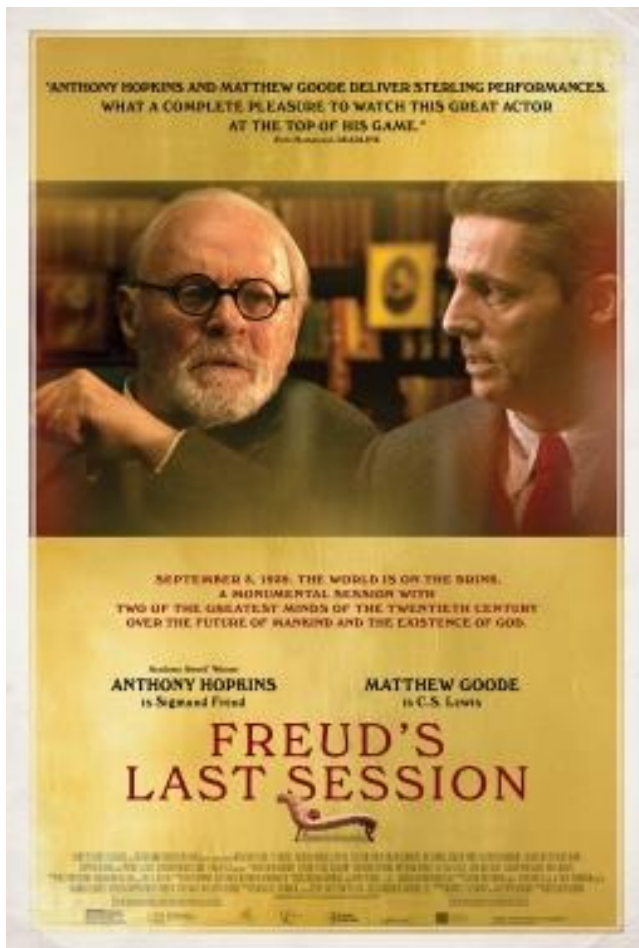
Everything about this setup was supposed to be a success. Anthony Hopkins, who plays the titular Freud, may do no wrong, in my view, and is perhaps the only actor to have scared the living daylights out of me (Hannibal Lector, in *Silence of the Lambs*) and made me cry a river (the father, in *The Father*) in equal measure. And has recently triumphed in another two-person tête-à-tête (not unlike this film) as Pope Benedict XVI in

Movie review: *Freud's Last Session*

Mutahira Qureshi

Netflix's *The Two Popes*. I have exceedingly fond memories of Matthew Goode, who plays C.S. Lewis in the film, romancing Lady Mary Crawley in *Downton Abbey* and Princess Margaret in *The Crown*, both gorgeous sweeping period dramas set in a similar era as this film. Even Mark St Germain I admire, having discovered him in a fabulous staging of his play *The Best of Enemies* starring Zachary Quinto as Gore Vidal, at the Noël Coward Theatre last year.

And yet despite all the fanfare, the acting aplomb and my high expectations, the film itself is to me reminiscent of the words of Shakespeare's Macbeth - "(was) a tale / Told by an idiot, full of sound and fury, / Signifying nothing."



Poster for *Freud's Last Session*. The poster art copyright is believed to belong to the distributor of the film, Sony Pictures Classics, the publisher of the film or the graphic artist. Accessed from [Wikipedia](#) and reproduced under Fair Use

First and foremost, I was not expecting the script itself to be so paper thin, lined mostly with aphorisms and rhetoric. The fragility of the script is further destroyed by the "flashbacks" that have been inserted into it, which are not part of the original play, conveniently interrupting the conversation at complicated and difficult points thereby allowing the writers to shy away from exploring any argument in-depth. These range from both C.S. Lewis and Freud revisiting various points in their past such as Freud being lauded in Vienna or Lewis narrowly escaping death on a First World War battlefield. Added to this already collapsing structure are further interjections mainly from Freud's daughter Anna Freud navigating her (in that time) controversial relationship with her lesbian partner, Dorothy Burlingham; and her flailing attempts to fill in her father's shoes by going out to lecture his students, in his stead, against the backdrop of air raid sirens and bustling streets of vintage London. Perhaps, if the effort used to research the two protagonists' real lives and timelines was utilized to read their respective works in more detail than we would have had a richer script that would not have relied on the other gimmicks, to match the greatness of the acting.

The film makes it a point to drill home that father and daughter Freud are enmeshed in an unhealthy dependence on each other (several times diagnoses such as "pathological dependence" and "attachment disorder" are also said out loud, if you were really dense and still didn't get it) as he repeatedly phone calls her to get him his pain medication and she decides to cancel all lectures and run across London to do it. In an all-too-familiar trap of reimagining, that all Freudian-esque psychological dramas fall into, we are presented a flashback of her in (fictitious) therapy with him— nay, begging him to take her into his therapy as he is the Great Freud himself and she will have no other, even though he is her father— and recounting a highly sexual dream to him, while lying on the famous Couch, before starting to masturbate to the dream, making him terminate the "therapy".

For me, this relationship took centre stage, with the intended Freud-Lewis cerebrated symposium being a hindrance and afterthought. The true thriller in the whole thing, as daddy's girl Anna is frantically running from one apothecary's shop to the next, in between half-hearted jejune persiflage between dad and Lewis that the film sharply dips in and out of willy-nilly, as dizzyingly as Anna dodging horse drawn carts, and bumping into annoyed Londoners, some closing doors on her as she tries to ask for the doctor in her Germanic accented English, amidst the clamour of air sirens and jingling hackney bells, as an agonized Freud furtively coughs spades of blood in his handkerchief... Will darling Anna be able to cash in a favour and make it in time with dad's "medicine" or won't she? She also receives a marriage proposal in the midst of it all. And the suitor (neurologist Ernest Jones played by Jeremy Northam) even pops by dad Freud, yet again interrupting The Session to ask for his blessing. They really should have considered revising the title by this stage. "What Anna did while dad was in his Last Session" comes close to capturing it.

Oh, but this is about The Last Session, and Lewis and Freud's repartee over "God, love, sex, and the meaning of life", so I reluctantly (as reluctantly as the filmmakers it would seem) need to turn back to it— Suffice it to say, it is my view, that no atheist or theist or deist or agnostic or scientist would leave this film even remotely moved by the arguments from the opposite camp, let alone be in a danger to lose their beliefs. And that is not down to the strength of the arguments and mesmerism of the wordage that one came to expect of this rendition, but rather the lack of anything remotely passionate that is attached to these themes.

If you, like me, were on edge wondering if Anna Freud gets dad Freud his opium in time and were thinking of watching this film for that purpose only, let me spoil it for you by letting you know that she does indeed.

As we know from historical records that Freud would engage in assisted death some

days later, and if the point of the film was to make poignant his sheer suffering and the reasons that compelled him, then the film (or should I say Hopkins) does an incredible five-star job of conveying it.

If you, like me, would watch any period drama, no matter the storyline, to slack the insatiable thirst to ogle period sets and costumes, then perhaps you might still give it a go, and enjoy some truly beautiful costume designing and dreamy cinematography against a vintage-esque ambient slow-burn soundtrack evocative of Chopin and Debussy. The set design is gorgeous and accurate for the period, the film is shot in muted neutrals and occasional noir with a very transporting quality to the execution, paired with some hazy and dreamy out-of-focus sequences in the rain and the mist when the characters (especially Lewis) lapse into talking about their belief in the ethereal and unknown.

If you, also like me, are a Hopkins fan and believe that he may do no wrong, as he, even in this film, lends a strange grandeur to the otherwise insipid script, then I would say, he would not disappoint you in this.

However, if you were in just for the philosophy, the psychology, and the dialogue, I would highly recommend giving this whole thing a miss. Ultimately the film is about everything but the "last session"; with its myriad of interruptions and speculations, leaves the "debate" to our imaginations. Perhaps it would have been better left as a two-person one-act play despite the stunning cinematography lending some weight to a screen adaptation. I have had more profound debates on a Friday night out with my friends. There was an expectation of more from literary and philosophical giants and the creative team who were much more than up to the task of bringing them to life through words.

An unfulfilled expectation of much much more.

Axe of Light, Oil on canvas, by Tania Rutland. Reproduced with artist's permission.

A letter from the Archivists

Dear Colleagues

Have you ever wanted to find the archives of a psychiatrist from the past?
Have you ever succeeded?

The RCPsych would like to help psychiatrists, genealogists and other researchers to locate archives of our predecessors. A few have been donated to the RCPsych, and we know of some in local history collections, University libraries, or at the Wellcome Collection, but there must be others out there too.

We would be really grateful if YOU could help us compile a list of psychiatrists of the past and where to find their archives. This information will be made freely available on the RCPsych website. (If you have papers in your attic, wardrobe, garden shed or under the bed, let us know that too, but we will not put it on the website!)

Please let us know what is out there.
We look forward to hearing from you.

Many thanks,
Claire Hilton, RCPsych Honorary Archivist,
claire.hilton6@gmail.com
Francis Maunze, RCPsych Archivist
francis.maunze@rcpsych.ac.uk

PS There will be more about the RCPsych Archives in the next issue of the newsletter.

A date for your diary

**Don't forget to join us at
the SIGs Fair and Lunch
on Tuesday 18 June in
Edinburgh, at the
RCPsych International
Congress 2024**