News and Notes

History of Psychiatry Special Interest Group Newsletter

Issue 8, Spring 2019

Eds. Lydia Thurston and Claire Hilton

News and Notes

HoPSIG

Issue 8, Spring 2019

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Editorial

Lydia Thurston, Co-editor

Welcome to the Spring 2019 edition of *News and Notes*. 2018 was a busy year for HoPSIG, and 2019 looks to be much the same. In September 2018 we held our annual one-day meeting in Glasgow, which focused on new research on the history of psychiatry in Scotland and internationally. Speakers included Allan Beveridge, a retired consultant psychiatrist from Queen Margaret Hospital in Dunfermline who spoke about Sir Alexander Morison and the physiognomy of mental diseases, as well as Magne Brekke Rabben, a PhD candidate from Norway who told us about the story of Reitgjerdet, a high security Norwegian hospital from 1923-1987. Needless to say, it was a very varied and enjoyable day, attended by almost 50 historians, psychiatrists and others.

We have another fun filled newsletter for you, and we have very much enjoyed reading your submissions and putting them all together. Professor George Ikkos, our new chair, starts off this edition with a welcome message; he discusses his hopes for the future of HoPSIG and thanks Claire Hilton, our outgoing chair and co-editor of *News and Notes* who has recently taken up the exciting post of RCPsych historian in residence. I would also like to thank Claire for her endless hard-work and unwavering support whilst editing *News and Notes*.

Richard Mindham has written a review of Samuel Tuke's report on the first fifteen years of the York Retreat. It is fascinating to read about the design of the asylum, as well as the records of the number of admissions, discharges and deaths. We also have two more excellent runners' up pieces from our memoir competition, by Naomi Hampton and David Dodwell.

Members of the School of Nursing and Midwifery at Keele University tell us about their celebrations mark 100 years of Learning Disability Nursing. The School commissioned a commemorative mosaic to mark the occasion. We also hear from Philippa Grossett, who was recently interning in the RCPsych Archives. Philippa has been unearthing, sorting and cataloguing various collections in the archives, and she tells us what she has discovered about Dr Alexander Walk, a former Royal Medico-Psychological Association president (1961-2). On the theme of archives and documents, Fiona Watson, College librarian with a special interest in rare books, has discovered an incunable in the RCPsych collection. Incunabula are books printed before 1501, making them as she puts it 'the rarest of the rare'.

Upcoming dates for your diary include the HoPSIG session at the RCPsych International Congress on Tuesday 2 July 2019. This year we will be discussing: 'Want, disease, ignorance, squalor and idleness: making it better? Episodes in psychiatric practice 1880-1980.' We are also excited to be hosting a witness seminar on psychiatric hospitals in the 1960s on 11 October 2019 in collaboration with the RCPsych Archives. The British Society for the History of Medicine (BSHM) are holding a congress in Bristol in September 2019, one of the themes being the history of mental illness and disability, and Sir Simon Wessely will be delivering a keynote speech. Abstract submissions are now open; please see page 27 and the BSHM website for further details. (https://bshm.org.uk/congress-information/)

Last week we had another successful conference on aspects of the history of forensic psychiatry. Abstracts will be uploaded onto our webpage soon.

Many thanks to all who have written for this edition and have joined in our events in the last few months. Last but not least, please send us your articles and ideas. We welcome book/film/podcast reviews, as well as your own historical research, interesting pictures or information about relevant events and activities. We look forward to hearing from you soon! The copy date for the next issue is 31 July 2019, please send your submissions to: claire.hilton6@gmail.com

Witness seminar

One day event

UK Psychiatric Hospitals in the 1960s: A Witness Seminar

Date: Friday 11 October 2019

Venue: RCPsych, 21 Prescot Street, London, E1 8BB

In collaboration with the RCPsych Archives, HoPSIG is organising a witness seminar on the topic of psychiatric hospitals in the 1960s.

Our guests – patients, doctors, nurses, occupational therapists and others from across the UK who were involved with the hospitals at the time – will talk about their personal experiences, exploring themes such as the ideals and realities of service provision, treatment on acute wards and women in psychiatry.

There will also be space for audience participation in what promises to be a lively session. It will be video-recorded, transcribed and annotated to form an important historical resource.

See: What is a Witness Seminar http://www.histmodbiomed.org/article/what-is-a-witness-seminar.html

If you are interested in attending, please contact catherine.langley@rcpsych.ac.uk

Dr Tom Stephenson
Witness seminar co-organiser
Core trainee doctor in psychiatry
South London and Maudsley NHS Trust
Email: Thomas.Stephenson@slam.nhs.uk
Twitter: @tdgstephenson

Would you like to edit HoPSIG's *News and Notes*?

Claire Hilton is stepping down from this role due to other commitments within the RCPsych. *News and Notes* is published electronically twice a year, e-mailed to 1,500 HoPSIG members and is available free to all on the RCPsych website. It is read world-wide.

Skills and qualification

- A passion for history of psychiatry
- An understanding of historical methodology
- Good writing skills
- No prior experience of editing is required: a full handover will be given by the out-going editor and any additional training arranged

The job entails

- Commissioning articles and encouraging authors
- Setting submission and publication dates
- Editing articles and illustrations
- Collaborating with a trainee co-editor

This post is not remunerated.

Time commitment: average ½ day a week, unevenly distributed over the year.

Please contact Claire Hilton (claire.hilton6@gmail.com) for further details.

If you would like to apply for this highly rewarding role, please contact George Ikkos (ikkos@doctors.org.uk) with a brief summary of your skills for the role and why you would like to do it.

Closing date: 30 April 2019

RCPsych Honorary archivist vacancy

Location: London

Status: ½ day per week (flexible)

Salary: Voluntary role

Closing date: 05/04/2019

About the role

The Honorary Archivist will be responsible for promoting the history of the College and its archival collection, working closely with the Archivist and Records Manager on matters relating to the provision of archives and records management.

This is a voluntary College post, reporting to the Registrar. We estimate that the role involves about ½ day a week, but this is flexible.

Key responsibilities

1. To work closely with the College Archivist and Records Manager in formulating, implementing and updating the College Archives and Records Management strategies and policies.

2. To promote the College archives and build links with individuals and organisations interested in the history of psychiatry (e.g. RCPsych History of Psychiatry Special Interest Group, Historian in Residence, Adopt-a-Book scheme).

3. To support and represent the work of the College archives at the International Congress and to College officers and relevant committees.

4. To support the implementation of the College's Archives and Records Management initiatives, and to advise on future developments.

5. To attend the quarterly meeting of the Library and Information Services and Archives Committee (LIASC).

6. With the Archivist and Record Manager, create exhibits, organise sessions, and promote the archival collection, the history of the College and of psychiatry generally.

Information on the College Archives

The Royal College of Psychiatrists has a growing collection of archives dating back to 1841. The collection includes an antiquarian book collection and rare books; records of the predecessor bodies; minutes of meetings of standing committees, specialist groups, faculties and divisions; correspondence; manuscripts; institutional records of county asylums; personal papers; mental nursing records; membership records; reports; and photographs. The College archives are managed by the Archivist and Records Manager in the Strategic Communications Department.

How to apply

To apply for this Honorary Post, please email a covering letter setting out the reasons why you would be interested in this role, together with a short CV (no more than 2 pages of A4), to Catherine Langley (catherine.langley@rcpsych.ac.uk) by Friday 12 April 2019 (extended from 5 April)

Interviews will be held on **the afternoon of 9 May 2019.**

Why not join Jisc mail ….

For more history events, join the email list run by the Centre for the History of the Emotions, Queen Mary University of London

http://www.qmul.ac.uk/emotions

The Centre also hosts the **History of Emotions Blog**

http://emotionsblog.history.qmul.ac.uk/

To subscribe, go to:

http://www.jiscmail.ac.uk/historyofemotions

Update from the Chair

Hello! from Prof George Ikkos

If we accept that we can judge societies by the way they treat their weakest members, as I hope most people in civilised societies do, then the history of psychiatry with its focus on people with intellectual disability, severe mental illness, dementia etc is strangely neglected, even by psychiatrists. For the full understanding of psychiatry itself, an understanding of its history is crucial too.

The history of psychiatry is full of evil and virtue and in between. In 1920 Karl Binding, an eminent legal scholar, and Alfred Hoche, a psychiatrist and neuropathologist and Professor at Freiburg im Breisgau in Baden-Württemberg since 1902, published *Authorisation for the destruction of life unworthy of life.* There is a direct line between their advocacy and the killing of severely disabled children by paediatricians in Leipzig in the 1930s and the mass extermination of 80-100,000 people with long term mental and neurological disability in the 1940s in six 'mental hospitals' (Grafeneck, Brandenburg, Hartheim, Sonnenstein, Bernburg and Hadamar) converted to 'killing centres' for the purpose. They served as the *avant-garde* for the Holocaust, as Zyklon B was first used on them.

Psychiatrists, as well as others, can make a positive difference. Alfred Freeman, who died in 2011, was the first president of the American Psychiatric Association (APA) to be elected through a contested vote, and only by a few votes. He was at the forefront of a group of psychiatrists who challenged the validity of homosexuality as a diagnosis and in 1973 succeeded in removing it from the *APA Diagnostic and Statistical Manual.* Henry Kissinger is quoted as having said that this was one of the five most important events of the 20th century.

Arguably, psychiatric de-institutionalisation has been one of the biggest social experiments in Western societies during the 20th century. Both moral principles and health economics made this inevitable; an area of remarkable policy consensus irrespective of political ideology. Since its implementation, the massive incarceration of severely mentally ill people in prisons in the US and the persistent social isolation of their counterparts in the UK raise serious questions about the distance between the intentions of policy makers and the mental health professions and their achievements. The era of de-institutionalisation and community care too is becoming history as Professor Nick Bouras and colleagues have argued that, in the context of rapid scientific and social acceleration, we have entered a new period whereby we have transitioned from Community to Meta-Community Mental Health (https://www.mdpi.com/1660-4601/15/4/806/htm).

Members of HoPSIG owe a debt of gratitude to Drs Fiona Subotsky (https://draculafordoctors.wordpress.com/about/) and Claire Hilton (https://www.palgrave.com/de/book/9783319548128) who have re-established the SIG. Though they initially shared the chair, Fiona handed over fully to Claire part way through their term of office. Fiona is a remarkable servant to our profession, having served as Medical Director at the Maudsley, Hon Treasurer at the College and having established the post of Honorary Archivist, in which I currently serve, as well as having co-chaired HoPSIG. Claire has a PhD in history as well as being an old age psychiatrist, now clinically retired. She has a remarkable record of publications in the history of psychiatry and is now on her second book in the field. She has been an outstanding chair. I am delighted that she has taken on the newly established post of RCPsych Historian in Residence, creation of the post being a favourable indicator of the esteem in which the history of psychiatry is held within the College. Fiona and Claire have been diligently assisted by Dr Jane Mounty our now retired Finance Officer and members of the

executive committee. It has been a pleasure to work with them as a member of the committee and I hope that Claire and Jane will both stay on.

The numerous achievements of the committee include the establishment and upkeep of a lively website, a consistently stimulating newsletter and regular academic events. A tradition has emerged of holding an annual half day workshop in London and full day conferences in other places; also annual workshops at the College International Congress. The whole day conferences in Manchester, Bristol and Glasgow have been highly successful and we are grateful to the hosts and organisers. In spring 2020 we will be holding one in Newcastle with a focus on the history of psychiatry in the north of our country. An important feature has been the presentation of papers by medical students and psychiatric trainees. Along the same lines, Dr Lydia Thurston, a trainee from Oxford, is working as Newsletter editor. We have also conducted an essay competition of memories of working in psychiatry and are publishing the winners and some of the other papers in the newsletter. We intend to continue all these activities, including essay writing competitions which will enrich the College Archives. I am grateful to members of the executive committee for their past efforts and future commitment, including particularly Francis Maunze the ever reliable and consistently productive College archivist.

0n 2nd July 2019 we will be contributing an event on 'Want, disease, ignorance, squalor and idleness: making it better? Episodes in psychiatric practice, 1880-1980' to the International Congress and on 11th October we are hosting a Witness Seminar, in conjunction with RCPsych Archives, on Psychiatric Hospitals in the 1960s. This will be the first of what we hope will be annual Witness Seminars to chart the history of psychiatry during the decades 1960-2010. The intention is to complement them with major conferences on the history of psychiatry during these five decades. We are in discussion with colleagues at the Royal Society of Medicine and universities in preparation for these. It is expected that the seminars and conferences will lead to publication of one or more books and possibly a number of papers.

Finally, I would like to thank those members of the College who have supported and who continue to support HoPSIG, including the Registrar, Dr Adrian James, the Director of Strategic Communications, Kim Catcheside, and the HoPSIG administrator, Catherine Langley, as well as the incoming Finance Officer Dr Peter Carpenter and new members of the executive committee.

Let's make history!

Oral history interview opportunity

Do you live in East Anglia?

Harry is a retired nurse and social worker. He worked at Severalls Mental Hospital, Essex, in the 1950s and '60s. He wants to tell the story of his work and his involvement with trying to improve mental health care. He knows some of the intrigue about the pioneering work which went on at Severalls under the leadership of Dr Russell Barton … and much more.

In the first instance, please contact claire.hilton6@gmail.com if you are interested in recording Harry's story.

Don't forget to send your HoPSIG tweets to Andrew Howe Andrew.howe@slam.nhs.uk

Memoir Competition –

continuing with our series of essays

What to say…

Naomi Hampton, ST4 in General Adult Psychiatry, Wessex Deanery

The year I decided to become a Psychiatrist was 2008, a decade ago. I am a medical student, encumbered with debt and overdue library books, a packed lunch, an inadequate winter coat and a very shiny stethoscope. I am an A*, S level distinction, Grade 8, distinguished student, but suddenly I am no longer very distinctive. I am overly preoccupied by the quickest routes from Guy's Hospital to St Thomas' Hospital to King's College Hospital. I am the big fish now feeling lost in the very big pond.

I am lucky. I have been chosen over many. When asked by my interviewers 'Why do you want to be a doctor?' my answer is deemed satisfactory, worn thin by over-practice yes, but still genuine. I want to connect to others, I want to help, to change what matters. I want to hear stories, interpret, solve. Success! Welcome to medical school! I can't wait to get started, to meet patients, to feel helpful. But first, I am to report to the dissecting room. I am lucky. Many students don't have a whole cadaver these days. I am loaned half a skeleton which I take home on the Northern Line, willing somebody to ask me 'what's inside that box?'

With the pre-clinical rite complete, I am to report to King's Hospital, Surgical Unit, 7.45am. It is so clean and bright. Perpendicular, pinstriped and precise. Self-assured and right. I am told I am a good student and my willingness to hold a retractor steady for several hours is evidence of potential. Have I thought about a surgical future? I am flattered and the neat lines of patients and instruments are reassuring and manageable. I try to ignore the fixed, grim expressions of the trainees on the firm. They discuss their training triumphs but give the impression of tumblers on a tightrope, some balancing, others only hanging on with slippery fingers ripe for treading on. The grin says 'I'm still in the game', the eyes betray the cost.

But I am enticed by the clarity and precision. Take the surgical history. Socrates lends his name not to philosophical enquiry: 'Why me? Why now?', but to a mnemonic for exactitude: Site? Onset? Character? Radiation? Associations? Timing? Exacerbation? Severity? If at all possible could you answer numerically? 10 being the worst you've ever felt? That's great.

Tuesday afternoon is cancer clinic. There is a full waiting room and the neat lines are becoming blurred. The screens show black and white skeletons but with white fuzz where there should be none. In the clinic room, the surgeon gives a warning shot, empathetic looks are provided, but no, there is no indication for surgical follow-up. There is just no time to talk. Macmillan nurses step in to the aftermath. And this is where I start to become unstuck. Why me? Why now? These are not evidence-based questions, they are not commissioned. There is no answer and therefore there is no question.

12 weeks are up and a new timetable is uploaded to the just-launched student online platform. Wrong file format, incompatible. I text a friend for help, everyone always seems to know except me. "gr8 thnx" I reply, using up 10p of precious phone credit. I am to report to Denmark Hill once again, but this time the other side of the road, no time given, no location stated. I turn up at 8.30am and ask at reception. 'Gosh you're an early bird aren't you!?' I'm told by the porter. I didn't know hospitals could also be like this. The smell of boiled vegetables and tired upholstery, the pastel-beige colour scheme from the pelmets to the carpet, from the bereavement counselling poster to the foam wadding visible at the edge of the waiting room sofa. I sit in reception until I'm collected for ward round at 9.20am.

We sit down and it is half an hour before I realise we are in fact in ward round. We talk about one patient and I think to myself a little smugly that really this level of detail is not strictly necessary and surely rather inefficient. But the conversation continues, and as I start to see glimpses of another level of understanding, I feel challenged and a lot less smug. We talk about another patient and we take a moment to consider what a setback this admission means and how disappointed the team feel. There are digestive biscuits which seem to disappear and I try to work out which team member is responsible. We break for lunch and return to the conversation which continues to be so unusual, so inconclusive but so intriguing and so detailed.

Later, I am introduced to a patient. I am to take a history, I've written down the Psychiatric headings in a neat line and we get going.

"So what brings you here to the Maudsley Hospital?"

"Section 2 of the Mental Health Act".

I am hot, I consider taking off my jumper but with lanyard and personal alarm, notebook and maintaining eye contact, I decide not to. Then a smile,

“Don’t look so nervous love! I like helping you students. Come on, what do you want to know?”

I try another question: “when did you start to feel low?”

“Look, shall I just tell you the whole story?” I’m not sure. Is it my business? Is it clinically relevant? Will I cope? But I nod and we’re off. Highs and lows, back and forward through time and space and emotion. Care and abuse, despair and hope.

“And now? I really just don’t want to be alive any more”. I am dumb-founded. What to say? What do I say now? I am deeply affected. What is the GMC guidance on feeling affected?

And now I am not only carrying my lanyard, personal alarm, notebook, lunch and inadequate winter coat, I am also carrying feeling and concern and I don’t know how this all fits into the boxes: personal history or past psychiatric history or premorbid personality? I seek out my supervisor at once and clatter into his office. His demeanour, frayed sweater and unruly eyebrow hairs do not respond to the urgency in my voice:

“…and she feels so let down, and she’s been round the system so often, and the medication just isn’t right, and then she told me she wants to kill herself!”

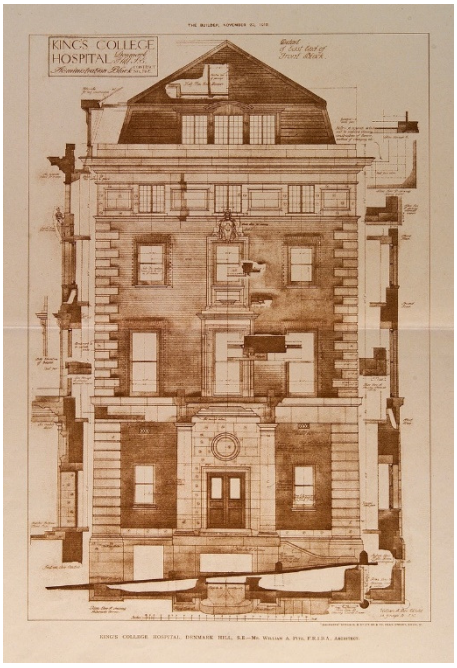
“Well, yes. Which is of course why she is detained”.

“…But I didn’t know what to say!”

“Well, no...”

The weeks rolled by and slowly a new understanding crept up and took hold and in fact, infected everything. Knowing the patients, giving the time, bothering with the detail, allowing myself to care with feeling, these were not the trimmings, but the central art of becoming a doctor. But I didn’t know what to say. And after 12 weeks, I still didn’t know what to say. But I wanted to know. And figuring out what to say, how to help, felt like a career worth having.

And then 12 weeks were up and I swapped the pastel-beige, speckled carpet for the blue sparkly lino once again. But the patients looked different this time. The rows looked less neat. The LRTI, the small cell, the COPD still lined up, but the differences between the people were more apparent. And I had a new confidence and curiosity. But there was little time for that and certainly no box on the clerking proforma. So I continued my fascinating, frustrating and awe-inspiring medical training, but now with one eye on the other side of Denmark Hill. And I would wait until I could return to my niche and to continuing to figure out what to say.



King's College Hospital, Denmark Hill, London: elevation of the administration block, with many details and a scale of feet. Process print after W. A. Pite,1912

On change, babies and bathwaters

David Dodwell

I graduated in 1978 and started my psychiatric training in 1979. What has changed in those 40 odd years, and what has not?

Increasing sub-specialisation and declining bed numbers have led to increasing difficulty in gaining admission to hospital, loss of continuity of care, and emphasis on 'episodes' of care. The welfare state has been eroded by outsourcing.

I believe there have been many advances but also loss of some past good practice, when the baby has been thrown out with the bathwater. I consider there is a tendency for change to move sideways, taking up a new perspective/position whilst abandoning an old one, rather than advancing in a way which builds on and assimilates past progress. There is also something about the natural history of innovation. An inspiring researcher comes up with a novel approach which has better outcomes with their team in their setting. If this gains support, it is rolled out. In some places, dynamic people seize an opportunity for a fresh start and bring vigour and therapeutic optimism (which over time, may get

diluted or used up). In other places, people are rebranded, redeployed, or retrained with little understanding or commitment. The new model is prone to be misunderstood, misapplied, and have its indications extended beyond the research setting. It ultimately becomes old hat (if not discredited) and a new kid on the block appears. This is the story of ECT, day hospitals, CMHTs, CBT, and so on. Yogi Berra said 'In theory, there is no difference between theory and practice; in practice, there is.'

My first placements were in a District General Hospital unit with no long-stay beds, but we had already acquired a few long-stay patients. I later worked in various asylums which all had their long-stay wards, although these were steadily being closed (partly as patients died), with some re-provision in purpose-built supported accommodation. This was part of general trends towards deinstitutionalisation and outsourcing services previously provided through the NHS (and in the case of social housing and care homes, through local authorities). The idea that essential hospital and community services could be funded and/or run by for-profit organisations was inconceivable in the 1970s and is still alien to me.

Much has been written about de- and trans-institutionalisation, suffice to say that like any human system, much was wrong with the practice of old asylums but they could have their positives. With the end of NHS long-stay beds has come a pernicious and false belief that long-term conditions have ceased to exist and we can manage all patients using only a model of episodes of care, preferably on a 6 week manualised basis. This can and does work where appropriate, but we lack provision for those for whom it is not appropriate. The cuts in short-stay beds have made admission very difficult, with the emphasis on gate-keeping by non-medical staff. Admission is often seen as a sin or failure rather than a useful tool in the therapeutic armamentarium (which for most patients is quite rightly never used). Even so, we rarely consider the downsides of admission: it is often disruptive and does not prevent assaults, suicide or homicide.

I recall the first CPNs as experienced ward managers (then charge nurse or sister) who were disillusioned with in-patient care, often a bit maverick and enjoying the opportunity of independence. This evolved into Community Mental Health Teams who gradually passed their peak, and the more go-ahead staff then left to join newer teams (Assertive Outreach, Early Intervention in Psychosis, CRHTTs, etc).

I was introduced to seeing patients at home electively in psychogeriatrics (as it then was), and immediately was impressed by how much useful information one got by seeing a patient in their own home. It also does something to redress the inherent power imbalance of out-patient and in-patient work. Much later, I led an Assertive Outreach team where the majority of my patient contacts were home visits, which built on that experience.

My early experience of psychiatry was largely in (general) adult psychiatry. There were few alternatives; there were occasional transitions to rehabilitation or old age psychiatry, which would be a one-way street. Now we have multiple 'teams': in-patient, CRHTT, community, IAPT, perinatal, personality disorder, etc, which often involve rapid shuttling between them and multiple discontinuities of care, and therefore no opportunity to build a therapeutic relationship or the kind of mental knowledge base which can never be completely translated into print or transmitted to a colleague. Of course, seeing a different trainee every 6 months in an out-patient clinic is no better (when I became a consultant, I asked trainees on leaving to pass on to me all their undischarged patients to avoid this).

Many small and large things have changed. Every in-patient ward had its 'day-room', usually a fog of cigarette smoke if there was not a separate smoking room. Now we ban cigarettes from entire sites – the site boundary is normally marked by desperate staff puffing away. We have changed attitudes to tobacco in a very positive way.

Case notes were large cardboard folders with papers variously attached or unattached. My first job as a trainee on an in-patient ward was to get all the case-notes from other hospitals if a patient had been admitted elsewhere. Now, if I request this, I have to provide the patient's written permission: this conflicts with the observation by numerous homicide enquiries that failure to pass on, obtain, or take note of past notes is a regular contributing factor. It also conflicts with the mandatory requirement of GMC Good Medical Practice to share relevant information. One set of case-notes had a photograph of the patient, something I had never seen; I now know that this practice first started soon after the availability of photography and was routine in some Victorian hospitals. It is perpetuated in a nearby private hospital on their electronic in-patient records. Electronic records

allow me to make relevant entries from my community base while a patient is in hospital, and they are accessible to all relevant staff without delay. Like paper notes, there are often haystacks of uninformative or back-covering entries in which the needles of key information can be lost.

I worry that the basic skill of taking a thorough history appears to be dwindling. Many tasks which fell to doctors when I started are now delegated to non-medical colleagues, and they are not always equipped to do these well, history taking being a prime example. One of my formative experiences was having to prepare admission and discharge summaries for each patient admitted during the week, which were submitted to the professor prior to a weekly 8.30 meeting (with my colleague junior trainee and a senior trainee) where he went through them and highlighted our failings and any points of clinical interest. He was one of the most un-reassuring trainers I have met, so I was wryly amused to find he had published a paper on reassurance. The summaries were either dictated or hand-written then typed on a manual typewriter with 2 carbon copies (before word processors and photocopiers), so errors were unwelcome. Now I do most of my own word processing (which makes me a very overpaid secretary), which has some benefits; however, dictation has its own discipline and requirement for structure and foresight.

I was always interested in psychotherapy and remember feeling frustrated that patients I thought needed it were often rejected as having insufficient ego strength. I was delighted when I recently read *The Body Keeps the Score* by Bessel van der Kolk, who gave examples of how to engage the most troubled souls and start them on a route which could ultimately lead to meaningful therapy. Psychotherapists also seemed to spurn scientific research: CBT changed that, and I have always valued this fact.

Of the many ideas I wish I'd known to start with, the two most important are the drama triangle and attachment theory (including emotional neglect). The latter arose in the context of researching the needs of youngsters traumatised and displaced by war. I've also come to believe that we greatly underestimate the importance of the non-verbal activity in our right hemisphere and subcortical structures. The greatest innovation for me has been the idea of the expert patient and collaborative working.

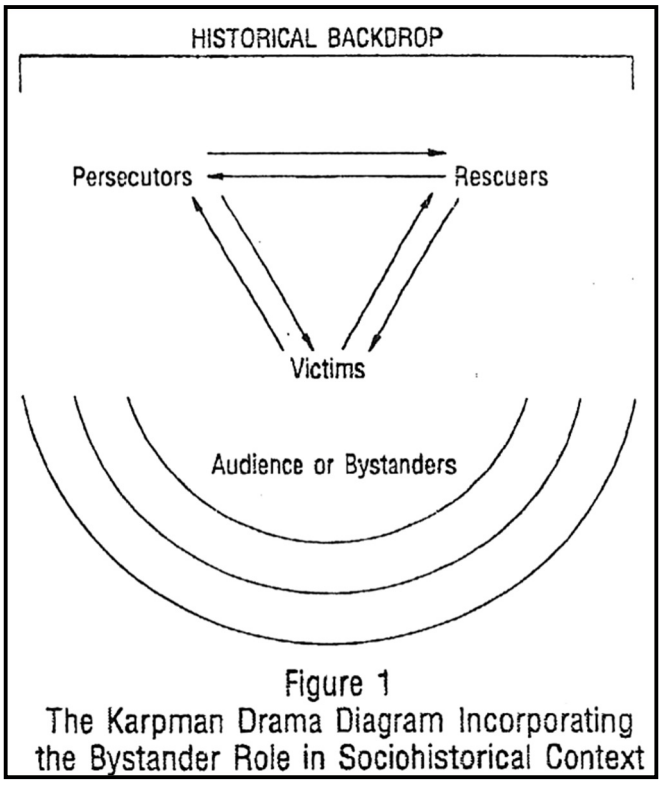


Figure 1
The Karpman Drama Diagram Incorporating the Bystander Role in Sociohistorical Context

Source: Clarkson, P. (1987) The Bystander Role. *Transactional Analysis Journal* 17 (3) 82-87

One thing that has not changed is that the NHS is perennially short of money and staff, and that psychiatry in particular is a shortage speciality held in relatively low esteem. When I started training, many nurses were immigrants from Ireland or the West Indies, and many doctors in less popular posts were from the Asian sub-continent. We still rely on non-indigenous labour, although the places of origin may have varied.

I continue to enjoy seeing patients and the challenge of that human encounter. I'm glad the College is trying to promote psychiatry as a first choice career.

Don’t forget to send your HoPSIG tweets to Andrew Howe Andrew.howe@slam.nhs.uk

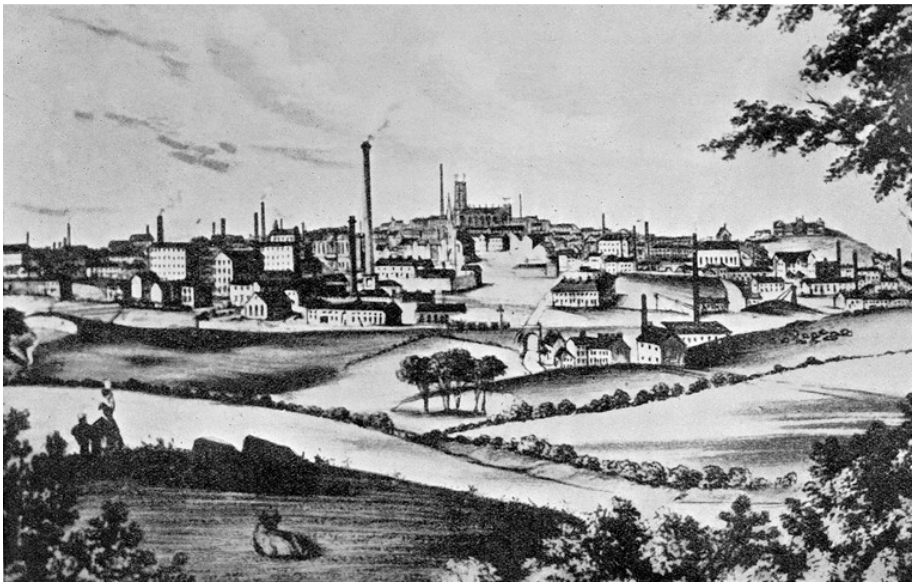
Whittingham Lives

'*Whittingham Lives on …* '[1]

Dr Graham Ash, Secretary, Whittingham Lives Association
graham@whittinghamlives.org.uk

Whittingham Lives in Preston marked the centenary of the Armistice of the First World War with the play, *Whittingham 1918*, and a public conference, *The Lunacy of War. Whittingham 1918*, written by Eric Northey, was staged, with some acclaim and emotion, first to members of the public at the site of the former county mental hospital, and then to other audiences including service users and staff within Lancashire Care's Guild Lodge Medium-Secure services, which are also located at the former hospital site.

Research for these events revealed the huge impact of Total War, even on just one part of the County asylum system. At the onset of hostilities in 1914, three of the junior members of the medical staff enlisted to serve in the Royal Army Medical Corps (RAMC), a portent of the chronic medical and nursing understaffing to follow. Patients at Whittingham, as at most county asylums, suffered from the significant deterioration in their care and living conditions, resulting in a dramatic rise in in-patient mortality as the war progressed. Despite rural surroundings and owning its own farms, the diet offered to patients deteriorated over the course of the war. Many female patients were displaced to provide accommodation for just under one thousand war-service patients with psychological injuries, many of whom became the new long-stay mental hospital patients of the post war period.



19th century town in Lancashire. Credit: Wellcome Collection. CC BY

Our choral commission, *War's Embers* by the composer, Sacha Johnson Manning, commemorates the life and work of the war poet and composer, Ivor Gurney, who spent most of his life after the war within the asylum system. One Whittingham doctor, Alastair Robertson Grant served with distinction in the RAMC throughout the war, to return in 1919 and later become the first psychiatrist at a mental hospital in England to treat a patient with general paralysis with malaria.

My personal involvement in the project brought me into contact with many diverse ways of doing history and heritage, from the academic to creative arts and writing approaches, and from a challenging variety of viewpoints, including service users and critics of psychiatry. If you haven't tried participating in a heritage-based creative arts and writing group with service users and interested members of the public, perhaps you should!

From the RCPsych library and archives

De Proprietatibus Rerum

Fiona Watson, College Librarian

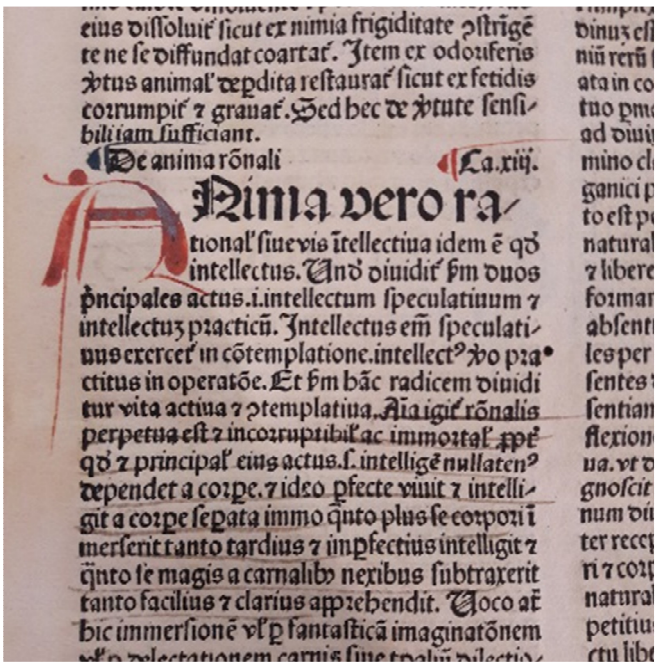
I knew before I joined the Royal College of Psychiatrists that it had a lovely collection of rare books but what I did not expect to find was an incunable!

Incunabula are books printed before 1501, less than 50 years after printing began in Europe. They are in some ways the rarest of the rare.

The RCPsych's incunable is a copy of *De Proprietatibus Rerum* printed in Nuremberg in 1483, making it 536 years old. The text was originally written by Bartholomeus Anglicus in the early 13th-century and is essentially an early encyclopaedia. It has several chapters on medicine, including the following paragraph on mental illness:

Madness cometh sometime of passions of the soul, as of business and of great thoughts, of sorrow and of too great study, and of dread … as the causes be diverse, the tokens and signs be diverse. For some cry and leap and hurt and wound themselves and other men, and darken and hide themselves in privy and secret places. The medicine of them is, that they be bound, that they hurt not themselves and other men. And namely, such shall be refreshed, and comforted, and withdrawn from cause and matter of dread and busy thoughts. And they must be gladded with instruments of music, and some deal be occupied.

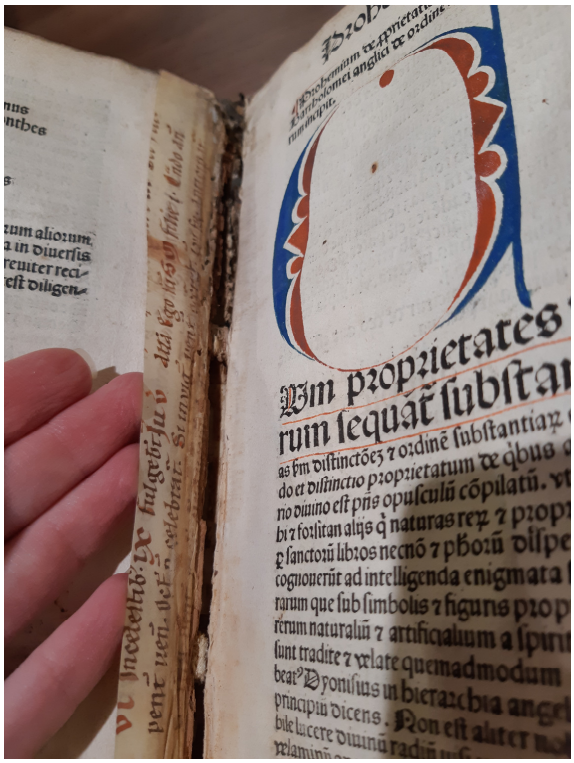
Before printing with moveable type was introduced, books were almost always made by monks laboriously copying everything out by hand. The margins often included amusing illustrations out of sync with the text. Very occasionally scribes left notes like '[now I've written the whole thing: for Christ's sake give me a drink]'.



The manuscripts they produced were predominantly religious, very rare and expensive: simply owning a manuscript was a sign of wealth and status. The introduction of moveable type began to make them available to a much wider audience. This [animation] shows just how quickly the printing industry grew in the years before 1500.

However, it took some time for printers to leave behind the traditions of manuscripts and the College's incunable is a good example of this. Despite the text being printed, all the ornate coloured initials you can see in the pictures were added by hand.

Despite holding onto old traditions, the introduction of printing meant manuscripts became devalued and many were used in the binding of new printed books. In the picture below, you can see a fragment of parchment has been used to reinforce the spine.



The book is in quarter bound in pigskin with wooden boards. Manuscripts and early books were generally bound in whatever type of leather was easiest to come by. In the UK, we are accustomed to seeing books bound in dark leather that sourced from cows. However, because this copy of *De Proprietatibus Rerum* was produced in Nuremberg it shows the distinctive white pigskin that was commonly used in Germany and the Netherlands.

Many of the books in our collections are in need of conservation and the College has been running an 'adopt a book scheme' for more than ten years to encourage members to donate. So, if you speak to a member looking to commemorate an occasion or loved one, please point them in our direction.

One of the major misconceptions about handling rare books is that you should always wear white gloves. However, most people now agree that this is not necessary. The majority of paper and parchment is not easily damaged by the oils from our hands and wearing gloves decreases your sensitivity, making it more likely you that you will fumble and rip a page, or drop a book. Archives are often more delicate than books and gloves do need to be worn when handling rare photographs. If you see differently on TV it is because they are sick of taking calls from irate members of the public telling them they are doing it wrong!

If you are interested in studying any of our rare books, please get in touch with either myself or the archivist:

Fiona Watson

020 3701 2520

Fiona.watson@rcpsych.ac.uk

Francis Maunze

020 3701 2539

francis.maunze@rcpsych.ac.uk

About Fiona:

I am primarily a health librarian and currently split my time between the RCPsych and Whittington Hospital Library in North London. However, I also have an interest in rare books. For my graduate traineeship I worked in the library at Trinity College, Cambridge, which has a collection of over 70,000 rare books and I later wrote my Master's dissertation on a collection of manuscripts housed there formerly owned by Thomas Beckett (St Thomas of Canterbury).

In the archives…..

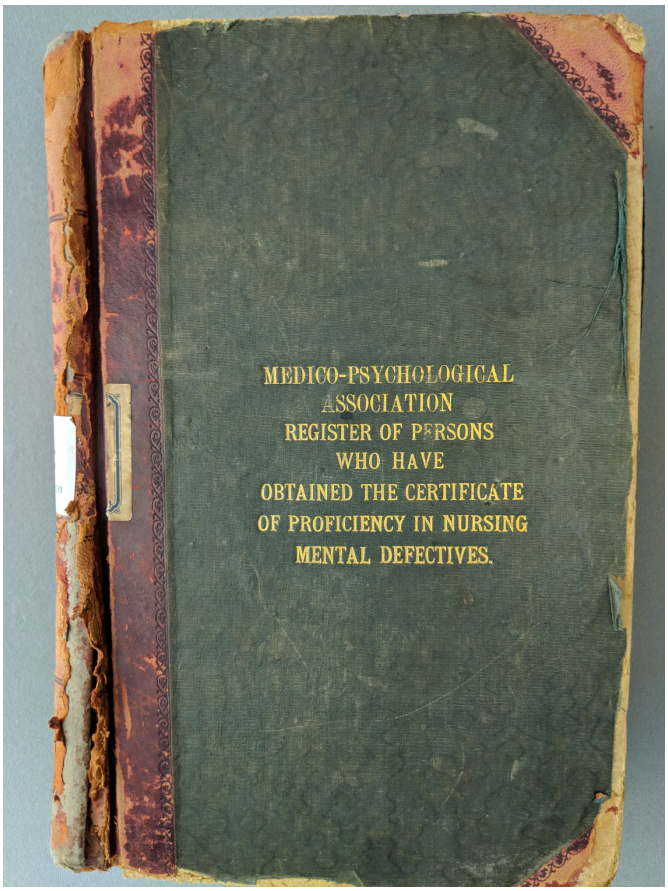
Who do we think we are…? 100 Years of Learning Disability Nursing

Louise Cogher, Professional Lead, l.cogher@keele.ac.uk

Dale Nixon, Lecturer, d.nixon@keele.ac.uk

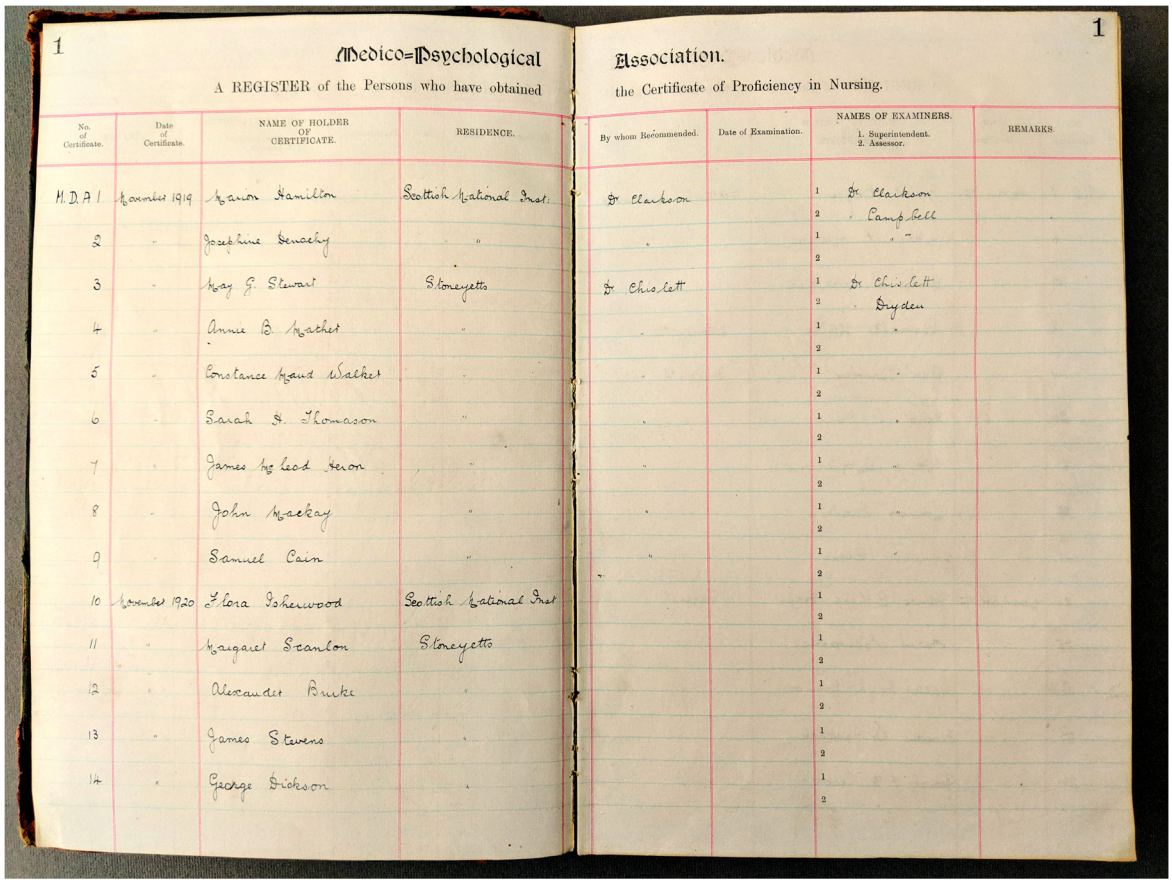
Learning Disability Nursing, Keele University School of Nursing & Midwifery, Stoke on Trent

This year sees learning disability nursing celebrate 100 years of being a registered and certified nursing profession. Celebration events are being held throughout the year to mark this significant centenary. The School of Nursing and Midwifery, Keele University commenced these celebrations in February with a special event including eminent guest speakers from the field of learning disability nursing and special guests.



To mark this important anniversary, the School commissioned a commemorative mosaic plaque (pictured) that was produced with local people with learning disabilities, learning disability nurses, learning disability nursing students, lecturers, and Stoke on Trent ceramicist Philip Hardaker. As part of the School celebrations two learning disability nursing lecturers set out to see if they could identify the first learning disability (‘mental defective’) nurse to enter the register in 1919. During a visit to the RCPsych archives, we identified Marion Hamilton entering the register in November 1919, and in essence saw the inception of this marginalised field of nursing, 100 years ago.

The pictures show the original register that was inspected to gather not just this information but also information about the first nurses registered in the local area of Stoke on Trent. We intend to further research other archives to see if any more can be found about Marion Hamilton and the local nurses.



1

Medico-Psychological

A REGISTER of the Persons who have obtained

Association.

the Certificate of Proficiency in Nursing.

1

No. of Certificate.	Date of Certificate.	NAME OF HOLDER OF CERTIFICATE.	RESIDENCE.	By whom Recommended.	Date of Examination.	NAMES OF EXAMINERS. 1. Superintendent. 2. Assessor.	REMARKS.
M.D.A 1	November 1919	Marion Hamilton	Scottish National Inst.	Dr Clarkson		1 Dr Clarkson 2 Campbell	
2	"	Josephine Denachy	"	"		1 " 2 "	
3	"	May G. Stewart	Stoneyetts	Dr Chrichett		1 Dr Chrichett 2 Dryden	
4	"	Annie B. Mather	"	"		1 " 2 "	
5	"	Constance Maud Walker	"	"		1 " 2 "	
6	"	Sarah A. Thomason	"	"		1 " 2 "	
7	"	James McLeod Heron	"	"		1 " 2 "	
8	"	John Mackay	"	"		1 " 2 "	
9	"	Samuel Cain	"	"		1 " 2 "	
10	November 1920	Flora Isherwood	Scottish National Inst.			1 2	
11	"	Margaret Scanlon	Stoneyetts			1 2	
12	"	Alexander Burke	"			1 2	
13	"	James Stevens	"			1 2	
14	"	George Dickson	"			1 2	

Inside the Register, 1919

Alexander Walk and the Gaskell Club

Philippa Grossett

As Archives Intern at the Royal College of Psychiatrists since November 2018, I have had the chance of exploring the collection. My work has mainly been online cataloguing of born-digital and digitised records such as faculty, division, and special interest group newsletters, membership yearbooks, and historical supplements. By doing this we are aiming to provide easy access to records for members, researchers, and staff. Through cataloguing the archives, I have been learning about the history of the College and the people who have greatly contributed to its development – one of those people being Dr Alexander Walk (1901-1982).

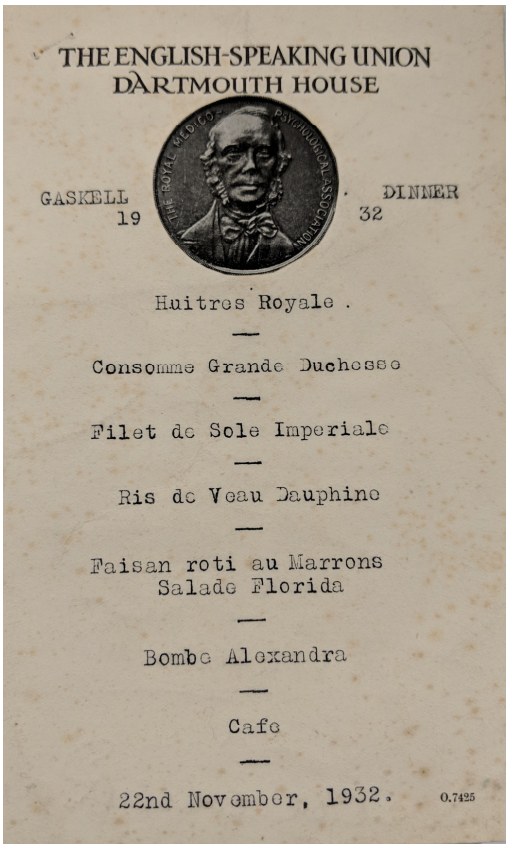
Dr Alexander Walk

Nestled within the grey brown of the archive is a series of seven standing boxes, each full to the brim with carefully catalogued and numbered documents. As a former honorary librarian to the College for 30 years, President for 1961-2, co-editor of the College journal, prolific writer, and superintendent of Cane Hill Hospital, his personal papers reflect his varied interests. Mostly untouched since their donation, the collection holds hundreds of Dr Walk's notes, articles, research, and correspondence, collated during his career and time with the Royal Medico-Psychological

Association (RMPA), the predecessor to the Royal College of Psychiatrists in 1971.

Whilst there are many interesting items within this collection, one which has sparked an interest is a series of typed and signed menus from 1932-1969. Headed with a grey embossed medal and held in prestigious locations across London, these were grand dinners with five or more courses and eloquent speeches. They were home to the Gaskell Club, a group of top consultant psychiatrists who had trained, studied, and then completed the two arduous exams to be awarded the Gaskell Prize and medal. The dinners were celebrations for the latest winners of the Gaskell Prize and medal and an opportunity for past successors to convene for an evening of good food and conversation, away from their official roles and practice. The award acted as a leveller within these dinners, where College presidents and psychiatric experts within their field would be seated amongst the newly awarded medallists and discuss present and historical matters relating to psychiatry. As a formal occasion, winners were treated with reverence as some of the brightest psychiatrists from the College, with membership to the Gaskell Club spanning the globe.

The dinners usually stuck to a formal structure; with pre-dinner drinks, a seated meal, speeches, and after dinner refreshments with coffee.



THE ENGLISH-SPEAKING UNION
DARTMOUTH HOUSE

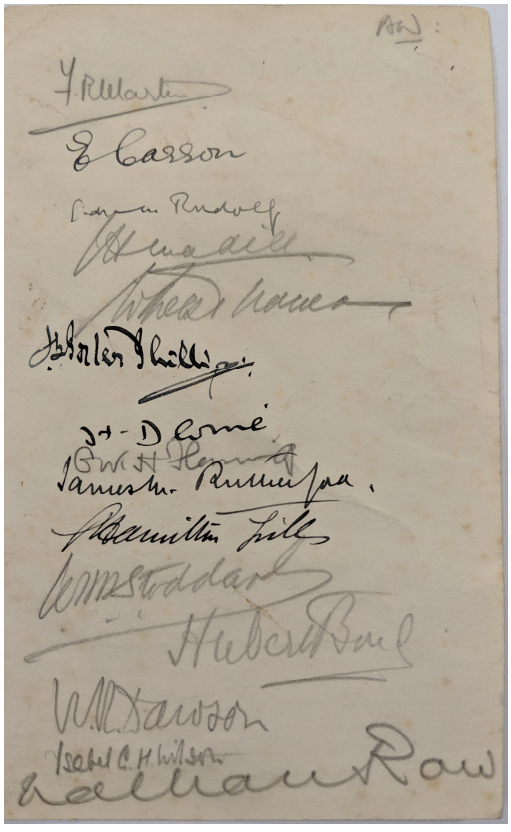
GASKELL DINNER
19 32

Huitres Royale .
—
Consomme Grande Duchesse
—
Filet de Sole Imperiale
—
Ris de Veau Dauphine
—
Faisan roti au Marrons
Salade Florida
—
Bombe Alexandra
—
Cafe
—
22nd November, 1932. 0.7425

The first menu from the Gaskell Club in 1932

Discussions during dinner were seldom mentioned within the minutes but notable subjects and speeches were briefly recorded. The minute book from these dinners is also held in the archive and sheds some light on a few of the miscellaneous subjects within the Alexander Walk collection. On several occasions, Dr Walk gave short speeches touching on psychiatric history and that of the College, such as his 'full and illuminating account of the illness of His Majesty King George III…[and] details particularly concerning his first breakdown, with quotations from the diaries and other references of the time.' (GB 2087 RCPSYCH A/2/1). Dr Walk's notes and research concerning this, and other speeches, can all be found within the Walk collection.

The signatures on the back of the menu show the members and guest who attended the inaugural dinner, yet it was not used for any official purposes.

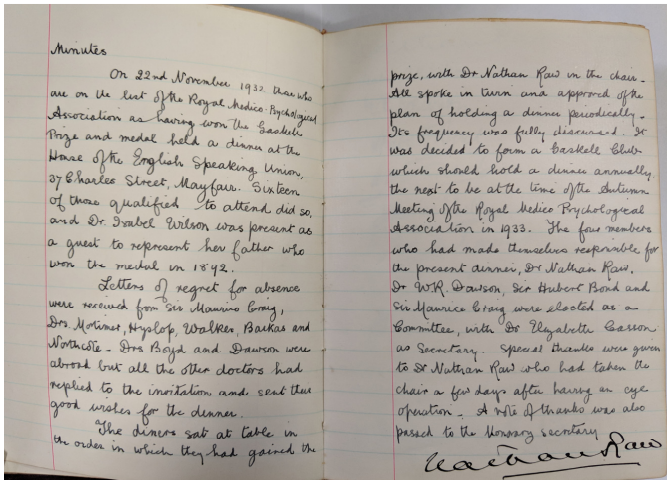


Back of the first menu of the Gaskell Club - 1932

As with any formal occasion the minutes were kept, and attendees signed the minute book during the dinner. So why was there a need to sign the back of this menu? From learning more about Alexander Walk and his habits, documentation and preservation of events, paired with a strong incentive to catalogue and organise perhaps gives a reason to why these menus were kept. As a man who liked to know everyone and preside over information, having the names of some of the

brightest psychiatrists to hand would have been useful. His myriad of roles within the RMPA and his connections through Cane Hill Hospital were thanks to both his dedication to psychiatry and a nifty skill of knowing the right person to speak to at the right time. The Gaskell Club dinners were also looked upon fondly by many, older members of the profession watching the fledgling psychiatrists bloom into their careers, other members reaching the top of their professions. Letters written during the 1960's regarding the re-introduction of these dinners show that many enjoyed the dinner and the community it developed between the winners, a legacy of Samuel Gaskell and those who were deemed worthy of his prize.

It is the Gaskell Club minute book that acts as the key to begin to understand some of the papers found within the rest of the Alexander Walk collection.



Minutes

On 22nd November 1932 those who are on the list of the Royal Medico Psychological Association as having won the Gaskell Prize and medal held a dinner at the House of the English Speaking Union, 37 Charles Street, Mayfair. Sixteen of those qualified to attend did so, and Dr. Isabel Wilson was present as a guest to represent her father who won the medal in 1892.

Letters of regret for absence were received from Sir Maurice Craig, Drs Mottram, Hyslop, Walker, Barkas and Northcote - Drs Boyd and Dawson were abroad but all the other doctors had replied to the invitation and sent their good wishes for the dinner.

The diners sat at table in the order in which they had gained the prize, with Dr Nathan Raw in the chair. All spoke in turn and approved of the plan of holding a dinner periodically. The frequency was fully discussed. It was decided to form a Gaskell Club which should hold a dinner annually, the next to be at the time of the Autumn Meeting of the Royal Medico Psychological Association in 1933. The four members who had made themselves responsible for the present dinner, Dr Nathan Raw, Dr W.R. Dawson, Sir Hubert Bond and Sir Maurice Craig were elected as a Committee, with Dr Elizabeth Casson as Secretary. Special thanks were given to Dr Nathan Raw who had taken the chair a few days after having an eye operation. A vote of thanks was also passed to the Honorary Secretary.

Nathan Raw

Gaskell Club minute book for the 22nd November 1932

Whilst many topics can be attributed to his key lectures, essays, and interests, others seemed to have no link to anything mentioned. The RCPsych archive can appear to be full of meeting minutes and official documents but pull back the curtain and there is a wealth of knowledge and interesting items awaiting research. Some items, such as these menus, require a little digging to glean a fuller understanding of why they have been preserved in the archive and their use for the future.

The Alexander Walk collection is full of insightful notes on the history of the College, medical practice for mentally ill people, and the transformations of asylums and hospitals during the nineteenth and twentieth century.

For any more information from within the Alexander Walk collection or from anywhere in the archive, please contact – Francis Maunze, Archivist francis.maunze@rcpsych.ac.uk.

About Philippa:

Philippa, or 'Pippa', has been interning for Francis Maunze (Archives and Records Manager) in the RCPsych Archives, researching, unearthing, and getting down in the dust with the College's great collections.

Links between the Royal College of Psychiatrists and the American Psychiatric Association

Francis Maunze, Archivist, RCPsych

francis.maunze@rcpsych.ac.uk

Introduction

The links between the College and the American Psychiatric Association (APA) go back to the period when the APA was known as the American Medico Psychological Association and the College as the (Royal) Medico Psychological Association (RMPA). The links have been in the form of representation at annual meetings by delegates from both organisations, holding of joint meetings, and collaboration relating to human rights and the political abuse of psychiatry.

Representation at annual meetings

Dr Henry P Laughlin was the APA delegate to the RMPA and College annual meetings of 1957, 1960 and 1969, and at the first summer meeting and inaugural banquet held in London in 1972. The College Archives has framed photographs donated by Dr Laughlin, presented by him at subsequent annual meetings, one included below.

According to the records in the Archives, the College has been sending delegates to APA annual meetings from 1969.

Joint meetings

Joint meetings between the two organisations have been held since the 1960s. For instance, a joint APA/RMPA meeting was held in Boston in May 1968. Topics discussed at this meeting included law reform relating to abortion and homosexuality, and the impact of the National Health Service. The RMPA delegation was invited to attend the Annual Meeting of the APA that year and to submit papers. Eighty-eight RMPA members and 25 wives attended. At the July 1968 RMPA Council, a letter read at the meeting from Dr Macrae of the APA reported on the success of the joint APA/RMPA meeting, scientifically and socially.

Collaboration regarding human rights

The College and the APA have collaborated in the area of human rights. For instance, Henry Kissinger is reported to have said that the APA decision in 1973 to strike out the diagnosis of homosexuality from the DSM was one of the 5 most important events of the 20th century.

Professor Kenneth Rawnsley and Dr Jim Birley, both past presidents of the College, were heavily involved campaigning against abuses of psychiatry in the Soviet Union and collaborated with the APA on this.[1] Dr Birley was one of the founders of the Geneva (renamed 'Global', c.2005) Initiative on Psychiatry, which has focused on political abuse of psychiatry. The history is complex and while there is no doubt that the Soviet Union abused psychiatry for political purposes, there is a view held by many that the matter also became one where Cold War rivalries were played out. Jim Birley's hand-written notes from interviews in Russia with patients are in the College archives.

There was collaboration with the World Psychiatric Association (WPA) regarding its General Assembly's resolutions of 1977 and 1983 on the abuse of psychiatry for political purposes. This resolution proposed that the All-Union Society of Psychiatrists and Neuropathologists of the USSR should only re-join the WPA when the USSR authorities had disassociated themselves from past abuses, taken effective action to prevent their repetition and released all individuals detained unjustifiably in psychiatric institutions.

There was also collaboration between the College's Special Committee on Unethical Psychiatric Practices (SCOUPP[2]) and the APA's Task Force on Human Rights concerning the abuse of psychiatry in South Africa, Cuba and other countries. In 1989 the APA and the American Association for the Advancement of Science sent a mission to

[1] RCPsych Policy Index C 7/73 - PPC [Public Policy Committee] Report to Council 24 January 1973: Psychiatric Abuse of Soviet Dissenters - PPC fully endorsed APA 1971 Resolution and recommended statement to this effect be sent to WHO. October 1976: Executive and Finance committee of Council: EFCC 52/76,6 (Oct) - E&F noted College would support APA Resolution at WPA meeting on political dissenters.

[2] Now the RCPsych Ethics Committee

South Africa to investigate these abuses. A team from the College followed in 1990.

Collaboration relating to membership

The College and the APA have honoured members from both sides with honorary fellowships. APA members who were elected honorary fellows by the College include former APA presidents Professor Melvin Sabshin, Dr Steve Sharfstein (who remains very influential on psychiatry and human rights including reporting on abuses in Guantanamo) and Dr Pedro Ruiz.

College Council minutes stated that in 2011 the chief executive of the College, Vanessa Cameron, presented to Council a proposal for joint RCPsych / APA membership. Her proposal included that this would enable College members to join the APA at favourable rates and receive discounts on meeting fees. Unfortunately, this was not followed up and our archives do not reveal the reasons why.

Comment

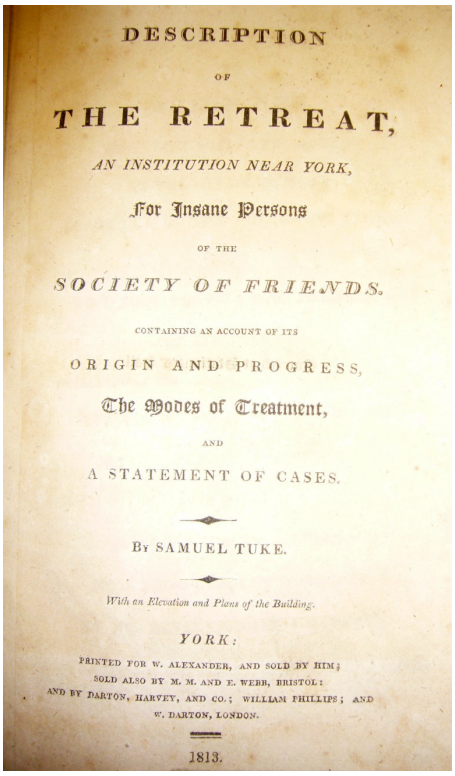
The College lacks detailed archives on the APA/RCPsych relationship and would appreciate donations of relevant material.

Research

The Retreat at York: Samuel Tuke's report on its first fifteen years

R.H.S. Mindham

Samuel Tuke published his report on the first fifteen years of The Retreat in 1813[3] [Fig.1]. The report recounted the events which led to the establishment of a hospital for mentally ill people by members of the Religious Society of Friends, and described its work and development. The report was in part a tribute to his grandfather, William Tuke, in initiating the project and vigorously promoting it in its early years [Fig.2].



DESCRIPTION

OF

THE RETREAT,

AN INSTITUTION NEAR YORK,

For Insane Persons

OF THE

SOCIETY OF FRIENDS.

CONTAINING AN ACCOUNT OF ITS

ORIGIN AND PROGRESS,

The Modes of Treatment,

AND

A STATEMENT OF CASES.

By SAMUEL TUKE.

With an Elevation and Plans of the Building.

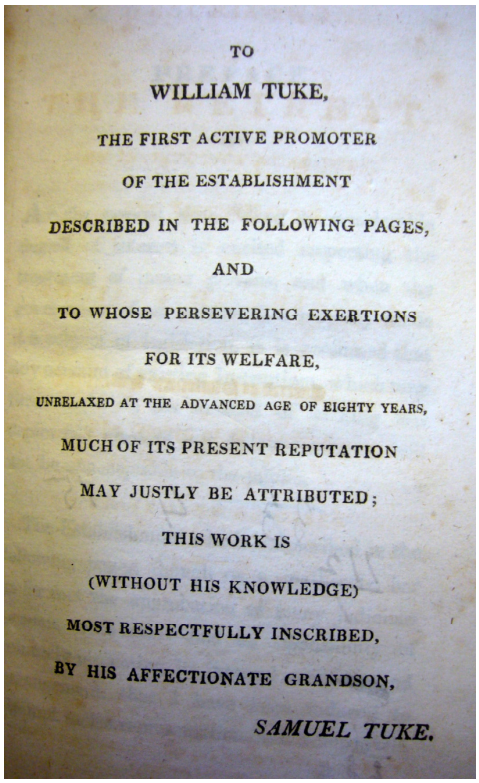
YORK:

PRINTED FOR W. ALEXANDER, AND SOLD BY HIM;
SOLD ALSO BY M. M. AND E. WEBB, BRISTOL:
AND BY DARTON, HARVEY, AND CO.; WILLIAM PHILLIPS; AND
W. DARTON, LONDON.

1813.

Fig 1

In 1791 a member of the Society of Friends, Hannah Mills, died in the York County Asylum.[4] Her friends and relatives had been forbidden access to her during her stay in hospital and were of the opinion that she had been neglected. The asylum had been opened in 1777 following a public appeal, and was accommodated in a splendid building in the style of a country house designed by the local architect John Carr.[5] The asylum was set in its own grounds, Bootham Park, just to the north of the city. In spite of these apparently favourable circumstances there had already been concern over the conduct of the hospital. The medical staff were suspected of using the facilities inappropriately for the care of their private patients and there were accusations of neglect of poorer patients.



TO

WILLIAM TUKE,

THE FIRST ACTIVE PROMOTER

OF THE ESTABLISHMENT

DESCRIBED IN THE FOLLOWING PAGES,

AND

TO WHOSE PERSEVERING EXERTIONS

FOR ITS WELFARE,

UNRELAXED AT THE ADVANCED AGE OF EIGHTY YEARS,

MUCH OF ITS PRESENT REPUTATION

MAY JUSTLY BE ATTRIBUTED;

THIS WORK IS

(WITHOUT HIS KNOWLEDGE)

MOST RESPECTFULLY INSCRIBED,

BY HIS AFFECTIONATE GRANDSON,

SAMUEL TUKE.

Fig 2

In March 1792, at the Quarterly meeting of the Religious Societies of Friends in York, William Tuke, a tea and coffee merchant, suggested the establishment of a hospital under the control of the Society for persons suffering from 'loss of reason'. 'In particular it was conceived that peculiar advantage would be derived to the Society of Friends, by having an Institution of this kind under their own care, in which a milder and more appropriate system of treatment, than that usually practised, might be adopted...'. This idea did not receive universal approval however; some thought that the indiscriminate mixing of people of different religions, the 'profane and serious', 'the profligate and virtuous' was inappropriate and that the concentration of ill people together might lead to worsening of their conditions. Others doubted that the demand would be sufficient to justify such a step. In spite of these reservations, at the next Quarterly Meeting of the Religious Societies of

[3] Tuke, Samuel. *Description of The Retreat, an institution near York, for Insane Persons of the Society of Friends, Containing an account of its Origin and Founders, the Modes of Treatment, and a statement of Cases.* York, William Alexander, 1813.

[4] Porter, Roy. *Madmen. A Social History of Madhouses, Mad-doctors and Lunatics.* Stroud, Tempus. 1995. 141-142.

[5] Colvin, Howard. *A Biographical Dictionary of British Architects 1600-1840.* New Haven and London, Yale University Press, 1995. 217-226.

Friends held in York on 28 June 1792 it was documented: 'very desirable that an institution be founded, wholly under the government of Friends, for the relief and accommodation of such persons of all ranks with respect to property.' It was agreed that the hospital should be situated in York, and the decision was made to buy land and prepare plans for a building to accommodate thirty persons.

The project was to be supported financially by a variety of measures: Friends and other individual supporters were to be invited to subscribe annuities of £20 each which would pay an interest of five percent per annum; Societies of Friends were to be invited to make donations and if the donation exceeded £100 that Meeting would be entitled to nominate a poor patient for admission to the hospital. Donations were also sought from Meetings in England and more widely from other sources. All donations were to be recorded. Patients would pay a monthly charge for accommodation and treatment, which would vary according to their means. There was to be provision for more wealthy patients who might wish to have a suite of rooms and bring their own servant to stay with them. Contributions were received from all over the British Isles; donors resident in Yorkshire subscribed the largest sum but 'London and Middlesex' was not far behind. Most notable was the donation from Rhode Island, USA, made only twenty years after the end of the American War of Independence.

John Bevans was appointed to design the hospital. He was a Quaker builder and surveyor of Plaistow, Essex and had built a number of meeting houses and nonconformist chapels in various parts of the country but was not a specialist in the design of hospitals.[6] By 1795 the building was almost complete and the first wing opened on 11 May 1796 when three patients were admitted. It was soon reported that there was: 'abundant cause to convince us of the necessity there was for it.' Extensions were made to the building in 1799, and 1802, and the hospital consisted of a central block with wings for the two sexes [Fig.3]. All patients were accommodated in single rooms and there were day rooms for different purposes. Tuke described a variety of fittings designed to reduce the risk of self-harm. He expressed reservations about the design of the hospital and noted that the arrangement of rooms on both sides of a corridor was not ideal. The numbers of admissions, discharges, deaths and the passage of individuals into a chronic state were recorded. In 1802, 13 male and 29 female patients were admitted and the hospital showed a surplus for the year of £13.4s.11d (£13.25p) reflecting careful financial management. The Committee did note however that The Retreat was dependent upon 'the liberality of Friends.'

Fig 3

A superintendent and a housekeeper were appointed; both were Friends who later married. A physician was appointed to attend to the patients admitted to the hospital. His main role was to deal with physical illness but Tuke noted the link between mind and body. The first physician, Dr Thomas Fowler rejected 'bleeding, seatons[7], and evacuants' but recommended warm baths for melancholics; 85 to 98 degrees Fahrenheit for 20 to 50 minutes. He found cold baths to be ineffective in both melancholia and mania. Tuke noted the writings of Pinel of Salpêtrière and of Haslam of Bethlem, warning of the dangers of exposure to cold, especially in mania. Overall, Dr Fowler found a poor relationship between medication and recovery: 'medicine, as yet, possesses very inadequate means to relieve the most grievous of human diseases.' Perhaps the clearest indication of the place of the physician was given in the note on the death of Dr Fowler: 'In this year The Retreat was deprived, by death, of the valuable services of Dr Fowler, who had attended the Institution from its first opening; and whose humane assiduity to relieve the unhappy objects of his care, had obtained for him the highest esteem of the managers and family.'

Tuke described the ethos of care at the Retreat, which he designated 'moral treatment'. Underlying the approach was the belief that: 'Insane persons possess a degree of control over wayward propensities' and the best way of managing a patient was to utilise 'the means of assisting the patient to control himself.' Tuke rejected the use of the principle of fear in controlling patients; he believed that the patients' attempts to control themselves should be reinforced; he recommended

[6] Colvin [ibid.]. 124.

[7] Seaton (or seton) – 'A thread, piece of tape, or the like, drawn through a fold of skin so as to maintain an issue or opening for discharges, or drawn through a sinus or cavity to keep this from healing up (*New Sydenham Soc. Lexicon*).' *OED Online*, Oxford University Press, www.oed.com/view/Entry/176834. Accessed 1 February 2019.

that patients be treated as rational beings as far as possible; he advised against urging patients to reject their feelings of depression or challenge their delusions; and he recommended a good diet, occupation, diversion, exercise and social activities including attendance at religious meetings. Reading was regarded as beneficial but 'works of imagination' should be avoided. Knowledge of previous habits, manners and prejudices would help in deciding what to recommend. The approach should be: 'to call into action, as much as possible, every remaining power and principle of the mind; and to remember that, in the wreck of the intellect, the affections not infrequently survive.'

There can be no doubt, from Tuke's descriptions, that the Retreat admitted some of the most violently disturbed patients and the staff experienced great difficulties in handling them. He was well aware of the need to protect staff and patients from violence. Although the use of manacles and chains was forbidden, the staff had to resort to seclusion of patients in darkened rooms with reduced stimulation and the use of the 'straight-waist-coat', a device for restraining the patient in bed and occasionally forced feeding. Tuke noted that there were no effective anti-manic treatments and that 'management simply assists nature.' He commented that there were difficulties in giving the staff confidence in the method of gentleness in these circumstances.

For the purposes of statistics [1796-1811] Tuke divided the patients into 'recent' and 'old or incurable' cases. The average number of patients was 46 and they were spread across the age range. Among the recent cases 31 suffered from mania and 30 from melancholia; most recovered but several died or were improved rather than cured. Of the old cases, 61 were manic, 21 melancholic and 6 demented; several died but most became 'incurable'. Tuke compared the results with reports from the much larger hospitals; Saint Luke's and Bethlem in London and Salpêtrière in Paris. The causes of insanity were seen as strong mental emotions, religious factors (of which adherence to Methodism was seen as unfavourable whereas Quakerism was protective), intemperance, epilepsy, hereditary and constitutional factors. In the case of epilepsy he noted 'such cases rarely admit of relief.' He described clinical features shown by groups of patients: in dementia, weakening of mental powers; in melancholia, 'depression of mind' sometimes associated with 'false notions and hypochondriasis of a special kind'; in mania, over activity and irritability but no 'weakness of intellect or mental depression.' It is notable that there was no general category of psychosis; these patients must have been largely subsumed among disorders of mood. Admission policy led to the rejection of 'idiots'. Tuke noted that several authorities had suggested that insanity often led to a shortening of life but at The Retreat experience led Tuke to believe 'that insanity is not essentially prejudicial to animal life.'

The Appendix included a record of visitors. In 1798, Dr Delarive of Geneva, who had visited hospitals for mental illness in Britain and Europe, formed a very favourable impression. William Stark, the architect who was preparing plans for the Glasgow Asylum, commented in his presentation to a meeting of the public, less on the building than might have been expected but on the regimen of care employed: 'It is a government of humanity and of consummate skill, and requires no aid from the arm of violence, or exertions of brutal force.'[8] Dr Andrew Duncan, President of the Royal College of Physicians of Edinburgh, who was campaigning to establish a new asylum in Edinburgh, commented: 'it may be asserted, that the Retreat at York, is at the moment the best-regulated establishment in Europe, either for the recovery of the insane, or for their comfort, where they are in an incurable state.' Dr Naudi, of Malta went further: 'I dare say that it is the best in the World.'

The book is a medical classic but written by a layman. Tuke clearly took great pains in its preparation and the result is a coherent account, elegantly expressed. He showed a remarkable grasp of clinical aspects of care, of diagnosis, of aetiology, of prognosis and even epidemiology. While he recommended the system of care at The Retreat he did not claim that problems in managing and treating mental illness had been solved. Following the publication of the book he was invited to advise on the planning of the West Riding Asylum at Wakefield.[9] His advice to the architects was subsequently published and became widely known.[10]

Perhaps most importantly the book holds lessons in patient care relevant in the modern world.

I am grateful to The University of Glasgow for the use if their Library, for permission to use material from Samuel Tuke's book and for the kind assistance of the staff of Special Collections.

[8] Stark, William. *Remarks on the construction of public hospitals for the cure of mental derangement. Read to a committee of the inhabitants of Glasgow appointed to receive plans, with a view to that object.* Edinburgh, James Hedderwick for the Committee. 1807, 7-25 and 25-28.

[9] Minute Book, West Riding of Yorkshire, Board of Visiting Magistrates, 2 November 1814. West Yorkshire Archive Service.

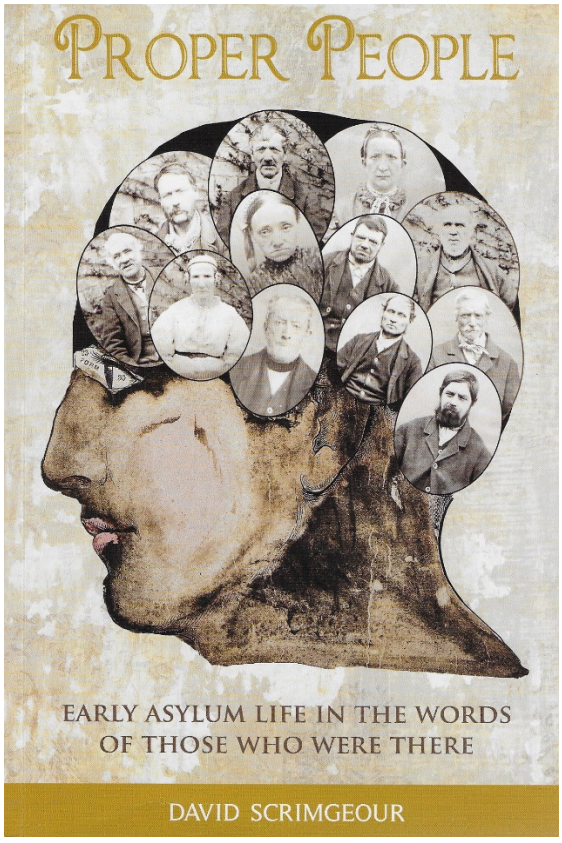
[10] Tuke, Samuel. *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums; including instructions to the architects who offered plans for the Wakefield Asylum and a sketch of the most approved design.* York, William Alexander, 1815.

Book review

Proper People. Early Asylum Life in the Words of Those Who Were There by David Scrimgeour.

Scrimgeour Yorkshire. 2015. pp. 468. £14.99. ISBN 978-0-9933715-0-9

RHS Mindham



David Scrimgeour was prompted to write this book by the discovery that his great grandmother had been admitted to three mental hospitals in the course of the last fifteen years of her life. He was curious to find out what it had been like to be a patient in a mental hospital in the nineteenth and twentieth centuries. He was able to explore this through the archives of the West Riding of Yorkshire Pauper Lunatic Asylum at Wakefield held by the West Yorkshire Archive Service. The result is a detailed account of some of the patients admitted between 1818 and 1869 and of their carers.

The greater part of the story comes from the records of the patients themselves. There are moving accounts of the circumstances leading to the admission of patients, of the symptoms they experienced, their occupations, and their social circumstances. These are distressing human stories which convey the anguish of those affected by mental illness and the distress experienced by their families and friends. All kinds of disturbances are shown by those patients whose cases are described; some were grossly over-active and sometimes violent, others experienced ideas of persecution, some were disorientated and others were deeply depressed in mood. Many came to the asylum direct from their homes, some from workhouses, a few from prisons and some transferred from other hospitals. There appear to be a disproportionate number of very disturbed subjects; this may be because conspicuous mental illness more often led to action on the part of the authorities but the author cautions that he has not attempted to select a representative sample but rather chose patients with interesting or moving stories.

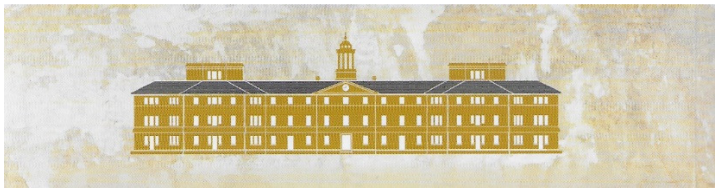
Those unfamiliar with the effects of mental illness will be surprised by the extraordinary experiences reported by patients and by the seriousness of the changes in their behaviour. Some patients presented with symptoms which are now only rarely seen in the western world such as stupor and catatonia. The author not only studied the case notes of patients from the Wakefield Asylum but followed their progress in other hospitals, in the armed forces, in the newspapers, in correspondence and even records of their transportation to Australia. He gives details of how this was achieved. An important group of subjects came through the legal system and it is interesting to see how they were dealt with in those times. The majority of patients were employed in the asylum in some capacity and where possible this reflected their previous trades. Patients seemed to benefit from occupation and some learned new skills.

Those readers who have worked in the field of mental health will try to recognise the types and origins of the symptoms described. Many are recognisable in current terms: the manic and the depressed; the deluded; patients with cognitive impairment; those with learning disabilities; illnesses following childbirth and many conditions which are clearly familial. There are many which are difficult to recognise, sometimes from a lack of information but possibly from mixed aetiology. It is striking that a large proportion of cases had a history of epilepsy or of over indulgence in alcohol.

Apart from so many stories of human misery there are other themes in the book. We see the evolution of the system of care for mentally ill people. The Wakefield Asylum was the first for pauper lunatics in the West Riding but as the century progressed new ones were opened in Sheffield [1872], Menston

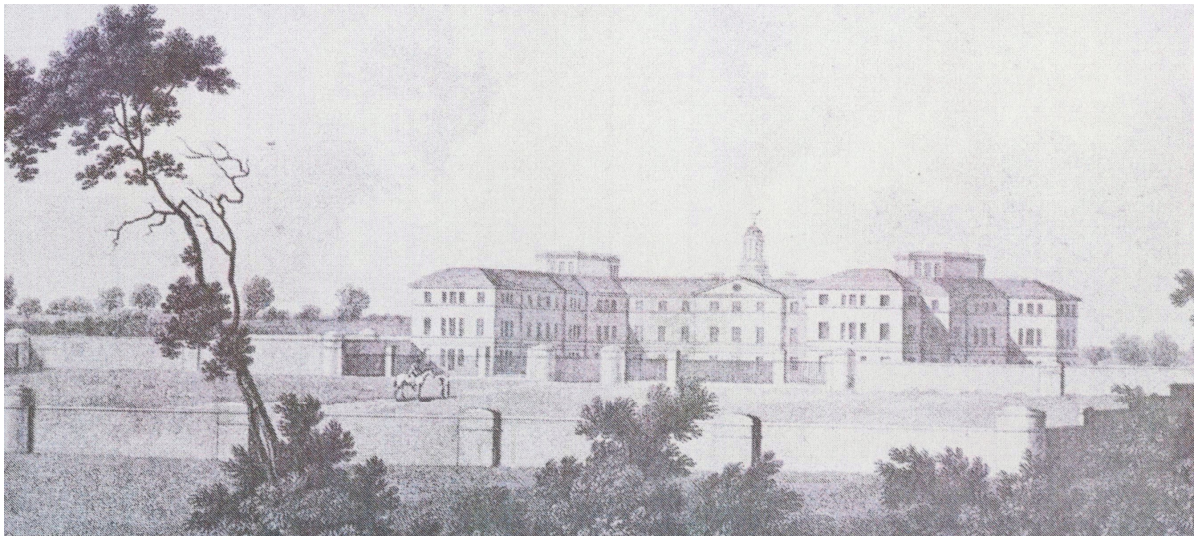
[1888], and Huddersfield [1904]. The care of the criminally insane changed from temporary arrangements at Bethlem Hospital, London and at Fisherton House, Salisbury to the opening of the purpose-built Broadmoor Criminal Lunatic Asylum at Crowthorne, in 1863. The role of the workhouses in the care of mentally ill people is something of a surprise; some patients having improved in the asylum were returned to the workhouse of their local area for continued care. Some patients were discharged, not because they had recovered, but because they no longer qualified as paupers.

The regimen of care at the Wakefield Asylum was based on that developed at The Retreat at York. The consideration given to the comfort of patients by all types of staff is apparent in the accounts given. There are many examples of good relationships between patients and staff and the asylum was regarded as being well conducted by visitors both official and informal. However, it is clear that no effective treatments for the control of the symptoms of mental illness were available to the medical staff. Indeed many procedures such as bleeding, blistering, electric shocks, purging and the application of leeches were both ineffective and unpleasant. Treatment for physical disorders was little better, but opium, digitalis, cannabis indica and chloral hydrate remained in the pharmacopoeia for many years. There seems to have been no systematic approach to the recording of a patient's background, previous illnesses and the onset of presenting problems. The notes made on the mental states of patients on admission and subsequently do not suggest a knowledge of descriptive psychopathology on the part of the medical staff although occasionally vivid descriptions are given by attendants, medical staff and by the chaplain. The book is a reminder of how far both psychiatry and medicine have advanced in the last 100 years.



The author is to be congratulated upon placing this mass of information before us; it is a most important record of the development of the care of mentally ill people. He has undertaken a prodigious task, has presented his findings clearly and with humour and has provided an account which goes far beyond what has gone before. This book is essential reading for those interested in the history of psychiatry and might be combined with a visit to the Mental Health Museum at Fieldhead Hospital, Wakefield https://www.southwestyorkshire.nhs.uk/mental-health-museum/visit-us/ which contains some remnants of the physical history of the hospital.

Answer for picture quiz 6



Question: Where are these two buildings and what do they have in common?

Answer: They are the Glasgow Asylum of 1810-11 designed by the Scottish architect William Stark and the West Riding of Yorkshire Pauper Lunatic Asylum at Wakefield, designed by Watson and Pritchett of York, established in 1814 and opened in 1818.

The design of both is based on the principle of the panopticon proposed by the philosopher Jeremy Bentham in 1787.

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Dates for your diary

12 April 2019: closing date for applications for honorary archivist post

30 April 2019: Closing date for applications for editor of *News and Notes*

2 July 2019: 16.50 - 18.05, at RCPsych International Congress
'Want, disease, ignorance, squalor and idleness: Making it better? Episodes in psychiatric practice, 1880 – 1980'

31 July 2019: Autumn issue, Newsletter submissions deadline

11-14 September 2019: British Society for the History of Medicine, Congress, Bristol

11 October 2019: Witness Seminar

March 2020: Spring one day conference, Newcastle upon Tyne

Don't forget to send your HoPSIG tweets to Andrew Howe Andrew.howe@slam.nhs.uk

BSHM British Society for the History of Medicine

Congress 11-14 September 2019
at the M Shed, Bristol, UK.

Themes

- History of Medicine at Sea,
- History of Medicine in the West of Britain
- History of Health Care Education
- History of Mental Illness and Mental Disability

Papers and posters on any aspect of the history of medicine are also welcome.

Submission for papers (15 mins) and posters is now open using the Congress electronic administration tool https://www.conftool.org/bshm2019/ Abstract submission will close on 31 May. Abstracts will be peer reviewed and authors notified by 30 June. Detailed instructions for authors are available at https://bshm.org.uk/congress/information-for-presenters/

The early bird 3-day delegate rate: BSHM members, £195 non-members £210. Some subsidised places for students.

Keynote speakers:

Professor Mark Harrison (Director, Wellcome Unit for the History of Medicine, Oxford)
Dr Cherry Lewis (author of "The Enlightened Mr Parkinson")
Sir Simon Wessely (Regius Professor of Psychiatry, Kings College, London)
Professor Gareth Williams (School of Arts, Bristol University)

Further details http://bshm.org.uk/

[1] '*Whittingham Lives On …',* is the title of an article by Karen Pennington, published in the Lancashire & NW Magazine provides a fuller review of Whittingham Lives. If you would like a pdf copy please contact Dr Graham Ash at graham@whittinghamlives.org.uk
Information about the project can also be found at https://whittinghamlives.org.uk/