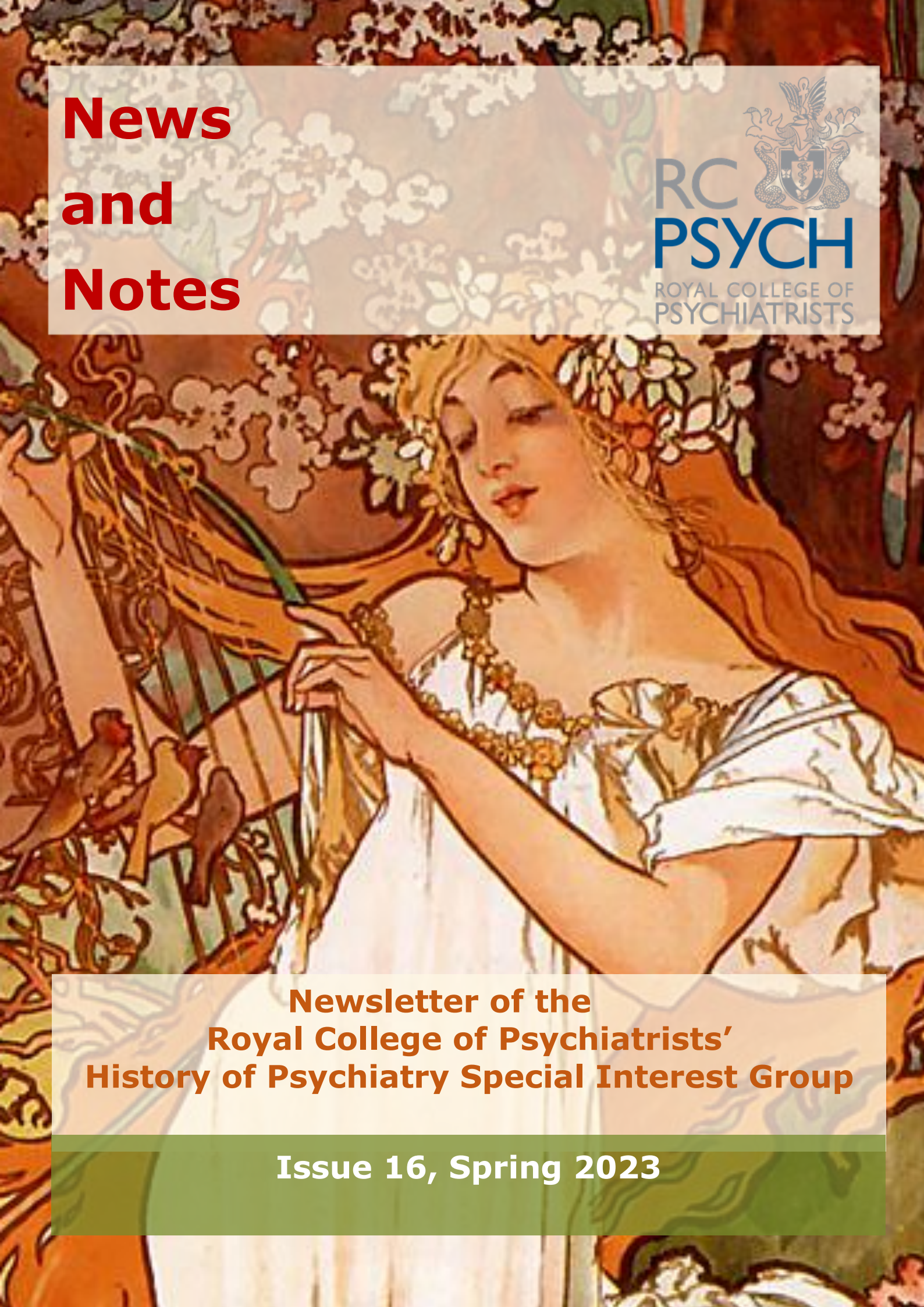
News and Notes



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

Issue 16, Spring 2023

News and Notes

History of Psychiatry Special Interest Group

Issue 16, Spring 2023

Editors:
Nicol Ferrier, John Hall, Allan Beveridge, John Mason and Mutahira Qureshi

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Cover image:
The Seasons: Spring (1896), by Alphonse Mucha in Art Nouveau. In this allegorical polyptych Mucha depicts spring crowned in new bloom.

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A Reflection on HoP

Allan Beveridge

Assistant Editor

SIG Editorial

I began my career in psychiatry in the 1980s and was very fortunate that it coincided with a great resurgence of interest in the history of psychiatry[1] [2]. Prior to this, the field was perceived to be the preserve of older, retired psychiatrists pursuing an amateurish, 'gentleman scholar' approach to the study of psychiatry's past. This perception was both unfair and quite patronising, as there were several psychiatrists producing work of significance, such as William Parry-Jones, who wrote *The Trade in Lunacy*[3] about the private madhouses of England, and the mother-and-son partnership of Ida Macalpine and Richard Hunter, who compiled the monumental *Three Hundred Years of British Psychiatry*[4] and who also wrote about Colney Hatch Asylum and the madness of George III.

I first became interested in the history of psychiatry as a trainee, when I attended lectures on the M Phil course run by the Department of Psychiatry at the Royal Edinburgh Hospital. Dr Tom Walmsley gave erudite, witty and inspiring lectures on the subject. Later, as a newly-appointed consultant, I began to explore the archives of the hospital and was lucky to meet the Lothian Health Board archivist, Dr Mike Barfoot. He gave me an informal training course in the methods of the historian: how to interpret historical records and to relate them to their cultural context and to the secondary literature. I found it was important to get away from the clinical coal face and have time to think about the nature of psychiatry and its origins.

The history of psychiatry was beginning to attract the interest of historians who put forward what they termed a 'revisionist' approach, by which they sought to challenge the received narrative of the development of psychiatry. A seminal and highly influential text was *Madness and Civilisation* by the French philosopher, Michel Foucault[5], the English translation of which appeared in 1965. Foucault overturned the standard account of the benign progress of psychiatry, arguing, instead, that the mentally ill enjoyed comparative freedom until the advent of psychiatry, when 'Reason' silenced the 'Voice of Unreason'. Foucault's work appeared in the midst of the anti-psychiatry era, just as the claims of mainstream psychiatry, indeed its very validity, were being challenged by radical psychiatrists, such as RD Laing, David Cooper and Franco Basaglia, who were all admirers of Foucault[6]. Of course, much of Foucault's book has subsequently been challenged by historians, but he did re-awaken an interest in the history of psychiatry.

Another key 'revisionist' publication was *Museums of Madness* by the Edinburgh-born, American sociologist, Andrew Scull[7], which appeared in 1979 and maintained that the development of the asylum system in Britain was a means of social control, whereby, alienists, in exchange for power, did the bidding of the state and incarcerated society's discontented and disaffected. Again, like Foucault's work, this stimulated new research into the asylum records to determine whether patients suffered from mental illness or were merely society's disregarded. There followed several case note studies, for example, of the Ticehurst by Trevor Turner[8], the Fife and Kinross Asylum by Gill Doody[9] and the Royal Edinburgh Asylum by myself[10]. These studies concluded that the inmates of these institutions suffered from mental illness, such as psychosis and organic brain disease, conditions which were easily recognisable to modern day clinicians. In the ensuing years, there was much debate between historians and psychiatrists, some of it acrimonious, as to how to interpret the historical record of psychiatry. Historians criticised psychiatrists for their so-called 'Whiggish' approach to the history of their discipline – an approach which portrayed the history of psychiatry as

one of benign progress and general improvement in the lot of the mentally ill. Historians also criticised psychiatrists for their preoccupation with the 'Great Man' theory of history, which saw historical developments being initiated by heroic individuals, almost exclusively men and almost exclusively white, rather than by taking into account the much wider social forces pertaining at the time. Psychiatrists, for their part, felt that historians had an insufficient grasp of the distressing reality of mental illness and of their genuine attempts to ameliorate it.

This was a time of intellectual excitement. Typical of this was the First European Congress on the History of Psychiatry, which was held in 's-Hertogenbosch, Holland in October 1990, and attended by scholars and clinicians from all over Europe. Young German historians were beginning to look at their country's Fascist past, and, for the first time, examine the Nazi programme of the mass, systemised murder of the mentally ill – those deemed, in the chilling terminology, to possess 'lives, unworthy of life'. In the years that followed, many other issues were raised in countless debates in conferences, books and papers. These issues seemed to have relevance to contemporary practice: the human rights of the psychiatric patient; the legitimacy of psychiatry; the validity of psychiatric diagnosis; and the efficacy of institutional care. Rather than 'Great Men', people asked: what was the contribution of women, of non-white people, of the patients, themselves, to the development of psychiatry and an understanding of mental illness? I was particularly interested in the patients' perspective. The great social historian, Roy Porter had championed the notion of doing 'history from below'. We had the 'official' history written by politicians, physicians and those in power, but what did the powerless, the patients, those whose voice was not heard, or even silenced, have to say? Fortunately, the Scottish archives I looked at, had rich sources documenting the patients' view[11]. Which is not to say that we necessarily privilege the patients' perspective, but that we should consider it in parallel with that of officialdom and give it equal respect.

The early skirmishes between historians and psychiatrists led to a degree of rapprochement, as each side acknowledged the points of the other. Historians were less likely to see mental illness as a 'social construct', and psychiatrists recognised that the skills of the historian were needed to interpret historical data. An early example of cooperation between psychiatrists and historians was the three-volume series, *The Anatomy of Madness*[12], edited by the clinician, Michael Shepherd and two social historians, Roy Porter and Bill Bynum, which brought together a large group of psychiatrists and historians to provide a wide-ranging assessment of psychiatry's past. These volumes contained chapters on institutions; biographies of alienists and patients; the cultural and intellectual factors that shaped the development of psychiatry; and an entertaining survey of psychiatrists' attempts from the 19th century onwards to 'diagnose' Hamlet. This important series set the agenda for research in the following years. Another example of cooperation between the two camps was the establishment in 1991 of the *History of Psychiatry* journal, edited by German Berrios and Roy Porter. Also, in those days, under the editorship of Hugh Freeman, the *British Journal of Psychiatry* carried articles on the history of psychiatry, as did the *Psychiatric Bulletin*. *Psychological Medicine*, which was edited by Michael Shepherd regularly featured a history of psychiatry paper, and often by the leading historians of the day. All of which meant that the subject was seen to have clinical relevance and to enjoy a higher profile than it does today[13].

What of the state of the history of psychiatry now? It seems to me to be a mixed picture. We now have many historical archives digitalised, which makes research much easier and more accessible. The history of psychiatry interest group, which had fallen into the doldrums, has now remerged as a more active Special Interest Group, and, of course, there is the History of Psychiatry Newsletter, which greatly increases

communication and offers a platform for the exchange of ideas and for the publication of research. The recent publication of *Mind, State and Society. Social History of Psychiatry and Mental Health in Britain 1960-2010,* edited by George Ikkos and Nick Bouras and featuring an extensive cast of clinicians and historians, demonstrates the degree of activity in the field[14].

However, there seems to be less excitement now, less of a feeling that the history of psychiatry has a pressing relevance to how we understand and practise psychiatry today. There are several factors in this. The creation of the journal, *History of Psychiatry*, set up with the admirable aim of improving academic standards, had the unforeseen consequence of ghettoising the field. The *History of Psychiatry* journal can seem to many psychiatrists, just beginning to become interested in the subject, to be rather recondite, whilst the *British Journal of Psychiatry* no longer publishes papers on the history of psychiatry.

When I started writing about the history of psychiatry, I was looking at figures and events from the past, particularly the 19th century. More recently, I was asked to write about the evolution of psychiatry between 1960 and 2010[15]. For the first time, I was in the curious position of writing about historical events that I have lived through, at least partly, and about people I know. As well as talking to clinicians, such as Bruce Ritson, Iain Smith, Femi Oyebode and our editor, Nicol Ferrier, who were all very helpful, I also made use of the *Psychiatric Bulletin*, which in the past carried in-depth interviews with the psychiatrists of the day. These proved to be an invaluable source, giving much information which could not be found in official records and which gave a much greater feeling of what people were thinking and concerned about. I will end with a plea that we try to revitalise such a project that aims to capture the oral history of the historical actors before they leave the stage. On a positive note, I know the Witness Seminar series, which has featured in this Newsletter, is starting to do just this.

Next issue

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

30 September 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/

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[2] Beveridge A, (2023) 'If your memory serves you well'. On becoming a psychiatrist. In *Memory, Anniversaries and Mental Health in International Perspective. Faith in Reform*.

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[13] Beveridge A, (1999) The Relevance of the History of Psychiatry to Practising Clinicians. *Advances in Psychiatric Treatment,* **5**, 46-52.

[14] Ikkos G and Bouras N, (eds) (2021) *Mind State and Society. Social History of Psychiatry and Mental Health in Britain 1960-2010.* Cambridge: Cambridge University Press.

[15] Beveridge, A (2021). The Evolution of Psychiatric Practice in Britain. In Ikkos G and Bouras N (eds)*, Mind State and Society. Social History of Psychiatry and Mental Health in Britain 1960-2010*, pp. 171-181. Cambridge: Cambridge University Press.

What's in the Issue?

Nicol Ferrier

Welcome to the Spring Edition of the HoPSIG Newsletter.

The centrepiece of this edition is an account of the major exhibition "We Are Not Alone": Legacies of Eugenics, which ran at the College between September 2022 and February 2023. A report and a reflection on the exhibition, which we should consider as an historical event in its own right, is given by John Mason, complemented by an article by Chris Maloney about a book describing eugenics in Nazi Germany. Both accounts bring the horrors of these policies into sharp relief and serve as reminders of the need for our continued introspection and vigilance.

Allan Beveridge has penned a personal and thoughtful editorial about his journey within the History of Psychiatry. Allan emphasises the importance of getting started on HoP when young. I am delighted to say that this issue contains three articles by trainees just starting their training. Caroline Hayes gives an interesting account of Charlotte Perkins and her influential novel, *The Yellow Wallpaper*. Baher Ibrahim describes the issues around the mental health of refugees and displaced persons at the Cambodia/Thailand border in the eighties and Jacques Sloman outlines the history of the nosology of catatonia and Kahlbaum's role in it. These latter accounts describe issues for which their history is of contemporary clinical relevance.

In addition to these welcome contributions from early trainees, we have scholarly articles and book reviews by more established figures. Edgar Jones marks the centenary of the civilian use of the Maudsley Hospital and describes its origins and key players in its development. Julian Hughes gives an interesting account of the relationship between Drury, a psychiatrist, and Wittgenstein, the philosopher, which contains much food for thought.

Further to all this we have our regular reports from the College Library and Archives, the College's Historian in Residence and our HoPSIG chair. These reports, and that of our meeting at the London Metropolitan Archives, demonstrate how active our group is and flag up ongoing activities and future events.

The editorial team (myself, John Hall, Allan Beveridge, John Mason and Mutahira Qureshi) would like to thank all our contributors and reviewers. We are very keen to receive feedback and critique, constructive or otherwise! Ideas for topics and articles for future editions are always welcome. Please circulate this edition to those you think might be interested in it or stimulated by a particular article. The deadline for the next edition is end September 2023.

List of artwork pieces that feature in this issue:

Cover image: The Seasons -Spring (1896), by Alphonse Mucha. Wikimedia Commons

Page 8: Firebird (1899), by Ivan Bilibin. Wikimedia Commons

This page: The White Rose And The Red Rose (1902), by Margaret Macdonald Mackintosh. Photograph of artwork via Wikimedia Commons

Page 15: *O ye, all ye that walk in Willowood* (1903), gesso on panel, by Margaret Macdonald Mackintosh. CC BY-NC-ND, from Art UK; photo credit: Glasgow Life Museums.

Page 50: The Oak Addresses the Spirits of the Trees (1920), from Cayley Robinson's notable 25 colour illustrations in pseudo-medieval style for Maurice Metterlinck's, The Blue Bird, a fairy play in six acts. CC BY-NC-SA 3.0, from Antique Pattern Library; scans donated and edited by Sytske Wijnsma

Page 54: In fairyland (1897), by Charles Rennie Mackintosh, reproduction via Wikimedia Commons

Page 66: Detail of Woodpecker tapestry by William Morris (1885). The complete tapestry has a border and inscription. (Identification from Linda Parry: William Morris Textiles, New York, Viking Press, 1983). Photograph copyrighted ,and dedicated to the public domain by the holder, Wikimedia Commons.

Notes on the artwork

For this issue of News and Notes, I was tasked with choosing the artwork and have gone with floral and vernal themes in mostly Art Nouveau style. The focal point of this iteration of N and N are some bleak chapters of medical history, i.e. eugenics and the impact of recent wars on mental health, and so I hoped to add some cheer in the backdrop for the readers as they peruse these articles. We also wish to celebrate, in the jocundity of Mucha's Spring (cover image), some figures that appear in this issue and remind us of the feelings of hope that abound in the history of psychiatry and which has sustained it. One of these being the piece marking the centenary anniversary of the Maudsley Hospital, which is widely considered to be a sizeable cornerstone of British psychiatry. While not primarily the reason for these vernal choices, we also mark the recent coronation event, which is historic and the first in a lifetime for most people. I hope you enjoy this edition of our newsletter. If you would like more or less of something (stylistically or otherwise) in future issues, please do let us know!

Mutahira Qureshi, for the Editorial team

Chair's report for HoPSIG Newsletter Spring 2023

Graham Ash

Chair of HoPSIG

I am very pleased to begin by congratulating Rachel Jenkins who received an Order of the British Empire award in the King's New Year Honours List 2023 for her services to Mental Health policy and research in the UK and overseas. My congratulations also to George Ikkos and Claire Hilton on the publication of their papers, Not doomed: Sociology and psychiatry and ignorance and expertise and Our values and our historical understanding of psychiatrists, both in BJPsych Bulletin, and to Nicol Ferrier on the very deserved award of his PhD and before moving on, I would like to offer my own congratulations, and congratulations on behalf of HoPSIG, to our President elect, Lade Smith. I have no doubt that Lade will show the same keen interest in historical matters that Adrian James has shown throughout his tenure as President, and before as Registrar. I am sure that we can expect a seamless transition and look forward to working with Lade on her new agenda.

I attended the Annual Joint SIG Chairs Meeting last November where Calum Mercer, Director of Finance and Operations at the College, provided a detailed analysis of the demographics of the SIGs. In outline, HoPSIG currently has a membership of around 2900. The College membership is at its highest density in London/South-East and our own geographical distribution mirrors this. Of the fifteen SIGs we are the sixth smallest in numbers and the smallest of the four 'humanities' SIGs. Should we be concerned about this? Probably not at the moment, as our high activity would place us much higher but we need to remain visible, vocal and productive within the College. We may well attempt to 'virtually' emulate PhilSIG's initiative in launching regular 'Drop-in' sessions at the College which have apparently been very successful.

Our main activity over recent months has been directed towards the exhibition, *"We Are Not Alone" Legacies of Eugenics* - by Prof. Marius Turda, Oxford Brookes University in collaboration with HoPSIG and RCPsych Library and Archives team, which ran successfully from September 2022 to February 2023 at Prescot St. The College Leads for Equality and Diversity invited us to consider how psychiatrists could be encouraged to reflect on experiences of discrimination in 2021. This prompted a line of academic enquiry into scientific racism that led to the exhibition which examined the global history of eugenics and its legacies, the focus of eugenics on those with intellectual disability, and the ways that eugenic science was championed by psychiatrists in Britain and elsewhere.

We are confident that many College members engaged with the display whilst attending meetings and events at Prescot Street. Nevertheless, over and above the texts, pictures, and objects on display, an exhibition is about stimulating new conversations with its audience. In preparation for the exhibition our research identified the involvement, during the early twentieth century, of many psychiatrists in the Eugenics movement in Britain. The involvement of prominent figures such as Carlos 'C.P.' Blacker (1895-1975), the Secretary of the Eugenics Society, remains well known, the involvement of many others, for example, C.T. Ewart (c.1855-1917) of Claybury Asylum, less so.

This history, taken in the round, raises uncomfortable questions about whether the College of today has a moral responsibility, or not, to re-appraise the historical actions of its antecedent organisation, the Royal Medico-Psychological Association, and its former members. As will be evident, many major institutions and organisations have carried out their own reappraisals of their past histories. Could we learn from their experiences? Re-appraisal is not a specific

event but a process occurring over time. It is organisationally akin to the work of an individual in coming to terms with grief or trauma. Indeed, Peter Lepping and Rob Poole have recently put forward a cogent argument for 'a coming to terms with the past' for psychiatry.

Within HoPSiG, my impression is that we hold a broad range of views on revising reputations, and this is to be welcomed. Claire Hilton has given us an invaluable introduction into the methodological issues around and rationale for and against retrospective judgement of reputations. Whilst remaining mindful of our values we also need to remind ourselves that our primary focus has been the history of psychiatry, particularly histories of the psychiatric profession, and of psychiatric organisations and institutions. The standpoint from which we have viewed our past has differed from that of most historians of mental health whose primary interests are in the histories of service users, carers and families, legal and social administration, societal issues and so on. We need also to keep in mind that public interest in the histories of oppressed, marginalised, and underprivileged groups within society has been increasing and continues to do so. We should ask ourselves how our professional history will stand up to scrutiny going forward if does not adequately acknowledge the sometimes woeful, sometimes good experience of past users and survivors of psychiatry. Put another way, if history is a major driver of identity, and this is often said, how well will our professional identity and integrity as psychiatrists stand up to future scrutiny if our organisational history is based on a narrow reading of the history of the past?

HoPSIG has not been given a mandate, nor are we constituted appropriately, to resolve these issues. Nevertheless, as a group with an interest in the College's history, we seem to have a moral responsibility to at least reflect on these matters and, if we consider it appropriate, to look at plausible approaches to resolving them that we may wish to offer to the wider College in due course. I hope that you will take the time to think about these important matters and I would be very grateful for your views, we may run some sessions over the next few months to help us to discuss further.

Our other major activity of 2022 was a very well attended full day event on 9th December *"Reviewing the Past" - Medical History in the Archives***",** at London Metropolitan Archives, organised by Peter Carpenter and the Archivists at LMA**.** This meeting showcased completed research based on archival material and introduced the historical resources available within public archives**.** I found it particularly interesting to hear from Richard Johnson, Project historian for the 'Scaling up Change Minds' project which has now been active for nearly a year. This funded project offers opportunities for people recovering from mental health issues to discover the lives of former asylum patients through participation in structured activities based around archives materials. It is being run at Norfolk, Lancashire, Bristol, and Dundee Archives, National Archives, Kew and Bethlem Museum of the Mind. Potential wellbeing benefits are being evaluated by researchers at the University of Dundee and might extend to other archive users, possibly even including ourselves!

Looking ahead, we need to finalise our events for this year. We need to maintain high and academically robust standards whilst ensuring that our activities and events remain relevant to both our membership and to affairs within the College and externally. If you have ideas for a meeting or an event please let us know! We currently have plans for an exciting joint event with RSM Hypnosis section on the early history of medical hypnotism and a second Study Day at the London Metropolitan Archives, so please watch out for announcements later in the year. Finally, I am hoping to run a heritage walk around the site of the former Rainhill Hospital in Merseyside in September and would be very pleased to hear from anyone who has an association or an interest in asylum archaeology, an area that we might want to learn more about.

With Best wishes,

Graham Ash

Chair of HoPSIG

P.S. HoPSIG will be running a drop-in session on Monday 10th July at RCPsych International Congress 2023, ACC Liverpool, (Kings Dock, Liverpool Waterfront L3 4FP) during the lunch break (approx. 12.30 – 2pm). It would be really good to meet you there!

RCPsych historian in residence report, Oct 2022-Mar 2023

Claire Hilton

claire.hilton6@gmail.com

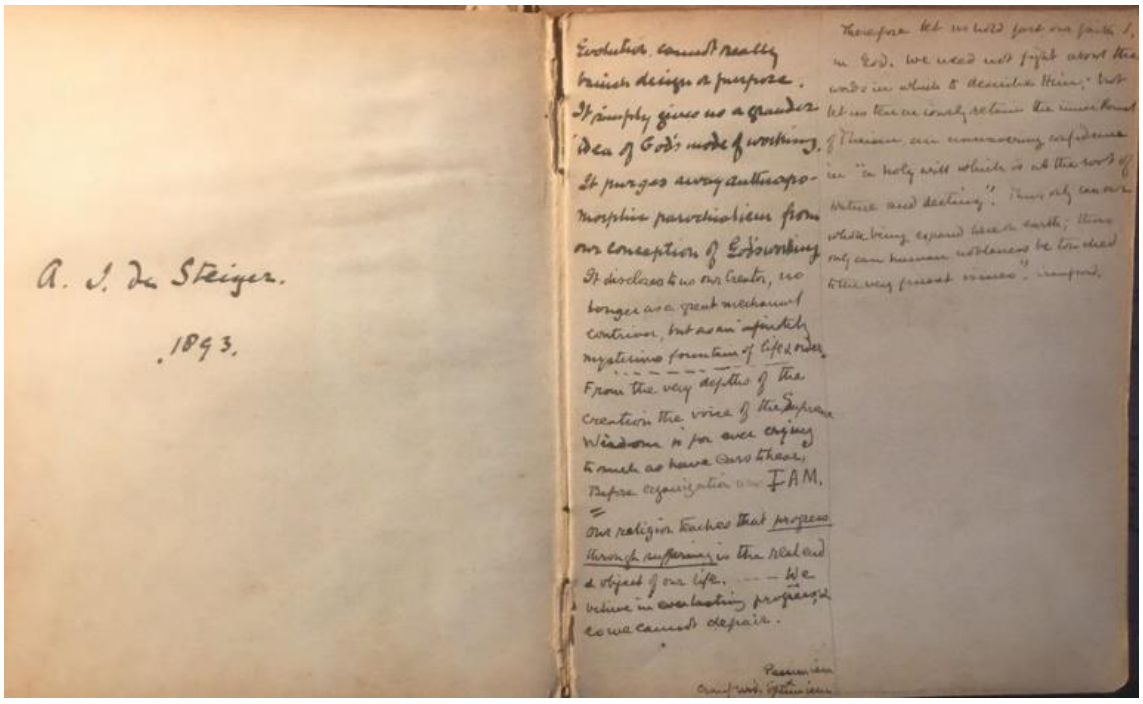
Things have been flying in my direction from far and wide. I am not always sure which have landed in my inbox directly because of the RCPsych historian in residence (HiR) role, and which indirectly, such as because someone has read a history blog on the College website, or perhaps through word-of-mouth, or some other way. What is important, though, is that they know that the role exists. I'm still not sure how a student at the University of Malawi found my name and contacted me for some advice about undertaking a Master's dissertation on the history of psychiatry in Malawi c.1950-2020. He has now got University ethics committee approval for the oral history part of his study, and I'm looking forward to hearing what he finds.

I learn such a lot from the queries I receive, and hope that I can give equally useful answers. Critiquing a script for *Call the Midwife* about mental illness in the 1960s was challenging but fun, and as far as I can tell, viewers of the episode were positive about it. There have been other queries from BBC documentary researchers, about which I have been asked not to spill the beans! Some question I can't answer, so I pass them onto others with a more specialist knowledge. One of those queries was about Black Caribbean people in the UK being "detained in psychiatric facilities in the 1960s and 70s on spurious grounds…with little to no evidence of mental illness." White people too were detained inappropriately, and I wonder how much racist or other discriminatory attitudes accounted for such happenings. "Miss Wills" (a pseudonym), an elderly white woman detained wrongly in Friern Hospital in the early 1960s, was made famous by Barbara Robb in *Sans Everything: A Case to Answer* (Nelson: London, 1967; RCPsych library has a copy). When Miss Wills was an in-patient, there were inadequate numbers of nurses and psychiatrists (four consultants for over 2,000 in-patients), and some wards had 90 patients. On those wards, it would have been difficult for staff to have had an in depth and individual understanding of any patient. Data on ethnicity at that time was sparse, so it would be difficult now to ascertain statistically whether black people were detained

inappropriately any more than anyone else. It was a time of discussion as to how to collect such data. Around that time, at the Bethlem and Maudsley Hospitals, psychiatrists Felix Post and Frederick Kräupl Taylor, both refugees from Nazi Europe, had objected strongly to the way clinical notes of "Negro" (the term used in the original source) patients were being stamped "C" for "coloured". It resembled Jewish peoples' passports being stamped "J" under the Nazi regime. The hospitals abandoned the method. Instead, they created a list of places of birth,[1] but that was done according to administrators' and doctors' needs, and place of birth did not necessarily equate with other aspects of culture or ethnicity.

Several questions recently relating to murder and mental illness have appeared in my inbox. A podcast researcher asked about Rachel Dobkin, murdered in London in 1941. The researcher wanted to know about her illness and the mental hospital to which she was admitted. However, she was not admitted to a mental hospital. Rather, she had a brief admission of a few days to the "Mental Observation Ward" of the local authority general hospital. This sort of query, plus others, such as about the treatment of sex offenders in the 1970s, and because many HiR queries straddle past and present, made me realise my lack of knowledge of current forensic psychiatry and that I needed to learn more. Doing that included a visit to the new Broadmoor Hospital. Dr Robert Bates, clinical director, showed me round, and was generous with his time, patience and explanations. Many thanks Robert!

Both the HiR work, and my main current topic of history research—psychiatry in England in the 1920s—are revealing more about women doctors working in psychiatry, clinically and as researchers. In the HiR context, a well-known historian got in touch about an idea she had of writing on women psychiatrists of the past. I also received a query about a notebook from 1893 belonging to Dr Adele de Steiger, now in the possession of her great nephew, Tony de Steiger. He wrote that its contents indicate that she had "read extensively books and papers on philosophy ranging from Aristotle to Bertrand Russell and made her own cross-referenced extracts of subjects that interested her. She must also have been fluent in German and French as some of the extracts are in those languages." The image of the first page of the notebook is reproduced with his permission:



[1] Bethlem and Maudsley Hospitals, General Purposes sub-com: 22 Sept 1958. GPM 69; 16 Oct 1958: GPM 32/58, MCD 49/58, GPM 80.)

One of the places Adele de Steiger worked was the First Essex County Asylum at Warley. It is an extraordinary, atmospheric building (now mainly private residences). The photographs below show the foundation stone and part of the main building: -

****If you have any information about Adele de Steiger, do let me know claire.hilton6@gmail.com and I'll pass it onto Tony****

Other queries have come from inside the College, including: from the Forensic Faculty, on commemorating eminent forensic psychiatrists; from *BJPsych Advances* about who could write for their "Memory Lane" series on books from the past; about commemorating the life of Queen Elizabeth II for *RCPsych Insight*; and about celebrating 170 years of the *BJPsych* (its former titles being the *Asylum Journal* (1853-1855); the *Asylum Journal of Mental Science* (1855-1857); and the *Journal of Mental Science* (1858-1962))

It was especially good to help sort out a request sent to our librarian Fiona Watson. Professor Joan Freeman wrote that she was "searching for a book on biographies of psychiatrists" which included her late husband Professor Hugh Freeman, a social psychiatrist and former editor of *BJPsych*, and that "somehow the name Greg slips into my mind." The book is: *Talking about Psychiatry* ed. Greg Wilkinson (Gaskell, 1993). It is a collection of oral history interviews relating to psychiatry in the UK in the mid-20th century. Looking at the book again recently, in the light of the current emphasis of trying to understand diversity, equality and discrimination past and present, I see that all the interviewees were white men. Despite their stereotypical privileged appearance, some had experienced much inequality and discrimination: several had fled from the Nazi regime; one had suffered much physical brutality and emotional torment in a concentration camp in Italy; some had very humble childhoods; and all had lived through the Second World War. The book is a valuable primary source for historians of mid-20th century psychiatry, despite its gender and ethnicity bias.

In further correspondence with Joan, the issue arose of where the interview tape recordings might be.
****If you, or anyone you know, has any recordings of the interviews undertaken for* Talking about Psychiatry*, or for any other*

*College project, please let me claire.hilton6@gmail.com or our College archivist francis.maunze@rcpsych.ac.uk know!****

I have given you just a flavour of the many queries received over the last few months. I have another nine months as HiR and then step down after a five-year term. The (voluntary) post will be advertised sometime over the next few months and I look forward to helping my successor settle into the role.

Library Report

Fiona Watson

RCPsych Librarian

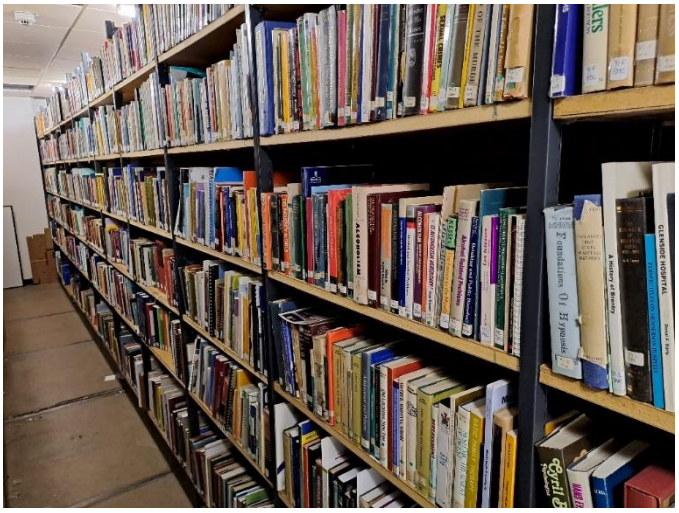
"My Library was Dukedom Large Enough" – Personal Libraries and Book Donations

Most of my time spent working for the College focuses on helping members with research, which underpins their day to day practice. For example, running a literature search on the use of clozapine in people with personality disorders or helping someone locate the full text of a crucial article. These projects have deadlines measured in days or weeks but there are some areas of library work where progress and development is much slower.

Today I wanted to write about cataloguing of donated books. This has little urgency compared to other projects but it is still important and often fascinating. People do sometimes donate copies of their newly published books to us and these are catalogued straight away. However, the more significant collections of books we receive are older because the donation has been made either late in someone's life, after a major move, or posthumously.

Many people who visit the Prescot Street offices of the College, probably never realise that the library collection extends beyond what is visible on the ground floor. This is where we keep our up to date books, as well as a few classics people might want to be able to reference easily. In addition to this, we also have our rare and antiquarian books on display in G5.

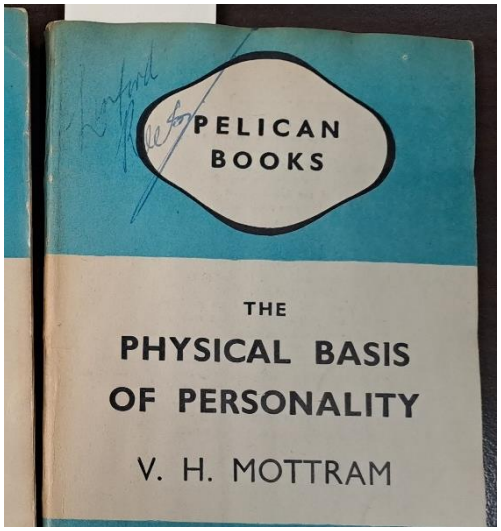
However, as you can see below, we store a significant number of titles in our basement roller racking. This are comprised of items that are too old to prioritise making available to browse, and not old enough to be worth keeping in locked, temperature controlled cases.



In a roundabout way this is also our fastest growing collection because it is where most of the donated books end up.

When I joined the College several years ago, there were quite a few uncatalogued donations of books and there will likely be so (although hopefully different ones) when I leave. It is difficult for a small library to keep up with cataloguing when there are so many other demands on time, especially when those other demands can be more clearly seen to improve member experience or patient care! This issue stretches from small libraries to the very biggest. There are three legal deposit libraries in England: the British Library, the Bodleian Library and Cambridge University Library and these are all entitled to request a free copy of everything published in the United Kingdom. When I worked in Cambridge the cataloguing backlog was referred to as 'the snake' because of the way it snaked its way through so many shelving units.

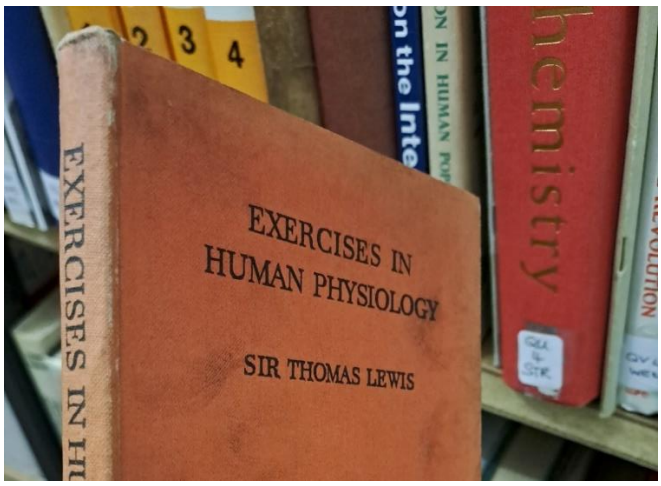
Since I joined the RCPsych, I have finished cataloguing donations of books owned by Prof. Linford Rees, Dr Julian Leff and Dr Neil Kessel. Although, due to some well-meaning but misguided spring cleaning during the COVID19 lockdowns I am still finding titles signed by Prof Rees that seem to have gone astray.



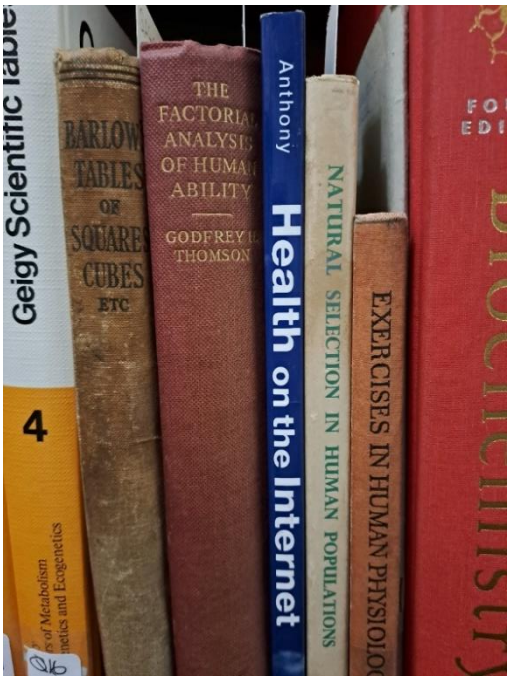
The donations next in line to be catalogued are those from Prof. Sir Martin Roth, Dr Fiona Subotsky and Dr Lester Sireling.

We don't keep all the books that are donated to the College, even those that would be within our collection policy we may already have copies of. We have started putting duplicates and those outside the collection policy on a trolley outside the library for members to take if they wish. Please do have a look next time you are in the College.

The collections policy is, however, rather more broad when it comes to older books because it allows us to accession interesting and valuable books that we might otherwise have to refuse, such as some of those shown in the images.

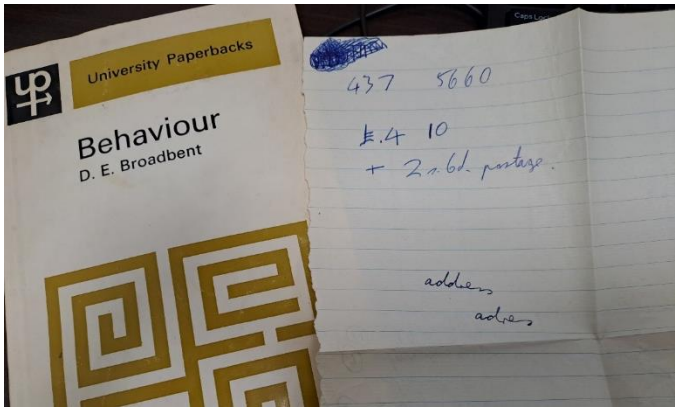


It is also very satisfying to fill in gaps in our own collection such as missing volumes and earlier and later editions of key psychiatric titles.



It is a strange relationship to have with someone; to catalogue their books. I have rarely met the people whose books I've catalogued; although I sometimes do meet their families. It is usually Archivists who visit people's homes after they die to review their papers for historic value but I have done this with book collections as well and it can be a remarkably heart-rending experience. Once you start cataloguing you get to know their research interests, often their publishing history, sometimes their light reading habits. And then there is what people leave in their books, which is

hopefully not crumbs, hair or insects! Bookmarks, postcards, shopping lists and requests for review are all common. At the RCPsych it is rare to be cataloguing anything really old but it is a strange feeling to open a book and suddenly find yourself reaching across years or decades knowing someone couldn't remember how to spell address.



It can be difficult to know how useful collecting and cataloguing these old books will be in years to come. How long will it take before Google, or someone else, has digitised every old edition? Although current experience with digitisation suggests that just because something has been made digital doesn't mean it is easily accessible, or affordable.

Naturally our middle-aged books are used by people researching the more recent history of psychiatry. In addition to that, we do sometimes get requests from members to look at the old textbooks or pharmacopoeias to see what was considered good practice in a given year or decade often to inform a court case. It has been interesting to look on some of these books in the light of our recent exhibition on eugenics and start to recognise the names of those psychiatrists who went on championing ideas such as differential fertility long after eugenic ideologies began to founder under the weight of the Holocaust.

But from a broader point of view libraries like the Royal College of Psychiatrists have a responsibility to document the development of psychiatry, good and bad, in the UK because if we don't who will?

If you wish to access the books not available to browse, please email infoservices@rcpsych.ac.uk. Most of these books are also available to loan by post.

If you are considering donating any books or archives we would love to hear from you.

All photographs taken by Fiona Watson.

Full Library catalogue can be accessed **here**

Archives Report

Francis Maunze

RCPsych Archivist

Thomas Bewley Memorial Service

At the December 2022 the College Archives was involved in the organisation of Dr Thomas Bewley's memorial service. Dr Bewley, a past president of the College from 1984 to 1987 passed away on 26 June 2022.

The event held on 7 December, was presided over by the president of the College, Dr Adrian James. It was attended by sixty-seven guests in person and thirty-three online. Tributes were from Dr Bewley's daughters and granddaughter, and from Vanessa Cameron, a former Chief Executive of the College, Professor John Strang, Dr Matin Mitcheson, and Dr Judith Myles. Dr Bewley's life and contribution to psychiatry and the development of the College were also highlighted in a video which featured Professors John Gunn and Susan Bewley, and a display that was organised by the Archivist in collaboration with the Bewley family. Some of the materials that were on display, such as photographs and personal papers were later donated to the College Archives.

Records of Mental Nursing Examinations

The College Archives is home to a large collection of records on mental nursing training. The Certificate of Proficiency in Nursing was founded at the Medico-Psychological Association Meeting in 1890, and until 1921 it was the only recognised qualification in mental nursing. A separate certificate in Mental Deficiency Nursing was instituted in 1919 and a short-lived Occupational Therapy Certificate was introduced in 1939. After negotiations with the General Medical Council, the examinations for these certificates were discontinued, and the last was held in 1951.

The collection contains registers of those who passed the examinations, copies of certificates, Handbooks, regulations, syllabuses, question papers, medals, and records of prizes. It is mostly popular with family historians. Some of our records on Learning Disability nursing examinations were loaned to the Royal College of Nursing and are currently on display at their exhibition called *'A History of Care or Control? 100 Years of Learning Disability Nursing'* .

Full details about this collection can be found on our online archives catalogue or researchers can contact the Archivist for an appointment to access the collection in person.

Donation of personal papers

Recent donations to the Archives were made by Dr Fiona Subotsky, past Honorary Archivist, and Chairperson of the History of Psychiatry Special Interest Group (HoPSIG), Dr Claire Hilton, past co-chair of HoPSIG and the current Historian in Residence of the College.

Dr Subotsky's donation contains the papers of Elizabeth Carson (1881-1954) and Helen Boyle (1869-1957). The papers include a booklet on the life and work of Elizabeth Carson, A Service of Thanksgiving for her life and work held at St Andrew's Church Backwell, North Somerset on 17 December 2004, Occupational Therapy (The Official Journal of the Association of Occupational Therapists) Vol. 18, No. 3 August 1955. Dr Hilton's donation consists of correspondence, notes, and papers relating to the first witness seminar on Psychiatric Hospitals in the UK in the 1960s held at the College on 19 October 2019.

The College Archives welcomes donations of personal papers as they enrich our growing archival collection. Contact the Archivist for more information about making a donation.

HoPSIG meeting at the London Metropolitan Archives

Dr Essie Tough

Clinical Psychology

I was delighted to receive an invitation to what turned into an extremely rewarding visit to the London Metropolitan Archive (LMA), and also to be invited to write this summary, which I hope will faithfully recall the day's programme. I thoroughly enjoyed both experiences.

In anticipation of the afternoon panel session, John Hall began the day by providing a reference summary of the Revising Past Reputations project, which although initiated by the BPS, will extend its reach into other mental health disciplines. Criteria, currently in the process of development, will form a template for the process of evaluating past practices. I predict that this will be a contentious area. I, for one, struggle with the current *Zeitgeist*, but quite correctly, I am still thinking about it!

Peter Carpenter provided a biographical summary of the colourful, if chaotic, life of Dr. George Wallett, who was associated with various asylums in England. Wallett, might have walked off the pages of Dickens or Swift, engaging relentlessly as he did, in questionable, if not dubious, activities over his life and career. This colourful but feckless character died in penury as did more poignantly, his wife. Peter's research will be published in a forthcoming edition of the Journal of the History of Psychiatry.

On a subject clearly very personal to him, Richard Johnson highlighted the work of the Scaling Up: Change Minds project. He examined past and present health challenges with particular reference being made to Norwich asylum and the early therapeutic approaches of its superintendent, Dr. Hill.

It is difficult here to adequately do justice to Nicol Ferrier's PhD research into the causes of death in two Victorian asylums. We learned that post-mortem examinations were mandatory in order to identify possible non-accidental injury (N.A.I) and also represented early attempts to describe mental and neurologically based disturbances within more scientific frameworks. The presentation identified potential pitfalls in the retrospective assessment of such deaths, some of which we might all identify with. Collusion between staff and bureaucratic restraints in recording N.A.I confounded matters further. Then, as now, multiple risk factors associated with social disadvantage were strongly implicated in early death from infectious and heart diseases. Suicide was uncommon.

Symeon Ververidis (LMA's Engagement and Learning Manager) led us on a Q&A tour of the LMA stacks. The College archivist, Francis Maunze, described the College archives and the LMA archivist, Amy Procter, described the LMA's psychiatric holdings. A range of medical items were displayed: a tantalising glimpse of what treasures might lie within.

The day concluded with a panel discussion about the Past Reputations project.

The LMA is keen for us to house further HoPSIG meetings there and we look forward to the opportunity.

My effortful trip from Central Scotland to London in early December 2022 was well worth it.

Review and Reflections of the Exhibition "We Are Not Alone": Legacies of Eugenics. (22 September 2022 – 24 February 2023) Royal College of Psychiatrists

John Mason

John originally planned to study history before choosing medicine and psychology. He has also studied philosophy and psychoanalysis at Kings and the Tavistock and now works at St Ann's Hospital, North London.
Email address for correspondence: johnpaulmason@nhs.net

A moment in history

Opening Events and Lectures often mark a moment in history, a change of direction or at least a moment of collective reflection for the gathering members of an institution.

So it was on October 9th, 1892. Ernst Haeckel's lecture on Monism was self-referenced as an informal address delivered extemporaneously at Altenburg, on the seventy-fifth anniversary of the "Naturforschende Gesellschaft des Osterlandes." (The Natural Research Society of the Eastland). (1)

At that prescient moment, Haeckel boldly confessed a desire to make Naturalism a 'religion of the science', as illustrated in this quote:

"Here also reigns the physical law of inertia; here also—and more especially in German schools—the

scholasticism of the Middle Ages exhibits a power of inertia, against which any rational reform of education must laboriously contest every inch of ground. In this important department also, a department on which hangs the weal or woe of future generations, matters will not improve till the monistic doctrine of nature is accepted as the essential and sure foundation.

The school of the twentieth century, flourishing anew on this firm ground, shall have to unfold to the rising youth not only the wonderful truths of the evolution of the cosmos, but also the inexhaustible treasures of beauty lying everywhere hidden therein."

This lecture remains fully documented, and as historians we can examine the ideas professed by "the German Darwin" as he delivered them. Like Darwin, Haeckel influenced the scientific zeitgeist, and not only in Germany. This was a time that saw the "victory march of Naturalism", presuming to shape the collective vision of science and society.

Haeckel's rhetoric is mystical and alluring. In England, Francis Galton's ideas were altogether less attractive and charismatic but nevertheless Galton's Eugenics gained traction and was later fashioned with aspects of Haeckel's scientific Monism to shape the implementation of eugenic programmes particularly in Germany and in the UK. (2).

Sometimes, as in this past historical case, it can be helpful and it may be even necessary to take "the long view", to look at events from the past and to compare them with current events, as a device to bring them to life, and to then allow us to try to understand, or be able to explain, what our current situation means to us today.

Today we live at a juncture in the history of science, medicine and psychiatry, and find that review of the past may help us navigate the road ahead. Likely candidate visions of

the future may be understood better, and pitfalls avoided ahead of time, if we look seriously at what has already taken place.

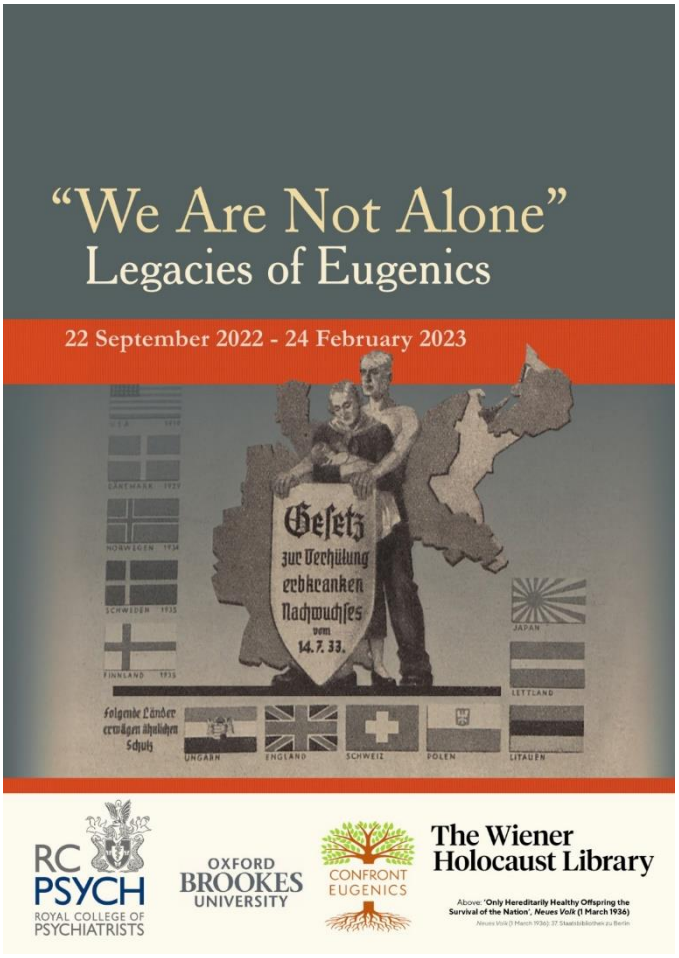
Exhibition Launch: September 22nd 2022 "We Are Not Alone": Legacies of Eugenics

The launch of the 'We are Not Alone': Legacies of Eugenics exhibition by the Royal College of Psychiatrists on Eugenics on September 22nd, 2022, constitutes a moment of institutional self-reflection and historical acknowledgment. (3)

The call for institutional reckoning appeared in last autumn's 2022 HoPSIG Newsletter: Dr Graham Ash's Chair's report and editorial, and Fiona Watson's article: "New Exhibition at 21 Prescot Street – "We Are Not Alone": Legacies of Eugenics" (4)

Dr Graham Ash HoPSIG Chair outlined how this is the first externally curated exhibition to be shown at the College, and how we remain indebted to Prof. Marius Turda for his ongoing enthusiastic support. The exhibition has come about through exemplary teamwork and collaboration between the College, HoPSIG and Prof. Turda, who would also like to thank Fiona Watson, Francis Maunze, Claire Hilton and Catriona Grant.

Given the degree of interest in this Exhibition having been realised at the College and the efforts made to present the important information, I have taken the step of including the full transcript of the spoken speeches made at the opening, so that there is some published record of the occasion of this moment of institutional reflection.



Exhibition poster image taken from this RCPsych webpage: https://www.rcpsych.ac.uk/about-us/exploring-our-history/legacies-of-eugenics

September 22nd, 2022. The Dean of the College Prof. Subodh Dave opens the Exhibition.

Prof. Subodh Dave introduced the speakers, John Mason and Prof. Marius Turda (Oxford Brookes University) and explained how and why it was especially helpful to consider today the history of eugenics and psychiatry at the College.

"This is painful, but without knowing and then hopefully learning from and may be even coming to terms with this painful past, resolution is not really possible."

When I told my daughter regarding the exhibition, she was shocked, "how can you

talk about eugenics". This is painful, but without knowing and then hopefully learning from and may be even coming to terms with this painful past, resolution is not really possible.

Thanks fully to Prof. Marius Turda for loaning the exhibition, and to HoPSIG for organising "We are not alone Legacies of Eugenics" until 24 Feb 2023. The exhibition has travelled to Romania, Poland and Sweden and will go on to Harvard.

So what is eugenics? Literally "good creation". And, 100,000 mentally ill people and 5000 children were killed in Nazi Germany, and 400,000 forced sterilisations took place.

But even into the 1960s research on people with intellectual disabilities without proper consent continued, and this included injection of live viruses. Abuse of psychiatry with the diagnosis of "sluggish schizophrenia" in Soviet Russia is well known. The ideas for this were developed by Snezhnevsky a corresponding fellow of the College. Of course, his resignation was secured soon after his involvement came to light. Other British psychiatrists such as Eliot Slater, Aubrey Lewis and Carlos Blacker were involved in eugenics.

In the UK debates around the dangerous and severe personality disorder will be familiar to most people.

So, this exhibition is really to promote discussion and reflection on how the idea of "good creation", I am sure a benevolent idea on the minds of many, could be twisted to the extent that it led to actual death and annihilation of sections of our populations.

Finally, as the Dean, I feel this is a reminder for us to learn from our history but also to sharpen our tools of philosophical argument about what is good and who decides what is good so that:

a). We can practice ethically and safely and b). Also defend our science and its values. An important value of science is to question and question again and I hope that this important exhibition helps us do that.

The first speech at the Exhibition opening: Dr John Mason HoPSIG

I am glad that we are able to launch the Eugenics exhibition here at the College. Today's launch is an important historical moment of institutional reflection.

The exhibition has been organised by the College's History of Psychiatry Special Interest Group, Professor Marius Turda of Oxford Brookes University, and the Weiner Holocaust Library.

The over-riding aim has been – to respond to the College's Diversity and Inclusion Leads for Race Equality challenge: - i.e.., to raise awareness around the lived experience of stigma and discrimination. The HoPSIG response will be by education; with the Exhibition on the historical roots of Eugenics and 'scientific racism', and how that ideology has influenced medicine, psychiatry and society. The exhibition also describes the history of involvement of British psychiatrists in the eugenics movement of the twentieth century.

Over a century ago the eugenics movement became openly influential in UK society, and at that time Eugenics racist discriminatory ideas were widely adopted by the international science and psychiatry community through various institutions, this led to attempts to introduce health and mental hygiene policies and laws to try to implement a programme of Eugenics in the UK, as part of what was already becoming a global movement.

Perhaps the most unfortunate influence of the Eugenics agenda was how it reinforced a negative view on prospects of those it condemned as "unfit", by stating in effect that those people were less than human, and that they needed to be extracted or cut off from the rest of human society, losing their rights and voice. This negative view became inculcated into the philosophy of the influential psychiatric models of psychopathology of that era, and also some treatment approaches.

Eugenics first became formalised as a science in the UK. Darwin's Origin of Species 1859 described the theory of natural selection. Sir Francis Galton's 1869 Hereditary Genius took Darwin's Natural law a step further and sought firstly to apply those ideas to positively promote as he described it, "the desirable" through reproduction of their desired traits first focusing on the "inheritance of intelligence", and he suggested celibacy and institutionalised refuges for "the weak". Galton invented the term Eugenics in 1883.

For Galton, Eugenics stated aim was to achieve results at a population level to "improve the Race" as he termed it, at that time concerns were discussed about "Declinism" and the "Crisis of Imperialism" regarding increased urbanisation, immigration and fears grew of a perceived rowdy multitude, the most vulnerable groups were a target for those who saw in them - what symbolised evidence of degeneration of the "genetic stock" physically, mentally and morally all became conflated in their view of what was reality and the imaginary.

Where the cause of complicated social political problems was not known, the presumption of an internal process of degeneration, of "genetics gone wrong" seemingly added legitimacy and a "progressive means" for those scientists and physicians seeking a platform to offer a solution; and it also suited social planners who favoured a eugenic focus to control rather than a socio-economic programme to help the poor and uneducated, rather than investing in people who might have seemed to be upsetting the social order as it stood.

Galton was particularly fascinated by Darwin's concept of "Variation under Domestication", concerning animal breeding, and Galton extrapolated and came to believe in degeneration theory that due to domestication of civilisation the "unfit" were outbreeding the "fit". Eugenicists on behalf of the "race" hoped to select who were "fit" and "unfit", and therefore who were to be permitted to reproduce and to live fully and participate in society. Galton's ideas resonated with many of his peers and were influential in the upper echelons.

Later Galton's Laboratory sought with psychometrics and statistics to validate his theories as a science. The statistical methods were further developed by later chairs of the Galton Laboratory Karl Pearson and Ronald Fisher, statistical approaches that were adapted from agriculture and animal breeding were introduced to study human responses and behaviour to attempt to create the evidence base for the Eugenics science.

Eugenics ideology assumed that the value of a person was decided by "genetic determinism" located in the germ-protoplasm that was inherited, and society's complex social problems were also simply inherited and were also genetically determined. Eugenics was proposed by those who were self-described as "Wellborn" and offered a simple solution to societal problems, and in effect a means to scapegoat, control, and blame the poor and other minority groups for the socio-political economic difficulties in society, rather than by improving social conditions. This political view of life lead to the application and attempted implementation of discriminatory policies of control over the poor and other people viewed as undesirable by the state and this was for the "good of the Race".

The Eugenics Education Society – renamed the Eugenics Society in 1926 – was founded in London in 1907, The Society sought to promote their agenda to the general public, via The Eugenics Laboratory and the Eugenics Society, and they jointly published The Eugenics Review.

By 1913 it had been possible to pass the Mental Deficiency Act establishing the legal means to segregate 'mental defectives' in asylums. Due in part to the opposition of Lord Robert Cecil and Josiah Wedgwood, the Act rejected sterilisation. Wedgwood, with some prescience, warned in a letter to The Times that it was 'impossible for any of us to be certain as to the ultimate result of our actions, or Acts of Parliament'.

In 1930, the Eugenics Society members helped form a Parliamentary Committee for Legalising Sterilisation, producing propaganda pamphlets touting sterilisation as their solution for eliminating heritable feeblemindedness, their campaign again was not successful in Parliament due to notable public opposition.

Huxley's former student CP Blacker, a Maudsley Hospital psychiatrist who joined the Ministry of Health in 1942, was viewed as a more liberal, reformist secretary of the Eugenics Society in 1931–52. Under Blacker there was greater attention paid to the role of contraception in reducing fertility, and to population policies.

Statistical science quantitative statistical methods from the Eugenics Laboratory claimed to confirm validity for Eugenics categories that could classify some humans into "othered" groups. However, the medical Eugenic categories (which were formal psychiatric terms at that time) such as "defective", "delinquent" or "feeble minded" were loose and woolly, and vague descriptions of grouped kinds of behaviours allowing large numbers of different groups of people to become subject to this control measure: the poor, the disenfranchised, and other vulnerable groups according to their race, or class or mental condition could be discriminated against segregated, and confined.

Though importantly, to end on a positive note: in the UK at least due to prominent public campaigns against these proposals, vulnerable groups of people were not to be subject to being sterilised under the law as a Eugenics measure.

The second speech at the Exhibition opening: Prof. Marius Turda

This is a momentous occasion. I am grateful to the College and to the HoPSIG team for making this launch possible. And thank you to the Dean of the College, Prof. Subodh Dave for his encouragement and support.

One should not treat eugenics as a historical anomaly. It was no deviation from the scientific norm, nor a distorted version of a crude social Darwinism that found its culmination in fascism and Nazi policies of genocide. Eugenics was an integral aspect of our global scientific and political culture in the twentieth century, one in which the state and the individual embarked on an unprecedented quest to create an idealised society offered by the promises of modern science and medicine.

The association with the Nazi racial state dealt a severe blow to state-enforced eugenic programmes of sterilisation and ethnic cleansing. But eugenics survived the defeat of Nazism. In Britain and elsewhere, scientists continued to endorse eugenics during the 1950s and 1960s in relation to issues such as contraception, family planning and voluntary sterilisation, all affecting people who were primarily non-white, poor, or working class.

Eugenics and scientific racism from which it developed are not things of the past. Discriminatory practices in the present are fuelled by existing and emerging genomic technologies, the ongoing pandemic, and the rise of the informational police-state in many parts of the world. Equally worrying, the belief that people can be classified by genetic attributes which they share with members of their 'own' group, and the notion that 'race' can be defined by scientifically identifiable and verifiable cultural and physical characteristics continue to inform not just political behaviour, but also genomic research and biomedical technologies related to such issues as gene therapy and the use of assistive reproductive technologies for eliminating disability. These and other factors render the widespread normalisation of eugenics in coming years a distinct probability.

There have been numerous recent and necessary calls for anti-racism both by human geneticists and psychiatrists, as well as the wider scientific and medical communities. But it bears repetition that while an obsession with the control of human

heredity was one of the key drivers of historical eugenics and scientific racism, present-day eugenics functions much more broadly as a set of ideas and practices which act to dehumanize individuals. Therefore, to combat eugenics and scientific racism there must be an even broader, bolder large-scale effort to rehumanize individuals and groups in science and beyond. An anti-eugenics movement should include the compensation of victims of sterilisation as well as educational strategies and the empowerment of indigenous and minority communities.

This exhibition invites visitors to the College to engage with the legacies of eugenics across time and space and to reflect on what eugenics means for us today. This remains a sensitive and emotional issue for many people, not least because for so long eugenics has reinforced discriminatory practices based on race, class, gender, disability, and age.

Exhibition Online seminar: September 29, 2022, Confronting Eugenics and its Legacies in Psychiatry

Following the launch, an online webinar was held on 29 September, and it can be viewed again on link below: Free Members' Webinar: Confronting eugenics and its legacies in psychiatry-29 September 2022 (rcpsych.ac.uk)

The webinar had a large online audience, and looked at the relationship between psychiatry and eugenics, in Britain and the wider world. The main themes addressed were representation and interpretation (theory and theorists), segregation and institutionalisation (anxiety and policy), sterilisation and euthanasia (practical programmes) and lessons and legacies (coming to terms with the past in current practice).

The speakers were: Marius Turda (Oxford Brookes University), Mathew Thomson (University of Warwick), Brendan Kelly (Trinity College, Dublin), and Frank W Stahnisch (University of Calgary).

Exhibition Online Blogs

In addition, a series of online RCPsych Blogs were produced to offer a further commentary around the Exhibition, and to increase engagement with the Exhibition.

The first RCPsych Blog article: "Exploring the Legacies of Eugenics in Psychiatry – Part I" by Prof. Marius Turda, expanded on the role of British psychiatrists in Eugenics movement, and highlighted the role of the exhibition: as illustrated by the following excerpt:

The development of psychiatry in Britain had been substantially transformed by its involvement with eugenics. For more than a century, the eugenic project was sustained by the scientific knowledge that filtered out of psychiatric hospitals, asylums, and other institutions for individuals with intellectual disabilities as well as mental illnesses. The challenge for psychiatry today is to work out how to untangle that relationship and prevent the legacies of eugenics causing any further harm.

In the second part of Marius Turda's RCPsych blog, "Exploring the Legacies of Eugenics in Psychiatry – Part 2" the blog addressed: the role of prominent British psychiatrists who remained attached to eugenics after 1945. The blog post gives particular attention to the views of three psychiatrists active during the post-war period: D. K. Henderson, C. P. Blacker and Eliot Slater. In so doing it contributes to the ongoing, larger discussion that is taking place regarding to the intertwined legacies of eugenics and scientific racism. As illustrated by this brief excerpt from this blog article:

It is possible that the lectures given by Henderson, Blacker and Slater softened the hostility of critics of eugenics but evaluating the impact of their ideas on other psychiatrists, particularly those entering the profession during the 1950s, remains a challenge. As we continue to explore the legacies of eugenics in science and society

more broadly and in psychiatry in particular, we need to be aware of eugenics' continual and constant reinvention.

https://www.rcpsych.ac.uk/news-and-features/blogs/detail/history-archives-and-library-blog/2022/11/03/eugenics-in-psychiatry-part-two

Prof. Marius Turda co-authored an article published in the Lancet: **"From small beginnings: to build an anti-eugenic future"**

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00882-0/fulltext

The article notes that, "From small beginnings" has helped bring together anti-eugenic scholars, activists, practitioners, journalists, curators, and artists from different countries. The project seeks to engage broader publics and to build the capacity of communities that have been most targeted by eugenics to tell their stories and have them understood.

Prof. Marius Turda published a related article: Legacies of eugenics: confronting the past, forging a future

https://www.tandfonline.com/doi/full/10.1080/01419870.2022.2095222

Prof. Marius Turda has written an article: Commemorating the Holocaust, Confronting the Legacy of Eugenics in Psychology, **Marius Turda. Global Network of Psychologists for Human Rights**

Each year, on 27 January, we commemorate the liberation of Auschwitz-Birkenau. Perhaps the most infamous of the sprawling Nazi network of concentration and extermination camps, Auschwitz epitomises extreme violence, barbarity, dehumanisation, and systematic murder more than any other site of genocide during the Holocaust. The Nazi programme of extermination resulted in the death of around eleven million people of diverse ethnic backgrounds, of whom six million were Jews.

https://humanrightspsychology.org/commemorating-the-holocaust-confronting-the-legacy-of-eugenics-in-psychology/

Prof. Marius has written a further article: **Colonialism, eugenics and 'race' in Central and Eastern Europe with Bolaji Balogun,**

https://bristoluniversitypressdigital.com/gsc/view/journals/gscj/aop/article-10.1332-TQUQ2535/article-10.1332-TQUQ2535.xml

An RCPsych Blog article was written by Graham Ash and John Mason, "Differential fertility? - British psychiatrists and the unscientific basis of a eugenic ideology" (1910-1969)

Psychiatric values have changed over the last century, and currently in this era we state that we prioritise inclusion, and recovery focus in clinical practice that is rights based for each patient. However, for today's values to remain understood it may well remain necessary to view practice over its history, and to use this historical ethical perspective, including the voice of patients, as part of the production of values to form an evidence-based psychiatry that serves each patient's interests, and views each patient as a subject rather than as an object. It's about the person whoever they are ...the subject who should never become an object...

https://www.rcpsych.ac.uk/news-and-features/blogs/detail/history-archives-and-library-blog/2023/01/11/differential-fertility

Exhibition Closing Seminar: Exploring Eugenic Legacies in Psychiatry - Monday 9 January 2023

The final event of the Exhibition took place on January 09th 2023 at the College (6), (before the Exhibition was due to leave the College on February 24th, 2023). The event was well attended, and a fully engaged audience also took part in a lively discussion to close the proceedings.

Dr Graham Ash Chair of HoPSIG. This afternoon's event supports the Exhibition "We are not alone legacies of Eugenics". The exhibition introduces the history of the eugenic movement in Britain and internationally from mid-19th Century to 1945. In the Exhibition's psychiatry panel, we've focused on Psychiatrists and the Eugenics Society in the UK, between 1900–1950. We have highlighted a number of prominent members of the Royal Medico-Psychological Association (RMPA), who developed and shaped the relationship between eugenic thinking and psychiatry in Britain after 1900, notable examples include James Crichton-Browne and Frederick Mott. As a history group we felt that it might be important to make psychiatrists aware of the history of "scientific racism".

Whilst we were thinking about how to do this, we were very fortunate to meet Marius Turda, this came about as a consequence of one of the first iterations of his exhibition. So, this afternoon, we will look in the talks today at the origins of eugenics' thinking and its consequences for patients we have three very exciting speakers.

The First Speech at the Closing Seminar: by Lisa Edwards: Beyond the Lunatic Asylum of the Nineteenth Century - Its Legacy, My Family, and the Madness Within (7)

Lisa Edwards, writer, and oral historian, in her speech gave a very moving personal and powerful account and analysis of the social history of members of her own family and the impact the eugenics ideology regarding "insanity" had on her family. The full account brought out the lived personal histories of people contending with the personal and social impact of eugenics-based policies of segregation and institutionalisation faced by those deemed to have "insanity" at that time.

This powerful and moving speech has been made also into a Blog article: Lisa Edwards' full Blog can be read in the link below, the concluding sentence states: "Because this journey I am on is about throwing light onto the dark secrets of supposed insanity and how those trying to control the alleged growing numbers of pauper lunatics did not address the root causes and instead condemned generations of families like my own, to lives not properly lived."

The Second Speech at the Closing Seminar: by Dr John Hall - Francis Galton: Narrative of An Explorer in the Human Sciences (8)

Dr John Hall's impressive speech on Galton has also been made into a full Blog (please see link below). The concluding remarks note: Galton was a man with a mission, and that mission was the development of eugenics as a scientific discipline and promotion of eugenics as a social programme, even after his death. In 1907 the Galton Laboratory for National Eugenics was established at UCL and the Eugenics Education Society was founded in the same year as a popular means of promoting public awareness of eugenic problems. When Galton died in 1911, he left the residue of his estate to the University of London for a chair in Eugenics. Karl Pearson was the first holder of this chair, and he made a thoroughly triumphalist job of writing the first biography of Galton!

The tragedy of Galton was that his personal prestige, ideas and work gave credibility to eugenics. They provided ammunition for others to use in denying opportunities for education to the less able, denying the possibility of parenthood to those thought unfit to do so, and ultimately to take away the lives of those thought not worthy of them.

The Closing Speech at the Closing Seminar "Human Derelicts": Reflections on Eugenic Dehumanisation and Disability, Professor Marius Turda

Longer excerpts from Prof. Marius Turda's speech transcript are copied below, as it has not been made into a Blog.

I will try to in a way bring together the two papers we heard before. I am very grateful to John and Lisa for both presenting because I think it is important to bridge the gap between the academic conversation about Francis Galton and eugenics and what that meant to real people and how people were affected by a scientific language that dehumanised them, categorised them, and described them in a certain way. So that their institutionalisation became possible, their putting away, their sterilisation and in some cases their termination.

So, we shouldn't really lose this very important aspect of our conversation and what I want to do here is basically to bring the dehumanising language of eugenics and the dehumanised object of eugenics together. This is not an easy thing to do. It is difficult to speak about how eugenics dehumanised people, the issues surrounding it, the personal tragedy involved here, and I am not just talking about individuals here targeted by eugenic policies, but also about how collectively we can think of what happened in the name of Eugenics.

The conversation is moving, and I am very grateful to the Royal College of Psychiatrists for hosting the Exhibition and also for having this event. I was half-jokingly saying before the event that even if we don't say anything today it is still an achievement. To have such a prestigious institution organise something on the legacies of eugenics, I think is an incredible thing, and I am grateful to the College's events team, and my HoPSIG colleagues who brought this together, and who I have worked with for more than a year.

The title of my talk is inspired by a book titled "Human Derelicts" Medico-Sociological studies for Teachers of Religion and Social workers, and this was edited by Theo Kelynack and published in 1914. He was a prominent physician and paediatrician. One year later in 1915 he published a study titled "Defective Children".

Galton's use of the language of heredity informed the eugenic strategies he devised to protect British society against the menacing spectre of the so-called 'mentally defective'. In so doing, he only endorsed marriages between those who 'possessed the finest and most suitable natures, mental, moral, and physical'. He also argued that people perceived to be socially and intellectually below the average should not have children. Otherwise, if this group 'continued to procreate,' Galton claimed, 'a time may come when such persons would be considered as enemies of the State'. For these individuals, Galton's eugenics was a language of doom, but for a selected few, especially those assumed to be hereditarily endowed with superior intellectual traits, it was one of promise.

Because they were 'born that way', individuals targeted by eugenics were excluded from the norms of society, and condemned to medical interventions of varying intensity, including sterilization and euthanasia. A sense of contagion was attached to them all, requiring a degree of segregation from the mainstream of the population. The terms used to describe these individuals we recognise today as exceptionally offensive. As a book published in 1914 and entitled 'Human Derelicts' is but one of many examples of how eugenic objectification and dehumanization occurred. In his 'Foreword', Sir Thomas Clouston, former president of the Royal College of Physicians of Edinburgh, wrote the following: 'The ocean of life is strewed with human derelicts of every kind. Some of these wrecks are rudderless, some water-logged, some have broken masts and spars, and some are turned turtle. All are helpless crafts unable to pursue the voyage of life. All are sources of danger to other wayfarers.'

Eugenics fundamentally transformed the debate about the significance of nature and nurture in regard to individual and collective identity. Natural qualities were objectified and believed to determine not only one's

behaviour and desirability but also one's intellectual performance and economic productivity; in short, one's contribution to society. Various members of the population were considered biologically and socially valuable, whilst others were not. Eugenicists argued that, in the name of the 'common good', it was necessary for these individuals to be 'weeded out' or, at least, to be excluded from the normal rhythm of society.

For more than a century, eugenics had distinctly shaped the modern ideal of an 'able' and 'normal' society. In so doing, it targeted individuals who were seen as representing a different, and less-able humanity were to be institutionalised in 'special schools' and 'colonies' and subjected to specific educational programmes. Eugenic propaganda instilled the need to 'purify the race' of Jews, Roma, and other ethnic minorities alongside the eugenic necessity of eliminating 'defectives' from society in many European countries during World War II and even before.

As I discussed here, eugenics prioritised the life of individuals deemed hereditarily healthy and worthy, whilst simultaneously dehumanising, stigmatising, marginalising and ultimately eliminating those individuals deemed less so. Unfortunately, this normative eugenic representation of 'human value' did not vanish after the Holocaust. It remains deeply embedded in our thinking about difference to this very day. As we continue to fight for racial equality and social justice, we should try to understand past and present ideas of eugenics. We must confront and expose them to move forward.

Conclusion and further reflections

As Fiona Watson's article from the last Newsletter points out, *(New Exhibition at 21 Prescot Street – "We Are Not Alone"*: *Legacies of Eugenics*), the aim of the Exhibition was never to create a series of static, informative panels but to start and maintain a conversation about eugenics and its many legacies. Unfortunately, stigma, discrimination, racism, ableism, social inequality, and exclusion still exist today.

The Exhibition has drawn attention to "scientific racism" and Eugenics and how these ideologies have been perpetuated by past British psychiatrists. Though even today such beliefs about genetic hereditary, race and fitness can easily transmogrify into new forms, and appear in a more palatable language, and yet the implications on future generations may be less palatable, when people's lives are affected by notions and determinations "where the is" of presumed nature "has become the ought" of discriminatory judgements.

The exhibition will have served to highlight the darker parts of our history and reminds us here at the College how institutions can contribute to the situation in which we find ourselves today, or institutions can instead help start a debate looking ahead helping to raise awareness.

Mistakes and errors need not be repeated if there is a willingness to take a different path; however, this requires some work to recognise the issue and what is at stake. History is rarely written by those with the most to lose, in psychiatry we have an opportunity to speak for the victimised, and often that is what we do day to day, psychiatrists hold that privileged role to assist those who may have become vulnerable.

Sadly, in the past, the people whose interests psychiatry became custodians of were not always best served by those doctors who were involved with promoting eugenics. The Eugenics Exhibition also reminds us of the duty we must have to serve our patients, but also to listen to the voices of the past, and the voices of those people who experience abuse today, and to be ever vigilant to the potential pernicious effects of ideology and science and technology that may not serve our patients.

There will be ongoing discussions after the close of the Exhibition at the RCPsych, and perhaps there will be a permanent outcome from this moment of institutional reflection.

This is the first such exhibition for the College (and it has certainly been well received), and this begs the further question as to which other exhibitions which could be mounted?

Another point of institutional interest is following up the various references to psychiatrists and their role in the eugenics movement notably: Henderson, Blacker, Eliot Slater and several other psychiatrists. And, in this regard HoPSIG is in the early stages of proposing a project along the lines of 'Revising Reputations'.

References

1/ The Project Gutenberg eBook of Monism as Connecting Religion and Science, by Ernst Haeckel
http://www.gutenberg.org/files/9199/9199-h/9199-h.htm

2/ Haeckel's Monism and the Birth of Fascist Ideology Volume 33 of Studies in modern European history, ISSN 0893-6897; Author, Daniel Gasman

3/ "We Are Not Alone" Exhibition at the RCPsych.

https://confront-eugenics.org/exhibitions/we-are-not-alone-legacies-of-eugenics/

https://www.rcpsych.ac.uk/about-us/exploring-our-history/legacies-of-eugenics

4/ HoPSIG Newsletter: Dr Graham Ash's Chair's report and editorial, and Fiona Watson's article: "New Exhibition at 21 Prescot Street – "We Are Not Alone": Legacies of Eugenics"
https://www.rcpsych.ac.uk/docs/default-source/members/sigs/hopsig/news-and-notes-autumn-final---hopsig---dec-2022.pdf?sfvrsn=e1f9ea81_2

5/ Free RCPsych Members' Webinar: Confronting eugenics and its legacies in psychiatry-29 September 2022 (rcpsych.ac.uk) .
https://www.rcpsych.ac.uk/events/free-webinars/free-webinars-for-members/2022/free-members-webinar-confronting-eugenics-and-its-legacies-in-psychiatry-29-september-2022

6/ Exploring Eugenic Legacies in Psychiatry - Monday 9 January 2023: The final event of the Exhibition took place on January 09th 2023 at the College before the Exhibition was due to leave the College on February 24th 2023.
https://www.rcpsych.ac.uk/events/conferences/detail/2023/01/09/default-calendar/hopsig-eugenics-event

7/ The First Speech at the Closing Seminar: RCPsych Blog article by Lisa Edwards: Beyond the Lunatic Asylum of the Nineteenth Century - Its Legacy, My Family, and the Madness Within, Lisa Edwards.

https://www.rcpsych.ac.uk/news-and-features/blogs/detail/history-archives-and-library-blog/2023/02/02/madness-within

8/ The Second Speech at the Closing Seminar: by Dr John Hall – RCPsych Blog article: Francis Galton: Narrative of An Explorer in the Human Sciences.

https://www.rcpsych.ac.uk/news-and-features/blogs/detail/history-archives-and-library-blog/2023/02/22/francis-galton?searchTerms=eugenics

Nazi Eugenics – a thought-experiment, and 'The Sanity Inspectors'.

Chris Maloney

a psychiatrist, medical psychotherapist and GP, has written the 'afterword' for the Recovered Books' republication in May 2023 of 'The Sanity Inspectors' by Friedrich Deich.

The recent re-examination of the Eugenics movement within the College demonstrates once again how attitudes and approaches held by one generation, at a particular time, may come to be viewed as inhumane, and driven by ideology and political concerns. As with many situations, it is it is worth reflecting on what we might have done ourselves, had we been there, then, and become involved. Would we have been able to see what was happening in quite the way we do now, or would we have viewed ideas and actions that we now find abhorrent in a more positive light – even as well-intentioned? What might such a 'thought experiment' alert us to about ourselves? In turn, is it worth examining any of our current concerns and enthusiasms, and seeking our own blind spots?

2023 sees the republication of a novel 'The Sanity Inspectors', by a German doctor, Friedrich Deich. Written in the 1950's, it is the story of a young psychiatrist, Dr Robert Vossmenge, training in Germany in the 1920's and 30's, and about his encounters with the National Socialist ('Nazi') Party, and all its works. It tells the tale of a professional 'misfit' and charts his course to rebellion in a readable and entertaining way.

One of the fascinating things about the book is that the issues are not clear-cut – and many of the things to which Dr Vossmenge does NOT initially object might now be viewed as suspect, or even criminal.

Although the events, and preoccupations, of the novel are wide-ranging, and raise many questions about psychiatry, and indeed all medical practice, the English language translation of the book had largely vanished without trace after it was published in 1956. I discovered it by chance in 2012 and wrote a short 'Medical Classics' review for the BMJ[1], trying to bring it to people's attention. The book was hard to find, however, until its recent republication, for which I wrote the "Afterword' that this article draws upon.

[1] Maloney C. (2012) Medical Classics: The Sanity Inspectors. *BMJ* 2012;345:e6350 https://doi.org/10.1136/bmj.e6350

One of the crucial themes of the work, very relevant today, is that before you can make a stand against 'wrong-doing', you have to realise that what's being done is wrong. This is particularly hard if most of your peers support it. Given the time when the book is set, eugenic ideas underpin much of what is at play, and its account of what was going on may throw some interesting light on the question of what we ourselves might have done, been able to do, or even wanted to do, had we been in practice then. Some reflection on the historical issues, and the way the book deals with them, may whet the reader's appetite for the whole novel.

Between 1933 and 1945, around 360,000 German people - largely those diagnosed with mental disorder or an inherited disability - were forcibly sterilised as part of the National Socialist regime's drive to cleanse German society of 'biological threats'.[2] In September 1939, these attempts to remove disability from the gene pool intensified under the 'Aktion T4' programme. Designated doctors were authorised to select patients 'deemed incurably sick, after most critical medical examination' and administer a 'mercy death'.[3] An estimated 200,000 individuals diagnosed with mental disorders were put to death in this way. The German medical profession was central to the programme, and psychiatrists were amongst its most enthusiastic adopters.[4]

The role of the medical profession in the activities of the National Socialist regime has been the subject of considerable scrutiny and ongoing re-evaluation over the years – and it bears frequent reconsideration. Dr Hartmut Hanauske-Abel, a paediatrician and medical researcher in the U.S., published a helpful collection of primary sources in 1996, in a special edition of the *British Medical Journal* commemorating the 50th anniversary of the start of the Nuremberg doctors' trials.[5] His paper, 'Not a slippery slope or sudden subversion', draws together material from the leading medical journals of the time and charts the responses of the profession to the new regime when it first came to power in 1933.[6]

Hitler was appointed Chancellor on 30 January of that year. In March, the *Deutsche Arzteblatt*, the weekly journal of the German Medical Association, reported that Dr Alfons Stauder, the elected president of the two largest German medical associations, had telegraphed Chancellor Hitler to say that they 'gladly welcome the firm determination of the Government of National Renewal to build a true community of all ranks, profession and classes, and gladly place [ourselves] at the service of this great patriotic task.'[7]

So far, so anodyne. But by June 1933 the journal's title page carried the proclamation that the central promotional organisation of physicians and its Education Office 'have the

[2] Burleigh M. (1994) Death and Deliverance: 'Euthanasia' in Germany c. 1900–1945. Cambridge: Cambridge University Press

[3] Proctor, Robert N. (1988). Racial Hygiene: Medicine under the Nazis. Cambridge, MA: Harvard University Press

[4] Strous, Rael D (2010) Psychiatric Genocide: Reflections and Responsibilities Schizophrenia Bulletin vol. 36 no. 2 pp. 208–210

[5] British Medical Journal 7 December 1996 Vol 313 issue 7070, available online https://www.bmj.com/content/313/7070 . Contains a fascinating compendium of articles on what may go wrong with medicine, public health and medical research

[6] Hanauske-Abel, H. M. (1996) Not a slippery slope or sudden subversion: German medicine and National Socialism in 1933. *BMJ* 1996;313:1453 doi: https://doi.org/10.1136/bmj.313.7070.1453

[7] Hanauske-Abel op. cit.

purpose of enhancing the idea of racial improvement among physicians and within the population. In doing so the medical profession has unselfishly devoted its services and resources to the goal of protecting the German nation from biogenetic degeneration'. There were no signs of reluctance or circumspection – on the contrary, the proclamation continued, 'The medical profession has a special responsibility to work within the framework of the state on the tasks posed by population politics and racial improvement'.[8]

As has been recently documented by the exhibition 'We Are Not Alone: Legacies of Eugenics', curated by Professor Marius Turda, and hosted by the College, and related publications and discussion, the German medical profession was not alone in its interest in such measures at the time. In the early part of the century, 'eugenics' had developed as a popular concept and had broad support in science, medicine, and academia. Sterilisation programmes were openly proposed by such public figures as George Bernard Shaw and adopted in the 1920's and 30's in countries including Belgium, Brazil and Canada. Under the Nazis, however, Germany had a regime with racial 'hygiene' as one of its fundamental objectives.

On 14 July 1933, the Sterilisation Act, or 'Law for the Prevention of Genetically Diseased Descendants' came into effect. Paragraph 12 instructed that sterilisation 'must be performed even against the will of the person to be sterilised. The attending surgeon must request any necessary assistance from the police authority. If other measures are insufficient, it is permissible to use direct force.' Insurance companies and 'the one who has been sterilised' were to be billed for the operation. The law established a formal regime of 'genetic health', including appellate genetic health courts, attached to civil courts and presided over by a lawyer and two doctors, one of whom was an expert in medical genetics. Psychiatric illnesses and alcoholism were included in the list of 'genetic illnesses', which doctors were obliged to register akin to any other 'notifiable' disease.[9]

In the first year of the Sterilisation Act, Germany's genetic health courts received 84,525 physician-initiated applications and reached 64,499 decisions, 56,244 in favour. Doctors competed to fulfil sterilisation quotas; sterilisation research and development rapidly became one of the largest medical industries. Within four years, almost 300,000 patients had been sterilised, at least half for 'feeble mindedness' as evidenced by failing 'scientifically designed' intelligence tests.[10]

In Deich's novel, although his protagonist comes into conflict (often inadvertently) with the Nazi Party, and the prevailing ethos, over a number of matters, he fails to question its eugenic policies – and this is one of the more telling (and deliberate) insights offered by the tale. Yet, throughout the book, Vossmenge is engaged in a dialogue with a hospital chaplain, Pastor Degenbruck, who he met whilst training – and Degenbruck gives voice to many challenges, both to the regime, and to Psychiatry itself, that we would recognise today. He enables Vossmenge to see beyond his profession's concerns, and his own fairly circumscribed challenges to them, and come to a broader understanding of events and people's actions.

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[8] Walder K. (1933) Aufklarungsamt fur Bevolkerungspolitik und Rassenpflege.*Dtsch Arztebl* **62**:255–7. Translated in Hanauske-Abel op. cit.

[9] Hanauske-Abel op. cit.

[10] Proctor R. N. (1988) *Racial hygiene. Medicine under the Nazis*. Cambridge: Harvard University Press, pp 95–117.

In a highly entertaining and readable way, particularly given the gravity of the material, the novel goes on to tell how Vossmenge is in due course forced to leave Germany (and its domestic eugenic concerns) behind, taking up a post as a military psychiatrist, with responsibilities during the German withdrawal from Italy towards the end of the war. He found himself in unusual circumstances, and these circumstances spared him the decisions he would have faced if he had remained in his home profession, charged with implementing Aktion T4. We now view this extermination programme as criminal, but at the time, German psychiatrists raised few objections. Had he stayed in Germany, Vossmenge's professional choices would have been more 'ordinary' than those he is confronted with in the novel, in that all his colleagues faced them too – but more morally pivotal in another. However, he DOES have to form his own view of the ethical (and practical) dilemmas he faces, and work out how both to establish the 'right' thing to do, and then to actually do it – both of these are essential in order to act morally. If you don't think what is doing is wrong, then why would you do anything different? It is easy to think you would 'do the right thing' when you have the luxury of it being clear. How, more problematically, do you establish what the 'right thing' is, when those around you think differently?

So, leaving the novel aside, what about Vossmenge's real-world contemporaries in mainstream German practice? What had happened to *their* pursuit of ideals, and their sense of moral purpose? In 1933, when the Nazis came to power, the German medical profession had been one of the most sophisticated in the world, with perhaps the most tightly codified system of medical ethics.[11] German doctors were in ongoing dialogue with their colleagues in other Western nations. All were grappling with the demands of both public health and the needs and care of the individual – and judging which to prioritise, and when. Public health measures, particularly in the fields of immunisation and infection control, had had a profound effect on the health of whole nations. Genetics was then a relatively new science, holding out great hopes for the future. The term 'Eugenics' itself did not have the negative connotations it does now. Germany already had a record of public health programmes that emphasised early detection of illness and the promotion of occupational health and safety. The country had adopted the doctrine of holistic medicine (*Ganzheitslehre*), which advocated not only the comprehensive (that is, both physical and spiritual) needs of the whole person, but also those of the whole society in which the person lived.[12]

The National Socialist regime took pride in its aim of making Germany a 'hygienic' state. Hitler was celebrated as the 'great doctor' of German society, and Nazism claimed to be rooted in 'applied biology.' National Socialism promised to cleanse German society of its corrosive elements—not only Jews and Communists, but also pollutants in the air and water, along with tuberculosis, homosexuality, and the 'burdensome' mentally ill. In the Nazi view of the world such maladies were put down to the 'false humanitarianism' of previous political regimes.[13] Doctors (apart from the Jewish ones, who gradually had their livelihoods, their homes, and in many cases their lives taken away) were not victims of this process, but enthusiastic participants, readily taking on the powers offered by the state to fulfil the promises of an orderly, hygienic, and healthy nation.

[11] Proctor, R.N. (2000) Nazi Science and Nazi Medical Ethics: Some Myths and Misconceptions. Perspectives in Biology and Medicine, 43:3 pp335-346

[12] Seeman, M.V. (2005) Psychiatry in the Nazi Era. Canadian Journal of Psychiatry 50:218-225

[13] Proctor, R.N. (2000) op cit

In *The Uses of Pessimism*, Roger Scruton identifies the 'unscrupulous optimist' as the character who believes that 'the difficulties and disorders of humankind can be overcome by some large-scale adjustment: it suffices to devise a new arrangement, a new system, and people will [thus] be released from their temporary prison into a realm of success.'[14] Constraints are disdained, and those who get in the way can be cheerfully sacrificed. Old compromises are no longer required.

A current of such unscrupulous optimism and enthusiasm runs through those documents from the German medical establishment gathered together by Hanauske-Abel. These are not the writings of people who believe they are doing evil. These are optimistic documents, full of hope for the future.

It is of course particularly hard to flag something up as 'wrong' if all your peers are going along with it. And here, in the novel, the Pastor was at an advantage over Vossmenge. At the outset, his system of values was not based on anything as intellectually abstract as 'science'. Instead, he simply asserted the value of the individual, and their personal, unique relationship with God. And crucially, these values were held and expressed equally strongly by many of his colleagues. It may be worth today's psychiatrists giving some brief consideration to how different professions dealt with the issues at the time - and how a degree of organisational schism may provide greater latitude for dissident thought.

Any controversies within German Psychiatry in the early 1930's were as nothing compared to the disagreements that beset the country's established Protestant church. Fierce opposition to the newly founded Nazi-supporting *Deutsche Christen* (German Christian) movement was played out during the election of church officials. Hitler imposed a new round of church elections in 1933 and an overwhelming number of key positions then went to the Deutsche Christiens. This prompted the formation of the Pastors' Emergency League *(Pfarrernotbund*), which opposed the 'Nazification' of the church and particularly the introduction of the 'Aryan paragraph' whereby those of Jewish descent were to be excluded. Within weeks of the League's foundation, more than a third of German pastors had joined it. Yet, by November 1933 a rally of 20,000 Deutsche Christien supporters demanded the removal of the Old Testament from the Bible due to its origin. Pastors and church officials of Jewish descent started to be removed from their posts.

The Pastors' Emergency League went on to become the *Bekennende Kirche*, or 'Confessing Church', opposing the Nazi Party's efforts to build a single, pro-Nazi German evangelical church. This substantial movement was opposed to the regime's ecclesiastical policy, rather than (at least overtly) its overall political and social objectives. The struggle was to keep the church's own organisational structures intact, and to preserve the independence of church doctrine, so that the Christian commandments were not subordinated to Nazi ideology.[15] The pastor would thus have had a ready fund of like-minded colleagues to identify with and draw upon. Vossmenge had to take a lonelier course, as the psychiatric profession was far more unified in its commitment to the regime.

Robert Vossmenge is an average sort of a man, subject to a series of fortunate and unfortunate events. One thing leads to another and, ultimately, to an experience of

[14] Scruton, R. (2010) The Uses of Pessimism. Atlantic Books p17.

[15] Benz, Wolfgang (2006). A Concise History of the Third Reich. University of California Press

redemption. In the end, he makes his powerful affirmation:

I know nothing of politics. I don't even accuse myself of having made a political mistake. It's human to make mistakes. But I can never forgive myself that I have done nothing to oppose the inhuman cruelties of this authoritarian regime. On the other hand, though, I don't see what one could have done to combat the madness of our time. The individual was powerless. This dilemma causes me more suffering than I can say. I'm tired and I don't care what happens to me… And what remains to me at the end of this long night of wandering and madness? The realisation that all human activity is of doubtful value.[16]

Deich is telling us a story, and stories matter. The Sanity Inspectors raises many more questions than it answers. But it does explain why the answers aren't simple, and for all its lightness of touch it confronts us with serious issues. The book's story, and its ultimate message are complex. and not necessarily worked out to Vossmenge's (or even Deich's) credit. It is a compelling and thought-provoking story of what might have been, by an author who understands the psychology of both conformity and dissent.

'The Sanity Inspectors' is available directly from Recovered Books, at a reduced rate:

https://www.boilerhouse.press/product-page/the-sanity-inspectors-by-friedrich-deich

and through your on-line and off-line booksellers.

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[16] Deich, Friedrich 'The Sanity Inspectors' Recovered Books 2023 p.269

A History of Confusion: Breaking the Stranglehold of Schizophrenia on Catatonia

Jacques Sloman

Just a ten-minute drive away from the Neckar River in Heidelberg, the setting sun reaches out over the Bergfreidhof cemetery, gently warming the headstones and illuminating the various wildflowers beneath. One such monument, or perhaps more appropriately *monolith*, rises from the ivy to command the attention of passers-by. For here we find the final resting place of Emil Kraepelin[1]. Whilst he needs no introduction for those of us well-versed in the history of Psychiatry (or those who have recently sat Paper A) he was regarded as a towering figure in German Psychiatry at the beginning of the 20th century and is often revered for his delineation of manic-depressive insanity from dementia praecox. Lesser known, however, were his contentious views on catatonia and lesser known still is the curious professional rivalry he shared with his Polish-born predecessor and fellow Psychiatrist, Karl Ludwig Kahlbaum.

As we shall see, both men conceptualised catatonia in very different ways. That catatonia could only be seen in Schizophrenia became the dominant view, a notion that persisted well into the 20th century, but one which is fundamentally at odds with the ICD-11[2] as we know it. To reconcile this paradigm shift, the modern-day Psychiatrist is faced with a vast and conflicting body of historical literature. Given the renewed interest in catatonia in recent years[3], this article aims to summarise the evolving perspectives that led to its current classification. Now is the time to shine a light on this history of confusion and to appropriate the work of Kahlbaum so that, he too, gets his rightful place in the sun.

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There is no doubt that catatonic symptoms have always existed in nature, with accounts of 'catalepsy' dating back to Hippocratic times[4]. Indeed, some motor abnormalities were already well documented amongst Psychiatrists in the 19th century. However, it was Kahlbaum that refined these disparate strands into a single disease entity. This was perhaps the first significant step in better understanding it.

After taking over as director of the Reimer Sanitarium in Gorlitz[5] (a village in eastern Germany) Kahlbaum found that there was no shortage of those afflicted with the curious psychomotor syndrome. He drew on a wealth of first-hand experience to delineate its core features and published them in a small monograph in 1874 in which he first coined the term 'Katatonia'. Though he considered catatonia to be a disease *sui generis,* he later admitted the possibility of a catatonic syndrome seen in a wide variety of illnesses (much like the distinction between Parkinson's disease versus the various causes of Parkinsonism) which anticipated the direction that future research would take. In his earlier work, Kahlbaum suggested a favourable prognosis, saying that "recoveries are, in general, quite common"[6]. Despite a paucity of beneficial treatments, he remained a strong advocate for supportive and non-punitive care to the very end of his career.

Emil Kraepelin also recognised catatonia. Once he became interested in it, he initially agreed with Kahlbaum that it was an independent disease entity. However, his clinical impressions changed often and by the sixth edition of his *Lehrbuch* in 1899 he proposed that catatonia was, 'along with hebephrenia and dementia paranoides, a basic presentation of dementia praecox'[7]. He had acknowledged the existence of Kahlbaum's catatonia 'though only to pour cold water on it'[8]. Whilst some authors claim 'there were no data to support this evolution in his thinking'[9], (which implies a certain

whimsicality) it is important to contextualise Kraepelin's views within the wider society in which he worked.

An asylum Psychiatrist himself, Kraepelin was no stranger to the severity and chronicity that plagued his wards. In the absence of effective treatment, many of his patients reached a dementia-like state, seemingly irrespective of their initial presentation. The prognosis, he felt, was poor. This view was propagated into the early 1900's by the academic elites, especially amongst Kraepelin's acolytes in the German institutions. It engendered significant 'therapeutic nihilism'[10] . Unknowingly then, Kraepelin had merged together various affective, psychotic and catatonic disorders on the basis of what he deemed to be their final common pathway, premature dementia.

Kraepelin believed that dementia praecox, including the catatonic subtype, was progressive and due to mental degeneration. In recent years his degeneration theory has been subject to much controversy. Though Kraepelin died in 1926, before the rise of Nazism, he was an ardent supporter of eugenic policies. He felt that 'reasonable policies of racial hygiene' (verstandige rassenhygeine)[11] would serve as the solution to Germany's problems of mental degeneration of the Aryan race. Whether or not Kraepelin's academic and clinical work was influenced by a 'right wing socio-political agenda'[12] remains uncertain.

A healthy international debate about the nature of catatonia ensued at the start of the 20th century, and despite many esteemed names subscribing to each side[13], it would appear that the voices in Kraepelin's camp bore out. Well regarded amongst academic circles and a prolific textbook writer, his work was widely accepted as the gospel truth. His influence largely overshadowed the obsessive details of Kahlbaum's earlier writings which were felt to be 'too complex to be understood by his colleagues'[14]. Even in the UK, there was little interest in Kahlbaum's catatonia. By the 1930's, catatonia had become clinically invisible, save as a form of Schizophrenia.

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Fast forward to 1952, the Rhône-Poulenc pharmaceutical company would synthesise a chemical that would change the face of Asylum Psychiatry forevermore; Chlorpromazine was born. Unlike the sedatives and tranquilisers of the time, this was the first compound to treat psychotic symptoms directly. Paraldehyde and barbiturate use fell. Psychiatrists no longer felt disenchanted but empowered in their battle against severe and enduring mental illness. Swept up in a wave of enthusiasm, they would routinely prescribe doses far in excess of today's standards[15]. Given Kraepelin's 'undue emphasis on the association of catatonia with Schizophrenia'[16], clinicians conflated catatonic presentations of varying aetiology as one of the Schizophrenia subtypes. This meant that patients were 'reflexively prescribed neuroleptic drugs even when the signs of psychosis were absent'[17].

But why does this matter? Well, for an illness to be effectively treated it needs to be identified correctly in the first place. By the 1960's, a slew of neuroleptics had entered the scene and soon after the introduction of Jannsen's Haloperidol, case reports emerged out of France describing a *syndrome malin* in which patients became febrile, rigid, confused and autonomically unstable[18]. Coined neuroleptic malignant syndrome (NMS) in the 1980's, it was attributed to antipsychotic agents with potent dopaminergic antagonism. It was unpredictable and deadly, especially for dehydrated patients. As catatonic patients were often not able to drink, and were exposed to large doses of antipsychotics, it is easy to see why the outcomes of such patients were so poor. The Kraepelinian tradition in the interpretation of catatonic symptoms proved to be a barrier to effective care and caused iatrogenic harm. By 1983, lorazepam had been found useful in ameliorating the rigidity and catalepsy of NMS. By this virtue, it was put forward as a

potential treatment for catatonia to great success[19]. It took a long time to reaffirm that whilst catatonia *could* be seen in Schizophrenia, it is not exclusively so. Moreover, it is readily treatable, providing the astute Psychiatrist reaches for the lorazepam[20] instead.

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Every great river has its tributaries, just as the Neckar sustains the Rhine. As Psychiatrists we stand on the shoulders of giants, and Kraepelin himself was no exception. It is readily apparent that Kraepelin engaged with, and was influenced by, the work of his predecessor. Sadly, his work often eclipses that of Kahlbaum who never received so much as an academic appointment (even finding the site at which he is buried has eluded this author). With hindsight, we can see that Kraepelin's Schizophrenia was 'too amorphous [with] many different diseases… entombed in [its] sarcophagus'[21]. This was detrimental to catatonia, with a history of confusion surrounding its nosological status, treatment and prognosis. Though a less formidable and dogmatic character than Kraepelin, Kahlbaum always retained his empiricism and placed a strong emphasis on psychopathology. His nosological work on catatonia has aged far better than Kraepelin's erroneous ideological views, especially given the grave clinical problem of incorrect treatment leading to possible NMS. Kahlbaum's contributions to Psychiatry should not be overlooked.

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Back at the Bergfreidhof cemetery it is nearly dark, but just light enough to make out the inscription on Kraepelin's grave. The message is stark, but it gives us food for thought at the close of day- '*your name may perish but your work remains*'.

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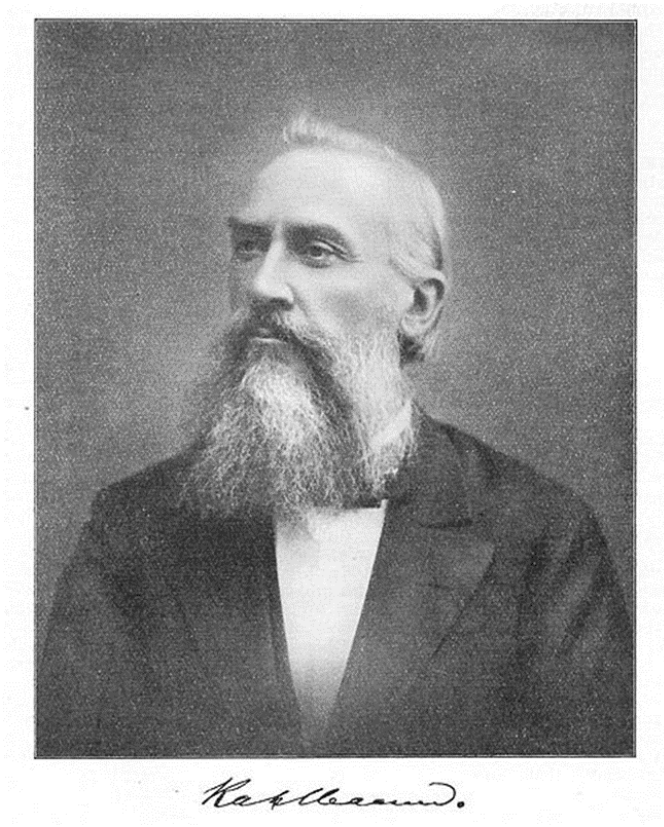

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'Whatever becomes of you, don't stop thinking' – Conversations of Ludwig Wittgenstein with the psychiatrist Maurice O'Connor Drury

Julian C. Hughes

Introduction

Prior to studying medicine, I studied philosophy; and the last topic I swotted for was 'The Later Wittgenstein'. Simplistically, Ludwig Wittgenstein (1889-1951), the Austrian philosopher and one-time professor of philosophy at Cambridge, is said to have produced two separate philosophies: the early, represented by his book *Tractatus Logico-Philosophicus*, and the later philosophy, epitomized by *Philosophical Investigations*. So I had spent the last term of my philosophy degree immersed in the PI, as it is sometimes known. The result was a lot of excitement, but not a lot of real understanding. I wanted to know more about Wittgenstein and his philosophy.

A few months later I was in my rented garret trying to understand the fundamental sciences necessary for a career in medicine. The prospect of studying Wittgenstein's philosophy seemed remote. Nevertheless, I did have enough enthusiasm to read more about Wittgenstein's life. I had a book entitled *Ludwig Wittgenstein: Personal Recollections* (Rhees 1981). Perfect! In it I found two wonderful chapters by Maurice O'Connor Drury (1907-1976). Wonderful for me because they were interesting about Wittgenstein, but also because I discovered that Drury had studied philosophy and then medicine. He also served in the military and then became a psychiatrist, which (although then unforeseen) was a path I too would follow.

I became curious about Drury and soon acquired his book *The Danger of Words* (Drury 1973). In the *Preface*, Drury recalls that Wittgenstein had 'urged' him to study medicine. Wittgenstein did not encourage Drury to use what he had taught him, but said he was on no account to give up thinking.

'I therefore hesitatingly put these essays forward as an illustration of the influence that Wittgenstein had on the thought of one who was confronted by problems which had both an immediate practical difficulty to contend with, as well as a deeper philosophical perplexity to ponder over' (Drury 1973:viii).

In this short paper I cannot convey the stimulation and richness of Drury's words, let alone anything of the thought of Wittgenstein. But I present some snapshots from Drury's writings – many of which are now gathered conveniently (Hayes 2018) – that may be of interest to historically minded psychiatrists. If this were to encourage anyone to read the writings of Drury directly, terrific!

Drury

In brief, Drury was born in Marlborough. His father taught in the public school. He went up to Cambridge to study philosophy at Trinity College, where he attended lectures given by Wittgenstein. He had intended to become an Anglican priest, but it may have been Wittgenstein's influence that put him off this idea. After Cambridge, in 1932, he undertook social work with unemployed in Newcastle and Merthyr Tydfil. A close friend of Drury's became mentally unwell and was admitted to hospital. Drury was distressed and decided to train as a psychiatric nurse. But, instead, Wittgenstein arranged for him to study medicine. He started at Trinity College, Dublin, in 1933. He qualified in 1939 just before the start of the Second World War. He then served in the Royal

Army Medical Corps, first in North Africa and then in Normandy. He was involved in reconstruction work in Germany. In 1947, after 'a time of considerable emotional turmoil and indecision for me – finding it difficult to settle down after the experiences of the war' (Rhees 1981:165), Drury decided to specialize in psychiatry and from 1947 to 1969 he was Resident Psychiatrist at St. Patrick's Hospital in Dublin. He married Eileen Herbert in 1951. Their two sons were to become eminent in their fields of physics and journalism. Drury was promoted to Senior Consultant Psychiatrist at St. Patrick's in 1969 and was still working when he died on Christmas Day, 1976.

Drury had been present at the deathbed of Wittgenstein in 1951. He had seen him a short while before and the last words he recalled Wittgenstein saying to him were: 'Drury, whatever becomes of you, don't stop thinking' (Rhees 1981:184).

Wittgenstein and psychiatry

In 1936, Wittgenstein quite seriously asked Drury to make enquiries about whether he might come to Dublin to study medicine. He suggested they might both practise as psychiatrists. This partly reflected Wittgenstein's interest in Freud. He even described himself as a 'disciple of Freud' (Monk 1990:357). Indeed, one of his sisters – Margarete, known as Gretl – had been psychoanalysed by Freud; they later became close friends (Monk 1990:16). However, in a letter of 1945 to the philosopher Norman Malcolm, having described Freud as 'extraordinary', Wittgenstein went on to write: 'Unless you think *very* clearly, psycho-analysis is a dangerous & foul practice, & it's done no end of harm & comparatively little good' (Bouveresse 1995:xix).

At his request, in 1938, Drury arranged for Wittgenstein to meet on a regular basis with long-stay patients who had few visitors. Wittgenstein said that one elderly patient was 'much more intelligent than his doctors' (Rhees 1981:154). Drury later witnessed Wittgenstein gently and helpfully discussing the philosophy of Herbert Spencer (1820-1903) with the patient. But when Drury tried to join the conversation, Wittgenstein told him to 'shut up'! On the walk home he said to Drury: 'When you are playing ping-pong you mustn't use a tennis racket' (Rhees 1981:155).

After the war, between 1947 and 1948 on a visit to Dublin, Wittgenstein questioned Drury about his work. He thought psychiatry might suit Drury: 'You at least know that 'there are more things in heaven and earth…'' (Rhees 1981:166). Drury admitted that he was sometimes extremely puzzled by his patients and did not know what to say to them. Wittgenstein replied:

'You must always be puzzled by mental illness. The thing I would dread most, if I became mentally ill, would be your adopting a common sense attitude; that you could take it for granted that I was deluded' (Rhees 1981:166).

Elsewhere, in 1946, Wittgenstein had written,

'Madness need not be regarded as an illness. Why shouldn't it be seen as a sudden – more or *less* sudden – change of character?' (Wittgenstein 1980:54e).

Drury lent Wittgenstein a copy of Sargent and Slater's *Physical Methods of Treatment in Psychiatry*. Wittgenstein pronounced it 'an excellent book' and praised its empirical approach. But he added:

'I don't want for one moment to underestimate the importance of the work you are doing; but don't ever let yourself think that all human problems can be solved in this way' (Rhees 1981:166).

Wittgenstein, who once wrote that he was often afraid of madness and who did contemplate suicide (indeed three of his four brothers probably killed themselves), made a number of comments relevant to practice: you should sit down when you are talking to patients and let them see you have time for them; you should undertake simple tests before more complicated investigations; and mental hospitals should have large gardens in which patients can walk and rest. But for

a more sustained account of thoughts inspired by Wittgenstein to do with psychiatry we should turn to *The Danger of Words*.

The Danger of Words

This collection of lectures by Drury is replete with engaging and interesting thoughts about psychiatry. I can only present a few of my favourite comments and aphorisms, such as Drury's wish that,

'… every scientific paper had to be allowed to mature for ten years in bond, like good whisky, before being allowed in print' (Drury 1973:15).

In the book he ponders the use of the word "depression" and its various meanings to doctors and to patients: 'Our task must be not only to relieve but also to interpret' (*ibid.*:23). He is perturbed by the uses of the word "psychology" both to describe an experimental science and to describe a deep understanding of human nature, as if the former would encourage the latter. In his discussion of the body and the mind Drury opines that it would be disastrous if we were to forget 'that however much the realm of what is explained is extended, the realm of the inexplicable is never reduced by one iota' (*ibid.*:74). Following Wittgenstein, he dismantles any boundary between "the inner" and "the outer". Further echoing Wittgenstein, he writes that however biological we might become in psychiatry, 'we should never forget that there is, and always will be, a mystery about mental ill-health, which makes it different from any disease of the body' (*ibid.*:89). Drury urges us not to confuse scientific hypotheses with facts. Theories about consciousness might tempt us into this error. His final chapter on madness and religion is particularly striking. He accepts that 'Our sanity is at the mercy of a molecule' (*ibid.*:134). He is clear that we must fight against mental diseases 'with all the energy and all the weapons that we have' (*ibid.*:137). 'But', he continues, 'this we must never forget, good physical health, good mental health are not the absolute good for man. These can be lost and yet nothing be lost' (*ibid.*).

Coda

What most impressed and moved me – and still does – in all this was a letter Wittgenstein wrote to Drury in about 1949. Drury had recently started in psychiatry. He was upset by an incident with a patient that made him feel ignorant and clumsy. A female patient was drunk. She was abusive to the nurses and had thrown medication (liquid paraldehyde) in Drury's face. He lost his temper and had to leave the ward. When he met Wittgenstein, he wondered whether he was unsuited to the work. Wittgenstein encouraged him to persevere. That night Wittgenstein wrote to Drury and suggested that his choice of psychiatry as a profession could not have been a mistake. He continued with words that might at times encourage, sustain and comfort anyone who works in a hard-pressed clinical service.

'Look at people's sufferings, physical and mental, you have them close at hand, and this ought to be a good remedy for your troubles. ... Look at your patients more closely as human beings in trouble and enjoy more the opportunity you have to say 'good night' to so many people. This alone is a gift from heaven which many people would envy you. And this sort of thing ought to heal your frayed soul, I believe. ... I think in some sense you don't look at people's faces closely enough.'(Rhees 1981:110)

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Transcultural Psychiatry and Trauma: A Tale of Two Approaches to Cambodian Refugee Mental Health, 1979-1993

Baher Ibrahim

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Introduction

In 1975, the US lost its war in Vietnam. With the fall of Saigon, the countries of the Indochinese peninsula – Vietnam, Laos, and Cambodia – came under the control of Communist governments. In addition to the evacuation of Western personnel, the fall of Saigon triggered refugee movements numbering in the hundreds of thousands. Individuals who had fought on the side of the Americans or who had reason to fear the Communists scrambled to leave the Indochinese peninsula. In the twenty years from 1975 to 1995, 1.3 million Indochinese refugees were resettled in North America, Western Europe, and Australia.[1] Many escaped on small boats, braving the high seas and pirate attacks until they reached refugee camps in the Philippines, Malaysia, Hong Kong, Thailand, or Singapore, where they awaited processing and resettlement. They became known as the 'boat people'.

During the Vietnam War, the Communist North Vietnamese Army moved between North and South Vietnam via the Ho Chi Minh trail, a logistical network that ran through Laos and Cambodia. The Ho Chi Minh trail was the subject of incessant bombing by the Americans. In Cambodia, this led to the radicalization of the peasantry under a communist militia known as the Khmer Rouge. In 1975, the Khmer Rouge entered the Cambodian capital, Phnom Penh, and seized power. The year 1975 was designated 'Year Zero', Cambodia was renamed 'Kampuchea', and all contact with the outside world was severed. The government pursued a policy of 'agrarian socialism' and sought to become agriculturally self-sufficient at lightning speed. The population of Phnom Penh, which had expanded during the war as people fled the bombing of the countryside, was forcibly evacuated. Over the next four years, a quarter to a third of the population of Cambodia – up to 2 million people – would perish at the hands of the Khmer Rouge. The Khmer Rouge's time in power came to be known as the Cambodian genocide.2

In 1979, in response to repeated cross-border incursions by the Khmer Rouge into Vietnam, the Vietnamese Army invaded Cambodia, toppled the Khmer Rouge, and set up a puppet government that remained in control until the early 1990s. The fall of the Khmer Rouge provided the opportunity for Cambodians to escape. Unlike the Vietnamese, they fled mainly by land, crossing the border into Thailand. Thailand housed the arrivals in refugee camps on the border and did not let them advance further. From 1979 until the last camp closed in 1993, the Thai-Cambodian border was the site of a protracted humanitarian crisis that galvanized Western attention and constituted the cradle of a new international humanitarian system for the post-Cold War era.3 Psychiatrists who had gained experience working with resettled

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[2] William Shawcross, *The Quality of Mercy: Cambodia, Holocaust and Modern Conscience* (Fontana Press: 1985).

[3] Bertrand Taithe, 'The Cradle of the New Humanitarian System? International Work and European Volunteers at the Cambodian Border Camps, 1979–1993', *Contemporary European History*, 25(2)(2016).

Indochinese refugees in the West came to the border armed with their new knowledge and keen to make a difference.

Competing Visions of Trauma and Transcultural Psychiatry

Soon after refugee resettlement began, mental health practitioners were expressing concern that refugees with mental disorders were not improving with conventional psychiatric treatments. For example, in 1984, a mental health officer at the UN Refugee Agency (UNCHR) noted in a memo that psychiatrists had 'expressed serious doubts as to whether traditional Western psychiatric and psychological methods of treatment were adequate' and wondered if 'historical, cultural, linguistic, and other differences often constitute obstacles to psychiatric treatment'.4 This was certainly the experience of Richard Mollica and James Lavelle, American Boston-based psychiatrist and social worker respectively, who began working with Indochinese refugees in 1975. They founded the 'Indochinese Psychiatry Clinic' that year, later renamed the 'Harvard Program in Refugee Trauma'.

'Trauma' comes from the Greek word for wound. Psychological trauma is a metaphor. In the restricted sense used by psychiatrists, it refers to traces left in an individual's psyche after a shocking event. In the more widespread, popular sense, it refers to 'an open wound in collective memory'. Though the concept has been around since the last quarter of the 19th century, it had usually been viewed with suspicion, implying malingering or a desire for compensation. This began to change in the 1970s.

Sustained activism by returning US Vietnam veterans, Holocaust survivors, and feminist activists contributed to a shift in the socio-political climate, whereby 'trauma' became a signifier of victimhood and moral legitimacy.5 As medical anthropologists Didier Fassin and Richard Rechtman have written, trauma as a concept had not undergone any modification since its initial incarnation as 'traumatic neurosis', but what changed in the 1970s were social sensibilities that meant that victims were no longer regarded with suspicion.6

This change received the stamp of medical authority with the codification of the diagnosis post-traumatic stress disorder (PTSD) in 1980. Psychiatrist and feminist activist Judith Herman wrote that it was the 'moral legitimacy of the anti-war movement and the national experience of defeat in a discredited war' that 'made it possible to recognize psychological trauma as a lasting and inevitable legacy of war'.7 In the words of Nancy Andreasen, who headed the committee that ushered PTSD into the American Psychiatric Association's third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), 'the concept of PTSD took off like a rocket, and in ways that had not initially been anticipated'.8 In this climate, Indochinese refugees were particularly apt for the designation of 'traumatized'. Refugee trauma became synonymous with refugee mental health. The work of an earlier generation with European World War II 'traditional' refugees was deemed irrelevant to this new group of arrivals, the 'new refugees'.9 In the words of Richard Mollica in 1988, 'We do not have a science developed around trauma-

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[4] UNHCR Archives, REF 11/2/57-571, Fonds 11/Series 2/Box 901 ARC-2/A47 Assistance - Mental Health, 'Mental Health Services for Indochinese Refugees', Mary Petevi, 26 October 1984.

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[7] Judith Herman, *Trauma and Recovery: The Aftermath of Violence - from Domestic Abuse to Political Terror* (Basic Books: 1992)

[8] Nancy Andreasen, 'Acute and Delayed Posttraumatic Stress Disorders: A History and Some Issues', American Journal of Psychiatry, 161(8)(2004).

[9] Barry Stein 'The experience of being a refugee: Insights from the research literature', in C Williams and J Westermeyer (eds.), *Refugee Mental Health in Resettlement Countries* (Hemisphere Publishing Corp: 1986)

related disorders, so physicians, social workers, psychologists and so on have no formal training in how to treat or diagnose these disorders. The field of resettlement is usually based around social work rather than medicine'.10

The application of PTSD to refugees was not without its detractors. Psychiatrists with anthropological training, such as the Australian Maurice Eisenbruch, argued that Western psychiatric categories decontextualized the suffering of refugees and could possibly delay or interfere with culturally sanctioned healing methods. Working with Cambodian refugees in the US and Australia, Eisenbruch, who spoke Khmer and was well versed in Cambodian cosmology, argued that DSM categories made little sense to Cambodian refugees and failed to provide an explanation for their suffering. He described PTSD as a 'universalist solution to a relativist problem' that was 'based on an ethnocentric view of health that prescribes how refugees should express their distress'.11 Eisenbruch actively incorporated Khmer spiritual beliefs, and Cambodian Buddhist monks known as *Krou Khmer*, in his clinical practice.

Refugee Mental Health on the Thai-Cambodian Border

The network of refugee camps that was maintained on the Thai-Cambodian border throughout the 1980s provided an accessible and contained population that facilitated the production of medical and social-scientific knowledge by Western academics and practitioners. As historian Bertrand Taithe has written, in the camps 'academics and humanitarians encountered genocide victims afresh with the intellectual tools and historical baggage arising from the European experience of the Holocaust'. The Cambodian 'story of genocide talked to older European experiences of genocide'.12 References to Pol Pot, the deposed leader of the Khmer Rouge, as an 'Asian Hitler'; and comparisons between the world's reaction to the rise of the Nazis and the Khmer Rouge, were commonplace.13

The visions of transcultural psychiatry and refugee trauma elaborated with resettled refugees were articulated in the camps. The International Committee of the Red Cross (ICRC) set up 'Traditional Medicine Centres' in which physical and mental health care were provided by the *Krou Khmer* – literally 'teachers of the Khmer' – and Western staff assumed only a supervisory and administrative role. Treatments included herbal medicines, prayers and beatings to drive out spirits, pastoral care, and social activities in the day-to-day running of the centres. These centres remained in operation from 1979 until the last camp closed in 1993.14

Outpatient department run by the American Refugee Committee in one of the border

[10] World Health Organisation Archives Geneva, M4-86-12(B) 'International Congresses of the World Federation for Mental Health, jacket 5, 'Mental Health News', August/September 1988

[11] Maurice Eisenbruch, 'From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees', *Social Science and Medicine*, 33(6)(1991)

[12] Bertrand Taithe, 'The Cradle of the New Humanitarian System? International Work and European Volunteers at the Cambodian Border Camps, 1979–1993', *Contemporary European History*, 25(2)(2016).

[13] William Shawcross has explored these parallels in *The Quality of Mercy: Cambodia, Holocaust and Modern Conscience* (Fontana Press: 1985).

[14] Jean-Pierre Hiegel, 'The ICRC and traditional Khmer medicine', *International Review of the Red Cross Archive*, 21(224)(1981).

camps, Nong Samet. CC BY-SA 3.0. Attribution: Cmacauley at English Wikipedia

Strategies that harnessed indigenous healing traditions were premised on the presence of a well-established tradition to draw on. As the years dragged on, it was increasingly argued that this was no longer the case. In 1988, a team from the Harvard Program in Refugee Trauma, sponsored by the World Federation for Mental Health, visited the border to conduct a mental health survey. Their report argued that Khmer culture had been decimated and that whatever remained of the indigenous healing tradition was 'fragmented and disintegrated'. The team declared a 'mental health crisis' on the border, estimating a 20% prevalence for depression and 16% for PTSD, and argued for Western psychiatric intervention,15

Conclusion: Why History?

The Indochinese refugee crisis of the 1970s/80s is considered the seminal moment in the development of the 'modern' era of refugee mental health.16 Today humanitarian and refugee mental health are packaged and professionalized as 'Mental Health and Psychosocial Support' (MHPSS) programs. The field considers itself to have matured beyond its early enthusiasm for trauma.17 It is increasingly recognized by psychiatrists in the humanitarian field that most refugees are not, in fact, 'traumatized'.18 It is by studying history that we get a sense of how, and why, trauma became such a thinkable and practicable lens with which to approach refugee mental health. Through understanding the social and political context in which psychiatrists of previous generations were situated, we become more cognizant of how observations by practitioners have developed and acquired the status of authoritative scientific knowledge, and better appreciate the sociopolitical contingencies involved in medical and psychiatric knowledge production.

'The Khmer Rouge's legacy: Tuol Sleng Genocide Museum', CC BY-SA 4.0 Wikimedia Commons

Studying the history of refugee mental health also tells us that it was not, in fact, the Indochinese refugee crisis that led psychiatrists to develop a professional interest in refugee mental health for the first time. The post-Second World War period in Europe and North America witnessed a flurry of activity in this field. The first UN organization, the UN Relief and Rehabilitation Administration (UNRRA), had an Inter-Allied Psychological Study Group tasked with informing the rehabilitation strategy of millions of European Displaced Persons.19 Psychiatrists were also involved

15 Richard Mollica and Russell Jalbert, 'Community of confinement: The mental health crisis in Site Two (displaced persons camps on the Thai-Kampuchean border)', World Federation for Mental Health, Committee on Refugees and Migrants, 1989.

16 Derrick Silove, Peter Ventevogel, and Susan Rees, 'The contemporary refugee crisis: an overview of mental health challenges', World Psychiatry, 16(2)(2017).

17 Ager, Alastair. "Creative tensions in the framing of MHPSS." *Forced Migration Review* 66 (2021).

18 UNHCR - Q&A: Far from being traumatized, most refugees are 'surprisingly resilient'.

19 Though the terms 'refugee' and 'Displaced Person' were often used interchangeably, there was an important distinction. Displaced Persons (DPs) referred to those nationals of nations who had fought on the side of the Allies. The remit of

in the humanitarian response to the Hungarian refugee crisis of 1956, and the UN Refugee Agency (UNHCR) hired a psychiatrist as Mental Health Advisor in 1959 to lead a rehabilitation program for those refugees who had been in camps for over a decade, in order to be able to close the camps. Why these experiences have faded from institutional memory has more to do with the radically different political contexts of the 1980s vis-à-vis the 1940s than with the actual science.

UNRRA, and its successor organisation the International Refugee Organization (IRO), was the DPs. It did not include the millions of ethnic Germans who were expelled westwards after the Second World War. The aim of UNRRA had been rehabilitation and repatriation. When this proved impossible with the new realities of the Cold War and the Iron Curtain, the aim of its successor was overseas resettlement. IRO was superseded in 1951 by UNHCR, which adopted the following definition for refugee: 'a person who is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him— or herself of the protection of that country, or to return there, for fear of persecution'. This definition remains in use to the present day.

The Maudsley Hospital: a century of care, training, and research

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On 31 January 2023 the Maudsley Hospital celebrated its centenary but not of the completion of the buildings or the first admission of patients. These were in January 1916 when under the auspices of the War Office it began to treat and research shell-shocked soldiers.[1] The current events mark the hospital's opening to fulfil the aims of its founders, the care of local people and Londoners in general who suffered from mental ill health.

The inspiration of Frederick Mott, a physician and neuropathologist, the Maudsley Hospital was founded to break the mould of the county asylum system. Admission to mental hospitals was governed by the Lunacy Acts and required certification, which discouraged treatment in the early or prodromal stages of illness. A key principle was the admission of voluntary patients, in part to address stigma, but also in the belief that this would create an opportunity to research causation and introduce effective treatments.[2] With only 144 beds, the hospital was on a human scale and executed in the English Renaissance style of red brick and Portland stone to look welcoming. Sited within central London and close to King's College Medical School, Mott sought to bring psychiatry within the orbit of mainstream medicine to attract talented doctors and researchers. Facilities for out-patients were provided to encourage attendance and the early presentation of illness.

The name of the hospital remains a topic of debate. Mott was the intellectual leader, an internationally recognised scientist who drove the scheme through the London County Council (LCC) committees, and the first clinical director, albeit during wartime. Henry Maudsley offered consistent support for the project, attending a conference in December 1907 with key officials of the LCC, and crucially donated £30,000, half of the cost.[3] It is possible that Mott secured the funding by suggesting to Maudsley that the hospital could carry his name. Maudsley had suffered a scandal in the 1860s when his private mental hospital, Lawn House Asylum in Hanwell, was exposed as a money-making operation.[4] The high fees of £420 a year belied the squalid conditions, unhygienic sanitation, poor food, minimal heating in winter, absence of qualified attendants and maids who slept on the floor in patients' rooms. The public exposure forced Maudsley to sell the asylum and focus on a lucrative West End practice. He was also outspoken on the issue of women, arguing that their physiology and the demands of motherhood precluded them from higher education, including medical training. Any educational benefits, Maudsley suggested in 1874, would be outweighed by the 'cost to their strength and health, which entails life-long suffering'.[5] His case was robustly countered by Elizabeth Garrett Anderson on medical grounds, though she also noted that the article was a reproduction of a lecture by Professor Edmund Hammond Clarke of Harvard Medical School adapted with additions for an English audience.[6] Whilst acknowledging the breadth of his writings on mental illness and public recognition, Maudsley was not the obvious person to provide a name for a hospital designed to offer a radical therapeutic regime and high standards of care.

Portrait of Sir Frederick Walker Mott, Wikimedia Commons

At the Maudsley, Frederick Mott sought to create "an atmosphere of cure" to engage the patient in their own recovery.[7] During the First World War when treating soldiers invalided from France with shell shock, he introduced occupational therapy in the form of gardening and woodwork, an improved diet, programmes of graduated exercise, and social activities to build morale, together with mild faradisation to support a narrative of cure. Mott encouraged a therapeutic alliance with soldiers, so that they took an active part in their rehabilitation. This model of treatment was adopted and refined by Edward Mapother, the first medical superintendent, when he took over the running of the Maudsley in 1923 for the people of London. By the late 1930s the Maudsley had established a reputation for training doctors with a demanding Socratic method of investigating patients, their families and social background. David Clark, a post-war registrar, recalled the difference in practice between an asylum and the Maudsley: 'where before I had been responsible for a hundred patients, I now had no more than six but I was expected to study them with an intensity far greater'.[8]

Mott in his laboratory at the Maudsley Hospital. Unknown copyright, bought by the author from the Bethlem Museum and Archives

Whilst the Maudsley Hospital greatly improved the management of individual patients with good quality accommodation and a high staffing ratio, it failed to make progress in its second key aim to discover the causes of major mental illness and find effective treatments. The gains made with shell shock were not replicated during the 1920s and 30s with psychosis and severe mood disorders. This reflected overly optimistic targets but was also a consequence of limited research facilities and Mapother's failure to persuade major medical funders to support a multi-disciplinary programme.[9] Not until after the Second World War, when the Maudsley became part of the British Postgraduate Medical Federation and merged with the Bethlem Hospital did it have the capacity to conduct major clinical trials. In 1948 the Maudsley Hospital Medical School was renamed the 'Institute of Psychiatry' and given international ambitions for research into mental ill health.

Whilst the First World War had created fertile conditions for the study and treatment of post-traumatic illnesses, the temporary closure of the Maudsley site in 1939 and the transfer of its staff either to Mill Hill School or to Belmont Hospital in Sutton to avoid the

worst of the Blitz split the hospital into two irreconcilable factions. An organic and interventionist group was led by Louis Minski, William Sargant and Eliot Slater, whilst an approach based on social psychiatry with treatment through educational groups combined with training for employment skills was led by Aubrey Lewis. Claiming to be the rightful inheritor of the Mott-Mapother heritage, William Sargant and his co-author Eliot Slater accused Lewis and the Mill Hill team of "'inertia, over-cautiousness and therapeutic nihilism" by not applying radical treatments at the earliest opportunity to address degenerative processes.[10] Lewis, who succeeded Mapother as professor of psychiatry in 1946, found it difficult to reunite the two clinical philosophies after staff had returned to Camberwell in autumn 1945. When Sargant left the Maudsley to work at St Thomas's Hospital and Slater moved to the National Hospital in Queen's Square, social psychiatry drove teaching and research priorities through the following decade.

The therapeutic revolution of the 1950s with the discovery of anti-psychotic and anti-depressant medication curtailed much of Mott's clinical regime. The emphasis on fresh air, sunshine, good food and graduated exercise was relegated as modern drugs raised the possibility of effective treatments. As part of the NHS, the Maudsley Hospital embarked on a period of expansion, increased specialisation and integrated research fulfilling the much of the blueprint developed by Mapother during the 1930s.

The Munich Clinic, opened in 1904 under the leadership of Professor Emil Kraepelin, was regarded as a centre of excellence in psychiatry.[11] It was not surprising that Mott had travelled there in 1907 to learn about its operation and to develop his ideas for a similar institution. However, Kraepelin was not convinced and wrote, 'an Englishman came to see me about opening a new mental hospital in London. It will come to nothing'. Subsequently, Kraepelin observed that 'nothing' had come out of the UK 'in psychiatry except through Mott'.[12] Today, the original administrative and medical school block and half of the wards completed in 1915 remain intact despite the substantial development and rebuilding of the Maudsley site. They stand as functioning memorials to the visionary drive, humanitarian concern and scientific contribution of Sir Frederick Walker Mott, FRS.[13] Amongst the many internationally recognised clinicians and researchers that the hospital and its institute have produced, Mott will always remain the first, and possibly the most distinguished.

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The Yellow Wallpaper: Why did Charlotte Perkins Gilman oppose the rest cure?

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The role and status of women has changed dramatically over the last 150 years, and an area in which this is particularly apparent is in the changes in treatments for some psychiatric disorders in women. Treatment had come a long way during the course of the nineteenth century following the introduction of "Moral Management" by influential figures such as William Tuke and John Conolly[1]. However, it was not until the mid-twentieth century that, some pharmacological, became more effective.

This essay will explore the nature of the rest cure, analysing it in its specific historical and sociocultural context in relation to contemporary physiological ideas. This exploration will form the basis for an analysis of attitudes and reactions to the rest cure, using the work of Charlotte Perkins Gilman as a case study to evaluate the efficacy, rationale and value of the rest cure in psychiatric treatment and how it reflected attitudes to women in the 19th century.

The rest cure was a treatment which gained popularity in the late nineteenth century, first described by its creator, Silas Weir Mitchell, in 1873[2]. It involved prolonged bed rest and a strict high-fat diet, as well as electrotherapy and massage to prevent muscle wasting; it was prescribed almost exclusively to women[3], namely those who could afford private psychiatric care.

Although some found it to be an effective treatment, there were many influential figures of the day who expressed that it only made their mental health worse. One such opponent of the rest cure was Charlotte Perkins Gilman. Widely considered a first-wave feminist[4], she herself underwent the rest cure to treat postnatal depression following the birth of her first child. She wrote her semi-autobiographical short story, *The Yellow Wallpaper*, to demonstrate her experience as a patient, even sending a copy to Weir Mitchell himself[5].

Charlotte Perkins Gilman and *The Yellow Wallpaper*

Perkins Gilman's *The Yellow Wallpaper* is one of the most striking pieces of literature concerning the psychological impact of rest cure on patients. Perkins Gilman was born in Hartford, Connecticut on 3rd July 1860. In 1884 she married an artist, Charles Walter Stetson, ignoring her gut feeling that it was the wrong thing to do[6]. Her daughter was born the following year, leading to a severe bout of postpartum depression. She strongly believed that her treatment with the rest cure was detrimental to her mental health, and that her mood only began to improve when she started writing again[6]. After her treatment, Perkins Gilman was told to "live as domestic a life as possible… have but two hours intellectual life a day. And never touch a pen, brush or pencil as long as you live."[7] She claims that she "followed those directions rigidly for months, and came perilously near to losing my mind."[6] It was this experience that led to the writing and publication of her short story.

The Yellow Wallpaper is a valuable source because it is one of the few accounts of the rest cure written by a patient. Perkins Gilman underwent the rest cure herself and so is able to write in detail about the psychological impacts of the treatment. A limitation of this source is that it is a work of fiction – some aspects may have been exaggerated in order to provoke a response from her readership.

It begins with the narrator – the patient – describing her new surroundings where she

would stay to undergo her rest cure, as well as briefly mentioning her condition. She describes the "barred" windows, the "scratched and gouged and splintered" floor, and the "nailed down"[8] bed, all of which conjure up images of an outdated asylum. She also goes into detail describing the "revolting" yellow wallpaper, whose pattern "curves for a little distance, they suddenly commit suicide – plunge off at outrageous angles, destroy themselves in unheard of contradictions."[8] This implies insanity and despair, perhaps hinting to the reader that disturbing things are to follow. As the story progresses, the descriptions of the wallpaper become more vivid, and the narrator more determined to unlock its secret. As the narrator's mental state deteriorates she claims her life is "more exciting now than it used to be"[8] because her time is filled solely with studying the wallpaper. She talks about a "yellow smell" and even a "woman behind"[8] the pattern. The story ends on what was supposed to be the last day of her treatment, however, the narrator "peeled off yards of the paper" trying to free the woman trapped beneath and has some rope to "tie her" if she "tries to get away". She begins to "creep" around the room, following the paper as she imagines the other woman doing. It culminates with her husband entering the room, only to faint at what he sees, and for her to simply "creep over him every time"[8] she completes another lap of the room.

This rapid descent into illness is a stark contrast to the seemingly sane woman at the beginning, who ironically suggests that "congenial work, with excitement and change, would do me good."[8] It is also ironic that her husband who insists on the treatment is a "physician" who will "send me to Weir Mitchell" if her condition doesn't improve[8]. Overcoming the rest cure came at a huge cost for this woman – her sanity.

Charlotte Perkins Gilman c.1900

The rest cure and its relation to contemporary physiology

Weir Mitchell's rest cure was based on the commonly held beliefs of alienists of the era. Henry Maudsley was one such physician whose work was very influential for many years after it was published. When it came to causes of mental illness in women, Maudsley applied the new Darwinian Theory on the differences between the sexes; it was said in Darwin's *The Descent of Man* (1871) that, as a result of natural selection, men had greater ability in areas such as intellect and courage, and would therefore be naturally better at science or art[9]. Maudsley went on to suggest that "There is sex in mind as distinctly as there is sex in body."[10] On the basis that there is a limited amount of energy that a human being has to spend, a woman will have far less than a man because "an extraordinary expenditure of vital energy is made, and will continue through those years after puberty when, by the establishment of periodical functions, a regularly recurring demand is made."[10] For this reason, any extra demands made elsewhere, namely the brain, would have a detrimental effect on overall health. It was believed that women would encounter an "educational strain" and that the consequences of fighting the "influence of

the different organs" was so severe that "Whatever aspirations of an intellectual kind they [women] may have, they cannot be relieved from the performance of those offices so long as it is thought necessary that mankind should continue on earth."[10] It was this over-exertion that was thought to be the primary cause of mental illness in women at the time. Silas Weir Mitchell often talks of cases where mental illness appears "in a woman of great intelligence and remarkable accomplishments who had, I think, injured her brain by excessive devotion to study."[11] Such contemporary medical works are valuable in that they demonstrate not only medical thinking of the time but also underlying social attitudes to women.

Weir Mitchell's rest cure was said to be successful because it helped women "by the use of seclusion, which cuts off excitement and foolish sympathy; by rest, so complete as to exclude all causes of tire; by massage, which substitutes passive exercise for exertion; and by electrical muscular excitation, which acts in a somewhat similar way to massage."[11]The patient was also fed on a diet of milk that eventually built up to several meals. This element of the treatment was designed to restore the fat that was thought to have been lost in illness[12]. It lasted up to two months, depending on the seriousness of the sickness.

The seclusion element of the treatment was designed to separate "the sick and selfish [patient] and the sound and over-loving [carer]"[2], because "There is one fatal addition to the weight which tends to destroy women who suffer in the way I have described. It is the self-sacrificing love and over-careful sympathy of a mother, a sister, or some other devoted relative."[2] Weir Mitchell believed that relatives caring for the ill did little to help them, and over time "the healthy life is absorbed by the sick life"[2] to the point where neither can be cured. Instead, a nurse would tend to the patient, visiting to turn them, feed them and where a doctor wasn't available administer the electricity. This would help the patient focus on recovery by imposing "an atmosphere of quiet, of orderly control"[11], and it was this orderly control that prevented the patients mind from further injury from stress and overwork, as their former surroundings and carers were part of their illness, and they needed to be removed for recovery to be made possible[2].

The rest component of the treatment was total in the sense that it meant the "absence of all possible use of brain and body. It means neither reading nor writing."[11] This meant that patients' minds were given the opportunity to recover from the strain that they had put upon their brains by "continuous labour of mind."[11] Their limited energy supplies were no longer being wasted in the mind but being invested in getting better. It was also said that the boredom and repetitive nature of the treatment made it a "bitter medicine , and they are glad enough to accept the order to rise and go about when the doctor issues a mandate which has become pleasantly welcome and eagerly looked for."[2] The rest also aided the diet in making the patient gain weight through lack of exercise.

The massage and electricity were intended to keep the muscles exercised so they didn't waste away, but without the need to get out of bed and tire out the patient. This mild exercise also ensured that the appetite did not lessen too much, and that the heart rate was kept high in order to aid proper digestion.

It was this combination that constituted rest cure, and according to Weir Mitchell the treatment was "securely tested by time and hundreds of successes."[11] It agreed with the accepted contemporary physiology and worked with it to create a treatment that sparked debate among physicians and patients, as well as observers. Although visibly the patient looked healthier (due to the gain of weight and colour as a result of the diet), the psychological effects of the boredom, confinement and monotony were often just as damaging, if not more so, than the illness that the patient was being treated for. The rest cure in fact advocates for the opposite approach to modern non-pharmacological treatments for depression,

an example of this being behavioural activation therapy which encourages activity and engagement[13].

Response to *The Yellow Wallpaper*

Perkins Gilman felt so strongly about the negative effects of this treatment that she sent a copy of *The Yellow Wallpaper* to Weir Mitchell himself[5]. She never received any reply in return, but later found out that the physician had told friends that he had made alterations to his treatment since reading her testament to the rest cure. Perkins Gilman's "narrow escape" may have served to save many others from a similar fate to her protagonist[14]. There is, however, no evidence to suggest that he did in fact make any changes to the treatment[5].

The story received harsh criticism at the time, however, and it was around two years after its completion before it was accepted by a publisher[4]. One critic suggested that "husbands should keep it out of young wives' hands"[15] and another asking if "such stories should be allowed to pass without protest, without severest censure?"[16] Despite this, the story is considered a classic piece of feminist literature and is the all-time bestselling publication of the feminist press[4].

Ultimately, although it is plain to see that Perkins Gilman opposed the rest cure following her own experience, it also demonstrated how women were oppressed in the patriarchal society of the 19th century; her short story being representative of women's struggle for freedom[5]. She herself separated from her husband in 1888, which was very unusual for the time[15].

Perkins Gilman went on to write further feminist works such as *Women and Economics* (1898) and *Herland* (1915), on which she lectured nationally and across Europe. She died on 17th August 1935; she was an advocate of euthanasia for the terminally ill and took her own life following a diagnosis of incurable breast cancer[15].

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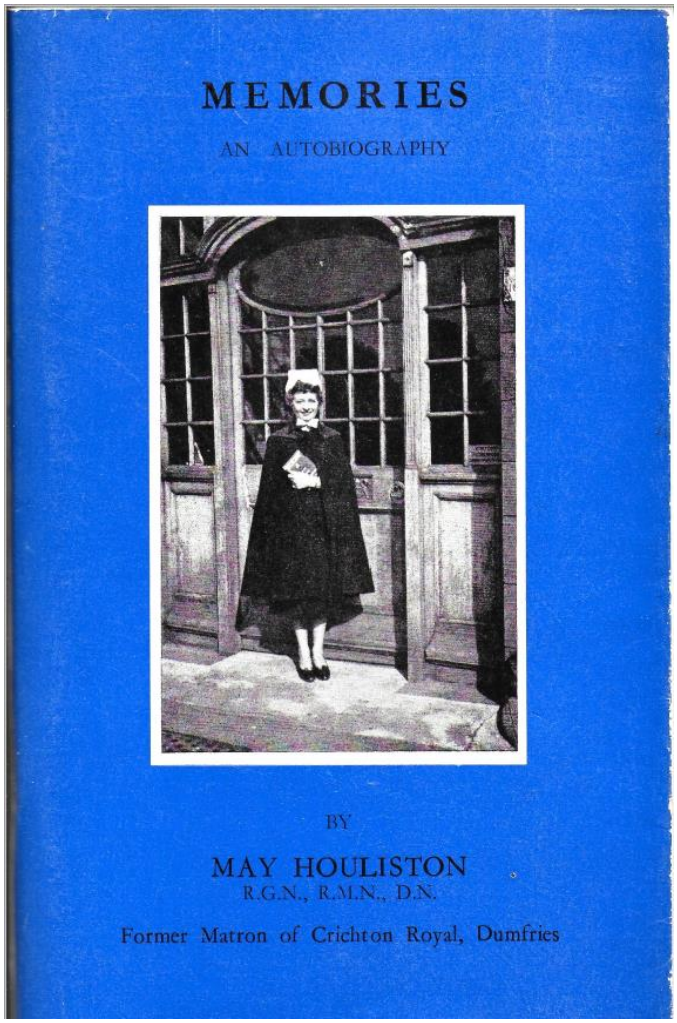
Review: *Memories. An Autobiography*

by May Houliston. Dumfries, Robert Dinwiddie & Co.Ltd, pp 75, 1975.

RHS Mindham

This book is the autobiography of a former matron of the Crichton Royal Hospital, Dumfries, Scotland. As well as recording details of the work at the hospital and the rôle of the Matron the book gives an interesting insight into the lives and training of nurses in earlier times.



May Houliston was born in her grandparents home near Carlisle in 1912 but was brought up in the village of Brownhall two miles from Dumfries. After attending the village school, from twelve years of age she attended Dumfries Academy where she showed an aptitude for the sciences. Several of her relatives, including her father who was assistant head gardener and her grand-mother who was a nurse, worked at The Crichton Royal Hospital [CRH] so it was unsurprising that on leaving school she decided to pursue a career in nursing. According to current regulations, at sixteen years of age she was too young to begin training in general nursing but old enough to work in a fever hospital. She applied to undertake training in fever nursing at the Belvidere Hospital in the east of Glasgow and was accepted for the three year course there beginning in August 1930.

Student nurses entered a disciplined world. To take this step required a high level of commitment and an acceptance of restrictions on personal freedom which may have been reassuring to their parents but unwelcome to the students themselves. Nurses wore uniforms which indicated their seniority and there were hierarchies in relationships between the nurses. There were strict rules about leaving the hospital and only one day off each month. The hospital used the 'split shift' system of working: 7.30am to 5pm for two days; 7.30am to 1pm then 5pm to 9pm for two days; 12 noon to 9pm for two days then 7.30am to 3.30pm or 2 to 9pm on Sundays. The effects that this had on social life and sleeping patterns can only be imagined. Night duty did not rotate. Lectures on medicine and nursing were fitted into this pattern of working. Much of the work and teaching concerned the management of patients with dangerous infectious diseases and it is testament to the soundness of these methods that nurses rarely succumbed to infectious diseases themselves. In October 1933 May completed the examinations in fever nursing.

At twenty one years of age May Houliston began training in general nursing at the Victoria Infirmary, Glasgow, a charitable hospital on the south side of the city. Here

there was a new system of training and the first three months were devoted to the Preliminary Training School. Once on the wards there was 'split working' with regular 'blocks' of teaching. Nurses had to be back in the nurses home by 10.30pm even though they were over twenty one years of age. Furthermore, nurses were not permitted to marry and stay in post. The course lasted for three years but after State Registration many nurses worked for a fourth year at the hospital before setting out on their careers or embarking on further training.

THE AUTHOR — MAY HOULISTON, MATRON, CRICHTON, 1947.

In 1937 May Houliston moved to Littlemore Hospital, Oxford, to attend a course in mental nursing. This was remarkable for its brevity lasting only six months and not in itself sufficient for registration in mental nursing. She clearly enjoyed the experience of working in a quite different setting. In July 1938, she returned to Scotland as Sister Tutor and Home Sister at CRH. The hospital which had been founded by Mrs Elizabeth Crichton for the care of the mentally ill in 1835 and opened in 1839, was set in an attractive site just south of Dumfries and had impressive buildings constructed in the local red sandstone. Many eminent staff had worked there and the hospital had established excellent reputations for clinical services, teaching and research. There were outstanding facilities for sporting and cultural activities.

May Houliston's responsibilities were in teaching and in the administration of the nurses' home. During this period she completed the requirements for registration as a mental nurse. The block system of teaching was introduced for nurse training underlining a new emphasis on formal instruction. In 1944 she was seconded to study for the Diploma in Nursing of the University of London which was especially suited to those concerned with the teaching of nursing. This required her to live in London for a year and spend some time at two general hospitals; she chose Guy's Hospital in London and the General Infirmary at Leeds. The emphasis given to general experience in candidates for appointment to posts in mental health nursing is striking. Less weight was given to the length and detail of training in psychiatry itself. This pattern was also seen in the training of psychiatrists and may have reflected a need for those working with the mentally ill to establish their legitimacy among colleagues.

During her stay in London May visited the Maudsley Hospital, then at Mill Hill, and was introduced to the Mill Hill Vocabulary Scale and to Raven's Progressive Matrices both methods of assessing aspects of intelligence. Later these were introduced into the assessment of candidates for training posts in nursing at CRH by which time John Raven had himself become a member of staff there. One wonders whether candidates were

aware that they were the subjects of such rigorous and experimental examination of their intellectual functions. In the course of the Second World War CRH participated in the provision of medical services to the armed forces and also accepted patients displaced from other hospitals which disrupted the normal patterns of work there.

In 1947 May Houliston travelled to the USA to attend the International Conference of Nurses in Atlantic City, New Jersey. This allowed her to visit many psychiatric hospitals in Canada and the eastern states of the USA which included public and private mental hospitals and a number of general hospital psychiatric units. She visited major centres in both countries and noted that nurse training was very well developed. Many hospitals had established links with universities and offered degrees in nursing as well as more basic training. Her book '*The Practice of Mental Nursing*' was published at this time. Whilst she was in New York she received a letter from the Chairman of the Board of Directors of CRH inviting her to become Matron of the Hospital on her return. She was thirty five years of age and fully prepared to take up this challenge.

The new matron returned to CRH at a most important time of change. New methods were being introduced in the management of psychiatric patients and the hospital was to be absorbed into the National Health Service in July 1948. The introduction of insulin coma therapy for schizophrenia and electro-convulsive therapy for depressive states together with the occasional use of continuous narcosis and pre-frontal leucotomy for some conditions required close cooperation between medical and nursing staff. These developments led to major changes in administration, in the organisation of services and extensive building works. The Matron became involved in wide-ranging negotiations with colleagues from many disciplines. At the same time she became a senior member of the nursing profession in Scotland and more widely, representing mental nursing on several national committees. In effect she had become an ambassador for mental nursing. There were many changes in the arrangements for the employment and training of nurses which led, belatedly, to the opportunity for married women to work in nursing. In June 1962, at the age of fifty, she retired from her post. Two months later she married ; a significant step and possibly a sign that nursing was entering a new era. Perhaps she had been inhibited by a policy which had been only recently discarded.

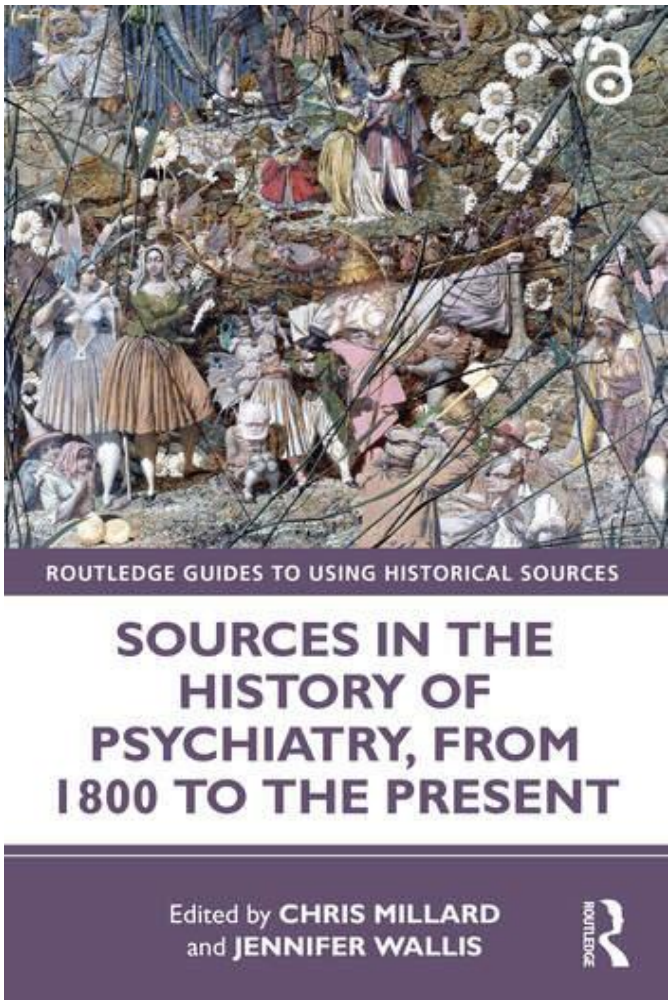
She was a local girl Made Good ; Very Good.

I am grateful to Mrs Isobel Baird, May Houliston's niece who also trained in nursing at the Victoria Infirmary, for helpful discussions about her Aunt's career.

Review: Sources in the History of Psychiatry, from 1800 to the Present.

Ed. Chris Millard & Jennifer Wallis
Routledge 2022 IBSN 9780367541231 also available as ebook/ paperback etc with some open access chapters

Peter Carpenter



I was delighted to hear of this book. It is a 250-page, multi-author book, written mainly by academic historians with each of the 14 chapters dealing with one type of record, namely: Asylum records, Photographic sources; Asylum Post-mortem records; Asylum artefacts; Medical Journals, Literature; Colonial Psychiatry; Public Inquiries; Activists and survivor records; Feminist sources; Art; Film and Oral History. Five chapters are available on open access namely those on artefacts, Legal sources, public Inquiries, the survivor movement and using film.

The topics cover a wide range of possible sources of the history of mental health work related to this country. The chapters all tend to comprise an overview of the subject, notable texts, an overview of sources and one or more case examples. As such each is a useful introduction into the topic. However, these are all chapters of less than 20 pages and not able to deal with each topic in vast detail. In general, it is noteworthy that this is not a compendium of web sources for history - but if it were the book would immediately be out of date. As such the book is a useful reader for any would be researcher to immerse themselves in an area. The chapter on the artefacts, Psychiatry's Material Culture, is a useful reminder of the need to analyse why any artefact (or record) has survived, and why it was not thrown away through the century before using it for research.

With the brevity of chapters there are lacunae. The asylum records chapter does not describe well the wealth of different asylum records and which categories might be most usefully used. It does not discuss the problem of the 100 year rule when looking at case notes - indeed it publishes the case notes of a woman who was admitted in 1934. It discusses the use of records to produce statistics on asylums without discussing the issue of statistical significance for any analysis done, or the need to consider the completeness of records when undertaking statistical analyses. The photography chapter discusses some of the notable published collections of photographs and their cultural meaning

without more fully exploring that most psychiatric photographs lie in case notes and the administrative purpose of such photographs.

Much of the work concentrates on the post 1850 period, when the asylums and the profession and associated records blossomed However this book plans to cover from 1800 so I was disappointed to see in the medical journal section, no discussion of what journals are fertile sources for medical writings prior to 1830.

Two areas are not well covered. The role of genealogical records is effectively omitted, though useful in case histories in tracing events before and after an admission but are used in some of the case histories. This may reflect the vast scope of this area. Newspapers are referred to in a few chapters but the digitised newspaper records are such a fruitful source of lunacy inquisitions, patient deaths, the public operation of asylums and local attitudes they could have had a chapter to itself.

However, this is a vast area to cover and I have to salute the editors for undertaking such a task and the extent to which they have produced a useful overview that has to be an early go-to resource for anyone starting research in the history of psychiatry. It will remain useful for many years.

Noteworthy Events and Dates for your Diary etc

With our thanks to Dr Peter Carpenter for compiling this

HOPSIG Conference 27 October 2023

We would like to warn folk that the HOPSIG autumn meeting has been booked for Friday 27 October at the London Metropolitan Archives. We are just assembling a programme but are keen to encourage trainees to present and so would like ask any trainees interested in presenting to contact me on peterc.psych@gmail.com by the 15 June by when we need to have clarified the programme. Any other offers of talks also welcome if they come before the 30th May.

BSHM Congress

The British Society for the History of Medicine is holding its 3 day event on 14 - 16 September at Cardiff University. Please go to their website for more details. HOPSIG is an affiliated member of the Society so as a member of HOPSIG you get 'members rates.'

Wotton Hospital Plaque

This year will see the bicentenary of Wotton Asylum, more commonly known as Gloucester Asylum. It was one of the earliest county attempts at institutional care for the insane. Proposed as far back as 1794 by the Gloucester philanthropist Sir George Onesiphorus Paul it opened on 17th July 1823. Sir Paul was renowned for his prison reform and used the same architect who build the new Gloucester Prison for the Asylum, thus creating the asylum bedrooms the same size as the prison cells!

Dr Samuel Hitch was appointed as the second medical superintendent in 1828 and following many innovations and following the example set by John Conolly of non-restraint, he wrote to other medical officers on 19th June 1841 proposing 'an association of Medical Officers of Mental Hospitals. The result of this association finally leads to the formation of The Royal College as we know it today.

It has been proposed by The Gloucester Historic Buildings committee and associated Civic Trust Ltd to have a blue plaque

attached to the building to celebrate the work of not only Sir Pauls contribution but to Samuel Hitch and Gloucester's contribution to the history and development of Mental Health Care.

Blue plaques are only funded within London so the £900 odd will have to be found from the public and other sources. If anyone is prepared to donate money [and even to gift aid it] to the project please contact the HOPSIG finance officer on peterc.psych@gmail.com and I will let you know how to donate when the details are finalised