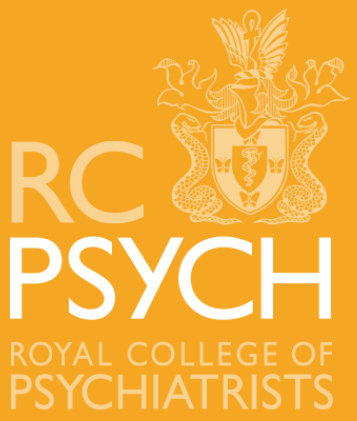


News and Notes

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

Issue 6 Spring 2018

In this issue...

Editorial

by Lydia Thurston and Claire Hilton

It's been a busy six months for HoPSIG. In October, we held our second full-day workshop at the University of West England's Glenside campus in Bristol. The day was a great success and included a lunchtime visit to the Glenside Hospital Museum. There were some fascinating lectures, as well as some excellent presentations from Bristol and Birmingham medical students.

We are already looking forward to our 2018 Autumn workshop, which will take place in Glasgow. The morning will focus on Scotland, in particular on puerperal insanity, alcoholic insanity, Sir Alexander Morison and Sir DK Henderson. The afternoon will look at the international context, including institutionalisation and stigma.

Our memoir competition was very popular. All the entries received were excellent, making it extremely difficult for our judges to choose a winner. Congratulations go to our two winners: Theresa Black and Eilis Kempley. You can read their perceptive and moving memoirs in this edition. Congratulations also go to the runner up Hugh Jolly, whose account will be published in our next edition.

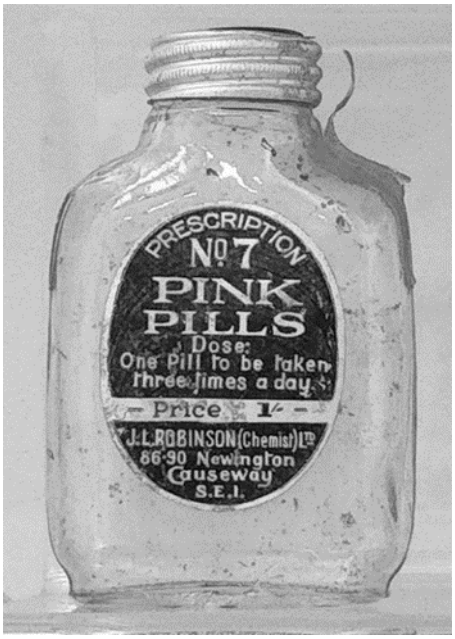
If you are attending the RCPsych International Congress in June, make sure you don't miss the HoPSIG session on Monday 25 June, where we will be discussing the myths of deinstitutionalisation, from 1914 to the present day, with the help of experts Professors Tom Craig and Helen Killaspy.

We have really enjoyed putting together this edition of News and Notes, which is packed full of interesting articles, book reviews and updates from the archives. We hope that you enjoy reading it, decide to write something for it, tell your friends about it and plan to attend one of our future meetings.

Also, towards the end of this year, Claire Hilton (Chair of HoPSIG) and Jane Mounty (Finance Officer) will have completed their terms of office, so please let us know if you are interested in stepping into their shoes! We would be happy to tell you more about what is involved.

We are also looking for a trainee psychiatrist to join the executive since Jo Davies will be stepping down when she goes to Australia later this year. We thank her, particularly for co-organising and co-chairing the Bristol workshop, and wish her well for her trip.

Please email Claire Hilton with contributions for the newsletter, suggestions for future activities, or offers to join the HoPSIG executive or to help organise events.



'Pink Pills' medicine bottle, at Glenside Museum

Dates for your diary

One day conference:

Title: In Kraepelin's shadow: historical and philosophical foundations of contemporary biological psychiatry

Date: Tuesday 8 May 2018

Venue: Royal Society of Medicine, London
Eminent speakers, including Kraepelin's current successor in Munich.

Find out more and book your place

HoPSIG session at Royal College Psychiatry International Congress 2018:

Title: The Myths of De-institutionalisation

Date: Monday 25 June 2018

Time: 15.00 – 16.15

Venue: The ICC, Birmingham

Find out more and book your place

One day conference:

Title: Scotland and Beyond: Aspects of the History of Psychiatry in Scotland and Internationally

Date: Friday 28 September 2018

Venue: University of Strathclyde, Glasgow

The morning will focus on Scotland, in particular on puerperal insanity, alcoholic insanity, Sir Alexander Morison and Sir DK Henderson.

The afternoon will look at the international context and subjects include institutionalisation and stigma.

Speakers include: Professor Matt Smith, Allan Beveridge, Iain Smith, Morag Allan Campbell and Hazel Morrison.

The conference is being organised by HoPSIG and Professor Matt Smith, Centre for the Social History of Health and Healthcare, University of Strathclyde.

View the draft programme

Find out more and book your place

Front door, Crichton Hall, Dumfries

Picture quizzes

Answer to Picture Quiz 4

Question: Which mental hospital, associated with Siegfried Sassoon and Wilfred Owen, stood behind these iron railings?

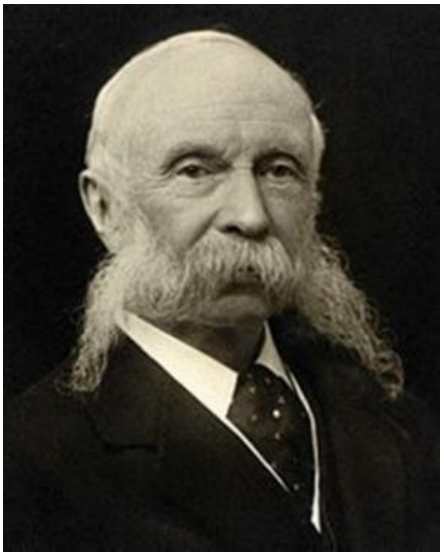
Answer: 'Craiglockhart'. Congratulations to Dr Ted Reynolds for the answer.

During the First World War, Craiglockhart War Hospital provided psychiatric treatment for the disorder which was usually, but controversially, known as 'shell-shock'. The stunning wrought iron railings surrounding the estate probably date from the 1870s when the luxurious, Italianate, Craiglockhart Hydropathic Establishment was built. Craiglockhart later became well known through Pat Barker's novel, Regeneration (1991) in which she told the stories of officer-rank soldier patients there, including Siegfried Sassoon and Wilfred Owen, and the work of the staff.

Picture quiz 5

Question: Who are these two 19th century collaborators on mental diseases, and where did they collaborate?

Reproduced with owner's permission



Permissions: CC BY 4.0 license

We are grateful to Ted Reynolds for suggesting the pictures and question.

Please email your answers to Claire Hilton by 30 June 2018.

Autumn meeting

Glenside Campus, Bristol

by Jo Davies

Thirty-five delegates from across the country convened at the University of the West of England's Glenside campus on 27 October 2017, for HoPSIG's second full day conference. The campus stands on the grounds (and indeed, within the walls) of the old Bristol Lunatic Asylum, later Glenside Hospital, providing the perfect backdrop for a day of fascinating talks expertly chaired by Dr Peter Carpenter, Consultant Psychiatrist and Treasurer of Glenside Hospital Museum.

Dr Will Pooley, Lecturer in 19th and 20th century Western European History at the University of Bristol, began the day by presenting his paper on the diagnosis of witchcraft in 19th century France.

Criminal prosecutions involving allegations of witchcraft were common in France between 1787 and 1940. Medical experts appeared reluctant to explain witchcraft as 'madness' despite many leading theorists at the time attempting to pathologise religious devotion and demonic possession. Dr Pooley discussed several interesting theories for this reluctance and argued that medics wanted to distance their practice from unorthodox magical beliefs.

This was followed by John Foot, Professor of Modern Italian History at the University of Bristol, who spoke about Franco Basaglia and the Italian revolution in mental health care in the 1960s and 1970s. His research examined the anti-asylum movement and drive for reform which emerged from Italian psychiatry at this time.

Franco Basaglia was a key proponent of the de-institutionalisation and decentralisation of mental health care in Italy. In 1978, 'Basaglia Law' resulted in the closing down of the asylum system and its replacement with community based services.

Dr Peter Carpenter then spoke informatively about the growth of mental health care in the local area including the evolution of the Bristol Lunatic Asylum, firstly into Beaufort War Hospital, and then into Glenside Hospital. This set the scene perfectly for a visit to the Glenside Museum.

Delegates had the opportunity to stroll through the picturesque grounds of the campus to the museum, housed in the former Glenside chapel. It contains the largest collection of non-paper psychiatric artefacts in the UK. The Glenside Museum committee provided a marvellous lunch, which delegates ate while exploring and enjoying the museum's rich variety of exhibits.

Dr Lesel Dawson, Senior lecturer in 16th/17th Century Literature and Early Modern Psychology, ushered in the afternoon's session with an energetic and engaging exploration of grief and trauma in early modern literature and psychology. Her research considered compelling early modern explanations of behaviours that we associate with the diagnosis of post-

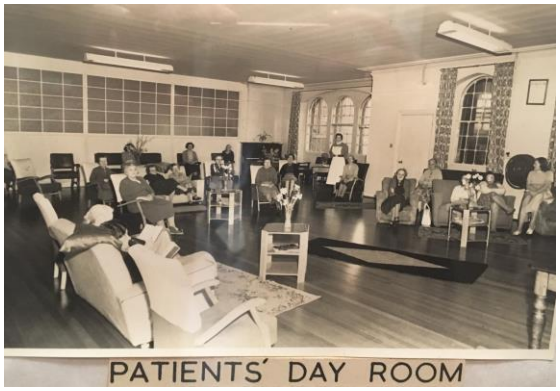
traumatic stress disorder, even though this did not exist as a diagnostic entity at this time. This is part of a wider ongoing research project called 'Good grief!', investigating early modern ideas of grieving and loss.

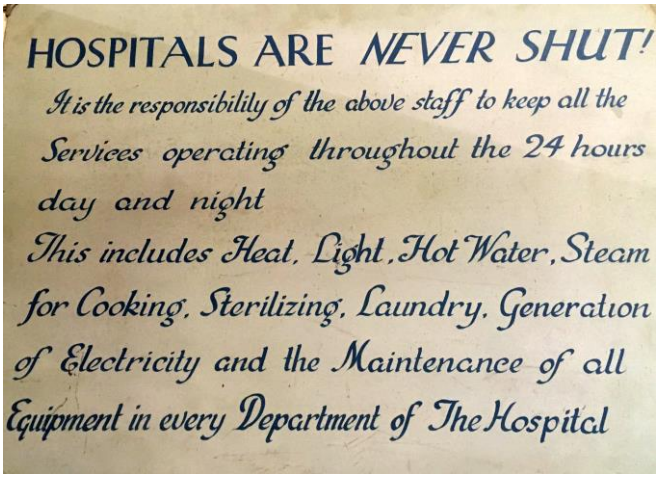
Dr Jo Davies chaired the final session of the day; medical students from Birmingham and Bristol Universities presented excellent dissertation and elective reports. Sam Burrows (Birmingham) presented his exploration of historical and philosophical approaches to defining disease within psychiatry. Eleanor Walsh (Birmingham) spoke about her elective in New York and the scandal at Bloomingdale Asylum in Manhattan during the 1860s. We heard about a number of investigative journalists who feigned illness to gain admission into asylums in order to expose the rumoured poor treatment of patients, allowing for subsequent psychiatric reform. Finally, Russ Machin (Bristol) presented his dissertation completed during his intercalated degree in Medical Humanities. He considered different philosophical approaches to understanding delusions, including Bleuler's phenomena of 'double bookkeeping'.

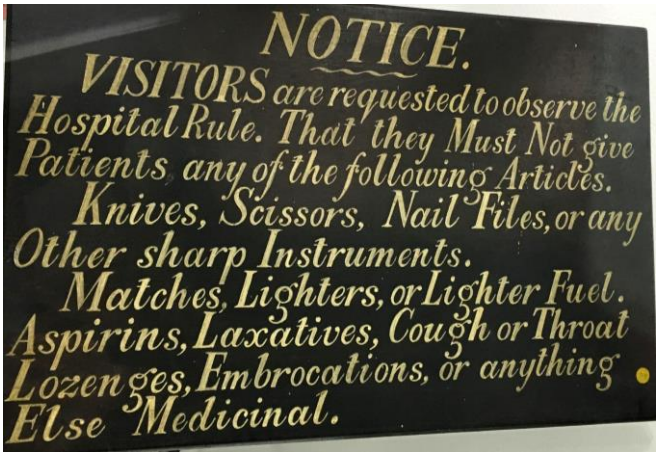
To close the workshop, delegates had a guided tour of the campus buildings including the old patients' ballroom, allowing them to get a sense of what life may have been like when it functioned as a hospital.

Feedback from the event was overwhelmingly positive; delegates commented that they enjoyed the wide variety of topics covered, and relished the opportunities to network and explore the museum.

Below: Exhibits which caught the attention and cameras of the editors, published here with permission from Glenside Museum.


PATIENTS' DAY ROOM


HOSPITALS ARE NEVER SHUT!
It is the responsibility of the above staff to keep all the Services operating throughout the 24 hours day and night
This includes Heat, Light, Hot Water, Steam for Cooking, Sterilizing, Laundry, Generation of Electricity and the Maintenance of all Equipment in every Department of The Hospital


NOTICE.
VISITORS are requested to observe the Hospital Rule. That they Must Not give Patients any of the following Articles.
Knives, Scissors, Nail Files, or any Other sharp Instruments.
Matches, Lighters, or Lighter Fuel.
Aspirins, Laxatives, Cough or Throat Lozenges, Embrocations, or anything Else Medicinal.

Judging the memoir-writing competition

What an honour and privilege to read all the entries for the memoir writing competition From the value of gardens, to famine in the Ukraine, and not to be too clever when doing a mental state examination, to a whole life story elegantly expressed in 1,500 words with the reader asking for more - our authors varied from just qualified to having qualified over 60 years ago. The authors live currently in the UK, Australia, New Zealand and India. Each account had much to offer, including to aspiring psychiatrists.

We had three judges, Professor George Ikkos, Dr Peter Carpenter and Dr Andrew Howe. All three are active members of HoPSIG. Andrew is a trainee psychiatrist.

My apologies for the lack of women on the panel: it was impossible and meaningless to anonymise memoirs and we had to avoid conflict of interest and fit in with a tight turn-around time. Conflict of interest was a challenge; since we did not know who would submit memoirs (the final one arrived at 22:49 on the closing date!), we could not confirm who would judge until all had been received, and several potential judges knew one or more of the authors personally.

Judging was hard. Criteria included originality, quality of writing, depth of reflection, overall readability and appeal, and historical significance, but not just extraordinary professional achievements of the sort which would be recognised in official awards.

Several people focused on what drew them into the speciality and their early experiences of it.

Our joint winners were: Teresa Black and Eilis Kempley. Their memoirs are published below.

The runner up was Hugh Jolly. His memoir will be published in the next issue of News and Notes.

All memoirs will go into the college archives, with the author's agreement - some in an expanded form.

Our archivist, Francis Maunze, would be delighted to archive more memoirs and personal reminiscences about the work of psychiatrists.

Memoir

by Eilis Kempley

My medical career began very recently in August 2017. 'Oriel', the bewildering online platform that coordinates job allocations for every foundation trainee in the UK, had informed me that my first job would be in psychiatry. I remained ignorant of the details until my first day, when the admin staff in Redhill sent me to an old age inpatient unit in Epsom.

West Park Hospital was definitely not what I'd been imagining for all those years of medical school. Having studied in inner-city London, I was far more accustomed to the sprawling concrete maze of the Royal Free or the shiny tower blocks of University College Hospital than this modest bungalow, situated in a quiet housing estate, surrounded by secluded woods and fields. I arrived on my first day splattered in mud, my road bike comically unequipped for cycling through the muddy trail google maps had ambitiously highlighted for me to reach my new destination.

When I learnt of the history of the site, this out of the way location made more sense. The unit was in fact the legacy of the "Epsom Cluster", devised by the London Counties Council in 1889[1], to tackle overcrowding in London by moving psychiatric services out of the city and into the cheap farmland and fresh air of the Home Counties. West Park Hospital was the fifth and final hospital of the Cluster to be built, with construction finishing in 1921[2].

West Park housed approximately two thousand[3] patients, and reportedly the Cluster was at one point the largest psychiatric hospital in Europe[4]. It was so immense that it required its own sewage and water system and multiple farms to supply sufficient food[5]. However, whether good or bad for patients, antipsychotics and deinstitutionalisation[6] over the second half of the twentieth century meant patients were moved into the community, out of hospitals. West Park's many buildings have mostly been demolished or repurposed[7]. My unit now only housed 18 patients and for much shorter stays, ranging from weeks to months.

I have always been what I call a "historophile", coveting the remnants of the past, be it gems unearthed in Deptford Market at 8am on a Saturday morning or more personal treasure stowed away in my Grandparents' dusty attic. To me, 1950s red lipstick will always appear more glamorous than my generation's gooey lip gloss, record players will always sound better than iPods and undoubtedly period dramas more captivating than sci-fi. Somehow the past

[1] Ellis, R. 'A constant irritation to the townspeople? Local, Regional and National Politics and London's County Asylums at Epsom', Social History of Medicine (2013) 26: 4, pp. 653-671.
[2] Original research and text by Peter Reed with some additions to the sections concerning 'The Patients' by Linda Jackson March 2014, 'Epsom Hospital Cluster', URL (14/02/18): http://www.epsomandewellhistoryexplorer.org.uk/HospitalCluster.html
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Bennett, D., Morris, I., 'Deinstitutionalization in the United Kingdom', International Journal of Mental Health (1982) 11: 4.
[7] Neil Bowdler, 'Asylum's demolition marks end of era in mental health', BBC News, 9 September 2011, URL (on 14//02/2018) http://www.bbc.co.uk/news/health-14652885

has always inspired my imagination in a way the present never quite manages. And here I was, working for four months in a building with patients who were also stuck in the past, unable to lay down memories of the present day. My favourite part of our building was the reminiscence room. Impressively decorated in garish (by modern fashion) wallpaper, the therapies coordinator had lined the set of shelves and cabinet with memorabilia, world war medals, pre-electric sewing machines and patients could enjoy a cup of brew made with a beautiful china tea set. She described with relish the way patients who rarely spoke could open up with fascinating stories of their past, part fabricated, part memory.

My favourite patient was an old lady with a warm, Cheshire accent and a glitzy silver stick (which she spun round in a sort of dance when particularly boisterous) who, once she had settled in, naturally decided she was running the unit. Promptly, due to my age, I was adopted as her personal secretary and she would turn to me when I appeared on the ward asking, in a very serious manner, whether I had taken any phone calls for her. Her speech was suffering secondary to Alzheimer's but she still made jokes, managing the intonations of a sexual innuendo to male staff even if the words themselves made no sense. And she told me some lovely stories of road trips with her handsome husband, happily forgetting he had passed away years ago. Over the months I became incredibly fond of her, despite the fact she couldn't remember me long enough to reciprocate those feelings for very long.

I certainly felt more comfortable with my pretend secretary role than this doctor business. In all honesty it was still difficult to introduce myself with a straight face. I might as well be claiming to be the Prime Minister of England or fluent in seven languages. Medical school had mostly prepared me for a modern hospital job, treating physically unwell patients, and the psychiatric realm was very different. I saw my peers once a week for an hour's worth of teaching session at the local hospital. They responded in horror with my tales of old fashioned hand-labelled blood bottles and afternoons spent in family meetings. I was not required to work out of hours, carry a bleep, run around a huge hospital or deal with death on a daily basis. The distance between our two worlds felt immense.

West Park Hospital had now mostly been converted to social housing (I always giggled internally when this was said with an eyebrow raise and strong emphasis on "social" by the receptionist, who glared at the kids hanging about the courtyard outside) and not many of the buildings still housed psychiatric services. But every day I felt reminded of what once was by the central water tower, photographed here on my camera with a 35mm black and white film. During the many, often boring, admin hours spent at my desk I stared out the window at the tower and daydreamed about how different my experiences would be if I'd worked here fifty years ago, after the war or when it first opened. I wondered how similar my predecessors' daily tribulations were compared to mine. I was shocked to read that that in 1925 there were 1720 patients in West Park under the care of only six doctors and the Medical Superintendent[8]. They certainly must have been busy, and could not have spent as much time on each patient as we did.

To try and separate my rose-tinted imaginations from hard fact I visited Bourne Hall Museum in Ewell to find accounts of what West Park was actually like for doctors. Jeremy Harte, historian, has been collating stories of those who worked in Epsom. However, as he explained to me, it was hard to find many accounts from previous psychiatrists at West Park itself. Lower paid workers, in laundry or housekeeping, were much more likely to stay in the area compared to psychiatrists, who would often progress on to different posts on the opposite side of the country. I was directed to the memoirs of Henry Rollin who worked

[8] Original research and text by Peter Reed with some additions to the sections concerning 'The Patients' by Linda Jackson March 2014, 'Epsom Hospital Cluster', URL (14/02/18): http://www.epsomandewellhistoryexplorer.org.uk/HospitalCluster.html

at Horton Hospital, the first member of the Epsom Cluster[9].

I was astounded to read about his lifestyle. For instance, during his apprenticeship at another London County Council Hospital in the 1940s, where he was an assistant medical officer 'we were waited on hand and foot in our own quarters by uniformed male servants'[10] and was made jealous of the superintendent's 'immaculate manicured private tennis lawn'[11]. But these luxuries and privileges were awarded in exchange for tight control over night stays outside of hospital, leaving freedoms very restricted and romantic life very dull. Rollin joined Horton in 1948. There were some perks described here too. A master baker, Mr Smallbone, and 14 patients 'produced the best cakes and bread in the whole of Surrey'[12]. He was president of the patient Poplar Social Club and was a pioneering force in introducing music therapy at Horton[13]. Our unit had a fantastic range of occupational and therapy coordinators in the multidisciplinary team, and such activities are now far outside the realm of the psychiatrist's job description.

What I found most interesting to read that he felt the same isolation that I felt now. The brain body distinction has historically left psychiatry outside of the medical profession, especially in the time before many effective treatments were available. Recently, I read in a core 1940s textbook 'the time is happily over when psychiatry was confined to mental hospitals, cut off from the world and from the rest of medicine by their walls'[14]. But I am more inclined to believe Rollin as he writes of 'isolation… psychiatry was regarded as the ugly sister of general medicine'[15]. He described the feeling he had when he was appointed to a (then rare) role at the Royal Free after the NHS was established in 1948, 'I felt I had come in from the cold and rejoined the rest of the medical profession'[16]. He was able to attend Grand Round and share cases with peers, as only liaison psychiatrists do now. I also enjoyed reading of his anxieties over career progression 'blood, sweat and tears were poured out to convert MBs into MDs'[17] and 'the influence of the medical superintendent cannot be exaggerated'[18]. Reading these frustrations made me feel perhaps the day to day grind would not have felt so different after all.

I want to finish with a short apology for choosing to focus only on my experiences and those of my medical predecessors. Clearly the experiences of the thousands of patients who occupied West Park Hospital over the past century would also make for a fascinating essay, but is sadly beyond the scope of this memoir.

[9] Neil Bowdler, 'Asylum's demolition marks end of era in mental health', BBC News, 9 September 2011, URL (on 14//02/2018) http://www.bbc.co.uk/news/health-14652885
[10] Ibid p. 12.
[11] Ibid p. 12.
[12] Ibid p. 55.
[13] Ibid p. 145.
[14] Erich Guttmann, Psychological Medicine, Edinburgh: E&S Livingstone (1946) p. 7.
[15] Ibid p. 59.
[16] Ibid p. 60.
[17] Ibid p. 11.
[18] Ibid p. 16.

Memoir of working as a psychiatrist

by Teresa Black

'Why don't you do something useful rather than moping about being miserable?' was the unlikely and at the time unrealised catalyst for my future career. This from a friend of the family who was a psychiatrist, after I had dropped out of university in a delayed adolescent crisis.

A few weeks later after a week's training emptying bedpans and taking temperatures I started as Nurse Black, nursing auxiliary at Gaskell House which was the psychiatric unit attached to Manchester Royal Infirmary. I was very nervous, possibly somewhat depressed after my flight from an illustrious university.

On my first day I sat in the OT hut with the patients who my memory tells me were still locked in for the morning and a kindly voice asked what I would like to do. Then I remember being sent across to A and E to fetch a 'lumbar puncture kit'. I had no idea what this was and repeated the words like a mantra until it became 'lumber puncher kit.' I probably had a notion that it was something else to occupy the patients. I served Brook Bond Hospital Blend ultra-milky coffee pre-sweetened with lots of sugar from huge metal jugs while the sun made the dust motes swirl in the fug of cigarette smoke. We went on a day trip to Blackpool and the young man I was supervising rushed into the hall of mirrors before I could stop him and came out shrieking because the mirrors confirmed his delusion about his mis-shapen head. Then there was Adele (not her real name) who scared me when she stared at me, so I tiptoed round her, careful not to upset her. She was big and shambling, chain smoked and did not wash. Imagine my amazement when I went up to a couple of people poring over a photo album.

There was a young glamorous woman with her hair elegantly swept up wearing a cocktail dress. I was amazed to learn this was Adele, who had worked as a hairdresser on the Queen Mary before her first schizophrenic breakdown.

Fast forward a few years. I returned to Gaskell House as SHO and later as senior registrar. The house and garden I had loved (gifted by Elizabeth Gaskell's daughter Julia, hence the name) disappeared and became a car park although the annexe where I trained in psychotherapy remained. Withington Hospital, originally the workhouse for South Manchester where the training scheme was based was converted into chi-chi housing.

The camaraderie among trainees stands out in my mind, the terror of presenting in the case conference on a Friday, the 'A and D' meetings on the professorial unit at 8-30 every Thursday morning where the hapless SHO had to present the admission and discharge summaries on yellow tracing paper. Shades of the novella by Charlotte Perkins Gilman where a young woman is driven mad by the yellow wallpaper perhaps? And the unforgettable experience of the walk-in clinic where the duty psychiatrist would have to assess anyone who came in what was called the 'goldfish bowl' which was a perspex box with just room for a couple of chairs, where everyone walking past could see but not hear what was going on. This would happen up until midnight, watched over by the kindly figure of Charlotte the receptionist who was very protective of the juniors; after midnight patients were assessed on the ward. This of course was well before formalised risk assessments, mobile phones etc; and turned out to be unparalleled training for thinking on one's feet.

A career in psychotherapy beckoned after I became fascinated by the emotional and psychological make-up of patients. My first 'proper' psychotherapy patient who was an educational psychologist told me in our first session that she had read 'most of Freud and Jung'; I certainly hadn't. But I came to realise that this was a defence against the traumatic abuse she had suffered and the later tragic breakdown of her daughter who subsequently committed suicide. Then the patient who gave me snowdrops from her garden followed by honey from the comb; in supervision we came to understand this as the honeymoon period of the therapy before her envy and rage were unleashed. I remember how difficult it was to end with her.

Later I worked in three different therapeutic communities which I found unforgettable but enormously challenging. One was in the process of closing and I was asked to go and help, only afterwards realising all the things I had not been told prior to going there. On Fridays in one unit the cooking team had to provide lunch for up to about 24 residents and staff and I vividly recall making profiteroles, whisking choux pastry over what seemed like a cauldron and melting chocolate everywhere. I have never made profiteroles since. The dreaded social at Christmas with one of the patients belting out 'Woolly-Bully' for all she was worth and the fire which necessitated a move back to the old mental hospital where the old boilers had to be reawakened – this was in the era of closing beds and moving to 'care in the community.'

In Wolverhampton I set up an outpatient psychotherapy service on a shoestring and later became tutor for the trainees. After some years cuts were to be made and one casualty was my service. Staff were made redundant or redeployed, patients were very upset. The public consultation was a mockery. Options were limited for me and I became a community psychiatrist in a functionalised service. I thought I would hate it and that there would be far too much emphasis on prescribing but after an anxious few weeks with lots of calls to pharmacy I settled in and loved the work, mainly because of the excellent team I worked with. I even became a supervisor to a nurse prescriber from the Early Intervention Service. I retired in June 2017, coincidentally on the day of the general election, but 6 months later have come back to work in psychotherapy again on a very part-time basis, mainly to supervise the core trainees. It feels good as it was realised that medical psychotherapists are still needed.

So what took me into psychiatry? I have often asked myself this question. I think initially it was wanting to understand my own demons although I was only partially aware of that at the time. When I think back it is always the patients who stay with me, wondering what happened to them and whether they managed to carve out an existence they could live with.

When I worked at Gaskell House I remember a gorgeous summer day when I took my sandwiches into the garden at lunch time. One or two patients were out there, liberally daubed with sun cream as they were on chlorpromazine. I sat and ate my lunch, exchanging the odd remark with the patients. Later I was gently rebuked by the nursing sister; 'You were sitting on the patients' side' (of the garden). For a moment I thought there must have been a notice I had ignored, but of course the barrier was invisible. Now I think that the reason psychiatry and psychotherapy have suited me so well as a career is that I have been able genuinely to put myself in my patients' shoes, while being aware of the boundaries which need to be there. I have not been afraid to try to learn pool in the therapeutic community, realising I had a very different style from the consultant whose maternity leave I was covering who said 'I never had time to do things like that.' I don't think it's better or worse, just different.

Where else can one have such rich and varied experiences, seeing people at their most raw but also at critical moments of crisis and change? I can never understand psychiatrists who avoid seeing patients at home because there we see people mostly nearly being themselves.

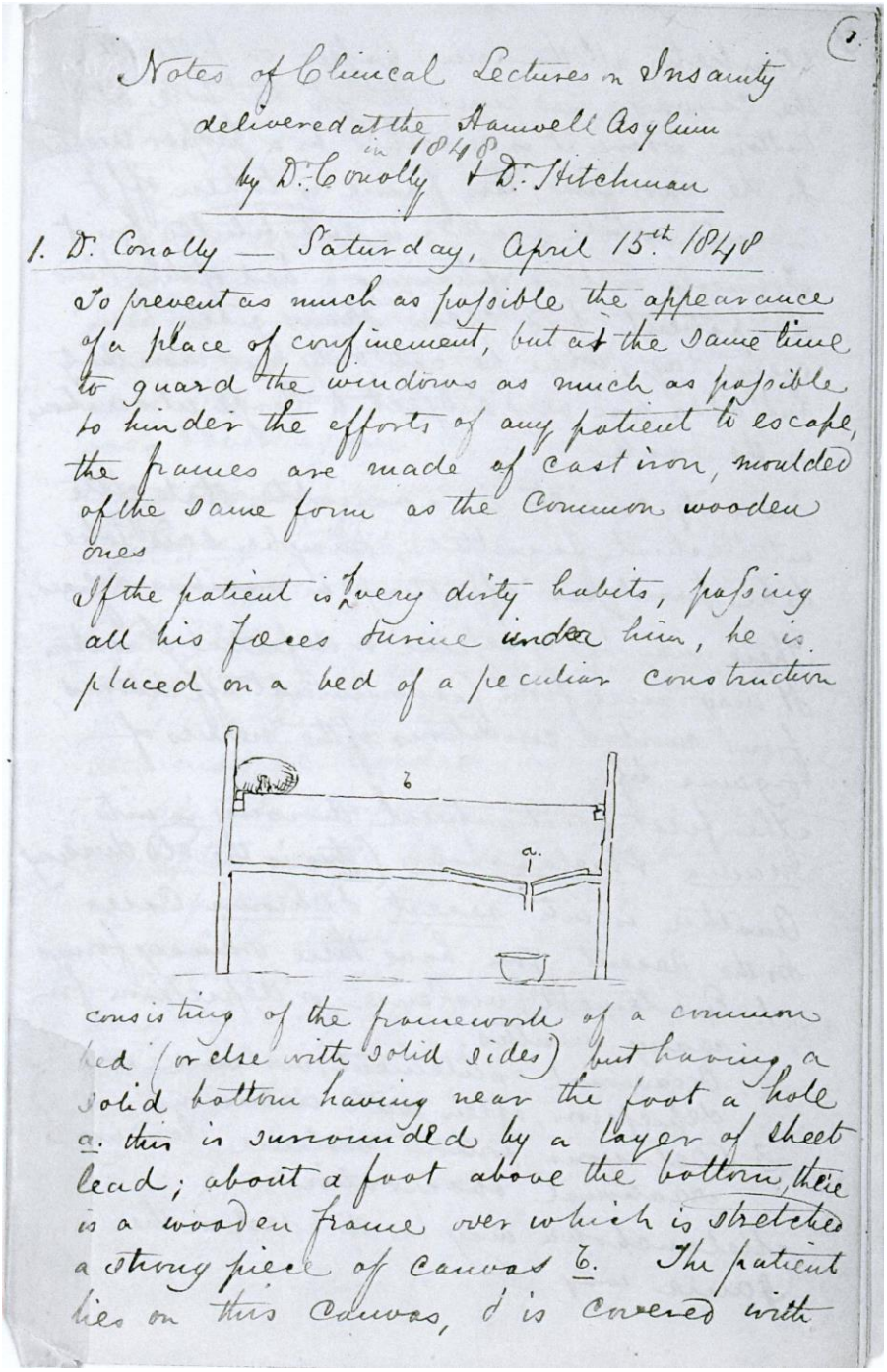
It has been an inestimable privilege to work in this field although the continuing difficulties in recruitment to psychiatry indicate that it seems to be a very particular kind of person who is drawn to this career. A supervisee once said in a group that ‘we are very different from our patients, we can cope and they can’t’. I think she was saying this to reassure herself and that it’s more a case of ‘There but for the grace of God go I’.

From the archives:

Learning from Dr Conolly

Clinical teaching at Hanwell, 1848

by Polina Merkulova



Notes of Clinical Lectures on Insanity
delivered at the Hanwell Asylum
in 1848
by D. Conolly & D. Hitchman

1. D. Conolly — Saturday, April 15th 1848

To prevent as much as possible the appearance of a place of confinement, but at the same time to guard the windows as much as possible to hinder the efforts of any patient to escape, the frames are made of cast iron, moulded of the same form as the common wooden ones

If the patient is very dirty habits, passing all his feces & urine under him, he is placed on a bed of a peculiar construction

consisting of the framework of a common bed (or else with solid sides) but having a solid bottom having near the foot a hole a. this is surrounded by a layer of sheet lead; about a foot above the bottom, there is a wooden frame over which is stretched a strong piece of canvas b. The patient lies on this canvas, & is covered with

Amongst its many treasures, the RCPsych Archives hold a document entitled 'Notes of Clinical Lectures on Insanity delivered at the Hanwell Asylum in 1848 by Dr Conolly and Dr Hitchman', written by an unidentified medical student who attended the course. It is a thin manuscript which consists of twenty unbound folded sheets of paper. Despite its modest appearance the 'Notes' is an exciting source for a historian of psychiatry for several reasons.

First of all, the course of lectures attended by the unknown author was the first of its kind and marked a significant development in the history of psychiatric education in Britain. John Conolly ran his courses on mental illness annually from 1842 until 1849[1]. They were innovative both in the form of instruction – clinical rather then theoretical – and in their content – focusing on the practical application of the non-restraint system in the asylum. By 1848 Conolly had already published his lectures in the 'Lancet' but in a revised and enlarged form[2]. The 'Notes' offer a better sense of the reality of the course: how it was taught, what material was included, which points were emphasised and so on.

Secondly, student notes are a relatively rare type of a primary source. When researching the history of psychiatric education in the nineteenth century historians mostly have to rely on the accounts of the teachers or external observers. The 'Notes' provide a unique opportunity to look at Conolly's teaching from the student's perspective. On the pages of the manuscript the unknown author often indicates his surprise and curiosity about the things he learned. It is also valuable to note which points prompt him to write detailed definitions and clarifications and which he only mentions briefly. For example, the note-taker frequently provides careful descriptions and sometimes sketches of practical devices which could help manage patients in the asylum. One of these instances is visible in the picture – he drew a sketch of a special bed used for patients 'of very dirty habits'.

The devices might not appear complex or especially interesting to the modern observer but the author clearly saw them as noteworthy.

Finally, the 'Notes' include accounts of clinical observations on the course and the way they were incorporated into teaching. The manuscript has a few pages at the end completely devoted to the clinical observations and often connects the points made during the lecture to the cases encountered by the students during their visit. This unusual document can help historians gain insight into the workings of the first clinical course on insanity in England. Although some of the aspects of the course were documented elsewhere, the 'Notes' is a truly unique source which lets the reader encounter what it was like to learn about mental illness in a mid-nineteenth-century asylum under the instruction of the famous John Conolly.

Acknowledgements: I am grateful to Francis Maunze, the RCPsych Archivist, for providing the illustration and for his kind assistance in navigating the archive.

Biographical note: Polina Merkulova is a PhD student at the University of Leeds. Her research focuses on the history of British psychiatric education in the 19th and early 20th centuries.

[1] James Clark, A Memoir of John Conolly, M.D., D.C.L., Comprising a Sketch of the Treatment of the Insane in Europe and America (London: John Murray, 1869).

[2] John Conolly, 'Clinical Lectures on the Principal Forms of Insanity, Delivered in the Middlesex Lunatic Asylum at Hanwell', Lancet, 46 (1845) and 47 (1846); 18 lectures.

College Archives update

by Francis Maunze

The Archives recently received donations of papers, books, published papers and oral history tapes and transcripts, mainly from College members and the Society of Clinical Psychiatrists.

Several files relate to the Special Interest Group for the Psychiatry of Old Age (forerunner of the Faculty). The papers cover the period from 1973-1978, when Dr Brice Pitt (later Professor) was secretary. When he finished his term of office in 1978, Dr Peter Jeffreys became secretary and acquired the papers. Dr Claire Hilton acquired them in 2004 when she was working at Northwick Park Hospital. They formed the basis of her paper: 'The provision of mental health services in England for people over 65 years of age, 1970-78' (Claire Hilton, History of Psychiatry (2008) 19, 297-320). Dr Hilton also donated oral history tapes and transcripts created when she undertook a biographical study in 2005 about Felix Post.

In January we received a donation of papers from the Society of Clinical Psychiatrists. The papers comprise mainly administrative records of the Society from 1970 to 2000.

Dr Thomas Bewley, a former president of the College, is donating some books on psychiatry from his library.

The Archives welcomes donations of personal papers and other items because they supplement and complement the institutional records we already have in the collection.

Find out more about the Archives and how to access them

Mental hospitals in the UK:

Enoch Powell's 'Water Tower' speech of 1961 revisited

by RHS Mindham

In July 1961, J Enoch Powell, then Minister of Health in the Macmillan government, addressed the National Association for Mental Health at its annual conference[1]. He spoke about the government's plans for the reorganisation of mental health services in England and Wales. This was a part of the 'Hospital Plan'[2] which, among other provisions, led to the building of District General Hospitals around the country. Powell stated that the proposed changes in the services for mentally ill people were not designed to achieve economies in the provision of the service; indeed, he believed that care based on the new model would cost at least as much as existing services and possibly more. He also recognised the interdependence of the hospital and social services in the provision of services for mentally ill people. However, he was known to have reservations as to the level of spending on the Welfare State and what he saw as an insatiable demand for more[3]. Choosing to make the announcement to a lay body, rather than to professional groups, was deliberate; he was addressing representatives of the public, the users and government providers, rather than those working in them. This announcement could scarcely have held greater consequences for mental health services; it was the beginning of the government's plan to move from services based in mental hospitals to services based in the community.

In the spring of 1961, statisticians working in the Ministry of Health reported a decline in the populations of mental hospitals across the country and discussed the implications of these findings for future provision for the treatment of patients suffering from mental disorders[4]. They reported that until 1954 numbers of inpatients continued to rise, but in 1955 there were: 'indications that the tide was turning.'

Examining the changes, they came to the conclusion: 'though many factors may modify the rate of change, the direction seems to be well established.' An example of these findings is seen in the changing population of Stanley Royd Hospital in Wakefield over a period of more than a hundred and fifty years [Fig. 1][5]. Changes of a similar pattern were seen all over the UK. There was vigorous discussion as to the likely causes of these changes: among them were the effects of the widespread use of ECT for treatment of depressive disorders; the development of new drugs for the treatment of mental illness which included the major tranquillisers and several types of antidepressant; better drugs for the management of epilepsy; changing social attitudes to mental illness and to those affected by it; the availability of alternative methods of management which had been demonstrated in certain centres; and a recognition that care in mental hospitals had some serious disadvantages.

---

[1] Powell J Enoch, [1961] Address to the Annual Conference of the National Association for Mental Health, 1961. http://studymore.org.uk/xpowell.htm

[2] Ministry of Health, [1962] A Hospital Plan for England and Wales. Cmnd. 1604. London HMSO

[3] Macleod I, Powell JE, [1952] The Social Services-Needs and Means. London, Conservative Central Office.

[4] Tooth GC, Brooke EM, [1961] Trends in the mental hospital population and their effect on future planning. Lancet, i, 1961, 710-713. April.

[5] Roberts JM, [1987] Madhouse to Modecate - Psychiatry in West Yorkshire, 1750-1986. The University of Leeds Review, 30: 163-183.

Powell took these findings and interpreted them according to his own political beliefs to create a new government policy for the management of mental illness. [Fig. 1].

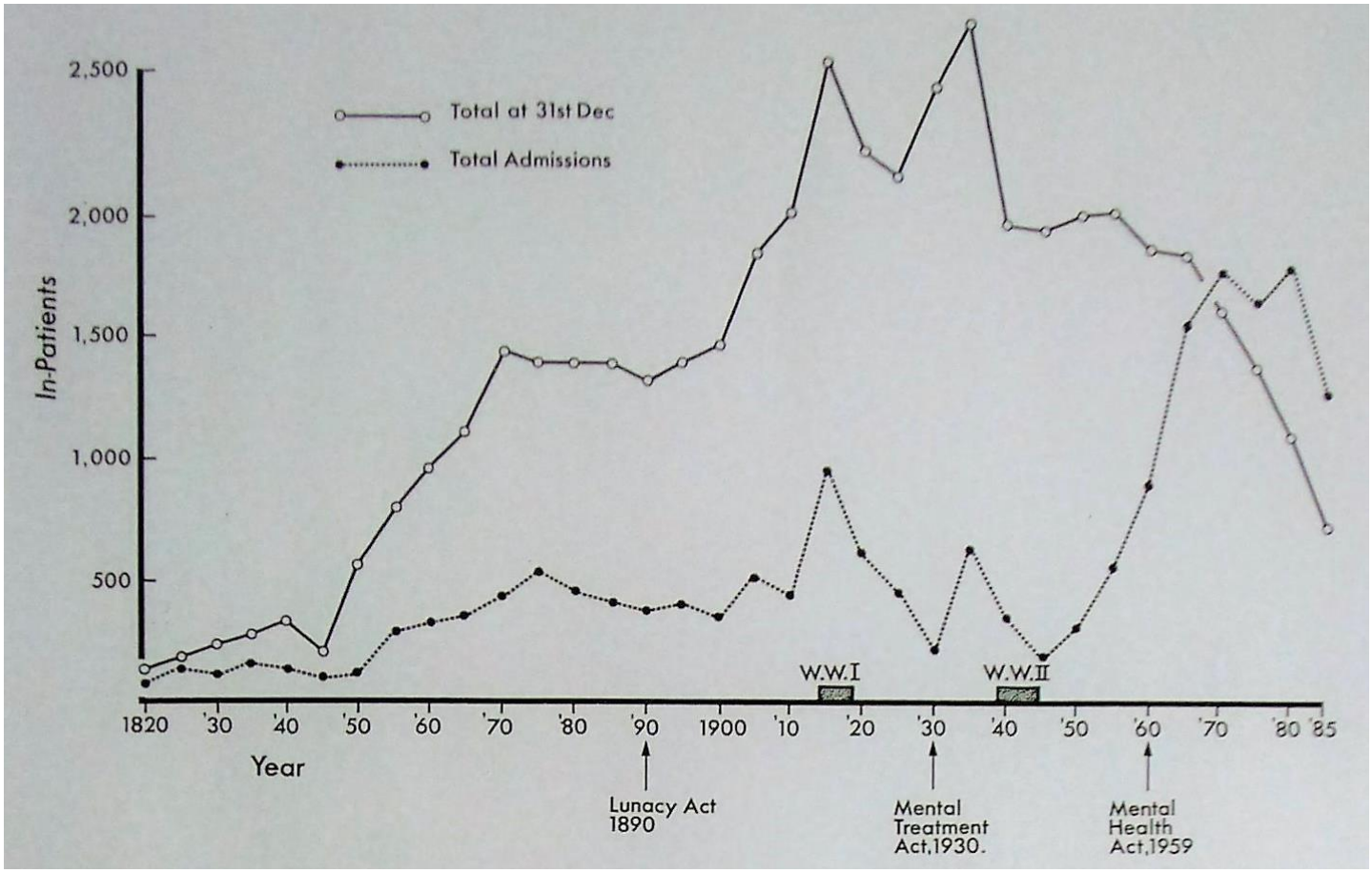


Fig. 1. Numbers of Inpatients at Stanley Royd Hospital, Wakefield, 1820-1986

In introducing his announcement of the provisions of the 'Hospital Plan' for mental illness he said: 'I have intimated to the hospital authorities ... that in 15 years' time there may well be needed not more than half as many places as there are today.' He continued: 'But that 50% or less of present places … where will they be ... for the most part [they will] be in the wards and wings of general hospitals.' He was under no illusions as to the complexity and difficulty of this task: 'This is a colossal undertaking, not so much in the new physical provision which it involves, as in the sheer inertia of mind and matter which it requires to be overcome.' He commented on the architectural character of mental hospitals scattered throughout the country:

> 'There they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined, rising unmistakable and daunting in the countryside - the asylums which our forefathers built with such immense solidity to express the notions of their day. Do not for a moment underestimate their powers of resistance to our assault.' [Fig 2.]

Fig.2. Water tower at High Royds Hospital, Photographed by Norman Hodgson, 1995.

Powell recognised the effects of the proposed changes on the staff of the mental health services: 'Hundreds of men and women, professional or voluntary, have given years, even lifetimes, to the service of a mental hospital…. They have laboured devotedly, through years of scarcity and neglect, to render the conditions in them more tolerable....

Finally, the transformation of the mental hospitals is not only a matter of buildings...it is also the transformation of a whole branch of the professions of medicine, of nursing, of hospital administration.'

Powell's plans for the development of services for mentally ill people were remarkable in their boldness and for the recognition of the major effects that the changes would have upon patients and staff. How was it possible for a Minister of the Crown, with a background in classics and politics and no experience of working in medical or mental health services, to develop such a policy and to show such insight into the needs of patients and of staff during its introduction? Some of the answers to this question are given in Powell's book, 'A New Look at Medicine and Politics', written less than three years after he left the Ministry of Health[1]. Powell saw his role as a minister as strictly political: 'his specific function is to handle the issues, be they major or minor, that are political in character...'. Furthermore, he saw the possession of professional expertise, in the work of his department, as a disadvantage:

> 'he can never bring to it the outside view, but starts out psychologically enmeshed in that from which he ought to be detached. … In the British system at least, this is a severe objection to a doctor being Minister of Health.'

As he saw it, although the minister takes advice from all relevant quarters, it is ultimately he who decides on the path to be followed in the light of his political beliefs and experience. We do not know what part of the 'Plan' came from Powell himself, but it is plain that it was very carefully prepared and that the announcement of the changes was framed to counter possible objections.

The proposals were questioned by many, notably by the sociologist Kathleen Jones[2]. She believed that mental illness could not be viewed in the same way as physical illness which might be cured by appropriate treatments; that the efficacy of drug treatments for mental illness had been exaggerated; that most mental illnesses were not amenable to medical measures alone and that social measures were also needed in most cases; that inadequate arrangements were proposed for the care of chronic patients in the community; and that the government was deliberately removing assets from the mental health estate and budget. She believed that there were patients for whom long-term in-patient care was necessary however good the arrangements for care in the community might be. This view was supported by the findings of research[3].

The changes which Powell announced were of the same order of magnitude as the legislation in the first half of the nineteenth century which led to the building of mental hospitals around the country and the services which they provided. The hospital in which I worked at the time of my retirement in 2000 was not to closed until March 2003[4]. This extended time scale underlines the difficulties which were faced in implementing the major changes envisaged in Powell's speech and which were to some extent anticipated by him. Finance was a major issue however and one which was played down by Powell in 1961.The success of the changes introduced by Powell is open to question and has been the subject of a number of inquiries. Many will feel that Kathleen Jones's assessment of the proposals was apposite, and that we are still living with many of the problems which followed.

---

[1] Powell JE, [1966] A New Look at Medicine and Politics. London, Pitman Medical Publishing Co. Ltd.
[2] Jones K, [1988] Experience in Mental Health. Community Care and Social Policy. London, Sage Publications.
[3] Mann SA, Cree W, [1976] 'New' long-stay psychiatric patients: a national sample of fifteen mental hospitals in England and Wales 1972-73. Psychological Medicine, 6: 603-661.
[4] Mindham RHS, [2012] Working in a mental hospital in its closing years. High Royds Hospital 1977-2000. Yorkshire Medical and Dental History Society Newsletter, 47: 9-12.

Mental hospitals in the UK:

Exploring old psychiatric hospitals: Crichton Royal

by Claire Hilton

Just recently, my husband wanted to visit Ayr in Scotland to see the new Robert Burns Museum. We had to be in Newcastle upon Tyne four days later. That gave me my opportunity: where else to go between the two places other than Dumfries, to explore the former psychiatric hospital, Crichton Royal (aka 'The Crichton'). Much to our astonishment, the Holiday Inn has a hotel and conference centre in the grounds, so where better to stay!

We trudged up the hill from the Dumfries railway station (stopping on the way at Burns' House and Mausoleum).

It was a long up-hill walk, but we should have expected that. The correct place to site an asylum was outside a town, at the top of a gentle elevation, preferably south facing: space, gardens and fresh air would help patients recuperate.

The hotel was mainly modern, but it retained some original wall tiles (right), and has spectacular views, including of the hospital's Crichton Memorial Church.

The Crichton

Crichton Institution for Lunatics opened on 3 June 1839 with accommodation for around 120 patients, private and pauper. It gained its royal title in 1840. Crichton's first Medical Superintendent, Dr William Alexander Francis Browne (1805–1885), pioneered the use of moral treatment and encouraged patients to participate in recreational activities.

Extensive building works at the end of the 19th century created separate villas for patients with different needs, as well as the church. The hospital was, in many respects, self-sufficient, with a farm, laundry, fire service, market gardens, bakery, butcher, tailor and shoemaker[1]. Crichton Royal was committed to mental illness research[2].

Eminent researchers (1930s-50s) included psychiatrists William Mayer-Gross (1889 1961) and Martin Roth (1917-2006), and psychologist John Carlyle Raven (1902–70).Dr Sam Robinson (1924-2014) trained there in psychiatry, beginning in 1951. He told me how he came to the Crichton from another mental hospital. It illustrated the

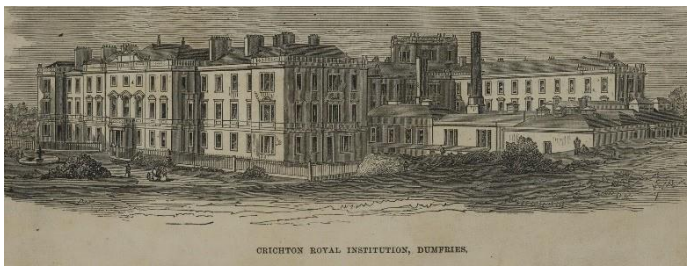
[1] The farm still uses the original building

[2] See Crichton Royal Hospital digitised archive, Wellcome collection.

Crichton's reputation: 'there were two possibilities, the Maudsley, or Crichton Royal, Dumfries. There happened to be an advertisement for a houseman at Crichton Royal in the BMJ... I asked Charlie Robinson, (no relation), the [Medical] Superintendent, for a reference but he declined, saying that it would be a waste of his time and mine: "you need a higher degree to get a job there". However, I persisted and he eventually agreed. Imagine my surprise (and his) when I got a letter by return offering me the job.'

Crichton Hall

The oldest building on the site, Crichton Hall, still provides NHS mental health services, but has been deemed 'surplus to NHS requirements' and is up for sale. One should enter through the door marked 'reception', turn right and sign in. I did not know about the signing in, and followed two delivery men directly into the main corridor. (If I had gone in the correct way, I found out later, I would have been refused entry). I had a fascinating hour exploring the corridors, before my error was explained to me, and I was ordered to leave. Next time, I will write and book a tour. The building is impressive. The central octagonal turret (right) can be seen to the left of the chimney in the next picture[3].



And here are some other pictures:

A ceiling corner in today's staff dining room

An ornate corridor

Building designs hang on the walls:

This one shows the veranda, considered the ideal place to nurse bed-bound patients out of doors. This building may also have been one of the villas in which Sam Robinson set up the UK's first comprehensive old age psychiatry service in 1958. I found this out in a somewhat round-about way. We were eating at a pub in Dumfries and the sprightly

[3] Source: Wellcome Library

white-haired waitress asked where we were staying. She told us that she used to be a nurse at the Crichton. I asked, which building was the older people's ward in?

This is where she directed me:

Only the now disused ramps at one end of the building suggest that it may at one time have been used for people with poor mobility.

The Crichton differs from other old mental hospitals which I have visited: local people appear proud of its history as a mental institution. Elsewhere, the psychiatric past is usually concealed as something distasteful which ought to be forgotten. Housing estates on mental hospital sites, either converted original buildings or new ones, tend to acquire a new or prettified name. Many factors can influence place names but there appears to be a trend: Exe Vale Hospital is now Devington Park; Shenley Hospital is Shenley Park; Hill End is Highfield Park; Friern Hospital is Princess Park Manor.

Next time you are near Dumfries, stop to explore the Crichton. There is a heritage trail with information boards round the site. Do let HoPSIG know about what you discover there, or elsewhere!

Book reviews:

Beware of Pity, Stefan Zweig

by RHS Mindham

'Beware of Pity'[1] was published in German in 1939 and appeared in English only in 1982. The author was born in Vienna in 1881 and brought up in a comfortable Jewish family. His literary work included poetry, librettos, biography, novellas, and translations, from which he gained a substantial reputation. In 1934 he moved to London, then to New York and finally to Brazil where he died in a suicide pact with his wife in 1942. 'Beware of Pity' is the first of only two novels. His second novel, 'The Post Office Girl', was published in German in 1982, forty years after his death, and was translated into English in 2008.

In 'Beware of Pity' the central character, Lieutenant Anton Hofmiller, is a penniless junior officer in the Austro-Hungarian cavalry just before the First World War. His daily programme is of military drills and forced bonhomie with colleagues of the same rank; they are members of a military caste.

An apothecary introduces Anton to a rich landed family. On his first visit to the Kekesfalvas, he asks the daughter of the house, Edith, to dance, only to discover that she is dreadfully crippled by poliomyelitis. In spite of the embarrassment of this event he becomes a regular visitor and is on formal but intimate terms with the family. He experiences profound pity for Edith but at the same time is confronted by other powerful emotions which he has difficulty in containing or understanding. There are times of anxiety, elation, guilt, optimism, ambivalence, dismay, humiliation, depression and ideas of suicide. These emotions are described with such force and clarity that the reader almost experiences them as they read. Events so overwhelm the hapless young lieutenant that he becomes engaged to Edith. He denies the engagement before his comrades and his rejection of his fiancé is soon widely known. By contrast, Edith's doctor has an approach which combines close attention to her needs, with sympathy and realism.

The story ends as the Lieutenant's emotions and unresolved problems are overtaken by the onset of the First World War: Archduke Franz Ferdinand is assassinated; Edith dies; Anton Hofmiller performs feats of heroism and survives but is left unable to deal with his experience of pity: 'I have realized afresh that no guilt is forgotten so long as the conscience knows of it'.

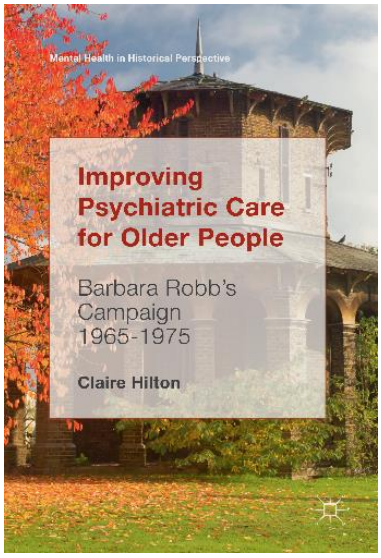
Throughout the book the author shows remarkable insight into many human situations and describes them vividly. JJ O'Sullivan, [bmj 336: 451,2008], designated the book a 'Medical Classic'; I agree with him. Those working in the field of mental health should read it.

[1] Stefan Zweig. Beware of Pity. London, Pushkin Press, 2000. ISBN 978-1-906548-15-5

Book reviews:

Improving Psychiatric Care for Older People: Barbara Robb's Campaign 1965-1975, Claire Hilton

by Sophie Behrman



When asked to review this book I was fairly nonplussed by the title and assumed that it was due to my limited historical knowledge. On reading the preface I was intrigued: how could so little be known about the author of 'Sans Everything: A Case to Answer' (Robb, 1967), the 1967 best-selling book detailing the atrocities happening in the care of older people in British psychiatric hospitals?

Claire Hilton wrote this comprehensive yet captivating account of Barbara Robb and her campaign - Aid for the Elderly in Government Institutions (AEGIS)[1] - after her interest was sparked by reading 'Sans Everything'. Hilton clearly has some of Barbara Robb's vitality and efficiency herself, to have completed such a well-researched and detailed account of the era on an eight-month sabbatical from clinical work, funded by the Wellcome Trust.

The book is detailed and demonstrates an excellent understanding of the historical climate of the period, with sufficient background explanation such that I (with very limited historical knowledge) could easily understand the context. What surprised and delighted me the most was the way Hilton maintained a clear and exciting narrative throughout the book, but did not stray from well-evidenced historical fact. I finished the book in a short sitting feeling like I'd watched an exciting historical film and feeling real warmth and empathy towards the protagonist.

The book is available in hardback and is available to download for free as an eBook through the publisher's website. It is 283 pages, divided into eight chapters, which set the historical context, introduce Barbara Robb, and then follow the development of the AEGIS campaign, 'Sans Everything', and the impact on the political landscape. An invaluable addition to the book is the "Dramatis Personae", which I referred back to on numerous occasions as key characters (many with pseudonyms) came in and out of the story. This felt like a really kind touch on behalf of the author to facilitate the reader to keep reading and not lose momentum with having to refer back to earlier chapters. Similarly, the index is detailed and enables easy cross-referencing.

Barbara Robb is a fascinating protagonist. She was described by Richard Crossman (Secretary of State for Social Services 1968-1970) as "a terrible danger to [the government]. I knew we had to defuse this bomb". Jung found her to be "an eyeful and beyond!...she is quite remarkable…one cannot label her…she decidedly leaves you guessing".

[1] Wikipedia, 2016. Barbara Robb. [Online]https://en.wikipedia.org/wiki/Barbara_Robb [Accessed 16 January 2018].

Hilton has done excellent work, not only piecing together her background, but also generating an understanding of her character; it is the portrayal of her personality which maintained my interest in the book.

Barbara was quite informal in her interactions with others (hence Hilton referring to her simply as "Barbara"); this perhaps accentuates Barbara's humanity to the reader and draws one into supporting her cause.

Amy Gibbs, given the pseudonym 'Miss Wills' in Barbara's account, had also been lost in time and Hilton rectifies this. Barbara visited Amy at Friern hospital and was shocked by the change she saw in her friend who had become "thin, stooped, frail and inactive" and had been stripped of her personal belongings, including dentures and spectacles. She was appalled by the standards of care in the ward and the professionals' tendencies to close-ranks when challenged and/or deflect criticism by explaining that the complainant was 'confused'. Barbara wrote an eye witness account, which she anonymised, countersigned by fellow visitors, entitled 'Diary of a Nobody' and sent to Kenneth Robinson, the Minister for Health, accompanied by simple suggestions for improvement. On meeting with the Principle Medical Officer, Barbara was appalled to discover that "the government of my country is powerless to protect the old and helpless from unnecessary hardship and cruelty known to be inflicted upon them in its own institutions". This anger propelled her into canvassing support, setting up 'AEGIS', interviewing a series of 'witnesses' and eventually publishing 'Sans Everything'[1] two years later.

Barbara's tenacity in her campaign, her ability to engage people from all walks of life, and her savvy use of the media is admirable. The book could be viewed as a masterclass in leadership skills, remarkable in someone with no prior leadership or significant management experience. Even reading about Barbara's remarkable work in such a short period of time is exhilarating, and I can only imagine how over-awed Hilton must have felt in researching the topic and piecing together the story.

There are some short commentary sections interspersed through the book, including comparisons to Nazi Germany and considering the role of women in the campaign. If anything, I would have enjoyed more of these different perspectives, at the risk of disturbing the flow of the book.

The final section is entitled "Relevance to current practice" and I read this avidly, having found some resonance of the descriptions of attitudes to care that led to such poor standards last century in my recent clinical experience. Hilton acknowledges that much has been done to improve the standards of care for older adults in psychiatric hospitals since the 1960s, but recognises that some of the themes remain. The striking similarity of Barbara Robb's campaign to that of Julie Bailey in Mid Staffordshire, also appalled when visiting an elderly person in hospital, haunted me throughout the book. The Francis Report[2] (Mid Staffordshire NHS Foundation Trust, 2013) following the Mid Staffordshire enquiry found junior staff frightened to speak out about poor standards and senior staff defensive of current practices, very similar to how Barbara described the culture of the NHS in the 1960s. Whereas physical overcrowding is a thing of the past, there are huge pressures on the healthcare system to see more patients in shorter spaces of time, often to the detriment of patient care. The similarities in background of some of the 'Sans Everything' witnesses was striking - they tended to be junior and new to the NHS but with life experience in other fields. The potential of the "new eyes" effect of questioning the status quo seems an important resource to harness and perhaps potential whistle-blowers could be proactively sought in the future?

[1] Robb, B., 1967. Sans Everything: A Case to Answer. London: Nelson.

[2] Mid Staffordshire NHS Foundation Trust 2013. Mid Stafforshire NHS Foundation Turst Public Inquiry HC 947 (Francis Report). London: The Stationery Office

I am left with many questions and have reflected on my current clinical practice in light of this book. I have already wholeheartedly recommended the book to friends and colleagues.

Biographical note:

Dr Sophie Behrman, ST6 General and Older Adult Psychiatry,
Oxford Health NHS Foundation Trust