RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

HOPSIG Newsletter

Newsletter of the RCPsych's History of Psychiatry Special Interest Group

Issue 20, Spring 2025

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Eds:

Mutahira Qureshi
John Hall
Lydia Thurston
Allan Beveridge
& Nicol Ferrier

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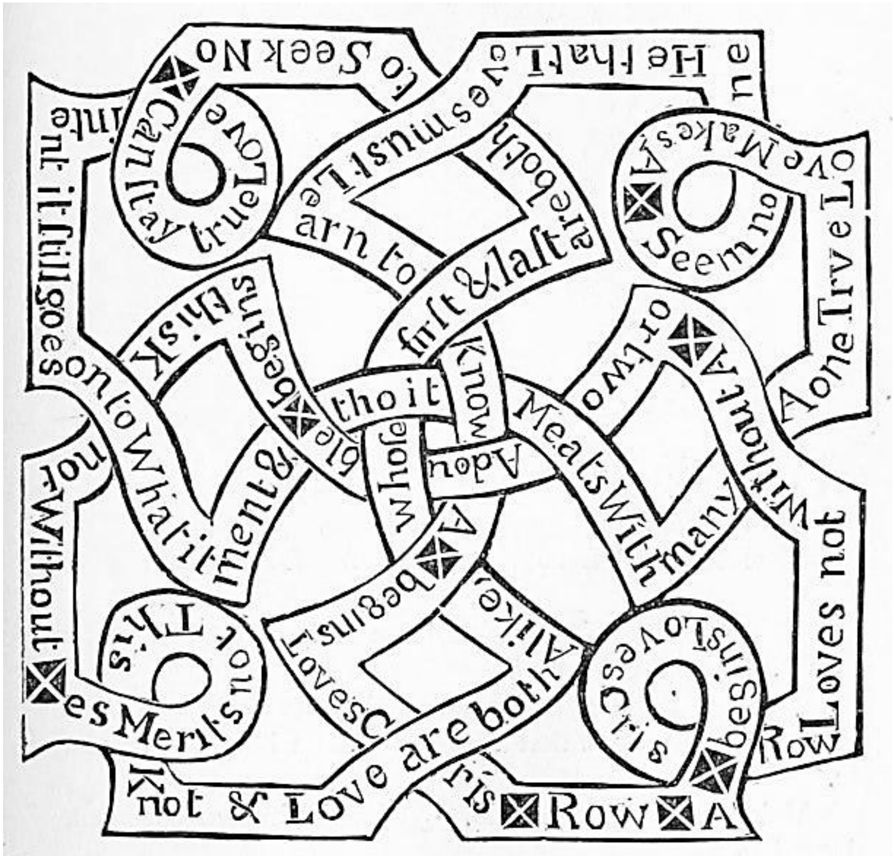


Title page: “Standing on the Base Ground...I Become a Transparent Eyeball” (Illustration for Ralph Waldo Emerson's *Nature*) by Christopher Pearse Cranch, pen and brown ink c. 1830–92, accessed from The Metropolitan Museum of Art, art in public domain.

Title verso (page 2): “Anjos” woodcut by Yolanda Carvalho (2012), art in public domain

Page 3: “Old Egyptian Fortune-Teller's Last Legacy” woodcut from *18th-Century Chapbooks*, source: Internet Archive / University of Toronto Libraries, public domain

Above: Page from the 1545 edition of *Le Théâtre des bons engins* by French Renaissance humanist Guillaume de La Perrière (ca 1499 - ca 1565)

Overleaf: Two linocuts from David Jone’s *Bestiary*. Reproduced with the artist’s permission. Artist’s portfolio can be accessed from davidjonesartist.com

Seen in a sea of signs

Editorial

&

Cabinet of curiosities

A note on the artwork in this issue

Mutahira Qureshi

Welcome to the Spring 2025 edition of the HoPSIG newsletter. It has been a while since I have written the editorial, and what a brilliant issue to come back and write it for. I have also decided to combine the editorial with my usual accompanying piece commenting on the artwork inspirations for the issue. We received so many fascinating articles, reports and reviews, and hope that you will enjoy reading this issue as much as we've enjoyed putting it together. We are grateful to both our returning contributors and new ones for studies on historical antecedents, seminal truths, and canon; and a cross-examination, of sorts, in the court of what we know today.

One of the themes for this issue is the Logic argument *reductio ad absurdum* or reduction to absurdity, where an argument's premise or conclusion is pushed to its logical limit to show how ridiculous the consequences would be, thereby disproving it. The pieces in this issue are not one of triumphal progress or orderly inheritance, but of contradiction —of ideas and systems pushed to their limits until their absurdities speak for themselves. Artistically this is captured in the whimsical and phantasmagorical woodcuts that traverse the pages of this issue, inspired by our Archivist's Cabinet of Curiosities project (page 17). The most recurrent of these are the woodcuts from Richard Breton's *The Drolatic Dreams of Pantagruel* (1565). In Breton's book of woodblock prints fantastical hybrid creatures lurch across the page: part-human, part-fish, part-furnace, part-fool. The images are meant to be "dreams" of a fictional giant Pantagruel, but their distorted bodies contain sharp satire. They do what

reductio does in philosophy—they stretch ideas until they deform, until the hidden absurdity emerges not as error, but as an image; unsettling, illuminating, and perhaps darkly comic.

In Mhairi Hepburn's powerful family history (the winner of the Women in Psychiatry essay prize, see also page 25) we see the eugenic thinking of asylum psychiatry collide headlong with the lived experience of a descendant thriving with the very diagnosis that once threatened erasure. In tracing a lineage through archival shadows, she does more than recover the silenced voices of her women ancestors: she challenges the coherence of a system that could be, at once, compassionate and cruel. Mhairi becomes, herself, a living reductio who stands, with humour and gravity, against the twisted logic of the past.

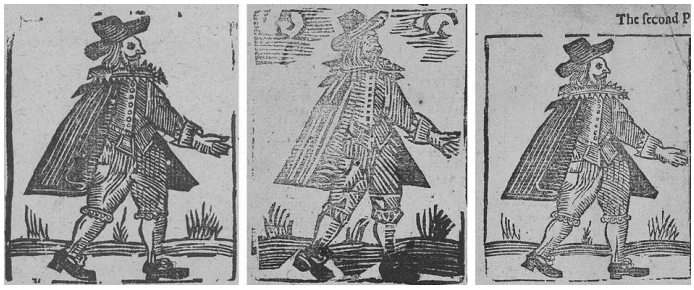
In Stuart Davis's recollection of the Wakefield conference, we see twisted logic again at work. Democratic psychiatry attempts to follow institutionalism to its endpoint, and reveals by excess, the absurdities of total care. The words of his senior staff, as I imagined the controversial conference with its threat of "blood on the streets" unfolding in the (all-too dramatically ironic) year 1984 in Davis's piece, will stay with me for a long time. "They'll never shut this place—where would everyone go?", they declare, incredulous (or so I imagine) in vacuous truths. And yet, as we know, indeed they went. Despite it being declared impossible that they would ever be able to go.

The Kraepelin 2026 symposium, masterfully reported by John Mason, stages a more collective form of disintegration. Kraepelin's classificatory edifice, once a monument to medical modernity, now flickers like a phantasmagoria—convincing at first glance, but dithering under scrutiny. As philosophy confronts nosology, we see the very structure of reason crumble. The editorial derives its title from Prof Ikkos's closing remarks at the symposium outlining the roadmap 21st century psychiatry ought to take, "What we need at the centre is the person, who is born in language and seen in a sea of signs not separate from the biology but deeply integrated within biology". In his two powerful book reviews at the end of this issue Prof Ikkos furthers the question by asking whether psychiatry has truly absorbed the lessons of critical theory or whether, in its quest for synthesis, it has neutralised contradiction itself.

Florian Ruths and Prof Boatswain recover the figure of Nathaniel Cotton, whose mid-18th-century quiet refusal of cruelty, his poetic insight into the human condition, reminds us that care is relational before it is procedural, and that one cannot pathologize the mind without attending to its stories. John Waddington's and Andrew Eustace's historical analyses offer further contrasts: from early attempts to image madness, to moral treatment guided not by doctrine but by community and faith. The "absurd", in these accounts, is revealing. It forces us to see where our categories and practices no longer serve those we are meant to help.

This brings me to the second inspiration for the artwork in this issue: woodcuts and block prints. The choice is deliberate, as mere whimsy phantasmagory can as easily be discovered in Hieronymus Bosch or Peter Breughel's sweeping oil panel triptychs. Historically, woodcuts were the print medium of the common reader (the medieval *Biblia Pauperum* or pauper's

bible printed entirely off woodcuts makes this quite clear, as opposed to the hand drawn, gilded and ornamented bible copies of the rich). They were cheap to produce and reproduce, and democratic in reach, often making moral arguments through distortion, exaggeration, and wit. I recently came across this excellent study where they are compared to modern internet memes, the populist intertextual creative currency of our age, due to woodcut figures being recycled and reused, such as this swashbuckling Cavelier that features in just about everything from *A Sweet and Pleasant Sonnet* to *Truth's Integrity* to *Strange News from WESTMORELAND* back in the 17th century.



The characters of Cotton, Eustace, Haslam, and Conolly, within these pages, like the woodcut art represent care that was accessible, compassionate, and grounded in human observation rather than systematised abstraction.

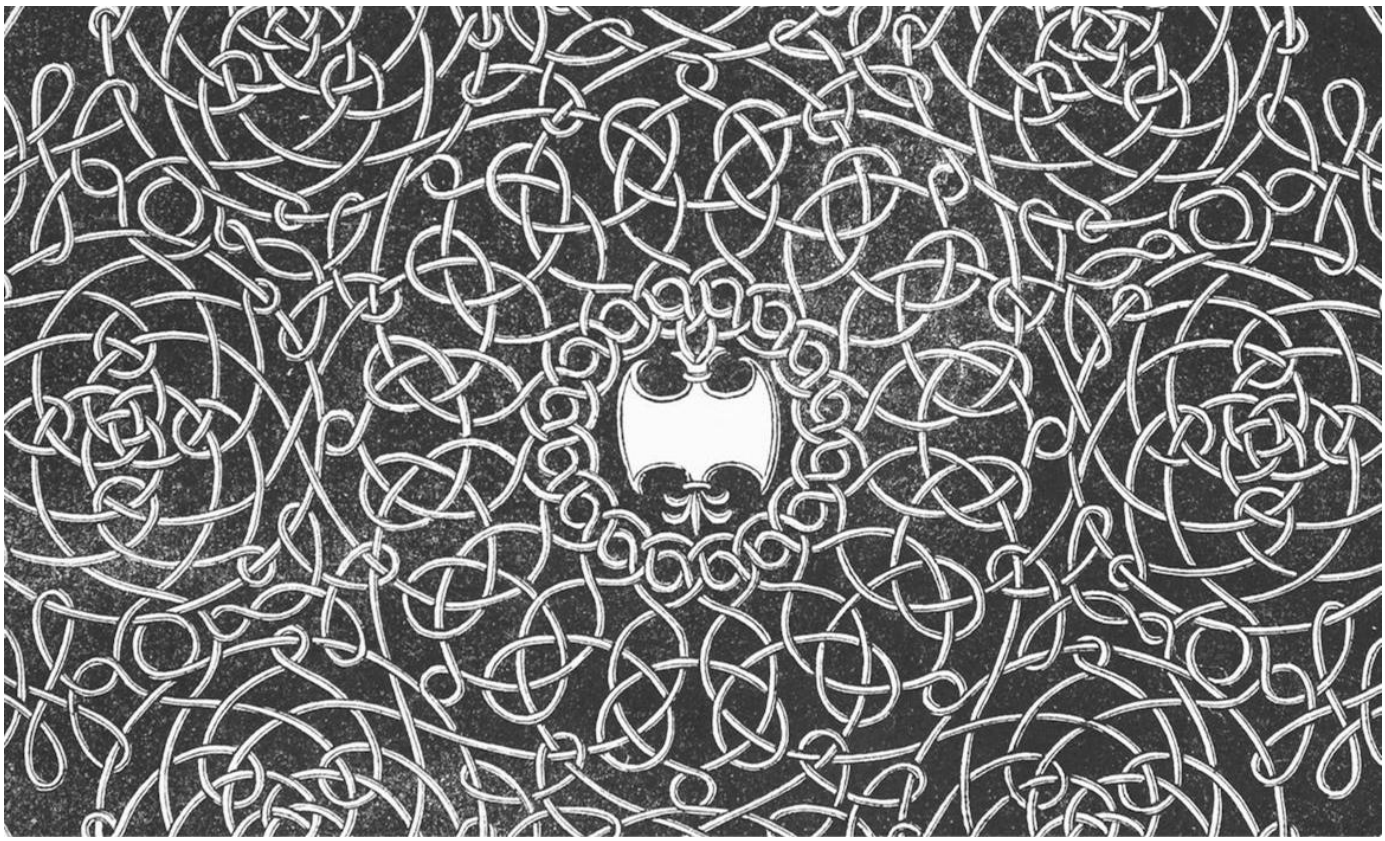
In circular journeys of *reduction*, we end at the beginning, at the ink drawing of Christopher Pearse Cranch to Ralph Waldo Emerson's book-length essay, *Nature* that forms the cover image. While not strictly a woodcut, as the rest of the images, I felt that it embodied the spirit of a woodcut, and of the artistic and philosophical themes in this issue most completely. Cranch is known for bringing levity and whimsy to the loftiness of transcendentalism. His sketches illustrating *Nature* were meant to respond to Emersonian grandeur with a simpatico and witty reply. The best known of these sketches is the "transparent eyeball" drawing (cover image) which shows an eyeball in a dinner jacket and top hat, his optic nerve forming a low ponytail, staring upward, rapt and transfixed, as if communing directly with the sky. This drawing is of Emerson's lines that Cranch also annotates at the base, *standing on the bare ground,— my head bathed by the blithe air,— and uplifted into infinite space — all mean egotism vanishes. I become a transparent eye-ball; I am nothing.*

Curiously, Emerson's full quote from *Nature* continues further, *I see all; the currents of the Universal Being circulate through me; I am part or particle of God*. Cranch, however, stops this metamorphosis to a disembodied organ of perception at the "I am nothing" in his annotation, and does not go into aspersions of becoming part or particle of God. And in this, lies the soul of the articles featured in this periodical: to reduce the human mind to a mere disembodied organ is in the end, to risk losing the person entirely. Our challenge is not to see everything and become nothing; but to see someone and to remain accountable to that which is seen. Until a future cycle of *reductio ad absurdum* reduces our own logic to absurdity.

Next issue:

Please send your articles, reviews, photos, ideas, requests for information etc by 15 October 2025 to nicol.ferrier@newcastle.ac.uk

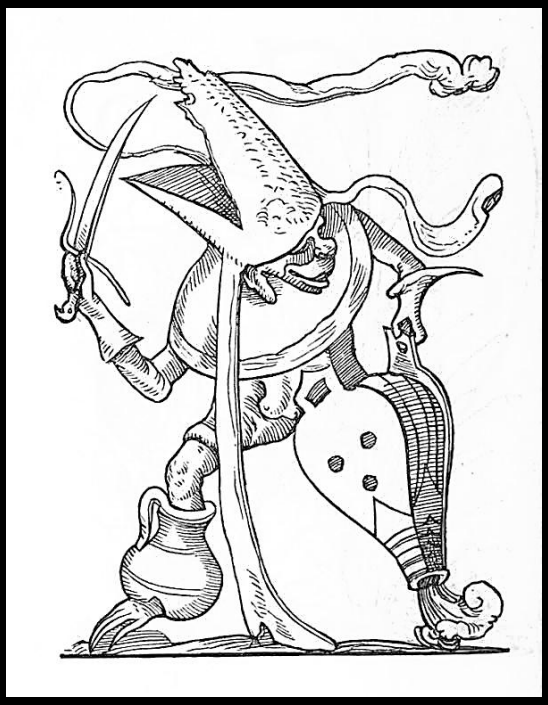
REPORTS



Above: Details from the facsimile of Albrecht Dürer's "Third Knot" (c. 1471–1528) by Ralf Leopold von Retberg-Wettbergen (1865). Dürer's woodcuts are derived in themselves from engravings attributed to the mysterious "Academy of Leonardo da Vinci" (1452–1519) and in some attributions, to Leonardo da Vinci himself. Accessed from The Metropolitan Museum of Art, art in public domain.

Pages 9, 12, 15, 18, 23, 25, 26: Woodcuts from Richard Breton's *Les songes drolatiques de Pantagruel (The drolatic dreams of Pantagruel)*, c.1565.

Pages 11, 14, 18: linocuts from David Jone's *Bestiary*. Reproduced with the artist's permission. Artist's portfolio can be accessed from davidjonesartist.com



Chairs' report for HoPSIG Newsletter Spring 2025

Graham Ash and Peter Carpenter
Co-Chairs of HoPSIG
graham.ash17@outlook.com

Recent events prompt reflection on what will enter the historical record and why, and how psychiatry interacts with its social, economic and political context, even leaving aside discussion of the first 100 days of the second term of the newly incumbent U.S. President.

Possibly beneath the noise around recent economic uncertainties you may have missed the publication of an investigation into a specialised treatment unit run by the late William Sargant at the Royal Waterloo hospital in London in the 1960s. *The Sleep Room* by John Stock has been publicised as a new account looking into alleged historical malpractices. Predominantly female patients were maintained in a comatose state for extended periods during which they received untested combinations of insulin and psychotropic medications and ECT and were vulnerable to abuse. Lay reviewers of the book have been highly critical of Sargant and his practises, and by implication of psychiatry at the time. Whilst it is too early to assess the impact of the book on public perceptions of psychiatry and psychiatrists today, this is unlikely to be positive. Many of the book's claims have been previously aired in the public domain but nonetheless still deserve detailed analysis, particularly in the light of recent concerns about 'closed' units. It is not one of the aims of HoPSIG to investigate or defend past malpractice by psychiatrists, nor, to our understanding, does the College exercise a regulatory function in this regard. Nevertheless, there are implications for public perceptions of psychiatrists and the standing of psychiatry as a body of medical practice, and we may wish to consider how to respond. An objective and considered engagement with the issues presented, which appear to be significant even taking into account the

historical context, and with public concerns seems likely to us to be the best way forward.

Within the College, Trudi Seneviratne will be stepping down as Registrar at the International Congress. We would like to thank Trudi for her invaluable and kind support of HoPSIG and indeed all the SIGs, which has included facilitating our Eugenics exhibition, the first externally curated exhibition at the College, chairing the new Exhibitions group, the appointment of our first Artist in Residence, and setting up an annual liaison meeting for SIG chairs as well as dealing with many other HoPSIG matters. Trudi will be succeeded by Owen Bowden-Jones whom we congratulate on his election and we look forward to working with when he takes up post.

We would also like to congratulate Catriona Grant who has now taken on the role of Head of Engagement at the College, and to thank her for her exceptional support and enthusiasm for the work of HoPSIG and all the SIGs. Catriona will continue to assist us whilst her successor as Exec. Manager to the SIGs moves into post.

Looking a little further ahead, I (GA) will be standing down as elected Chair in Summer 2026. The Chair and Finance Officer of SIGs are elected roles within the College. The election for our new Chair will probably be held in early 2026 but please do get in touch now if you would like to have an informal discussion about the role. Previous experience on the executive is desirable but by no means essential and the elected Chair has the option to co-opt a co-chair. Please also get in touch if you are interested in becoming a member of the exec as the change of Chair will provide an opportunity to do so.

We would like to applaud George Ikkos, and John Mason, Peter Carpenter and Marius Turda, who were members of the organising committee, on the success of, 'After Kraepelin …' a two-day Conference held at the Royal Society of Medicine in March. It was a remarkable event, the product of imaginative and meticulous planning, and had so many notable aspects that we cannot adequately describe it in a few words other than to note that it very successfully integrated many different and diverse approaches to Kraepelin, his work and legacies, both positive and otherwise.

We now have a very valuable set of resources on the HoPSIG webpage History of psychiatry - resources thanks to Claire Hilton, our Hon. Archivist and Francis Maunze, our Archivist, that should help anyone starting to explore the history of the College or the history of psychiatry more widely. Working with unfamiliar concepts and acquiring new skills can be challenging although rewarding and we hope that the new resources will encourage research. We would value your feedback on what you find helpful and what else might be helpful to add.

Our 'Women and Psychiatry in History' essay prize competition has now been decided and we would like to thank all our entrants and judges. All entries were of a very high standard and the winning entry by Mhairi Hepburn features in this edition of the Newsletter. Mhairi spoke about her insightful journey into her family history at our 'Women in Psychiatry' online event, which some of you may have attended on the 6th of June History of Psychiatry online event | Women in Psychiatry .

'To see oursels as others see us!', Robert Burns' famous remark (on the difficulty), remains no less true today than in his time. 'Psychiatrists and Penguins', may not seem obvious companions but are the subjects of a new exhibition curated by Gavin Miller, who is Reader in Medical Humanities at the University of Glasgow. The exhibition will open at the College in the Summer and focuses on popular psychiatry and psychology in the mid-twentieth century and the media careers of its authors, some of whom became 'celebrity psychiatrists'. We hope that the exhibition will encourage further reflection on the media portrayal of psychiatry.

We will announce more details of the HoPSIG Autumn meeting shortly which will be held in Bristol on 10th October and will give an opportunity to visit the Glenside Museum, alongside an intriguing and eclectic programme in which films will feature prominently. Please look out for publicity and book frequently and early. In the interim we encourage you to support the British Society for Hospital Medicine Congress 2025 in Leeds, 10 – 13 September 2025 https://bshm.org.uk/congress-2025/ (HoPSIG is affiliated to BSHM).

Finally, looking back to our webinar on Franco Basaglia do look out for the forthcoming BJPsych editorial Freedom is (still today) therapeutic: centenary and continuing relevance of Franco Basaglia | The British Journal of Psychiatry | Cambridge Core

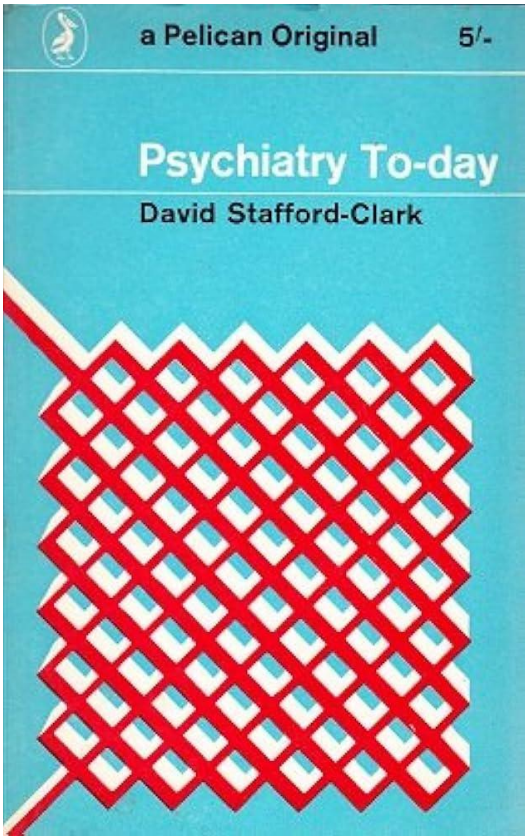
Please do get in touch if you have ideas about events or historical activities and we look forward to meeting you at future HoPSIG events.

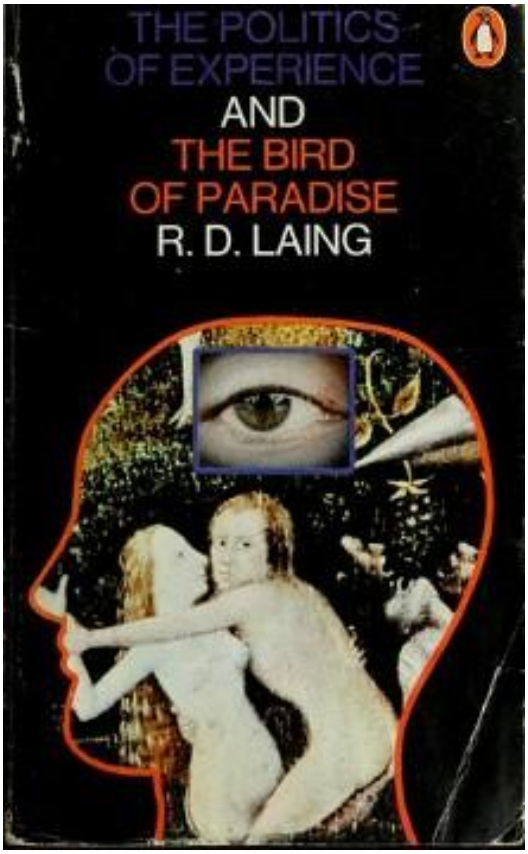
Historian in Residence update: November to April 2025

Gordon Bates
gdlbates66@gmail.com

It hardly seems any time since Nicol last asked me to write my round up for the newsletter. As I look back, there are a couple of obvious highlights: the two day conference about Kraepelin and his legacy that George Ikkos took the lead in organising was fascinating for the historian, philosopher and neuroscientist equally; and the final exhibition of college president portraits with the written reflections from the artists and sitters that was the culmination of several years of work of Claire Hilton and others. I am sure that these will be covered in more detail elsewhere but I wanted to congratulate George and Claire on their impressive achievements.

As HiR, I have been part of the Exhibitions group at the college. Chaired by the outgoing Dean, Trudi Seneviratne, we develop ideas for displays on the college London premises. I have assisted with the staging and publicity for an exhibition on Media Psychiatrists curated by Gavin Miller, Reader in Medical Humanities at Glasgow University. Gavin has chosen 12 Penguin and Pelican books written between the 1950s and 1970s by psychiatrists and psychologists. He provides fascinating biographies of personalities like R. D. Laing and David Stafford Clarke and explores how the experts were invited to comment on unexpected areas like sexual mores and the Troubles in Northern Ireland. It will be held in the summer and I recommend it to any one visiting the college.





Paperback Images

I have continued to write blogs for HOPSIG. The last two have been quite idiosyncratic and represent my own particular if peculiar interests. I hope they have been entertaining. For Halloween, I wrote a blog on werewolves, covering the neuropsychiatry of rabies (which appears to be the model for the Victorian era werewolf) and instances of clinical lycanthropy (a wolf transformation delusion) dating back to the sixteenth century. Link here.

More recently I have written about mail order psychology and one of the greatest swindlers of the early nineteenth century, "Professor" Elmer Prather. From inauspicious beginnings he offered Americans bogus diploma courses in the new psychology, expanded his business model to Europe and became very wealthy in the process, finally living in a French chateau. Link here.

Another duty of the role has been helping to judge the HOPSIG essay prize. The topic was 'Women in Psychiatry' at the suggestion of Fiona Subotsky, a previous chair of HOPSIG. There were ten entries which were all of a very high standard. The subjects ranged from rediscovering inspiring but forgotten female psychiatrists, to using dramatic portrayals of *Hamlet's* Ophelia as indicators of contemporary mental illness in women. Most of the entrants were trainees or early year consultants. It was very encouraging that there is such a group of talented researchers and writers in the college and we will start to see their contributions in the new future.

In the last newsletter, I shared the questions that I had received as HiR. I

remain grateful to anyone who can help me to answer these queries. Below is a selection of questions from the last six months:

Queries

I wonder if you might be able to help me. I am writing a book about my grandmother who was a patient at Rauceby Asylum in Lincolnshire in the mid-1950s. I know that she underwent electric shock therapy while she was there, and I wanted to find out a little more about this and the history of ECT, lobotomies, insulin induced seizures etc at that time. Could you direct me to any literature that might be able to help?

Family researcher, England

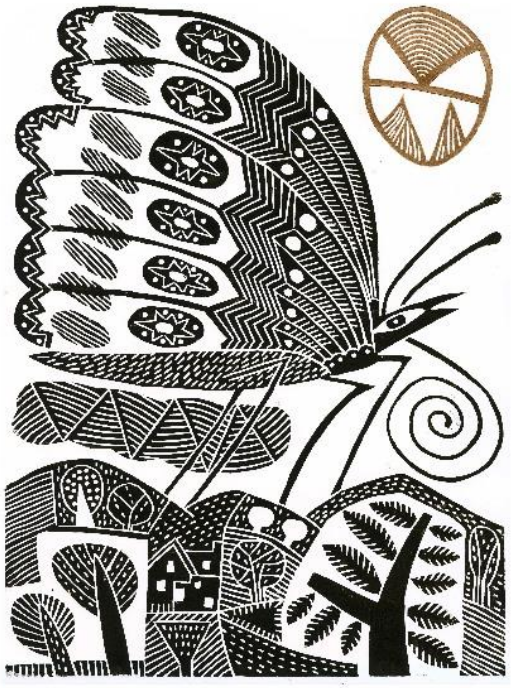
I am trying to put together a very brief who's who type biography on an Indian psychiatrist and analyst named Jyotirmay Roy. He was born in India in about 1895, He got an MB in 1916 in Calcutta. He was in the UK in 1922-23, getting a DPM from the RCPS England in 1924. He then worked in Patna and Nagpur and seems to have been still around by 1942. It's all very thin. Would there be any archives related to his DPM award here? And do you know of anyone in India who might be able to uncover a bit more of his story? Dates or birth, marriage, death, work history, etc etc?

History of Psychology academic, England

In my neighbourhood in St Albans, there is the grave of Dr Nathaniel Cotton, a GP who had run a private asylum in my local area in the 1750s. He was known to use rather modern therapies at the time, including the use of talking therapies and poetry as part of a psychiatric intervention, treating his patients with great humanity. A blue plaque at the site of the former asylum is already a reminder of his work. You may know more about him already.

Would the Special Interest Group be interested in hearing more and perhaps even become a patron of some memorial item (plaque or flower arrangement) near his grave?

Consultant Psychiatrist, London



Archives: work-in-progress, and we need your help!

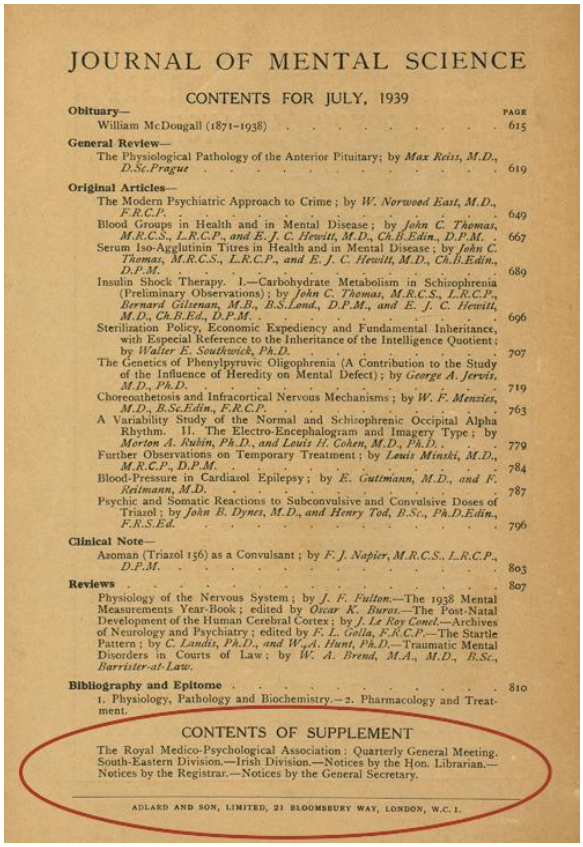
Claire Hilton

Honorary Archivist

claire.hilton6@gmail.com or via website

Work-in-progress

- We are working alongside university departments of psychology, nursing and medical humanities to increase awareness of our archives and antiquarian book collections, and to encourage students and researchers to use them.
- Our archivist, Francis Maunze, is starting a programme of updating the archives catalogue to make it more comprehensive and user-friendly. A rich variety of recently donated material will be added to it.
- The 'archives field'—the descriptive contents in the online archive catalogue—is now searchable, but there are still technical glitches when using the catalogue. Contact Francis francis.maunze@rcpsych.ac.uk if there is something you think we may have but you can't find it when you search for it.
- We are negotiating with Cambridge University Press to upload to their website, archival type material—including minutes of meetings, information about members, Royal Medico-Psychological Association notices etc—published long ago in the *BJPsych* and its predecessor, the *Journal of Mental Science* (*JMS*). Much of this information appeared as 'Supplements', listed on the *JMS* contents page (Fig 1). Today, the rest of the contents can be accessed online, but not the Supplement. When uploaded, it will all be available via the *BJPsych* search bar.



JOURNAL OF MENTAL SCIENCE

CONTENTS FOR JULY, 1939

CONTENTS OF SUPPLEMENT

ADLARD AND SON, LIMITED, 21 BLOOMSBURY WAY, LONDON, W.C. 1.

Fig 1. Contents page of *JMS*, July 1939, with Supplement indicated.

- A proposal to digitise more archives has been submitted to the RCPsych. It focusses on some of our older and most frequently requested documents, e.g. those from 1841–1900; nursing registers; Faculty, SIG and Division newsletters; and the College Research Unit.
- Also, regarding preserving our history, I'm working to improve and publicise the RCPsych obituaries webpage. Whereas obituaries in *BJPsych Bulletin* are limited by paper space, the website does not have that constraint. Many RCPsych members and fellows have contributed extraordinary things to improve people's lives, and it is good to read their stories.
- The Cabinet of Curiosities project is up and running (but its precise location in the foyer of RCPsych HQ may change). We are displaying a different item of psychiatric historical interest almost every month. Do have a look!

What we can do better with your help

The archives and library team can set foundations for projects, but we need your help, as College members and fellows, and staff, patients, academics and others, to make our archives more dynamic and relevant to researchers from historical, clinical and other backgrounds.

How you can help

- We have some gaps in the printed series of Faculty, Special Interest Group and Division newsletters. ***We would love to hear from you*** if you have paper newsletters you could lend us to digitise to make available online. Please contact Francis francis.maunze@rcpsych.ac.uk
- ***We would also love to hear from you*** if you could loan us an item (nothing of significant financial value, please) to display for a month in the Cabinet of Curiosities. It might be from your own career, or perhaps you were given it, or bought it on eBay, or acquired it by some other route. If you would like to participate in this project, please contact me, Claire Hilton claire.hilton6@gmail.com or Fiona Watson, RCPsych librarian fiona.watson@rcpsych.ac.uk.

- Should you be in the sad situation of being bereaved of a psychiatrist (colleague, friend or family member) whose life story you would like to record, please consider writing an obituary (max. 1000 words) for the website. If you are not a family member, it is always best to contact the deceased person's family in the course of writing. Information regarding compiling obituaries, and instructions for submitting them, (due to be revised in 2025), can be found here.
- Please let me know if you have suggestions for any other archive-related projects.

Looking forward to hearing from you!

Submissions:
For next issue please send your articles, reviews, photos, ideas, requests for information etc by **15 October 2025** to nicol.ferrier@newcastle.ac.uk

Links to keep up-to-date with all HoPSIG activities (these can also be found on the front page):

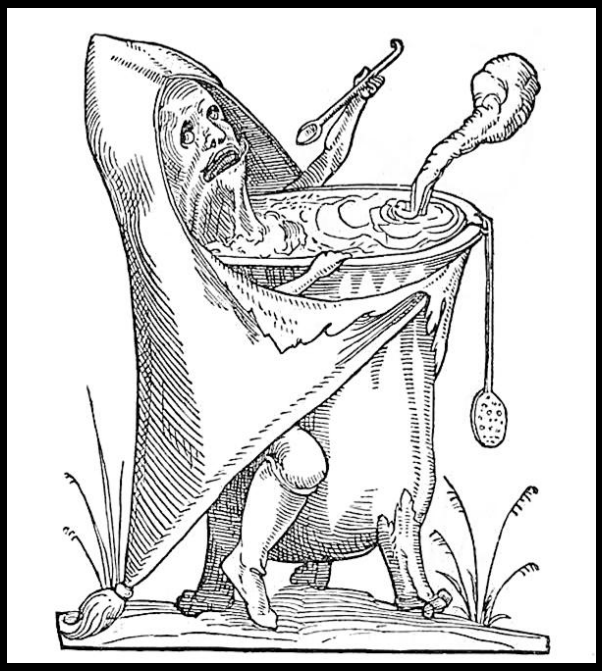
Library

Archives

Blog

HoPSIG X

Check out our old newsletters here



KRAEPELIN 2026

The symposium titled " After Kraepelin: Ambitions, Images, Practices and the History of Psychiatry 1926-2026" on 6-7 March 2025 at the RSM, was arranged to mark the centenary of Kraepelin's death.

John Mason
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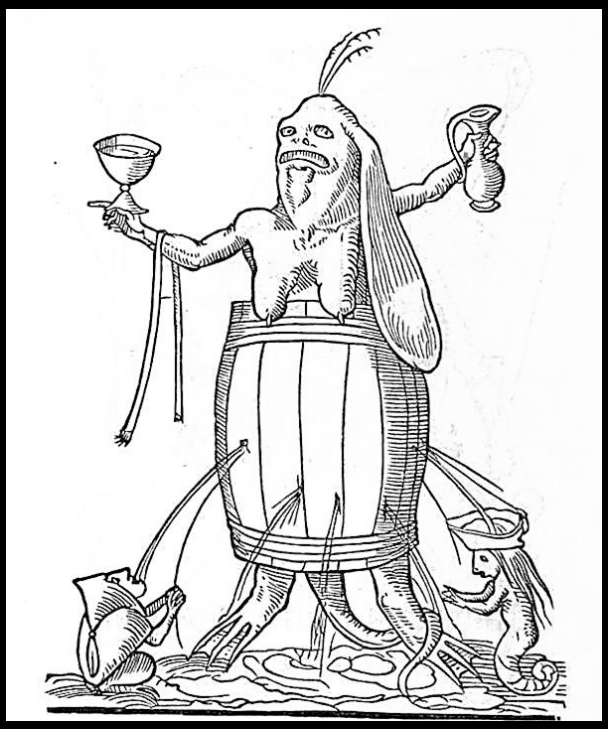

Kraepelin during his lifetime was distinguished as a leading figure whose methods constructed a naturalised, prima facie coherent nosology of mental illnesses. By the end of the nineteenth century, his approach standardised classification of diseases on the premise that 'the scientific concept of the disease demands knowledge not only of the present state, but also of the entire course of the disease'. (Bennett, 2024).

The conference rightly acknowledged Kraepelin as the father of modern biomedical psychiatry. His contemporary, the other one of the affectionately known "terrible twins" was Freud, they are recognised as the two great pillars of modern psychiatry, both born in 1856, only three months and 300 miles apart.

Unlike Freud who was initially a laboratory neurologist, Kraepelin's work, and idea of psychiatry was formed through hospital observations, notably in Tartu in east of the newly unified German empire. Kraepelin accepted the existence of the unconscious but was convinced to pursue the biological constitutional explanation for mental anomalies.

Emil Kraepelin noted in 'On the Question of Degeneration', that he accepted "a causal connection between 'degeneration' and nervous disease" (Kraepelin, 1908). And, with degeneration theory, Kraepelin in 1896 made his conceptualisation of 'Dementia praecox', as possessing a biological, deteriorating natural course, and presumed 'incurability'. Historically, the course of illness delineated by degeneration theory helped shape the foundations of the philosophy of modern psychiatry, and diagnosis, incorporating Kraepelin's key division of the psychoses and mood disorders (Kendell, 1970).

Kraepelin's classification of mental diseases, has continued to have a significant impact on later (DSM) and (ICD) "neo-Kraepelinian" classifications.

The Kraepelinian approach has faced major criticisms. Foucault, (1959), spoke of the "fundamental experience" of humanity that still needed to be recovered from the "oblivion ushered in by the reign of psychology", He sought a return to the "fundamental dialogue between reason and madness", in literary and artistic experiences. He referred to the arrival of a scientific experimental psychology.

Wilhelm Wundt in Leipzig 1879 taught his experimental method to amongst others the young Emil Kraepelin. Shepherd, (1995), noted this 'greatly influenced his subsequent outlook and research', and he sought a scientific method, in relation to psychiatry. In this work, 'he was less concerned with the mechanisms of disease than with the pattern of symptoms construed as biological facts'. 'Subjective experience was minimised'.

As Kraepelin states it, "so-called psychic causes of -unhappy love, business failure, overwork-are the product rather than the cause of the disease; they are merely the outward manifestation of a pre-existing condition; their effects depend for the most part on the subject's Anlage, (allele or gene)", (Kraepelin, 1908).

Thus, Kraepelin is recognised as the most consequential figure in the establishment of modern psychiatric diagnosis, yet his legacy is complex, encompassing both seemingly pragmatic advancements, though matched with troubling ethical implications for patients and practitioners.

The conference's focus on psychiatry "After Kraepelin" set the stage, covering aspects that continue to face several legitimate challenges which are of interest not only to psychiatrists but patients, their carers, and other mental health professionals too.

The conference space allowed interdisciplinary dialogue between an impressive international line-up of leading experts, across images, bearing witness to the ambition held in the history and philosophy of practices that continue to shape the prospects and challenge those that research, manage and most importantly receive psychiatric care.

The various sessions found a way to navigate a dialogue between the more positive accounts of progress and the challenges made to received understanding. Differences of opinion seemed to be well appreciated, and discussant responses after each paired talk stimulated questions, and across disciplines ideas were generated.

In session 1: "From Kraepelin to psychiatric genetics", Professor Paul Hoff, raised the conceptual challenges from Emil Kraepelin, Karl Jaspers and Arthur Kronfeld. He examined how to look beyond the centenary into the future, starting in 2026, and how the biopsychosocial model's failure to respectfully exchange ideas and emphasise each of the perspectives was limited by a presumed idea of natural disease kind entities. This was followed by Professor Sir Michael Owen's genetic perspective on Kraepelin's nosology which addressed the findings of

diagnostic overlap and continuum rather than a dichotomy of biological kinds, and also the "evolutionary paradox" of schizophrenia that might be explained by proposing that risk alleles under negative selection pressure are then replenished by new mutations. He cautioned about drawing causal inferences from neuroscience studies.

In session 2: "Political ideology and social emotion in psychiatry", Professor Marius Turda, delivered a prescient historiographical analysis of "Degeneration and eugenics" emphasising that Kraepelin's ideas in their historical context came from a scientific network and institutional tradition. Dr Francesca Brencio, gave an outstanding review of the philosophy of emotion and the case of Hans Asperger's use of psychiatric diagnosis as a political and social device. She described a mechanism of how shared emotions may become social mechanisms that explain the process of diagnosis as a device of control, and gave a historical account of racial hygiene ideology, and how this preceded the T4 programme. She also pointed to the harm of assuming that people are pathological or cannot change, and drew attention in clinical practice to the use of epistemic power rather than humility.

In session 3a: "On madness" Professor Peter Beresford OBE, delivered a powerful lecture from a research and survivor perspective on "Mad people and mad studies" which was as a critique of the mental health system and a plea to change it. He noted how the "tainted" values of Kraepelin were at odds with his position as a source of inspiration for a profession offering help to those seeking care in the 21st century. Dr Alastair Morgan, then spoke on the continental philosophical psychiatric tradition and the dialectics of madness, and how social and cultural factors have dulled clinicians' sensitivities to the sounds of madness in recent decades. He advocated a critical need for a reappraisal of our expertise and for a new activism.

In session 3b: Royal society of medicine psychiatry section key speaker Professor Sanjeev Jain, gave a historical account of Emil Kraepelin's Legacy in India and how the well packaged allure of the new biomedical model was quickly adopted by psychiatry in India.

On Day 2: in session 4: "Beyond Kraepelin" Professor Paola Dazzan, addressed the biological evidence for the impact of early social economic environmental adversity stress experience on trajectories of brain maturation and mental health social outcomes in young adolescents. This was followed by an eagerly awaited lecture by Professor Simon Baron-Cohen, on the concept of autism and its relation to neurodiversity which reviewed the genetic association studies and genetic variants. He assessed the positive contribution of autism to generative invention and outlined how this grouping still faces discrimination and increased social and mental distress.

In session 5: "Images of psychopathology", Professor Stephen MacGregor Lawrie, offered a history of the facts understood from "Brain imaging and schizophrenia", including a discussion about the "serviceability" of schizophrenia while still waiting for a better concept, and pointed out particular brain image studies showing the confounding impacts of

antipsychotics and sedentism, in cases of purported schizophrenia neurodegeneration. Professor Stephan Heckers, then presented "Imagi(ni)ng the Brain in Psychiatry" a history of interpretation looking at whether mechanisms, can be elucidated along with causal models. Professor Giovanni Stanghellini, gave a fascinating history of phenomenological reflection on mental suffering and how images can be used in place of reductive concepts in his talk "Images for psychiatrists: Psychopathology in the era of co-production."

In session 6: "Mental Health Services: Reality and Ambition", Professor Thomas Becker, gave an in-depth account of the history of ideas in reform movements in three countries in his lecture "Politics, policy and psychiatric services: De-institutionalisation and community care in Germany, Italy and the UK 1960-1990". This was followed by Professor Merete Nordentoft, whose lecture "The best mental health services in the world?" described services in Denmark which have benefitted from a public health model and a well-funded welfare state.

The Royal Society of Medicine Psychiatry distinguished lecture was given by Professor Peter Falkai, from the Ludwig Maximilians-Universität and the Max-Planck-Institut für Psychiatrie, Munich Germany. Professor Falkai gave a detailed overview of Emil Kraepelin at the Munich institute, and the continued biological psychiatry research there today which investigates schizophrenia as neurodegeneration, and, amongst other things, whether it is reversed after exercise.

Professor George Ikkos offered closing remarks and spoke for all at the conference when reflecting on a unique occasion that had succeeded in bringing to the room many more different perspectives in one dialogue than is customary. He discussed how, with the ushering in of the end of long 20th century, during which time Kraepelin's BioBioBio shadow has occluded the Biopsychosocial model with a tendency to reductionism, noting a need to change our perspective that biology remains important but not at the centre, that now might be finally an opportunity for a next century to place the person at the centre of psychiatry. "What we need at the centre is the person, who is born in language and seen in a sea of signs not separate from the biology but deeply integrated within biology; language and dreams bring together the biological aspect of the person as a whole, in a sea of signs our own body is signals between cells one to another, everything actually is about communication and relationship, I suggest to you that is what should be the 21st century model of psychiatry ".

In the end, by bringing together varied disciplines in connection, the symposium seemed to re-establish that the mission of the psychiatric specialty is not so much about delineating disease, but to recognise the interests of the people that we have the privilege to serve through dialogue. When care is replaced by a purpose that overrides concern and interest in those people, then psychiatry has lost its mission.

Whether the future of psychiatry will be better placed than in the era of Kraepelin and the last 100 years, requires that the conversation continues between people,

in humanities and science, as history shows science without humanity produces bogus knowledge, and the rationale for an un-listening practice. Kraepelin in his ideas may have disagreed, as he oversaw the beginnings of his discipline, forged as he put it by the "victory of scientific observation over philosophical and moral meditation". Other key contemporary figures have also sensed that now is the time to move beyond Kraepelin's formula, Murray et al, (2022) expressed the idea that, "regrettably the model of progressive deterioration provides psychiatry, with an alibi for the effects of poor care." Murray, (2016) also reflected, "such is the power of the Kraepelinian model that some psychiatrists still refuse to accept the evidence, and cling to the nihilistic view that there exists an intrinsically progressive schizophrenic process, a view greatly to the detriment of their patients". This dialogue will continue as new ideas shape ambitions, images, and practices in psychiatry.

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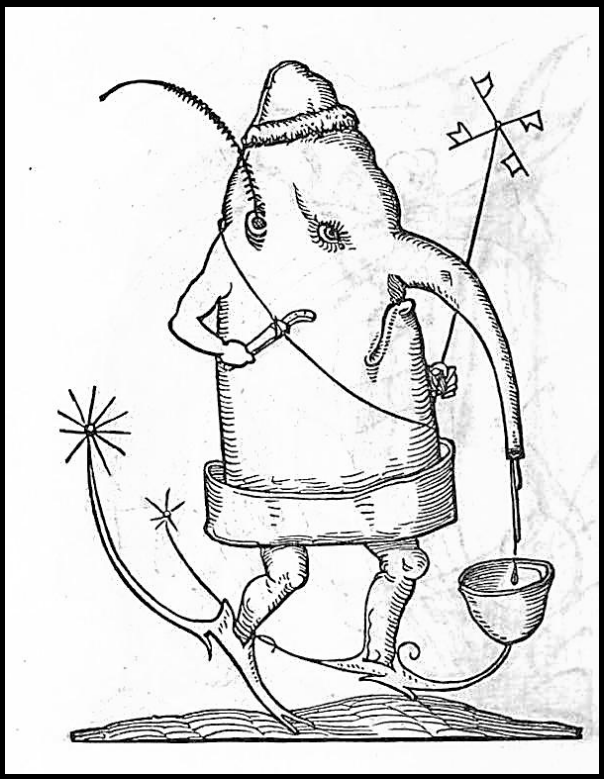
file:///C:/Users/Ian/Downloads/PYT02%20-%20Speaker%20biographies.pdf https://www.rsm.ac.uk/events/psychiatry/2024-25/pyt02/.

John Conolly at Warwick

John Hall

joni_hall@btinternet.com



Dr John Conolly (1794-1866) is justifiably seen as one of the founding fathers of British psychiatry, on account of both his work at the then Middlesex County Asylum at Hanwell between 1839 and 1844, and his authorship of several books, including *An Inquiry concerning the Indications of Insanity, with Suggestions for the Better Protection and Care of the Insane (1830),* and more importantly *The Treatment of the Insane Without Mechanical Restraints'* (1856). A blue plaque was placed on a wing of the former Hanwell Asylum in 2022 to commemorate his work. And now Warwick Town Council has erected a blue plaque to him – why?

John Conolly graduated in Medicine at Edinburgh in 1821 (writing his thesis on Pinel), and by 1823 he was in general practice in Stratford-on-Avon, and was also acting as inspecting physician for Warwickshire's three private asylums. He moved to London in 1827 to become professor of the practice of medicine at University College London, so some of his clinical experience contributing to the 1830 book would have come from his time in Warwickshire. He returned to general practice in Warwick in 1830, living in Theatre Street, where he was also one of the physicians at the Warwick Dispensary, and remained there until 1839.

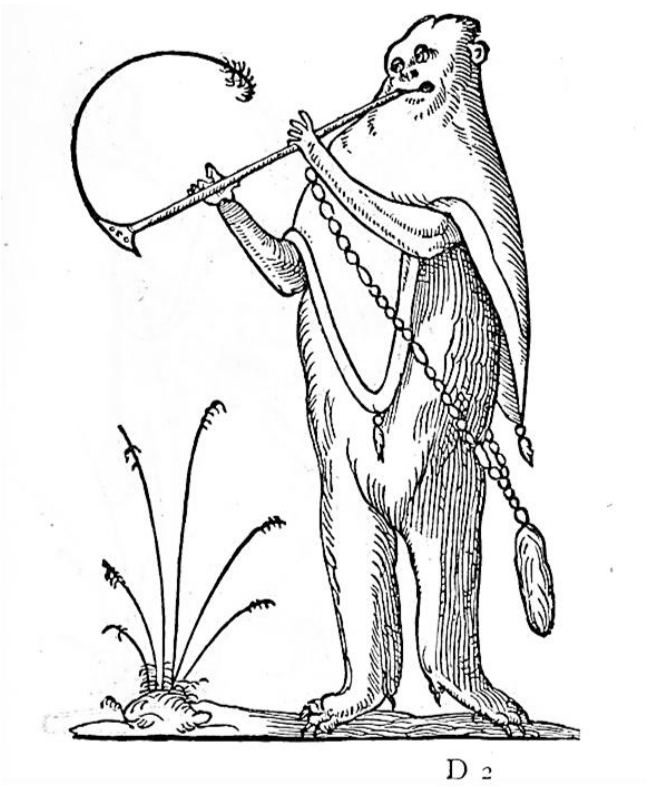
He was then appointed as resident physician at Hanwell, and after visiting Robert Gardiner Hill and Edward Charlesworth at Lincoln Asylum, he decided to implement their 'non-restraint' system. It was Conolly who demonstrated that the non-restraint system could be introduced to large pauper asylums, and he has been given much of the credit for the widespread acceptance of the approach. He left Hanwell in 1844 and moved into private practice, but he was an advisor to the developers of the Warwickshire County Asylum at Hatton,

near Warwick, which opened in 1852. He was three times Chair or President of the Association of Medical Officers of Asylums and Hospitals for the Insane, and a founder member of the BMA.

The plaque, on the wall of 25 Theatre Street Warwick, was unveiled by the Mayor of Warwick, Councillor Dave Skinner, on the 14th March, and was followed by a short talk from Dr Len Smith, of Birmingham University: watching the ceremony was a hazardous experience, as traffic whizzed by the narrow pavement! Both Len's talk, and the following reception in the elegant setting of the Council Chambers at the grade I-listed Court House, provided further information about the contributions of Conolly to his local community. While in Stratford-on-Avon he had been Mayor, in 1836 he was one of the founders of the Warwickshire Natural History and Archaeological Society, he was a member of the Warwick and Leamington Phrenological Society, and he lectured at the local Mechanics Institute.

The initiative for the plaque came from Sue Rigby, a volunteer at Warwick County Records Office, who while reading about Conolly's contribution to founding the local History and archaeological group, and with no previous awareness of the national significance of Conolly, became intrigued by the wide range of his activities both locally and nationally. The event demonstrated that there may be a place or person from the past near you, worthy of public memorialisation for their contribution to the history of psychiatry and mental health, with members of local history groups more than willing to help.

With thanks to Len Smith for his talk and notes, from which I have drawn for this account.



D 2

HOPSIG Women in the History of Psychiatry essay prize update

This year HOPSIG ran a prize essay on Women in the History of Psychiatry, inspired by the 80th birthday of Fiona Subotsky.

There were 10 entries for this competition from all levels of training. The entries dealt with the subject in a variety of ways, and all were of a very high standard.

The judging panel (made up of representatives from HoPSIG and other SIGs) awarded the first prize of £100 to Mhari Hepburn.

Mhairi's essay is in this edition of the Newsletter and she presented it at HoPSIG's Women in Psychiatry meeting on June 6th 2025.

A full report of the meeting will appear in the next edition of the Newsletter. The newsletter editors hope to have several of the other essays published in the Newsletter over the next year.

Another essay prize is due to be held next year – the topic is to be determined but the 100-year celebrations may influence it.

Kenndy Tower meeting

A meeting to celebrate and commemorate 60 years of psychiatry research at the Kennedy Tower at the Royal Edinburgh Hospital (REI) is planned for the 14th of November 2025 in Edinburgh.

The University of Edinburgh Department of Psychiatry moved to the purpose-built Kennedy Tower on the site of the REI in 1965 and vacated it in 2025 to move into the Chancellors Building at the new RIE where it will be part of the Institute of Cardiovascular & Neuroscience Research (INCR).

Further details from Professor Steve Lawrie, Edinburgh University

Save the date: HoPSIG Autumn Conference

The Autumn Conference is due to be held on 10 October 2025 at Glenside Hospital Museum in Bristol.

https://glensidemuseum.org.uk/

The museum uses the large old chapel of Glenside and is probably the largest specialist psychiatric museum in Britain. It is quirky and has a fascinating collection of material from all periods of the 20th Century, including Denis Reeds drawings of life in the Asylum.

The meeting will be held within the museum. Planned speakers include

- Margaret Crump author of a new book on James Cowles Prichard (who lived in Bristol in what is now the Red Lodge Museum) on Prichard and early psychiatric theory and practice.
- Dr Paul Cheshire on The Lady of the Haystacks and Richard Henderson's Asylum (the Wesleyan missionary, friend of the Wesleys, influencer of the Romantic poets, and whose asylum was taken over by Dr Edward Long Fox.
- Dr Paul Tobia on the Patients of Glenside and their photographs.
- Prof Beatriz Pichel – The ethics of using old imagery – a topic that is now starting to affect all researchers.
- Peter Carpenter – the old films of the local Learning Disability hospitals
- Speaker tbc – a History of Glenside and I.T.O.

Save the date and watch the HOPSIG website for more news!

ARTICLES

Above: “The Universe is Created” (L'Univers est créé), from Fragrance by Paul Gauguin, 1893-94, woodcut on China paper. Accessed from The Metropolitan Museum of Art, art in public domain.

Page 28: “Sun, Moon, Stars and Earth Transposed," a whimsical 18th-century lithograph by an anonymous English artist. Art in the public domain

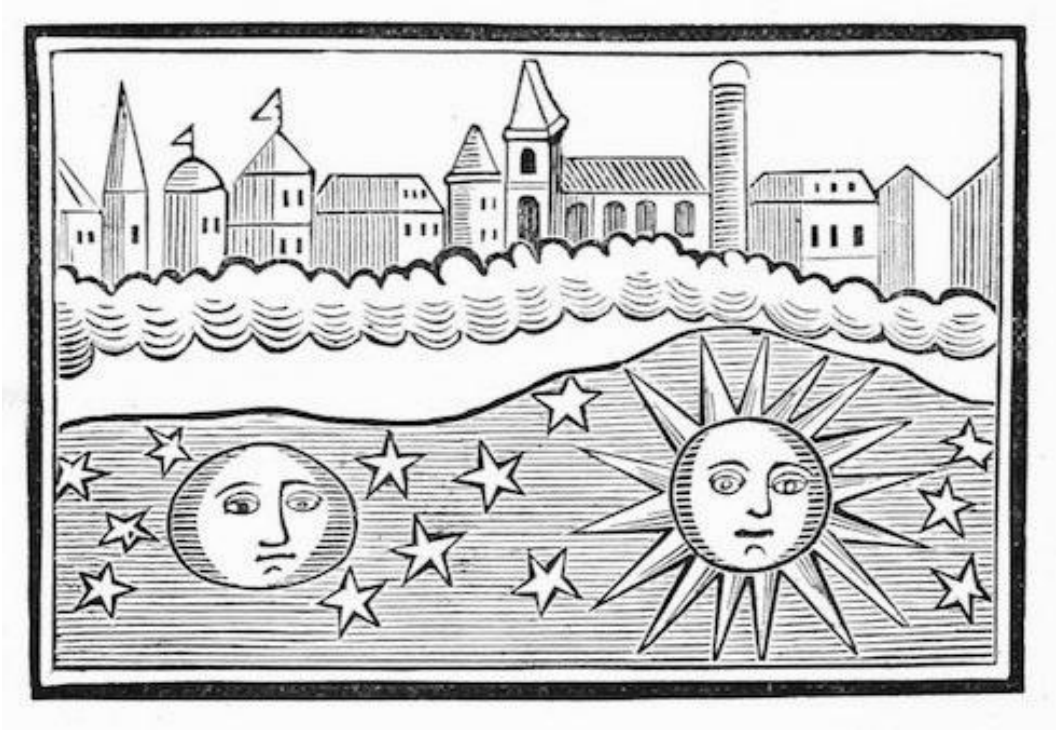
Page 35, 40, 50: linocuts from David Jone’s *Bestiary*. Reproduced with the artist’s permission. Artist’s portfolio can be accessed from davidjonesartist.com

Page 36: Woodcut illustrating the comical ballad “The Diverting History of John Gilpin: Shewing how he went Further than he Intended, and came Safe Home Again”, written by William Cowper; 1906. The ballad concerns a draper called John Gilpin who rides a runaway horse. It is reported that Cowper heard the story at a time of severe depression, and it cheered him up so much that he put it into verse, and here, it illustrates the article remembering the doctor who treated him in that state.

Page 40: Woodcut of witches feasting, featured in *The History of Witches and Wizards* (1720) — Source (Wellcome Library). Art in the Public Domain

Page 44: woodcut from Magnus Hundt's *Anthropologium* published in Leipzig in 1501. It offers a crude, schematic view of a human head with layers of the scalp (labelled a, b, c, d), bones, meninges and brain, cranial nerves, ventricles (the three major cells) and the rete mirabile. Art in the Public Domain

Page 51: “Block Cutter at Work” woodcut by Jost Amman, 1568. Accessed from Wikimedia Commons. Art in the Public Domain



My Family, Asylums, Kindness, Eugenics and Lithium

Dr Mhairi Hepburn

In 2020, I signed up for a free trial of Ancestry.com. Like my application to medical school in 1999, I didn't know what I was letting myself in for. A two-week lockdown distraction became a five-year intense interest, three research projects, membership of the Council of the Scottish Society of the History of Medicine, an overhaul of my identity and an answer to the question, "why do I have bipolar when nobody else in my family does?"

More information is provided about men than women, particularly their employment. Birth, marriage and death records give standard details, but I was excited to find extra information about women. There is often little insight into who they were, except who they married and how many children they had.

With some effort, I learned about fascinating women. Mary had little education but loved reading and knew Tam O' Shanter off by heart. Christina took her neighbour to court for nine days over a three-inch strip of garden.[1] Helen went to the Kirk Session so her illegitimate child's father was made to support them financially. [2] Elspet was on the census as "crofter of 10 acres and spirit dealer" aged 77. [3] Mary Ann's unlikely assertion that her absent father was a prominent Edinburgh policeman was proven right by DNA testing 150 years later.

Barbara was another fascinating woman. She was born in Perth, where I live, in 1875 [4] and brought up in nearby Scone. I have her Labour Certificate, which let her attend school part-time while working [5]. She passed Standard

VI, the highest possible in elementary education [6], and she was, “a very attentive and industrious scholar.”

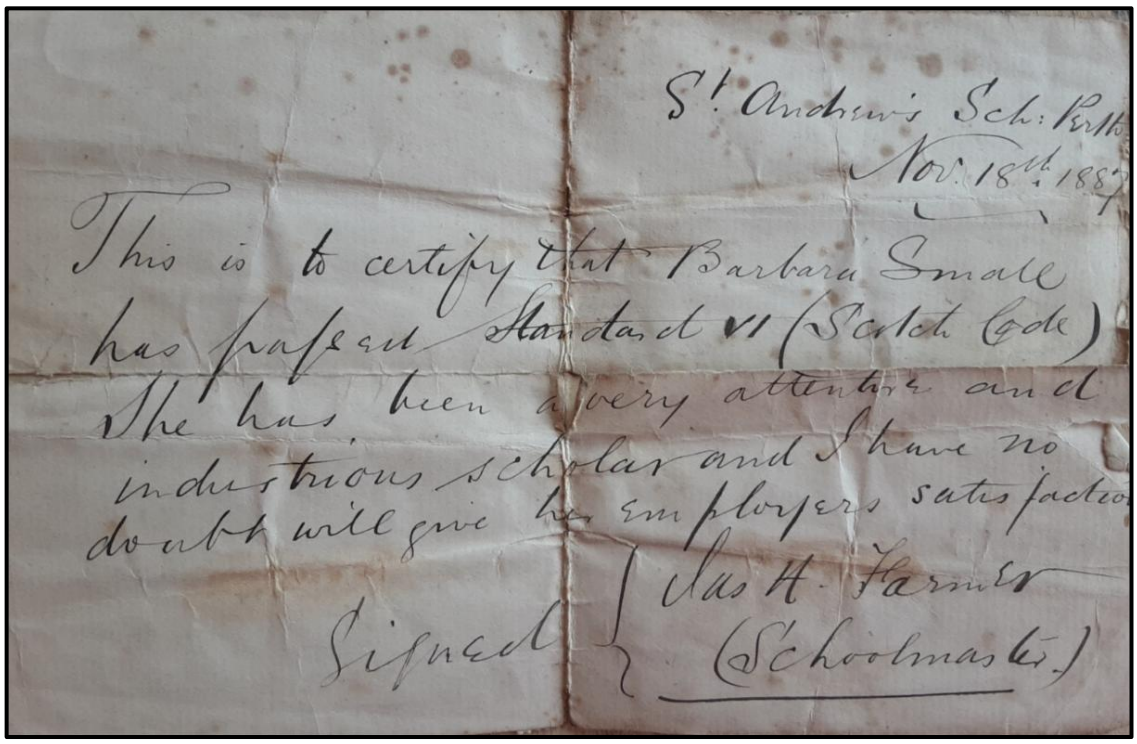
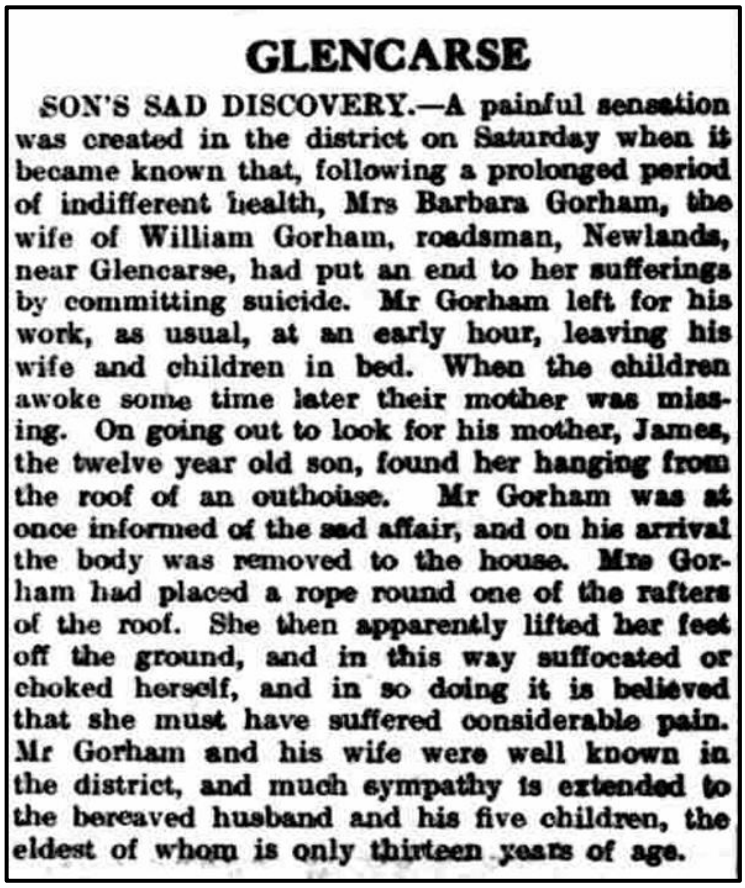

St. Andrew's Sch: Perth
Nov. 18th. 1887
This is to certify that Barbara Small has passed Standard VI (Scotch Code) She has been a very attentive and industrious scholar and I have no doubt will give her employers satisfaction
Signed Jas H. Farmer (Schoolmaster)

Fig. 1 Barbara’s Labour Certificate, 1887 (property of author and family)

Barbara married William, a roadsurfaceman, in 1898 [7]. They moved frequently between cottages in the Carse of Gowrie, the rural area between Perth and Dundee, before settling at Newlands of Ardgaith. Newlands is easily seen from the A90; I drove past it many times without realising its family significance. Barbara and William had six children. The youngest, David, died of bronchitis in 1912. [8]

Barbara died in 1914, aged 39. Her death certificate [9] didn’t include a cause and I couldn’t access the correction online. I wondered about suicide but dismissed it as she was buried in Kinfauns churchyard. I knew that people who died by suicide wouldn’t have been buried in churchyards then, so concluded that she must have collapsed suddenly from a cardiac event or ectopic pregnancy. I was wrong; I was told at the MRCPsych course in 2009 that suicide used to be illegal, but this was in England. [10] Suicide was never illegal here, and those who died by suicide were treated more compassionately as a result. [11]

While I waited for the National Records of Scotland offices to reopen, I found a Perthshire Advertiser article [12] about Barbara’s death when looking for something else. Although it contains more detail than IPSO would allow these days, the tone was more sympathetic than I expected. It is titled "Son's Sad Discovery", and starts "A painful sensation was created in the district on Saturday when it became known that, following a prolonged period of indifferent health, Mrs Barbara Gorham, the wife of William Gorham, roadsman, Newlands, near Glencarse, had put an end to her sufferings by committing suicide" and ends "Mr Gorham and his wife were well known in the district, and much sympathy is extended to the bereaved husband and his five children, the eldest of whom is only thirteen years of age."



GLENCARSE

SON'S SAD DISCOVERY.—A painful sensation was created in the district on Saturday when it became known that, following a prolonged period of indifferent health, Mrs Barbara Gorham, the wife of William Gorham, roadsman, Newlands, near Glencarse, had put an end to her sufferings by committing suicide. Mr Gorham left for his work, as usual, at an early hour, leaving his wife and children in bed. When the children awoke some time later their mother was missing. On going out to look for his mother, James, the twelve year old son, found her hanging from the roof of an outhouse. Mr Gorham was at once informed of the sad affair, and on his arrival the body was removed to the house. Mrs Gorham had placed a rope round one of the rafters of the roof. She then apparently lifted her feet off the ground, and in this way suffocated or choked herself, and in so doing it is believed that she must have suffered considerable pain. Mr Gorham and his wife were well known in the district, and much sympathy is extended to the bereaved husband and his five children, the eldest of whom is only thirteen years of age.

Fig. 2 Perthshire Advertiser article about Barbara's death, 1914 (Public domain; accessed via British Newspaper Archive, see Ref. 12)

Barbara's mother, Christina, died three weeks later of pancreatic cancer. [13] It would have become apparent that Christina was terminally ill in the preceding months. I wondered if this precipitated Barbara's death, in combination with David's death two years previously. There was no outpatient psychiatry, and little understanding of mental health, so I imagined there would have been no help, except support from the many others who had lost children and mothers. Did she have anyone to speak to? Was William worried? Did the children, who later found her dead, realise she was unwell?

Barbara's children became hard-working, well-respected adults. James, railway clerk at Glencarse Station, died of tuberculosis in his 20s. [14] Chrissie, cook at Inchyra House, Elsie, proofreader for the Perthshire Advertiser, and Willie, gardener at Bridge of Earn Hospital, never married. The three of them lived together in Inchyra Cottage, Glencarse, where the family moved in with William's parents after Barbara's death. Tom, a joiner, was my great grandad. I remember him and Willie well. They seemed happy, but never spoke about Barbara.

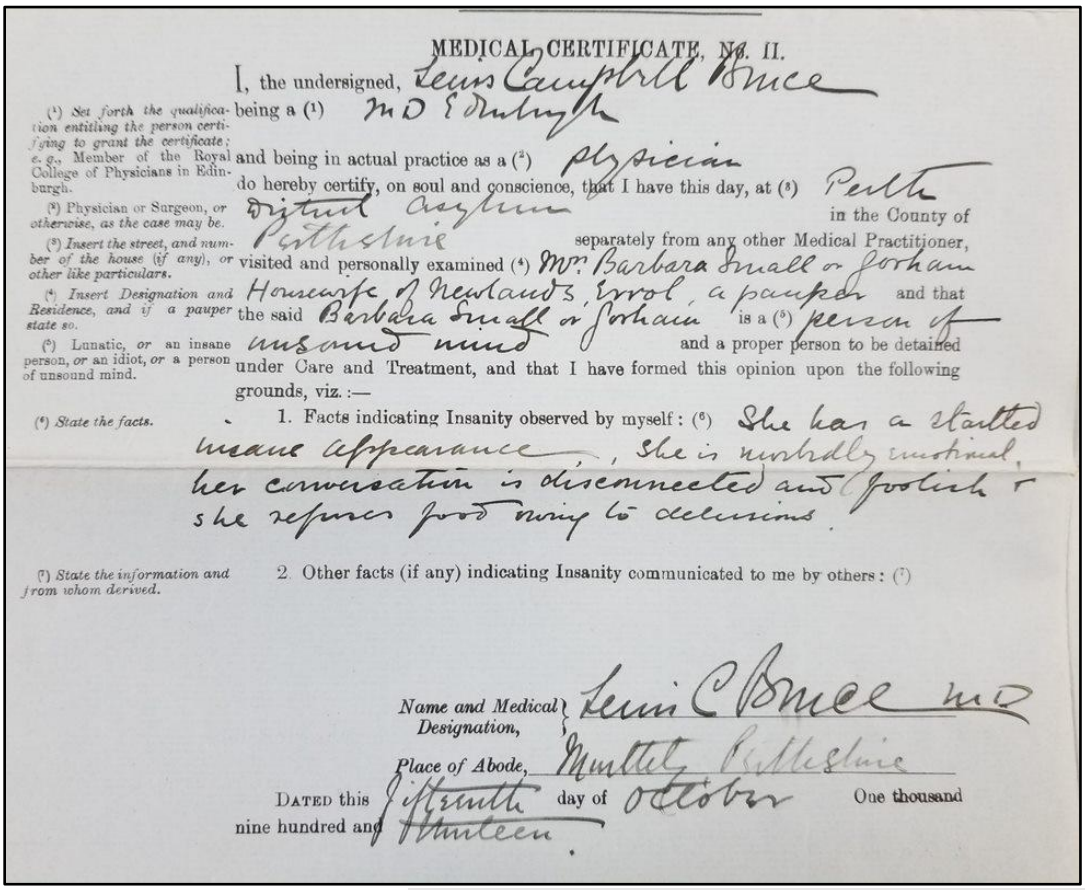
Fig. 3 Barbara's son Tom (Papa) and me, 1984 (property of author and family)

Weeks after discovering the news article, I was browsing a list of people admitted to Scottish asylums [15] when looking for another ancestor, and spotted Barbara's name; she had been admitted to PDA in October 1913. I couldn't view her records due to the lockdown but bought a photograph of the relevant page from the General Register of Lunatics in Asylums [16]. She was in the asylum for six weeks before being discharged in December 1913. I hadn't thought about her being in an asylum. I now know of 17 family members who were in pre-NHS asylums. Most had

mania or delusional melancholia and several were related to Barbara.

I visited the University of Dundee Archive in October 2020, where I was provided with the Perth District Asylum Register of Admissions, Discharges and Deaths [17]. Barbara's entry stated that her diagnosis was "confusional mania". I was aware that "mania" was a less specific term in 1913, covering most agitation or overactivity, but her petition for admission [18] gives a convincing description of mania. Her medical certificates describe her as having incoherent speech, hearing guns fired under her bed, refusing food as she believed it was poisoned, and being "excited and noisy". She was in hospital for six weeks and was "recovered" when she was discharged home to Newlands [17].

I had assumed, probably due to her suicide, that Barbara would have been admitted with melancholia. The archivist asked why I was surprised about the mania diagnosis, particularly as I had already mentioned my own diagnosis of bipolar. I admitted that I should have stopped making assumptions by then.



MEDICAL CERTIFICATE, No. II.

I, the undersigned, Lewis Campbell Bruce being a (1) M.D. Edinburgh and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Perth District Asylum Perthshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Barbara Small or Forbes Housemaid of Newlands, Errol, a pauper and that the said Barbara Small or Forbes is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a startled insane appearance, she is markedly emotional, her conversation is disconnected and foolish & she refuses food owing to delusions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Lewis C Bruce M.D.

Place of Abode, Murthly Perthshire

Dated this fifteenth day of October One thousand nine hundred and thirteen.

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street, and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a pauper state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) State the facts.

(7) State the information and from whom derived.

Fig. 4 Medical report on Barbara's petition for admission, by Dr Bruce (with permission of University of Dundee Archive Services)

I loved studying history for MRCPsych, but it was all about great men and their discoveries. Even great women are often forgotten. Susan Carnegie's Montrose Asylum, known for, "cleanliness, decency and humanity," [19] opened well before Tuke's York Retreat [20]. We all learn about Tuke; I want Paper A to include a question on Carnegie. If the high-achieving women aren't included, what about everyone else? I wasn't even aware of my lack of knowledge about asylum life until I was introduced to admission registers, petitions, case notes, annual reports, restraint and seclusion books, escape registers and institutional rules. These tell the stories of ordinary people.

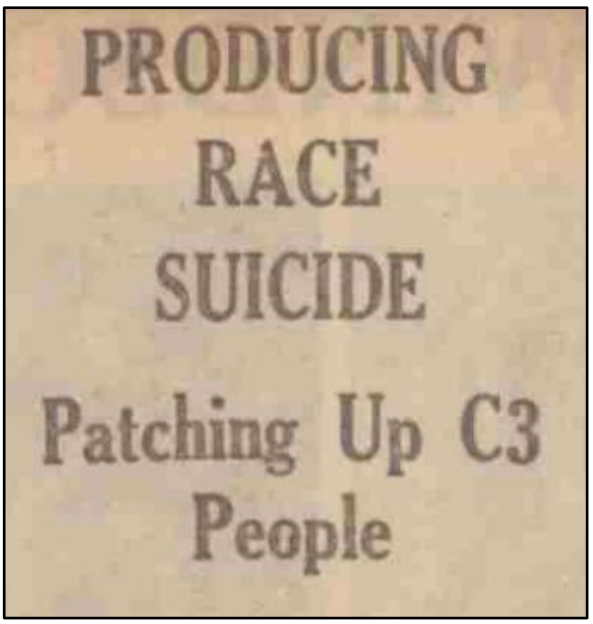
I wasn't given a positive impression of asylums by the MRCPsych course but was touched by reading Perth District Asylum's Rules for Attendants, Nurses and Servants [21]. This included, "Attendants must encourage their Patients to engage in occupations and recreations, but without favouritism, and they are themselves required to join heartily in both," and, "They must treat the Patients with uniform gentleness, and try to aid in their cure or increase their happiness by cheering the depressed, calming the unruly, and separating the quarrelsome". Perth District Asylum seemed like a compassionate place. I hope Barbara experienced the kindness described.

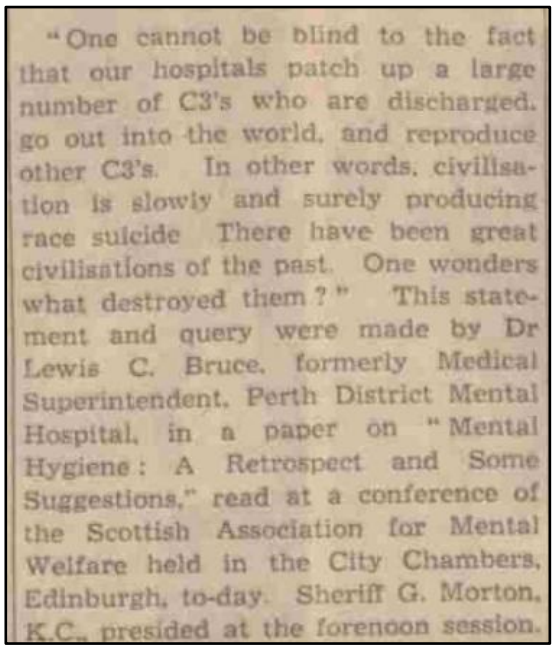
Some family members' notes reflect a different, paternalistic side of the asylums. Isabella's rather judgemental psychiatrist in Montrose wrote, "naturally she is of a very obstinate disposition and does not care to be interfered with in any way." [22] I often think of Elizabeth, whose baby was taken away when she was admitted to Aberdeen Royal Lunatic Asylum. She attempted to escape but remained there for the rest of her life. [23] I don't know if she saw her baby again.

One of the great men of the history of psychiatry was Perth District Asylum's medical superintendent, Dr Lewis Campbell Bruce. Although medicine is a dysfunctionally-large part of my identity, I don't identify much with the asylum doctors. If I'd been alive then, I'd still have been a woman, I'd still have had bipolar, I wouldn't have been a psychiatrist and, with no mood stabilisers, I'd probably have been an asylum patient. Dr Bruce was interesting, though. His job plan was unlike mine; he had two walks every day and spent afternoons playing sports with his patients. He built a lab in the asylum grounds, where he researched complement levels in mania and presented this at the Maudsley in 1935. He wrote a textbook, Studies in Clinical Psychiatry, which includes dietary advice for different psychiatric presentations. He wouldn't have used the same physical treatments that I offer my patients, but had great enthusiasm for my interest, the newly invented electroconvulsive therapy, before his death in 1945. [24] I liked him.

I then discovered news articles about Dr Bruce speaking about eugenics. [25] Surgical sterilisation was illegal, but he supported legalising sterilisation for people with psychiatric illness, not to make their lives easier, but to reduce the number of people being born with a high risk of insanity. There was significant interest in eugenics in British medicine in the 1930s, and it was not fiercely opposed [26].

(a)





"One cannot be blind to the fact that our hospitals patch up a large number of C3's who are discharged, go out into the world, and reproduce other C3's. In other words, civilisation is slowly and surely producing race suicide. There have been great civilisations of the past. One wonders what destroyed them?" This statement and query were made by Dr Lewis C. Bruce, formerly Medical Superintendent, Perth District Mental Hospital, in a paper on "Mental Hygiene: A Retrospect and Some Suggestions," read at a conference of the Scottish Association for Mental Welfare held in the City Chambers, Edinburgh, to-day. Sheriff G. Morton, K.C., presided at the forenoon session.

(b)

Fig. 5(a) and (b) Edinburgh Evening News article on Dr Bruce, 4th June 1937 (Public domain; accessed via British Newspaper Archive, see Ref. 25)

This psychiatrist treated several of my family members compassionately, but simultaneously believed the world would be better with more people like him (he had children) and fewer like us.

Three years after Dr Bruce's death, on the other side of the world, another psychiatrist also built a makeshift lab in his rural asylum and, through a series of events that wouldn't get past a modern ethics committee, discovered lithium [27]. Dr Bruce's enthusiasm for research indicated hope that effective treatments would be discovered, but he didn't think this would stop families like mine from being a burden on society. He was the psychiatrist responsible for treating Perthshire's patients who relied on state-funded care. As one of the NHS psychiatrists covering Perthshire 100 years later, I wonder what he would have thought of his patients' descendant, who inherited their manic-depressive insanity, staying well on lithium and doing his job.

Fig. 6 Me at Tuke Villa, one of the few remaining parts of Perth District Asylum, 2025 (property of author)

Genealogy has taught me more about the history of psychiatry and caused me to reflect more on its present and future, than any textbook. Much of what I have learned is not specifically about women but has resulted from finding out about my female ancestors. We learn about great men and their discoveries, like Cade and lithium, but our understanding of our profession's history will be limited if this is all we do. When you read history, always ask, "but where were the women?" When I started this adventure, I hoped to find suffragettes, academic women, women who did things that they were not supposed to- women whose lives would have impressed my teenage feminist self. Instead, I found women who challenged my 42-year-old feminist self's view of what I should find impressive. Every psychiatrist needs to learn about women like Barbara.

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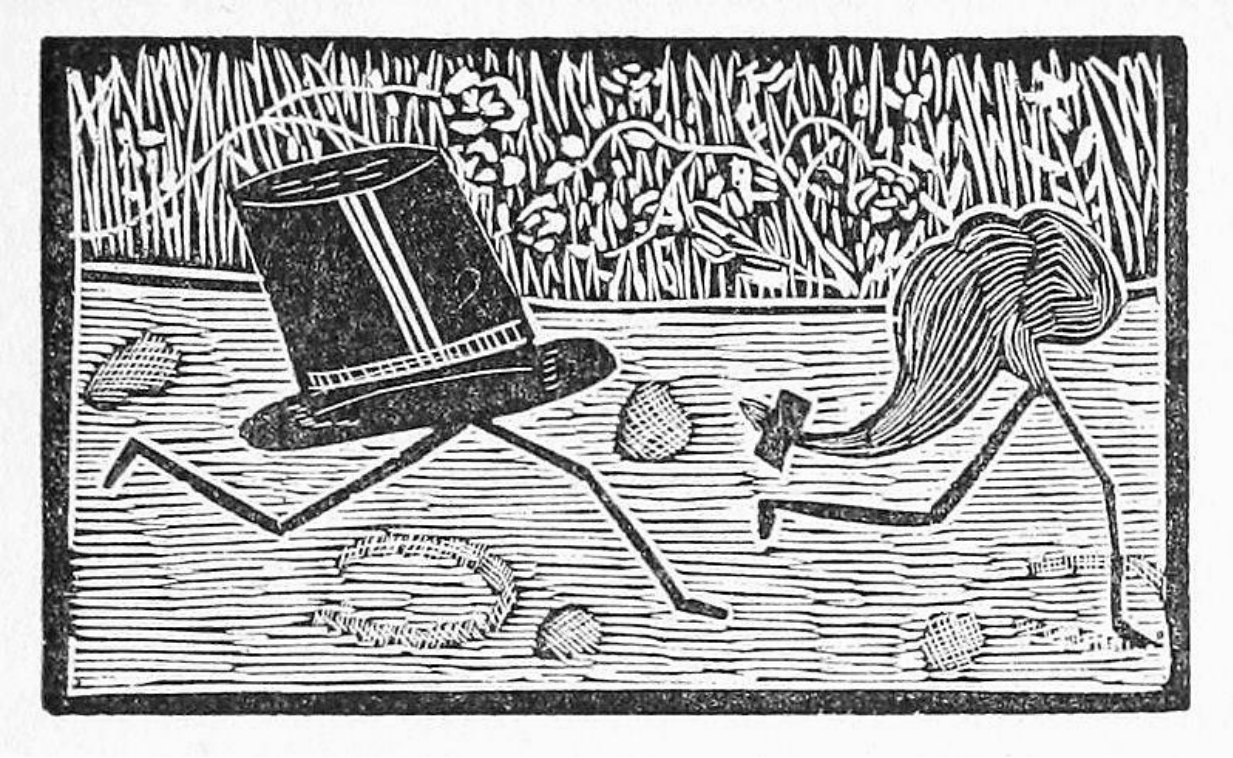
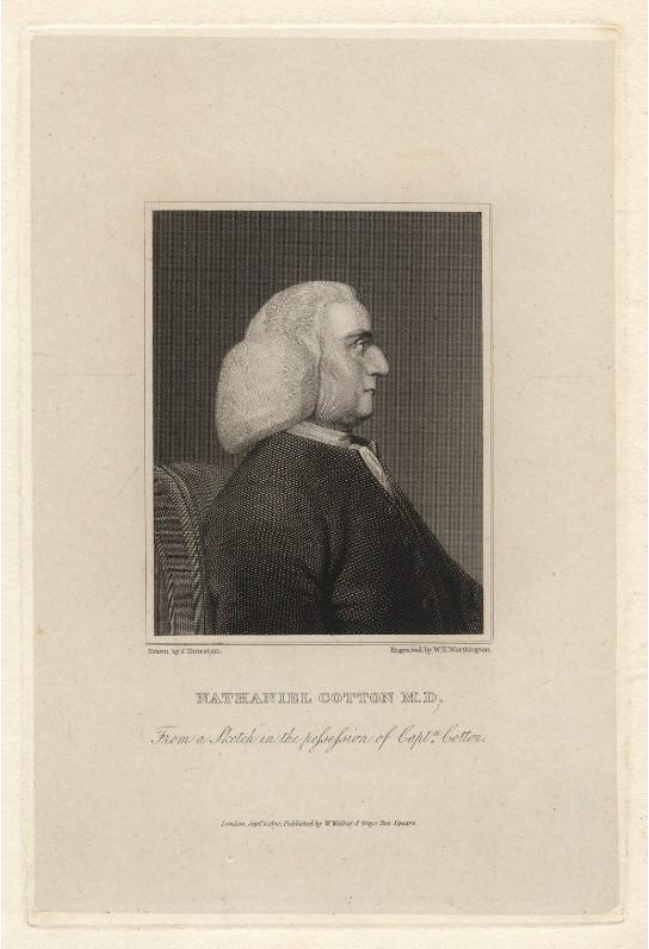


Compassionate and Relational Care for Mental Illness in The Mid-18th Century

The Legacy of Dr Nathanial Cotton (1707 – 1788)

Dr FA Ruths and Prof T Boatswain

Enhancing relational and compassionate psychiatric care, and putting the patient in the centre, has been one of the recent priorities of the Royal College of Psychiatrists (see RCPsych website, 2025). Nathaniel Cotton (1707-1788) was an English physician and poet who was renowned primarily for his work in mental health care and his literary contributions. As a medical practitioner he specialised in the treatment of mental illness prior to the inception of the medical speciality of psychiatry. Cotton managed the small St. Albans asylum Collegium Insanorum, where he earned a reputation for his compassionate approach towards a small group of patients (Porter, 2002). The 18th century was marked by harsh and inhumane psychiatric treatment methods, which included chaining agitated patients, and containing mentally ill patients under inhumane conditions (Shorter, 1997). Cotton merged his medical insights with literary expression. This paper aims to explore Dr. Cotton's historical role, evaluating his impact on mental health practices and literature, and to provide an understanding of his contributions within the broader context of 18th-century England.



Portrait of Nathaniel Cotton drawn by J. Thurston (date unknown) and engraved by W.H. Worthington. Published in London: W. Walker. 1820. Public Domain.

Review of Historical Role

1. Medical Career and Contributions to Mental Health

Dr. Nathaniel Cotton was a pivotal figure in the evolution of psychiatric care during the 18th century. Jones writes that of Nathaniel Cotton's boyhood and youth nothing is known but we learn that at the age of twenty-four he was studying medicine at Leiden under Hermann Boerhaave, the eminent Dutch physician and man of science and enlightenment (Jones 1936). Boerhaave embraced a neurological view of psychiatric illness (Scull 2015). His widespread fame brought him pupils from many European countries.

After completing his medical studies, Cotton was most likely influenced by the prevailing Enlightenment ideas from the continent that emphasized reason and humane treatment. Cotton became the head of a private asylum in St. Albans. (Porter, 2002). His approach contrasted sharply with the brutal methods commonly employed at the time to treat patients with mental illness, such as physical restraints, physical injury and punitive isolation.

Cotton was a modest and very private individual who did not directly publish on his psychiatric work (Stern, 2015). Instead we know about his psychiatric approach through the writings of his most famous patient, William Cowper (/ˈkuːpər/ *KOO-pər*; 1731 –1800). Cowper was distinguished poet, whose is most admired for his hymn "God Moves in a Mysterious Way". Cowper is also renowned for his association and creative friendship with the abolitionist John Newton (1725 – 1807). Cowper suffered from severe psychotic depression and several suicide attempts in 1763 and admitted himself to Dr Cotton's asylum. Cowper writes about Cotton:

"I was not only treated by him with the greatest tenderness, while I was ill… But when my reason was restored to me, and I had so much need of a religious friend to converse with… I could hardly have found a fitter person for the purpose…" (King and Ryskamp, 1979, pp 100-1 : Cowper to Lady Hesketh, Thurs 4 July, 1765.) and *"I mentioned this sudden, and extraordinary change because I believe it was affected on purpose to inclined me to go willingly to a physician who would treat me with skill and tenderness, who was*

himself a pious man and able to converse with me on the subject which lay so near my heart…" (pp 32-3)

Cotton's empathetic care significantly influenced Cowper's recovery, allowing him to produce some of his most celebrated literary works (Porter, 2002). The therapeutic relationship between Cotton and Cowper highlights the effectiveness of Cotton's methods, which were ahead of their time and groundbreaking when compared to the treatment of mental illness during the mid 18th century. Cotton advocated for a more humane, compassionate and consensual treatment of mental health patients and pre-empted the inception of moral therapy. Cotton was a predecessor of William Tukes (1732- 1822), whose York retreat was opened in 1793, well after Cotton's death (Scull, 2015). Cotton believed in engaging patients through conversation, creative activities, and a supportive environment. This philosophy of care not only improved the quality of life for many individuals under his care but also laid foundational principles for modern psychiatric practices.

2. Literary Contributions

Beyond his medical career, Dr. Cotton was an accomplished poet. His literary works, including "Visions in Verse," are a blend of moral instruction, philosophical thought, and personal reflection (Stern, 2015). His poetry often explored themes of virtue, human nature, and the complexities of the human mind, which are topics that were undoubtedly influenced by his medical practice. Cotton's poems were well-received during his lifetime and contributed to the moral and didactic literary tradition of the 18th century. His ability to intertwine medical understanding with poetic expression provided unique insights into the human condition and bridged the gap between science and the humanities. This interdisciplinary approach enriched both fields, offering a more holistic perspective on health, mental health and personal well-being (Stern 2015). In this sense, Cotton anticipated the importance of emotional processing through tools like poetry and cognitive reappraisal. Poetry is used in contemporary psychological approaches to facilitate a more emotional processing of complex emotional memory and cognitive experiences (Segal, Williams and Teasdale, 2013).

3. Influence and Legacy

Dr. Nathaniel Cotton's legacy is encompassing both his advancements in mental health care and his literary achievements. His progressive views on patient care pre-empted later developments in psychiatry, particularly the moral treatment movement that gained prominence in the 19th century (Foucault, 1961). Laffey (2003) wrote that The Retreat founded by William Tuke was the first mental health focused institution that used psychological treatment as its main treatment modality. It might be argued that Cotton's work preceded that of William Tuke in making psychological treatment a key psychiatric intervention.

While not as widely known as some of his contemporaries due to his modesty and private nature, Cotton's influence persisted through his contributions to medical practices and literature. His work demonstrates the value of empathy, understanding, and the integration of different disciplines to address complex human issues. The compassionate principles he championed continue to resonate in contemporary mental health practices (Shorter, 1997) and are a reminder for modern psychiatry to put relational aspects at the heart of patient-centred care.

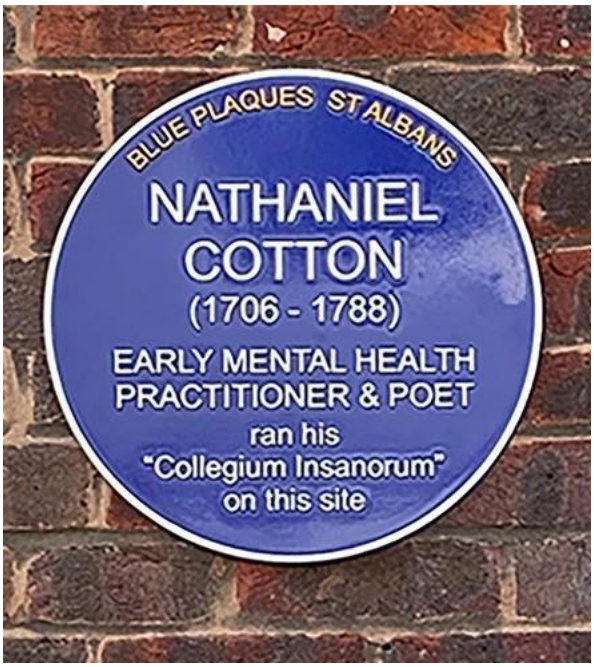
Conclusion

Dr. Nathaniel Cotton's life and work represent a significant chapter in the history of mental health care and English literature. In the middle of the 18th century, he preceded the work of William Tuke and his Yorkshire retreat and the inception of the medical speciality of Psychiatry. Cotton practiced treating mental illness as an illness of nerves. His humane approach promoted a sense of agency and dignity for his patients. Cotton's insightful poetic contributions highlight the enduring impact of his intellectual and moral philosophy and practice. By bridging the realms of medicine and literature, Cotton offered a nuanced understanding of the human experience and medical care that remains relevant to our psychiatric practice today. The description of Cotton's approach through the eyes of his patient underscores the importance of 'patient feedback' and a qualitative assessment of outcome in psychiatry where other data is missing.

Cotton's legacy serves as a testament to the role of interdisciplinary thinking, and the continuous pursuit of knowledge in improving both individual lives and broader societal practices. Cotton can inspire a renewed drive in modern British Psychiatry towards a more patient-centred care that is based in an ethos of compassion, relationship and psychological thinking.

N.B: Dr Cotton's memory has been recently honoured by his local community in St Albans with a Blue Plaque at the site of the former Asylum. His grave is currently being restored and will highlight his contribution to psychiatry with a commemorative plaque.

The Gravestone of Dr Nathaniel Cotton (flanked by the graves of his two wives) in the Churchyard of St Peters Church, St Albans (Photo: Tim Boatswain 2025).



The Blue Plaque, College Street, St Albans ©Tim Boatswain

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Psichiatria Democratica in the UK – The 1984 Wakefield Conference

Stuart Davis, Mental Health Nurse, Wakefield

My interest in this controversial conference stems from the fact that I was attending as a student mental health nurse in 1984. The event explored the Italian experience of closing psychiatric institutions and developing community-based care, focusing in particular on the pioneering work of the late Franco Basaglia. The conference was organised by Professor Alec Jenner from Sheffield and Lin Bigwood, a mental health nurse tutor based in Wakefield. Speakers included several of Basaglia's colleagues from Italy.

Last year marked the 40th anniversary of the conference, which took place during a period of significant political tension. These tensions nearly led to its cancellation, adding to the sense of controversy surrounding the event. Nevertheless, the conference went ahead and went on to inspire the founding of Asylum Magazine in 1986.

Hoping to revisit the event, I searched through my own papers for any material from the conference, but frustratingly, it appears to have been lost in a house move. I turned to former colleagues and even posted in a Facebook group for ex-

Wakefield mental health service staff, but that, too, proved fruitless.

Eventually, I contacted Asylum Magazine, which referenced the conference in the editorial, stating: 'It became apparent at the time that a number of mental health workers and ex-patients in the region thought that a forum for debate was sorely needed'. The magazine launched as 'Asylum: A Magazine for Democratic Psychiatry'.

An online search led me to a chapter by Helen Spandler in the book Basaglia's International Legacy: From Asylum to Community (edited by Tom Burns and John Foot), which includes a section on the Wakefield conference and the origins of Asylum. Helen, a former editor of the magazine, was kind enough to confirm that Asylum no longer held any conference materials. However, she put me in touch with Lin Bigwood, who had since retired. Through conversations with both Helen and Lin - and drawing on my own memories - I was able to piece together a clearer picture of the event.

My strongest recollection was just how controversial it all felt. The idea of closing institutions at a time when Stanley Royd Hospital in Wakefield had 33 wards and over 1,000 beds, including several very large, long-stay wards (one with over 50 beds), felt radical. I recall senior staff saying things like, "They'll never shut this place—where would everyone go?" At that time, there was a small CPN team and a separate hospital social work team; no community mental health teams yet existed, and psychiatrists were entirely ward-based.

The conference had the backing of COHSE, the hospital's largest trade union, and one of its regional officers—aligned with the Labour Party's left—was a guest speaker. This was during Neil Kinnock's efforts to distance the party from factions like Militant Tendency, and the political climate was fraught. A few years later, amid the clinical grading dispute, David Mellor, then Health Minister, described COHSE at Stanley Royd as one of the "last bastions of COHSE militancy." Given the hospital's health authority chair, Sir Jack Smart, was a traditional Labour figure, conflict between the two sides seemed inevitable.

Adding further tension was the presence of Basaglia's colleagues from Trieste, described at the time as a radical Marxist-inspired group who had rapidly shut down their local mental hospital. The scene was set for strong reactions.

Through recent contact with Lin, I learned that she had initiated the idea of the conference after receiving images from Professor Jenner depicting conditions in Italian institutions. Her manager initially supported the idea and secured funding from the health authority. However, once the chair learned of the political implications—especially the union speaker—he was displeased. Lin was asked whether she wanted "blood on the streets" and was pressured to cancel the event. She refused. Funding was withdrawn, but the conference went ahead regardless.

Key speakers included:

- Maria Grazia Giannichedda from Psichiatria Democratica

- Ron Lacey, then Director of Mind

- Glynn Robinson, COHSE regional officer

The guest speakers waived fees and those travelling some distance were hosted in local homes. Titled "Closing the

Mental Institutions – What Comes Next?", the event was held on 5th December 1984 at the conference centre at Pinderfields Hospital, with more than 300 people in attendance.

I vividly remember hearing about the harsh conditions in Italian institutions, their rapid closures, and the emergence of community centres—hubs that were conceptually very different from UK models of the time. Helen Spandler has written about the negative response to the Italian experience in publications like the British Journal of Psychiatry, and Tim Kendall, another colleague of Professor Jenner, noted the scepticism in a later conference paper (1996).

For us as students at Stanley Royd, the conference was eye-opening. It offered a vision beyond the walls of the institution we were being trained in—an alternative that seemed both challenging and necessary. By the late 1980s, plans for community mental health services began to take shape. By the early 1990s, closure plans were definitively underway.

The conference itself laid the foundations for Asylum Magazine, a quarterly publication for democratic psychiatry which maintains a left-leaning, reformist voice, inspired by the ethos of Psichiatria Democratica, and it still in circulation today.

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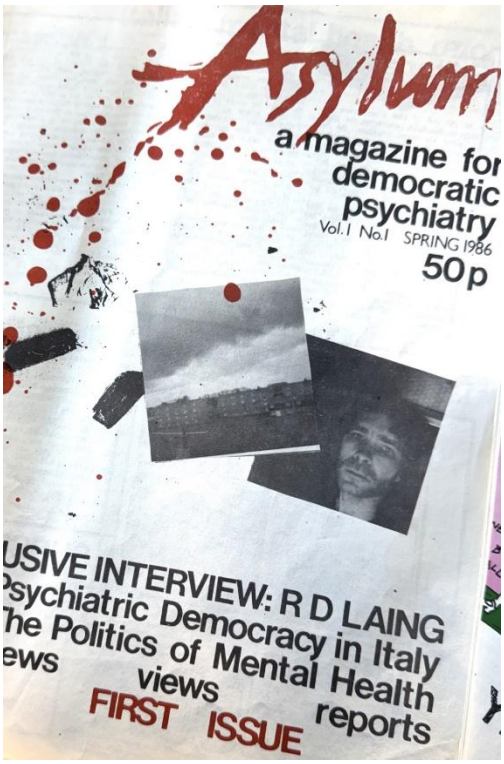
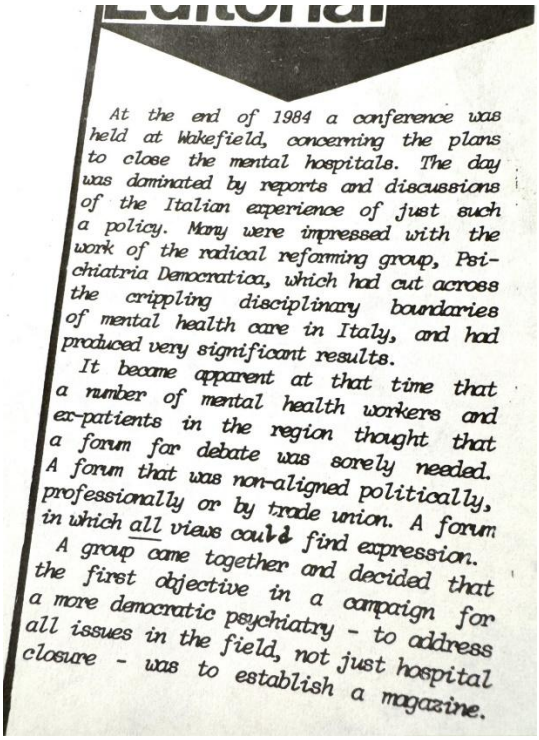
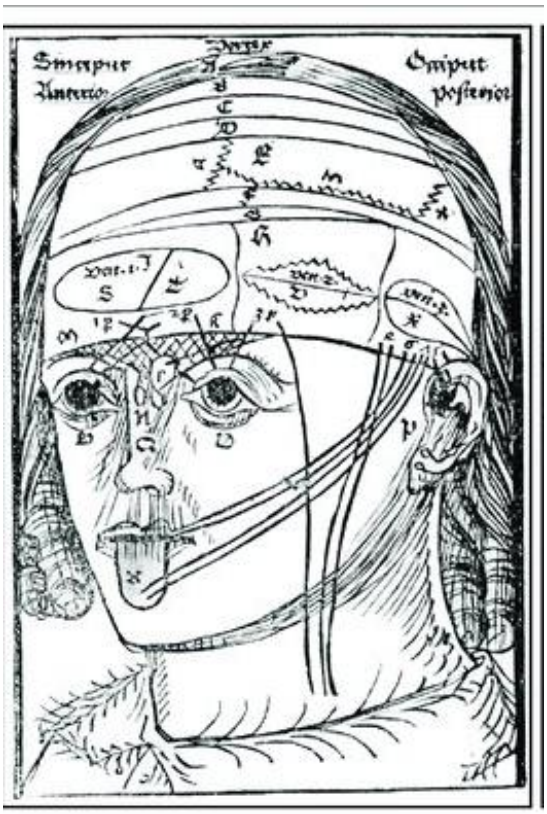



Editorial

At the end of 1984 a conference was held at Wakefield, concerning the plans to close the mental hospitals. The day was dominated by reports and discussions of the Italian experience of just such a policy. Many were impressed with the work of the radical reforming group, Psichiatria Democratica, which had cut across the crippling disciplinary boundaries of mental health care in Italy, and had produced very significant results.

It became apparent at that time that a number of mental health workers and ex-patients in the region thought that a forum for debate was sorely needed. A forum that was non-aligned politically, professionally or by trade union. A forum in which all views could find expression.

A group came together and decided that the first objective in a campaign for a more democratic psychiatry - to address all issues in the field, not just hospital closure - was to establish a magazine.



Ventricular enlargement in psychotic illness: the descriptions and quantifications of John Haslam (1798 and 1809) in relation to contemporary CT and MRI findings

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Introduction

When seminal findings are made in medicine, they are, in due course, duly incorporated into the canon of medical history. There can, however, be another, more immediate response: how 'seminal' are these findings, such that those who are interested pour over the historical

record to identify unappreciated or indeed unrecognized prior reports that presage the report at issue. The publication of the first report of structural brain pathology in living human subjects with schizophrenia, using the only recently realised technology of X-ray computed tomography (CT), was indeed such a seminal discovery (Johnstone et al., 1976). After a series of attempts, confirmatory CT findings eventually followed (Weinberger et al., 1979), to be succeeded by yet more informative magnetic resonance imaging (MRI) studies (Andreasen et al., 1986; see also Waddington et al., 1990, for qualitative vis-à-vis quantitative MRI findings in the manner of Haslam's postmortem studies to be considered below). Subsequently, Haug (1982) reported what could be interpreted as somewhat similar findings using pneumoencephalography (PEG), a long-available, highly invasive and subjectively very unpleasant technique of limited resolution. In so doing, he also drew attention to prior, related findings, including his own (Haug, 1962) and those of others that date back to the 1920s (Jacobi and Winkler, 1927).

Around this time, I became aware of the historical writings of John Haslam (1764-1844), a Member of the Corporation of Surgeons and Apothecary to Bethlem hospital, London. In 1798 and as updated in 1809, he published [with original punctuation] "Observations on Madness and Melancholy: including Practical Remarks on Those Diseases; together with Cases: and an Account of the Morbid Appearances on Dissection" (Haslam,1809). Among these cases, one in particular was redolent of schizophrenia and was described as showing enlargement of the cerebral ventricles. I drew attention to this via a letter in the *American Journal of Psychiatry* (Waddington, 1984) but with minimal detail due to length restrictions of the letter format. Recently, Prof. Nicol Ferrier and I, who worked together with Eve Johnstone, Tim Crow and colleagues at the time of their seminal findings, met at a memorial event to celebrate the life and times of the recently deceased Tim Crow. Forty years on, Nicol invited me to amplify my original letter on Haslam's work by describing in detail both his qualitative and quantitative observations.

John Haslam and his observations

Figure 1. John Haslam. Engraving by Henry Dawe in 1850 after a portrait by his brother, George Dawe. Public domain, Wikipedia

Haslam noted with reservations Ferriar's (see Thornber, 2021) then generally accepted division of insanity into 'mania' and 'melancholia': the fundamentals of 'mania' posit "false perception, and consequentially confusion of ideas, to be a leading circumstance" such that "It is well known, that maniacs often suppose they have seen and heard such things, which really did not exist at the time"; in contrast, the fundamentals of 'melancholia' are to be found "in

intensity of idea, which is a contrary state to false perception". On this background, Haslam states "I shall now lay before my readers a history of the appearances I have noticed on opening the heads of several maniacs who have died in Bethlem Hospital". There are no general descriptions of the approaches to and procedures he adopted for these 37 postmortems, with "the appearances on dissection" being presented individually.

In his first edition (1798) he describes 29 cases (I to XXIX), with a further 8 cases (XXX-XXXVII) being added for his second (1809) edition (Haslam,1798). There were 26 men and 11 women (mean age 48.9, range 25-80); six (all male) cases were noted to involve "intoxication" or "spiritous liquors" and two cases were noted to arise puerperally. Among these 37, case 16 [first presented briefly, through selected quotes, in Waddington (1984) and here presented in full] appears to exhibit psychopathology typical of what might now be described as paranoid schizophrenia, while case 15 appear to exhibit psychopathology typical of what might now be described as bipolar I disorder:

CASE XVI

"J.H. a man, aged forty-two, was admitted into the house on April 12, 1794. He had then been disordered two months: it was a family disease on his father's side. Having manifested a mischievous disposition to some of his relations, he was continued in the hospital upon the incurable establishment. His temper was naturally violent, and he was easily provoked. As long as he was kept to any employment he conducted himself tolerably well; but when unoccupied, would walk about in a hurried and distracted manner, throwing out the most horrid threats and imprecations. He would often appear to be holding conversations: but these conferences always terminated in a violent quarrel between the imaginary being and himself. He constantly supposed unfriendly people were placed in different parts of the house to torment and annoy him. However, violently he might be contesting any subject with these supposed enemies, if directed by the keepers to render them any assistance, he immediately gave up the dispute and went with alacrity. As he slept but little, the greatest part of the night was spent in a very noisy and riotous manner. In this state he continued until April 1796, when he was attacked with a paralytic affection, which deprived him of the use of the left side. His articulation was now hardly intelligible; he became childish, got gradually weaker, and died December 28, 1796. He was opened twenty-four hours after death. There was a general opacity of the tunica arachnoidea, and a small quantity of water between that membrane and the pia mater: *the ventricles were much enlarged and contained a considerable quantity of water, by estimation, four ounces*; the consistency of the brain was natural".

CASE XV

"J.A., a man, forty-two years of age, was first admitted into the house on June 27, 1795. His disease came on suddenly whilst he was working in a garden, on a very hot day without any covering to his head. He had some years before travelled with a gentleman over a great part of Europe; his ideas ran particularly on what he had seen abroad; sometimes he conceived himself the king of Denmark, at other times the king of France. Although naturally dull and wanting common education, he professed himself a master of all the dead and living languages, but his most

intimate acquaintance was with the old French: and he was persuaded he had some faint recollection of coming over to this country with William the Conqueror. His temper was very irritable, and he was disposed to quarrel with everybody about him …

He now evidently had a paralytic affection; his speech was inarticulate, and his mouth drawn aside. He shortly became stupid. His legs swelled, and afterwards ulcerated: at length his appetite failed him; he became emaciated, and died December 27th of the same year [1796]. The head was opened twenty hours after death. There was a greater quantity of water between the different membranes of the brain than has ever occurred to me. The tunica arachnoidea was generally opake [sic] and very much thickened: the pia matter was loaded with blood, and the veins of that membrane were particularly enlarged. On the forepart of the right hemisphere of the brain, when stripped of its membranes, there was a blotch, of a brown colour, several shades darker than the rest of the cortical substance: *the ventricles were much enlarged, and contained, by estimation, at least six ounces of water*. The veins in these cavities were particularly turgid. The consistence of the brain was firmer than usual".

John Haslam and ventricular size

In relation to ventricular size, it is not clear how qualitative descriptions (e.g. "the ventricles were much enlarged") and the quantitative estimate of their containing "*n* ounces" of fluid should be interpreted. There are no descriptions as to how Haslam (in 1798 or in 1809) estimated the volume of ventricular fluid. In six cases there is both a qualitative description of ventricular abnormality and a quantitative estimate of ventricular fluid volume that suggest an ordinal relationship: "considerably enlarged" contained 4 ounces; "much enlarged" contained 4, 4 and 6 ounces; "very much enlarged" contained 6 ounces; "uncommonly enlarged" contained 8 ounces. In nine cases there is a quantitative estimate of ventricular fluid volume without any qualitative description of the ventricles. Absolute values were 1, 2, 3, 3, 3, 4, 4, 4 and 6 ounces for those nine cases without qualitative mention of ventricular abnormality and 4, 4, 4, 6, 6 and 8 ounces for those six cases with qualitative descriptions of ventricular 'enlargement'.

These findings would suggest: (i) quantitative estimates of ventricular fluid volume are continuously distributed, without any point of inflection that might indicate the presence of subgroups; (ii) ventricular fluid volumes of approximately 4 ounces may constitute some threshold for qualitative judgement of 'enlargement'. However, such conclusions should be tempered by two further factors: (iii) three anomalous cases where "the lateral ventricles were large, but did not contain much water", "the ventricles were enlarged, but contained scarcely any fluid" and "the ventricles were of a natural capacity, and did not contain any fluid"; (iv) two equivocal cases where "in the ventricles, which were of a natural capacity, there was about half an ounce of water" and "the lateral ventricles were but little distorted, and did not contain much water".

Yet some additional findings reassure as to Haslam's clinical acumen and to accordance between his observations and contemporary medicine. For example, case 25 (CASE XXV) was "struck with hemiplegia which deprived him completely of the use of his left

side". At postmortem 12 hours following his death, nine days later, Haslam describes finding in the brain: "On opening the right ventricle, which was much distended, it was found filled with dark and grumous blood; some had also escaped into the left, but in quantity inconsiderable when compared with what was contained in the other", consistent with a stroke in the right hemisphere of the brain and this impacting function on the left side of the body.

The mean volume of ventricular fluid among the 15 cases having a quantitative estimate is 4.1 ounces of what Haslam sometimes refers to as fluid and sometimes as water. As 1 'imperial fluid ounce' = 28.4 ml of water, this would give a mean postmortem ventricular volume of 4.1 × 28.4 = 116.4 ml. However, a contemporary stereological postmortem study (Pakkenberg, 1987) reported in schizophrenia a mean ventricular volume of 35.1 ml [26.3 ml in control subjects]. In normal adults the mean total cerebrospinal fluid (CSF) volume is 125-150 ml, of which approximately 20% is contained within the (mostly lateral) ventricles and 80% within the contiguous cranial and spinal spaces (Wright et al., 2012). As Haslam gives no details as to how he carried out his estimates of ventricular volume, the extent to which these may involve egress of fluid from the ventricles or (perhaps more likely) ingress of fluid from contiguous, extra-ventricular CSF in the course of postmortem is unclear.

The challenge of interpretation

At one level, Haslam's qualitative and quantitative observations of 1798 and 1809 on cerebral ventricular size appear to anticipate at least in part those reported by Johnstone et al (1976) using CT and possibly by others using PEG during the period 1927-62 (Haug, 1982). Yet such interpretation must be tempered by several issues:

There is an absence of practical details concerning how Haslam conducted his postmortem examinations. While the late 18th – early 19th century constituted a turning point in both the concept and practice of human postmortems (Burton, 2005), the extent to which these developments may have impacted on Haslam is unknown. There is no mention by Haslam of postmortems he may have conducted on 'normal' subjects to constitute a baseline for qualitative and quantitative observations as to abnormalities in 'insanity'.

Additionally, there are uncertainties regarding the clinical composition of Haslam's sample vis-à-vis contemporary diagnostic theory and practice. The dangers in attempting to apply contemporary concepts retrospectively to historical descriptions of general medical conditions are well recognised (Arrizabalaga, 2002) and are likely accentuated in relation to psychiatric nosology across the centuries. However, interestingly, Carpenter (1989) considers Haslam to have provided, elsewhere, the earliest clear description of schizophrenia in British psychiatric writing, so his clinical acumen and documentation are potentially reliable.

Furthermore, the presence of unrecognised neurological disorders among Haslam's cases, for example general paralysis of the insane, cannot be excluded. In this regard, Leigh (1955) wrote a comprehensive account of Haslam's life and work and discussed his 1798 and 1809 books in detail. He considered that "although the cases are only briefly reported, such is Haslam's clarity that a diagnosis can be made in terms of our own period. Alcoholics, melancholics, puerperal psychosis, and

schizophrenics march through the pages. Case XV, however, is the only example of what might be considered as general paralysis". However, Leigh went on to say that he considered it "impossible to hold that he [Haslam] had given a recognisable description of the macroscopic anatomy of general paresis" in this case.

Another issue which limits a straightforward interpretation of these reports is the limited number of cases studied by Haslam, with attendant problem of assessing any influence on his findings of age, sex, agonal state and postmortem interval.

Nevertheless, Haslam appeared ahead of his time in making both qualitative and quantitative postmortem observations in subjects hospitalised for 'insanity'. His historical findings tantalise. At face value they point to the value of clinical acumen and systematic postmortem evaluation long before arrival of the breadth and depth of imaging modalities that we enjoy today.

Declaration of competing interest

The author declares that he has no conflict of interest.

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Hampstead and Highfield 200 Years of Care: John Eustace, Moral Treatment and the Quakers

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Introduction

Highfield Healthcare in Dublin reached its 200 years anniversary during 2025. The Hospital has been run by six generations of Eustace psychiatrists since 1825. This article describes the work of Dr John Eustace, the founder, in 1825, of Highfield which has evolved into a modern inpatient and community based psychiatric service with continuous input from the Eustace family since 1825.

John Eustace was born on 3 February 1791 in Cork. He was the only son of Benjamin Eustace, a merchant based in

Cork, and his wife Mary Fawcett of Waterford, a family of Quakers, who had married in 1787. John had five sisters but three died in infancy.

Picture 1: John Eustace (1791-1867). Image part of the Eustace family collection.

The Quakers

The Society of Friends arose from religious and political strife of 17th Century England which had seen the downfall of Church and State and Civil war which led to people yearning for revival of Church and Monarchy. These included a group called seekers who had ceased to attend religious services and met in silence hoping from a message from God as to the true nature of worship (1). George Fox, founder of the Society of Friends, was seen by some as a Prophet from the Lord. He claimed to have received a revelation that "there is one, even Christ Jesus, who can speak to thy condition," and became convinced that a direct experience of Christ was possible without the aid of ordained clergy (2).

In 1650, Fox was brought before the magistrates Gervase Bennet and Nathaniel Barton, on charges of religious blasphemy. Bennet "was the first that called us Quakers, because I bade them tremble at the word of the Lord" (3) which was thought to be a reference to Isaiah 66:2 (4). The name Quaker began as a way of ridiculing Fox's admonition but became widely accepted and used by some Quakers.

The dominant discourse of Protestantism viewed the Quakers as a blasphemous challenge to social and political order, leading to official persecution in England and Wales under the Quaker Act 1662 (5) and the Conventicle Act 1664 (6). Due to their nonconformist attitudes many Quakers were prosecuted and imprisoned leading Quakers to emigrate to the United States and Ireland where rules were more relaxed thus allowing them to participate in business and trade.

In Ireland, although a small religious group numbering just 6000, they were particularly good business people. This was because they lived a simple honest unostentatious life. They were trusted and industrious. Due to their lifestyle and hard work some accumulated great wealth over time and were involved in businesses such as milling, textiles, shipping, and railroads.

Quakers were largely based in business and commerce but wished for their children to go onto University education. However, owing to their religious beliefs they were refused admission to Oxford and Cambridge or the Armed forces due to their conscientious objections. As they would not swear oaths, they had little desire to enter the legal profession. Thus, Quakers had the choice of continuing to work as their parents did in Trade or Commerce or enter Medicine in accordance with their beliefs to help others. (7)

John Eustace and Medical Training

John travelled to Edinburgh to study medicine when he was 21. Medical

education in Ireland was divided into physic, apothecary, and barber surgeon. Although medical and surgical schools had been developed in Trinity and the Royal College of Surgeons in Ireland by the time John sought to be educated, he was barred from entry due to his faith. Most Catholic doctors attended the University of Reims in Northern France for their medical education as it was inexpensive. Protestants attended the University of Leyden until the emergence of Edinburgh and Glasgow (8).

Edinburgh became a popular choice for aspiring physicians as only 3 years of study were required, and training offered a practical approach by integrating clinical work into their course. Edinburgh also provided a wider range of medical courses, including surgery, whilst also incorporating the new disciplines of chemistry and botany. Teaching was conducted in English, not Latin, increasing the number of students that could attend.

Most did not graduate (only one in every five students who trained in Edinburgh between 1765 and 1825 graduated!), as University lectures were seen as a supplement rather than a requirement for practising medicine. For the most part, medical students created their own medical degree through a combination of apprenticeships, "walking the wards" of a hospital, and attending courses offered by private "extramural" schools (9). We have two surviving case books from John at that time, one entitled "medical and surgical cases in the Edinburgh Royal Infirmary 1812-1813 and the second records lectures that John attended in the Practice of Physic and the Practice of Midwifery. John cut his studies short due to being offered the position of Lay Superintendent for Bloomfield Lunatic Asylum. Later enquiries by Dr Jocelyn Eustace show he matriculated from Edinburgh for classes in Anatomy and Obstetrics.

The York Retreat

The York retreat opened in 1796 by a Quaker called William Tuke, a son of a tea merchant, in reaction to the death of a Quaker called Hannah Mills who had been admitted to York Asylum and who died a number of weeks later. Other Quakers had attempted to visit her but were refused entrance which led to alarm about the cause of her death. Residents in asylums were looked after by lay people with visiting physicians leading to limited oversight. The recommended medical treatments were debilitating purges, blistering, bloodletting, long term immobilisation by manacles and immersion in cold baths. All these were used to create a sense of fear and coercion to tame wild urges (10).

William Tuke and other Quakers raised money to build an asylum where there were no manacles and people were treated with humanity. Residents were part of a community where superintendents lived with the residents and became part of the family unit. The grounds were extensive, and residents were allowed to wander and work in the gardens and farm. Tuke and his family developed a form of treatment subsequently described as moral treatment (10). Initially, only Quakers, to a maximum of twenty residents, were admitted with fees being managed by the Quaker community.

Moral Treatment

Tuke described insane patients as losing a level of self-control. He divided their faculties into intellectual, active and

moral. He said these were perverted by insanity rather than obliterated and frequently only one of the faculties was affected.

Moral Treatment of the insane, was divided into three components (10).

I. The power of the patient to control the disorder, was to be strengthened and assisted by judicious kindness and humanity to control the aberrations of their mind. Residents were treated as humans and formed part of a community with rules which residents were to maintain so they could benefit and control their untoward emotions.

II. Modes of coercion,
Much effort was taken in trying to reason with residents as to why they should control themselves or they would lose some of their freedoms and social benefits namely accommodation, dining with other residents or attending religious services. In severe cases residents would be brought to a dark room to calm or light restraints used but these were not liberally used and only under the instruction of the superintendent.

III. General comfort of the insane was promoted. Rooms were large, warm with running water. Residents were well fed as this was thought to calm aberrant urges. Extensive grounds allowed the residents to work and exercise and amusements were organized.

Bloomfield Hospital

In 1807 a group of Irish Quakers set up Bloomfield as an Irish equivalent of the York Retreat (11). These included Samuel Bewley, and other prominent Irish Quakers. They purchased the estate of Robert Emmet in Dublin and additions to the house were made after consultation with William Tuke in York. In a circular from Samuel Bewley, it stated that "Care more in unison with the idea of friends and better suited to their states and circumstances, which could be had in the public Hospitals for lunatics in this country."

Bloomfield was supervised and run by lay superintendents. They approached Jane Eustace, the aunt of John to be the lady superintendent. She started work in 1812 and suggested John Eustace as the lay male superintendent to the Quaker Committee. The Committee wrote "we understand he is 22 years of age, and the proposal appears not ineligible, his character being satisfactory, and he would work harmoniously with Jane."

The Bloomfield Quaker Committee wrote to John also asking him to go to York Retreat as he returned to Ireland. John accepted his appointment in May 1813 requesting to attend a course of lectures given by Dr Barker in Trinity College, the visiting physician to Bloomfield. John resigned in 1816 after attaining his medical qualification. He subsequently wrote to the Committee saying he would take on his previous job as lay superintendent as well as visiting physician. He requested that he take rooms in town from 11am to 4pm for private practice. The Committee noted that John Eustace had regularly qualified as a physician and had discovered good abilities in that capacity.

John continued to work for Bloomfield from 1816 to 1831. He followed the principles of Moral Treatment, but it was

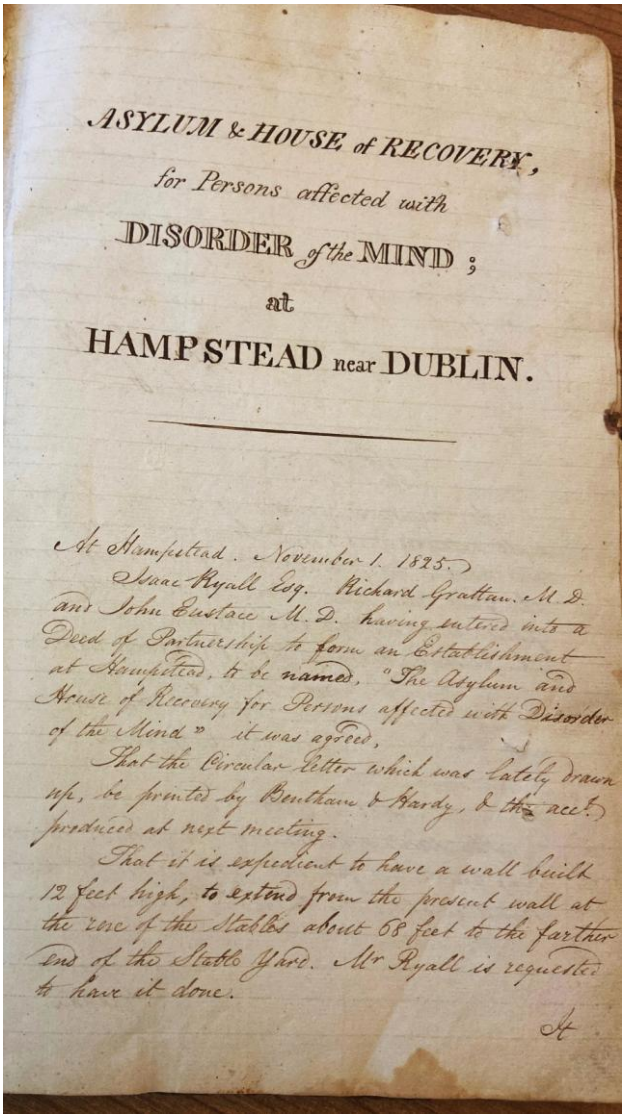
noted with some incredulity by the Committee that at the beginning he did practice bloodletting, leeches until he learnt that these were ineffective! Increasingly John's attendance at Bloomfield lessened, due to an expanding medical practice, and he was let go in 1831.

Opening of Hampstead Asylum and House of Recovery in 1825.

While still working in Bloomfield, John went into a deed of partnership with a Dr Grattan and Dr Issac Ryall, to purchase and run an asylum in North Dublin, called Hampstead Asylum. In the first year there were 'but four patients', but numbers gradually expanded. Moral Treatment was central to care with lay superintendents and Eustace family members living on the grounds. He expanded the grounds around Hampstead leading to an extensive 150-acre farm. His sons let a further facility called Highfield which became the female unit in 1862. The facility catered for fee paying patients from all denominations, but the records show the majority were of the Protestant persuasion. There are very few clinical descriptions of patients or the care they received, on the Admission and Discharge book most were diagnosed with Mania and a few with Melancholia. John continued to work in Hampstead till his retirement in 1850. His two sons who had graduated from Trinity and RCSI took over the running of the facility.

Although he ran these fee-paying facilities in line with his Quaker beliefs he was also involved in philanthropic and charitable work. He worked in Cork Street Fever Hospital, a hospital for paupers afflicted by fevers which regularly visited Dublin, from the 1820's and wrote of his times during the Irish Famine (12).

Picture 2: Hampstead Asylum and House of Recovery. Image part of the Eustace family collection.



ASYLUM & HOUSE of RECOVERY,
for Persons affected with
DISORDER of the MIND;
at
HAMPSTEAD near DUBLIN.

At Hampstead. November 1. 1825.
Isaac Ryall Esq. Richard Grattan. M.D.
and John Eustace M.D. having entered into a
Deed of Partnership to form an Establishment
at Hampstead, to be named, "The Asylum and
House of Recovery for Persons affected with Disorder
of the Mind" it was agreed,
That the Circular Letter which was lately drawn
up, be printed by Bentham & Hardy, & the accts
produced at next meeting.
That it is expedient to have a wall built
12 feet high, to extend from the present wall at
the rere of the Stables about 68 feet to the further
end of the Stable Yard. Mr Ryall is requested
to have it done.

Picture 3: Deed of Partnership 1825 for Hampstead. Image part of the Eustace family collection.

200 years later (1825-2025).

Hampstead and Highfield have now been amalgamated into Highfield Healthcare. There has been a continuous line of Eustace's working as psychiatrists in the hospital since 1825, now reaching the sixth generation. Although no longer Quakers, treating patients with humanity and respect remains at the core of care. A companion paper will discuss the impact of the great Irish famine, changes to more physical psychiatric treatments and the impact of the War of Independence and World Wars on Highfield since the mid1800's.

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REVIEWS

Above: "In the Brain of Man" woodcut by Edvard Munch,1897. Accessed from Wikimedia Commons. Art in the Public Domain

Overleaf, page 58: Woodcut representing a weasel-like Carthusian monk by Heinrich Stayner of Augsburg, 1548. Art in the Public Domain

Page 61: linocut from David Jone's *Bestiary*. Reproduced with the artist's permission. Artist's portfolio can be accessed from davidjonesartist.com

Page 62: Woodcut of a lion devouring the sun by unknown artist and carver, from *Rosary of the Philosophers* (Frankfurt, 1550). A green lion consuming the Sun is a common alchemical image and a metaphor for aqua regia (the green lion) consuming gold (the Sun).

Page 68: A man sleeps between Roger Bacon (?) and a musician: a brass head proclaims time present and the past. Woodcut, ca. 1700-1720. Wellcome Collection. Source: Wellcome Collection.

Page 68: border from *Manuale Caesaraugustanum,* printed by Alfonso Fernández in Híjar, Spain, *c.* 1486. Image from Staatsbibliothek zu Berlin.

Psychiatry, Phantasmagoria and the Iron Cage of Technology

Reflection on Waller, R., Moghraby, O. S., Lovell, M. eds (2023) *"Digital Mental Health: From Theory to Practice"* (RCPsych/ CUP)

George Ikkos

Waller, Moghraby and Lovell's is an excellent introduction to digital mental health for psychiatrists and other mental health professionals. It was commissioned by the Royal College of Psychiatrists and is concise (128 pages), clearly written, practical and forward-looking. As well as practicing clinicians, it should be of interest to all those who want to think about the history of technology, psychiatry and mental health services.

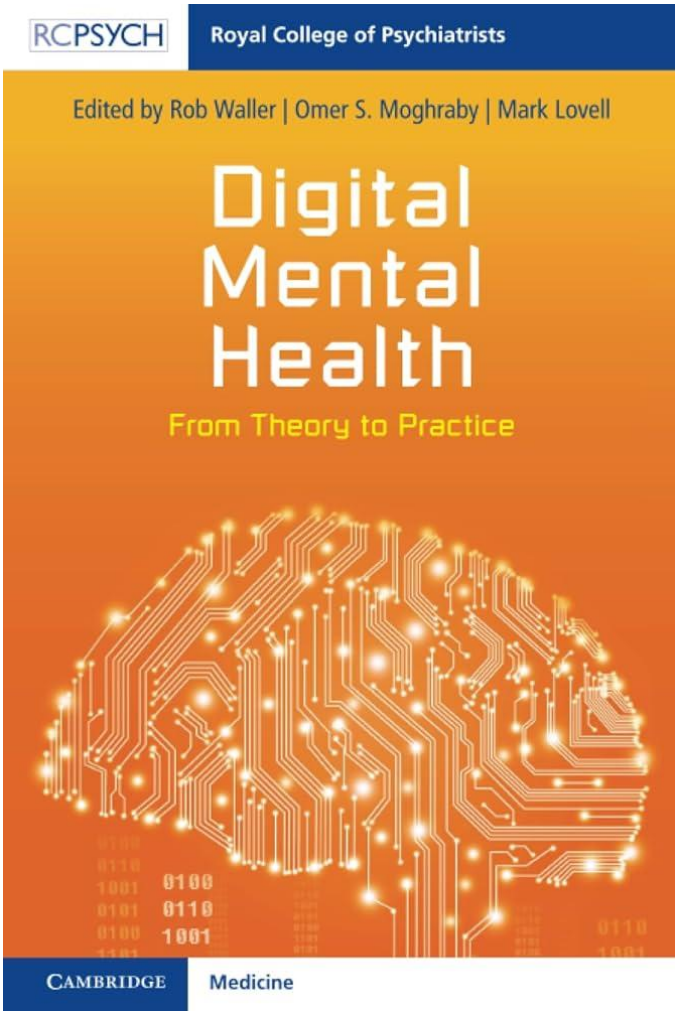
The book is divided into 10 chapters written by 14 authors, UK Consultant Psychiatrists with the exception of Tom Foley who has moved to Ireland, Lucy Stirland, Atlantic Fellow for Equity in Brain Health at the Global Brain Institute, University of California (San Francisco) and Peter Yellowlees, Endowed Distinguished Professor of Psychiatry at University of California (Davis). A good number of the UK authors have NHS Clinical Information Officer experience. The volume moves systematically through relevant issues from "Working with IT Systems: The Benefits and the Challenges" (Ch 1) to "Note Keeping in the Digital Age: Making Good Use of the Electronic Records Systems" (Ch 3), to "The Integration Agneda: Getting Everything Joined Up" (Ch 7) and, finally, "Conclusion: The Future of Mental Health".

In terms of opportunities to be grasped ahead, preparation to grasp them and examples of what has materialised already, Chapters 5 ("Artificial Intelligence: Why We Need It and Why We Need to Be Cautious"), 6 (Digital Clinicians: Growing a Different Type of Healthcare Professional") and 7 ("Global Telepsychiatry: The Changing Face of Psychiatric Practice") lie at the heart of the book. As the title of Ch 5 illustrates, the editors have striven to ensure the right balance between enthusiasm and

caution and there is no doubt that future generations of psychiatrists and other mental health professionals will have to engage proactively with this agenda, both the promises and challenges it brings. From the perspective of the social history of technology, capitalism and psychiatry, admittedly in a one-sided way, the rest of this text focuses on the negative side which has come about clearly so far:

- "The adoption of technology in healthcare, rather than decreasing the overall cost of care, tends to increase it" (p. 25), i.e. is expensive.
- The introduction of the Electronic Health Record "is proving costly in terms of time" (p. 43), i.e. introduces inefficiency.
- "Administrative health care data… often lacks information on the social determinants of health" (p. 54), i.e. risks discrimination.
- The diagnostic and predictive utility of AI/M-generated data in the context of the Covid-19 pandemic was investigated in "A systematic review of 169 studies covering 232 prediction models [and] concluded that only two met standards rigorous enough for validation across multiple cohorts" (p. 64), i.e. generates waste of both time and human and energy resources.
- "[M]ost Electronic Health Records (EHR) systems which were originally built to enhance billing and administrative requirement rather than for clinical purposes… as an unintended consequence, increase provider burnout and decreased the time available for doctor-patient interactions because of their relative lack of focus on the doctor-patient interface" (p. 81) i.e. have had adverse impact on both clinician wellbeing and patient experience.

Recently, NHS Consultant Psychiatrist Martin Deahl has summarised vividly his frustrations with adverse changes in mental health services in the UK in the last 4 decades, including the negative impact of IT, especially on clinician time and morale, doctor-patient relationship and patient experience (1). Ikkos and Bouras, have set this experience in a broader national (2) and international (3) historical context. They have identified digitization as one of the key determinants, in terms of changes in the last four decades. From this broader perspective, even though it has not been intended, negative outcomes are neither unique nor accidental.



According to Harvey, pioneering European Sociologist Max Weber (1864-1920), whose work straddled the turn of the 20th century, had already "argued that the hope and expectation of the Enlightenment thinkers was a bitter and ironic illusion. They maintained a strong necessary linkage between the growth of science, rationality, and universal human freedom. But when unmasked and understood, the legacy of the Enlightenment was the triumph of… purposive-instrumental rationality. This form of rationality affects and infects the entire range of social and cultural life encompassing economic structures, law, bureaucratic administration, and even the arts. The growth of [purposive-instrumental rationality] does not lead to the concrete realizations of universal freedom but to the creation of an 'iron cage' of bureaucratic rationality from which there is no escape" (4).

Also relevant here is the work of the pioneering Cultural Critic Walter Benjamin (1892-1940) who worked during the first decades of the 20th century (5). Looking back at the Paris of the 19th century he discerned what he labelled as the "phantasmagorias" of capitalism and technology (6). The promises of the ever-new repeatedly offer fantastical illusions that fail to be fulfilled, indeed not uncommonly prove harmful. The implementation of IT in mental health within the UK NHS can be seen as an example of this, whereby the grand promise of technology has often fallen short in practice, leading to unfulfilled expectations, so far.

The recent loudly pronounced initiatives in the field of AI by both the UK and US governments in much broader spheres of application may well turn out to belong to this category, though their effects will no doubt be complex, ambiguous and not without some benefit. And, at this point, the balance of future benefits and harms is simply impossible to predict. And, of course, at the very heart of it, as in 19th century Paris, we find government, capital and lobbying. (7).

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Conflict of Interest:

None declared

Psychiatry and Critique: Integrative or Dialectical?

Reflection on Awais Aftab's "Conversations in Critical Psychiatry" (Oxford, 2024)

George Ikkos

Abstract:

I introduce, reflect on and applaud Awais Aftab's "Conversations in Critical Psychiatry". I suggest that it would have been enriched by greater input from the social history of psychiatry. Also that dialectical pluralism may be more productive than integrative pluralism in the philosophy, science and practice of psychiatry.

Introduction

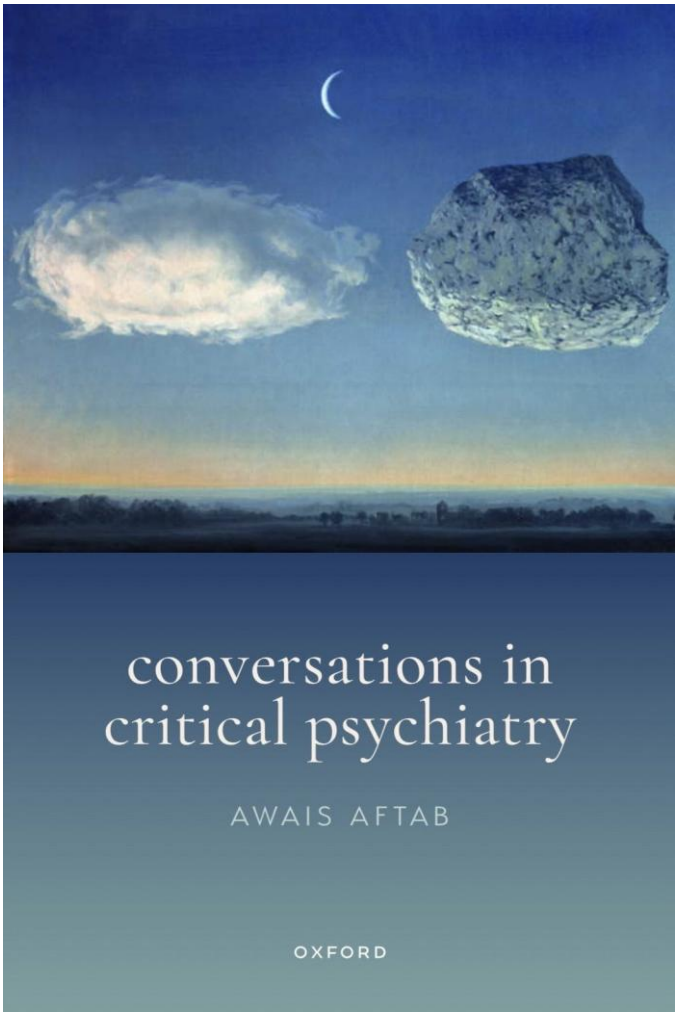
I read with great pleasure this flowing collection of 25 thought-provoking conversations first published in *Psychiatric Times*, starting in 2019. Early on, it includes contributions by two professional-intellectual giants of psychiatry, Robin Murray and Allen Frances. In his foreword, British Psychiatrist Murray provides reference to his remarkable papers on mistakes he has made in his career [1] and on listening to psychiatry's critics [2] and writes: "I ask my psychiatric colleagues: are our critics more or less likely to be sympathetic to psychiatry after encountering us? If they are less sympathetic, we must reflect on how this helps psychiatry's case and what needs to be done differently" (P. vii-viii).

American Psychiatrist Frances is the first interviewee (Ch. 3, Diagnosing Psychiatry). He was a member of the leadership group of DSM-III and DSM-IIIR and the Chair of the DSM-IV task force who turned vocal critic of subsequent editions and published *Saving Normal* in 2013 [3], his "impassioned plea to curb diagnostic inflation in psychiatry and recognise the harms of medicalisation of ordinary life" according to Aftab (p 33). Though a critic, Frances continues to find value in DSM. In contrast, without rejecting the practice of diagnosis altogether, far from it, biological psychiatrist and vocal critic of the

biopsychosocial model Iranian American Psychiatrist Nassir Ghaemi (Ch. 12, Beyond Pragmatism in Psychiatry) states that "DSM's legacy has been largely harmful" (P. 134). As I hurtle rapidly towards my 45th year of continuous practice in the specialty, I find myself agreeing with him, indeed, I am inching towards the conclusion that future historians will accord DSM-III and its aftermath a similar position in the 20th century history of psychiatry as the one we do today to degeneration theory in the history of the 19th. Crucially, well beyond psychiatry, both have had an enormous impact on culture [4,5]. The DSM-III insistence on use of the term "disorder" is particularly culpable from this broader cultural as well as individual perspective. In his interview, British Psychiatrist Samei Huda (Ch. 23, The Medical Model in Theory and Practice), a defender of the utility of diagnostic classification and fierce critic of some critics of psychiatry, expresses a preference for use of the term "condition". I agree, not least because this term primes us to think of the physical condition and social conditions as well as the psychological distress the individual patient finds himself in.

Awais Aftab and his Conversations

Aftab is a Pakistani American Psychiatrist whose first love was philosophy. It is a great fortune for our specialty that he concluded that a philosophical career would be financially precarious in his native Pakistan, whilst psychiatry would secure him both a reliable income and opportunities for philosophical discourse. He has since then emigrated, trained and now works in the US. The conversations brought together here, each 5-12 pages long, were conducted online in an iterative manner and this somewhat leisurely approach, no doubt, has contributed to the high quality of content. Aftab's deep philosophical and clinical outlook is evident by his wide reading and his persistently respectful and incisive approach to his interlocutors.



The book is divided into 11 sections: untitled (2 chapters); Psychiatry at the Crossroads (4 chapters); Disorder and Diversity (3 chapters); History and Philosophy of Psychiatry (3 chapters); Enactivism and Psychiatry (2 chapters); Pluralistic and Integrative Psychiatry (3 chapters); Psychiatric Institutions and Human Rights (2 chapters); Critical Psychiatry Network (3 chapters);

Psychoanalysis (1 chapter); Psychiatry and the Medical Model (3 chapters); Critical Neuropsychiatry (1 chapter); and Epilogue. Among the contributors/ interviewees, I counted 18 psychiatrists (all sharing a commitment to the specialty but diverging in opinions) and 11 others (history, philosophy, psychology, psychotherapy, service user perspectives). The published pieces are not one-way critiques of psychiatry. They come across as genuine dialogues. Critiques of the critics of psychiatry recur too.

Reflection

Of individual chapters the most immediately clinically relevant is Italian American Psychiatrist Giovanni Andrea Fava's critique of psychopharmacology in clinical practice (Ch. 5, "Impoverishment of Psychiatric Knowledge"). Most clinically-philosophically incisive is that of American Psychologist and Philosopher Peter Zachar's "Psychiatric Disorders as an Imperfect Community" (Ch. 11). To my mind he highlights persuasively that psychiatric conditions are not "natural kinds". Recently Stephen Hyman, psychiatric geneticist and Director of the USA National Institute in Mental Health 1996-2001, has written in self-critical terms about his failure, widely shared with others, to appreciate this before DSM-III. He has been particularly scathing about the conduct of the man who above all, on the back of this failure, built DSM-III [6].

The readers of this *Newsletter* may want to turn particularly to Harvard Historian of Science Anne Harrington's interview on "The Structure of Scientific Revolutions" (Ch. 10). On the basis of her detailed research [7] she comments: "I am not a critic of neurobiological approaches to mental disorder- that would be absurd. My quarrel, such as it is, is only with the tendency we see repeatedly in the field (with the 1980s biological psychiatrists being only the latest example) to pursue narrow, even hegemonic approaches to forms of suffering and disorders" (P. 114). When Aftab asked her for advice for the profession she responded: "My answer might surprise you, but it is an answer you might expect from a historian rather than a clinician! It is sometimes to read the literature, including textbooks against the grain. That is to say, do not just read to absorb the information being offered, but look also for possible gaps, contradictions, or incidental references to factors or issues that are not pursued, and then ask why not". Indeed!

Of the various sections, the one I appreciated most as a whole is entitled "The Critical Psychiatry Network" (P. 217-248) with its conversations with British psychiatrists Duncan Double, Joanna Moncrieff and Sami Timimi. They all emphasise that their network is not one of uniform interests and views. I found myself in agreement with many points that they share: mind relates to but is not uniquely determined by brain; medical disorders e.g. thyroid disease can cause psychiatric conditions but such direct correlations are absent in most cases; there are statistical deviations in measurements of biomarkers in psychiatric compared to general populations but these remain non-specific and of doubtful aetiological significance in most cases; our current nosology lacks validity in crucial respects [8]; it is impossible to argue that psychotropic medication is specific to particular psychiatric conditions [9]. Timimi (Ch. 22, Psychiatry and the shores of social construction) offers a well-informed

narrative on the relation between psychiatry and market-based societies and paints a vivid picture of the "McDonaldization" of contemporary child development (P 238-9).

Confession and Profession

A confession of a historical lapse is in order here. On 30 May 2008 a proposal was brought to the Royal College of Psychiatrists Central Executive Committee of which I was a member to establish Special Interest Group in Critical Psychiatry. I spoke against it and together with most members voted against it. My rationale was that a previous proposal to establish a Psychopharmacology Special Interest Group had been rejected on the grounds that this is/should be of interest to all psychiatrists not just a special interest group. I reasoned that the same should apply to critical thinking about our specialty. As is evident from a variety of interviews here, this has not been sufficiently the case and I regret the decision and my contribution to it. Despite having argued against it, if the proposal had been accepted, I would have joined the group back then. Although now I do not find it necessary to join the Network, I think it is a pity it sits entirely outside our College. Be that as it may, Paul Summergrad, President American Psychiatric Association 2014-15 (Ch. 26, Psychiatry and the Long View) comes closest to "my kind of psychiatrist" here, including when he speaks of his personal and professional formation and when he criticises those who are too anxious that we be like any other specialty. His preference for taking the long-term view (p 292-293) is essential in our times, subject as we are to the constant commands of immediacy [10].

Dialectical Critique

The variety of interviewees in "Conversation in Critical Psychiatry", demonstrably share a passion for reform, including institutional reform (e.g. see section on Institutions and Human Rights p 193-216). Nevertheless, there is a sense that the volume as a whole remains at a rather abstract level. This probably reflects the thin historical contribution. Yet, as emphasised by Summergrad, it is essential to take the long-term view, something I have attempted to do here by suggesting affinities between degeneration theory and DSM-III. More contributions by social historians of psychiatry could have added flesh and blood on the admittedly sturdy, intellectual bones offered here. Though one does not have to agree entirely with him [11], University of California Social Historian Andrew Scull has done more than most when it comes to original research and informative monographs to contribute this way [4] and I missed his voice.

Though Aftab and I share a commitment to pluralism in psychiatry, he works within the Ango Saxon tradition and aims for an Integrative perspective (see Ch. 13 interview with Dan Stein, From Classic and Critical to Integrative Psychiatry). Yet the integrative impulse carries its own risks to knowledge and scientific progress [12] Perhaps his future work may benefit from adding Continental (negative) dialectics [13] in the plurality of his perspectives. It is the traditions of both pluralism and dialectics that help me sustain any tension between the views of the Critical Psychiatry Network on the one hand and Paul Summergrad and similar on the other. Recently Becker and Hoff have published an illuminating paper comparing the approaches of Emil Kraepelin and one of his distant

contemporaries and foremost dialectical thinkers of the 20th century Walter Benjamin, [14].

Conclusion

Aftab is correct when he states: "In my experience, it tends to become obvious quickly that most clinicians have little clarity on what they mean by concepts like 'brain disorder', the distinctions between 'normal' and 'disordered', the 'reality' of psychiatric diagnoses, the relationship between the biological and psychological, the explanatory role of diagnosis, and the 'biopsychosocial' model, etc." (P. 308). This volume is essential reading for all psychiatric trainers and trainees and those in kin professions too. It can promote and deepen dialogue between psychiatrists and our critics.

The Author:

George Ikkos is a consultant psychiatrist in the Department of Liaison Psychiatry at the Royal National Orthopaedic Hospital, London, and immediate past Chair of the Royal College of Psychiatrists History of Psychiatry Special Interest Group (HoPSIG), London, UK. He is joint editor of Ikkos, G., Bouras, N. (2021) *Mind, State and Society: Social History of Psychiatry and Mental Health in Britain 1960–2010*, which was runner up in the Association of American Publishers' PROSE 2022 Awards in the section History of Science, Medicine and Technology (available open access from https://doi.org/10.1017/9781911623793). To mark the centenary of Emil Kraepelin's death he is co-editing with Leipzig Academic and Social Psychiatrist Thomas Becker *Psychiatry after Kraepelin: Ambition Images and Practices 1926-2026*, Springer Nature, to be published in 2026.

Declaration of Interest:

Awais Aftab is a friend and collaborator, who generously names me as one of a good number of colleagues who supported the work that he has brought together in this volume. We have corresponded, co-authored a book chapter (*) and he has offered me space for a blog on his regular Substack blog "Psychiatry at the Margins" (**).

*Ikkos, G., St John Smith, P., Aftab, A., Ramanuj. P. (2023) Chronic Pain and Psychiatry, Ch. 23 in van Griensven, H., Strong, J. eds *Pain: A Textbook for Health Professionals*, 3rd edition, Elsevier

**Ikkos, G. (2023) The Social in Psychiatry (blog in Aftab, A. Psychiatry at the Margins) (accessed 08.04.23) https://awaisaftab.substack.com/p/mixed-bag-10-george-ikkos-on-the

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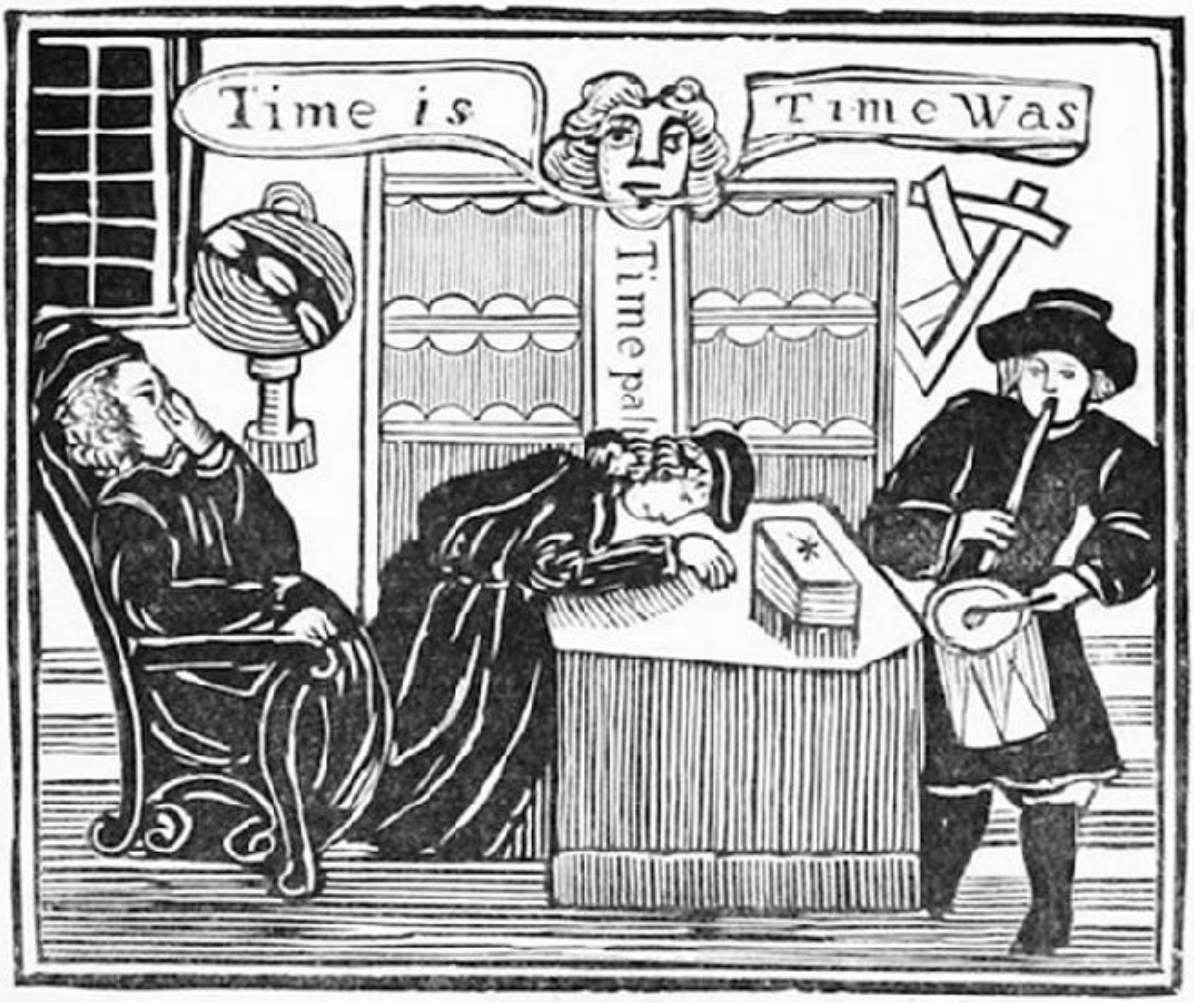
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