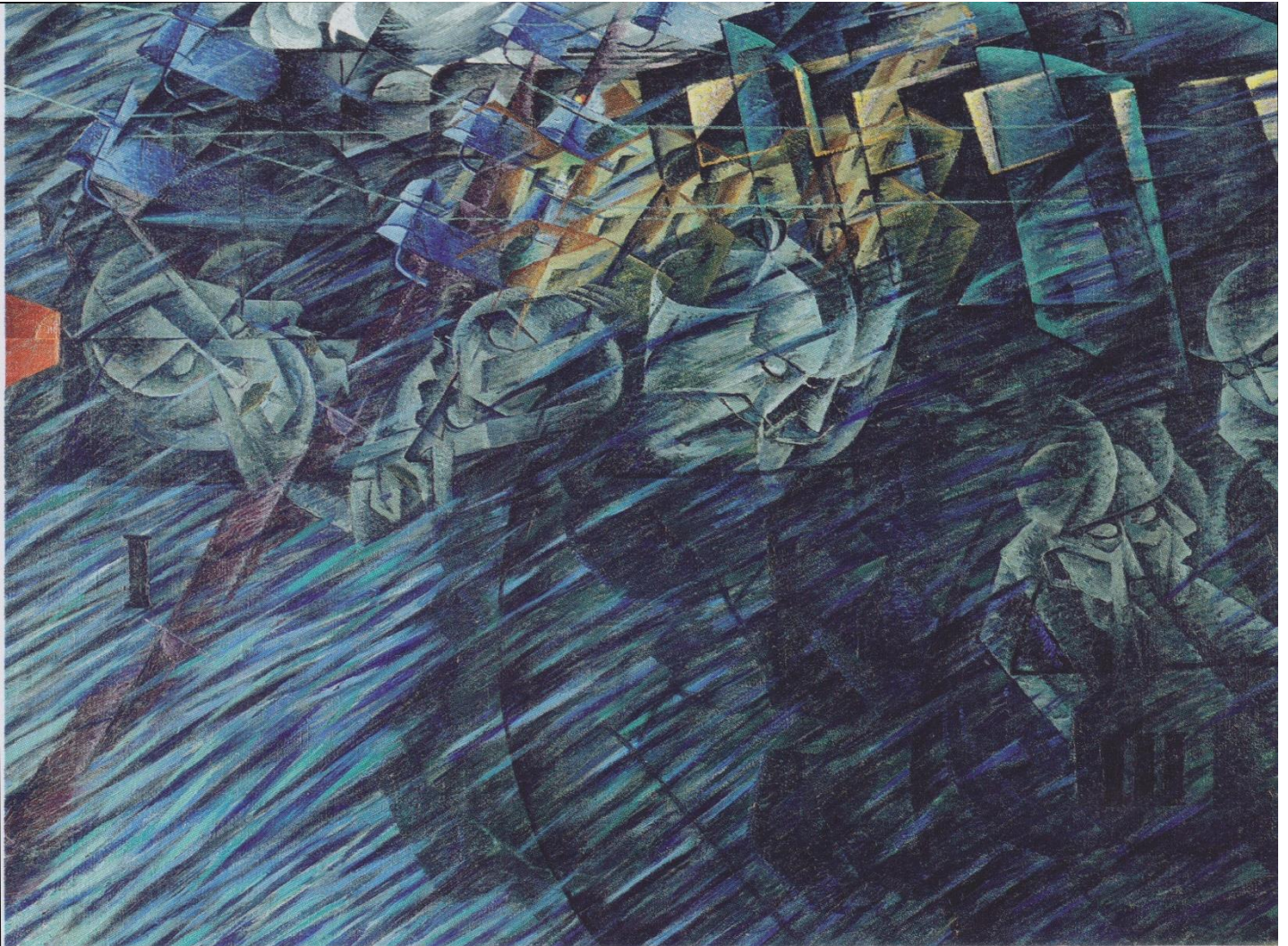
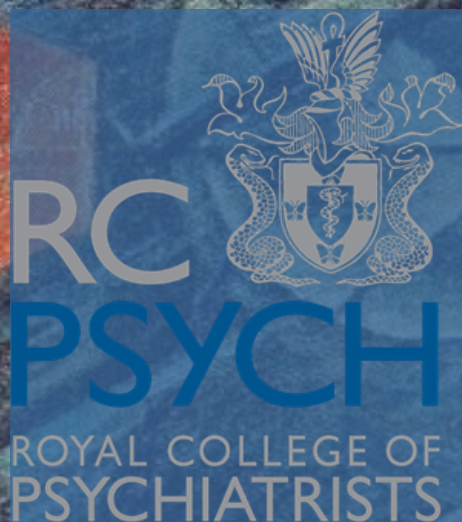


News and Notes



**Newsletter of the
Royal College of Psychiatrists'
History of Psychiatry Special Interest Group**

Issue 15, Autumn 2022



Editors for this issue:

**Lydia Thurston, Mutahira Qureshi, John Hall,
John Mason, Allan Beveridge, Nicol Ferrier**

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Cover image:

Umberto Boccioni: States of Mind II: Those Who Go

Date: 1913

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https://commons.wikimedia.org/wiki/File:Umberto_Boccioni_-_Bewegungen_II_-_Die_Gehenden.jpeg

News and Notes

**History of Psychiatry
Special Interest Group**

**Issue 15,
Autumn 2022**

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Editorial

“I pass through”¹

Mutahira Qureshi

Co-editor

Welcome, Readers, to our Autumn 2022 edition of News and Notes. Thank you for the patient wait for this edition. I am hopeful that it will prove well worth it.

Since our last newsletter we have found ourselves face to face with losses of various kinds: deaths and political stability to name but two. HRH Queen Elizabeth’s death and, closer to home, the passing of one of our peers and contributors, Dr John Bradley, has made me reflect on death, loss and the grief that survives it.



Umberto Boccioni: States of Mind I, Wikimedia Commons

As a motif, I have chosen Umberto Boccioni’s *States of Mind* where he treats the theme of separation in three different moments. Set in a train station, this cycle of paintings explores the psychological dimension of modern life's transitory nature. In *I: The Farewells*, Boccioni captures chaotic movement and the fusion of people swept away in waves as the steam from the train’s engine bellows into the sky. In *II: Those who Go* Boccioni said he sought to express

¹ From the Egyptian book of the Dead, compiled c.1650-1069 BCE during Egypt’s Middle and New Kingdoms. The title is from the Hymn of Coming Forth and Passing through, seen as a tribute to the regeneration that is found in the



Umberto Boccioni: States of Mind II, Wikimedia Commons

the "loneliness, anguish, and dazed confusion" of the travellers who board the train and depart. In *III: Those Who Stay*, vertical lines convey the weight of sadness carried by those left behind.



Umberto Boccioni: States of Mind III, Wikimedia Commons

Doctors tend to struggle with the concept of death because it seems to be tied in with ideas of failure. Psychiatrists struggle with grief even more. Its place in the diagnostic schemes has been a longstanding debate and its inclusion in the recent iteration of DSM 5 as not exemptional to a diagnosis of depression has been seen as a controversial move by many. This has become more relevant in my recent role as a Research

physical process of death, translated by Normandi Ellis (*Awakening Osiris: Egyptian Book of the Dead*, published by Phanes Press in 1991)

Fellow in the affective disorders where the dissection of bereavement and reactionary losses from the clinical syndrome of depression provides a continuous challenge.

While the concept of death brings with it its share of sorrow, it has also been seen since times of yore as an opportunity to take stock - of lives lived, of things done well, or those that could have been done differently. Within this process is found both consolation and restoration; abstract yet instinctively understood human concepts - a good life, a good death, renewal and regeneration.

In this edition of the newsletter, we present several important and reflective pieces that take stock of the practice of psychiatry through time. Fiona Watson writes about the Legacies of Eugenics exhibition at the College (page 14), and Cohen et al summarize their findings of the recently organised witness seminar in collaboration with the Royal Society of Medicine (RSM) looking at the history of mental health in primary care setting in the UK (page 17). We also have John Tobin looking at the historical evidence of the medieval period of the impact of war on mental health (page 20). Gordon Bates looks at the history of hypnotism to understand its bearing on the evolution of psychological therapies as we understand them today (page 32). John Bradley leaves us with a deeply personal piece on his experience of caring for the elderly in the 1960s (page 24). In addition, we have biographical pieces on the lives of two psychiatrists who might best be described as temperamentally polar opposites of one another (van Mourik's portrait of Chekhov, page 37 and Young's portrait of Berkeley-Hill, page 28). As well as our usual Chair, library, and archives reports, we also include a report from the RCPsych Historian in Residence, Claire Hilton, who has very kindly answered our request to fill us in on what she has been up to in her role at the College. Please refer to the excellent Chair report (page 8) for an in-depth review of the SIG's activities since the last edition of the Newsletter. We close with three very insightful, nostalgic, and thematic (albeit, purely by chance!) reviews by Professors Ikkos, Stanghellini, and Mindham.

We thank all our contributors. We particularly would like to thank Dr Hilton for her piece commemorating the life of Dr John Bradley (page 6). While on the subject of losses, we announce one of our own— although this is for a joyous happenstance — as Lydia Thurston steps down from her editorial role to shortly welcome a new addition to her family. We wish her great happiness and would like to thank her for the all the excellent work that she has done for the newsletter, and for helping the new members as they came on the editorial board. On this cheerful note we would like to conclude with the reminder to please send your articles, reviews, photos, ideas etc for the next issue of News and Notes to: nicol.ferrier@newcastle.ac.uk by 31st March 2023. We also welcome suggestions for improvement and feedback or thoughts on individual pieces which I am sure our contributors would also love to hear too.

Until we meet again, we wish you all a Happy New Year!

The HoPSIG Editorial Team: Lydia Thurston, Mutahira Qureshi, John Hall, Allan Beveridge, John Mason and Nicol Ferrier.

A small tribute to Dr John Bradley

1930-2022

Claire Hilton

Historian in Residence, RCPsych

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John Bradley died after a lifetime of medical practice, a span of nearly 70 years, from the coronation of Queen Elizabeth in 1953 until after her death in 2022.

John began his first house job in the professorial unit at the Middlesex Hospital, London, on 1 June 1953, the day before the coronation. The professor warned him that he would be unavailable on coronation day but, leaving John in charge of the ward, would telephone every hour or two to see how things were going. There was a high likelihood of emergency admissions, as the hospital was close to the coronation route and the crowds, and although the promised phone calls failed to materialise, the day passed without incident.

As a trainee psychiatrist, John worked with the biological-psychiatry infatuated Dr William Sargant at St Thomas' Hospital. In 1964, he went to the United States as associate director of a department of psychiatry at Bergen Pines, a general hospital in New Jersey. Returning to England in 1965, never having worked in a typical large psychiatric hospital, he was appointed consultant at the 2000 bed Friern Hospital in north London. The following year, Friern's "physician superintendent" resigned following a series of high-profile allegations of inadequate practices there, and John, age 36, became the hospital's first "medical director". He listened attentively to

colleagues and others, and worked closely with the local MP, Margaret Thatcher, to secure funding to develop hospital and community services. Ten years later, he left to become medical director at the Whittington and Royal Free hospitals. Later he became a medico-legal expert and chairman of the Medical Protection Society. In that capacity he lectured in many places round the world, including Jamaica, Hong Kong and Australia.

I only met John in 2019, when planning the RCPsych [witness seminar](#) about the 1960s, but I got to know him, and his partner David Graham-Young, during the time of Covid, sitting in their luscious green garden in north London. John and I embarked on some history projects. The article below is the third which John wrote for *News and Notes*¹. A further two are in the *Medico-Legal Journal*².

On the day of Queen Elizabeth's funeral, in between watching the proceedings on television, we discussed the script of a TV drama set in the 1960s which I had received, as RCPsych historian in residence, with a request for advice. The narrative was ahistorical, clinically inaccurate by 1960s standards, and used stereotypes which were both wrong and potentially harmful today. We completed our response and the script-writing team made huge changes. John's work in 2022 probably helped rescue respectable media from an unintentional, mental health related, broadcasting scandal.



John had a wonderful sense of humour. He also had many interests, including politics,

¹ John Bradley, Contraptions for connections, *News and Notes* 2020, 11, 7-10; John Bradley, Conversion Therapy – a personal memoir, *News and Notes* 2021, 13, 43-45

² John Bradley, [Residential Institutions Redress Board of the Irish Government 2002–2018](#),

Medico-Legal Journal 2021, 89:1, 54-57; John Bradley, Fitness to practise and the spectre of erasure: Some reflections from a psychiatrist assessor, *Medico-Legal Journal*, 2022 (ahead of print) doi:[10.1177/00258172221113973](https://doi.org/10.1177/00258172221113973)

theatre, and photography. One day, he showed me three postage stamps which his father had cut from an envelope in 1937 and told him to keep: that was the year of the three kings. John died just before news of Liz Truss's resignation as Prime Minister, launching us into a year of three prime ministers. No doubt John would have had much good sense to say about it all.

Next issue

Please send your articles, reviews, photos, ideas, requests for information etc by

31st March 2023

to

nicol.ferrier@newcastle.ac.uk

Check out our old newsletters at

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

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

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

Chair's Report

Spring 2022

Graham Ash

Chair of HoPSIG

chair.hopsig@rcpsych.ac.uk

Sadly, since the Spring we have seen the passing away of Her late Majesty Queen Elizabeth and the Accession of His Majesty King Charles III and three changes of Prime Minister, whilst the war against Ukraine tragically continues with global economic and human consequence. An undercover investigation has exposed evidence of serious abuses in a medium-secure unit, the serotonin hypothesis has been challenged, and the noxious effects of social media by young people use have been recognised legally. Against this background the affairs of our SIG may seem of minor import, but maybe this is the experience of living in historic times.

My tenure as Chair of HoPSIG began in June this year and I would like to welcome Jane Whittaker and Gordon Bates to the Executive, their knowledge of CAMHS psychiatry and academic history will be extremely valuable. We have had no resignations from the Executive.

I would like to congratulate Lydia Thurston for her excellent co-chairing with Andre Tylee and Alan Cohen of 'The History of Mental Health in Primary Care in the UK, 1960-2019' an expert witness seminar held as a hybrid event at the RSM in London on 17th June 2022. The seminar brought together prominent figures from the field, including Rachel Jenkins, Linda Gask and Tom Burns. The transcript of the day's insightful discussions will undoubtedly become a highly valued research resource.

Our session 'The Shock of the New! The Introduction of Physical Treatments in Psychiatry, 1922- 1944' at the International Congress 2022 in Edinburgh later in June,

proved a great success despite the challenges of covid, rail strikes and an unannounced fire drill on the day, so thanks to Nicol Ferrier for chairing with distinction and to our speakers from the UK, Netherlands, and Germany. The title marked the centenary of malariotherapy in Britain and the publication of an influential textbook in 1944. Key messages were the survival advantage of patients with general paresis who received treatment with malaria in Holland and the influence of political factors on the early clinical use of electroconvulsive therapy in Britain and Germany under national socialism. Whereas British psychiatrists attracted criticism for overzealous treatment, ECT was held in reserve as a treatment of last resort under Nazi medicine, consigning to the notorious T4 involuntary euthanasia programme many of those who did not respond.

The Dean, Prof. Subodh Dave opened the exhibition ["We are not alone": Legacies of Eugenics \(confront-eugenics.org\)](https://confront-eugenics.org) at the College on 22 September. A recording of the introductory online webinar held on 29 September can be viewed here [Free Members' Webinar: Confronting eugenics and its legacies in psychiatry-29 September 2022 \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/free-members-webinar-confronting-eugenics-and-its-legacies-in-psychiatry-29-september-2022). This is the first externally curated exhibition to be shown at the College and we are indebted to Prof. Marius Turda of Oxford Brookes University for his enthusiastic support and the opportunity to co-create an additional panel, 'Psychiatrists and the Eugenics Society circa 1900-1950' examining the relationship between psychiatrists, psychiatric organizations and institutions and eugenics in Britain. The exhibition has come about through exemplary teamwork and collaboration between the College, HoPSIG and Prof. Turda, although I would particularly like to also thank Fiona Watson, Francis Maunze, John Mason, Claire Hilton and Catriona Grant for their outstanding contributions. Look out for events relating to the exhibition including an in-person seminar at the College on 9 January 2023, further details to be announced. The exhibition continues to February 2023.

I attended an on-line meeting of the Challenging Histories Group at the British Psychological Society on 17th August 2022 through the kind invitation of John Hall. The CHG has been mandated by BPS to revisit the ethics and reputations of psychologists from the past. CHG will be writing to the College in relation to the report of a recent inquiry conducted by Birmingham University that found evidence of morally questionable research into conversion therapy for homosexuality carried out by a former psychiatrist and a psychologist colleague in the 1960s and 1970s. We may wish to discuss our own position on re-assessment of past figures in psychiatry?

Claire Hilton and Rob Freudenthal have written a very timely and pertinent paper, 'Learning from the past: inequalities and discrimination in psychiatry's chequered history', which appears in BJPsych Bulletin August 2022. Although intended primarily as a study of the reputation of the late Daniel Hack Tuke (1827–1895), it contains valuable insights into the methodology and praxis of enquiries into the life and work of our psychiatric predecessors.

'Revising past reputations – whose standards should we use?' will be discussed by an expert panel at a special meeting of HoPSIG at the London Metropolitan Archives on 9 December. Peter Carpenter has curated a very innovative meeting for us that combines academic sessions with an introductory tour of this important historical resource [Special HOPSIG meeting with support of LMA \(rcpsych.ac.uk\)](https://rcpsych.ac.uk/special-hopsig-meeting-with-support-of-lma).

South-West Division have recently launched new webpages [Celebrating RCPsych history in South West England](https://rcpsych.ac.uk/celebrating-rcpsych-history-in-south-west-england). I understand that Peter Carpenter, Angela Rouncefield and Francis Maunze have all contributed to this excellent venture illustrating the very significant contributions to the history of the profession and institutional history that have been made within just one region. Perhaps other Divisions might like to follow suit?

Looking ahead, Gordon Bates has submitted a very interesting session proposal on behalf of HoPSIG for IC2023 which will be in Liverpool. 'The Uncanny Rise of British Medical Hypnotism and Early Talking Therapies (1888-1900)' will examine the early history of 'psycho-therapeutics', including hypnotism, suggestive therapy and Freud's cathartic treatment, the psychological treatments practiced at the start of the twentieth century.

HoPSIG has been invited to contribute to a session at the European Psychological Congress in Brighton 3-6 July 2023 and we have also received an invitation from Dr Lara Rzesnitzek, Secretary of the History Section of the World Psychiatric Association, to support a historical session at the WPA Congress in September 2023 in Vienna. Don't forget our affiliation to the British Society for the History of Medicine, their annual conference will be 14 – 16th September 2023 in Cardiff and presentations and posters are welcome on Medicine in War and Conflict, Visual Arts and literature as historical resources, and Medicine in the Age of European Colonialism.

Finally, I would like to thank Peter Carpenter, our Treasurer, who continues to be a mine of information in support of our activities, and Tom Stephenson and Catriona Grant who quietly keep the SIG running. Also, my very great thanks to Lydia Thurston, who is stepping down as co-editor of the Newsletter for the moment, for her invaluable contribution to the newsletter.

With the Winter approaching do stay historically active and I look forward to meeting you at one of our forthcoming events!

Best wishes

Graham Ash, Chair of HoPSIG
chair.hopsig@rcpsych.ac.uk

Historian in Residence

August 2022

Claire Hilton

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I can't believe how busy it's been as RCPsych Historian in Residence (HiR), with much fun, much learning and much interest in the history of psychiatry, from both inside and outside the College.

Recent interest from inside the College has included requests for advice "on the history of the Royal family's work with the College, or if you could point me in the right direction", and one College member asked about the history of medical and educational approaches for people with Down's Syndrome (please let me know if you are an expert on that).

Interest from outside the College has been coming thick and fast, often prompted by people reading the RCPsych [history blogs](#), which have raised questions relating to their own research interests. Librarian Fiona Watson sends me history queries which she receives: a recent one asked about what was meant by the term "extreme war-weariness" and whether it was used as a diagnostic category after the First World War (do let me know if you have ever found it in the medical corpus). Probably the most memorable occasion in the last few months was being interviewed by Lucy Worsley for her forthcoming television documentary series about Agatha Christie; but no more about that now –you will have to watch the episode!.

I also visited Gloucester and spent three days engrossed in archives relating to the "illness" of Katherine Armstrong and her admission to Barnwood House Mental Hospital in 1920. She was the wife of a solicitor, Herbert Armstrong from Hay-on-Wye, who was hanged for her murder. That work was for a podcast commissioned by

Amazon's Audible, about which I also won't say anything more at the moment. As well as delving into archives, I like to do site visits. So one evening, I went to visit Barnwood. Little of the former hospital is still standing, but here is a photograph of its chapel, the exterior similar to how it was in the 1920s when patients and staff would attend services.



Barnwood Hospital Chapel, 2022

There is also some Radio 4 work coming up, and, as usual, a few queries from the Call the Midwife "Script Executive", aiming to ensure that any references to mental illness, care and treatment in the next series are historically accurate (sorry again: I have agreed not to disclose the contents!). It is a great pleasure to be working on this with Dr John Bradley, who was a hospital psychiatrist in the 1960s.

I've also bought a 1960s textbook of psychiatry to help answer their questions: I chose Clinical Psychiatry (Willi Mayer-Gross, Eliot Slater and Martin Roth, 1969 edition).

It was good to participate at the official unveiling of a [Blue Plaque](#) to Dr John Conolly, who attempted to raise standards of care at the former Middlesex County Asylum at Hanwell (now St Bernard's Hospital) in the mid-19th century. I've also been part of the team working on the RCPsych [history of eugenics exhibition](#), under the guidance of historian Professor Marius Turda (Oxford Brookes), an expert on the subject. Until well into the 20th century, some eminent UK psychiatrists advocated eugenic principles

regarding mental illness and disability. The exhibition is on the first floor of the RCPsych: do go and see it when you are next there. The history of eugenics has important lessons for us today.

The big project at the moment is to better label the portraits on display at the RCPsych. A small team of us, guided by Oliver Rahr, a student of contemporary portraiture, is working on this, and at the time of writing we have just started to interview presidents and artists.

Finally, the HiR post is for 5 years, voluntary, and nominally ½ day a week, and I have one more year to go. If anyone is thinking about taking over, do contact me for a chat.



Francis Maunze, Oliver Rahr, Catriona Grant, and me (L to R), after Oliver gave us a portrait artist's tour of the RCPsych portraits.

Library report

Fiona Watson

Library and Archive Manager

infoservices@rcpsych.ac.uk / 020 8618 4099

I will keep the library report very brief for this edition of the newsletter. It has been a busy 6 months but most of the library work of interest to HoPSIG has been around the new exhibition ["We Are Not Alone": Legacies of Eugenics](#), on which I have written a separate piece. I would encourage you all to visit the College and have a look at the exhibition before it leaves us at the end of February. There has been interest in continuing to host exhibitions, so if you know of an exhibition that the College might wish to borrow, or have an idea for an exhibition based on your own research or using the College collections, we'd love to hear about it.

In other news, cataloguing of the books donated by Prof. Gerald Libby on behalf of the family of Prof. Linford Rees has been completed. Rees was professor of psychiatry at St Bart's Hospital, and president of the RCPsych (1975-8), so it is lovely to have some of his books in the collection. We have also completed cataloguing the first set of books donated by Dr Joan Raphael-Leff from the library of Dr Julian Leff. Dr Leff spent much of his career at the Institute of Psychiatry at the Maudsley Hospital, where he became professor of social and cultural psychiatry and director of the Medical Research Council's Unit. He was particularly interested in schizophrenia and his books have probably doubled the size of our collection on that topic.

In an ideal world, we would take and keep all the books offered to us as donations but sadly we do not have the luxury of that much space. Many of the books that are donated we do not keep, mostly because we already have copies. Those we can't find a home for usually go to [Better World Books](#)

but I have started putting some of them in a trolley in the library for members to adopt, more on this in the Archives report. If you are dropping in, please do come and have a look.

As always, please check out the [History, Archives and Library blog](#). We are always looking for new material so if you have come across something in your research or travels and would like to write about it, please get in touch.

We are always happy to help with research, historical or otherwise, and look forward to hearing from you soon.

Archives report

Francis Maunze

Archivist and Records Manager

Records Management and Archives

As the Archivist and Records Manager of the College, my role involves responsibility over the two interlinked functions of records management and archives administration. Records management enables the College to create, maintain, store, and access records and information resources required for its operations, whilst archives administration ensures that records of enduring value are selected and maintained for research and historical purposes.

In the past few months, I have been preoccupied with the re-organisation of the College's institutional records since the quality of our archives collection is heavily dependent on the proper management of these records. It is important to note that our archives collection is composed mainly of institutional records that are created by the various College departments, committees, and other membership bodies such as faculties, special interest groups, and divisions and devolved nations. My responsibility, therefore, was to train staff in good records management practices, and to ensure that policies and guidance documents were produced and adhered to.

Mental Health Policy and Legislation Records 1960s – 1980s

One of the largest collections of institutional records we have in the Archives that is yet to be fully utilised by both members and other researchers is forty-nine boxes of documents on mental health policy and legislation dating back to the 1960s and 1980s. These records were created and maintained by a department of the College that used to be called the Central Secretariat. One of the responsibilities of this department was the administration of the College's public relations and parliamentary activities and of various College committees.

The collection contains records on a variety of subjects including archives on the Association for Psychiatrists in Training, 1971-73; Art, Music, and Drama therapy in the NHS, 1975-80; Community Hospitals; 'Jay Report' - Committee of Enquiry into Mental Handicap Nursing and Care, 1976-80; and Child Abuse, 1983-93. A full list of records in this collection can be obtained from the Archivist .

Donated Archives

In addition to institutional archives, we also have a small but growing collection of donated archives, which are acquired and selected using our collections development policy. Some of the notable archives in this collection include the personal papers of Henry Rollin, Alexander Walk, Claire Hilton, and Susan Bailey .

The Archivist has in the past organised appeals for donations of personal papers from College members as these records complement and supplement institutional archives.

Adopt-a-Book

The College Archives also contains a collection of antiquarian books dating back to the fifteenth century. Some of these books need to be conserved. The Archives is therefore, appealing to members to adopt a book this Christmas as a gift to family, friends, or colleagues.

The Adopt a Book scheme is an appeal to College members to donate towards the conservation of books in the antiquarian book collection that are in poor physical condition. Over a two hundred books have now been adopted since this scheme was established at the Annual Meeting (International Congress) in 2007. The College is grateful to all Members who have so far donated generously towards the restoration of this invaluable collection of books on the early history of psychiatry.

For further information about the scheme, and to obtain a full list of books awaiting adoption contact the Archivist .

"We Are Not Alone": Legacies of Eugenics

New Exhibition at 21 Prescott Street

Fiona Watson

Library and Archive Manager

On the 22nd of September, the College launched a new exhibition "We Are Not Alone": Legacies of Eugenics, which examines the global history of eugenics, its legacies, and the ways in which it was championed by psychiatrists, particularly in regard to those with intellectual disability, in Britain and elsewhere.

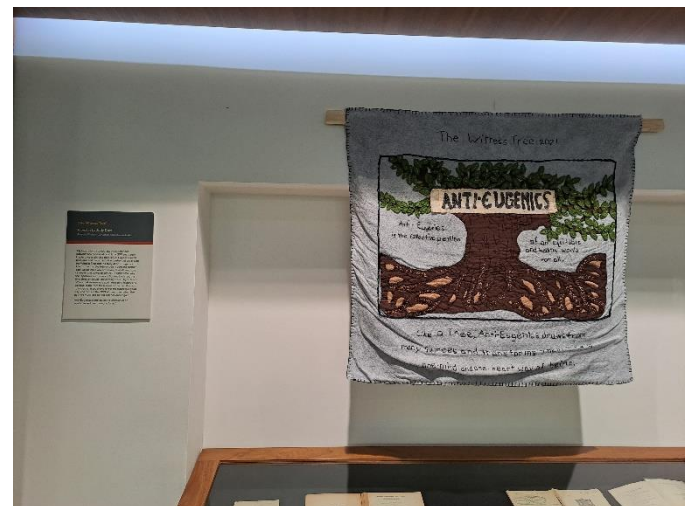
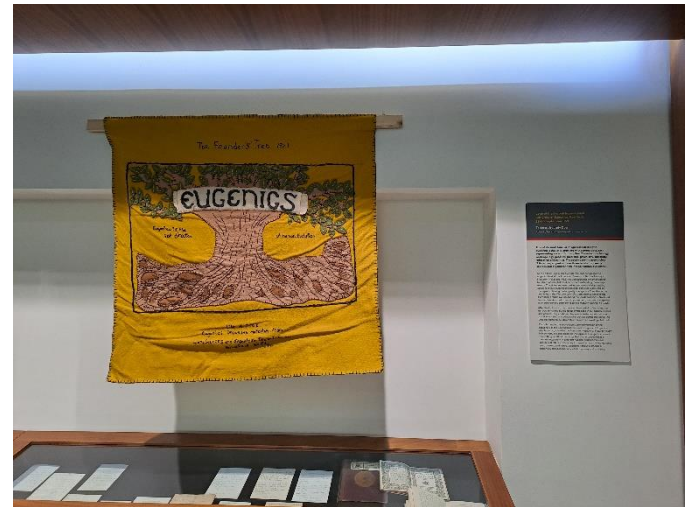
Marius and the creation of the exhibition

The exhibition was created by Marius Turda, Professor in the School of History at Oxford Brookes and Director of their Centre for Medical Humanities. His research interests are race, racism and the history of eugenics.

The exhibition consists of ten pop-up banners and two tapestries. The two tapestries were made for the exhibition by Judy Dow, an Abenaki/French-Canadian educator and artist whose family and community were heavily affected by eugenics and racism. The first represents the logo of the Second International Congress on Eugenics (1921), which takes the shape of a tree, with roots labelled religion, education, psychiatry and so on. The second is Judy's reimagining of it, in the form of an 'Anti-Eugenics Tree' and including the component roots it would take to bring that into the world, such as: love, reverence and inclusion.

Judy was the not the only person affected by eugenic policies who Marius spoke to while preparing for the exhibition. People who have suffered like Judy exist all around the world, Marius also spoke with a Czech Roma woman who was sterilised when she was 21

and, through a researcher in Tokyo, with a Japanese man who was sterilised when he



Judy Dow's two tapestries

was 14. The exhibition does a wonderful job of reminding us that this is not a section of our history from which we are comfortably removed, an exhibition like this would not be complete without the voices of the victims.

The title "We Are Not Alone" references a Nazi poster from 1936 showing the flags of all the other countries, such as England, Japan and Poland with similar plans to 'eliminate defectives from society'. But the exhibition emphasises not just past eugenics but also its more recent versions, as well as the ability of eugenic ideas to adapt and flourish in different countries and cultures, before and after World War II. To illustrate this point, Marius spoke to a journalist in Peru who was documenting the campaigns organised by 'Somos 2074 y Muchas Más' ('We are 2074 and Many More') and to the European Roma Rights Centre about the

experience of Roma women who were sterilised. Both of these organisations are still campaigning for reparations for those affected by the sterilisation policies.

Given the global nature of the problem, it is fitting that the exhibition has not just been displayed in London. It was first hosted at the [Wiener Holocaust Library](#) in London, in September 2021 but since then it has travelled to Romania, Poland and Sweden.

How the exhibition came to the College

It was Dr John Mason who, following a recommendation to visit the exhibition at the Wiener Library from the Chair of HOPSIG, Dr Graham Ash, suggested to Marius that he offer to loan the exhibition to the College. Happily, Marius did get in contact, and it was HOPSIG that championed the suggestion through the College's rather exhaustive approval process.

The College has previously considered staging exhibitions and "We Are Not Alone" was, in a logistical sense, an easy place to start. It didn't require a lot of secure cabinets or wall space and we weren't going to be loaning the kind of art or objects that come with a heavy insurance premium. The content, however, is a different matter. Some exhibitions one might be able to stage without much prior consideration (the first I ever worked on was about rare book bindings, which are only considered contentious by a very small subset of the population) but eugenics is not a topic that an organisation can treat lightly. As has been mentioned, the ramifications of eugenic ideas echo excruciatingly down the generations. One hopes that by tackling painful topics such as this, we have a positive effect on the world around us, but the organisation has to be fully committed.

During the planning stage of the exhibition, it was decided to add a panel to the exhibition to help draw a more direct line between the eugenics movement and psychiatry. HOPSIG worked closely with Marius to write the text and pick out the images that best summed up the way our members lent their voices to the eugenics

movement and the way eugenics fed back into the development of psychiatry. It is hoped that by accepting and exploring this history we can better challenge systemic inequality and prejudice in healthcare today.

Not only an exhibition

Marius' aim was never to create a series of static, informative panels (excellent as they are!) but to start and maintain a conversation about eugenics and its many legacies.

We all know that racism and ableism are alive and well today. I recently sifted through around 800 articles for a college project on dealing with racism in the workplace. Since databases struggle to understand relationships between concepts, that meant scanning all abstracts on racism both perpetrated, and experienced by psychiatrists. It wasn't cheerful reading. Beliefs about race and fitness are remarkably insidious, as we can see from relatively recent debates such as the [role of race in pain assessment and treatment](#) and the controversy over the use of the label [excited delirium](#). With this in mind, it is easy to see why historians such as Marius wish to highlight darker parts of our history and remind us how they have contributed to the situation in which we find ourselves today.

Sadly, we cannot allow the public into 21 Prescott Street to see the exhibition. Those of you who have attended RCPsych Congresses will know we are occasionally protested, by groups such as the Scientologists, and there are other individuals and groups with strong enough feelings about psychiatry to make the security of our building a worry.

So, with Marius' desire to maintain the conversation and the public's inability to visit in mind, we decided to host a webinar to complement the exhibition. This aired on the 29th of September and is still available to watch here: [Free Members' Webinar: Confronting eugenics and its legacies in psychiatry-29 September 2022 \(rcpsych.ac.uk\)](#)

282 people watched the webinar live but over 600 signed up in advance, so we can assume many will watch it back at a more convenient time to them. 85% of those who attended live, and left feedback, said they thought that watching the webinar would improve their professional practice: an encouraging thought.

Even without allowing the public into the building, we hope the physical exhibition will be seen by many. As I write, there is a QI conference of 150 people on their tea break in the exhibition space. This time of year, we have events of that size on a daily basis. We hope that visitors will read the banners and leave with a little extra food for thought.

There will also be an ongoing series of blogs released every month until the exhibition closes. The first, entitled [Exploring the Legacies of Eugenics in Psychiatry](#), has been written by Marius and went online at the end of October. This will not only keep the conversation alive but maintain interest in the exhibition throughout its stay at the College.

The future

Once the exhibition closes at the RCPsych at the end of February, it will continue its journey, winging its way to Stockholm in March and Harvard University in April. Not only are the panels we loaned continuing to travel, but copies of the panels discussing the impact of eugenics in education are currently on display at the UCL's Institute of Education.

Visiting

This piece has tried to give a very brief introduction to the exhibition. If you were disappointed by the lack of rigorous academic discussion regarding eugenics, its legacies and involvement with psychiatry, I would encourage you to visit the exhibition! You can also check out the upcoming blogs by Marius and members of HOPSIG and the suggested further reading below.

Members of the College are always welcome to visit the exhibition. Prescott Street is open 7am to 8pm Monday to Friday.



Photos by the author

HOPSIG will also be running a half-day event on the 9th of January for those looking for a deeper dive into the subject. Look out for a booking link closer to the time!

If you have any questions, please contact infoservices@rcpsych.ac.uk.

Further reading

- [We Are Not Alone at the RCPsych](#)
- [We Are Not Alone - Confront Eugenics](#)
- [View the panel added in collaboration with the History of Psychiatry Special Interest Group](#) (PDF)
- [From small beginnings: to build an anti-eugenic future](#)

The History of Mental Health in Primary Care: A Witness Seminar

Alan Cohen, Andre Tylee, Lydia Thurston & John Hall

Background

Each year, general practitioners hold around 300 million consultations with patients (NHS England, 2022) of which one third have a mental health component. The vast majority of these consultations are for people with common mental health problems, such as depression and anxiety. In an average general practice of 2000 people, around 200 adults will have a mental health problem, and that figure does not include those with dementia, children with mental health problems, those with substance and drug misuse, or those with intellectual disability.

Primary care mental health is a fundamental part of general practice (Gask et al. 2018), delivering care to many more people than specialist mental health services, and yet there is limited documented history of its development (Hall 2022). We sought to address this gap in the narrative by organizing a Witness Seminar to bring together key participants in the development of the field over the last 60 years, facilitating reminiscence and discussion of lived experiences. Our aim was to record a chronicle of memories which would become a valuable resource to anybody studying the history of mental health in primary care in the future.

The Witness Seminar was held on Friday 17th June 2022, at the Royal Society of Medicine (RSM), Wimpole Street. The day was made possible due to funding from the Psychiatry Research Trust, and Implemental Worldwide, who helped to manage the logistics.

In order to structure the day and focus discussions we divided the seminar into the three stages which we introduce below.

1. Delivering primary care by relationships – swinging 60s and psychoanalysis

After the end of the Second World War, and the creation of the NHS, health services became available to all, free at the point of delivery. Every individual could have their own general practitioner who acted as a “gatekeeper” to hospital specialists. Mental health care was led by psychiatrists through the provision of distant (hospital based) outpatient services, in the same way that gynaecology, or orthopaedics were delivered. About 20% of psychiatrists were doing some form of consultation-liaison service delivery with primary care, tangibly bringing psychology into the consultation room (Strathdee and Williams, 1984).

During this time society moved from post war austerity to the increasing affluence and freedoms found in the 60s and 70s. These cultural changes were characterised by free thinking, free love, and free ideas – the control, the poverty, the bleakness of post war UK was replaced by prosperity and opportunity. For general practice, this was an important time, as it became recognized as a medical specialty in its own right: The College of General Practitioners was founded in 1952 and granted a royal charter in 1972. The emancipation of general practice was described best in a publication of the time *The Future General Practitioner – Learning and Teaching* (RCGP 1972) which set out the foundations for the doctor-patient relationship. The study of this relationship became the bedrock for the success of primary care. Providing the background, the support and the evidence for the importance of the doctor-patient relationship was the work of Michael Balint, and psychoanalysis (Balint, 1957). The principles of psychoanalysis and understanding relationships, were built into the training and development of new general practitioners (GP's); support for these new GPs was

provided by the spread of Balint Groups, case discussion groups which were based on the work of Michael Balint and aimed to help GPs explore the psychodynamics of doctor-patient relationships.

2. Delivering Primary Care by Money – the Purchaser-Provider Split, and Fundholding

In 1991, the concept of a purchaser-provider split was introduced to healthcare. The underlying principle was that quality would be improved by competition. The NHS was re-configured to allow for competition, by allowing purchasers (commissioners at Health Authorities) to buy health care from independent providers called Trusts. Quality was not only measured by clinical outcome, but by financial efficiency.

In the 1990s a quinquennial report found that people with psychosis were under-served, and psychiatric teams were withdrawn from primary care so that they could concentrate on the “most unwell” in specialist units (Brooking and Gournay, 1994). This was seen as both clinically and financially more effective. However, the consequence of this contraction of psychiatric services into mental health hospitals resulted in a much clearer distinction between the responsibility of primary care and the responsibility of mental health services. Unlike other secondary care services, mental health teams created boundaries, or barriers to referral from primary care. Unless a patient met certain criteria, that they were sufficiently unwell, they would not be considered for advice or assistance. From a primary care perspective, psychiatric teams dealt only with psychosis. Primary care became the repository for every sort of mental health problem apart from severe psychosis. Unable to access psychiatric services, doctors or nurses, psychologists or psychiatric social workers, primary care resorted to the only two alternatives that would work for people with common mental health problems: medication or counselling. Prescribing rates for anti-depressant medication increased

significantly, as did the use of benzodiazepines (Mehdi, 2012).

While Health Authorities were developing their skills to commission and purchase health care, some practices were given funds to purchase healthcare for their own populations. This was called the General Practice Fund-holding Scheme. The void left by the retraction of psychiatric services to the mental health hospital was dealt with in primary care by a rapid expansion in counselling services, aided by the fundholding scheme. However, not all practices were fund holders, resulting in a huge variety of the availability and quality of counselling services offered by different practices. This was the post code lottery of fundholding.

3. Delivering primary care by guidelines – NICE and IAPT

The new millennium brought a new Government, new mental health policies (Department of Health, 1998), and a new approach to health care through the development of the National Institute for Clinical Excellence (NICE) which aimed to use guidelines to provide both high quality care and consistent services across the country. The post code lottery that characterized fund holding was to be abolished.

At the same time, a focus on the underlying causes of long-term unemployment revealed that nearly 50% had mental health problems; not those managed by psychiatrists, but the depression and anxiety managed by primary care. (Layard and Clark, 2014) A workshop in 2004 held at Downing Street proposed that there was an economic case to be made for investing in training tens of thousands of mental health workers, who would deliver evidence-based interventions to relieve depression and anxiety, so that sufferers could return to work. (Evans, 2013) This would reduce the national burden of the long term unemployed, decrease benefits costs, and increase tax revenue, as the unemployed became employed once more. The

evidence-based interventions would be based on the guidelines produced by NICE for anxiety and depression. Thus, was born the Improving Access to Psychological Therapies (IAPT) programme, created not as a necessary new mental health intervention to fill a mental health need, but an economic model to address long term unemployment.

The IAPT programme, amongst other things, provided for primary care a route to manage people with depression and anxiety. It rationalized the primary secondary care interface, which was so lacking in the 1990s. People who are severely unwell will go to the mental health services, who will provide long term care for them. People with common and less severe mental health problems like depression and anxiety will be treated with evidence-based interventions through the IAPT program instead of the free for all that was counselling. The primary care role was to refer the patient to the most appropriate care provider, returning to GP's acting as the gate keepers to secondary care services.

The Seminar

Each section was introduced by two key speakers, and then opened to the audience for discussion. The invited audience consisted of 26 in-person attendees, and 4 attending virtually via Zoom, and were a mixture of GP's, psychiatrists and psychologists. The ability to hold a hybrid event was invaluable, as it allowed people to attend who otherwise may not have had the opportunity to contribute. The seminar was recorded and later transcribed to create a document which will be held at the RSM library, Royal College of General Practitioners (RCGP) library and Royal College of Psychiatrists (RCPsych) library.

We look forward to sharing the completed transcript with *News and Notes* readers once it has been finalised. We hope that it will spark an interest in the field, and we will be exploring ways to encourage further research.

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A Brief Look at War Related Psychological Injury in the Middle Ages

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The examination of ancient documents and texts for evidence of war related psychological injury is a controversial area. There are questions related to how emotional disorders were expressed in the past and the how it was considered within a social context. Did our ancient forebears suffer from Post-Traumatic Stress Disorder (PTSD) as we have currently constructed it? Is our current construct of PTSD fully valid and reliable? All of this is for another day's discussion. We can be guided in how war related psychological injury was perceived at a given point in time by what people wrote. Sometimes they were writing many hundreds of years after the alleged events occurred. Often the stories were fully or partially fictional. Those who were transcribing the documents could alter the story to reflect the values and concepts of their own age. Heroes could be made to appear more heroic and emotional details may have been omitted. Often, but not always, the time of transcription reflects the thinking of those who are documenting the stories. We will start with the Viking Sagas which were written down in the 12th and 13th centuries in Iceland. They are a recording of epic tales that were originally recounted orally. It provides us with a window into the minds of an earlier age.

Scandinavian sagas

It is in the Viking sagas that we first come across the concept of "*going berserk*." A Berserker was a warrior who would become so enraged in combat that he kills all around him. He would go into a frenzy of violence which was often followed by a state of exhaustion. They were recorded as being fearless, reckless, brutal, and merciless. Berserkers were held in high regard by the Viking society, but they were also feared. In battle they did not act in unison with their Viking compatriots. They were unpredictable and their reckless behaviour could often put their companions' lives at risk. They could cause great fear in an enemy who would often have heard of their reputation. They served as bodyguards to the leaders and as shock troops that were held in reserve until a crucial time during a battle when they could be released to cause havoc among the enemy. Berserkers are recorded as having served among the Varangian Guard of the Byzantine emperors during the Viking Age (750-1050).

The origins and functions of the Berserker in the Viking world may have varied over time. It has been suggested that they were individuals who suffered from PTSD and that their rage reactions were secondary to battle induced trauma¹. The real story is undoubtedly more complicated than this. As the people of late iron age Scandinavia wrote little, beyond what they recorded on *stellae* (large upright stones or columns decorated with figures or inscriptions), an accurate record of who the Berserkers were is difficult to fully ascertain. Most reports emanate from the Icelandic sagas after the Viking age had ended. Reports varied in content. Berserkers were recorded as fighting naked while consumed with an uncontrollable fury. Other reports have them wearing bearskin or wolfskin. They are recorded in Byzantine sources as howling like animals before battle. There is no evidence that they took hallucinogens before

¹ Shay J (1994), *Achilles in Vietnam: Combat Trauma and the undoing of Character*, Scribner Press, New York

battle as has been alleged by several recent authors². The descriptions of berserkers in battle as revealed by the sagas is consistent with a person in a dissociative state³. The berserkers were known for their intake of copious amounts of alcohol which they may have been using to attempt to reduce the uncomfortable feeling of post battle rebound anxiety. They were described by the thirteenth century Icelandic poet, Snorri Sturluson (1179-1241) in the *Ynglinga Saga*:

"Odin's men rushed forward without armour, were as mad as dogs or wolves, bit their shields, and were strong as bears or wild oxen and killed people at a blow, but neither fire nor iron told upon them. This was called berserkergang."

The Icelandic sagas, written from the Twelfth Century onwards are our best reflection upon the Viking age from the Scandinavian viewpoint. Part myth and part historical, they deal with the lives of warriors and their families. In the *Gisli Sursson Saga*, the hero is fearful of sleep and cannot stay alone at night due to his recurrent battle related nightmare's⁴:

"At last Gisli was so sore pressed with dreams that he grew quite afraid to be alone in the dark, and could not bear to be left by himself ... I dreamt says Gisli that men came on us and Eyjolf was along with them and many others beside and we met, and I knew that there was merry work between us. One of their band came first, grinning and gaping and methought I cut him asunder in the middle; and methought too he bore a wolf's head. Then many more fell on me and methought I had my shield in my hand and held my own a long while."

It can be inferred from this that the hero was having traumatic intrusive episodes in

the form of nightmares which would be consistent with the modern concept of post-traumatic stress disorder (PTSD).

Gaelic tales

The Medieval Irish tale of *Buile Suibhne* tells the story of Suibhne McColmain, king of Dal nAraidi being driven insane during the battle of Mag Rath (637 CE). There are many different versions of this tale, much of it involving a mixture of Christian and pagan iconography. Suibhne McColmain may have been a real historical character. He has recently been resurrected as a Gaelic god by American TV as the Mad Sweeney in *American Gods*. The madness developed suddenly, brought on by the noise of the armies clashing:

*"His hands became numb, his weapon fell, and he began to tread even so lightly as a bird levitating in the air."*⁵

He travelled as a madman around Ireland, Scotland, and Western England. On two occasions he had what we would call remissions. He relapsed on the first occasion secondary to the noise and clamour of a hunting party. He was killed during his second remission by a jealous husband.

From an examination of the Gaelic text, the Irish language used dates from the 12th to the 15th Century. It is part epic and part poetry. It demonstrates that in medieval Ireland there was an understanding that battle can lead to long-term madness that can have episodes of remissions.

French accounts

The great French historian, chronicler and commentator, Jean Froissart (approximately 1337-1400) noted in 1388, that when he was staying at the court of the Comte de

² Price N, (2020), *The Children of Ash and Elm; A History of the Vikings*, Allen Lane, Penguin Random House, UK

³ Hoyersten J.G, (2015), Manifestations of Psychiatric Illness in Texts from the Medieval and Viking era, *Archives of Psychiatry and Psychotherapy*, **2**: 57-60 DOI: 10.12740/APP/44385

⁴ *Gisli Sursson's Saga and the Saga of the People of Eyri* (2003), Penguin Classics, UK

⁵ O'Sé Sean, (2010), *Buile Suibhne, (Modern Irish Version)*, Coiscéim Publishers, Dublin, Ireland

Foix, the Comte's brother, Pierre de Beam, would re-enact past battles in his sleep. He would grab a sword and trash about as if he were in the middle of a melee. As a result, he would not sleep in close proximity to his wife or children for fear of causing them injury.

*"Sir Peter de Bearn has a custom, when asleep in the night-time, to rise, arm himself, draw his sword and to begin fighting as if he were in actual combat. The chamberlains and valets who sleep in his chamber to watch him, on hearing him rise, go to him and inform him what he is doing; of all which he tells them, he is quite ignorant and that they lie. Sometimes they leave neither arms nor sword in his chamber, when he makes such a noise and clatter as if all the devils in hell were there"*⁶.

Froissart lived during the vicious Hundred Years War (1337-1453) between England, Burgundy, and France. It was a time of chaos as bands of mercenaries and various armies looted, pillaged, raped, and massacred the people of France.



The Battle of Poitiers, 1356 originally from the manuscript of Froissart (1410)

Aleksandra Pfau's examination of French remission letters (lettres de remission) during the Hundred Years War make

fascinating reading⁷. The letters of remission were in response to special requests to the French monarch seeking a royal pardon for a relative or friend who had been convicted of a serious offence, which would normally lead to the death penalty. On examining these documents from the Royal Chancery, Pfau found examples of the criminal actions and behaviours being attributed by the petitioners to war induced madness. The letters suggest that there was an understanding within the French community that the extreme violence associated with the war can lead to or exacerbate a madness which can result in behaviour for which the individual is not fully responsible.

One case she writes about is that of Guille Cliquet. His family wrote to King Charles the Sixth of France (1368-1422) in April 1422. They explained that Guille Cliquet would have episodes of fury and anger during which he needed to be subdued and chained. They regularly took him on religious pilgrimages in their search for a cure. The family attributed the exacerbation of his mental state that led to him murdering his servant, Guille Talart and assaulting his son as being secondary to the effect of soldiers pillaging and destroying his home. One night while trying to repair his home there was an argument over a lit torch. In a fit of anger, he lashed out at his son and hit his servant's head with a tool. His family pleaded that this act of violence would not have happened except for the recent actions of the soldiers.

Suicide was considered to be a criminal act and the goods of those who commit suicide would be forfeited to the French crown. There was also a strong religious sanction against suicide. Up until recent times those who died by suicide were not allowed to be buried in a Christian cemetery. Alexandra Pfau provides three examples of women being granted letters of remission following their suicides which was associated with

⁶ Froissart J, (1848), *Chronicles of England, France and Spain and the Surrounding Countries, Book 3*, translated by William Smith, London, England

⁷ Pfau A, Warfare, (2013), Trauma and Madness in French Remission Letters of the Hundred Years War, in *The Hundred Years War (Part3): Further Considerations*, (eds Villalon L.J, Kagay D.J), **Vol 85**: Brill, Boston, USA

madness brought about by the actions of soldiers looting their homes and assaulting them. What is not mentioned in the letters of remission are sexual assaults which may well have taken place. The sense of shame associated with being a victim of sexual assault even today is frequently either hidden or else implied by the use of euphemistic language.

Conclusions

Hidden in archival records all over the world are texts and records of how some of our earlier ancestors understood that war could have a detrimental effect upon the mental health as well as the physical health of both soldiers and the civilian population. It is only recently as many historical documents are being digitalised and put online that we are gaining a better understanding of their opinions and insights.

The plight of elderly people in a 2000 bed psychiatric hospital: a survey in 1966

Dr John Bradley and Claire Hilton

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Friern Hospital in 2018 (photographed by author)

In 1965, I was appointed as consultant psychiatrist to the 2,000 bed Friern Hospital in North London, sharing the care of the patients with three other consultants. I was also required to provide liaison and outpatient clinics to two general hospitals and a maternity hospital. Shortly after my appointment, I was surprised to be elected chairman of the Friern Medical Committee, largely, I suspect, because no one else wanted the job. A little later, after the medical superintendent resigned, following criticism of the mental hospitals, particularly

Friern, in a book entitled *Sans Everything*,¹ I took on the role of medical director.²

Although I had been working in psychiatry since 1954, I had done most of my training in the Royal Air Force and in research or general hospital units in the UK and USA. I therefore had no previous experience in a large psychiatric hospital looking after brain-damaged or institutionalised “chronic schizophrenics”, nor experience of caring for elderly people. I was initially overwhelmed that, between us four consultants, we were responsible for all patients aged over 65. They comprised 35% of the in-patients and 18% of all admissions. Many of them would have to remain in the hospital due to lack of alternative resources, swelling the ranks of the ageing population of long-stay patients, most of whom were suffering from chronic schizophrenic illnesses.

Some of the patients at Friern with schizophrenia had been in the hospital for 30 or 40 years. For many of them, the florid aspects of the illness were no longer a problem, but without much attempt at rehabilitation, and in many ways fostered by the system, they had become institutionalised, lacking in drive, and spending small earnings from routine industrial therapy on tobacco (even though there was already a free ration of tobacco!). Some of them had been given insulin coma treatment, but before my time, thank goodness! I have very unhappy memories of giving that treatment, which in the 1950s, was proved to be dangerous and ineffective,³ but I don't know of any negative sequelae of the treatment in Friern patients.

Many of these patients had had little active treatment in terms of medication until the mid-1950s when the phenothiazines were introduced. (I had spent some time, in 1958, in the clinic of Professeur Delay in Paris to learn all about “Largactil”, and about how they were able to cut down on the use of the “camisole de force”, the straitjacket.) Chlorpromazine was used when I got to Friern, generally with good effect, but the padded rooms remained in use.

The Regional Hospital Board was well aware of the problems at Friern and elsewhere. At that time, in theory, it was working towards running down the enormous mental hospitals surrounding London, as in the rest of the country. I was therefore commissioned to make a study of the needs of the patients over 65 who were in the hospital in 1966. This paper is based on the report of that study.⁴

Friern Hospital

Friern Hospital had opened as Colney Hatch Asylum in 1851.⁵ In 1966 it had 2,000 beds and about 2,000 admissions a year serving a population of over 600,000 in an urban area. It served the London boroughs of Camden, Islington, and Haringey where there was a large shifting population. The hospital was divided into female and male sides, the female side headed by the matron and the male side by the chief male nurse in terms of nursing care. There were 137 female nurses and 112 male nurses serving the whole hospital. Most of the wards were far too large for good nursing care, some of them having as many as 90 beds, often without easily accessible toilets. The consultants—male and female—all served both sides of the hospital.



Colney Hatch Asylum: The original illustration hung behind my chair in the board room at Friern, and a copy was given to me as a leaving present after 10 years as medical director.

Geriatric patients

Nowadays the term geriatric is used infrequently, but in the 1960s it meant patients over the age of 65. New geriatric patients were admitted from several sources, including general practitioners,

mental health social workers, and as transfers from general hospitals.

In 1966, there was an expectation by the general hospitals that the psychiatric hospital would be responsible for the long-term care of confused elderly patients. Some were found to be acutely confused on admission, others were admitted to admission wards with psychiatric illnesses such as depression which would respond to treatment with medication or electro-convulsive therapy. However, many remained in hospital even after recovery from the acute episode, and discharge could prove a challenge, as stated in the report: "Once relieved of the burden of an old person, relatives are often unwilling to accept responsibility for them again, although as much humane pressure as possible is brought to bear upon [them] to do so. In many cases, the old people may be living alone and although well in hospital it is known that as soon as they return to their old environment they will relapse."⁴ Better community support and social care would have enabled more successful discharges.

At the time of the report, there were 738 geriatric patients in the hospital, comprising 536 women (54% of total women patients) and 202 men (24% of total male patients), mainly with dementia or chronic schizophrenia. On the female side, the elderly patients were nursed in 24 different wards though mainly concentrated in 12 wards. Of the 536 women patients, at the time of my survey, 290 were incontinent, (182 of whom, doubly incontinent), 110 needed feeding and 305 needed dressing. The 202 male patients over 65 were accommodated in 16 wards, but mainly concentrated in four. Thirty-nine male patients were doubly incontinent and 19 needed feeding. Their nursing staff were, of course, all males. For many long stay patients, the hospital had become their home.

Although spread very thinly, the nurses showed dedicated care in coping with their geriatric patients' extensive needs. Without meaning to be in any way disrespectful, they

often referred to their charges as “the babies”. Many of the patients, both men and women, had been prescribed spectacles or dentures, and it was an ongoing problem for nursing staff to make sure that each individual patient had access to these essential aids, absence of which further undermined their independence. Needless to say, the nursing staff were overstretched, and the four consultants were very much dependent upon the medical skills of their trainees, registrars and senior house officers (SHOs), and senior hospital medical officers (SHMOs), in sub-consultant grades. The ward doctors were responsible for making medical examinations of the patients and they had access to consultants in internal medicine and dental and chiropody care. For the whole hospital there was one full time physiotherapist, one full-time “medical gymnast”, and one full time social worker, assisted by two part time social workers.

Occupation

To suit the wide range of physical and mental abilities of the elderly patients, occupations had to be extensive and varied. Each ward was equipped with a radio and TV, but they often provided little more than background noise. Library books and newspapers were available, but rarely read. Many of the more active patients organised their own activities such as wandering around the extensive hospital grounds. Other social events like concerts were organised by the Hospital Club mainly by helpers from the Women’s Royal Voluntary Service (today, [Royal Voluntary Service](#)). Wards were visited by voluntary groups, and apart from visits from relatives and friends, the resident Church of England chaplain, chaplains of other denominations and a rabbi visited the wards regularly.

The occupational therapy department had a purpose-built geriatric annexe serving 116 women patients where they were able to do craft work, simple industrial work, and cooking. Sixty-eight male patients were regularly occupied in the occupational therapy department or in the utility departments, such as the kitchen, gardens,

and maintenance workshops. For the patients who had been in hospital for shorter periods, a very small staff made attempts to assess their abilities to live independently.

Future plans

Following my report, in 1967 a visit by a consultant geriatrician was arranged. He was keen to see at least some of the geriatric wards. I arranged to escort him myself, and he asked me if I was the new SHO. He appeared slightly embarrassed when I told him I was, in fact, the new medical director.

I was bewildered as to what should be done to reduce the hospital population. At that time, one of the SHMOs at Friern was Dr Stefanie Felsenburg, and I often discussed hospital problems with her. She studied medicine in Vienna, graduating in 1932. She was Jewish and fled the Nazis, arriving in Britain in 1939 on a domestic service visa. In her *BMJ* obituary (1977), I wrote that she “had a profound influence on the hospital and was absolutely devoted to its welfare. She epitomised all that was best in the psychiatric hospital doctor, providing a sense of continuity and personal care for patients and staff. She was a woman of lively wit, wide interests, and wisdom....”⁶

So, when I was going on holiday to Vienna in 1967, I took her advice, to call on the medical director of the local psychiatric hospital and ask him about his long stay population. He said that the Nazi administrations before and during the Second World War had succeeded in easing the problem of the long-stay patient. I remember his answer, but only fully understood it much later when psychiatrists’ participation in the Nazi programme of “euthanasia” for mentally ill or learning-disabled people was uncovered.⁷ Clearly, Stefanie had not known about it either.

Regarding making plans for the future of Friern Hospital and its elderly population, my report to the Health Authority was evidently a start. As medical director I was able to persuade the Health Authority to invest more in staffing—medical, nursing, occupational and rehabilitation—at all levels,

together with closer liaison with social services and caring agencies. Ten years later the number of consultants had increased from four to 23 and the number of beds occupied had fallen from 2000 to 1000.

In trying to improve local services, I also had an ally: Margaret Thatcher, the local member of parliament from 1959-92. Although we did not see eye to eye politically, she visited the hospital regularly in her constituency role, helped us obtain more funding, and certainly facilitated the implementation of urgently needed improvements. Unfortunately, her support to local mental health services in the '60s (e.g. [Mental Health 'everyone's problem'—MP](#)⁸) was a far cry from her NHS and social care reforms when Prime Minister.

Acknowledgements

I am most grateful for the help of Dr Claire Hilton, historian in residence, RCPsych who has provided me with encouragement and wise suggestions throughout the preparation of this article.

¹ Barbara Robb. *Sans Everything: A Case to Answer*. London: Nelson, 1967.

² John Bradley. Sixty years in psychiatry. *Medico-Legal Journal* 2017;85(4):210-214. doi:[10.1177/0025817217721381](https://doi.org/10.1177/0025817217721381)

³ Robert Freudenthal and Joanna Moncrieff. "A landmark in psychiatric progress"? The role of evidence in the rise and fall of insulin coma therapy. *History of Psychiatry* 2022;33(1):65-78. doi:[10.1177/0957154X211062538](https://doi.org/10.1177/0957154X211062538)

⁴ John Bradley. Memorandum on the current state of the care of geriatric patients in Friern Hospital, 1967. (Typescript, personal archive)

⁵ Colney Hatch Asylum (1851-1918); Colney Hatch Mental Hospital (1918-1937); Friern Mental Hospital (1937-1959); Friern Hospital (1959-1993). The National Archives Hospital Records Database <https://www.nationalarchives.gov.uk/hospitalrecords/details.asp?id=53>

⁶ JJB. Stefanie Felsenburg MD DPM. *British Medical Journal* 1977;1(6069), 1165.

⁷ e.g. Edith Sheffer. *Asperger's Children: The Origins of Autism in Nazi Vienna*. Norton: New York, 2018.

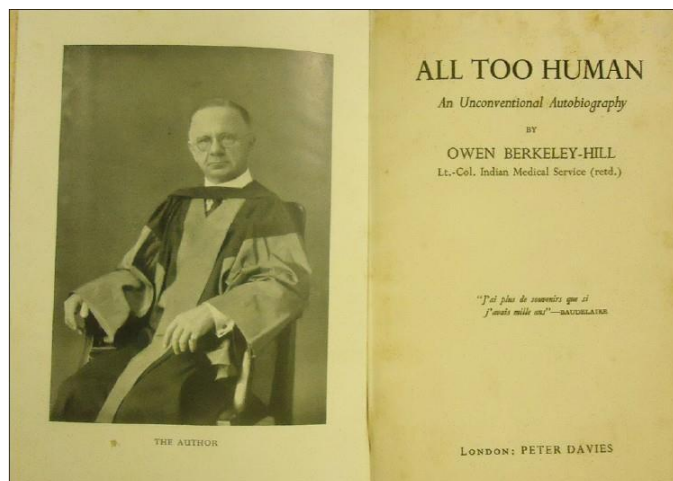
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A British psychiatrist in the Raj

Mike Young

"[Owen Berkeley-Hill] by far the ablest man that has yet been in Indian psychiatry."

*Ernest Mapother, 1938*¹



Portrait of Owen Berkeley-Hill from his Autobiography *All Too Human*.

Adapted from Sarin A, Jain S. A lunatic and a murderer or Berkeley-Hill's machine-gun. *Indian J Psychiatry* [serial online] 2014 [cited 2022 Nov 29];56:402-4. Available from: <https://www.indianjpsychiatry.org/text.asp?2014/56/4/402/146513>

The mental health of the British in colonial India between 1900 and 1947 was the subject of my recent doctoral thesis. My studies were inspired by access to original medical records housed at India's Central Institute of Psychiatry (CIP) in Ranchi, approximately 450 miles northeast of Kolkata. In particular, the case notes featured the practice of Lt-Col Owen Berkeley-Hill, Indian Medical Service (IMS), psychiatrist, psychoanalyst, innovative practitioner, prolific author of articles in medical journals and a permanent embarrassment to the military and health authorities of the Raj.

My interest in India developed during my career as a social worker and manager in statutory mental health services in West

Yorkshire with its large South Asian population. I had visited Pakistan and India and led groups of professional staff to Gujarat to learn more about attitudes towards mental illness amongst Gujaratis, many of whom lived in the area where we worked.

I twice visited the CIP, a hospital of national importance incorporating teaching and research facilities. It opened in 1918 as the European Mental Hospital (EMH), its huge catchment area stretching from present day Iran across the whole north of India and including Myanmar. As its name suggests, it catered for Europeans and those of mixed heritage provided they had a white male European ancestor. An Indians-only mental hospital opened a mile away in 1925. Some original medical records have survived. Those written by Berkeley-Hill showed him to be self-confident, patronising and occasionally amusing and irreverent. He saw himself as a pioneer with a remit to bring the latest Western methods of treatment to the sub-continent.

Little research has been undertaken on the mental health of the British in India in the century before Independence in 1947. The brilliant scholarship of Waltraud Ernst², Professor Emerita of Oxford Brookes University, has extended our knowledge of the East India Company's asylums, of colonialism and approaches to mental illness and of transnational psychiatry. I decided to use my retirement to study how psychiatry developed in British India in the twentieth century. Berkeley-Hill's writings gave me greater insight into whom I termed in my thesis as *distressed Imperial Minds*, those Europeans who, despite their privileges, coped badly with the hostile climate, the social and cultural isolation and frequent boredom of life for in India, together with the permanent stresses of being the physical embodiment of the Raj, permanently on display.

Owen Berkeley-Hill was born in Dublin in 1879. After medical training he joined the IMS arriving in India in 1907 and worked in asylums in Bombay and Lahore. The IMS

formed part of the Indian Army and its medical personnel were serving officers subject to military discipline. In 1919 the then Major Berkeley-Hill became the medical superintendent of the EMH and remained in post until his retirement in 1934. He continued to live on the hospital site and remained available for consultations until his death in India in 1944. One unusual factor was that he married an Indian woman, a rare occurrence amongst British officials later in colonial India.

On arrival at the EMH he immediately antagonised the military authorities. He gave an interview to the British Indian press condemning the conditions in the new hospital describing it in powerfully insulting terms as "worse than a kaffir's kraal."³ He apologised, as ordered, to prevent dismissal from the service, though he did secure the extra resources he had requested. In 1920 the EMH was given a machine gun following anti-British rule demonstrations across India. He informed a visiting general that he had placed a soldier patient in charge of it who, whilst mentally unwell, had shot dead a fellow soldier. The general may not have been amused when Berkeley-Hill told him "That man is a lunatic and a murderer. Could you suggest anyone more suitable to be in charge of a machine-gun?"⁴ The weapon was removed the following day.

New patients to the EMH were required by Berkeley-Hill to spend their first week in bed to give them extended rest. Those who demonstrated acute excitement were treated with hydrotherapy in their own room, darkened in an attempt to reduce distractions. The patient would stay in a bath kept at a constant temperature of between 94- and 96-degrees Fahrenheit. There was a canvas cover across the bath through which the patient would place their head. Meals and tea were taken in the bath. Attendants would be present to maintain the water heat but were not allowed to speak apart from the basic civilities. In 1931 Mrs WE was given 31 consecutive days of hydrotherapy from 8am to 6pm intended to induce calmness. It seemed to have had little long-term effect on Mrs WE who died in the

hospital in 1958 after 30 years residence there.

Berkeley-Hill claimed to have introduced occupational therapy to India in 1923 setting up a department still functioning today, whose activities included weaving, carpentry and art. He introduced a Habit Formation Chart which nurses were required to complete weekly. An example of its use is recorded in the medical notes on Mrs BG. In 1931 after she had lived at the EMH for four years, Berkeley-Hill had identified two unacceptable habits in her behaviour: her use of foul language and her constant wandering about the hospital. He prescribed three actions for nurses to use to correct them. These were to "stop her cigarettes, splash her face with cold water and buy her a new dress." One file entry noted shortly after the start of the regime that she had not been very abusive that week and had improved her concentration in the OT department. The notes did not indicate whether this behaviour modification had rewarded her with the new dress.

Between 1921 and 1937 my research showed that Berkeley-Hill had 16 articles published in the *Indian Medical Gazette (IMG)*. Others appeared in professional journals as diverse as the *British Journal of Nursing*, the *Psychoanalytical Review* and the *Patna Journal of Medicine*, on topics such as tropical neurasthenia, the ideal qualities of a mental nurse and the need for a system of mental hygiene.

In May 1927 he reported in the *IMG* on the treatment of 12 of his patients by injecting them with the blood of someone who was already infected with malaria.⁵ The contaminated blood of a 'ward-boy' in the hospital was used in the trial. Thus, Mr JAB, aged 37, received 2.5 c.c. of infected blood and was then treated with cinchonae for 30 days to tackle the induced malaria. It January 1925 it was reported that he "suddenly regained his mental health ... the change was melodramatic." [Emphasis in original] He was discharged three weeks later and was reported as perfectly healthy six months afterwards. Mrs JH was 33 and "a

typical case of dementia praecox" who would not speak and had to be fed and made to do everything. She received 0.5 c.c. of malarial blood and following an initial adverse reaction her mental health gradually improved. She became "a good worker," began to say a few words and became cleaner in her habits.

There were some common themes in this study. All the patients had a rise in body temperature, one by as much as 6 degrees Fahrenheit and all showed a decrease in weight during the course of their treatment. Of the 12 patients in the study, four showed an improvement in their mental health but eight did not and two of those died. There were no concluding comments from Berkeley-Hill on whether he regarded the trial as worthwhile or not.

Early in his career Berkeley-Hill demonstrated an interest in psychoanalysis. He had attended a lecture by Freud in London and was later in correspondence with him on research methods. His case notes often made reference to Freud's teachings. He wrote of the "repressed homosexual tendencies" of a man who spoke of dressing in his sister's clothes as a boy and enjoyed playing the female part in childhood games. When another patient told him how he had sent a gift of a sunshade to a woman he admired, Berkeley-Hill wrote of the item as a "a notorious phallic symbol."

It was clear from his writings that Berkeley-Hill believed that psychoanalysis had proved to be a powerful asset in his repertoire of treatments. He acknowledged that fellow professionals might doubt its credibility. To those dissenters he offered a challenge: "Don't laugh at me. Just try for yourself and see what happens."⁶

During the 1920s and 1930s there was much speculation amongst medical scientists in central Europe on the relationship between schizophrenia and epilepsy. They had used intramuscular injections of various chemicals with the intention of inducing fits to reduce mental distress. Berkeley-Hill introduced such methods shortly after their introduction

in Europe. He seems to have ended his use of insulin injections to induce coma as patients showed little improvement and needed considerable nursing attention afterwards.

A more frequently used substance was cardiazol, a respiratory and cardiovascular stimulant, a preparation easily soluble in water and so more suitable for intravenous injection.⁷ The induced fits required less direct supervision of patients and involved doctors for only a few minutes three times a week. In June 1938 Berkeley-Hill published in the *IMG* his findings from a study of 42 patients who had been injected with cardiazol.⁸ He described the results as encouraging and that in particular cases its use "appears to have been safe."

In 1937-8 Edward Mapother, the medical superintendent of the Maudsley Hospital, visited India at its Government's request to report on the state of psychiatric hospitals. His report was critical and was never published. He described Berkeley-Hill as "by far the ablest man that has yet been in Indian psychiatry" but that "the credit of psychiatry has suffered" because of the latter's support for the "Freudian School."⁹

At the National Archives of India, I read confidential Government of India documents from 1943 which confirmed official antagonism towards Berkeley-Hill. He had responded to an emergency request for psychiatrists to join the IMS as the war in South Asia entered a challenging phase. His application was declined by the most senior IMS officers who commented that he had been "adversely reported several times" and was "temperamentally not fit for re-employment." He was not told this but thanked for his application and informed that younger doctors should be given priority. His statement in his 1939 autobiography that in the Army the "authoritative dull are in the majority"¹⁰ would not have endeared him to the military authorities.

To present day practitioners Berkeley-Hill's methods may seem quaint, eccentric or even dangerous. However, his writings are infused

with a passionate belief in their merit for tackling the bleakness of schizophrenia and other forms of mental distress. He put his patients first even when threatened with sanctions by the military hierarchy. With a therapeutic optimism he introduced new forms of treatment and was ready to debate their merits with fellow professionals. He was a man with faults but one to be respected for his commitment to the psychiatric profession. I will leave the final words to him. With characteristic immodesty he proclaimed in his autobiography:

"... the miserable bear-garden I had taken charge of in October 1919 had become the finest mental hospital in Asia, and a great deal finer than many hospitals in Europe."¹¹

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NOTE – Unattributed quotes come from the original medical records.

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² See, for example Ernst, Waltraud (reprinted 2010), *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-1858*, Anthem Press, London.

³ Berkeley-Hill, Owen, Lt Col (IMS), (1939) *All too Human: An Unconventional Autobiography*, Peter Davies, London.

⁴ Berkeley-Hill, *All too Human*, p. 262.

⁵ Berkeley-Hill, Owen, Major (IMS), (May 1927), 'A short report on some therapeutic



Berkley Hill Ward at the Central Institute of Psychiatry (CIP) in Ranchi, India.
Photographed by the author in 2016

investigations carried out at the Ranchi European Hospital, *Indian Medical Gazette*, vol. LX11, no. 5, pp. 67-76.

⁶ Berkeley-Hill, (May 1930), 'The position of psychology in the teaching of medicine,' *IMG*, vol. LXV, no. 5, p. 282.

⁷ McCrae, Niall (2006) "A violent thunderstorm," *Cardiazol treatment in British mental hospitals', History of Psychiatry*, vol.17, no. 1.

⁸ Berkeley- Hill, (June 1938), 'Treatment of schizophrenia by inducing epileptiform shocks,' *IMG*, vol. LXX111, no. 6.

⁹ Mapother (See Endnote 1).

¹⁰ Berkeley-Hill *All Too Human*, p. 80.

¹¹ Berkeley-Hill *All Too Human*, p.363.

Hypnotism, Suggestion and early British Psychotherapeutics (1882-1914)

Gordon Bates

One of the building blocks of British dynamic psychiatry and early clinical and academic psychology can be traced back to the late Victorian era. The Society for Psychical Research (SPR), a gentleman's club founded by spiritualists and academics in 1882, laid the foundations for the disciplines through its efforts to scientifically investigate and catalogue non-materialist phenomena like hauntings, telepathy and hypnotism. The leading lights of the organisation, Edmund Gurney and Frederic W. H. Myers, used hypnotism in particular to explore the ideas of secondary consciousness and special mental powers, culminating in Myers' concept of the subliminal self and his magnum opus *Human Personality and Its Survival of Bodily Death*.¹ Published after his death in 1903, Myers proposed that consciousness was neither unitary nor wholly accessible and that the subliminal self was the creative, intuitive and psychic aspect of the deep subconscious.

As early as 1883, the committee of the SPR had decided that the best way to research the potential of hypnotism was to recruit physicians whose scientific training and objectivity would be assets for the work and its dissemination. Their most famous recruit was probably the doctor and writer Arthur Conan Doyle, but despite his membership lasting between 1893 and 1930 he never contributed practically to the organisation's

hypnotic research. The two doctors who were to lead the studies of the SPR Hypnotism committee through the 1890s were the 'New Hypnotists' Charles Lloyd Tuckey and John Milne Bramwell. Already using hypnotism routinely in their clinical work, both were intrigued by the psychological insights to be gained by the technique. It is fair to say that Bramwell was more sceptical than Tuckey about unlocking psychic potential this way.



SPR member Julian Ochorowicz investigating the medium Stanislava Tomczyk

Despite its 'fringe' status there had been growing interest in medical hypnotism across Europe. The French neurologist Jean-Martin Charcot had sanitised the medical use of hypnotism, which was contaminated by unsavoury links to mesmerism, spiritualism and quackery, but he had only used it to display hysteria. Meanwhile, the Nancy school under Hippolyte Bernheim had shown its efficacy in treating a wide range of physical and mental conditions and developed a new theory of its mechanism of action, 'suggestion'. Both Tuckey and Bramwell had visited Nancy and studied the techniques, publicising them in their books, *Psycho-Therapeutics* and *Hypnotism: Its History, Practice and Theory*.² When the

¹ Frederic Myers, *Human Personality and Its Survival of Bodily Death (Vol I and II)* (London: Longmans, 1903).

² Charles Lloyd Tuckey, *Psycho-Therapeutics or, treatment by hypnotism and suggestion* (London: Ballière, Tindall & Cox, 1890) ; John Milne

International Congress of Experimental Psychology was first held in London in 1892 it was jointly hosted by the SPR and University College London and included several sessions on hypnotism. It was attended by over 100 delegates from all over Europe, among them Myers and the physicians Tuckey, Bramwell and Bernheim.

The response of the medical institutions to hypnotism was complicated. At the 1890 annual meeting of the British Medical Association (BMA) in Birmingham, the psychology section unanimously agreed to set up a committee to investigate hypnotism after a powerful and convincing demonstration of anaesthesia and special abilities from Tuckey and others. The committee took three years to report back favourably to the BMA main board, but the report was shelved by the reactionary institution fearful of negative public opinion. However, in 1898 it seems that hypnotism was still under discussion and in an unusual programme choice, Frederic Myers, who was not medically qualified, was invited to speak to the annual conference about hypnotism. Myers' scholarship and international outlook meant that he was the first in Britain to recognise the significance of Freud's work reporting on it to the SPR as early as 1893.

Ernest Hart, the editor of the *British Medical Journal (BMJ)*, was increasingly vituperative about the technology in the journal until his death in 1898. He went as far as setting up a 'sting' in which some of the New Hypnotists were duped into unsuccessfully hypnotising an actor who had previously worked for stage magicians, feigning entrancement and enduring painful procedures. He took great glee in exposing the doctor's gullibility in the *BMJ*. Hart's attitude can be easily discerned from the

Bramwell, *Hypnotism: Its History, Practice and Theory* (London: Grant Richards, 1903).

³ Ernest Hart, 'Hypnotism and Humbug', *Nineteenth Century*, 31 (Jan 1892) (pp. 24-37); Ernest Hart, 'Mesmerism and the New Witchcraft' (London: Smith and Elder, 1893). His articles on hypnotism were collected and republished in Ernest Hart, *Hypnotism, Mesmerism and the New*

titles of his journal articles and books: *Hypnotism, Mesmerism and the New Witchcraft, Hypnotism and Humbug, and The Eternal Gullible*.³ However after Hart's death, the new editor Dawson Williams reported much less on the subject, until the rise of the Church of Christian Science and charismatic physicians like William Osler prompted an entire edition focussing on the role of faith in healing in 1910. By this time, there was an increased recognition of the non-material aspects of medicine and the consultation based upon the model of suggestion and predating research into the placebo effect.

Historians have very different views about the progress or development of hypnotism around this point. This is influenced by both their theoretical viewpoints and the information that they used to reach their conclusions. Presumably influenced by Pierre Janet's account, the psychiatrist and historian Henri Ellenberger outlines a rapid decline in medical hypnotism after the death of Charcot in 1893.⁴ This may be true to an extent in France, but former SPR president Alan Gauld's exhaustive *A History of Hypnotism* shows that in Britain publications about hypnotism actually rise at the turn of the century.⁵ The New Hypnotists like Bramwell and Tuckey, writing at this time, also describe an increased acceptance and recognition of hypnotism among their colleagues and the general public.

According to Victorian historian Terri Chettiar, Myers' 1898 BMA speech was met with either confusion or scepticism by the British physicians and she ends her history

Witchcraft, enlarged ed. (London: Smith and Elder, 1896).

⁴ Henri Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1981).

⁵ Alan Gauld, *A History of Hypnotism* (Cambridge: Cambridge University Press, 1995).

of British hypnotism and suggestion here.⁶ Ernest Jones a pioneer psychoanalyst, who effectively controlled the development of classic Freudian analytic practice through the London Psycho-Analytical Society which he founded, wrote an early biography of Sigmund Freud and an influential history of early psychoanalysis. He described the medical hypnotists as a very small group who were viewed suspiciously their colleagues while hypnotism was viewed akin to quackery.⁷ The modern historian Philip Kuhn rejects this historicity, wishing to challenge Freudian primacy and particularly Ernest Jones' self-mythologizing.⁸ I share his view of a clear continuity from hypnotism to early psychological therapies and Myer's speech as a step towards more general medical acceptance.

The early history of psychology and talking therapies in the United Kingdom at the start of the twentieth century has yet to be well told. There were so many overlapping institutional and non-institutional approaches and groups that it has been called the Early British Eclectic School.⁹ An early British centre for psychotherapeutics was the Psycho-Therapeutic Society (PTS), founded in London in 1901. Established and run by Arthur Hallam who did not have a medical background, most of the therapists used suggestion and hypnotism but were also non-professional. The early medical therapists like Tuckey and Milne found this very threatening to the medical monopoly and membership of the Medical Society for the Study of Suggestive Therapeutics (MSSST) was banned to physicians who had links with the PTS.

⁶ Teri Chettiar, "'Looking as Little Like Patients as Persons Well Could': Hypnotism, Medicine and the Problem of the Suggestible Subject in Late Nineteenth-Century Britain", *Medical History*, 56 (2012) (pp. 335–54).

⁷ Ernest Jones, 'The Early History of Psychoanalysis', *Journal of Mental Sciences*, 100 (1954) 198–210 (p. 201).

⁸ Philip Kuhn, *Psychoanalysis in Britain 1893–1913: Histories and Historiography* (Lanham: Lexington, 2017).

Another unlikely non-institutional influence came from the field of mysticism. Several early Freudian and non-Freudian therapists were members of the Hermetic Order of the Golden Dawn. This secret ceremonial magic group was set up by two physicians and Tuckey himself was initiated in 1894. The novelist and occultist Dion Fortune also trained in psychotherapy. The commonalities between the occult and therapy may not be obvious today but included not only hypnotism and the will but also an ideal of self-development. Finally, the historian Mathew Thomson reminds us of the importance of the growth and spread of psychological ideas which developed outside of professional organisations in the form of popular magazines and self-help publications.¹⁰

Modern historians usually follow the evolution of their own branch of interest rather than depict the complex heterogeneous forms of early psychotherapies. In that way, this essay is little different, though it does acknowledge the problem. However, one indication of the importance of hypnotism and suggestion in this story of early talking therapies is the noun 'psychotherapeutics' which was used then as an umbrella term for all psychological cures, and which was derived from Tuckey's book title, which itself came from Bernheim's adjectival neologism *psychothérapeutiques*.¹¹

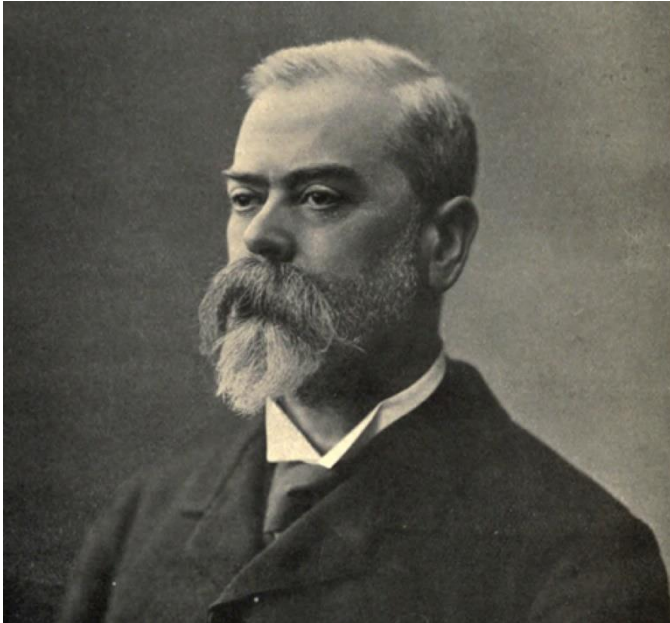
This hybridity is perfectly illustrated by the MSSST. In 1907, two provincial general practitioners Betts Taplin and Douglas Bryan approached Tuckey who was still working as a medical hypnotist to become the inaugural

⁹ Suzanne Raitt, 'Early British Psychoanalysis and the Medico-Psychological Clinic', *History Workshop Journal*, 58, 1 (2004) pp. 63–85.

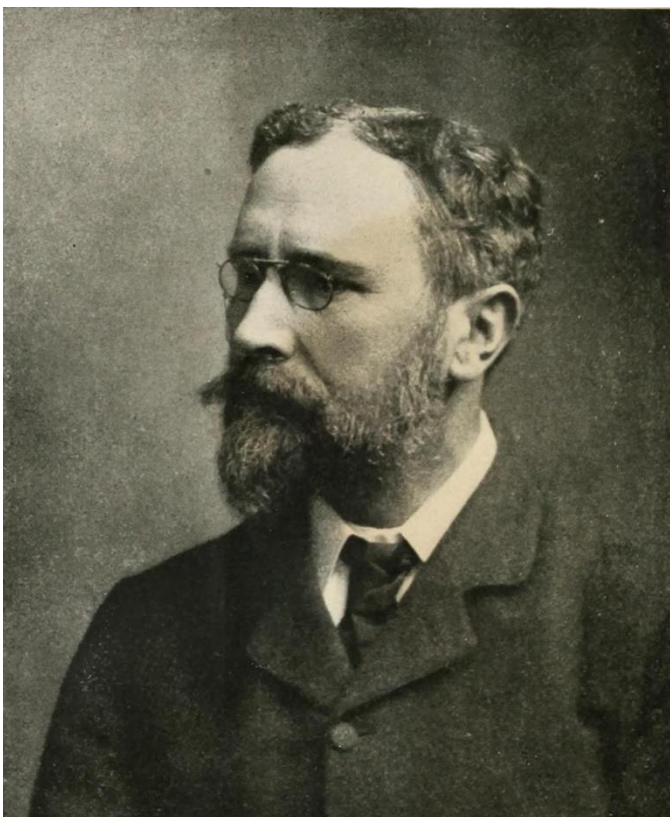
¹⁰ Mathew Thomson, *Psychological Subjects: Identity, Culture and Health in Twentieth-Century Britain* (Oxford University Press, 2006).

¹¹ Sonu Shamdasani, 'Psychotherapy: The Invention of a Word', *History of Human Sciences*, 18 (2005) (pp.1–22).

chair of the learned society. The group's stated purpose was the support of medical practitioners in learning about and practising hypnotism and suggestive therapeutics. The MSSST had close links to the SPR sharing the same premises, library and staff as a result of Tuckey and Bramwell's links.



New Hypnotist: John Milne Bramwell MB CM (1852-1925)



New Hypnotist: Charles Lloyd Tuckey MD (1854-1925)

Bramwell would become the society's next chair. Through another member Percy Allan, it could also record and publicise its work via *The General Practitioner*, a journal aimed at the majority of doctors who were predominantly general practitioners. As a result of these advantages and the quality of the presenters in its lecture series (since so many of its early members were also members of the SPR) they had access to some of the brightest scholars and the most up to date information on British and Continental ideas about the mind. With an initial membership of around thirty it grew to over 150 and became the home for medical psychological thinking before the First World War.

In 1910 the board of the MSSST decided to rename the group the Psycho-Medical Society (PMS). Historically significant members included William McDougall and his student William Brown. The name change may have been to better reflect and accommodate the variety of psychotherapies that the members then followed. In particular, there was growing interest in using hypnotism to uncover suppressed traumatic memories as part of a hybrid of suggestion and Freudian catharsis. There were other alternative forms of mental treatment like Paul Dubois' persuasion, Roger Vittoz' re-education, Hugh Crichton-Miller's mind-drill and Pierre Janet's re-synthesis which were all discussed at the society's talks and within its journals. Younger members like Crichton-Miller, who had completed his MD on hypnotism, described innovations to basic hypnotism which included the hypnotism of groups of patients and the use of prescribed drugs like bromide and sedatives to aid hypnosis and increase suggestibility. At this point Freudian psychoanalysis was viewed as just one of a number of equivalent mind cures which were used empirically according to the presenting problem of the patient.

The recovery of this fascinating period of history demonstrates the pragmatism and diversity of early psychotherapeutics and the way that the British institutions of psychiatry and psychology have collectively ignored or

forgotten their links to hypnotism due to its continuing associations with entertainment and quackery.

About the author

Gordon Bates is a child psychiatrist and historian. He is currently rewriting his PhD thesis about the New Hypnotists as a monograph. His interests include pseudoscience, placebo and psychology's strange links to the occult.

Penguins on the Mind exhibition.

The 'Penguins on the Mind' exhibition invites a dialogue with psychological, medical and clinical professionals on the wider risks and opportunities of media work. The exhibition collects some significant Penguin titles on the psy disciplines (psychology, psychiatry, psychotherapy, and others) published in the period c.1940–1980, many of them under Penguin's non-fiction imprint, Pelican.

The titles are aimed at the general reader, and cover a wide variety of topics, including IQ tests, attachment, propaganda, bereavement, feminism, psychotherapy, antipsychiatry, anorexia nervosa, and the Troubles. Many are authored by psychiatrists, of all persuasions, from the 'BBC's psychiatrist' David Stafford-Clark to radical Marxist anti-psychiatrist David Cooper. The histories behind these titles reveal the complexities of writing for the mass market, including issues around expertise, hidden co-authorship, alleged censorship, and the temptation to exercise authority over wider political, spiritual, and moral matters.

The physical exhibition can be found at University of Stirling Special Collections in the University Library until the end of December 2022.

The online exhibition can be found at the url below. **Please help the organisers by completing the brief survey linked from the exhibition's final slide.** The organisers need to evidence the 'impact' of the exhibition if they are to continue to find funds for this work.

<https://www.gla.ac.uk/research/az/mhrc/penguins/>

There will be an online stakeholders' event (December 2022) to discuss how some of the issues raised by the exhibition continue to be of relevance for professional media ethics and guidelines today. If you'd be interested in taking part in this brief lunchtime event, please contact the exhibition organiser directly: gavin.miller@glasgow.ac.uk

Did Chekhov work on Ward 6?

Russian Psychiatry in the late 19th Century through the lens of Chekhov's literature

Wico van Mourik

Introduction

When we hear the name Anton Chekhov (1860-1904) we think of his plays and short stories such as 'The Lady with the Lapdog'. Though famed for his writing career, he also had a career in medicine. He wrote to a friend: "If I had not become a writer, I would probably have become a psychiatrist" (1). This article places Chekhov as a writer in the context of both his work as a doctor, but particularly in the context of his interest in psychiatry practiced in late 19th century Russia.

Biographical details of Chekhov's life up till his graduation.

Chekhov was born in 1860, into a family of a tyrannical small-time businessman in Taganrog a port city on the Black Sea. He was the eldest son and a talented student. It was a Dr Strempf, who treated him for tuberculous peritonitis as a boy, who encouraged him to study medicine. He commenced his studies at Moscow Medical School in 1879 and completed them in 1884 (2). His writing career came forth out of not just a perceptive and creative mind, but also out of necessity; as a student he was supporting his family, after his father, having become bankrupt, had abandoned his responsibility for them.



Anton Chekhov, Image obtained from [Encyclopaedia Britannica](#)

The psychiatry that was being taught in Russian medical schools

Psychiatry as a medical specialty in Russia has its origins in the 18th century when, under Catherine the Great, the first asylums, called 'dullhouses'¹ such as in St. Petersburg (1779) were established. By 1847 Malinovsky published the first Russian language Manual of Psychiatry, in which he identified the categories monomania, mania, dementia and idiocy. The principles laid out in this manual would have been taught at the state-funded Moscow School of Psychiatry established in 1857. Twenty years later the young Chekhov would have experienced the various aspects of psychiatry on the wards of its clinical department; claimed to have been amongst the best in Europe with greenhouses, a theatre, gardens, and occupational therapy (3).

During this period there was not only interest in classification but also interest in psychopathological description, with Malinovsky writing an article on 'the crystallization of delusions' (4) and the founder of Russian forensic psychiatry, Victor Kandinsky², describing the phenomenon of 'psychic automatism', a constellation of pseudo hallucinations and delusions of

¹ 'Dullhouse' is derived from the Dutch word for asylum: 'dolhuis'(litt.'mad-house') and, like many nautical terms, would have been introduced to the Russian language after Peter the Great's time spent in the Netherlands.

² Kandinsky was also a psychiatrist with a well-documented first-person experience of psychiatry with melancholia with psychosis leading to an early death by suicide.

thought control deemed typical for paranoid schizophrenia (Kandinsky-de Clerambault-syndrome) (5). The founder of the Moscow Clinic for Neurological and mental Disorders, Kozhenikov, was one of the first in Europe to separate neurology from mental illness. This was borne out by the flourishing of research into neuropathology, the most well-known result of which is the description and pathological understanding of Korsakov's syndrome. Korsakov, who within his specialty training also spent time in European clinics, straddled this divide with both his neuro-pathological research as well as his nosological descriptions, such as that of 'dysnoia' a precursor state to acute psychosis; as this concept was proposed in 1891, it pre-dates that of delusional mood described in European psychiatry (6). As in various other schools of psychiatry, the mind-body dichotomy posed considerable challenges with, for example, Bekhterev seeking to find anatomical-physiological correlates of abnormal phenomena (3) including a psychobiology of human behaviours. This was a 'materialist' stance, that negates 'free will', which was difficult to reconcile with a more phenomenological perspective which places psychological phenomena in the context of consciousness and volition. This latter position allowed for the adoption of talking therapies as described in Dostoevsky's 'Crime and Punishment' (7), where a character refers to "curing insane people by logical persuasion...as there was nothing organically wrong with madmen...". Furthermore, it is documented in the biography of the composer Rachmaninoff, how Doctor Thomas Dahl applied hypnotherapy to undo the composer's block and loss of confidence (8). The care of the mentally ill, like in so many European countries, was determined by the underlying understanding of mental illness: materialism and pathology-driven principles leading to various physical treatments, including rest cures for those with neurasthenia or 'nervous exhaustion'. The moral and sometimes more humane treatment regimens were driven by a more phenomenological position. With regard to the care of the mentally ill, Korsakov, was

again a pioneer in this area, promoting a humane approach, abolishing restraint and strait-jackets, seclusion and forced sterilisation. He identified also at a national and international level the human rights of those with mental illness including those of forensic patients (6).

Chekhov the doctor

After qualifying, Chekhov combined a writer's life with that of a practicing doctor from his graduation until 1894. He practiced medicine during most of his literary career but officially retired from the medical profession in 1889. Despite this, he continued to provide free care in Melikhovo where he saw a succession of patients from all layers of local society. He also often involved himself public health initiatives (9). During an outbreak of cholera, he was made responsible for three clinics in his region. His interest in medicine was sustained even after retiring from practice, becoming the founder of a journal, the *Annals of Surgery* (1894-1898) which sadly folded for financial reasons. It is also known that Chekhov read extensively in the newly emerging field of psychiatry. As a clinician he was of a 'materialistic' persuasion, being of the opinion that there was a material/organic substrate to disorder of the mind and of behaviours. That this excludes all 'free will' can also be seen reflected in many of his characters who appear to have little agency over their own lives. Chekhov harboured feelings of falling short in his duties as a doctor, stating that he was "having to serve two masters" (2) and that "Medicine is my wife and literature is my mistress". He referred to an old Russian proverb to describe his life: "Chasing two hares and catching neither" (9).

His feelings of inadequacy contributed to the single-handed and over-sized project of producing a socio-economic and medical report on the lives of the people on Sakhalin Island, a penal colony off the eastern coast of Russia. This resulted in an eponymous book where sadly, the references to psychiatry are few and overshadowed by descriptions of cruelty, servitude, deplorable

hardship and subsequent general coarsening of its inhabitants. He viewed the living conditions on the island negatively saying that it was not surprising "a fragile individual with shattered nerves would go out of his mind" (8). He looked upon those with mental illness as a result of syphilis or progressive palsy as a distinct group to those whose illness was caused by stress and nervous exhaustion (neurasthenia), thus subscribing to a model of social pathogenesis of mental disturbance, still however with its physical pathophysiological pathway to mental symptoms.

Traces of Chekhov's perspective on mental disorder in his short stories³:

Chekhov's writing was undoubtedly influenced by his interest in psychiatry, and he advised a fellow-writer that if she wanted to become a 'real writer', she should "study psychiatry... it is essential" (10). In the 'The Black Monk,' Chekhov meticulously describes the descent into psychosis of Kovrin, a brilliant young lecturer, and how, in a state of mental exhaustion, the early signs (dysnoia) of schizophrenic breakdown occur. As Kovrin walks out one evening he thinks to himself: "there is so much space and freedom and quiet here, it feels like the whole world is looking at me, holding its breath". This was preceded by a fully formed idea of the legend of the 'black monk' of whom he "knows he is expected to return to earth any day now". He believes that he himself has special knowledge of, and has significance in, this coming momentous event. This appears to be an example of a primary delusion. The crystallization of the delusion to the point of full conviction follows soon. He hears the monk's voice say: "I exist in your imagination, your imagination is part of nature, so I exist in nature...You are one of God's chosen. Your life will have celestial bearing. You will be dedicated to the eternal. Yours is endless consciousness". Kovrin responds, no longer surprised by his transformation: "You are repeating ideas

that often occur to me". He is no longer puzzled by his experiences but has fully bought into his delusions.

In 'Ward Six', Chekhov also displays deep insight into the development of psychosis when describing a young man Gromov, who after seeing convicts in chains being marched out of town fears a similar fate for himself as: "miscarriage of justice abounds". He remains alert even at night and by day suspecting that ordinary workmen are actually policemen in disguise. During every waking hour he is described as "concocting thousands of pretexts for serious apprehension about his freedom". He is described as "increasingly disinterested in the world around him and his memory beginning to fail and notably seeking seclusion and avoiding people"; evidence of the social withdrawal and self-absorbedness associated with a psychotic illness.

In 'A Dreary Story' the physiology professor Stepanovich anticipates his own death, as Chekhov himself may have done, within the next 6 months. What ensues is melancholia with a typical 'taedium vitae' and, after a successful and esteemed career, a negative self-evaluation comes to the fore: "...day and night evil thoughts fill my head, and feelings I never knew before have built a nest in my heart. I hate, I despise, I am filled with indignation, I am exasperated, and I am afraid....My sense of logic too has undergone a change." Stepanovich concludes that perhaps his whole life has been without purpose or benefit. Though proclaiming 'materialism' the question Chekhov asks in this story is: "is it illness that makes these negative thoughts? or, in a more phenomenological vein- "do these black thoughts actually have meaning being derived from subjective experience?" (4) Though in a letter to an actor he cautions against "exaggerating the (organo-pathological) nervousness" for fear of masking the qualities of the 'healthy' personality, Chekhov places in the mind of

³ All stories are to be found in the short story collections *About Love and Ward Six* published by Oxford's World Classics

Stepanovich the doubts about the dichotomy of body-mind he perhaps experienced throughout his own working life.

Finally, again in 'Ward Six' we see also Chekhov's close observation of his colleagues⁴ and of psychiatric wards with no therapeutic regime, but where with brutality meted out to patients, they hopelessly sit out their time. That doctor Ragin has become burnt out, becomes clear as he is powerless to cure and engages in conversations with Gromov that appear to focus on his own interests and concerns. He approaches him with: "My dear friend" To which the reply is: "You are not my friend, you are a spy". Referring to the previous conversation Ragin attempts to build bridges "We were having such a friendly chat...". He attempts to further reason with Gromov regarding his delusional beliefs and returns on a daily basis to continue his conversations, which ultimately are his indulgence, seeking some form of connection. In the end concluding that his patient is "the only intelligent man in this place."

Discussion

When discussing the content relating to medicine and psychiatry in Chekhov's stories, multiple perspectives, so well-woven together, must remain in view. The 19th century Russian culture and its dilemmas, the characters and plot and the over-arching symbolic meaning of the narratives, all need to be held in mind as well. Of importance to remember when evaluating any of these stories is that due to the restrictions on freedom of speech in Tsarist Russia, as the 19th century literary critic Chernyshevsky argued "literature stood in for philosophy and what is now called the human sciences. It was almost the only medium for expressing public opinion which placed upon novelists a responsibility that went beyond the purely literary." (11)

That Chekhov was an engaged and modern, as well as a thoughtful clinician with fine observational skills, is visible in his fiction and his non-fiction writing. Though a proponent of the scientific method, he faced in the reality of his practice similar dilemmas which modern psychiatrists do: in the encounter with the humanity of the patient, in one way or another, the clinician needs to synthesize the science with the subjective phenomenology, lest the patient is diminished by materialism.

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⁴ It has been estimated that in Chekhov's stories and plays about 100 doctors are featured.

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About the author

Wico van Mourik is a Dutch-born, UK-trained retired in-patient psychiatrist. For many years he enjoyed using material from literature and film in discussions with trainees and has a special interest in Russian culture and history. Recently Wico has developed **From a Psychiatrist's Shelf**, a quarterly web-based magazine on Medium.com about world literature and how it can contribute to professional and personal development of psychiatrists. For similar articles see: [From a Psychiatrist's Shelf – Medium](#)

"Monty Python without the Laughs"

An introduction to

Life Pushed Aside: Clair Wills on Netherne Hospital

George Ikkos and Giovanni Stanghellini

London Review of Books, 43(22) 18
November 2021

<https://www.lrb.co.uk/the-paper/v43/n22/clair-wills/life-pushed-aside>

It is difficult to do justice to Clair Wills' 15000 words long, incredibly rich, and complex essay. The main aim here is to highlight some of what she writes and stimulate enough interest so that the reader will turn to the essay itself. Another point is to take the essay as a point of departure to think about how the history of psychiatry is written and read. And if these are not reasons enough for looking up the essay, then it is relevant at least do so to find out what our history looks like to a wider circle of literate readers.

Wills' essay is about experience: lived, erased, forgotten, remembered, and imagined. At the heart of this experience is Netherne Hospital in Coulsdon, Surrey, one of a ring of mental asylums that could be found around London for most of the 20th century (Cane Hill, Caterham Mental Subnormality and Warlingam hospitals are others south of London which are also mentioned). Other places are visited too: Montmartre in Paris, Ballinasloe in Ireland, and Highgate in North London. Places and people are encountered both directly and in images, whether art or film.

Most of all the essay is about people, their moral careers, and unfinished stories. These stories are peopled by mental health services users: "JJ Beegan" (whose true name, let alone life beyond Netherne, Wills never establishes), Gibson (best friend of

Wills' mother), Rolanda Polonsky (a sculptor of some repute before her incarceration in Netherne) and other patients around them. They are also peopled by the doctors, nurses and therapists that staffed the services and talked about them or otherwise remembered or reported on them: "Dr Yates" ("a real female Freudian analyst working at Netherne at the time"); Dr Eric Cunningham Dax (physician superintendent and author of "*Modern Mental Treatment*", a handbook for nurses detailing the latest therapies); Edward Adamson (Art Therapist and collector of his patients' art); Dr David O' Flynn (consultant psychiatrist at the Lambeth and Maudsley Hospitals, and chair of the Adamson Collection Trust); Mr Wylie McKissock (charismatic neurosurgeon who explained that leucotomy is 'a very simple technique to an experienced neurosurgeon, requires no specialised apparatus or equipment and can be carried out [in less than 6 minutes!] in the simplest form of operating theatre'); Dr R.K. Freudenberg (who discovered insulin therapy in Berlin and brought it to the UK via Vienna but became disillusioned with physical treatments and pioneered industrial therapy, and was part of a reforming group of medical superintendents); Dr Russel Barton (author of "*Institutional Neurosis*" and reforming medical superintendent); Francis Reitman (director of clinical research and publisher of "*Psychotic Art*") and others.

Images are central to what turns out to be a research adventure for the author. The starting point is a chance visit to an Art Brut exhibition at Halle St Pierre, Montmartre, in September 2013. There she saw some paintings by the man that turns out not to be JJ Beegan, a Netherne patient in the 1940's. Wills learns that these drawings were "by a very ill man". By the time therapist and collector Adamson met him, so called Beegan 'had been in a locked ward in the hospital for many years. He was incontinent and unable to speak clearly. He drew vigorously on the only paper he could find.' Adamson had also noted in the exhibition catalogue: "Most of the drawings were done painstakingly with rudimentary

materials: the char from burned matches on Izal medicated toilet paper – the hard, shiny paper that was common in British institutions throughout the 20th century. These images were of curious creatures with human-like mouths, and of human figures with faces in prole.” It is these that send Wills on a trail to discover his identity and learn about his life.

Along the way, images are also encountered on film: “*Discarded Goods*” on the “Adamson Collection”; “*Out of True*” (a 1951 “propaganda film” driven by the nursing establishment and funded by the Crown Film Unit as a public information film, designed to counter the bad image of (US) asylums portrayed in “*The Snake Pit*”, which starred Olivia De Havilland); and the BBC’s “*The Hurt Mind*” (a series which ran for five episodes in the spring of 1957 in association with The National Association to: “1. To allay fear, 2. To encourage the sick to take advantage of available treatment in the early stages of disease, and 3. To make known the latest advances of medical science and to increase the public’s confidence in present-day medical science”); and, also, the 1971 portrait of sculptor and Netherne inmate Roland Polonsky (made at the hospital by the government-funded Arts Council). Wills writes: “Watching the programmes now it seems extraordinary that anyone could have taken these doctors and their pet treatments seriously. The posh voices, the suits, the tacky diagrams of brains with arrows indicating where the incisions would be made, the box with the on-switch for delivering electric shocks which looks like a rudimentary car battery, the nervous patients and their families prompted to give bright answers concerning their treatment (‘Oh, yes, sir, he’s just as good now as he was before’). It teeters on the edge of parody, Monty Python without the laughs.” She adds “But all I really got from it was a sense of the speed at which they changed their minds.” In contrast to such biting critique, her response to “JJ Beegan”, Polonsky, and Gibson is full of exquisite sympathy and tenderness.

It is a deeply personal essay. Wills grew up walking the hospital corridors and accompanying her mother in home visits. Wills’ paternal family origins were Welsh and maternal Irish. This is where people came from those days to take up the poorly paid jobs in the mental hospitals. Both her paternal grandfather and father worked in Netherne. So did her mother whose career started as an asylum nurse, featured community psychiatric nursing, and ended as psychotherapist. Wills’ father and mother, who met in the hospital, may have nursed “JJ Beegan” and her mother had a supporting role in “*Out of True*”. Wills describes vividly the impact of seeing her mother on the film made before she herself was born. At the time of filming her mother was the same age as Wills’ unmarried daughter at the time of writing. Referring to her mother’s career and response to the institution she worked in and its practices Wills, also, wonders:

“Although part of me is fascinated by this cleaving together of an individual life story and the chronicle of an institution, I am also slightly alarmed by it. Didn’t she question any of it? I understand that each type of treatment must have seemed convincing at the time – until it was passed over for the next. I understand that this is the way historical change happens. The past has to have been believed in by a sufficient number of people to qualify as the past. But it bothers me that she was so docile. I am troubled by the thought that she could hold on so tightly to the narrative of the institution even in its most punitive and brutal guises. I am uncomfortable with the idea that her worldview, and perhaps also her view of human nature, were in part constituted by the regime.”

Gibson, who had been mother’s best friend, had played a large role in the imagination of the young Wills, even though she had left the scene before she was born. Though there are many stars in the essay’s constellation, in some way, it is Gibson’s story that brings it all together, i.e., the moral sense she makes of her and others’ experience and the families and institutions

they served, and what frames her perspective. You will need to read the essay though to find out about that!

Aesthetics, Oxford University Press, Oxford, in press

Philosopher and critic Walter Benjamin (1892-1940) (Ikkos 2020, Eiland and Jennings 2016) argues that the world, history, and human existence “break down in images, not into stories” (Benjamin 1999, p. 476). The images he has in mind are “dialectical images” (Jennings 1987). These images are not reproductions or representations but “ideas”. “Ideas are to objects like constellations to stars” (Benjamin 1988, p 34). “To thinking belongs the movement as well as the arrest of thoughts. Where thinking comes to a standstill in a constellation saturated with tensions- there the dialectical image appears. It is the caesura in the movement of thoughts. Its position is naturally not an arbitrary one. It is to be found, in a word, where the tension between dialectical opposites is the greatest.” (Benjamin 1999b, p. 475). We argue elsewhere that there is a need to give dialectical images priority in psychiatry and mental health (Stanghellini and Ikkos, 2022). If this sounds somewhat abstract, Wills’ essay is a perfect example.

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A Review of my favourite paper: 'Masturbatory Insanity: The History of an Idea.' by EH Hare^{1,2}

RHS Mindham

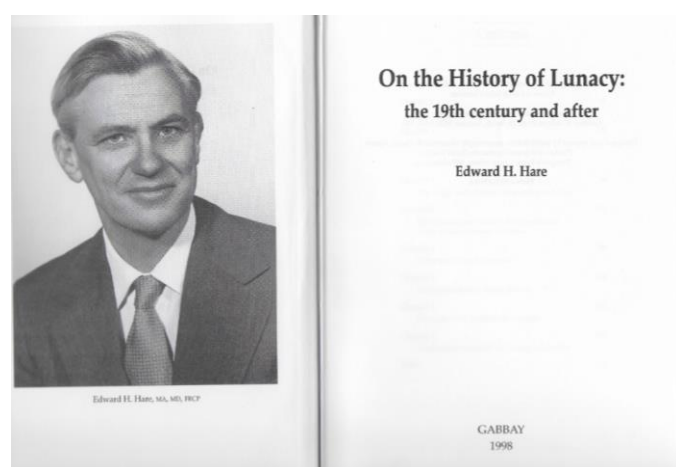


Fig. 1 Frontispiece from the collected works with a photograph of the author.

In the course of post-graduate medical education, trainees are urged to read papers and books which their teachers regard as important. Some are necessary to satisfy the examiners a trainee has to confront. Others are more educational, historical, current or simply favoured by the teacher. Some

¹ Hare EH, [1962], Masturbatory Insanity: The History of an Idea. *Journal of Mental Science*, **108**: 1-25.

² Hare EH, [1998], Masturbatory insanity: The History of an Idea. In: *On the History of Lunacy: the 19th century and after*. A collection of papers published by his executors with a foreword by Dr John Crammer. London, Gabbay.

Pp. 141-173. ISBN 0-9532699-0-6.

³ Lewis AJ, [1934], Melancholia: a clinical survey of depressive states. *Journal of Mental Science*, **80**: 277-340.

trainees are fortunate in having the opportunity to discuss classical papers with fellow trainees and teachers which leads to a better understanding of their place in the literature. Some papers stand out among the mass of medical literature which not only inform the trainee and place knowledge in a wider context but are also a pleasure to read.

In the period before the Second World War and for some time afterwards, those aspiring to professional advancement wrote at least one paper in a style which has since fallen from use. These were in the form of an extended essay with an introduction, a detailed consideration of a topic and a conclusion drawing the work together and pointing to its relevance to practice. Examples of this approach can be seen in papers by Aubrey Lewis³, Felix Brown⁴, Erwin Stengel⁵ and Michael Shepherd⁶, among others. The essay format allows the writer to display a creative command of the English language as well as of scholarship. 'Masturbatory Insanity: The History of an Idea' is a paper written in this style.

Hare traces the historical origins of the idea that masturbation might be injurious to health but finds little evidence for this belief before the eighteenth century. The notion of a connection between masturbation and insanity was spread in Europe through the anonymous publication of the book *Onania, or the Heinous Sin of Self-Pollution*⁷ in about 1716. The book was widely read and there were many editions. The author was thought

⁴ Brown F, {1936], The bodily complaint: a study of hypochondriasis. *Journal of Mental Science*, **82**: 295-359.

⁵ Stengel E, [1943], A study on the symptomatology and differential diagnosis of Alzheimer's disease and Pick's disease, *Journal of Mental Science*, **89** : 1-20.

⁶ Shepherd M, [1961], Morbid Jealousy: some clinical and social aspects of a psychiatric symptom. *Journal of Mental Science*, **107**: 687-753.

⁷ *Onania, or The Heinous Sin of Self-Pollution, and its Frightful Consequences, in both sexes, etc* [?1726] [4th edn.] London.

to be a cleric who had dabbled in medical practice. Hare follows the spread of this idea to its eventual adoption by medical practitioners and others working in the field of insanity as well as by the general public. Leading authorities not only accepted masturbation as a cause of insanity but described syndromes which were regarded as characteristic and diagnostic.

Unsurprisingly, acceptance of the concept led to the adoption of methods to prevent masturbation in the belief that such measures would prevent a deterioration in those affected. Some of these methods were remarkable for their severity and ingenuity. The setting of the asylum may have led to masturbation being more frequently observed. A syndrome with many of the features considered to be typical of masturbatory insanity which included onset in adolescence, sexual excess, lethargy, hallucinations, and delusions leading to a form of dementia, was later to be re-categorised as hebephrenia or dementia praecox.

Many prominent British alienists (psychiatrists) accepted the category of masturbatory insanity including Skae, Clouston and Maudsley but their views moderated in the late 19th century. Similarly in Europe and the USA masturbatory insanity was an established concept. However, even at an early stage, some observers raised the possibility that masturbation might be a consequence of insanity rather than its cause; but they were in the minority. The subject was discussed in textbooks of psychiatry until the early part of the twentieth century but latterly as a contributory factor in the origins and progression of the neuroses. The medical profession was eventually persuaded that there was no causative link between masturbation and insanity; the general public were more reluctant to abandon the notion.

How could such a large number of alienists have come to believe that masturbation caused insanity? Hare discusses in some detail the impact of religious beliefs on the development of the idea. Many religious groups taught that sexual activities were essentially sinful, and, in this context, it is not difficult to see how many came to believe that masturbation was likely to lead to serious consequences. Some of the interest in this paper stems from the fact that many of our revered forebears in the care of the mentally ill came to believe in the concept of masturbatory insanity and passed on this belief to their pupils. Far from being carriers of essential truths our seniors were themselves flawed in their thinking. That they could be so wrong is strangely reassuring. Hare leads us to the main burden of the paper: in psychiatry, as well as in many other fields, establishing a cause-and-effect relationship between events is difficult and hazardous. Eminent statisticians have wrestled with this issue.⁸ Furthermore established beliefs should be questioned, even by junior practitioners.

I enjoyed reading this paper as a trainee and have benefited from recognising its main messages ever since. Moreover, it is a pleasure to read. The paper combines information, interpretation, and humour to convey important lessons. At the same time, it gives us an intriguing glimpse of its author a scholarly sceptic with a dry sense of humour.

⁸ Bradford Hill A, [1965], The environment and disease: association and causation. Proceedings of the Royal Society of Medicine, **58**: 295-300.

"Truth, Power, Justice and Psychiatry"

Book Review Essay on

Iliopoulos, J.: The History of Reason in the Age of Madness: Foucault's Enlightenment and a Radical Critique of Psychiatry

George Ikkos

John Iliopoulos is a Greek military psychiatrist and researcher at the Centre for Philosophy and Psychiatry, National and Kapodistrian University of Athens, Greece, who completed his PhD on Michel Foucault. The book is a model of clarity in terms of bringing the complex thought of Michel Foucault within the grasp of a wider professional readership and confirming its relevance to psychiatry and mental health. Along the way he challenges notions that Foucault was a historian of psychiatry and an anti-psychiatrist. Rather he was a philosopher and genealogist in the sense of Nietzsche. The upshot is that Iliopoulos allows himself to be critical both of psychiatry and anti-psychiatry and, also, endorses Foucault's implications in so far as psychiatrists could and should be public intellectuals.

Chapter 1: 'What is enlightenment'?''

Here the focus is on Foucault's early engagement with Immanuel Kant's critical philosophy, particularly his 'anthropology', referring to philosophical discourse about the 'nature of man' rather than the modern discipline in the social sciences. Foucault's interpretation seems to be that the origins of contemporary psychiatry in the 18th century lie at a point in time in which madness was considered beyond reason and therefore wholly alien to 'man'. Hence the early designation of psychiatrists as 'alienists'. The contention, however, is that very soon

psychiatry abandoned this negative conception of madness as beyond the realms of reason and began a continuing quest to make sense of it in terms of positive science within the scope of reason.

Crucial here is Foucault's understanding of Kant's theory of reason. Specifically, Kant accepted that we could not know the truth about the things themselves but only understand "phenomena" (i.e., appearances) as these become accessible within the limitations of our faculties, i.e., our reason as it stands at any moment. Any truth is valid only within specific systems of rationality. There may be more than one such schemas, much as there are different schemas in geometry, mathematics, and physics, including incompatible ones.

Chapter 2: 'The Historical Critique of Phenomenology'.

Here Foucault criticises the abstract search of Husserl's idealist phenomenology, which for psychiatry would imply the quest for an idea or prototype of 'madness', an 'eidos' in Husserl's terms. Specifically, Foucault argues that madness is not a thing that can be defined in perpetuity. Rather it is something defined and experienced historically. Therefore, it is his project to understand the philosophical/ anthropological construction of madness in the 18th century and its relation to society and how these proved foundational for the establishment of the discipline of psychiatry (only to be obscured later). This is Nietzsche's genealogical approach, which acknowledges that determinants of outcomes include the powers, e.g., politics and economics, which bear on the process under investigation.

Chapter 3: 'Foucault's Epistemology: Subjectivity, Truth, Reason, and the History of Madness'.

Foucault explicitly accepts that, as positive science, psychiatry may find some truths within the limitations of human reason which Kant delineated in the 18th century. His contention, however, is that this necessarily

only leads to partial understanding of the subject of psychiatry i.e., madness or unreason AND only partial understanding of the discipline itself. A fuller understanding of both requires a genealogical approach, including the study of ethical and political / power issues, i.e., the societal context within which they emerge, as well as positive science. He suggests that this is already necessitated by Kant's Enlightenment anthropology. Iliopoulos quotes Foucault directly:

"[Enlightenment] is the discourse of the irreducibility of truth, power and *ethos*, and at the same time the discourse of their necessary relationship, of the impossibility of thinking truth (*aletheia*), power (*politeia*) and *ethos* without the essential, fundamental relationship to each other". (p. 68)

Chapter 4: 'Is Foucault an anti-psychiatrist?'

The importance of Foucault's ideas of governmentality and sovereignty is discussed. Every community requires rules and practices to limit and govern behaviour. With increasing wealth generation and as more complex societies emerged with capitalist modes of production this became a more pressing issue. When absolutist monarchs reigned in European society, offenders could be disposed according to the ruler's will. There was no clamour for accountability and no power to enforce it. The result was 'the great confinement' when 'undesirables' of any sort, prostitutes, thieves, madmen, were socially excluded in places of segregation. However, as the authority of monarchs waned and 'the public' became an important player in increasingly constitutional and liberal societies, justice demanded that offending behaviour should not be punished if the offenders held no responsibility by virtue of their insanity, i.e., unreason. It is at this point, Foucault argues, that contemporary psychiatry is born. Specialists are called in by the courts to determine if the offender was acting out of madness, particularly delusion rather than reason. It is important to highlight that experts were required only for hard cases,

not the straightforward ones. Florid cases of madness could be identified by the courts themselves. It was the difficult cases of people with circumscribed madness, delusional "monomania" in then contemporary terms, who appeared generally normal but acted out of delusions in relation to specific offences, that needed to be identified or confirmed by experts.

Having been born within the context of Kant's reason, which specifically excluded madness from its regime of truth, psychiatry then went on to study madness with criteria of truth established within that reason. Furthermore, because of the demands of public health, it increasingly cast its net more widely. Specifically, psychiatry moved on beyond its original preoccupation with circumscribed delusion and monomania, to claiming expertise in all manner of things which have come to be what is contemporary psychiatry.

According to Iliopoulos, Foucault contends psychiatry stored for itself a host of problems because of 1. psychiatrists' amnesia of its enlightenment origins, particularly the limits of reason, 2. amnesia for its judicial origins, particularly the protection of patients from unjust punishment, and 3. its increasing claims for extended expertise (e.g., psychosomatics, sexuality). Having abandoned its foundations in the judicial context and setting its sights on positive psychiatry, it could also no longer address the problem of simulation of symptoms.

Chapter 5: 'The stimulation of hysteria and the limits of medical rationality: Foucault's study of an event'.

Jean-Martin Charcot's disastrous quest to establish a neurology of hysteria became both a stain on his otherwise deservedly illustrious reputation and a mark of the limits of medicine and psychiatry as positive science. Faced with such patients and having abandoned the juridical origins of the profession, psychiatrists, as physicians, were left defenceless against simulation until Freud proposed the unconscious as the

universal source of simulation. This served to broaden widely psychiatry's ostensible sphere of application, even to 'normal' behaviour, and move it out of the asylum. Although at this point in history there was the potential for critical engagement with psychiatric epistemology and practice, psychoanalysis, by and large, ended entrenched within positive medical orthodoxy. This is explored in **chapter 6** 'Foucault and psychoanalysis: Traversing the Enlightenment'.

Both Foucault and Iliopoulos are sceptical about grand theories and systems of thought. These extend to grand projects such as de-institutionalisation and recovery. Foucault was sceptical of the former and Iliopoulos unimpressed by the latter. What they both advocate, as outlined in **chapter 7** 'The Psychiatrist as an intellectual', is activism in local context and within networks of power, influence, ethics and opportunities. This might include challenging the voice of service users and anti-psychiatrists as well as psychiatrists, psychologists and others.

In summary, we may take Descartes' conception of living beings as mechanical automatons as the starting point of Enlightenment's scientific study of (Wo)Man. However, Descartes never discounted explicitly complementary approaches as irrelevant, including explicitly religion, even as he rather strategically excluded the latter from investigation in his writings. Indeed, his assertion that God would not deceive us is part of his core argument. Kant's anthropology, as laid out in his Critiques, brought forth a more complex model, including ethics and aesthetics and acknowledging the limitations of any system of rationality and the relevance of religion. However, his system is rather devoid of critical attention to issues of power and ideology. This is something Nietzsche attempts to address with his genealogy.

Psychiatry, as a discipline, is born during Kant's eighteenth-century Enlightenment at the time of major social transformations and is first called to address judicial issues, especially difficult cases that, reason

dictates, should be beyond justice. At its birth it is called to pronounce specifically on cases alienated from reason. However, subsequently psychiatry turns away from its judicial origins and reorientates itself in a way that is more closely aligned with Descartes earlier mechanical automaton model and, more explicitly, with the 'medical model'. This blinds it to the importance of thinking truth (*aletheia*), power (*politeia*) and *ethos* in their essential and fundamental relationship to each other. The result is that it is unable to deal with issues of simulation. This, Iliopoulos adds, leads to a host of our contemporary problems regarding the epistemological status of psychiatry, the valence of service user voice, legitimate claims to health services in relation to mental suffering, and entitlement to state benefits in relation to the same.

The History of Reason in the Age of Madness is highly recommended to psychiatrists with an interest in the history and philosophy of psychiatry. For those whose appetite has been whetted by this review but require further encouragement before committing to reading what in fact is a lucid and short book, Iliopoulos has published two easily accessible papers which, better than this brief book review, introduce and summarise both Foucault's and his own understanding (1,2).

References

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book **Ikkos, G., Bouras, N. (2021) Mind State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010**” was joint runner up in the Association of American Publishers PROSER Awards 2021 in the category of Science, Medicine and Technology:
<https://doi.org/10.1017/9781911623793>

Dates for your diary

Look out for HoPSIG at the following venues in the coming year:

European Psychological Congress in Brighton 3-6 July 2023

World Psychiatric Association (WPA) Congress in September 2023 in Vienna.

British Society for the History of Medicine annual conference 14 – 16th September 2023 in Cardiff. Presentations and posters are welcome on Medicine in War and Conflict, Visual Arts and literature as historical resources, and Medicine in the Age of European Colonialism

Next issue

Please send your articles, reviews, photos, ideas, requests for information etc by **31 March 2023**, to nicol.ferrier@newcastle.ac.uk

Don't forget to check out the **Penguins on the Mind** exhibition

<https://www.gla.ac.uk/research/az/mhrc/penguins/>

(details on page 42)