RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

HOPSIG Newsletter

Issue 21, Autumn 2025

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

Eds:
Mutahira Qureshi, John Hall, Lydia Thurston, Allan Beveridge, & Nicol Ferrier

Contents

Cover art, in order of appearance:

Lenore, by Joseph T. Keiley, 1907, Camera Work, Public domain

Black Bowl, by George Seeley, 1907, Camera Work, No 20 1907, Public domain

Miss Doris Keane, by Paul B. Haviland, 1912, Camera Work, Public domain

Left: حجاب زمان, by Zohreh Fatemi on Unsplash, 2022, NIKON D850, Free to use under the Unsplash License

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Editorial

Nicol Ferrier

Email: nicol.ferrier@newcastle.ac.uk

We hope you will enjoy the Autumn 2025 edition of the HoPSIG Newsletter with its mix of original articles, book reviews, reports and announcements. The reports from the Chairs, Hon. Archivist and Historian in Residence reflect the wide variety and volume of work carried out by our group. Of particular note in this edition is the announcement of the retiral of the College Archivist Francis Maunze who has served in this role for 19 years with distinction. We are fortunate that Francis has taken the time to reflect on his career and his account can be found in the Reports section. I am sure you will all join us in wishing him a long, happy, healthy and productive retirement.

The articles carried in this edition are an eclectic mix and range across centuries and approaches and we hope you find something of interest in them all and are perhaps stimulated to further work or study on particular topics. Each of the authors has included an address for correspondence and are happy to answer queries or give more information. We also carry some book reviews which we hope will be informative. If you come across a new book related to our topic which you think would merit us carrying a review, please get in touch.

This edition has several announcements of forthcoming meetings of potential interest to members. Please note that HoPSIG are asking for suggestions from members to present their own topics at meetings. The Spring meeting will be on "Paradigms of the Past". This is also the subject of the 2026 Essay Prize, announced here, with a closing date of the end of February 2026. We look forward to receiving your submission!

Finally, my thanks to the Editorial team, John Hall, Allan Beveridge, Lydia Thurston and Mutahira Qureshi for their help and guidance. Particular thanks to Mutahira for all her work in collating this issue and her splendid artwork illustrations. Thanks also go to our reviewers whose sterling work ensures the continued high quality of the Newsletter. A full list of all our reviewers will appear in the next issue.

Next issue:

Please send your articles, reviews, photos, ideas, requests for information etc by 31 March 2026 to nicol.ferrier@newcastle.ac.uk

The secret life of photographs- a note on the artwork in this issue

Mutahira Qureshi

Email: Mutahira.qureshi@nhs.net

This issue leans into photography's double life: as document and as dream. The cover images are drawn from the early twentieth-century movement called "pictorialism" when photography openly argued for its place among the arts. Where the camera's promise of evidence is deliberately *worked upon*; softened, re-toned, composed, and printed until what might have been "captured" becomes something closer to interpretation. The figures are women, but not simply as subjects: they are also the site where mood, symbol, and story gather—where an image's apparent certainty begins to blur.

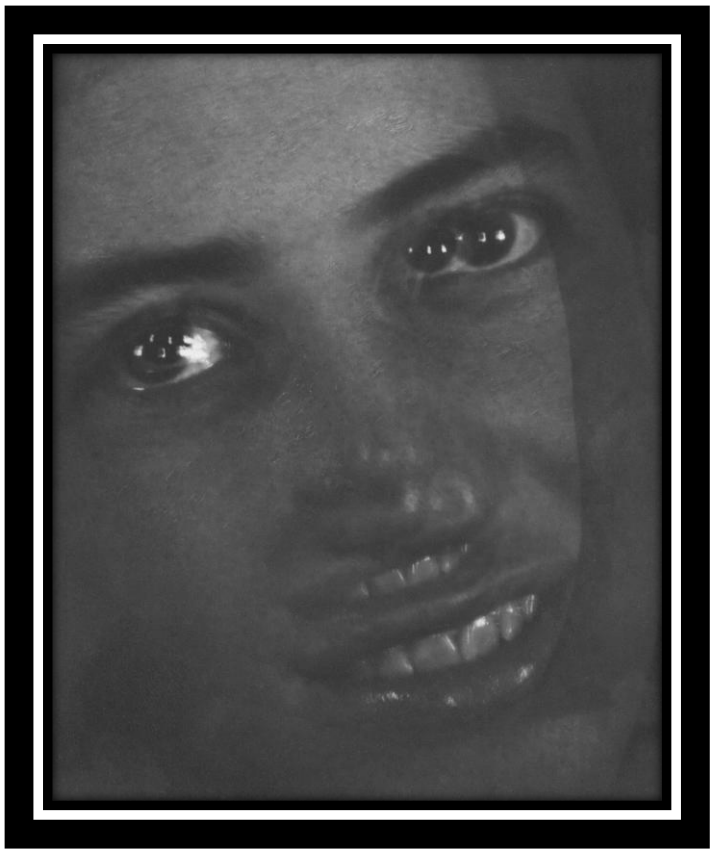
That tension feels especially apt alongside the issue's paired engagements with *The Sleep Room*: pieces that track how a unit, a set of practices, and a public narrative can harden into something "known"—and how quickly the category of evidence can be recruited into sensation, critique, or vindication. The pictorialist method offers a quiet counterpoint: it reminds us that every record has a frame, every frame is a set of choices, and every choice is a politics of attention.

Several other contributions echo this concern with how lives are rendered legible. The report on women in psychiatry asks us to notice whose work becomes visible and whose is footnoted; Lisa Edwards' family encounter with a lunacy inquisition turns the archival into the intimate, showing how administrative forms can recalibrate kinship, memory, and identity. The piece on the literary origins of psychiatry returns us to narrative itself—how description, metaphor, and genre often arrive before diagnosis, and sometimes outlast it. And the threads on medical photography bring the ethical stakes into sharp relief: the camera not only records; it can also *authorise*.

Firefly, by George Seeley, 1907, Camera Work, No 20 1909, Public domain

It feels fitting, then, that this issue's images are neither straightforward illustration nor neutral decoration. They are an invitation to look twice: first at

what is shown, and then at the conditions—technical, cultural, institutional—by which it comes to count as "what happened." In an issue that also marks the retirement of our long-serving College archivist, Francis Maunze, that invitation lands with particular force: what we keep, how we caption it, and how we see it are never separable.



Dualities - Dorothy Norman by artist: Alfred Stieglitz, 1932. Photo published on August 2, 2023 by Art Institute of Chicago on Unsplash. Free to use under the Unsplash License.

This issue of the Newsletter features the following works, in order of appearance, presented throughout, in continued symbolism, in solid black frames.

- *Lenore*, by Joseph T. Keiley, 1907, Camera Work, Public domain
- *Black Bowl*, by George Seeley, 1907, Camera Work, No 20 1907, - Public domain
- *Miss Doris Keane*, by Paul B. Haviland, 1912, Camera Work, Public domain
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- *Dualities - Dorothy Norman* by artist: Alfred Stieglitz, 1932. Photo published on August 2, 2023 by Art Institute of Chicago on Unsplash. Free to use under the Unsplash License
- *Faces* by frompasttofuture on Unsplash, 2021Apple, iPhone 8 Plus. Free to use under the Unsplash License
- *A mannequin's head is seen through a window* by Julia Oberhauser on Unsplash, 2024FUJIFILM, X-S10. Free to use under the Unsplash License
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- *Passenger* by mohammad kashkooli on Unsplash, 2022, SONY, ILCE-7M3. Free to use under the Unsplash License*
- *Diana* by Viktor Zhulin on Unsplash,2024, Canon, EOS R; free to use under the Unsplash License
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- *i will ride my bicycle 2* by Anka Zhuravleva on 500px.com, reproduced with the artist's permission*
- *Woman covered with blindfold*, by Oscar Keys on Unsplash, 2016, NIKON CORPORATION, NIKON D3200. Free to use under the Unsplash License*
- Нижний Сусальный переулок, by Natalia Trofimova on Unsplash, 2022. Free to use under the Unsplash License*
- *A neck story - 3* (all effects are in-camera) by Julia Wimmerlin on 500px.com, reproduced with the artist's permission*
- *Untitled* by Photo by Max Ovcharenko on Unsplash, 2024, Canon, EOS 1200D; free to use under the Unsplash License
- *The Manger*, by Gertrude Käsebier, c.1900, photogravure, public domain

* indicates illustrations that have not been captioned where they occur in the newsletter due to formatting constraints.

Top to bottom below: *Faces* by frompasttofuture, *A mannequin's head is seen through a window* by Julia Oberhauser, and *Prometheus* by maks_d

REPORTS

Above: *Nightlight* by Serhii Fett on 500px.com, reproduced with the artist's permission

Chair's report

Graham Ash and Peter Carpenter

Co-chairs HoPSIG

Email: ChairHOPSIG@gmail.com

Dear everyone – we hope you enjoy the coming Christmas period and have the opportunity to relax (and research and write!) over it.

We would like to thank the team at Glenside Hospital Museum for setting up and hosting our Autumn Conference which took place on 10th October. The conference will be reported elsewhere but it was very successful in bringing to light the role of doctors and others from the South-West in the historical development of UK psychiatry.

We plan an Online meeting on 20 May 2026 with an overarching theme of 'Paradigms of the Past' and are very keen for college members and others to submit offers of talks - for either 20 mins or 30 mins – Please submit ChairHOPSIG@gmail.com with a short description of the talk as soon as possible. We are accompanying it with an Essay competition for students and trainees on the same topic – see the separate flyers in this newsletter.

We are looking at having our next face-to-face meeting joint with the Scottish Society for the History of Medicine at the Royal Scots Club in Edinburgh in November next year. Watch this space.

In August, we were invited together with other SIG Chairs to support a letter of concern to the President and Senior Officers regarding the planned CASC examination in Doha, Qatar. We supported the letter, in part due to concerns on how members were involved in significant policy changes, and from concerns about possible reputational damage from past historical experience. The new centre has highlighted how many members of the college are based overseas.

Many of us will know that Francis Maunze has recently retired. Francis has been the Archivist at the College for nearly twenty years. He was instrumental in the foundation of HoPSIG and has been an unwavering supporter since. We wish him a long, healthy and active retirement and hope to be working with the new archivist in the New Year.

We would like to thank Caroline Hayes and Tom Stephenson for their invaluable work behind the scenes with the minutes and finance and Nicol Ferrer and the editorial team for this excellent Newsletter. We hope you enjoy it.

With Best wishes,

Graham Ash, Co-chair of HoPSIG

Peter Carpenter, Co-chair of HoPSIG

Historian in Residence Report Winter 2025

Gordon Bates

Email: gdlbates66@gmail.com

The last six months have brought an interesting set of writing and speaking projects. Most have been related to hypnotism, my original area of historical focus, but I have also been researching new areas like British celebrity psychiatrists of the fifties and sixties and the strange story of malariotherapy. It is the centenary of the routine UK practice of inducing malaria to treat general paralysis of the insane (neurosyphilis).

I was invited to speak at the Royal Society of Medicine back in April. They have a very active section of Hypnosis and Psychosomatic Medicine. They held a day meeting on 'Defying Prognosis: Hypnosis with Integrative Oncology' (of which hypnotism was but one complementary therapy). There were some excellent speakers who spoke on the importance of diet and the biome in cancer recovery; emphasised the importance of patient choice in outcome and suggested an open-mindedness beyond a narrow Western biomedical viewpoint. I contributed a talk about the terminal care treatment of Alice James (1848-1892), sister of author Henry and psychologist William. Using Alice's letters and diaries, I was able to show the holistic care offered by New Hypnotist, Charles Lloyd Tuckey, in the last few months of her life. He did not propose that hypnotism could cure her breast cancer but taught her companion, Katherine Loring, to hypnotise her to help Alice to relax, sleep better and cope with her pain. She described him fondly in her letters as her 'amiable necromancer', indicating the problematic links that hypnotism had to the occult.

My other conference contribution of the summer was the Victorian Popular Fiction Association in Birmingham. Part of the methodology of my PhD thesis was using contemporary fiction to provide information about public attitudes to medical treatments and I remain interested in and entertained by hypnotic fictions. We put together a panel of three speakers for a session titled 'Probing the Hypnotic Depths.' We looked at the contributions of psychologist Frederic Myers and the physician 'New Hypnotists' to the work of Victorian writers like Lettice Galbraith and George du Maurier whose *Trilby* (1894) introduced the world to the manipulative mesmerist 'Svengali'.

Over a summer that I rather overcommitted myself to writing chapters for various collections, I have only managed to write one blog for the college website. Fortunately colleagues like Claire Hilton, Fiona Watson and Jane Whitaker have all provided worthy alternatives on a range of historical topics: obituaries, assisted dying, the Gheel colony and malariotherapy which can be found here. One of Claire's splendid ideas as Honorary Archivist is to keep a regularly changing 'Cabinet of Curiosities' in the reception area of the College. I own a Knowles Radio-Hypnotic Crystal (Picture) which appeared in the display cabinet in late Spring. I wrote an

accompanying blog about the amazing King of the Mail Order Swindlers, Elmer Prather (1872-1939) who made millions from riding the first wave of Psychology self-help manuals and distance courses which can be read here. The incredible story of the fraudster and his wife has to be read to be believed.

HOPSIG members also make contributions to the college environment through occasional exhibitions. As I mentioned in the last newsletter, we were lucky enough to have a display of influential Pelican books written by psychiatrists and psychiatrists like R.D. Lang (1927-89), David Stafford-Clark (1916-1999) and William Sargent (1907-1988). Curated by Glasgow academic Gavin Miller, each of the books are accompanied by details about the careers of the authors. He revealed that many of the books were mostly or partly written by uncredited female editors, including Dorothy F. Paddon, a former Tavistock employee and freelance. He summarises his findings in an interview that we did for the Bulletin here.

Figure 1: The Knowles Radio Hypnotic Crystal, image courtesy of Gordon Bates.

Claire Hilton, Catriona Grant and I are putting together an historical event to mark next year's centenary of the award of a Royal Charter to the Medico-Psychological Society, the precursor of the Royal College of Psychiatrists. Full details will be advertised closer to the time but keep 30th April 2026 free for an hour-long webcast towards the end of the working day. We have three short talks about WWI veterans in the 1920's, the Charter and its significance, and the contemporary state of British Asylums in that era. The speakers are Professor

Edgar Jones, the college treasurer John Crichton and our own Claire Hilton, respectively. It should be excellent.

Finally, I like to finish with some of the questions and that I received over the last few months as Historian in Residence. I have included my own and others original answers but additions or corrections are welcomed. I can also put interested readers in contact with the inquirer if they have shared interests.

Queries

I am looking for the actual disorder that a patient suffered from in a North Country Asylum. The code given on discharge was Principal factor F2, Contributory factor A1, form of mental disorder 11 or II 9. A. You may be able to direct one to the online copy of the 1918 nomenclature. Many thanks for all you trouble.

Retired Consultant Psychiatrist

I have tended to ignore the numerical classification used because it is very imprecise and as far as I can tell, the section of the notes where it was written was generally completed on admission which means it is likely to be based on information gleaned at the time rather than on any fuller understanding of the patient. Also, terminology used at the time was far from uniform: what one person wrote may well not be what a colleague would have written.
I can't find a full list of all the terms and their numbers, but the main outline, which as far as I know was that created by the MPA before WW1, does appear in Henderson and Gillespie, *A Textbook of Psychiatry.* I have the 1937 edition in front of me and it is on pages 15-16.

Claire Hilton

I am sorry to trouble you but I wondered if you have any information on the Society for the Improvement of Attendants on the Insane. The annual report for 1860 for the Royal Aberdeen Lunatic Asylum written by Dr Robert Jamieson, Physician Superintendent, says that George Strachan (who was the night watch attendant) and Walter Christie had two first prizes for lengthened and meritorious service in the care of the insane. However I can't anything about the Society on the internet

Do you have any information please?

Consultant Psychiatrist

I found a few things:

The Society for Improving the Condition of the Insane, founded in 1842, aimed to address the treatment of the mentally ill. Its rules and a list of its members were published in 1854 by John Churchill. The Society's work was driven by a desire to improve conditions in asylums and to move away from harsh, mechanical restraints towards more humane methods of care, as highlighted in a prize essay published alongside the rules.

Their 1854 handbook is held at the Wellcome in London and includes a prize-winning essay written by Daniel Tuke.

Gordon Bates

I very much enjoyed your blog post on Jessie Murray — she is such a fascinating, and tantalising, figure. I was also fascinated to read about the Medico-Psychological Clinic started by Jessie and her partner, Julia Turner. I am wondering whether you might know whether any MPC patient records may have survived (I realise it would be pretty miraculous if they had), and if so, whether you might be able to suggest some places I could look for them.

Visiting Scholar, Australia

Thanks for your interest. I am glad you enjoyed the blog. It's always nice to get some feedback.
I did more research about the MPC for my PhD and my recollection is that the papers were burned, sadly. I think Theophilus Boll mentions this in his essay on the MPC. [https://www.jstor.org/stable/985265]. Private medical notes are a rarity, those from mental asylums are more likely to have survived.

Gordon Bates

My journey as RCPsych archivist, 2006-2025

Francis Maunze

It all began over 19 years ago, after having worked as an archivist at the National Archives of Zimbabwe, Transport for London, Brunel University and the Department for Work and Pensions. My appointment in March 2006 was part-time, two years after my predecessor, Margaret Harcourt-Williams, left the College. According to the annual reports of the honorary librarian, Dr David Tait, the library staff did some of the archivist's work during the 2-year gap. The annual reports also noted the need to introduce records management into the College was another reason for my appointment. After two weeks in my new role, it was recommended that I work full time for the next six months so as to deal with the backlog of work that had been created during the period when there was no archivist. After six months it was decided that the post should be full-time, permanently.

The Archives was part of the external affairs department which was headed by Deborah Hart. I also worked in the library to respond to patients' calls whenever the library staff were away. I found the work of responding to calls quite challenging, since I did not have a good understanding of mental health conditions. I was also responsible for the preservation and conservation of the antiquarian book collection, although I did not have experience of managing library books.

The Archives consisted of a small collection that was stored in a walk-in cupboard on the second floor of 17 Belgrave Square, then the RCPsych HQ. The other archives were stored in the offices of the president, chief executive and the central secretariat. When the external affairs department moved into the extension at the back of the building, a new climate-controlled repository was created to house all the archives in one place. The creation of this repository was made possible after the College received a donation from a member, which the chief executive, Vanessa Cameron, allocated for the project. This move also allowed me to pack the archives into proper acid-free archival boxes labelled with the contents and College logo. The repository was so cold that colleagues who I worked with in the press office talked about the temptation of storing bottles of wine there so that they would be cool enough to enjoy at the of the day.

The antiquarian book collection was housed in alarm-controlled cupboards in the members' room. On numerous occasions I would forget to disable the alarm before opening these cupboards. This would result in the alarm going off and the chief executive and senior staff rushing down the stairs to the ground floor to check what was going on. To me this was a demonstration of the importance that was placed on this collection by the College with regards to its historical and monetary value.

In 2002, the College managed to get a £10,000 grant which was used to conserve seven of our antiquarian books, but more conservation was needed. One of the early projects that I embarked on was the establishment of the adopt-a-

book scheme which aimed at raising funds for the conservation of more antiquarian books. The scheme was a success during its early years, but as the years passed, we had to supplement it with funds from the archives budget. Over a hundred books have now been conserved through the scheme.

When I joined in 2006, the College was using a removal and storage company to store excess records and historic objects like silverware. The storage conditions at this facility were very bad—dirty, dusty, and damp with a leaky roof. It was also badly organized, far from ideal for the storage of records as it was sometimes difficult to retrieve them. After searching around for a better off-site storage facility, we finally decided to use Crown Records Management, who were then based at Bow in East London. My next task, therefore, was to arrange for the relocation of the records and archives to the Crown depot. This relocation also involved creating a records transfer list to be used to retrieve the records whenever they were required for consultation at the College. The relocation exercise took several weeks to complete. In 2013 I had to undertake a similar operation of relocating the archives and antiquarian book collection from Belgrave Square to 21 Prescot Street, the College's new home.

My work at the College enabled me to develop professionally, as an archivist and records manager. I had the opportunity of developing policies for archives administration and records management. I set out to work on improving the Records Management Policy which had previously been approved by Council in 2003. I also worked on the Records Retention Schedule, the Archives Collections Development Policy, the Archives Access Policy, the Preservation Policy, and various guidance documents. I believe these policies and guidance documents have improved information governance throughout the College and have also helped to grow the archives collection.

I also had the privilege of working with three interns who wanted to gain experience of working in archives before enrolling for their postgraduate studies in archival administration. Through their work we managed to improve archives and record keeping practices in the College. I am happy to record here that two of the interns eventually completed their studies successfully and are now fully qualified archivists. Imogen Burrell, one of the interns, is now archivist at the Royal Berkshire Archives. She facilitated our acquisition of the Broadmoor Clinical Reference Library which is now housed in Room G6 at Prescot St.

In 2007 whilst I was still finding my footing around my work, help came in the form of the appointment of Dr Fiona Subotsky as the first honorary archivist. She had just demitted office as the honorary treasurer. One of our many achievements was the creation of a group called the Friends of the College Archives (FOCA). Our newsletter, published quarterly, was circulated to members who later, in 2015, joined the History of Psychiatry Special Interest Group. Working with honorary archivists has benefited the Archives in so many ways. For instance, I worked with Professor George Ikkos, when honorary archivist, and Dr Adrian James, when registrar, to persuade the College to fund the modernizing of the archives' repository with the installation of mobile shelving. This was a great achievement since the Archives can now continue to acquire donations of personal and institutional papers for at least ten years to come.

Moving into 21 Prescot Street in 2013 provided me with space for displays and exhibitions. On the first floor there was a specially designed display area which we used to display the silverware that lay hidden in the archives for a long time. In Room 1.1 we have the flag on display. At 17 Belgrave Square the flag used to fly alongside the Union Jack, but after moving into the new headquarters, flying it outside was not possible. It was therefore decided that we could display the flag inside as an alternative to flying it outside.

Figure 1: College flag outside 17 Belgrave Sq (reproduced from FOCA Newsletter, issue 6, 2011, p.5)

Figure 2: College flag 2025, in room 1.1, 21 Prescot St

In 2014 we commemorated one hundred years since the First World War with a display of antiquarian books related to the subject. Another display that I am still proud of every time I come into the College building is the framed Supplemental Charter (1971) on the ground floor. It was made at a time when my job also involved arranging for displays of photographs. In addition to the Charter display, we used to display framed photographs of new member receptions. In the process of doing this, the one thing that I enjoyed most was selecting the frames! I also enjoyed being able to contribute and celebrate with everyone the on 180th anniversary of the College in 2021.

Looking back over the years that I have been working at the College, the thing that I have appreciated most was being given the room to exercise my professionalism as an archivist. More often than not, the initiatives that I set out to achieve were completed successfully. There were, however, some that could not even take off, due to lack of resources. Overall, I am glad that I witnessed and took part in the historical development of the College.

Archives update

Claire Hilton

Email: claire.hilton6@gmail.com or via website

Figure 1: Francis, with Oliver Evelyn-Rahr, Catriona Grant and me getting the portraits project going in 2022

I hope you have read Francis Maunze's "journey" of his 19 years working as archivist at the RCPsych. His plans for the next part of his life hardly sound what one might call "retirement". He and his wife are returning home, to the Eastern Highlands of Zimbabwe, to establish a farm. Francis told me that the place is a bit like the Scottish Highlands: very beautiful, cool, rainy, green and mountainous. So, many thanks Francis, for all you have done at the RCPsych, and we wish you all the best for the future.

The RCPsych is recruiting for his role but this may take some time. I hope we do not have to wait 2 years as Francis said happened after his predecessor left. For now, much will fall on librarian Fiona Watson's shoulders, similar to what happened in the last gap. If you are having difficulty finding archive material by searching the on-line catalogue, you will need to contact Fiona fiona.watson@rcpsych.ac.uk.

I must admit, I was slightly envious when I read that the Royal College of Surgeons has 15 staff in their archives, information and library team……

New online history of psychiatry resources

An additional history of psychiatry archival resource is now available online, uploaded in 2025. It comprises the "supplements" in the *Journal of Mental Science* and *BJPsych*. The supplements contain the RMPA's/RCPsych's news, notices, and summaries of meetings, and include reports from committees, conferences, the geographical divisions and the specialty "sections" (precursors of today's "faculties"). They span the years 1936 to 1978 when the *Bulletin of the Royal College of Psychiatrists,* a predecessor of *BJPsych Bulletin*, was established and took on the news role. If you want to read the supplements, go to the volume/issue list where supplements are prefixed "s", rather than by putting the term "supplement" in the search bar.

If you want to use the search bar for the supplements, you will need to use more precise terms e.g. "Scottish Division"; "Geriatric Sub-committee". I am grateful to Fiona Watson and Francis Maunze for providing the digitised supplements and to Hannah Cole and Sarah Maddox for arranging the uploading.

Other archive-related projects

- A proposal to digitise more archives has been submitted to the RCPsych. It focusses on some of our older and most frequently requested documents, e.g. those from 1841–1900; nursing registers; Faculty, SIG and Division newsletters; and the College Research Unit.

- Also, regarding preserving our history, I'm working to improve and publicise the RCPsych obituaries webpage. Whereas obituaries in *BJPsych Bulletin* are limited by page space, the website does not have that constraint. Many RCPsych members and fellows have contributed extraordinary things to improve people's lives, and it is good to read their stories. Should you be in the sad situation of being bereaved of a psychiatrist—a family member, colleague or friend—whose life story you would like to record, please consider writing an obituary (max. 1000 words) for the website. If you are not a family member, it is always best to contact the deceased person's family in the course of writing. Information regarding compiling obituaries, and instructions for submitting them can be found here.
  Some ideas are also in the blog Good for their memory and good for your soul: the art of the obituary

- The Cabinet of Curiosities project is up and running. Currently it is located in the display case immediately to the right of the door between the foyer and the members' lounge at Prescot St, but this is likely to change. We are displaying a different item of psychiatric historical interest almost every month. Do have a look! If you have missed the items, they have been photographed for the online cabinet https://www.rcpsych.ac.uk/about-us/history--art-and-exhibitions/exhibitions/cabinet-of-curiosities
  We would also love to hear from you if you could loan us an item (nothing of significant financial value, please) to display for a month in the Cabinet of Curiosities. It might be from your own career, or perhaps you were given it, or bought it on eBay, or acquired it by some other route. If you would like to participate in this project, please contact me, Claire Hilton claire.hilton6@gmail.com or Fiona Watson, RCPsych librarian fiona.watson@rcpsych.ac.uk.

Recently, Fiona, Francis, Jess Rackham (Deputy Head of Policy and Campaigns) and I welcomed a group of MA students

from Birkbeck, University of London for a hands-on archives and rare books afternoon focussing on psychiatry as a profession and the RCPsych and policy. The visit was part of their module "Mental Health Past and Present".

Questions continue to come in my direction about how to find sources on the history of psychiatry, and understanding and using such material. One query was from Aiden Trivett, a 17-year-old who was doing his BTec in film studies and wanted to create a documentary about an ancestor who had been a patient in a mental hospital about a century ago. He got a triple distinction! Congratulations Aiden, and it was really great working with you!

Library and archive donations

We have also had some generous donations of books and pamphlets, in particular from the libraries of Professor Sir David Goldberg, Professor Margot Jefferys and Dr Peter Jefferys. Not all are yet catalogued. The donations from the libraries of Margot Jeffreys and Peter Jeffreys may be of particular interest to old age psychiatrists.

One recent donation to the archives via Professor Robin Jacoby is a copy of the English translation of Dr Paul Post's "Flaschenbriefe" or "letters in a bottle". Originally in German and over 400 pages long, this is an unpublished typed abridged version, translated into English in the 1980s by his son Dr Felix Post (1913-2001). Felix was a pioneering old age psychiatrist and first chairman of the RCPsych Group (now Faculty) for the Psychiatry of Old Age (1973-78). The RCPsych Archives holds other material about Felix.

The story of the Flaschenbriefe is as follows.

Felix was born in Germany. He came to England soon after Hitler took power there in 1933. His parents, Paul and Clarissa Post, remained in Berlin. Under the Nuremberg Laws, his mother was Jewish, but his father was not. Miraculously, largely due to Paul's bravery and ingenuity, Clarissa was not deported, and they both survived the war. Between 1942 and 1944, Paul wrote letters to Felix describing his daily life. Since sending them in wartime was impossible, Paul made the brave decision to hide them. Hence their name, the "letters in a bottle". Paul gave them to Felix after the war. They provide an amazing insight into life in Germany at the time.

Free webinar on 30 April 2026…

1926 and All That: Patients, Veterans, Psychiatrists and the Royal Charter

We are planning some commemorative events for the centenary of the Royal Charter granted to the Medico-Psychological Association in 1926, which gave it the prefix "Royal". Put the date 30 April 2026 (4-5pm) in your diaries, for the free webinar on the Charter, and aspects of civilian and veteran psychiatry, 1926 style.

Women in Psychiatry Event Report

Caroline Hayes

Email: Caroline.Hayes@cntw.nhs.uk

On 6th June 2025 HOPSIG hosted an online event dedicated to the contributions of women to psychiatry. In celebration of Fiona Subotsky's 80th birthday HOPSIG ran an essay prize on the same subject, with the winner being invited to present. The event was kindly organised by Peter Carpenter, with presentations spanning a wide variety of topics, from the 17th century to the present day.

The first presentation was given by Leonard Smith on the topic of women proprietors of private madhouses and asylums from 1650-1890. It was noted in the Asylum Journal of Medical Science in October 1856 that 'ladies cannot legally or properly undertake that treatment'. Smith argued that, despite these prevailing attitudes, women played a prominent role in the private institutional care and treatment of mentally disordered people from the 17th century. Madhouse proprietorship tended to be a family affair, with women and children helping with day to day running. When the man died his wife would often take over, as there was no requirement for proprietors of madhouses to have a medical qualification. In 1890 there were 87 private asylums in England and Wales, of which 20.5% had a woman proprietor. It was noted that women displayed commercial abilities comparable to men, and that a gentle, caring supportive approach in a domestic environment were important aspects of asylum therapeutics.

This was followed by Jane Robinson giving a talk on the life and work of Dr Helen Boyle (1869-1957). We heard how she initially opened a surgery in Hove specialising in early nervous diseases in women, and later founded The Lady Chichester Hospital. She helped change the shift from cure of mental disorders to prevention, with The Lady Chichester being the first hospital to accept voluntary patients in the early stages of mental disorder. Dr Boyle was a suffragist, and the first woman president of the Royal Medico-Psychological Association, which later became the Royal College of Psychiatrists. She retired in 1948 when the NHS took over her hospital, although kept seeing patients until her death.

The final presentation before the break was delivered by Hannah Blythe, who spoke about Ethel Vickers and Helen Boyle in the context of lay and professional expertise in the development of psychotherapy in the UK. Freud's texts were translated into English and made available between 1909-1913, but British psychotherapy predated psychoanalysis, which was not wholesale transported from continental Europe to the UK, but was critically and partially integrated. Ethel Vickers worked for Mental After Care Association (MACA) from 1904-1914, becoming their secretary in 1915. MACA came to attention of Helen Boyle, who incorporated aftercare into her own hospital, The Lady Chichester. MACA helped with employment, money, clothing, aimed to help recovery and prevent relapse. The presentation gave an interesting view of psychoanalysis in its British context – integrated into an

existing context of mind healing and psychotherapy.

The second half of the event commenced with a presentation by Claire Hilton on Barbara Robb (1912-1976) and her campaign. Barbara Robb visited Amy Gibbs at Friern Hospital in 1965 on an older people's long stay ward. She noted the harsh conditions, few activities, and little dignity of the patients. Barbara continued to visit, keeping a diary, and taking a friend with her each time. She contacted local authorities about the situation to no response. She went on to establish AEGIS - Aid for the Elderly in Government Institutions. Robb Compiled Sans Everything: A Case to Answer, which was her diary alongside reports from nurses and social workers. Her story was picked up by the press, leading to an inquiry at St. Lawrence Hospital, Bodmin. The White Paper was later published in 1968. As more people spoke up, there were further enquiries and changes introduced. Robb had an outsider view and a moral duty to put things right. She kept well informed, used the press to her advantage, and persisted with authorities who wanted to ignore her.

Following this was a talk on how women have changed psychiatry over the last 50 years, which was delivered by Gianetta Rands. She had spent time in the Royal College archives with the help of Francis Maunze, and had looked at how aims of the organisation have changed. She looked at the role of women within the college between the 1970's and the 2020's. Membership of college trebled in those 50 years, and by 2022 48.6% of members were women. The number of women psychiatrists has increased but not yet to parity. This was presented in the context of the many laws introduced over the last 50 years to protect women's rights, safety and wellbeing, however, inequalities persist.

The next presentation was given by the former president of the Royal College of Psychiatrists, Wendy Burn. She reflected on her career in psychiatry, speaking about her experience as a woman working as a psychiatrist between the 1980's and today. During her time at the Royal College she introduced a number of measures which improved things for women, including welcoming babies to conferences and providing a crèche at new members' ceremonies. What helped her during her own career was informal mentoring, encouragement to apply and stand for positions, family support and seeing more women in leadership roles. She concluded that things are heading in the right direction, but there is still a way to go before gender equality.

The final presentation was given by essay prize winner, Mhari Hepburn, who took an interest in her family history in lockdown, which led to a much larger research project. Without setting out to, she answered the question "Why do I have bipolar disorder when no one else in the family does?" She spoke about her great grandmother, Barbara, who was born in 1875. She married in 1898 and had six children - one of whom, Tom, was Mhari's grandfather. They never spoke about their mother, but the family knew she died when she was young. When looking in the archives Mhari found that she died by suicide aged 39 in 1914. Barbara had lost a child and her mother was terminally ill at the time. Prior to this, Barbara had been admitted to Perth district asylum with a diagnosis of confusional mania. Mhari has since found

seventeen family members who were in pre-NHS asylums, mostly with diagnoses of mania and delusional melancholia. The doctor that treated Barbara advocated for voluntary sterilisation; although he treated members of her family compassionately he thought the world would be better with fewer people like them. Mhari reflected on the fact that a century later Barbara's descendent is practising psychiatrist in Perthshire, which concluded a personal and moving presentation.

Person in black long sleeve shirt standing on brown sand during nighttime by Luis Barros on Unsplash, 2021, Free to use under the Unsplash License

A person standing in a dark room with a skylight by Pramod Tiwari on Unsplash, 2023, 3D render. Free to use under the Unsplash License

Person in red robe standing on brown sand during daytime by Luis Barros on Unsplash, 2021, Free to use under the Unsplash License

History of Psychiatry Special Interest Group (HoPSIG) Meeting – 10 October 2025

Kiera Ajagun-Roberts

Dr Kiera Ajagun-Roberts is a CT3 Psychiatry Trainee in Bath.

kiera.ajagun-roberts@nhs.net

The recent HoPSIG meeting held at Glenside Hospital Museum, Glenside Campus, University of the West of England offered a rich and thought-provoking exploration of the historical landscape of psychiatric care. Attendees were treated to a day of engaging talks, museum access and discussions that traced the evolution of mental health treatment from the late 18th century to the present day.

This event took place within the former chapel of Bristol Asylum, which was built as an addition to the site in 1881. Bristol Asylum underwent several name changes following its establishment in 1861, such as the transition to Bristol Mental Hospital in 1948 and later, Glenside Hospital in 1960. Celebrating its 40th anniversary last year, Glenside Museum showcased the history of the hospital, including exhibits about its role as an orthopaedic and military hospital (repurposed as the Beaufort War Hospital) during WW1 when f over 30,000 wounded soldiers were treated.

In addition, the museum includes a display about Stoke Park Hospital which was located on the North-East edge of Bristol (and referred to as Stoke Park Colony pre-1950). This served as a long-term residential facility for individuals with learning disabilities that operated from around 1909 to 1997.

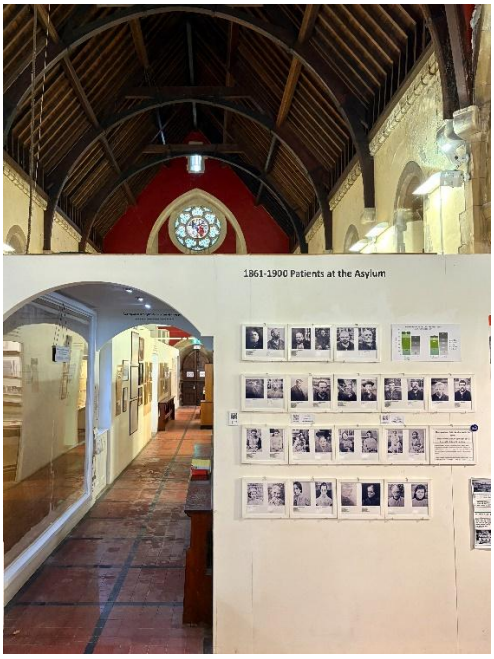

Figure 1: Exhibit at Glenside Hospital Museum, featuring photographs of patients living at the Asylum between 1861 and 1900.

Upon opening, Bristol Asylum offered around 300 beds and became the main psychiatric unit in the area, absorbing many patients from workhouses and offering innovative therapeutic work programs, including farming and industrial employment. Stella Man, Project Manager at Glenside and the first speaker of the day, highlighted the therapeutic value of green spaces, a concept recognized as early as the 1700s which seemed at the heart of the asylum's approach at its inception. The audience were encouraged to reflect on the fluctuating emphasis on nature-based and occupational therapies throughout history. Initially compensated with tokens for tuck shop purchases, patients were later able to engage in

paid employment through work with the Tallon Pen Company and through an initiative called the 'Industrial Therapy Organisation'. We heard how this initiative originated in Bristol and was replicated far and wide. Records reveal quotes from participants citing an increased sense of self-worth and empowerment.

A particularly poignant moment came with the reading from the Asylum's 1885 *Handbook for Attendants of the Insane*, which advocated for more compassionate terminology and treatment of the patient: "*he is ill and needs treatment. The idea of him must always be preserved."* The Victorian-era Glenside Hospital reported a 48% success rate, with a diverse patient population including individuals with epilepsy (about a fifth of the patients at one time), those experiencing complications of untreated venereal disease, and many from impoverished backgrounds.

Margaret Crump gave a presentation on James C Prichard, a pioneering medical anthropologist and physician, who coined the term "moral insanity" and describing it as "madness consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the interest or knowing and reasoning faculties". Crump's recent biography, *James Cowles Prichard of the Red Lodge*, offers further insight into his contributions.

Peter Carpenter shared the narrative of Louisa, the "Lady of the Haystack," who is immortalized in several literary works (fig.2). Louisa was a mysterious and vulnerable figure who led a nomadic existence and became a focus of local wonder and generosity following her appearance in Flax Bourton (near Bristol) in around 1776. Louisa was placed in Hanham Grange Asylum in 1781. Her story, including her later decline whilst at this institution ("she is now in a far more deplorable case than ever") highlighted the societal fascination with mental illness, likely enhanced by Louisa's described beauty and "marks of higher breeding", as well as the limitations of early psychiatric care. Assumptions, questions and the controversy surrounding Louisa's life were explored in depth in the session.

Figure 2: **Louisa, known as 'maid of the haystack'. Engraving by G. Scott, 1805, after W. Palmer, (1763-1790**). Source: Wellcome Collection 877i Public Domain.

Dr Stephen Maudsley from the University of Bristol introduced the history of the Jamaica Ginger Paralysis in 1930s America. This condition, caused by the adulteration of a popular patent medicine with an industrial lubricant called TOCP during the Prohibition era in the USA, affected over 50,000 individuals and led to lasting disability and stigma. The presentation sparked lively discussion

and certainly ignited my own curiosity to gather further information on the subject.

The ethical dimensions of medical photography were explored through two presentations on photographs as historical evidence. The first by Dr Paul Tobia considered the agency of individuals captured via this medium at Bristol Asylum and the potential bias introduced by the photographer and subsequent viewers. Dr Beatriz Pichel of De Montfort University emphasized the importance of ethical frameworks in preserving patient dignity while enabling access to historical resources. Dr Pichel alluded to The Wellcome Collection's risk assessment process and the work of The Ethics of Medical Photography Network in promoting responsible archival practices(https://wellcomecollection.cdn.prismic.io/wellcomecollection/aPJRIJ5xUNkB2GUB_AccesstoProceduralmanualOctober2024.pdf). Further details of Dr Pichel's project on this theme can be found in this Newsletter.

The day concluded with a review of historical films and photographs from some of Bristol's learning disability institutions, prompting more reflection on how such materials can be used respectfully and meaningfully in contemporary discourse. The meeting underscored the enduring relevance of psychiatric history and the importance of ethical engagement with its legacy. An excerpt from the Asylum's 1885 "Handbook for Attendants on the Insane", stated: "There is something to be learned about mental disease each day"—a sentiment that resonated throughout the event.

The Ethics of Historical Medical Photographs

Beatriz Pichel

Dr Beatriz Pichel is Associate Professor at the Photographic History Research Centre, De Montfort University, and Leverhulme Research Fellow in 2025/26.

In recent years, archives and museums have been opening historical medical collections to the public, often placing them online. This is a welcome move that make the past more accessible. However, we need to think very carefully about how we are using these photographs, which show vulnerable or identifiable patients, naked, in pain, restrained and sometimes underage. In the UK, medical photographs are accessible 100 years after their production. This means that now, in 2025, we can freely work with photographs up to 1925, subject to copyright restrictions. While some archives such as the Wellcome Trust have developed their own sensitivity guidelines, there is no shared guidance within the sector.

Medical photography today must follow strict ethical protocols, requiring informed consent, anonymity and privacy. While applying these existing conventions is tempting, unfortunately they do not work with historical materials. The concept of informed consent did not exist as such in the nineteenth century, which means that assessing whether a patient consented to a photograph is normally an impossible task. Similarly, applying current guidelines such as the need to anonymise records to historical material is problematic. On the one hand, most individuals in psychiatry photographs can be identifiable, either by name or by association, which can bring traumatic memories to their descendants. Many of these records also come with terminology that is offensive today, which can add to the stigma that people suffer. This is the case of Figure 1, belonging to George Edward Shuttleworth's collection. While the image itself simply shows two well-dressed children posing, the cardboard includes ableist terminology which inflects the photograph with specific meaning. On the other hand, as the work of Jason Bate and Caroline Bressey has shown, sometimes identifying records is the most ethical position, as it allows to connect them with their descendants and to recover the lives of marginalised populations. Moreover, as Christine Slobogin has recently argued, anonymising photographs often results in a more dehumanised image.

Figure 1: Down's syndrome in a girl and a boy. Two photographs. Ref: 39110i, Shuttleworth, G. E. (George Edward),

1842-1928 collection. Wellcome Collection

The Ethics of Medical Photography Network, funded by the Arts and Humanities Research Council, seeks to propose a new ethical framework for historical medical photography. As a multidisciplinary team led by me as Principal Investigator and Co-Investigator Dr Katherine Rawling (University of Leeds), we are working with UK archives such as the Wellcome Collection, the Victoria & Albert Museum, the Barts Health Archives and the London School of Hygiene and Tropical Medicine archives to co-create innovative ways of researching, curating and disseminating medical photographs. Our aim is not to produce a new set of guidelines that will determine what is ethical and what is not. Rather, our work will provide the theoretical and practical tools to broaden current understandings of the ethics of medical photography to confront the racist, ableist, misogynistic and other damaging legacies of the representations, language and practices of many early medical photography collections. At the end of the project, in June 2026, we will launch a toolkit that will support researchers and collections managers to make ethical decisions through a series of questions, prompts and resources. To know more about the project, please visit https://empnetwork.our.dmu.ac.uk/

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Bressey, C. "The City of Others: Photographs from the City of London Asylum Archive", *19: Interdisciplinary Studies in the Long Nineteenth Century*, 2011, issue 13.

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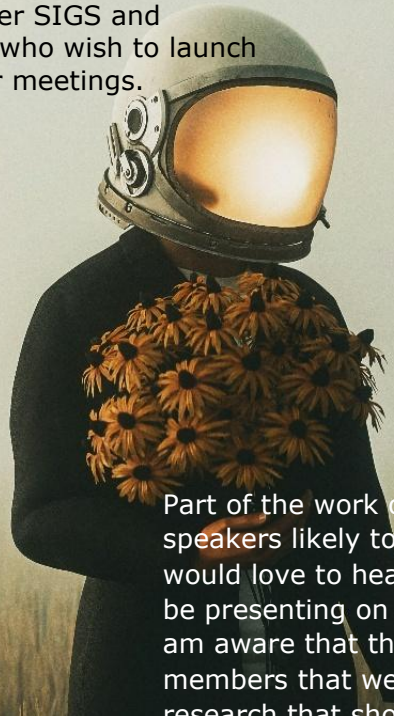
Conference programme for HOPSIG

As co-opted co-chair of HOPSIG. I have taken on the lead for arranging Conferences. We seem to have fallen into a pattern of having two core meetings a year: a spring meeting online – either half day or full day, plus a face-to-face meeting in Autumn. Recently the autumn meetings have been held in a variety of places – The London Archives (twice), The Mental Health Museum in Wakefield, The Glenside Hospital Museum in Bristol. With only one face-to-face meeting a year we end up having a range of possible venues. We could hold the meeting in the College, but I have been keen to have meetings around the country, in part to see what is going on outside of London. We have invitations from Edinburgh, Norwich (and London) still outstanding.

In addition, we actively support other SIGS and Faculties and outside organisations who wish to launch a History of Psychiatry topic to their meetings.



The Dreamer by Alex Shuper on Unsplash, 2023, made in Blender 3.6.1, Cycles. Free to use under the Unsplash License

Part of the work of the executive is to find topics and speakers likely to be of interest to our membership. I would love to hear members views on what we should be presenting on and where we should be meeting. I am aware that there is a lot of local research by our members that we do not know about and it is this research that should inform our conferences. I am keen that we hear what is happening around the college and would like to offer our members the chance to present on their own areas of research at our conferences in the form of a 15- or 25-minute talk (with extra time for questions).

Invitation for Submissions

If anyone is interested in presenting on their own historical research please email me on peterc.psych@gmail.com, letting me know the topic they would like to talk about (with a 100-200 word summary of topic); and whether they see it as a 15 minute or 25 minute talk. We then have something to discuss!

Peter Carpenter

Co-Chair

FIGMENTS

MADNESS, HEALTH & CREATIVITY

University of Glasgow
15 June 2026

An excess of the imagination? The source of unique insight? Mental illness? The price of creative genius? A disease of the brain? A rebellion against social norms? A part of being human? Refusing to obey strict definitions, experiences of madness problematise meaning itself. They demand to be expressed on their own terms and in many voices - through exercising the imagination, challenging the boundaries of language, and recognising unexpected opportunities for connection and empowerment. In this conference, we will explore what these stories of madness might sound like.

A collaboration between the Medical Humanities Research Centre at the University of Glasgow and the Centre for Mad Culture UK, this event will bring together academics, mental health and Mad Pride activists, and medical professionals to explore the role of creativity in experiencing and understanding madness from cultural, historical, social, medical, artistic and philosophical perspectives. We invite proposals for twenty-minute papers, panels of three papers, roundtables and other formats (please get in touch to discuss your ideas) on topics such as, but not limited to:

- Creative representations of madness and their role in shaping attitudes and practices
- The interpretation and appreciation of Mad art and literature
- Re-imagining madness and care: the role of creativity in mental healthcare and Mad Pride activism
- The construction of narratives about madness and illness / Narrative Psychiatry

Keynote: anna six (Professor of Medical Humanities, University of Warwick): 'Abolishing Regulation: Creativity, Education, and the Youth Mental Health Crisis'

Submit your proposals by **Friday, 9 January 2026**: submission form.

Contact: Mila.Daskalova@glasgow.ac.uk

Registration fees to be announced. Discounts and fee waivers will be available, if needed.

University of Glasgow

The British Academy

Image: Charles Altamont Doyle, 'A Dance Around the Moon' (c. 1882)

HoPSIG Essay Prize 2025/26

'Paradigms of the Past'

HoPSIG are proud to announce an essay prize for Winter 2025/26. The topic is '**Paradigms of the Past**' which might cover, for example, psychiatric diagnoses, treatments, institutions or staff. The essay could be academic or reflective. Alternative formats may be considered but please contact the Chair first on **ChairHOPSIG@gmail.com**

Submissions are invited from all trainees and career grades who do not possess a CCST or equivalent. Essays from medical and non-medical students are also welcome.

First Prize £100. The winner can expect to be asked to present their essay at the HoPSIG online meeting on 20 May 2026 and to have it published in our Newsletter.

Runners up may also be invited to submit their work to our Newsletter

Deadline for submission is 28 February 2026.

Essays should be 1500 – 2000 words (excluding references or equivalent). The use of more than 10 references is discouraged.

Winners will be notified by 1 April 2026.

Please send all submissions to chairHOPSIG@gmail.com

All submissions should include names and titles of authors and their current posts, with a statement on the relative contributions in the case of multiple authors, and contact details. The works will be judged anonymously, so details of authorship should be on the first page separate to the main work.

ARTICLES

Above: *Diana* by Viktor Zhulin on Unsplash,2024, Canon, EOS R; free to use under the Unsplash License

Hooked: 500 Years of Addiction

Daisy Cunynghame

Daisy Cunynghame is the Heritage Manager & Librarian for the Royal College of Physicians of Edinburgh. She was awarded her PhD by the University of Edinburgh in 2020, the focus of this work was 'The Roles of the Edinburgh, Kelso, and Newcastle Dispensaries in Charitable Relief, 1776-1810'.

d.cunynghame@rcpe.ac.uk

The Royal College of Physicians of Edinburgh's public museum, the Physicians' Gallery, hosts temporary exhibitions on a range of history of medicine-related topics including mental health, death, alchemy and now, addiction. The College has the largest and oldest medical library in Scotland. Alongside over 70,000 printed books we hold tens of thousands of objects, manuscripts, journals and ephemera. Our exhibitions are created from these collections, allowing us to share our rich heritage with the public.

The aim of our current exhibition is to explore all the different biases, stigma and the baggage that comes along with how we think about addiction. Why was opium viewed as safe to give to children, whilst horror stories were written about the risks of coffee drinking? Why was beer seen as more dangerous to drink than wine?

Defining Addiction

What we mean by addiction is ever changing. In 1600s Britain, reading books was seen as addictive. You could also be addicted to astrology or to writing poetry. In the 1700s many doctors were concerned about the addictive properties of coffee and tea, while opium and cocaine could be bought over the counter without a prescription.

The terms 'addict' and 'alcoholic' weren't used to describe heavy drinkers until the late 1800s. But, in the meantime, there were plenty of other terms which served the same purpose – including dipsomania, delirium tremens and alcohol insanity. You might not have been diagnosed with alcoholism, but you could be an 'inebriate', a 'drunkard' or the victim of your 'habit' or 'vice'. Instead of an opium addict, you were an 'opium eater' or an 'opiumate'.

Chasing the Dragon

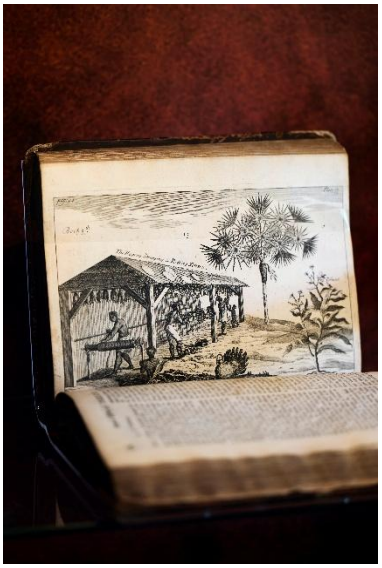


Figure 1: Pierre Pomet, *A Compleat History of Drugs* (1712). The image shows enslaved people working on a tobacco plantation.

Addiction is interwoven with colonialism. Enslaved people in the United States produced the tobacco, sugar and coffee which enabled European habits. Across Asia, the British East India Company was given unprecedented powers by the British government to force their will on entire nations – including the right to print money, run private armies and even declare war.

The East India Company controlled complex networks of trade – forcing mass opium production in India, which was then illegally imported into China in exchange for tea. When Chinese authorities attempted to stop this smuggling, the British government declared war. After twenty years of intermittent conflict, known as the Opium Wars, China was forced to officially open its ports to British trade. To prevent China holding a monopoly on tea production, the British then established tea plantations in India. Control of the international opium and tea trades ensured that Britain had ready access to both substances at low prices.

The desire of Europeans for these addictive substances, and the desire of their rulers to make a huge profit, fuelled a shift in the countries they colonised from white indentured servitude to an enslaved labour force. Demand for addictive substances, whether opium, tea, coffee, tobacco or sugar, fuelled the colonial expansion of the European empires.

Drunk as a Lord

British streets, from London to Leith, were awash with gin in the 1700s. Before that time the usual drinks of choice had been weak wine or low-alcohol ale. The king, William of Orange, saw the benefits of the gin industry to the economy of his home country of the Netherlands and he made sure that similar laws were passed in England. Now anyone could produce gin and stills popped up in basements, bedrooms and outhouses all over the country.

Alcohol temperance movements first sprang up in Britain around this time. Rarely advocating teetotalism, instead they argued for moderation, avoiding gin and other strong liquors.

The movement for full prohibition developed in the 1800s when 'habitual drunkenness' became a topic of great concern. Alcohol addiction was seen by many as a hereditary trait which the working classes, as well as Irish and Scottish people, were particularly prone to. Anti-alcohol campaigners were often connected to the eugenics movement.

Last Orders

Figure 2: Jamaica Ginger Bottle (c.1920s)

Prohibition was enacted in 1920 in the United States. The sale of alcohol became illegal nationwide, with the exception of patent medicines like Jamaica Ginger. This medicine was intentionally made with harsh surgical spirit and large quantities of ginger to make it unpleasant to consume.

In the 1930s a large number of users of Jamaica Ginger were afflicted with a paralysis of the hands and feet that quickly became known as Jamaica ginger paralysis or Jake paralysis. A manufacturer of the product had begun to include a chemical plasticizer usually used in paint. There were tens of thousands of victims, and the incident was so high-profile that several popular blues songs were written about it, including *Jake Walk Blues*, *Jake Walk Papa* and *Jake Liquor Blues*.

Despite strong lobbying, no similar prohibition legislation was passed in Britain. A series of mostly unsuccessful laws were passed in Britain in the late 1800s with titles like the 'Habitual Drunkards Act' and the 'Inebriates Act'.

The big change came during the First World War, when pub opening hours were dramatically reduced and many pubs permanently closed. Restrictions were also placed on the quantity of alcohol provided to soldiers by the British Army. Civilian and military consumption of alcohol dramatically reduced. Deaths from cirrhosis of the liver dropped to a third of what they had been at the start of the war. These new restrictions remained in place even after the war had ended.

Anti-tea and coffee spokespersons had once decried those drinks as creating 'tea mania' and 'coffee drunkards'. Now the Temperance Movement advocated for more coffee shops and tearooms as an alternative to pubs.

What the Doctor Ordered

Addiction arrived in waves. At first doctors prescribed alcohol and opium to their patients. In the early 1800s, when the dangers of pure opium became too obvious to ignore, doctors started to replace it with a new wonder-drug. This drug was morphine – an opium derivative. When morphine itself proved addictive, doctors began to substitute another opioid – heroin.

The cycles of addiction continued. Cocaine was administered to treat alcoholism, tobacco habits and opium addiction. In the early 1900s, when the risk of administering cocaine became clear, it was increasingly replaced with newly developed synthetic amphetamines.

In 1853 Alexander Wood, a past President of our College, revolutionised medicine. Wood invented the first hypodermic syringe, a tool which was vital for administering standardised doses of medicines and safely delivering vaccines. It also changed the face of addiction forever. Before this invention, opiates had been taken in liquid form. The strength of dose, the risk and the rates of addiction all vastly increased when opiates began to be taken intravenously.

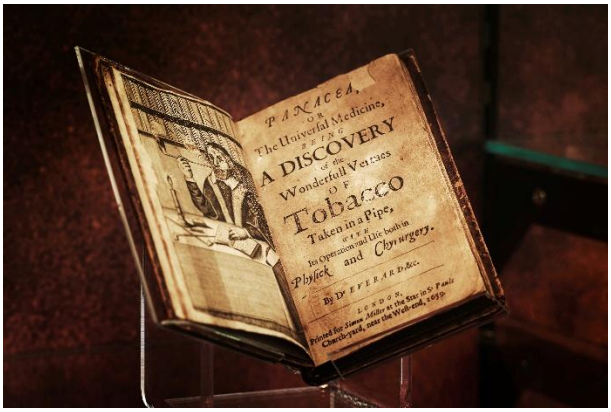


Figure 3: Giles Everard, *Panacea; or the Universal Medicine, Being a Discovery of*

the Wonderfull Vertues of Tobacco (1659)

The endorsement by doctors of the use of addictive substances was not restricted to opiates. In the years after tobacco was first introduced into Europe it was lauded as a panacea – a remedy for every possible disease. One vocal supporter of the tobacco trade was the Dutch physician Giles Everard. He compiled in print dozens of the supposed medicinal uses for tobacco.

According to Everard, and others, tobacco could prevent plague and cure flatulence, asthma, syphilis and even cancer. It could be used to glue together fresh wounds and clean infected sores. It could be medicinally smoked, chewed, drunk, applied as an ointment or taken as an enema.

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Two hundred years later, tobacco enemas continued to be recommended by doctors for a whole range of conditions, including constipation, tetanus and intestinal worms. In the 1920s salves made from tobacco leaves were still being recommended for ulcers and athlete's foot.

High Society

Our society is filled with addiction. From our morning coffee to our afternoon chocolate bar. How the public think about addictive substances – about coffee, about alcohol, about opiates – is often not based on science

This exhibition encourages visitors to consider the stereotypes attached to addiction and their foundation more in myth than in fact. It explores the roles which gender, social class and race play in the history of addiction. Through a touchscreen displaying interviews with addiction specialists and those with lived experience of addiction, the exhibition uncovers the many faces of addiction and the many attempts to combat it.

Hooked: 500 Years of Addiction runs until 13 February 2026 at the Physicians' Gallery, Royal College of Physicians of Edinburgh, 11 Queen Street, Edinburgh EH2 1JQ. Free entry.

For opening times and details, visit: www.rcpe.ac.uk/hooked

From Sensation to Citation: Reviews of The Sleep Room and the Public Perception of Psychiatry

Chris Maloney

chrismaloney@doctors.org.uk

Jon Stock's book *The Sleep Room* is presented as a "chilling" exposé of Dr William Sargant's psychiatric practice, and in particular Ward Five at the Royal Waterloo Hospital—a postwar unit where patients, mostly women, were kept in weeks-long sedative induced sleep, punctuated by electroconvulsive treatments and forced feedings. The publishers frame it as a blend of investigative journalism and survivor testimony that uncovers "one of the most disturbing chapters in modern psychiatric history," positioning the book as a revelation about medicine, power and secrecy. Chapters "delve into" Sargant's public stature and alleged intelligence links (MI5/CIA), packaging the story with the momentum of a true-crime/medical-history hybrid. Dr Joanna Moncrieff is quoted in much of the publicity: "*A fascinating and compelling account of some of psychiatry's darkest practices that has resonance today*."

These 'darkest practices' were electroconvulsive therapy, insulin coma therapy, and frontal lobe surgery. Each was introduced in a period when psychiatric clinicians were confronting conditions for which no reliably effective treatments yet existed. The therapeutic rationale at the time rested on the view, often supported by early case series and limited trials, that inducing physiological shock or interrupting pathological brain circuits might relieve otherwise intractable illness.

The weeks around publication saw a chorus of broadsheet endorsements that, with only passing reservations, presented The Sleep Room as both revelatory and authoritative. Because these pieces are prominently indexed and widely shared, they now function as a reader's first port of call and, in practice, as secondary reference works. The consequence is epistemic: repetition across reputable venues confers credibility by accumulation. In this case, there is near-unanimity amongst the most visible sources.

To date, there are two corrective, more academic reviews—but they are comparatively less visible to general readers. One is by this author, in History of Psychiatry, offering a historiographical critique of Stock's method and framing. The other is by the neurologist Simon Shorvon in Brain, who questions the book's intellectual positioning and evidential strategy. However, they are both paywalled, and their approach in any case is likely to be drowned out by a consensual press chorus.

As to the book itself, Jon Stock, who also writes psychological thrillers as J.S. Monroe, is a British author and former journalist best known for espionage fiction and for twist-driven psychological novels that turn on identity, memory, surveillance, and doubles. The Sleep Room is his first non-fiction book. A writer whose stock-in-trade is secrets and shadowy institutions, he often

frames real-world material with the aesthetics of insinuation—an approach that serves thrillers naturally and now colours his nonfiction voice.

The Sleep Room itself opens with a 3-page contents list, a series of lurid, emotionally laden, chapter titles, often voiced in quotation marks. Titles such as "Lobotomy would be the next course of treatment for me" (Chapter 1) 'Somehow they took his soul apart' (Chapter 19) 'Such sudden social degradation can prove most effective' (Chapter 20) and 'Reduced him to a zombie, poor dog' (Chapter 39) and over 30 more of a similar nature establish a mood of coercion, degradation, and loss of self, painting a landscape dominated by violence, absurdity, and institutional cruelty.

The central rhetorical engine is first-person testimony from former patients. These accounts are painful and compelling, and the book's narrative invites readers to treat them as both evidentially sufficient and morally dispositive. Yet the historical and clinical context is thin: practices described were not unique to Sargant; other therapeutic options were limited; ECT had—and still has—recognised efficacy in specific indications; and the period's standards for consent and explanation fell well short of contemporary expectations. The book gives little sense of this wider clinical landscape, amplifying instead a single, morally totalising portrait of Sargant as a man, helped by considerable innuendo and supposition.

There are ethical and methodological dilemmas at the heart of this. People's testimony requires careful attentive listening and reflection; and its affective force is part of the evidence. But it cannot be exempt from historical method. Memories are retrospective; context matters; typical and exceptional cases must be distinguished; and the difference between intent, practice, and outcome requires careful parsing. A sensitive approach treats testimony neither as automatically decisive nor as suspect; it reads it alongside contemporaneous clinical sources, institutional records, and comparative practice.

Stock instead deploys interview testimony directly for narrative ends, and without disclosing how the interviews were framed. By presenting testimony largely unmediated and situating it within a thriller-like frame, the book channels readers toward an unambiguous moral conclusion while pre-empting methodological caveat, as if caveat were an affront to survivors.

This rhetorical move is powerful and probably played a big part in convincing reviewers of the merits of the book. Broadsheet coverage in spring 2025, when the book first appeared in the UK, was strikingly aligned in tone and verdict. Reviews repeatedly emphasised shock, horror, and moral clarity; many characterised the book as meticulously researched and definitive in exposing abuse. Perhaps understandably, the reviews lack awareness of the extent of its selective and 'off-the-peg' sourcing (including unacknowledged textual dependence on material such as Sargant's autobiography, The Unquiet Mind): but they are also remarkably uncurious about the context of mid-century psychiatric practice. Reservations, where expressed, tended to be soft-pedalled within otherwise laudatory write-ups. One reviewer was

notably sharper about methodological shortcomings, but even there the headline and overall framing were broadly endorsing.

More might be said about the book's shortcomings, but that is not perhaps the most pressing issue for college members. Those interested can read my own article in History of Psychiatry: A formal historiographic critique that identifies "narrative determinism" as the book's organising logic and argues that its emotive force outruns the evidentiary base. The piece calls for contextual calibration: what was typical, what was contested, and what alternatives existed at the time. The neurologist Simon Shorvon reviewing the book in Brain interrogates the book's intellectual positioning and questions its location within a recognisable anti-psychiatric polemic. He queries the evidential status of the claims and the implications for how the history of treatment is presented to non-specialists. These two reviews—methodologically distinct yet convergent in concern—demonstrate that expert reservations exist. However, their impact on general perception is blunted not by weakness of argument but by the volume and placement of broadsheet endorsements.

And this matters. The mechanisms by which reviews harden into 'public knowledge' is straightforward: prominent outlets publish vivid, unified verdicts; these pages rank highly in web search results; they are quoted by retailers, author sites, and aggregators; and they anchor library notes, Wikipedia references, and reading-list blog posts. The result is a durable interpretive template readily encountered by students, journalists, and casual readers. In such an environment, dissenting specialist pieces—even when published in leading journals—circulate less, are paywalled, or are framed as niche, or even dismissed as expressing vested, conservative, interests.

So, perhaps the most effective "correctional" response is to seed the record with clear, citable, and findable material. For individual action, that means short open-access explainers with unambiguous titles and abstracts (such as in reviews on Amazon, Goodreads, and the like); preprints or post prints in institutional repositories; keeping Google Scholar/ORCID up to date; and cross-posting concise pieces to discipline hubs (e.g., H-Madness, The Polyphony). These need to use direct, searchable headings ("What was typical ECT practice in the 1950s?"), include brief bibliographies, and add stable links/DOIs. These steps help journalists, students, and search engines encounter context and nuance alongside attention-grabbing takes. As a bonus, the same measures make it more likely that newer tools— such as LLMs— find these counternarratives too.

Should this particularly concern the College and its Special Interest Group? Criticism of psychiatry is nothing new; it is part of the cultural milieu in which we work. Engaging too proactively might feel like reopening old wounds, to no good effect. In the past it was often possible to wait for controversies to 'blow over'. But books such as *The Sleep Room* do not simply blow over. In the digital age, the absence of a counter-narrative can look uncomfortably like endorsement, and psychiatry risks appearing complicit through its silence, as if this both endorses the narrative of

past misdeeds and acknowledges that there is no defence.

If there IS thought to be a role for response, the aim need not be confrontation but the steady provision of context. What helps most is ensuring that accurate, accessible information is available wherever people go looking for it. Short open-access pieces—whether reviews, explainers, or bibliographic notes—can do much to balance the record. Clear titles ("What was typical ECT practice in the 1950s?"), concise summaries, and links to further reading make it easier for students, journalists, and the public to encounter historical nuance alongside more dramatic accounts.

Colleagues might also consider maintaining a small number of visible resources that set out "what we know and what we don't" about contested treatments, with pointers to scholarship across the field. Such material does not need to rebut every charge; its value lies in keeping well-sourced, even-toned accounts in circulation. In this way, psychiatry shows itself not as silent or defensive, but as attentive to testimony, mindful of history, and committed to making the complexity of its past legible to wider audiences.

The question is not whether survivors' accounts should be heard (they must), nor whether mid-century psychiatry had ethical failures compared with current practice (it did). The question is how we hold together testimony, clinical context, and historical method when a powerful narrative arrives pre-endorsed by a near-unanimous press. Psychiatry's status is inevitably coloured by lurid misrepresentations of past practice, which can be demoralising for practitioners, deter patients from seeking help, and—at a time of recruitment concern—damage the profession's reputation within medicine itself.

Also see review of this book by Graham Ash in Book Review Section.

The Curious Case of James Hadfield: Attempted Regicide and the first Section 37/41

Dr Joseph Baskerville-Butler

Dr Baskerville-Butler is a higher trainee in Forensic Psychiatry, in the Thames Valley deanery. In 2021, he co-curated the Bodleian Library's exhibit 'Melancholy: A New Anatomy'.
Corresponding Email: Joseph.B-Butler@oxfordhealth.nhs.uk

Introduction

It was a warm London evening on the 15th May 1800 and the crowded Theatre Royal at Drury Lane buzzed with a hushed, expectant excitement. Rumours of the King's arrival, unshaken by an assassination attempt earlier that day, spread through the stalls. All eyes turned to the royal box as his majesty King George III and Queen Catherine entered, illuminated in the darkness by soft candlelight as the opening notes of 'God Save the King' began from the orchestra pit.

Then, a crack of pistol ripped through the music. Gasps erupted as smoke curled into the air. For a moment, the anthem hung unfinished, the monarch's fate uncertain. Then the silence broke.

Cries of "Treason!" and "Secure the villain![1]" rung out as a scarred man in tattered soldier's uniform was wrestled to the ground by violinists, the scent of gunpowder still heavy in the air.

The bullet missed. King George III was unharmed. As the man was bundled into the theatre's underbelly, a series of events had begun which would shape psychiatry's future.

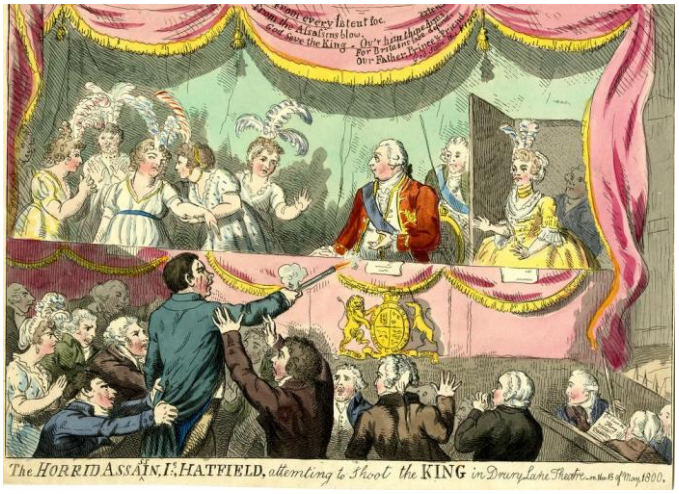


Figure 1: Contemporary satirical print of the shooting, by J Garbaneli. Alternate lyrics for 'God Save the King' (penned by a member of the audience and performed in the interval) are visible on the curtains.

The Curious Case of James Hadfield

The would-be assassin was an ex-soldier called James Hadfield. Much of what we know about his background comes from the (possibly biased) account of his defence barrister. He was born in 1772. These were tumultuous and paranoid times for England. With the toppling of the French Royal family and the loss of

the American colonies, the State was keen to halt the existential threat of Republicanism from fomenting across Europe.

At home, seditious political radicals emerged, printing and disseminating treasonous literature on Jacobinism, promoting a French-style republic and exile (or worse) of the King. Others looked at the violent unrest across the world and concluded that an apocalypse was approaching. Self-styled 'Millenarian' prophets, like Bannister Truelock preached of the coming end-times, the return of Jesus Christ, and a new social order where kings were abolished[2].

War against France was declared in 1793. With threats from abroad and from within, the British state adopted a policy of zero tolerance. The secret groups were banned, habeas corpus was suspended and many radical preachers and political activists were confined in prison or in asylums. The Tory government rapidly expanded the national debt and raised taxes. Grain was in short supply. Rampant inflation led to an 18th Century Cost of Living Crisis[3].

It was against this backdrop that James Hadfield enlisted in the British Army. Motivated by a world of limited social mobility, Hadfield did well. His commanding officer later testified that *"if a man had been to be selected from the regiment for bravery, loyalty and zeal, Hadfield would have been one of the first candidates; he was remarkable* for them[4]". Within one year, Hadfield had been promoted to the personal guard of the Duke of York, the British Army's commander-in-chief and King's second son. Hadfield served in his guard during the ill-fated Flanders Campaign of 1793, attempting to stop the French Army's advance into the low countries. It was at the battle of Tourcoing that Hadfield sustained life-changing injuries at the hands of a French cavalryman:

"The point of a sword removed part of Mr Hadfield's skull which was forced inwards upon the brain. A stroke cut across the nerves which give sensibility and animation to the face and his head hung down almost dissevered. A third stroke then divided the membrane of his neck where it terminates in the head. A fourth blow cut straight into the very brain. A fifth sword blade, which he held up his arm to avoid, when his hand was cut into the bone. Mr Hadfield was then thrust through and through with a bayonet and left in a ditch amongst the slain, left for dead[4]."

Hadfield was found, brought to a French Prisoner of War Camp, then to Sanceil Hospital in Brussels whereupon he was operated. Fellow prisoners recalled he awoke in "*some form of fit.. very wild…felt he was "King George[4]"* and that he began looking into his head wounds for his "*golden crown[4]*". Hadfield remained at the hospital for two years before being repatriated to the British Army in 1796, in a state of insanity.

Hercules Macgill, a fellow soldier and friend visited Hadfield at Croydon Barracks and felt that Hadfield was now "*different in every part whatever; quite deranged[4]".* This interaction is notable in that Hadfield unexpectedly lunged at Macgill with a bayonet. He had "*constant intercourse with the almighty author*[4]". Army physicians, attempting to redress his humoral imbalance, treated him with bleeding, blistering, and cathartics. When this was unsuccessful, Hadfield was *"tied down to the bed in the manner*

that is common[4]". By March 1796, Hadfield was given a pension, discharged to his brother and fared little better. The older Hadfield resorted to locking him in his room, *"keeping the door fast to the best of [his] power[4]*", such were his fits of *"bellowing and hallooing out[4]".*

Over the next four years, Hadfield's illness relapsed in the *"hot season and at changes of the moon[4]"* before remitting late summer once *"the dog days [were] over[4]".* When unwell, he was *"rude, rough and uncivil to master[4]", "raving mad[4]"* and *"deranged[4]".* He would *"talk from Sunday to Tuesday[4]*", and felt he was *"god and Jesus[4]".*

Hadfield functioned well during periods of remission. In 1797 he got married. His sister-in-law reported *"there was not a man more attentive to his wife[4]"* and that she *"always took care of him at the outset of any symptom coming on[4]".* He fathered a son in 1799, and worked as a spoonmaker. By the time of the index offence in 1800, Hadfield lived in rented rooms, with his wife, son and his wife's siblings.

The Index Offence

Due to the testimony of those close to Hadfield, we have a surprising amount of insight into the events leading up to the index offence. At some point, he became associated with the Millenarian preacher, Bannister Truelock. Their conversations are unrecorded, but Truelock's lodger later reported that Truelock believed King George would be assassinated in May or June 1800[2]. Truelock was almost right twice; on the morning of the index offence, King George narrowly avoided being shot as he inspected footmen in Hyde Park.

Hadfield's family become concerned around the 13th May 1800, when Hadfield came home from work praying, declaring that he would *"see the Lord[4]"* in the garden between the hours of 9pm and midnight. Hadfield told his family that he was the *"God Almighty's servant"* with *"Mr Truelock the cobbler[4]".* He explained that Hadfield was to be God and Truelock, Satan and that they were building a house together. He became concerned he was exsanguinating. Despite his family's repeated attempts to return him to bed, Hadfield attempted to grab his one-year-old son. He reportedly shouted: *"God damn it's little eyes, I want to kill him[4]"* and *"I will dash it's brains out[4]".* His family restrained him and he awoke the following morning with no memory of the night's events.

That evening, Hadfield was brought home by his colleagues *"in a fit[4]",* telling his family that God had ordered him not to eat. He spent the night walking around the garden *"in a strange manner[4]",* and felt he had seen God and been to dinner with the King.

The following morning, Hadfield threatened to murder his sister-in-law, after she suggested confinement. He reportedly felt *"very well[4]"* before going to work. At some point, he left the silversmiths and purchased gunpowder and two pistols, showing it to a colleague. He went to a barber for a shave. He returned home, telling his family he was to be *"made an odd-fellow[4]"* before leaving to make his way to the Theatre Royal, Drury Lane. On the way, he shared a glass of brandy with some friends at the Bull's Head public house. He reported he had *"business of great importance[4]"* and said: *"you shall hear something of me[4]".* A short while

later, Hadfield attempted to shoot the King.

The aftermath

Whilst the show went on upstairs, Hadfield was questioned in the theatre underbelly by William Addlington, a Bow Street Magistrate, and the Duke of York (Hadfield's previous commanding officer), who happened to be in the audience. Hadfield said he was "*tired of life*[4]" and knew "*his life was forfeit*[4]". He said he had hoped the crowd at the theatre had killed him, or that he be tried and executed. He denied intending to harm the king, saying he was *"as good a shot as any man in England and would have killed the King if that had been his design*[4]*".* He told them of Bannister Truelock, and cryptically stated "*there is a great deal worse to be done*[4]". Truelock was brought before the Privy Council and detained under the Vagrancy Act of 1744 to Cold Bath Fields Asylum. Hadfield was charged with treason and remanded to HMP Newgate.

Hadfield's charge of treason (rather than attempted murder) gave him unexpected privileges[2]. most importantly, he had the right to choose and appoint his own legal defence. Hadfield cannily requested the services of Thomas Erskine, a barrister renowned for successfully defending political radicals, reformers and revolutionaries in court.

The Legal Background

Thomas Erskine examined the case and felt Hadfield had a 'Not Guilty by Reason of Insanity' (NGRI) defence. He would know there was increasing precedent for NGRI.

NGRI was used rarely until the mid-1700s[5], probably because it created a problem: a dangerous person would walk free. That changed with the emergence of the 1714 Vagrancy Act (revised in 1744) as judges could, following an NGRI verdict, detain "dangerous lunatics" to "some secure place[6]" to mitigate the risk of further crime. In these cases, the local parish were charged with the person's care and were able to regain costs from them, if they had assets[7]. The Vagrancy Act is the obvious forerunner to the Mental Health Act of today and whilst it spared the criminally insane from the hangman, it was informal, irregular and unsuitable for long periods of detention.

In trials at the Old Bailey, in the 60 years following the 1744 Vagrancy Act, the insanity defence was successful in more than 50% of the cases in which it was offered. In these cases, it wasn't the medical evidence from Mad doctors or Alienists, but the testimony of relatives, friends, or spectators that persuaded the court that the defendant had been insane at the time[5].

But how would Erskine prove Hadfield was insane, legally? This is before the M'Naughten case of 1843[8]. Although M'Naughten's criteria were yet to be enshrined in law, the ideas that influenced them were present in the minds of lawyers and judges.

Writing in the Laws and Customs of England in the 13th Century, Bracton described the *"furious man who was totally lacking discernment, not much above the beasts who lack reason*[2]*".* By the 18th century, this became the 'Wild Beast Test' and the forerunner to the 'nature' limb of M'Naughten; to have a successful insanity defence, a defendant must *"not know what he is doing, nor*

more than an infant, brute or wild beast[2]". Regarding the 'wrongness' limb, this has been traced back to 'The Country Justice' and this statement, written in the 17th Century: *"If an idiot kills a man it is no felony for they have not knowledge of good or evil, nor can have a felonious intent, nor a will or mind to do harm.[2]"*

The Trial

James Hadfield's trial took place over one day, the 26th June 1800 at the Court of the King's Bench in Westminster Hall. Representing the prosecution was Sir John Mitford, the Attorney General. Mitford's argument was simple: Hadfield purposefully brought the pistols. He purposefully shot at the king, and he knew his life was forfeit upon arrest. When carrying out this series of events he must have known what he was doing. He was not some 'wild beast'. Nor was he so unwell that he did not know that what he was doing was wrong. The insanity defence therefore, did not apply. Mitford added that *"not every frantic or idle humour of man will exempt a person from punishment[4].*

Erskine disagreed. He argued that Mitford's threshold for the insanity defence was too high. Erskine claimed that *"such a madness has not occurred in this world[4]",* that previous acquittals had not met this standard and if anyone was sufficiently insane, that person would be too unwell to commit a crime in the first place.

Erskine tells the jury that delusions are the true character of insanity, not being a 'wild beast' and that for a successful acquittal he must convince them *"the prisoner is a lunatic[4]",* and *"that the act in question was the immediate, unqualified offspring of the disease."* Erskine thought *"that as a doctrine of law, that the delusion and the act should be connected[4]".*

Erskine argued that Hadfield had a Melancholy Insanity and felt the *"world was coming to a conclusion and that he was to sacrifice himself for its salvation[4]".* He believed that he was Jesus Christ and could facilitate the *"Saviours Second Advent[4]".* Knowing that suicide was against the rules of God, Hadfield had to go to the theatre, fire at the king and be sentenced to death for the benefit of mankind. Hadfield did not aim the pistol maliciously at the King and therefore he must be acquitted.

Erskine was assiduous. He called soldiers of Hadfield's unit, his commanding officer, family, housemates and colleagues to give supporting evidence at the witness box. Notably, he called two expert witnesses: Mr Henry Cline, a military surgeon who examined and commented on Hadfield's head wounds and Doctor Creighton, a physician who found that whilst Hadfield could converse cooly around topics other than religion and the royal family, he had *"not the smallest doubt that Hadfield was insane and that the head wounds were the cause[4]".*

It was during Erskine's cross examination of Elizabeth Roberts, Hadfield's landlady that the presiding judge Lord Kenyon interrupted and stated to the court that the case was *"to be sure… an acquittal[4]"* and instructed the jury to deliver their verdict accordingly. The testimony of Erskine's twenty other witnesses was lost as the foreman declared Hadfield not guilty,

"being under the influence of insanity at the time the act was committed[4]".

The Criminal Lunatics Act 1800

Hadfield's acquittal left Lord Kenyon with a problem. Hadfield could not be allowed to walk free, given he posed an ongoing risk to the monarch, his own son, his sister-in-law and probably others. The Vagrancy Act could be used to confine him to an asylum, but because Hadfield could mask his illness outside the topics of religion and royalty there was a possibility of discharge. They needed another legal instrument to confine him. Kenyon remanded Hadfield back to Newgate, as the Attorney General wrote and passed through parliament the Criminal Lunatics Act of 1800[9]. It had four sections:

- **Section One** created the special verdict of insanity for felonies. After the verdict, the person should be kept in strict custody until "his majesty's pleasure be known". This was essentially a warrant from the Secretary of State.
- **Section Two** applied to persons indicted for any offence, who were found to be insane upon arraignment. They too could be held in strict custody until "his majesty's pleasure be known."
- **Section Three** denied bail to those discovered and apprehended with a derangement of mind and a purpose of committing a crime.
- **Section Four** allowed the privy council or a secretary of state to detain persons appearing insane who endeavour to gain admittance to his majesty's palace or place of residence.

In addition to the Criminal Lunatics Act, an Act for Regulating Trials for High Treason was also passed[9]. This lesser-known act eliminated any would-be-kingslayer's legal privileges; attempted regicide would henceforth be tried like murder, not as treason.

The first Section 37/41?

Using Section One of the Criminal Lunatics Act (1800), Hadfield was detained to Bethlem Hospital. Although Hadfield's disposal was superficially 'not guilty by reason of insanity' (NGRI), this is misleading. Erskine's liberal argument for NGRI bears more in common with a defence of diminished responsibility today. The arguments of nature and wrongness that informed insanity defences prior to 1800 would re-emerge in the M'Naughten Criteria of 1843.

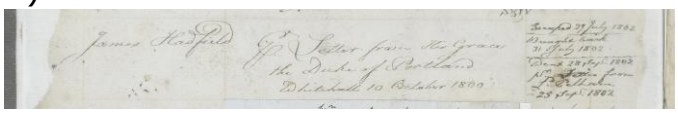
In 1816, the State Criminal Lunatic Asylum was established at the Bethlem Hospital (Broadmoor would not open for another forty-seven years in 1863) and James Hadfield was the first patient admitted. For these patients, the medical personnel and care would be paid for by the state. Admission and discharge were only by warrant of the Secretary of State and the Bethlem Physicians had to submit quarterly reports on criminal patients to the Secretary of State[10].

Hadfield's detention from court, following testimony on his mental state from expert witnesses using specific legislation, to a specialised ward, where he was managed by specialist mad doctors who submitted quarterly reports to the Secretary of State and where he

could not be discharged without a warrant from the Secretary of State bears striking similarity to Section 37/41s used by forensic psychiatrists today.

The case of Hadfield is therefore a temporary side-step along the development of the insanity defence, but an important case in the history of forensic psychiatry, placing the subspecialty's origins right at the inception of 'psychiatry' as a whole. At the same time as Hadfield's 'Section One', Pinel abolished the chains at the Salpêtrière (1795), the Tukes were establishing the York Retreat (1796), and Reil coined 'Psychiatrie' (1808)

A)



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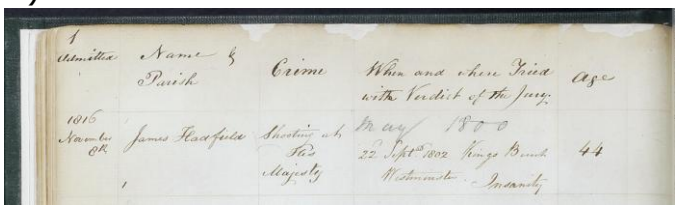

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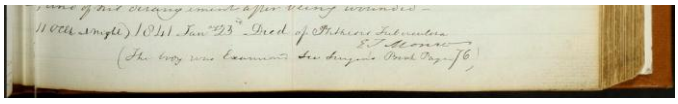

Figure 2 (A)-(C): Scanned images of James Hadfield's medical notes from Bethlem Hospital showing: Top: Attempted escape. Middle: Admission to the State Criminal Lunatic Asylum. Bottom: Hadfield's death. Courtesy of Bethlem Hospital, hosted by FindMyPast.co.uk

Hadfield's Fate

With Hadfield's threat to the monarch contained, Hadfield's place in the historical record faded. His medical notes from The Bethlem show the relapsing-remitting pattern continued and despite being declared "sane" at times, King George III never made his pleasure known. Nor did the four succeeding monarchs. Hadfield remained confined at Bethlem for the rest of his life, other than three days in 1802 when he absconded before being apprehended at Dover trying to escape by ferry to France. He passed away in 1841, of Phthisis (pulmonary tuberculosis)[11].

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A Lunacy Inquisition, My Family and the Madness Within

Lisa Edwards

I am a PhD candidate in History with Genealogical Studies at the University of Strathclyde. My research is looking at the different generations of my family who were admitted to the Rainhill and Lancaster asylums between 1880 and 1910 and whether we were unusual, or was it quite common to have clusters of similar families being certified as insane?

Email: ljedwards1@hotmail.com

Introduction

I am a family historian and have been researching my paternal line for over thirty years. My direct line in Liverpool were paupers and a number of them were said to be insane and placed in the Rainhill Asylum.

I've recently discovered ancestors from my extended family in the Lake District who were incredibly wealthy. The social divide between the family was vast, as those in Liverpool (the Thornhills) lived in cellars and those in the Lake District (the Newbys) a manor house. Yet I have realised that the one thing they all had in common was poor mental health.

Susanna Newby of Cark in Cartmel

Unlike her Liverpool cousins Susanna wasn't a pauper lunatic in and out of the workhouse asylum ward and was never certified in a county asylum. Instead, on the 30th of June 1851, a lunacy inquisition was held to determine her state of mind.

Susanna was born in 1805, the eldest of two children of John and Susanna Newby. Her sister Eleanor married in 1837 and died without issue in 1841. The family were incredibly wealthy and owned a vast number of properties and land throughout Cartmel, Cark, Holker, Kendal and Grange Over Sands. Susanna would inherit the wealth but as her father's will stated she was of unsound mind and as such needed some form of protection.

In the 1840's the protection would have taken the form of a Lunacy Inquisition.

Lunatics under the Court of Chancery

The Prerogativa Regis (1324) or Crown Act of 1324 made the Lord Chancellor responsible for the care of lunatics.[1] Pauper lunatics unable to remain at home were often placed in workhouses and sometimes then in Asylums after the 1845 Lunacy Act; whereas those Lunatics with substantial wealth were under the jurisdiction of the Court of Chancery, otherwise known as the Lunacy Court[2].

The 1842 Chancery Lunatics Act created two Commissioners in Lunacy who were barristers, appointed by the Lord Chancellor to receive and administer all Lunacy Inquisitions. The commissioners became known as the Masters in Lunacy after the 1845 Lunacy Act.[3]

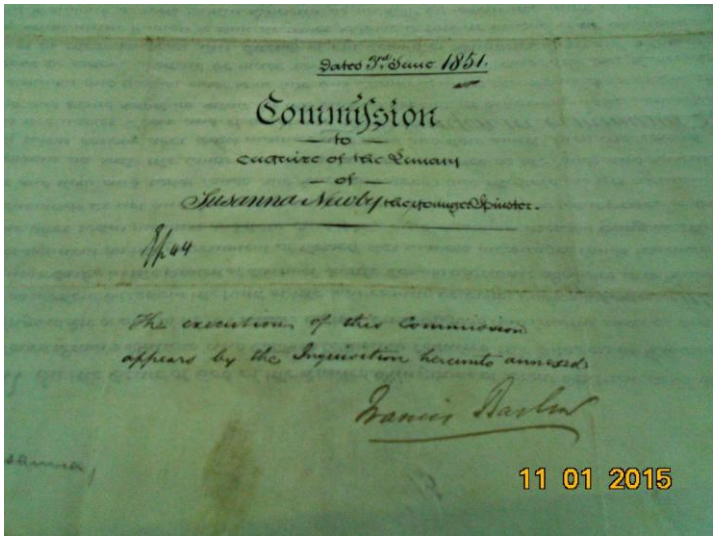

Figure 1: The lunacy inquisition. Document C15148S4. With kind permission of The National Archives.

Chantel Stebbings states in her article 'Protecting the Property of the Mentally Ill' that it was such a costly process to have an inquisition that it was only used by the very wealthy with estates that merited protection and where the individual was unlikely to recover.[4]

In order for an inquisition to be held then there needed to be sworn affidavits from at least two people including a doctor. If the judge thought there was sufficient evidence, then an inquiry complete with jury and Masters in Lunacy would be arranged.

In an inquisition there were four "manners" used to determine if a person was of unsound mind [5]

- An idiot or natural fool.
- He who was of good and sound memory, and by the visitation of God has lost it.
- Sometimes is of good memory and sometimes isn't.
- A drunkard.

A Hansard report from 1858 stated that there were 551 lunatics under the control of the Court of Chancery. The property owned by them was worth £240,000 a year and the amount given out to their estates to support them was £160,000, which was roughly £300 a year per person.[6] Susanna Newby was one of those lunatics and I found her inquisition in the National Archives collection of Chancery records.

Petition for an inquisition of lunacy

In 1850 Susanna's mother, raised a formal written request known as a petition, with sworn affidavits from a church minister, doctor and two local Gentlemen in the matter of lunacy of her daughter Susanna Newby the younger which was referred to the Master in Lunacy.[7]

The surviving inquisition record states that it was held on the 30th of June 1851 in the house of Susanna Newby the elder which was known as Cark Villa. Francis Barlow and Edward Winslow esq Masters in Lunacy from Lincoln's Inn led the inquisition to enquire of the lunacy of Susanna Newby the younger.

The jury was made up of 16 men who ''being sworn in and charged upon their oath to say that the said Susanna Newby the younger at the time of the inquisition is a person of unsound mind so that she is not sufficient in the government of herself, manors, messuages, lands, tenements, goods and chattels…' [8]

It was suggested that Susanna had been in a state of 'unsoundness of mind' since the 1st of December 1843 but 'how, or by what means the said Susanna Newby the younger became of unsound mind,

the jurors aforesaid know not, unless it was by a visitation of God…' [9]

The Masters in Lunacy asked the jury if they knew whether Susanna had disposed of any of her lands whilst of unsound mind but they did not and when asked if they knew who the heirs to her estate would be, the jurors said 'upon their oath, they did not'.

A Lunacy Order by the Lord Chancellor was enacted and Susanna was declared insane, losing her right to independent legal action in disposing of her property. Court of Chancery Lunatics like Susanna had suitable individuals appointed by the Chancery to manage their affairs which could be family members. They were called Committees and they had to submit financial accounts regularly to the Chancery to ensure that there was no misappropriation of the funds[10].

Susanna Newby the elder passed away in 1852 and Ellen Newby Meredith (cousin) and Grace Owen were appointed as a Committee for Susanna Newby and were allowed £850 per year for the maintenance and support of Susanna.[11]

Susanna lived in Cark Villa with her cousin and servants until her death 19th May 1870.[12] Her vast wealth was never touched and as a lunatic she left no will and so began the fight in the high court to prove which relative was entitled to inherit it.

Bill of Complaint Newby Wilson v James Stockdale & Thomas Harrison

The story for control of the money is carefully drafted in the legal papers of Thomas Newby- Wilson who was Susanna Newby's 3rd cousin. The papers include certified parish register entries for each generation back to John Newby. The family tree as shown in the attached document illustrates Thomas Newby-Wilson's claim to the inheritance.

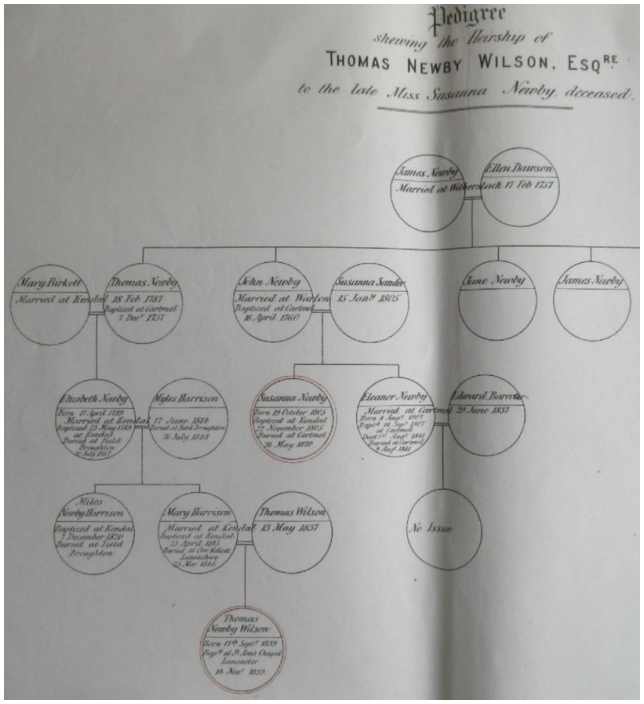

Figure 2: The family tree that Thomas Newby Wilson used to prove the line of descent from Susanna Newby to himself. WDX 967/27. With kind permission of Cumbria Record Office.

Susanna Newby the elder stated in her will, that her solicitor James Stockdale Esq was to manage her daughter's real and personal estates in a trust and must not sell any of it. Instead, he was to administer the rental and leases of the land and properties. She stated that the trusts would continue after her daughter Susanna's death and the income from five estates and properties should be given to the children of her late sister-in-law Jane Meredith (nee Newby). The remaining four estates and any residue should be put in trust to Elizabeth Harrison (nee Newby).

A Bill of Complaint was raised to the Lord Chancellor by Thomas Newby-Wilson on 14th February 1871. Elizabeth Harrison

passed in 1867 and the Trustee and Executor of her will was Thomas Harrison. Elizabeth gave him all her land and properties to be held in trust for her grandson Thomas Newby-Wilson. Harrison wanted to keep Susanna's wealth in trust and for it not to go Thomas Newby Wilson. However, the trust to be given to Elizabeth Harrison from Susanna Newby (the elder), was only to be gifted if she outlived Susanna Newby (the younger) and she hadn't. The Master of the Rolls therefore stated that it was Thomas Newby-Wilson who was the true heir by decree of the High Court of Chancery 19th April 1871.

Final thoughts

When I first began to research Susanna's life story, I was horrified that she had been subjected to a jury of 16 men to determine her state of mind[13] and also that it was her mother who had instigated the inquisition. It is very easy to judge from a twenty first century perspective but after examining the histography of chancery lunatics, I now realise it was the only way to protect Susanna and her inheritance after her mother had died.

In complete contrast, by 1870 my direct line ancestors who moved from Cartmel to Liverpool in 1820 were living in the notorious cellars of the court housing, coping with poverty and high levels of infant mortality. When my 2nd Great Grandfather William Thornhill took his own life in 1896 (on his third attempt) it was a very different end to that of his distant cousin Susanna in Cartmel; but for whatever reason, they both suffered poor mental health and as I investigate my ancestors further back in time, I may find more.

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[1] H.S. Theobald, The Law Relating to Lunacy (London 1924)iii

[2] Stebbings C. Protecting the Property of the Mentally Ill: The Judicial Solution in Nineteenth Century Lunacy Law. The Cambridge Law Journal. 2012;71(2):384-411. P.390

[3] http://www.wakefieldasylum.co.uk/a-resource/the-acts-of-parliament-from-1808-an-evolution-of-mental-health-law/ accessed 21.09.25

[4] Stebbings C. Protecting the Property of the Mentally Ill: The Judicial Solution in Nineteenth Century Lunacy Law. The Cambridge Law Journal. 2012;71(2):384-411. p393

[5] The practice in lunacy under commissions and inquisitions, with notes of cases and recent decisions : the statutes and general orders, forms and costs of proceedings in lunacy, an index, and schedule of cases : Elmer, Joseph : Free Download, Borrow, and Streaming : Internet Archive accessed 04.09.25

[6] Lunatics Under the Court of Chancery Hansard Volume 151: debated on Tuesday 22 June 1858

[7] WDX 967/27 Cumbria Record Office

[8] C 211/17/N61 National Archives

[9] Ibid.

[10] Interestingly many inquisitions were reported in the newspapers but Susanna's wasn't.

[11] C15/148 Stockdale V Newby at the National Archives.

[12] "England and Wales, Census, 1861", *FamilySearch*

(https://www.familysearch.org/ark:/61903/1:1:M7YL-FYK : Sun Jul 07 22:32:27 UTC 2024), Entry for Susanna Newby and Ellen Newby Meredith, 1861. accessed 04.09.25

[12] Women not allowed to serve on a jury until the Sex Disqualification (Removal) Act 1919

Record Offices and documents used

Cumbria Record Office
WDX 967/27

The National Archives-
C 211/17/N61 Susanna Newby, spinster of Carke Villa, near Carke in the parish of Cartmel, Lancashire: Commission and inquisition of lunacy, into her state of mind and her property.

C15/148 Stockdale V Newby - Documents: Bill. Plaintiffs: James Stockdale. Defendants: Susanna Newby, Elizabeth Harrison, Ellen Newby Meredith, John Meredith and Mary Ann Meredith. January 6th 1854

Websites

www.familysearch.org/ark
https://www.freebmd.org.uk/cgi/search.pl
www.britishnewspaperarchive.co.uk
Notice of Susanna's death describing her as the eldest daughter of the late John Newby. Soulby's Ulverston Advertiser and General Intelligencer Thursday 26 May 1870 p5.

A Return to the Literary Origins of Psychiatry

Mila Daskalova

Mila Daskalova is a British Academy Postdoctoral Fellow at the University of Glasgow, researching the early development of psychiatry in conversation with literary culture. Her first book, The Nineteenth-Century Asylum Periodical, will be published by Cambridge University Press.

Mila.Daskalova@glasgow.ac.uk

On 29th August I took the train from Edinburgh to Newcastle with a single purpose—to interrupt the busy week of psychiatry trainees and professionals and engage them in reflection of poetry's role in psychiatry in the past and present. This was the first time I ran my 'Back to Poetry' workshop, at the kind invitation of Dr Caroline Hayes at St Nicholas Hospital. The four-hour workshop aimed at drawing attention to the important role of poetry in early psychiatry and equipping participants with new tools that could support them in confronting the challenges of their work. It was inspired by my current research funded by the British Academy and exploring the literary influences on transatlantic psychiatric theory and practice prior to Freud.

Poetry has been an important agent in the early history of psychiatry. Literary scholar Joel Faflak has suggested that the Romantics laid the foundations of psychoanalysis way before Freud formulated his theory of the mind.[1] Michelle Faubert has convincingly shown that early-nineteenth-century physicians borrowed poetic expression to popularise new ideas of the self and establish themselves as authorities in the treatment of the ailing mind.[2] Under the moral treatment of insanity, the composition of poetry was encouraged and various institutions printed patients' works and sometimes featured them in their in-house periodicals and in the newly emerging professional journals. The poetry of prominent poets, as well as patients, was scrutinised to study the relationships between the imagination, genius and madness.[3] Numerous other exchanges between literature and psychiatry have been observed in the 1800s, as both poets and physicians drew on each other's works to explore the workings of the mind.[4]

[1] *Romantic Psychoanalysis: The Burden of the Mystery* (Albany: State University of New York Press, 2008).
[2] *Rhyming Reason: The Poetry of Romantic Era Psychologists* (London: Pickering and Chatto, 2009).
[3] See James Whitehead, *Madness and the Romantic Poet: A Critical History* (Oxford: Oxford University Press, 2017).
[4] See for example Ekbert Faas, *Retreat into the Mind: Victorian Poetry and the Rise of Psychiatry* (Princeton: Princeton University Press, 1988); Gregory Tate, *The Poet's Mind: The Psychology of Victorian Poetry 1830-1870* (Oxford: Oxford University Press, 2013); Arden Hegele, *Romantic Autopsy: Literary Form and Medical Reading* (Oxford: Oxford University Press, 2021); Melissa Dickson, 'Experiments in Life: Literature's

Figure 1. Lydia Huntley Sigourney, c. 1850s-60s. Library of Congress.

The value of poetry to early psychiatrists is clearly expressed in a letter from Dr Amariah Brigham (1798–1849), superintendent of the New York State Asylum, to his friend, the poet Lydia Huntley Sigourney (1791–1865). Brigham was one of the founders of the Association of Medical Superintendents of American Institutions for the Insane (now American Psychiatric Association) and the founder and editor of the *American Journal of Insanity* (now the *American Journal of Psychiatry*). Soon after the launch of the journal, he turned to Sigourney for a contribution, convinced that she was 'as able to benefit [mad-Doctors'] unfortunate patients, as they are' and hoping to 'enliven' his publication with poetry.[5] Prior to this request, Sigourney had used her poetry to support various philanthropic causes, including deaf education and the improvements in the treatment of insanity. Brigham's letter to her shows his respect for poetry's role in swaying hearts and healing minds. An original contribution by her did not appear in the early issues of the *American Journal of Insanity*. But poetry by other notable poets (as well as inmates in the New York State Lunatic Asylum) was often showcased and discussed in the publication until the 1870s, as early American psychiatrists studied the minds of both authors and imaginary characters to unveil the secrets of the human mind.

Across the Atlantic, early psychiatric journals in Britain tended to have more clinical air about them. Still, they did not completely sever psychiatry's connections with literature and poetry. Received quite poorly in literary circles, Alfred Lord Tennysons' poem 'Maud' (1855) inspired a lengthy positive review in the *Asylum Journal of Mental Science* (now the *British Journal of Psychiatry*), which praised its realistic portrayal of insanity. In the review, the editor of the *Asylum Journal*, John Charles Bucknill (1817–1897) did more than analyse the depiction of mental distress in Tennyson's work. He anxiously observed that engaging with poetry was 'debarred

Contributions to the History of Psychiatry, *Sources in the History of Psychiatry, from 1800 to the Present*, ed. by Chris Millard and Jennifer Wallis (Oxford: Taylor & Francis Group, 2022).

[5] Brigham to Sigourney, 6 July 1844, Lydia Huntley Sigourney Papers, Connecticut Historical Society, Hartford.

by the custom and opinion of his profession'.[6] He nevertheless highlighted the long-standing connection between the fields and urged that poets and doctors join forces and become 'fellow-students' in the exploration of the human mind.[7]

His call was not enthusiastically answered by his British medical colleagues. As the fields drifted apart and got more professionalised, exchanges with literature were pushed to the sidelines or obscured. The separation was driven greatly by larger cultural shifts in the concepts of art and science. The two grew apart as they claimed to value different approaches to understanding and representing the world. As Loraine Daston and Peter Galison phrase it, 'Artists were exhorted to express, even flaunt, their subjectivity, at the same time that scientists were admonished to restrain theirs.'[8] Determined to establish their discipline as an authoritative branch of scientific medicine relying on 'facts', early psychiatrists, such as John Charles Bucknill above, focused on their clinical practice to seek evidence. Yet, they looked back with unease at their kinship with literature.

During the workshop, I also highlighted another factor in the rift between literature and psychiatry—time. In the prospectus of the *Asylum Journal*, Bucknill reflects on the difficulties of establishing and running a trade periodical, arising from the limited leisure time available to physicians. In his words, 'their occupations … are greatly antagonistic to literary habits'.[9] Here he refers to scientific communications, but if asylum physicians had little time to write for their professional journals, which could promise them promotion and prestige, what could be said about more creative and less scientific endeavors?

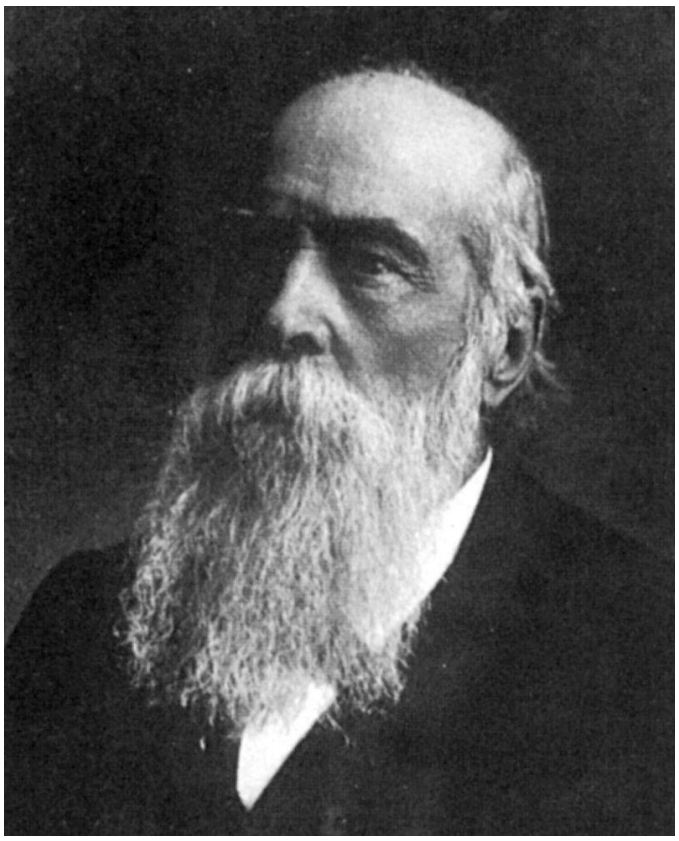


Figure 2. Sir John Charles Bucknill FRS (1817–1897). Wikimedia Commons.

Time is a resource which continues to be in shortage in psychiatric practice. This is why at the workshop, I tried to keep my historical presentation brief and leave plenty of time for discussing, writing and sharing poetry. The history of psychiatry was a starting point for our conversation. What do we think about when we think about poetry? How about psychiatry?

[6] 'Maud and Other Poems, by Alfred Tennyson, D. C. L.', *Asylum Journal of Mental Science*, 2 (1855), 95-104 (p. 95).
[7] Ibid., p. 104.
[8] *Objectivity* (New York: Zone Books, 2007), p. 37.
[9] 'Prospectus', *Asylum Journal of Mental Science*, 1 (1853), 1–7 (p. 2).

Beyond history, what are the links between them, their purposes and the ways they work? How do objectivity and subjectivity function in clinical encounters? And can poetry teach us to accommodate the tension between them, the discomfort, the uncertainty, and the clash of truths?

The value of poetry in modern medical training and practice is in its demand for careful observation, embrace of intersubjectivity, and love of ambiguity. In recent years, the development of the Medical Humanities and Narrative Medicine have resulted in the incorporation of poetry into medical and psychiatric training. Teaching on the Narrative Medicine program in the Columbia University Vagelos College of Physicians and Surgeons, Prof Owen Lewis has observed that engaging medical students and trainees in crafting and reading poetry can improve their observation skills, intuition, creativity and ability to relate to others and work in teams.[10] In recent years, there have also been proposals for the use of poetry in connecting with service users, writing clinical formulations, or entirely reimagining the meaning of medicine and psychiatry.[11]

Whether we're reading or writing poetry, it forces us to stop and focus. It teaches us patience and flexibility of thinking, as we are challenged to look beyond the immediately available text. Its rhythm, interruptions, and leaps between words and meaning is what leads us to the most surprising discoveries. It allows us to leave aside our theories and logic for a moment, follow our intuition and connect with other minds. Finally, poetry offers comfort; it reminds us that, even if we are still not quite certain about where we are in the end, it's okay.

I am aware that the pressures on practitioners make pausing a challenge, if not an impossibility. I observed that directly during the afternoon at St Nick's, as participants popped in for a few minutes or had to leave early due to other commitments. But accessing the resource that poetic thought offers doesn't have to take long and gets easier with practice. After a basic introduction to some of the main literary devices used in poetry, participants in the workshop faced their first full poem. Following Mary Oliver on a trip to the beach in her 'Breakage', we talked about the ways in which we make sense of the world and its nonsense. Then, with some guidance and inspiration from everyday objects, participants produced their own lines of poetry. Many were surprised by how easy they found it, the insight they gained from their pen, or simply the pleasure of finding the right words and sharing them in a comfortable social space. We talked about the ways in which this power can be applied to practitioners' professional and personal lives: for self-reflection and expression of difficult thoughts and feelings, for seeking new perspectives on situations

[10] 'Reflections on Teaching Poetry to Medical Students', *Medical Humanities Blog,* October 12, 2023. https://blogs.bmj.com/medical-humanities/2023/10/12/reflections-on-teaching-poetry-to-medical-students/.

[11] Meher Kalkat, 'Writing to Heal: The Arts as a Learning Methodology in Psychiatry', *International Review of Psychiatry*, 35 (2023), 560–62; Varun Kumar, 'Medical Education and Creative Writing: Poetry and How It Can Assist Trainees in Developing Psychiatric Formulation Skills', *Australasian Psychiatry*, 32 (2024), 365–69; Alan Bleakley and Shane Neilson (eds), *Routledge Handbook of Medicine and Poetry* (London: Routledge, 2024).

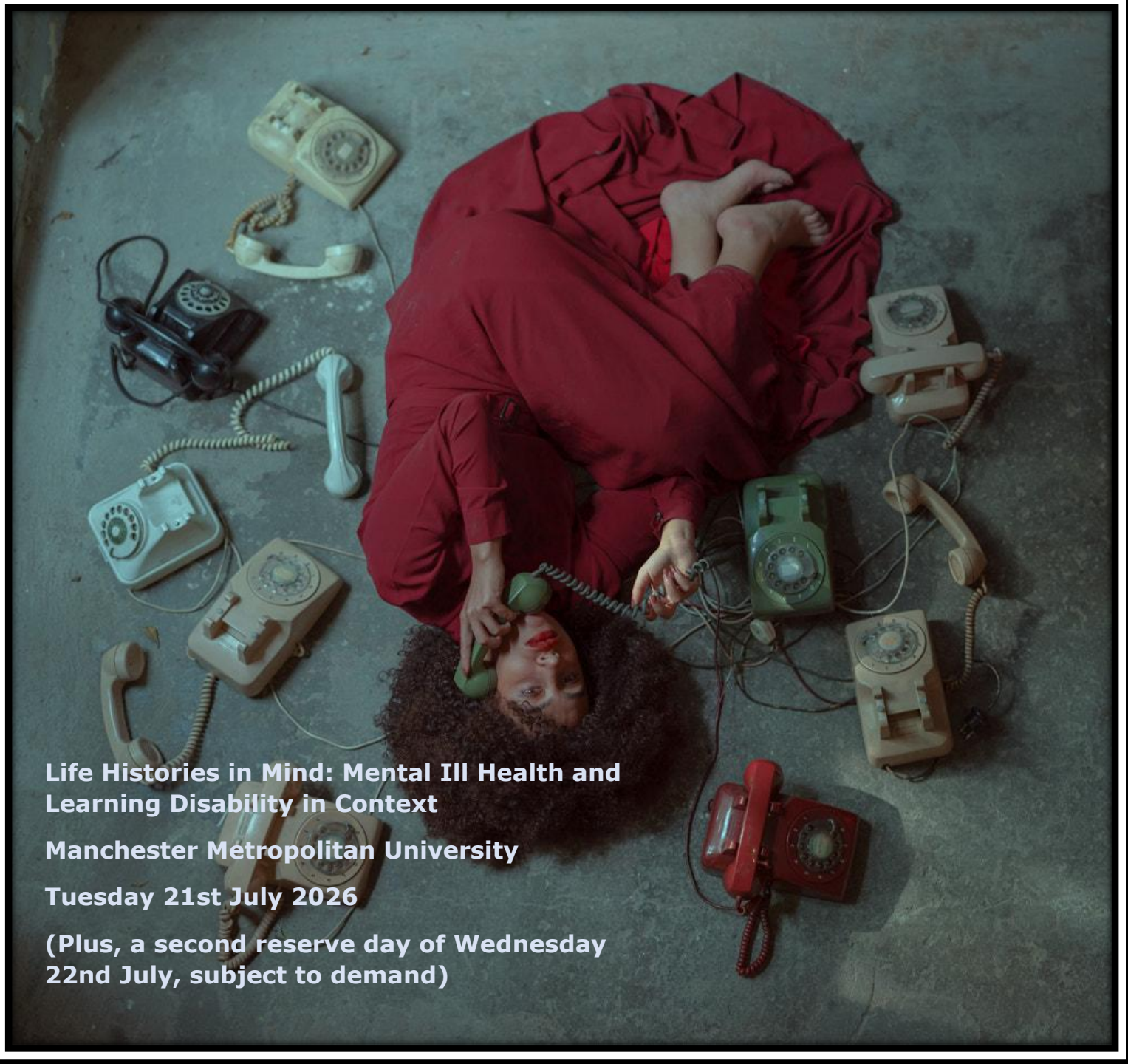
they encounter, or for enriching their work with service users. I left Newcastle hopeful that, despite the pressures on their time and attention, they will find opportunities to rediscover the pleasant slowness of this afternoon.

I would like to end this reflection with a heartfelt thanks: to Dr Ute Oswald, who encouraged the idea and directed me to the HoPSIG; to Dr Graham Ash, whose enthusiasm allowed the idea to grow bigger than I originally thought possible; to Dr Caroline Hayes, who offered a warm home where the idea could find its first realisation; and to everyone who attended the session and trusted me with their time.

Image Sources:

Figure 1. Lydia Huntley Sigourney, c. 1850s-60s, Brady-Handy Collection, Library of Congress, Prints & Photographs Division. LC-DIG-cwpbh-02752.

Figure 2. Sir John Charles Bucknill FRS (1817–1897). Wikimedia Commons.



Life Histories in Mind: Mental Ill Health and Learning Disability in Context

Manchester Metropolitan University

Tuesday 21st July 2026

(Plus, a second reserve day of Wednesday 22nd July, subject to demand)

The aim of this conference is to explore mental ill health and learning disabilities in the context of life and experiential histories. Early research in these areas focussed on biographies of relatively well-known medical practitioners with details of their achievements in progressing the history of 'care' and treatment. Since the 1980s, scholars have attempted, with varying degrees of success, to prioritise the 'voices' of patients and service users with a view to capturing a more detailed and critical understanding of the past and present. As historical inquiry has moved into newer areas of analysis there is now a clearer understanding of the many individuals and groups, beyond those offered up by institutional and medical records, involved in treatment regimes. This includes the importance of life beyond the diagnosis.

Allied to this has been the newer modes of storytelling that have arisen from online opportunities and creative partnerships between academics and specialists in other fields, including, artists, theatre practitioners, and heritage professionals. These efforts reflect the inter-and cross-disciplinary interest in life histories and the complexities of sharing them.

Within this broad framework we invite abstracts that seek to reinvigorate the possibilities offered by life narratives (broadly defined) and their place within our understandings of mental health and illness and learning disability. We hope this will include original research utilising a range of sources and methodologies across a wide chronology, and from a range of disciplines.

As such, we welcome proposals on themes including, but not limited to:

- First-person testimonies of mental health and illness and learning disabilities.
- Recreating lives beyond the diagnosis.
- Creative and impactful partnerships and the (re)creation of life histories.
- Heritage and the challenges of displaying life stories,
- Inter- or cross-disciplinary approaches to life stories.
- Mad studies/history and life histories.
- Life history narratives and emotion.
- Life histories in the 21st Century.
- The opportunities and challenges of using newer sources and methodologies.
- Historical understandings of mental health and wellbeing
- The ethics of mental health/wellbeing and historical research.

Please send a c.300-word abstract and 5 keywords, along with a short biography of each author, to r.ball@mmu.ac.uk and r.ellis@mmu.ac.uk by the 15th January 2026.

We are pleased to announce that Professor Catharine Coleborne, University of Newcastle, Australia will present a keynote lecture as part of the programme.

The conference will be run in conjunction the Manchester Metropolitan University research groups: Histories of Race, Gender, Sexuality, and Identity Research Group (RGSI), the Manchester Centre for Public Histories and Heritage, and Cultures of Disability. We are grateful to RGSI for some initial funding but a conference fee for all delegates will be needed to cover additional costs.

Following the conference, we intend to submit a proposal for a special journal edition (TBC) and we hope delegates will be interested in publishing with us (subject to the usual peer review process).

Convenors

Dr Rebecca Ball is a lecturer in Modern British History at Manchester Metropolitan University. She adopts a microhistory research approach to further understand the everyday lives of British people (particularly the English working-class). Drawing upon autobiographical life narratives she explores the ordinary occurrences of life within a historical framework. Her recent book: A Hundred Working-Class Lives 1900-1945 examines various aspects of history through the lens of experiential recollections. Her current research aims to explore both mental health in these autobiographical accounts but also other aspects of their wellbeing.

Rob Ellis is a Professor of Modern British History at Manchester Metropolitan University. His research focuses on the histories of mental ill-health and learning disabilities, and his publications include London and its Asylums (Palgrave, 2020) and the co-edited volume Voices in the Histories of Madness (Palgrave, 2021). As part of his role, Rob has worked on a wide range of impact, outreach and engagement projects with present-day service users, statutory and charitable care providers, heritage professionals, theatre practitioners and artists. He is currently working on a history of community care and is the lead on the Asylum: Refugees and Mental Health project which explores the experiences of Belgian refugees during the First World War.

Keynote

Prof Catharine Coleborne is a Visiting Professor of Mental Health History at Manchester Metropolitan University between June 2025 and May 2028. She is the co-Director of the Centre for Society, Health and Care Research at the University of Newcastle (Australia) and the Chief Investigator of the project 'Life Outside Institutions' with Dr Effie Karageorgos, a project focused on mental health aftercare in Australia between 1900 and 1960 (ARC Discovery Project).

MANCHESTER CENTRE FOR PUBLIC HISTORIES + HERITAGE

HISTORIES OF RGSI RACE, GENDER, SEXUALITY AND IDENTITY

CULTURES OF DISABILITY PAST & PRESENT

REVIEWS

Above: *Untitled* by Photo by Max Ovcharenko on Unsplash, 2024, Canon, EOS 1200D; free to use under the Unsplash License

Review of *Flighty, melancholic and wild: 250 years of mental health care in York. A history of Botham Park Hospital previously known as The York Asylum,* by Dr Robert Adams

Andrew J. Larner

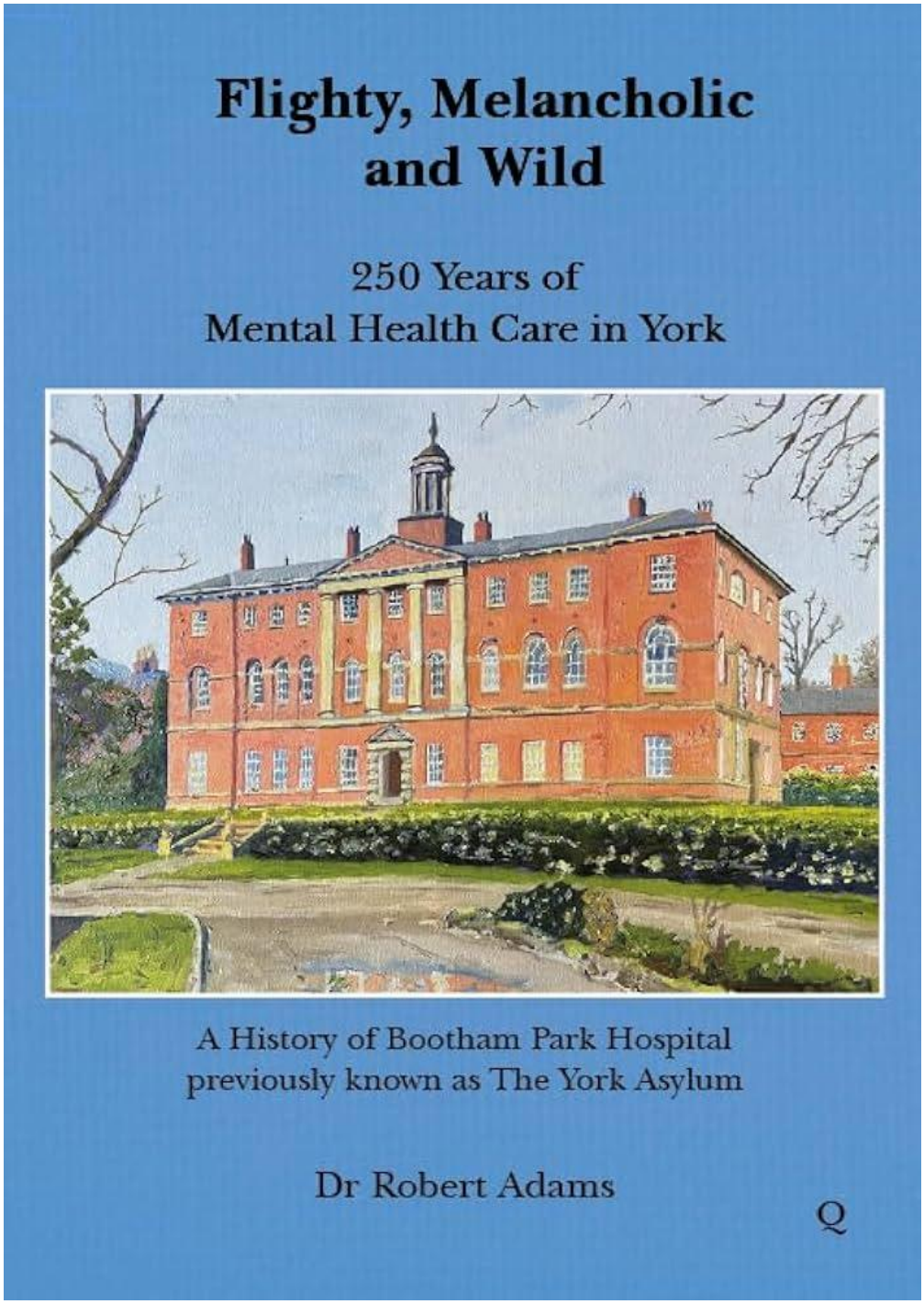
ajlarner241@aol.com

The history of the York Retreat and the role of the Quaker family of the Tukes in the development of moral therapy ("kindness and support and the provision of useful activities in a pleasant environment"; p.302) in the late 18th and early 19th centuries may be familiar to many psychiatrists, not least through the celebrated work of Anne Digby (e.g. *Madness, morality and medicine. A study of the York Retreat, 1796-1914*. Cambridge University Press, 1985). In contrast, the York Asylum may be far less well known, perhaps recognised only simplistically as the "evil-twin" counterpoint of the Retreat, as an institution in which patients were once abused rather than comforted. Now Robert Adams offers a full history of the York Asylum, latterly Bootham Park Hospital, where he worked for nearly 25 years, which broadens the picture by covering the full 240 years of its existence.

Founded as a charitable institution in 1777 for those, principally from the poor, "of an unsound mind", the York Asylum building was designed by the noted architect John Carr. For its first few years, the Asylum seems to have fulfilled its objectives but the death of a patient, Hannah Mills, a Quaker, in 1790 prompted the founding of the Retreat. Worse was to follow in the 1810s when the investigations of a local magistrate, Godfrey Higgins, uncovered widespread mistreatment of patients at the Asylum, prompting public inquiries, the eventual resignation of the physician, Charles Best, and the subsequent establishment of the West Yorkshire Pauper Lunatic Asylum at Wakefield in 1818. The root causes of the York Asylum scandal, here fully examined, seem to have been the failure of the governors to make regular inspections, the default being that "untrained, poorly educated and overworked staff are put in charge, standards drop and eventually a sense of humanity can recede" (p.61).

Reform necessarily followed, along with the expansion of patient numbers and accommodation seen throughout the asylum system in the nineteenth century. A noted superintendent of the Asylum was Frederick Needham, later President of the Medico-Psychological Association, whose approach to any

problem or mooted change was determined by the motto "How will this affect the patients?", as apt today as it was 150 years ago. Into the twentieth century, enthusiasm for various medical interventions, rather than mere institutionalisation' occurred, as at other institutions, sequentially malaria therapy, insulin coma therapy, ECT, leucotomy, and finally the "pharmacological revolution".



Not only is this book a historical work, it may also come to serve as an important document for the future historian since it deals with events whose recency currently precludes historically informed appraisal. Specifically, Adams' account of the final years of Bootham Park Hospital is one likely to be of great use to those who might attempt to understand how mental health services operated, or more accurately were operated upon, in the late 20th and early 21st centuries. The story is a mystifying, incremental profusion of abbreviations and acronyms (helpfully listed in an Appendix, running to 3 pages), of multiple agencies and shifting managerial regimes responsible for individual elements but not for the whole, with resulting decline, deterioration, and eventually closure by edict of the CQC with five days' notice in 2017. It was an inglorious end for a proud institution with a long history of service to those "of an unsound mind" living in York and beyond. Adams' conclusion is also a warning to be heeded by future generations: "In York things went wrong when political expedience took precedence and mental health services were reorganised for managerial and economic reasons" (p.304).

This book will be required reading for all those with an interest in asylum history (I reject the argument, emanating from one publisher, that audiences for studies of individual asylums are too small). Bob Adams has evidently examined the Borthwick Institute archives in great depth, as well as contemporary reports of the Asylum appearing in the popular press, and has thus done a great service to produce a scholarly yet readily accessible work. The text is leavened with many examples of patient histories from the descriptions found in the remaining case books, ensuring that the human element is not obscured in an institutional history, which also illustrates the changing nosography of psychiatric disease over the centuries. The book is beautifully illustrated, with both black and white and colour images, not least by many photographs of buildings and interiors taken by the author himself over his years working at BPH.

It may seem curmudgeonly to note one or two minor quibbles, but such is surely the reviewer's duty: the County Asylums Act of 1808 was permissive and discretionary rather than, as stated here (p.37), obliging each county to build an asylum (cf. the 1845 Act); Wakefield Asylum's first superintendent was William Charles Ellis, not "Charles William Ellis" (p.62) and one of his successors was "Crichton-Browne", not "Chrichton-Browne", and he left Wakefield Asylum in 1876, not 1877 (p.139); the neuronal changes in what came to be called Alzheimer's disease were discovered not in 1909 (p.69) but, as correctly noted elsewhere, in 1906 (p.140). But these minor infractions do not detract from an excellent work, competitively priced by the publisher. I venture to suggest that Bob Adams has done for York Asylum what Anne Digby did for the York Retreat – produced a reference work that is not only a pleasure to read but will be of lasting value to those with an interest in the history of psychiatry.

Review of *The Sleep Room: A Very British Medical Scandal,* by Jon Stock.

Graham Ash

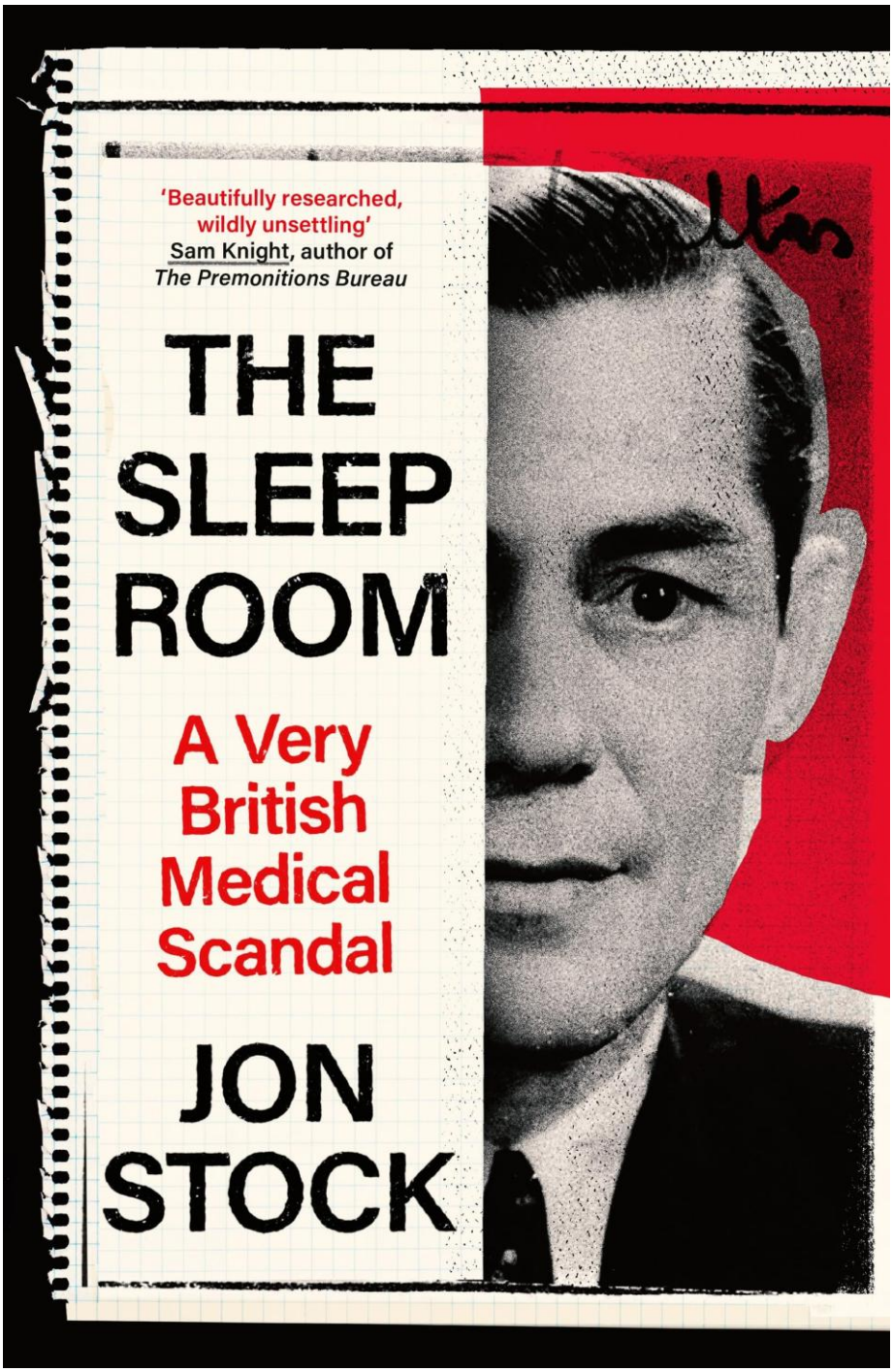
Email: gmash@doctors.org.uk

William Sargant (1907-1988) remains one of the most important yet divisive figures in the history of British psychiatry in the mid-twentieth century. Sargant was 'a controversial psychiatrist whose ardent championing of chemotherapy and other forms of physical treatment brought him into often violent conflict with those who favoured a primarily psychoanalytic approach' (Obituary, *The Times*, 31 Aug 1988). Nevertheless, his autobiographical *The Unquiet Mind* (1967), which I read some time ago, led me to take a more positive view of his early achievements although I have subsequently struggled with the public and professional derision that has been heaped upon him. I have gradually found myself able to integrate good and bad aspects of Sargant into a more coherent whole, but I do not think that the text of this book manages to do so.

The author, Jon Stock is an accomplished journalist and writer of crime-fiction, and the structure of *The Sleep Room* has some similarities to that of a detective novel. It is based on Stock's interviews with former patients and colleagues of Sargant, virtually none of whom give a positive account. Their witness statements are important and disturbing, and some imply serious allegations of misconduct against Sargant, but their presentation is constantly from a negative perspective and without attempt to find balance. *The Sleep Room* is thus less historical biography than an apparently investigative castigation of Sargant. This applies not just to his difficult to defend manner as a clinician and celebrity psychiatrist nor just to his enthusiasm for physical treatments, politically incorrect from Stock's position, but more fundamentally to his maverick perceived failure to conform not only to the clinical standards and practices of his day but simultaneously to those of the present day.

The book focuses on Sargant's later career at St. Thomas's and the Royal Waterloo Hospital to which he was appointed in 1948 as Consultant in Psychological Medicine and where he set up the specialist therapy unit known in the book as 'the Sleep Room'. Sargant trained in psychiatry at the Maudsley under Sir Edward Mapother prior to the Second World War and travelled to America as a Rockefeller Fellow in 1938-1939. He worked at the wartime Sutton Emergency Hospital with Eliot Slater with whom he wrote the influential textbook, *Physical Methods of Treatment in Psychiatry* which was published before D-Day in1944. After his acceptance of his post at St. Thomas's he was rankled by losing the privilege, through what he considered to be subterfuge, of admitting patients to the re-opened Maudsley Hospital, together with Eliot Slater and Denis Hill who had also been at Sutton during the war period. This slight intensified his longstanding resentment of Sir Aubrey Lewis, now the Professor of Psychiatry at the Maudsley, coalescing around their diametrically opposed

differences in philosophies of treatment with Sargant preferring active physical treatment to Lewis's renowned conservatism.



A welter of reviews by literary critics appeared around the book's publication, understandably expressing their shock and concern, but little attention has been given to the coverage of clinical science in the book. As with Antony's relation to Caesar, Stock's purpose is to bury Sargant not to sing his praises. There is an accusatory, even at times condemnatory tone to the text alleging that Sargant was unscientific, unethical and irrationally oppositional to the introduction of clinical trials and medical statistics in psychiatry.

Sargant receives repeated criticism for his use of continuous and prolonged 'modified narcosis'. Stock notes that this enabling therapy used in combination with other treatments, chlorpromazine, ECT and antidepressants, was associated with at least five fatalities in the early 1960s. Many of the of the patients who Sargant treated under modified narcosis had severe, protracted and refractory illnesses. Stock's concern about the fatalities in relation to modified narcosis appears justified and these require explanation although he implies that Sargant 'admitted' these deaths only in 1972 when the BMJ published his retrospective study of the treatment of patients in the Sleep Room. Stock does not comment about the lack of a comparator group to the treatment group, critical to objective evaluation, nor does he consider baseline psychiatric in-patient mortality in the period, which cannot be assumed to be the same as today. He nevertheless does speculate that the mortality associated with modified narcosis would have been even higher had patients been followed up for

longer. I found it rather difficult to understand why, having interviewed Nita Mitchell-Heggs about her unpublished yet readily available case-control study of the same patient group, Stock does not discuss the long-term findings. Perhaps this is because the observed results of follow-up over several years do not support his view.

In 1975, a few years later, Sargant triggered controversy around the 'Moditen study', a randomized double-blind study of depot antipsychotic withdrawal in patients with stable chronic schizophrenia. Sargant wrote to The Times alleging that patients had been 'tortured' to no purpose, it being well known to clinicians that patients would relapse on withdrawal. The researchers responded that their study had been conducted ethically and Anthony Clare admonished Sargant in print for his opposition to randomised clinical trials in psychiatry. Stock's appraisal is that this was a major 'riposte' to Sargant's scientific reputation and historically this may have been the case. The concept of clinical equipoise subsequently entered research ethics so in retrospect, Sargant may have made a valid point about the ethics of the study. The book provides many such examples of partiality and a more critical and objective approach to the historical evidence about Sargant might have projected a more nuanced picture of him, at least as a clinical scientist.

In conclusion, *The Sleep Room* is best suited to those already certain about Sargant's professional misdemeanours and without expectation of finding any virtue in his early career. I do not recommend this book as history or historical biography, although the witness accounts from former patients and colleagues of Sargant contained within it are clearly of significance. There is coverage of Sargant's alleged Cold War involvement with UK and US security services for those interested. Despite its deficits the book may prove useful as a sourcebook for historians of mid-twentieth century psychiatry. The text invites critical reading by historians and prompted this reviewer to delve into many of its references and ponder on the problems of presenteeism. In the final analysis, Stock has not fully grasped his opportunity to reflect on the vulnerabilities of the many patients in closed mental health units today, and which cannot simply be ascribed to one malign individual. Similarly, the treatment of patients with conditions such as severe anorexia, and refractory depression and psychosis remains beset by ethical and therapeutic dilemmas as does the role in therapy of such newer physical treatments as psychedelics and neuromodulation.

Madness Modernity China

Review of *The Invention of Madness: State, Society and the Insane in Modern China*, by Emily Baum (2018)

George Ikkos

George Ikkos is Consultant Liaison Psychiatrist at the Royal National Orthopaedic Hospital UK, Clinical Fellow of the International Neuropsychoanalysis Association, Honorary Fellow of the Royal College of Psychiatrists (RCPsych) and immediate past Chair of the RCPsych History of Psychiatry Special Interest Group.

He was President of the Royal Society of Medicine (RSM) Pain Medicine and Psychiatry Sections and Honorary Visiting Research Professor School of Health and Social Care London South Bank University. Co-edited with Nick Bouras, *Mind State and Society: a Social History of Psychiatry and Mental Health in Britain 1960-2010* (RCPsych/ Cambridge University Press, 2021) was joint Silver Award in the Society of American Publishers PROSE Awards 2022 in the category of History of Science, Medicine and Technology (available open access here)

Their co-authored *Metacommunity: the current status of psychiatry and mental healthcare and implications for the future* was "Editor's choice" for 2024 (available open access BJPsych International here.

Co-edited with Thomas Becker, *Psychiatry after Kraepelin: Ambition Images Practices 1926-2026* (Springer Nature) will be published in 2026, on the centenary of Emil Kraepelin's death. The link to the forthcoming book here.

Email: ikkos@doctors.org.uk

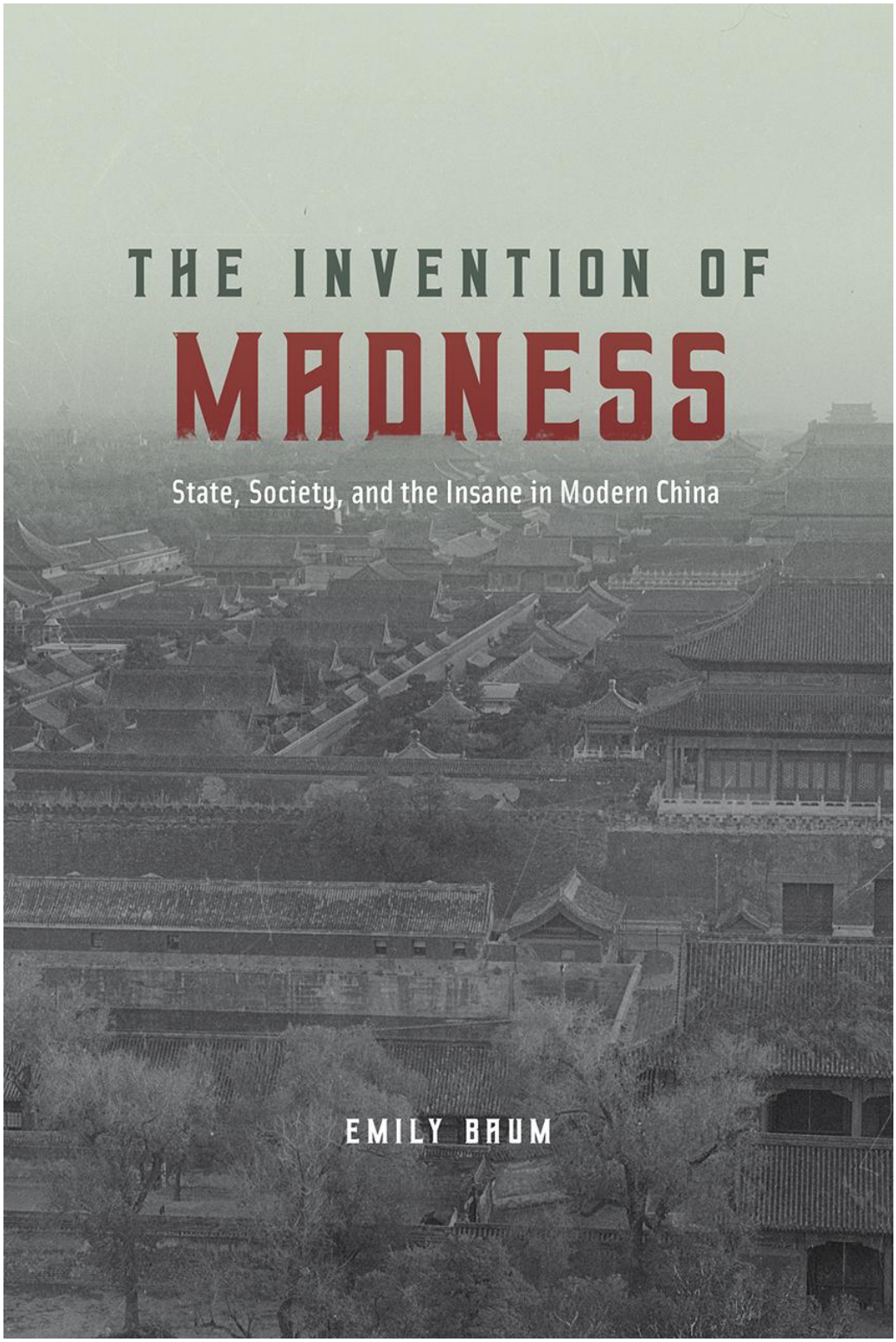
More than 2000 years of imperial rule and 268 years of the Qing dynasty in China came to an end in 1912. There followed the Republican period, which was divided between the Warlord Era 1916-1928, during which instability, disorder and fragmentation reigned, and the following 20 years when the Guomindang one party dictatorship under Chiang Kai-shek prevailed, though never remaining unchallenged. This last period was complicated by the vicious invasion and continuing occupation of Manchuria since 1931 and the rule of large parts of the country by the Japanese between 1937 and 1945. The Guomindang era ended in 1949 with the victory of the People's Liberation Army of the Communist Party of China.

For the Chinese, the 19th was a "century of humiliation" by foreign empires. Finally, late in the 19th century, the Qing decided to pursue policies of modernisation (i.e. industrialisation and Westernisation). This was attempted more consistently again after Chiang Kai-shek's ascent to power. In her lucidly written monograph, Emily Baum,

Professor of History at the School of Humanities, University of California, tells the story of madness, hospitalisation and psychiatry during the first four decades of the 20th century, mainly through the Beijing Municipal Asylum (later renamed Beijing Psychopathic Hospital), viewed as part of processes of modernisation and social regulation. These entailed the assumption of new rules by the state and different relationships with its citizens. Towards the end of her monograph, she broadens her scope nationwide to describe social ideologies and policies of mental and social hygiene and the entrainment and enthusiastic participation of the newly emergent profession of psychology in efforts at social engineering and state building.

In traditional Chinese medicine and society, madness was not considered an illness in itself but a manifestation of bodily changes. As opposed to the lungs, heart, liver etc. the brain was not considered relevant. Extant law mandated that families take care of their mad relatives. Though they were at risk of penalties if they did not comply, this was not enforced rigidly. Indeed, there was acknowledgement of the need for charitable relief when poverty and severity of the condition made it impossible for them to do so. With industrialisation and urbanisation, however, and increasing population density and demands for social conformity, hospitalisation assumed greater importance. What is striking in Baum's telling, is that during the late imperial and warlord periods it was the police that ruled the asylum, funding costs, appointing directors and making all important decisions, including regarding disposal the mentally ill, whether admission to hospital or discharge. There were physicians in the Asylum but their practice, bearing no influence from Western "neuropsychiatry", is portrayed as ineffective and inconsequential with respect to the most crucial outcomes. Conditions there were poor.

Western psychiatric influence in China first appeared in outpatient private practice early in the twentieth century. Japan had modernised earlier and, introduced by scholars and entrepreneurs who had studied and traded there, this is where ideas and pharmaceuticals came from. Eventually a robust domestic pharma industry flourished locally. An interesting aspect of Baum's account is the split between Chinese and Western medicine along class lines. There was indeed a clamour by the middle and upper classes for the Western diagnosis of "neurasthenia". The public manifestations of this in the evolving lay press and commercial advertising bear striking resemblance to those of the CFS and neurodiversity epidemics which we have witnessed in the UK in recent decades. Western psychiatry finally entered the now renamed Beijing Psychopathic Hospital only after 1933 when the Peking Union Medical College (PUMC), funded by the Rockefeller Foundation and motivated by a combination of missionary zeal and teaching needs, offered the then impoverished Guomindang government to take over, meet its costs in full and run the institution. Soon the hospital's services were divided into first, second and third class in attempt at income generation.



It is Baum's thesis that this important decision, and more broadly, the birth of psychiatry, in both its widely divergent private and public spheres in China, had practically nothing to do with discoveries in natural science and improvements in clinical outcomes but everything to do with issues of public order, private profit and political priorities. After PUMC took over the hospital, all traditional practitioners were dismissed summarily and their therapeutics vanished from the institution. Doctors in white coats assumed authority over who would be admitted and discharged and when. They used medical terminology to classify patients rather than refer simply to the severity of behavioural disturbance. Though Baum finds no evidence that Western psychiatric therapeutics were more effective, premises and activities expanded, standards of hygiene improved and efforts at rehabilitation intensified. Social work was introduced and its role actively pursued, including in the community. However, the police continued to be involved in the admission and discharge in 2/3 of cases. A recurrent complaint of doctors and hospital administrators now became that the police refused to apprehend the mentally ill unless they posed an immediate public risk, this leading to many remaining unhoused and untreated.

A great merit of Baum's telling is the inclusion of numerous case vignettes

which paint a vivid picture for those of us with less familiarity with China's history and society. As the book progresses, however, she places increasing emphasis on hospital statistics and social theory. More broadly, she writes: "… Chinese intellectuals gradually came to demand that the state intervene in far more instances of behavioral deviance as well- from delinquency and truancy to homosexuality and prostitution. Claiming a concern over the nation's collective 'mental hygiene', these intellectuals would advocate far more proactive, intrusive and permanent solutions to the problem of mental illness than had ever previously been proposed" (p.136).

Chapter 6 of 7 is entitled "Mental Hygiene and Political Control 1928-1937". Here, zooming out towards China as a country and including psychology as a newly professional endeavour, Baum enters the dialectical minefield which slides fatefully from well-intended anti-stigma, patient care and mental hygiene to incarceration, degeneration theory and social Darwinism which condemn the mentally ill as polluters of the national gene pool, along with "vagrants", the "licentious", "prostitution", "morons", "imbeciles", "Idiots", "cretins" and "mongoloids", "vagrants" and "prostitutes" (p.149). A lot of this came from the United States where some early Chinese psychiatrists and psychologists trained, including the advocacy of forced sterilisation. Psychologist Wu Nanxuan, who rose to prominent positions in state health services and the leadership of Zhejiang University, was explicitly fond of Hitler's approach to these issues, even favouring (involuntary) "euthanasia", though he considered it unlikely that the Chinese would tolerate it.

References to "Mad people" (*fengzi*) or "people with mad illness" (*fengbing zhiren*) in Chinese society have long antedated the years recounted in "The Invention of Madness". Folk, religious and administrative discourse, practices and institutions existed in relation to them. At first sight, therefore, the title of the book is a misnomer. Early on, however, Baum takes care to state that imperial physicians did not refer to madness as a clinical diagnosis. It is the invention of madness as a medical condition that she is interested in. It is not her case that bodily factors, whether as considered by traditional or Western medicine are irrelevant to madness. Her argument is that, in practice, this invention of madness, renamed psychosis, as a biomedical condition was driven in China by political economic factors and social actors rather than scientific advances. It is important to emphasise that Baum does not consider the impact of Western reason and practice in psychiatry and psychology to be a monolithic process. In chapter 7 "Between the Mad and Mentally Ill" and the "Conclusion" she describes how Chinese society developed its own mixture of ancient and modern theories and practices, eminent physicians mixing them too, both in practice and with their families when ill.

To my mind, Baum makes a convincing case. Though the great distance in time and location ensures that details, circumstances and proportions are different, a similar effective dynamic may be observed in the history psychiatry in Britain in the last half century and more (1-3). In our times of criticism towards, hostility against, fear of and paranoia about China, it is important that we try to understand that country best (4,5) and, as psychiatrists, its psychiatry too (6).

Through reflection, this might even help us understand our own history and current predicament.

This book is highly recommended to all reflective clinicians, as well as historians of psychiatry.

Conflict of interest: none declared

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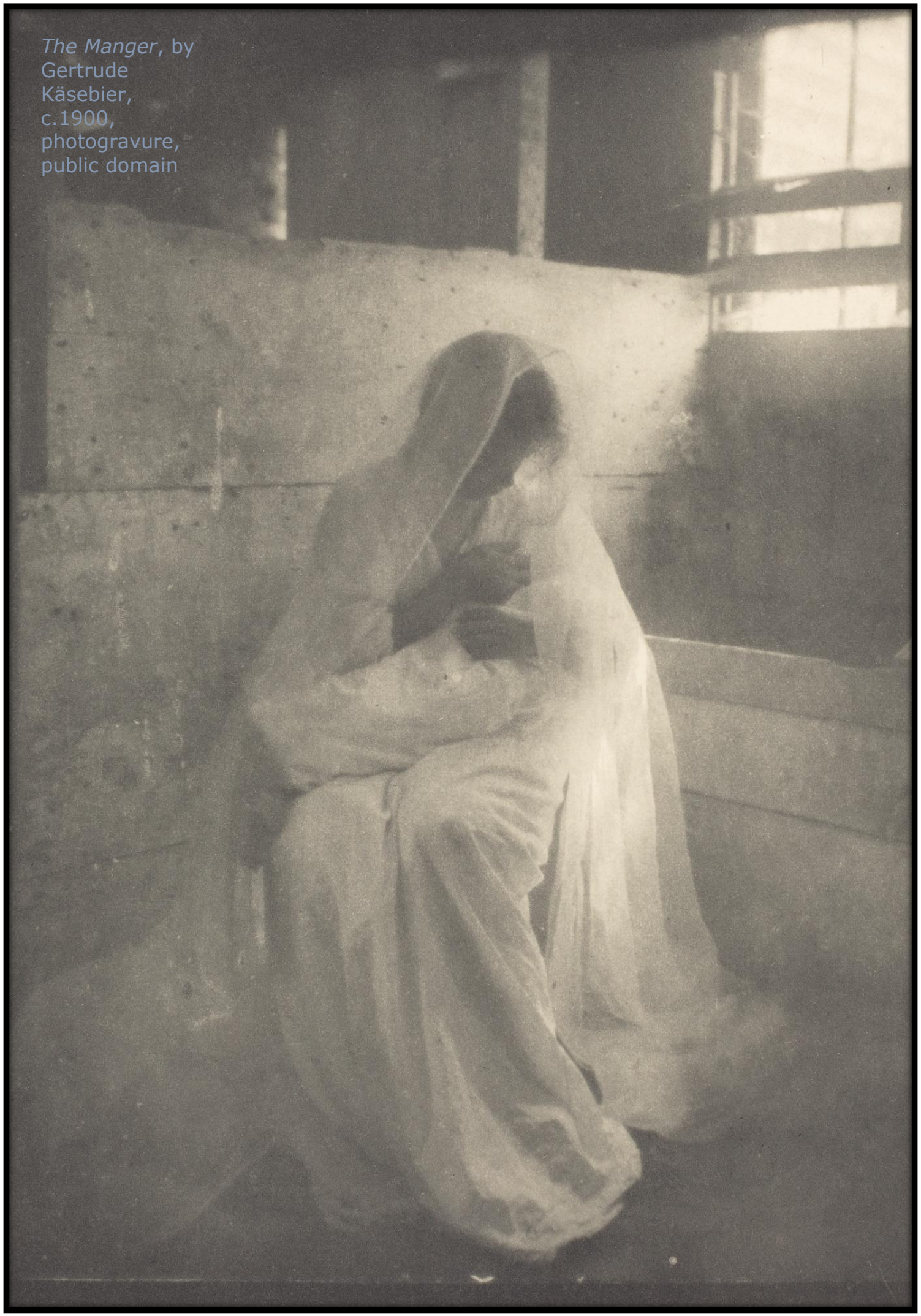

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