News and Notes

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

Issue 12, Spring 2021

Cover image: Coat of Arms Royal Medico-Psychological Association (RMPA)
(since 1971 Royal College of Psychiatrists). The arms were officially granted on October 12, 1926.

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History of Psychiatry Special Interest Group

Issue 12, Spring 2021

Editors for this issue:

Mutahira Qureshi,

Lydia Thurston

and

Claire Hilton

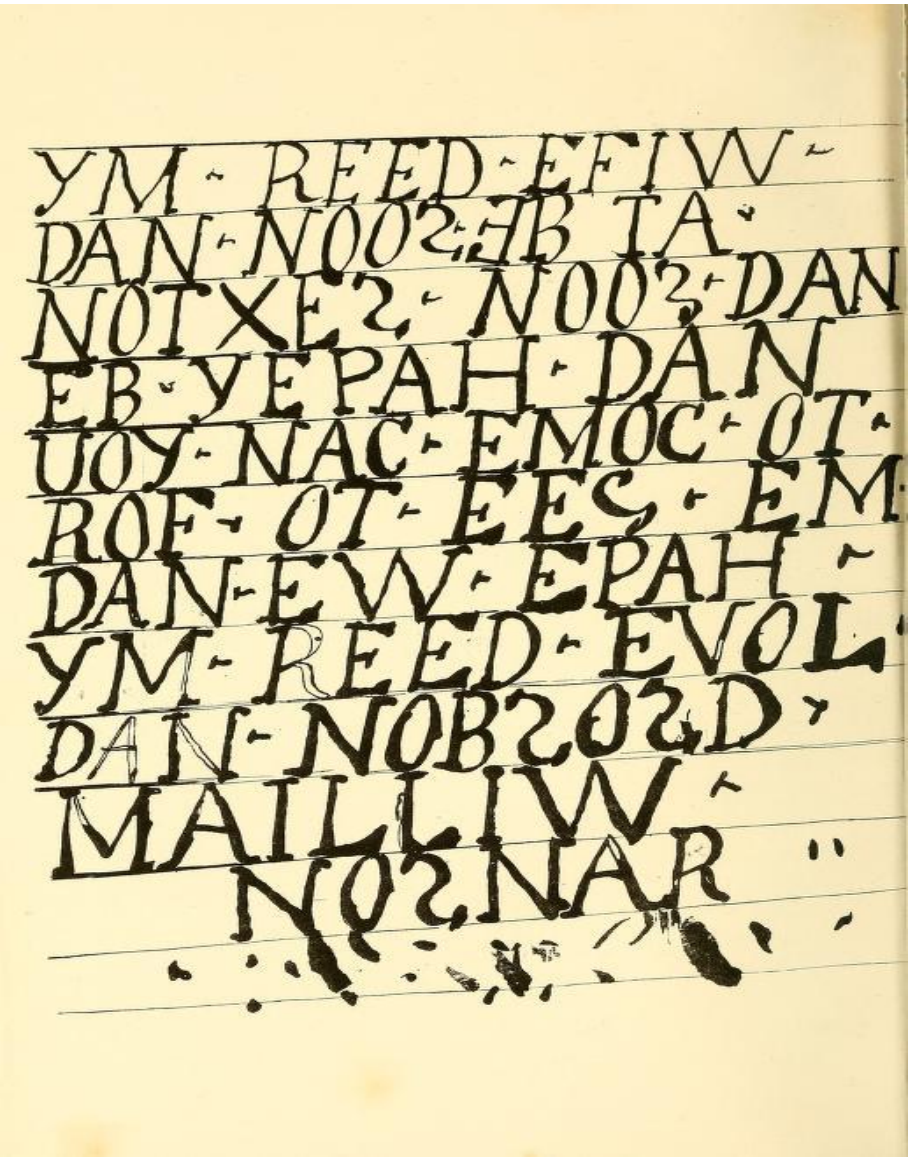
A letter written by an acutely unwell patient suffering from generalized paralysis of the insane at the Cambridgeshire County Asylum. This is taken from *On the Writing of the Insane, with Illustrations*, written in 1870 by the Institute's Medical Superintendent G. Makenzie Bacon.

Bacon describes the book as a study of the diagnostic value of the handwriting in general paralysis and illustrates his thesis with a compendium of letters and correspondence of patients in various stages of the illness under his care.

The author of this epistle has written to his wife asking her to visit him. He later on writes a similar letter when more recovered from the acute illness (page 19) and the difference in the two scripts is rather remarkable.

Bacon's book can be freely accessed courtesy Open Knowledge Commons and Harvard Medical School at https://archive.org/details/onwritingofinsan00baco/

And is a riveting read!



All illustrations from Bacon's book can be freely accessed under Wikimedia Commons.
https://commons.wikimedia.org/wiki/File:On_the_writing_of_the_insane_-_with_illustrations_(1870)_(14595746798).jpg

Contents

Editorial

180 years of British Psychiatry

From Magic to Madness, and now Malady

Mutahira Qureshi, Co-editor

One hundred and eighty years takes us back to 1841: England is Victorian, the Empire is engaged in wars on various fronts, the first national census is underway,[1] Dickens is trying his hand at writing political fiction,[2] a phrenologist has recently been appointed as

1: A scene from William Hogarth's series, "The Rake's Progress" showing the Rake being shackled to a wall in a chaotic Bethlem ward. Etching by William Hogarth 1735. Wellcome Collection CC-BY. Accessed from: https://sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum

the Queen's Physician,[3] and George III's madness is still in recent memory. However, unlike Henry VI, the previous English monarch who suffered such overt mental illness that it significantly reduced functionality, George III was not upheld as a martyr or saint, touched by the divine.[4] 1841 was a different age, and a different time.[5] The myriad complexities of this point in history are like Dickens' London alleys: twisting and turning, some dark, some with a bob of light at the end, some lifesaving, and some dead-ending.

More recently, the twists and turns have been compared to a brain by American writer James Geary: "London always reminds me of

2: Patients take the air on the asylum grounds while an attendant with keys watches in the background. Engraving by K H Merz, after W Kaulbach, 1834. Wellcome Collection CC-BY. Accessed from: https://sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum

a brain. It is similarly convoluted and circuitous. A lot of cities… are laid out in straight lines. Like the circuits on computer chips, there are a lot of right angles in cities like this. But London is a glorious mess."

The history of modern psychiatry is one such glorious mess of convoluted circuitry, entwined with public consciousness, societal values, flawed yet well-meaning characters, reformers and revolutionaries, protests and parleys on the moral and the scientific, and all its ensuing triumphs and tragedies. Just like

[1] United Kingdom Census of 1841, known as "the first modern census", recorded the occupants of every United Kingdom household on the night of Sunday 6 June 1841.

[2] *Barnaby Rudge: A Tale of the Riots of Eighty* based on the Gordon Riots of 1780 written by Charles Dickens between 1840-41. Largely considered a flop by modern standards and those of the day, the experience of writing a socio-political thriller will eventually sublimate in his writing *A Tale of Two Cities.*

[3] Andrew Combe in in 1838 was appointed physician to Queen Victoria.

[4] Henry VI came close to canonization in the reign of Henry VIII and may have been if his descendant had not broken away from Rome first.

[5] This proof of the dynamic changes of this period are evident in the series of illustrations merely a century apart: 1735-1834. From the chaos and shackling of mentally ill patients to taking them out for air on the hospital grounds.

each scientific discovery owes a debt to the discovery preceding it, whatever the differences between the practices of past and present psychiatry we cannot deny that we have arrived where we are now as a result of the road paved by them.

3: The Chaos and convolution of London alleys and streets. As depicted by Gustave Dore in his London Bridge, 1872. Source: London, p. 11. Formatting and text by George P. Landow. Accessed from: Victorian Web http://www.victorianweb.org/art/illustration/dore/london/7.html

To time-travel back to 1841 where, as Dickens is writing Barnaby Rudge and James Clark Ross is discovering a volcanic lava breathing mountain in a wasteland of snow, something of monumental import to British psychiatry is (perhaps unbeknownst to itself) also unfolding. 1841 is the year that Dr Samuel Hitch, writing to his fellow superintendents of asylums across the country, proposed forming an association to "communicate more freely… their individual experience... (to) cooperate in collecting statistical information relating to insanity- and, above all… (to) assist each other in improving the treatment of the insane." This is taken to be the point of origin of the Royal College of Psychiatrists (RCPsych). The aspirations of Dr Hitch are echoed in the three main aims of the College today, outlined in the Charter: to teach, to research, and to educate.

While 2021 marks the 180th anniversary of this event, readers would be right in questioning the curious choice of celebrating the College at 180 years, something traditionally reserved for centennial or semicentennial anniversaries. 2021 is a special year for another reason; while 5 years shy of the 100 years of being granted a royal charter (1926), 2021 marks the golden jubilee of the formation of the RCPsych, the body as we know it today. In 1971 the Royal Medico-Psychological Association was granted a Supplemental Charter and became the Royal College of Psychiatrists. It took dedicated lobbying by the Association of Psychiatrists in Training (APIT) and the Society of Clinical Psychiatrists, and extensive negotiations with the Privy Council.

4: The Libation Vase of Gudea. The Sumerian deity of Life/ Tree of Life, Ningizzida, is accompanied by two gryphons Mushussu. It is the oldest known image of two snakes coiling around an axial rod, dating from before 2000 BCE. Wikimedia Commons.

Accessed from: https://commons.wikimedia.org/wiki/File:Libation_vase_of_Gudea_(drawing).jpg

The heraldic symbols in the College coat of arms (illustrated on the cover) demonstrate the place of psychiatry: staff of Aesculapius, gules, and a bordure sable charged with four butterflies on the field. This joins the ancient symbol of healing (the snake wound around a

staff) to the symbol of *psyche* (butterfly). Thus, psychiatry took its rightful place in the pantheon of medical and healing sciences… finally. From magic, to madness to malady: this journey is as closely entwined with the odyssey of how psychiatry has been perceived, as the staff is to the snake.

Understanding our history gives insights into how we arrived at where we are today, and fits with the College's celebrations in 2021. In this issue you will find histories of institutions like Guy's Hospital and their role in pioneering general hospital psychiatry (see Mindham, page 31), to psychiatric interventions on the World War battlefields (see New, page 35). Also walking across the pages of this edition are the lives of several historical figures affiliated with psychiatry: some hidden reformers (see Elman et al, page 26), some revolutionaries (see Nolan, page 23) and some shocking rogues (see Carpenter, page 20).

We have included essays that reflect back at history and analyse its many socio-political and economic facets that shaped psychiatric practice (see Ibrahim, page 14, and Ikkos and Dave, page 12), and how those differences between the past and present provoke thought problems and dilemmas in modern practice (see Freudenthal, page 17). Also within these pages are some inspiring books and their equally fascinating reviews (see Mindham, page 39; Hilton, page 40; and Whitford, page 41), and a rather interesting job advertisement from the 1854 Asylum Journal that today would be a Human Resources obloquy!

We hope that you enjoy reading this issue as much as we have enjoyed putting it together.

As can be anticipated, 2021 will be a busy year for both the College and HoPSIG. To see what HoPSIG has been doing in 2020 and planning for the year ahead please read the Chair's report (page 8). For further information about the College's upcoming events and planned activities please refer to articles by the College's archivist Francis Maunze (page 10) and librarian Fiona Watson (page 10). I would also recommend watching out for the College's planned history webinars due to take place throughout the year. They can be found here.

Please also consider writing for the College's Future Archives Competition, a project to inform future clinicians on psychiatric practices of 2020/21—it is another time-travel experiment as we have been engaging in throughout this article, only this time in the expected direction—or is it?! Details of the competition can be found here

One of the important dates worth noting in the diary for this year is HoPSIG's session at the RCPsych International Congress: Learning from the asylum era: The patients' voice was loud and clear, but did we hear it? Thursday 24 June 2021, 15.10-16.25

We hope to see you all there!

As usual, please email your articles, reviews, photos, ideas, requests for information etc for the newsletter, to claire.hilton6@gmail.com by 31 July 2021.

As I find myself writing this editorial on the anniversary of the UK's first COVID-19 lockdown, I would like to take some time to commend all health professional colleagues for their exceptional hard work and dedication throughout this very trying past year.

With this we take our leave of Time, and let our complex Victorian characters slink back into the shadows from whence we may only interpret their actions and sensibilities and hope to learn from them. And as H. G. Wells, with his skills of scientific imagination, and his penchant of bringing to life Time convolutions and its travel, poetically dictates and yearns, "The past is the beginning of the beginning and all that is and has been is but the twilight of the dawn."

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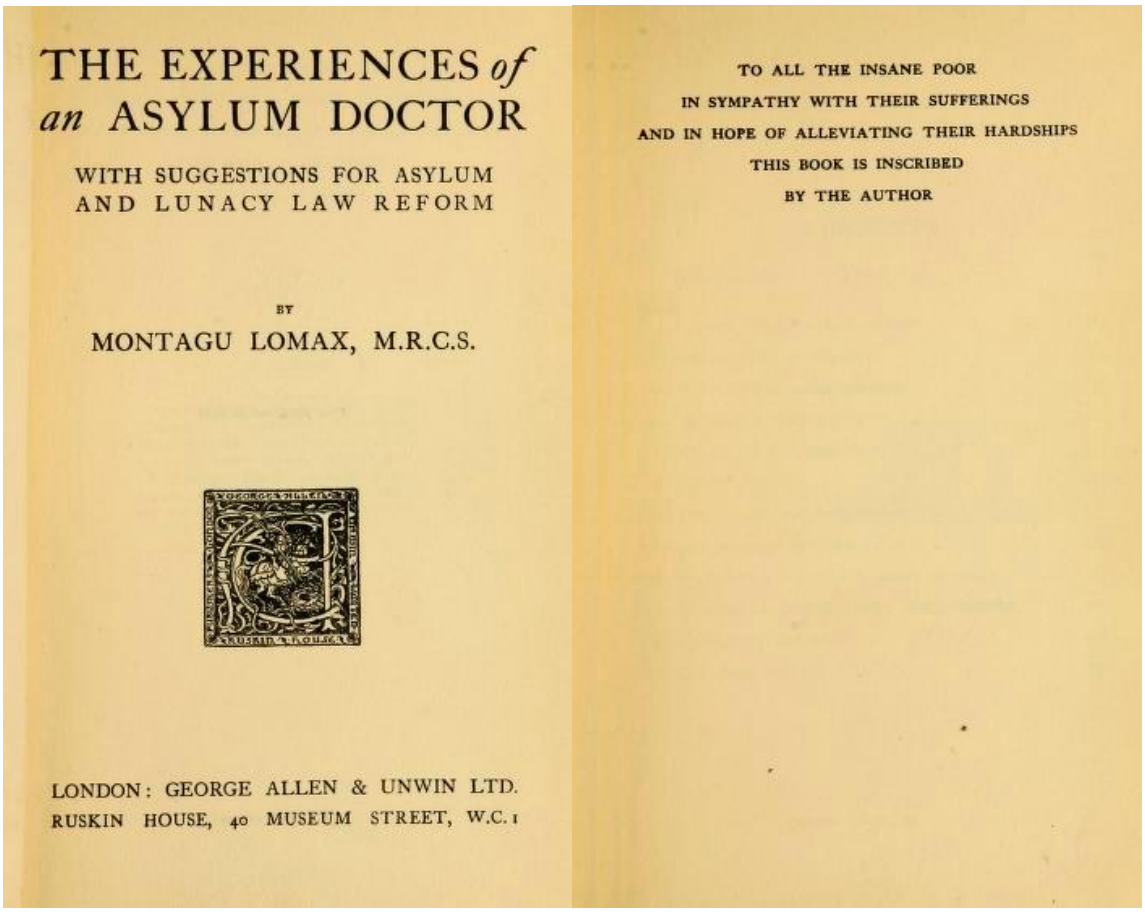
Next issue

Your articles, reviews, photos, ideas, requests for information etc please, by
31 July 2021
to
claire.hilton6@gmail.com



THE EXPERIENCES *of an* ASYLUM DOCTOR

WITH SUGGESTIONS FOR ASYLUM AND LUNACY LAW REFORM

BY

MONTAGU LOMAX, M.R.C.S.

LONDON: GEORGE ALLEN & UNWIN LTD.
RUSKIN HOUSE, 40 MUSEUM STREET, W.C. 1

TO ALL THE INSANE POOR
IN SYMPATHY WITH THEIR SUFFERINGS
AND IN HOPE OF ALLEVIATING THEIR HARDSHIPS
THIS BOOK IS INSCRIBED
BY THE AUTHOR

100 Years Ago: **Published 1921 – and it had a major impact on public and government https://archive.org/details/39002041606220.med.yale.edu/page/n9/mode/2up**

HoPSIG Chair's Spring 2021 report

Review of activities 2020 and plans for 2021

George Ikkos, Chair

2021 marks 50 years since the establishment of the College and a wide range of activities is taking place to review and celebrate our history. Despite the COVID-19 disruption, having been running successfully since 2014, HoPSIG grew during 2020 from c1500 to c2100 members.

We have an active executive committee with 16 members including the full range of grades of psychiatrists, the College archivist Francis Maunze and the College librarian Fiona Watson. Electronic meetings have enhanced rates of attendance. Our finance officer Peter Carpenter, honorary archivist Graham Ash and historian in residence Claire Hilton have been leading by example. Trainees Tom Stephenson, Lydia Thurston, Mutahira Qureshi, and Mohamed Ibrahim have also been particularly active. I continue being grateful to all.

What did we achieve during 2020?

1. Kate Lovett, Dean, requested advice from HoPSIG about the use of the eponym Asperger's Syndrome. Claire Hilton and Graham Ash made a presentation at Council (Jan 2020) about Asperger's involvement in the Nazi T4 extermination programme, which included him sending children under his care to their deaths. Council decided not to use the eponym, and to use some of the material about Asperger in ethics training.
2. The main HoPSIG public event during 2020 has been the joint meeting with RSM Psychiatry Section on "Mind State and Society 1960-2010: Half a century of UK psychiatry and mental health services".
3. Publications:

- Twice yearly newsletter *News and Notes* (Claire Hilton, Lydia Thurston and Mutahira Qureshi Co-editors)
- Ash G, Hilton C, Freudenthal R, Stephenson T and Ikkos G. History of psychiatry in the curriculum? History is part of life and life is part of history: why psychiatrists need to understand it better, *British Journal of Psychiatry* (2020) 217(4): 535-536 DOI: https://doi.org/10.1192/bjp.2020.64
- Hilton C and Stephenson T. (eds) *Psychiatric Hospitals in the UK in the 1960s* Royal College of Psychiatrists, 2020. Open Access

Members of the executive have also published:

- Burns T and Foot J. *Basaglia's International Legacy: From Asylum to Community* (OUP, 2020)
- Hilton C. *Civilian Lunatic Asylums During the First World War: A Study of Austerity on London's Fringe* (Palgrave Macmillan, 2021) Open Access

Forthcoming:

- Stephenson T and Hilton C. Life, Change and Charisma: memories of UK psychiatric hospitals in the long 1960s, Ch 6 in Ikkos G and Bouras N. (eds) *Mind State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010* (CUP, 2021)
- Burns T and Hall J. Critical Friends: Antipsychiatry and Clinical Psychiatry, Ch 20 in Ikkos G and Bouras N. (eds) *Mind State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010* (CUP, 2021)

- Ikkos G and Bouras N. (eds) *Mind State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010* (CUP, 2021)

Our objectives for 2021 are as follows:

1. Initiate COVID archive
2. Run "Future Archives" competition
3. Produce online history exhibition
4. Contribute webinar to RCPsych International Congress 2021 on "The Patient's Voice"
5. Contribute webinar to launch witness seminar "Psychiatric hospitals in the UK in the 1960s" (RSM/HoPSIG)
6. Hold in-person conference on "Mind State and Society: Social History of Psychiatry in Britain 1960-2010: Part 2"
7. Hold witness seminar about UK academic psychiatry in the 1970s on "Enthusiasm and change: The development of the culture of academia in 1970s psychiatry".

I look forward to another fruitful calendar year, including active collaboration with partners within and beyond the College.

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

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

The official grant of arms on October 12, 1926 to the Royal Medico-Psychological Association. (Since 1971, Royal College of Psychiatrists).

https://www.rcpsych.ac.uk/about-us/celebrating-our-history/our-history/the-rmpa

Archives Report

Francis Maunze, Archivist RCPsych

180th Anniversary celebrations
As part of preparations for the 180th Anniversary celebrations the College Archives has been involved in organising the Future Archives competition, and updating the past presidents page on the College website by adding biographical content. The Archivist was also involved in providing content for the "Celebrating 180 years" page.

Documenting COVID-19 Pandemic
The Archives is now collecting documentation relating to the COVID-19 pandemic that is being produced by the College. This includes guidance and information for clinicians and trainees, support and information for patients and carers, webinars and other audio-visual materials.

We are also appealing to members to submit to the Archives other materials like diaries and audio or video recordings of their experiences in dealing with the pandemic. Further information about contributing to this appeal can be obtained from the Archivist.

"Sort it out don't throw it out"
The Archives is still running the "Sort it out don't throw it out" appeal to College members to donate their personal archives to the Archives.
For more information about the appeal please contact the Archivist, Francis Maunze: archives@rcpsych.ac.uk

Library Report

Fiona Watson, Librarian RCPsych

Like many organisations, the College has had its first lockdown anniversary, after we started to work from home on 17 March last year. I vividly remember coming into the office purely to collect my laptop, keyboard and mouse and then exiting central London as quickly as possible. I will avoid the massive and overused understatement about "challenging times" but it has also been a pleasant opportunity to challenge the belief that libraries are no more than dusty collections of books unfit for the modern age.

Working from home actually makes little difference to my work on a day to basis. Cataloguing of donations and other work with the physical collections has been stalled, as has my work with our rare book collection. For most of the past year I have been able to come into the office regularly enough to sustain a slow motion version of our normal postal loans service. Since members have even less opportunity to make it to the post office to return books, this has suited most people just fine. However, the majority of my time has always been spent working with the online collections.

We have been keen to increase our ebooks to support people working remotely and have added several new key titles, including The Maudsley Practice Guidelines for Physical Health Conditions in Psychiatry and the Oxford Textbooks of Neuropsychiatry and the Psychiatry of Intellectual Disability. These acquisitions are challenged by the ongoing fight with publishers to charge reasonable prices for institutional access to ebooks:

'Price gouging from Covid': student ebooks costing up to 500% more than in print

I commend the Maudsley Prescribing Guidelines Series, particularly, for not gatekeeping access to key information in this way.

The move to online meetings has also been a gift. I used to communicate with members struggling to use the online collections almost

entirely by phone. There is nothing less enjoyable for either party than describing how a website is misbehaving to someone who can't see it. Now that we can all share our screens in meetings and demo problems, we can resolve issues faster and members can use resources with less temptation to fling their laptop out of the window.

Library membership actually increased significantly (by around 40%) during 2020 and I recently ran one of the very popular free College webinars entitled Finding the Evidence: Database Searching and Other Information Sources (available to watch here), which was attended by around 250 people. It is no surprise that people are keen to access the evidence base in a year that has seen a proliferation of fake news, general uncertainty and isolation from colleagues.

While at a distance from our wonderful rare books, I have been doing my best to promote them on the library Twitter account @rcpsychreads and I would encourage everyone to take a look. We also promote our work with the historic collections on the History Archive and Library Blog, recent topics have included:

- Reforming mental health law: learning from the past
- What is the RCPsych Roll of Honour?
- Women psychiatrists 100 years ago
- Literature searching: the good, the bad and the epic failures

We are always looking for guest authors, so if there is a topic you think might be of interest we would love to hear about it.

The 180th anniversary of the College has created a wave of interest in our history that has been really inspiring and a lot of fun for the library and archive team. There is talk of staging an exhibition later in the year, COVID-19 permitting, and this could lay the groundwork for more historical displays in the future!

Follow HoPSIG on twitter

@rcpsychHoPSIG

Tweet us your opinions, views or just say Hi!

Stop press!

Sort it out but don't throw it out!

More on page 30

Reflection: 1979 and psychiatry

George Ikkos, consultant liaison psychiatrist and chair, History of Psychiatry Special Interest Group, RCPsych

Prof Subodh Dave FRCPsych MMed (Clinical Education), consultant psychiatrist and deputy director of undergraduate medical education, Derbyshire Healthcare Foundation Trust; Dean-elect, RCPsych

1961 was a notable year for British psychiatry, with publication of seminal "anti-psychiatric" texts by Goffman, Foucault, Laing, and Szasz; and UK Health Minister Enoch Powell's "water-tower" speech which signalled the demise of the asylum.[1] It was the coming together of intellectual and policy direction that made it so. Similarly, 1979 with the award of the Nobel Prize for Physiology and Medicine to Allan Cormack and Godfrey Hounsfield for their work on Computerised Axial Tomography (CAT); publication of Jean-Francois Lyotard's *The Postmodern Condition*[2]; and the election of Margaret Thatcher as UK prime minister (PM). It was the coming together of technological change, as well as change in intellectual and policy direction that made 1979 so notable.

Brain imaging 1979

The theoretical basis for CAT was developed by Tufts University particle physicist Allan Cormack (1924-98). The contribution of Godfrey Hounsfield (1919-2004), an electrical engineer in the UK who had never attended university and had joined Electrical Music Industries as an apprentice in 1949, was to develop the Hounsfield Unit (HU) scale. The fact that the HU made the commercialisation of CAT scan possible was cited specifically in their joint award. The first CAT medical use (for a patient with a brain cyst) took place in London in 1971. The whole-body scanner was introduced in 1975. For psychiatrists, CAT offered an opportunity to turn away from the disputed Freudian unconscious and the conflicted politics of the social environment and achieve "proper" admission into scientific medicine.

Postmodernism 1979

Lyotard's (1924–98) seminal *The Postmodern Condition: A Report on Knowledge* was commissioned by heads of French speaking universities in Canada. It argued that the increasing dominance of financial capital in society and emphasis on practical knowledge in the service of commercial profit was reinforcing the creation of academic silos, governance by numbers, and managed workplaces. Through the imposition of rigorously overseen routines these caused demoralisation of middle-class professions in universities, healthcare, and beyond. In *Postmodernism, or, the Cultural Logic of Late Capitalism*[3] Fredric Jameson highlighted "attenuation of affect" as a central characteristic of postmodernism. In psychiatry, postmodernism manifested through a turn away from affect focused therapies and social approaches, towards brain imaging, genetics, psychopharmacology, and individual cognitive behavioural therapy (CBT).

Neoliberalism 1979

Margaret Thatcher (1925-2013) was elected PM in 1979. She valorised self-interest, free-markets, monetarist economics, and financialisation. She combated "socialism" by assaulting the arts at schools, the humanities at universities, and the NHS and welfare state. She transformed the UK and, together with Ronald Regan (1911-2004), the world (neoliberal globalisation). For psychiatrists, Thatcher's transformations compelled: technology as the priority for academic funding; the pharmaceutical industry as primary hope for therapeutic advances; business-consulting for health services management; and numerical targets rather than discretion in clinical practice. This was much in line with Lyotard's diagnosis and prognosis.

Outcomes

Technology, inequality, and weaker social bonds: this was the neoliberal settlement. Though biological thinking in psychiatry pre-existed, it was during this new period that "biological psychiatry" made its name and, together with CBT, gained pre-eminence at the expense of social and dynamic psychiatry. Community psychiatry was implemented and largely failed to fulfil its ambitions during this era too.[4]

The aftermath

The 2008 financial crisis challenged the neoliberal settlement. It brought austerity cuts which left many financially vulnerable, and those disabled by severe mental illness unable to negotiate the maze of benefit claims and appeals. The usual sources of support—Citizens Advice Bureaux, community psychiatric nurses, legal aid—had themselves been truncated or withdrawn. But a dramatic increase in the request for letters of support for housing / benefits applications was not the only fallout: most psychiatrists saw a significant rise in our caseloads as the twin effects of cuts to services and the economic impact on people's mental health unfolded in tandem.

Bouras *et al*[5] have argued that with the completion of de-institutionalisation, the shortcomings of community psychiatry and the emergence of trans-institutionalisation, community psychiatry has run its course. In society more broadly, since 2008 social media has brought emotion back to public life and nationalist populism has taken over from globalisation. In Greek "meta" means after. They propose therefore that we have entered the period, of meta-community psychiatry and mental health. If so, the COVID-19 pandemic[6] and hopefully the Black Lives Matter movement will push us further into this. Will 2021 be another notable year when new trends come together to give a different direction to psychiatry?

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Conflict of interest: none

Chlorpromazine: The Delay of Laborit

Mohamed M Ibrahim MRCPsych
CT3, East London NHS Foundation Trust

In the last *News and Notes* (Chlorpromazine: The "dying" history), Laborit's fortune was on the rise, with his molecule chlorpromazine being marketed by Rhone-Poulenc, as "Largactil" a multi-role medication, with a vast gamut of indications. In November 1951 the first trial of chlorpromazine as a psychiatric medication took place. However, we need to dial back a little to set the scene for this unorthodox and highly consequential trial.

Chertok and the Villejuif chlorpromazine experiment

Born in Vilnius 1911, Léon Chertok, natively a Frenchman, obtained his medical degree from Prague in 1938. He returned to Paris the following year: he joined the French resistance and was later awarded the Croix de Guerre. After completing an internship in psychiatry in New York, Chertok returned to France where, in 1949, he started working at the psychiatric hospital at Villejuif, a suburb to the south of Paris. There, he founded the centre for psychosomatic medicine with Victor Gachkel. It was a proto-liaison service where they worked mainly with urological surgeons and anaesthetists. In 1951, Chertok met the anaesthetist Jean Lassner, who told him about Laborit and his molecule. Specifically, he mentioned to him that Laborit noticed (by sheer chance) that chlorpromazine seemed to have an "euphoric" effect on patients, and he was keen to trial it in psychiatry. Chertok was intrigued, and he convinced his boss, Marcel Montassut, to experiment with the molecule.

The result of this collaboration was the rather unorthodox "Villejuif chlorpromazine experiment". In November 1951, Laborit and Montassut tried chlorpromazine on Cornelia Quarti, another psychiatrist at Villejuif's hospital. Chlorpromazine wasn't available in tablet format at the time, so it had to be given intravenously. To make this worse, Quarti was given an arbitrary dose as Chertok didn't know what dose to give her.

Following the administration, Quarti passed out for 15 minutes, she then woke up feeling euphoric, optimistic and full of affection for everyone. The results were encouraging for Chertok, but Montassut was appalled by Quarti passing out and ordered no further trials of chlorpromazine.

At Val-de-Grâce

Despite this, Laborit was undaunted, and still believed that chlorpromazine could be useful in psychiatric conditions. Early in 1952, Laborit met his colleagues at the neuropsychiatry department of the Hôpital Val-*de*-Grâce, over lunch in the hospital canteen. He managed to convince them to trial chlorpromazine on their psychiatric patients.

Despite some reluctance from the psychiatrists in the department, on 19 January 1952 chlorpromazine was administered to Jacques Lh, a 24-year-old man admitted to Val-de-Grâce with mania and agitation. Chlorpromazine was given along with pethidine and pentothal. Jacques was immediately settled following administration of this concoction. By 7 February, Jacques was settled enough to play bridge and following three weeks of treatment, he was well enough to be discharged from the hospital.

On 25 February, these findings were presented by one of the heads of the Val-de-Grâce neuropsychiatry department, Colonel Jean Paraire, at a meeting of the Société Médico-Psychologique in Paris. He remarked: "we have quite probably introduced a series of products that will enrich psychiatric therapy". The results were published the following month (Hamon et al, 1952). This trial of chlorpromazine, arguably the first clinical trial of an antipsychotic, was a pivotal moment in the history of psychiatry and psychopharmacology.

1 **Le Pavillon Magnan, the main building of Sainte Anne hospital in modern day. Source: Wikimedia, by user Photographer: LPLT; Creative Commons CC BY-SA 3.0**

At Sainte-Anne

About the same time, Pierre Deniker (men's service chief at Sainte-Anne's hospital, Paris) heard about Laborit's earlier experiments with chlorpromazine through his brother-in-law who was a surgeon. Intrigued, Deniker contacted Rhone-Poulenc, requesting samples of chlorpromazine to administer to his psychiatric patients. Rhone-Poulenc obliged, and Deniker, together with Jean Delay (director of Sainte-Anne and professor of psychiatry at the Sorbonne) started their trial. Delay and Deniker's experiment took place a few weeks after Paraire's presentation and they administered chlorpromazine on its own to an agitated psychiatric patient at their hospital.

Deniker and Delay reached two significant conclusions: first, that chlorpromazine was effective as a tranquilizer for agitated patients, and second, that, when used alone and not in adjunct with opiates or barbiturates, chlorpromazine was required in higher doses (4-6 times) than those which Laborit used in his trials to achieve its tranquilizing effect. They identified the effective dose to be in the range of 75-100 mg per day.

Encouraged by this result, Deniker and Delay with the help of two of their interns, JM Harl and A Grasset, ramped up the use of chlorpromazine with their patients. Between May and July 1952, they produced six clinical papers reporting on the use of chlorpromazine in 38 different psychiatric patients with agitation, mania and psychosis.

The Sainte-Anne group found that chlorpromazine was very effective in agitated, confused and violent patients. They also established that it was of little use in patients with depression and negative symptoms of schizophrenia.

One of the interesting cases reported by Delay and Deniker was that of Giovanni A. Giovanni was a 47-year-old manual labourer admitted with what seemed to be mania with psychotic features. He would travel the streets of Paris, throwing improvised political speeches, getting into brawls with strangers and wearing a cracked pot on his head as a manifest of his undying love of liberty. Chlorpromazine was effective, and Giovanni was able to converse normally by day nine of treatment and was discharged in the third week of treatment.

2 Pierre Deniker circa 1959

Source: Wikimedia, photo provided by the US National Library of Medicine, Creative Commons CC BY-SA 4.0.

Deniker and Delay presented their papers to the Société Médico-Psychologique, and their papers were published in the prestigious *Annales Médico-Psychologique*. The first of their six papers was published on 26 May

1952, on the 100th anniversary of the society (López-Muñoz 2005). Interestingly, they didn't mention the work or research of Laborit, nor his trial at Val-de-Grâce, which may hint at rivalry between parties.

The first "neuroleptic"

Deniker and Delay coined the term "neuroleptic" (from Greek: *neuro*- related to nerves, and *leptic*- to seize, take hold of) as a collective term to describe the effects of administering chlorpromazine, these included: emotional neutrality, slowing of movement and other motor activity, and emotional apathy. In January 1955 Delay proposed the term to the national French academy of medicine to describe the effects induced by chlorpromazine and similar drugs. Thus, chlorpromazine and subsequent antipsychotics were collectively described as "neuroleptics" in Europe. This term failed to gain traction in America, though, as the Americans didn't think it was appropriate to describe a medication by those of its actions considered to be side effects rather than its therapeutic purpose. They opted for the term "tranquiliser", which later earned the epithet "major". Both terms were gradually abandoned as these drugs became known by their current name, "antipsychotics".

Delay and Deniker's work ushered in the mainstream use of chlorpromazine as an antipsychotic in Europe. They provided empirical scientific evidence wherein chlorpromazine alone was used in regular doses, for sufficiently long periods and produced measured improvement in psychiatric patients in a large-enough sample. They also introduced structured treatment regimens and doses for chlorpromazine.

One unfortunate occurrence was the growing rivalry between Laborit's Val-de-Grâce camp and Deniker and Delay's Sainte-Anne camp. Indeed, it seems that the conflict was so strenuous, that when Delay and Deniker were nominated for the Nobel Prize for their discovery, they were not awarded it, at least in part due to the Nobel assembly's desire to avoid stirring conflicts within the French scientific community. This happened despite Delay being a foreign member of the assembly, showing the entangled roots of the discovery of the antipsychotic properties of chlorpromazine.

Next time, we'll find out how chlorpromazine struggled to gain acceptance through Europe and how it eventually migrated to America.

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Rethinking renaming: an opportunity to reflect on psychiatry's chequered history

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In 2020, I was invited to help with a small piece of research by the History of Psychiatry Special Interest Group (HoPSIG). The Royal College of Psychiatrists (RCPsych) was considering re-naming its "antiquarian book collection" to something a little snappier, with the intention that such a re-naming may encourage more people to use the collection. The bulk of the collection was donated to the library in memory of psychiatrist Dr Daniel Hack Tuke (died 1895), so the proposal was to re-name it after him. Before undertaking the name change, HoPSIG was asked to research Dr Tuke to ensure that he had not promoted ideas that would be in conflict with the current values, including that of tackling racial injustices, of the RCPsych today.

So, who was Dr Tuke? Dr Tuke was a descendent of the founder of the York Retreat, which sought to provide a kinder, more humane treatment, than was available in many asylums of the period.[1] Dr Tuke was a pioneer of social treatments in psychiatry and was an advocate of reducing the practice of mechanical restraint in managing mental illness.[2] He was also a founder member of the "After-Care Association" which helped support women patients back into social and domestic life after leaving asylums.[3]

However, Dr Tuke also promoted ideas that we would now associate with racism. He was interested in the pseudoscience of phrenology (the belief that skull shape of different individuals and of different races may impact on behaviour) and he promoted the idea that insanity was a product of a more developed society to which "lower savage races" would not be vulnerable.[4] This is clearly against the ethos of the RCPsych today, and with the College's determination to counteract all forms of discrimination within the equalities framework, the decision was made that the library would not be re-named after Dr Tuke. More broadly, it also poses questions about how psychiatry as a profession relates to its history. Other notable figures held similar or worse objectionable views. Henry Maudsley, for example, held views that we would now consider to be explicitly racist,[5] yet the hospital he helped finance still bears his name, and what we know of him also raises the question as to whether the College's bust of him should be removed, or some explanation given outlining his views.

Healthcare services are not culturally removed or distinct from the rest of society, and they often reflect the economic, racial, and cultural struggles of the society in which they function. This is particularly the case with the psychiatric profession in which the realities of how mental illness presents, and how it is treated, can shine a light on wider structural difficulties in society. An apparent contemporary example of this is the disproportionate detention of black men in psychiatric hospitals,[6] which is likely reflective of wider systemic racism.

Nineteenth century Britain had an expanding colonial empire, upon which its economic system was based. Ideas about the superiority of one race over another were commonplace, and many of the natural sciences sought to examine such supposed differences – whether that be the study of phrenology, or fears about degenerate races that would harm European civilization.[7] The psychiatric profession was embedded within this society, and therefore it is expected that some of the ideas held by psychiatrists may have been associated with ideas of racial hierarchy.

It is within this broader context that we should review the work of our psychiatric

predecessors: it is likely that psychiatrists such as Dr Tuke were just as motivated as contemporary doctors in providing treatment for vulnerable people and advocating for those with mental illness, despite values and views typical of the time. Therefore, if we consider the society of the period to be heavily influenced by colonial expansionism and that ideas about racial hierarchy were embedded into it, it is not surprising that some of those ideas were reflected in the views and writings of its psychiatrists. This does not, however, mean that Tuke and some of his contemporaries were individually motivated by perpetrating racial injustices. In fact, that seems unlikely, particularly in the case of Tuke, but rather it simply means that they were citizens of a society which had its difficulties with regards to structural racial inequalities.

Whilst it is not appropriate to start naming our buildings and institutions after psychiatrists who promoted views that we would now consider racist, it is also important for us as a profession to reflect upon the actions we take related to this. Rab Houston in his paper "Past and pastism" refers to the pitfalls of seeing historical periods as being "all bad", with contemporary practice viewed as wholly positive.[8] In deciding not to name the library after Dr Tuke, we must ensure that we do not consider today's psychiatry as clear from discriminatory practices: rather, the contemporary psychiatric profession is just as enmeshed with good and bad forces in society as it was in Dr Tuke's time.

Nineteenth century psychiatrists, despite some of the views that they espoused, were likely to have been just as committed as contemporary psychiatrists to furthering the treatment of mental illness, and acting according to what they considered to be ethical. Dr Tuke is an example of this, such as promoting after-care, and campaigning against the use of restraint in psychiatric hospitals, which he considered to be immoral and unjustified.

It is appropriate that the records of eminent psychiatrists from previous decades and centuries are carefully examined before their names are uplifted and celebrated. However, it is essential that this is not done from a place of us considering ourselves to be devoid of such difficulties. Rather, this process of examining the past can be a tool to prompt reflection of contemporary practice, and as well as informing us about how injustices might have been enacted throughout history.

Given that the psychiatric profession generally reflects the views of the society in which it operates, it may be a challenge to find a 19th century British psychiatrist who did not espouse some views that we would now consider to be objectionable. This could be a prompt for us to try harder to uplift and celebrate other historical figures that rarely have a platform, such as patients who were admitted to mental hospitals, or women who worked in such institutions. Perhaps this may also encourage us to examine contemporary psychiatry from the perspectives of those most marginalised in today's society.

With thanks to Dr Claire Hilton, who has supported and led on pursuing this project further, exploring other aspects of Dr Tuke's life, and exploring the wider historical question about how to approach figures from psychiatry's history that may have held views which contradict with our current values.

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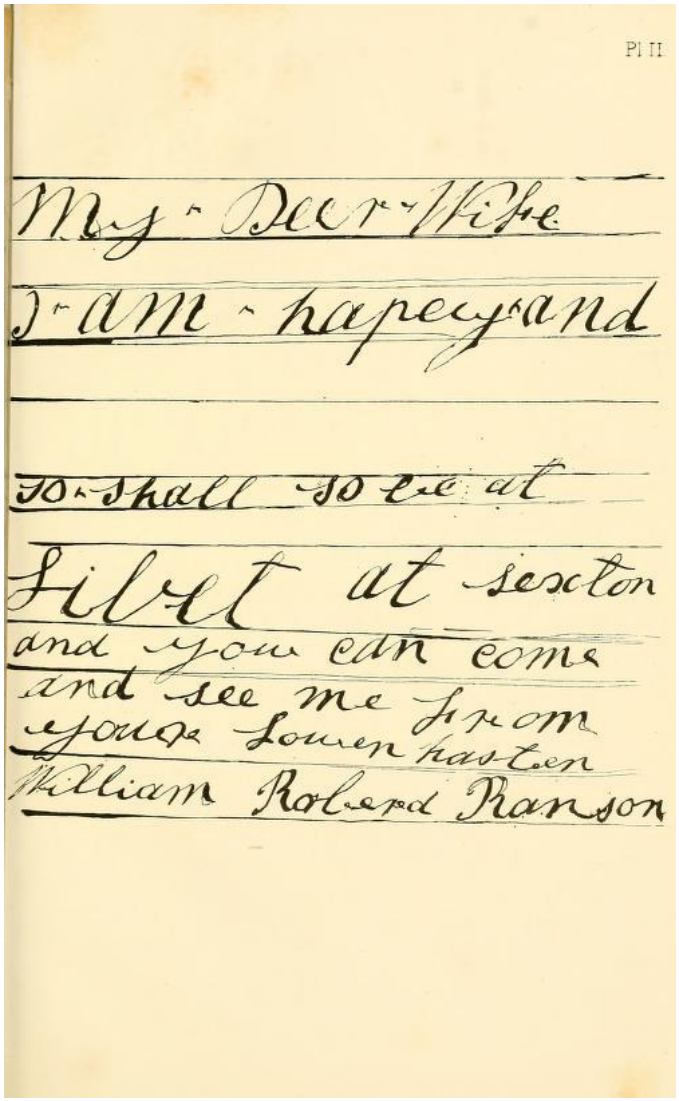

Bacon's patient from page 2, now much recovered has rewritten to his wife asking her to visit.

Note how the block letters from the previous letter have transformed into cursive. Bacon reflects in the book that the handwriting with its easy glide and flow on the page as opposed to the forceful block letters, in places written in mirror-hand, and in others in the wrong order is very much indicative of inner mental states.

Bacon concludes this anecdote by telling us that as this patient neared remission his letters became more 'sensible' and 'affectionate' and 'full of good intentions' that Bacon believes were all carried out post-discharge.

If any of our readers have further thoughts on these letters or on Bacon's treatise, please write to us and share your thoughts.

Editors' Choice

Blogs, publications, archives, and repositories

Dear Readers,
Here is a list compiled by us of resources that might provoke your interest. If you go through them, do feel free to give us your feedback.
And please do keep suggesting similar things that you come across so we can share it here for more *News and Notes* readers!

- **h-madness blog**: https://historypsychiatry.com/

- You may be interested in joining the JiscMail **History of the Emotions mailing list**: https://www.jiscmail.ac.uk/ https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=HISTORYOFEMOTIONS

- The links to the following two **papers**, about how Ibn-e-Sina cured a Buyid Prince who thought he was a cow and about Sufi mystics' "nafs": self, mind, or soul, were sent to us by the author, Homayun Shahpesandy, a psychiatrist in Lincoln:

Shahpesandy, Homayun. (2020). Ibn Sina (Avicenna): treatment of the Buyid prince suffering from melancholy with delusional metamorphosis of boanthropy. *International Journal of Psychiatry Research* 3 (1) 2-4. DOI: 10.33425/2641-4317.1049 Can be accessed here

Shahpesandy, Homayun. (2020). The "nafs" (self), as outlined by early philosophers and Sufi mystics of Afghanistan and Iran. *Khazanah* 18 (1) 75-90 DOI: 0.18592/khazanah.v18i1.3436
Can be accessed here

- **Wells and Mendip Museum page** on Facebook. Sent to us by Jane Mounty. Here you can find stories and pictures on asylums and asylum practices, among other things. We include two here on the Somerset and Bath County Lunatic Asylum, https://www.facebook.com/139740956058842/posts/4014788451887387/
and the use of the Epileptic Hat https://www.facebook.com/139740956058842/posts/3727473343952234/
and there are more items if you scroll down.

Yours truly,
Mutahira, Lydia and Claire

The case of James Pownall: insane murderer and asylum owner

Peter Carpenter, Hon psychiatrist, Avon and Wiltshire Mental Health Partnership NHS Trust; Hon clin lecturer, University of Bristol.

Introduction

One way of passing lockdown is online research. It is amazing what one can find out about past psychiatry using commercial genealogy websites (with their census returns), the British Library online newspaper collection, and the online parliamentary papers, the last two often available free through library membership. The *London Gazette* is free online and great for finding out about partnership dissolutions, bankruptcies and military appointments (it is surprising how many doctors went bankrupt). The Wellcome Library provides free online access to the Retreat and Ticehurst House Hospital archives and many local societies have published histories of their community's past institutions.

I have been researching the 15 private asylums of the Bristol area that existed between 1670 and 1960. While doing this, I came across the case of James Pownall, a surgeon, asylum proprietor and Mayor of Calne in Wiltshire who was committed to the criminal lunatic wing of Bethlem Hospital in 1859 after murdering a servant shortly after leaving Northwoods Asylum where he had been a patient. Prior to this he had at least twice seriously assaulted others when deluded, but no criminal prosecution occurred. His story seems worth relating if only to show what one can find online.

James' life

James was born in Jamaica in 1807, natural son of slave owner James Corne Pownall (his 1823 slave lists are online). James was of mixed race. His mother was a "free mulatto", Sarah Watt. James received £1000 in his father's 1824 will to leave Jamaica for England. I cannot find out where he trained in medicine, but as his father came from Bristol he may have been apprenticed and attended the new medical school there, or trained in a London medical school. He qualified as surgeon and apothecary in 1828, the year he married the heiress Ann Lucretia Bishop from Calne. Ann's elder sister Bridget was the wife of George Shadforth Ogilvie who was 10 years older than James and had an established surgical practice in Calne. Bridget died in 1829 and George did not remarry. George lived at Northfield House, which local websites say he rebuilt in 1829. Between 1833 and 1845 George operated Northfield as an asylum, licenced for 7 patients. From the newspapers, we know James worked as a surgeon and apothecary with his brother in law George and probably lived with him and helped with the asylum.

James: illness and treatment

James was admitted as a patient to two private asylums: Fishponds in 1839 and Northwoods in 1840. He returned to Calne, presumably living with George in the family house and asylum. He continued to practice as a surgeon and gave evidence in 1841 on the death of a man by hanging, but his partnership with George was dissolved in 1842.

In 1846 George left Calne to take over Ridgeway House Asylum in Stapleton, Bristol. James bought Northfield from George (the house was sold later as part of James' estate). After George left Calne, James continued there as surgeon, was a councillor from around 1845 and was elected Mayor in November 1853. When he restarted Northfield House as an asylum is unclear, but he advertised it locally as a continuing concern in 1850 and it appears in the 1851 census, but the Commissioners of Lunacy first note its new licence in their 1853 annual report.

As part of being licenced, an asylum had external Visitors appointed by the licencing magistrates. In May 1854 the Vicar of Calne – one of Northfield's Visitors – wrote to the

Commissioners to say James was not a fit proprietor. He had broken a poker on the head of a patient, a fortnight after hitting him with a bludgeon under the suspicion that he was poisoning his food. The patient had called the police!

James was not prosecuted but admitted to Munster House private asylum on 11 May 1854, as 'dangerous to others'. He left 'cured' on 3 June and returned to run his asylum where he shot a patient three weeks later.

The inquest heard that James was strolling in the garden with a loaded gun to shoot birds attacking his fruit trees when he accidentally shot one of his patients, 37 year old Samuel Arden (a lieutenant in the East India Company), who was helping him. Doctors were called, and Samuel's leg was amputated, but he died the next day. The verdict was accidental death. James' mental state and recent violence and admission was not mentioned at the inquest but he was readmitted to Munster House on 26 June. He was discharged a fortnight later 'relieved', only to be readmitted on 11 July to Sussex House Asylum, to be discharged 'not improved' on 24 October. Northfield House Asylum closed. James retired to Wroughton (by Swindon), where in 1855 he was fined for trespassing when shooting game.

In January 1859 James became "depressed", and again feared his food was poisoned. In March he took chloroform in an attempt to kill himself. On 1 April he went into his mother-in-law's bedroom and struck her on the head with a poker, wounding her severely. Arrangements were made to take him to Northwoods but whilst the attendants waited, he got his gun and tried to shoot her, but was disarmed. He arrived at Northwoods Asylum the next day when he was described as being "desponding" and incoherent.

After 6 weeks he appeared better and the proprietor, Dr Davey, started to discuss discharge. He argued that James appeared well and could no longer be legally confined. He was discharged on 10 August to board with Mr. Leete, a surgeon at Lydney, accompanied by an attendant whom James dismissed after a fortnight. On 30 August, James murdered a 15 year old maid Louisa Cooke by cutting her throat with a razor when she attended on him. He was tried and found not guilty due to insanity, and admitted to the Bethlem, then to the newly opened Broadmoor a few years later. The newspapers commented that, at trial, he followed the proceedings closely and instructed counsel about cross-examination.[6]

Discussion: then and now

The supervising authorities describe the case at length, seemingly to demonstrate they were not to blame for the murder. The licensing magistrates discussed the case publicly with Davey before James was tried.[7] Davey said James had a repetitive delusion

[6] Trial reported widely including in colonial newspapers - most detailed is *Gloucestershire Chronicle* 24 Dec 1859

[7] See for example *Wiltshire Independent* 8 September 1859.

that his food was poisoned. After he had it for a few days he became violent. Between times he was free from all manifestation of mental disorder and had little wrong with his mind. James's wife, Ann, had pushed for his release and threatened Davey with action if he kept her husband which was why he had released him, but he was worried enough to require that an attendant accompany him. The magistrates said they felt that James was not in a fit state to be discharged, and it was Davey's responsibility for doing so.

Davey said that, legally, he had to discharge James, and the Commissioners in Lunacy supported his actions. However, he said he had warned his friends "if he should return home, look out for any delusion, and directly you see any, place him under restraint." Killing the servant, though, appeared impulsive, without any of the previous warning signs, as part of an attack that was very brief.

He unwisely had given James, rather than his accompanying attendant, the letter for Mr Leete that warned him of his concerns. It was not passed on. Mr Leete said he would not have taken James if he had known of his past suicide attempt and certainly would not have allowed him access to razors.

When Davey said the Commissioners in Lunacy supported his actions, he publicly quoted a letter from them stating that "the leave of absence, therein referred to, was carried into effect, not so much by himself, as by Mrs. Pownall [Ann] and Mr. Ogilvie [George]" (so they held the responsibility). The Commissioners in their 1860 annual report dealt with the case at length, protesting they wanted James sent on leave, and Davey discharged him against their wishes.

For me this is a fascinating case. A Victorian surgeon having brief episodes of violence linked to delusions, yet keeping his reputation despite asylum admissions, even being licenced to run an asylum and becoming mayor. As the mayor he was not prosecuted after assaulting a patient nor was his mental health questioned when he shot another soon afterwards.

There are modern echoes: Davey, the asylum doctor who took him in, was faced with pressure to discharge a man who was well but at high risk of future episodes of sudden violent insanity. After the disaster, everyone tried to deny responsibility. The magistrates blamed Davey, the Commissioners and the relatives. The Commissioners blamed Davey and Davey blamed the law, James' wife Ann and George Ogilvie. Whether Ann, George, or Louisa's parents blamed anyone was not recorded.

Davey and Northwoods survived this publicity. Davey continued as its proprietor for another 15 years. James Pownall died in Broadmoor in 1882.

Sources

Three main genealogy sites with censuses, marriages etc

https://www.familysearch.org

https://www.ancestry.co.uk [subscription]

https://www.findmypast.co.uk [subscription]

also, the National Lunatic Asylum Admissions Register entries for James can be found on ancestry.co.uk

https://wellcomelibrary.org Wellcome Library, referred to above

https://www.ucl.ac.uk/lbs/person/view/2146654707 accounts of slave ownership

https://www.britishnewspaperarchive.co.uk [subscription]

https://www.thegazette.co.uk *London Gazette*

http://www.calneheritage.co.uk/2019/07/?m=1 Calne heritage site

https://wshc.org.uk/catalogues.html gives details of documents for Calne in Wiltshire Archives.

Author's note: I have yet to see the magistrate's records for James' case contained in the Northwoods records at Gloucestershire Archives – a task for after lockdown.

The life and times of Dr Eleonora Lilian Fleury (1867–1960)

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There is a history that remembers and a history that forgets (Lasch, 1966). The life and times of psychiatrist, Eleonora (Norah) Fleury, a pioneering doctor and influential political and social agitator, stand perilously close to extinction. Details about her life have remained elusive until the serendipitous discovery of two oral testimonies in the mid-1990s which have shed light on the achievements of this remarkable woman. The first was provided by Tony Fitzpatrick, a psychiatric nurse who commenced training in the early 1960s, and who recalls how his father and grandfather used to talk about Dr Fleury. The second is Father Piaras O'Duill, a hospital chaplain, who has protected and preserved an extensive collection of artifacts and records which give a fascinating insight into the life of the Richmond Asylum since its opening in 1814. The stories about Eleonora Fleury told in these oral testimonies (in the possession of the author) reveal a person of outward serenity but possessed of a steely determination and a relentless drive to better the lives of Irish psychiatric patients. She abhorred the oppression of the mentally ill which she saw on an everyday basis, gave succour to its victims and was adamant that their care and their lives could be changed for the better. The mechanism of change was, she believed, the careful selection and training of nurses who could lift patients out of states of hopelessness and ennui. Her achievements deserve much greater attention than they have hitherto received.

Early Life

Eleonora Fleury was born in Manchester in 1867, at a time when women had limited access to education and were denied entry to the professions on the grounds that they were inexact in their judgements, unable to think logically and beguiled by witchcraft and magic (Emilie, 1993). Her ancestors were French Huguenots who fled their country of birth owing to religious persecution and settled in Ireland in the early 18th century (MacLysaght, 1988). Her father, who was born in Ireland, was a GP/surgeon. He took a keen interest in his daughter's development, providing home tutoring for her. Norah excelled in the arts and humanities, read avidly, and as a young woman, became a suffragist and an activist for social justice. Observing her father's practice enabled her to see the impact of poverty on health and led her to decide on a career in medicine.

At the age of seventeen, she registered at the London School of Medicine for Women (later known as The Royal Free Hospital) as this was the only medical school that accepted female students at the time (Bell, 1953). The London School had been founded in 1874 by a group of women led by Sophia Jex-Blake and which included Elizabeth Blackwell (1821-1910) and Elizabeth Garrett Anderson (1836-1917), the first women to be entered on the register of the General Medical Council (Wilson, 1970). During her training, Norah opted to take a three months' course on the care and management of patients at the Richmond Asylum in Dublin. Despite, or probably because of, the wretched conditions in which patients lived, the indifference of the Asylum governors and the lack of empathy of staff for patients, she felt drawn to the place. Norah obtained the highest honours with the first Exhibition at the MB Examination, Royal University, Ireland, in 1890, and the Gold Medal with the degree of MD in 1892 (British Medical Journal, 1895). She proceeded to extend her studies for another year at the Homerton Fever Hospital in London to learn about the management of infectious diseases after which she returned to the Richmond as a resident clinical assistant.

The Richmond Asylum

Established in 1814, the Richmond Lunatic Asylum was the first public refuge for the insane poor in Ireland and the first asylum to close 199 years later (O'Duill, 1995). While claiming to be an enlightened and compassionate institution, from its early days it was a byword for squalor, despair and wretchedness. Admissions far exceeded capacity and few patients were ever

discharged, leaving many to believe they had no living relatives. When they died, they were buried in mass graves in Glasnevin Cemetery and their belongings, such as holy pictures, rosary beads, packets of cigarettes and photographs, were packed in bags and stored with no attempt to find long-lost relatives (O'Duill, 1995). The board of governors, drawn predominantly from the wealthy, regarded the mentally ill as inherently feckless and deserving of no more than the necessities of life (Robins, 1986). Many treated their post at the asylum as a sinecure, attended meetings infrequently and regarded the Resident Medical Superintendent (RMS) as a middle manager to whom board decisions were passed for unquestioning implementation (Reynolds, 1992). This situation changed with the appointment of Dr Conolly Norman as RMS in July 1886. Unlike his predecessors, he was an experienced psychiatrist who had spent time at the Maudsley Hospital in London and had been RMS at two smaller Irish asylums. He saw it as a mission to halt the decline of the Richmond (Reynolds, 1992) and to address the high death rate from dysentery and diarrhoea by improving the deplorable sanitary conditions and lack of hygiene in the preparation of food as well as putting an end to large number of patients sleeping on the floor (Robbins, 1986). Norman also challenged staffing levels – at the time of his appointment, only 23 male attendants were employed to care for 470 patients – and the accepted practice of excluding the RMS from asylum board meetings. In order to force change, he threatened governors with drawing the attention of the Dublin Municipal Authority to the entirely unsatisfactory situation at the asylum. The threat proved effective and he was quickly invited to become a full board member with authority to initiate whatever measures he deemed appropriate.

Fleury's work at the Richmond

According to Fitzpatrick (1995) and O'Duill (1995) Norah had several reasons for choosing to take a post at an Irish asylum: she was always mindful of the fact that her ancestors had been given refuge in Ireland; she had close relatives living in Dublin and she held the work and character of Conolly Norman in high regard.

By the time she arrived at the Richmond, some improvements initiated by Norman were underway. Open cesspits had been filled in; leaking sewage pipes were mended; washing facilities had been upgraded and new heating and ventilation systems had been installed. Fewer patients were sleeping on the floor, but the social environment and general attitude of the staff remained largely unreformed. Norah was dismayed that many of the nurses believed that nothing more could be done for the patients than was already being done (Reynolds, 1992). There was little incentive for them to change either their attitudes or the care they provided for patients as they were paid a third of their English counterparts, lived in dormitories with the patients, had to be constantly available in case of emergencies, received no instruction in nursing and lived in fear of losing their jobs (Robbins, 1986). Norah quickly set about establishing a programme of lectures and practical instruction to prepare nurses for the Certificate of Proficiency in Mental Nursing awarded by the Medico-Psychological Association (MPA). Successful candidates were eligible for a pay increase and could apply for promotion.

Under Norah's tutelage, a gradual transformation took place in how nurses and patients related to each other. Nurses began to understand why conversing with patients, accompanying them on walks, taking them to cultural and sporting events and to church services were important (Fitzpatrick, 1995). Weekly choral groups were organised when patients and staff came together to sing traditional songs and hymns, they had learned as children (O'Duill, 1995). Norah ensured that Gaelic speaking nurses were employed to communicate with patients who came from non-English speaking parts of the country. Increasingly, all staff saw it as an important part of their duties to attend funeral services, especially where the patient had no living relatives. The transformation of nursing from a custodial force to a therapeutic resource was due in no small measure to Norah's skill of modelling what she taught.

At the annual meeting of the MPA of Great Britain and Ireland held at Buxton, Derbyshire on July 22nd, 1893, Norman was elected President (*Journal of Mental Science*, 1893). An admired and respected negotiator, he informed the membership that it was his

intention to introduce various innovations starting with a syllabus of training for nurses and attendants that was submitted and accepted at the July meeting. Much of the syllabus had been devised by Norah. Not without resistance, Norman also proposed that women be eligible to become members of the MPA (with Norah clearly in mind). He asserted that, in his experience, female doctors were superior to the average male graduate. At the annual meeting the following year, Norah was formally elected by 23 votes to 7, becoming the first woman to achieve this honour and thereby blazing the trail for fourteen more to be elected in the next six years (Robbins, 1986).

Despite gaining this accolade, Norah was rejected for the post of RMS at the Richmond when it became vacant on Norman's death in 1908. The governors preferred a man. It was not until 1921 that she was appointed as Deputy Medical Superintendent at Portrane Asylum, a satellite of the Richmond, where she remained until her retirement in 1926.

Political activities

It was well known to Norah's nursing and medical colleagues that she held nationalist sympathies and regarded the patients at the Richmond as victims of colonialism. She attended rallies demanding Home Rule and protested at the execution of the leaders of the Easter Rising in 1916. On several occasions, with the aid of nursing staff, she assisted wounded Republican fugitives by disguising them as patients in the asylum. In 1923, she was imprisoned in Kilmainham Gaol for organising the escape of prisoners from the gaol who had resisted the 1921 Treaty that established the Irish Free State as a self-governing dominion within the "community of nations known as the British Empire" (Fitzpatrick, 1995). While in prison, she attended to the medical needs of female prisoners and on her release, returned to her duties at Portrane and immediately started a new campaign for the improvement of conditions for female prisoners.

Eleonora Fleury never married, had no children, and lived alone. On her retirement, she withdrew to Upper Rathmines Road in Dublin and became less active in politics. She died in 1960, aged 93, after a short illness and is buried at Mount Jerome Cemetery in Harold's Cross, Dublin (Collins, 2013).

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Korczak as a paragon physician: the importance of his legacy for psychiatrists

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Life as a masterpiece

Janusz Korczak (1878-1942), a Polish-Jewish pedagogue, physician and author, is renowned for choosing to die together with 200+ orphaned children at the Treblinka gas chamber, over saving his life at the price of the adoptees' abandonment. This choice was preceded by a 27 month-long battle to remain "a doctor and sculptor of the child's soul"[1] for the children stranded behind the Warsaw Ghetto walls.

Reverence paid to Korczak is inspired by both his life story and by his rich intellectual oeuvre. Being a genuine masterpiece on its own, Korczak's biography is an embodiment of our civilization's fundamental axioms pertaining to ethics and the treatment of others that were articulated two-millennia ago by a Jewish scholar, Hillel the Elder, viz., "What is hateful to you, do not do to your fellow"[2] and "In a place where no one behaves like a human being, you must strive to be human!".[3] Adaptation of these ideas by Korczak underscores the astounding prowess of the human mind, enabling not only an individual moral triumph regardless of the overwhelming force of the enemy, but also creating enduring changes toward improving and harmonizing the lives of generations to come. His legacy is of particular interest to mental health professionals as it unveils the role of empathy and compassion in producing psychological resilience to trauma.

What is hateful to you, do not do to your fellow

Korczak was born Henryk Hirsh Goldszmit, into the family of a prosperous Warsaw attorney. A key turning point in Korczak's life as a teenager was the loss of his brilliant and artistic father, apparently to suicide occurring in the context of a psychotic disorder. His consequent longing, disappointment and sense of guilt and rejection[4,5] may have rendered the abandonment of children a categorically unacceptable act.[6]

Korczak was profoundly traumatized by the hardships arising from his father's illness. This was likely to have been the origin of his perspective on medicine as an interplay between prevention and alleviation of suffering.

In a place where no one behaves like a human being, you must strive to be human!

The Nazis, in contrast to Korczak's ideals, inflicted suffering and denied the Jewish people human dignity and personal identity via unremitting terror, pillage, starvation, denigration and forced labour. Such dehumanizing and de-individualizing practices unleashed animalistic behaviours in some victims, thus ridding the Nazis of the guilt from the massive killings of those whom they perceived as subhuman.[7] This is perhaps why Korczak so adamantly struggled to maintain his dignity and humanity by objecting to everything associated with Nazism. He publicly wore his World War 1 uniform of a medical officer of the Polish Army that was adversarial to Nazi Germany. Korczak also outright refused to wear the Yellow Star mandated for all Jews as he believed it turned its bearers into a faceless crowd.[8] When others feared to make eye contact with the oppressors, let alone have a conversation, Korczak engaged the Nazis in open confrontations, such as when they

confiscated the orphanage's food, and for which he was repeatedly punished including spending a month in a Gestapo prison.[9]

Ghetto physician: around the clock mission

On top of the heavy pedagogic and administrative load as the orphanage director, frail and sickly with advanced heart failure, Korczak spent long hours attempting to obtain a few rotten potatoes and other meagre sustenance for the orphanage. To improve the plight of more children, Korczak worked at night as an instructor at a nearby communal orphanage, a dreadful institution that was equated to slaughter even against the backdrop of the ongoing horrors of the Ghetto routine.[9] Korczak's understanding of the physician's mission entailed reading books to children, staging plays with them and instilling a sense of normalcy to emaciated orphans doomed to extermination camp deportation, alongside the provision of shelter, food, medicines and healthcare. An incurable optimist, Korczak continued to believe at all times in a prospect for a positive change as reflected in an earlier farewell for his pupils embarking on a pass to independence: "I can give you but one thing only—a longing for a better life; a life of truth and justice; even though it may not exist now, it may come tomorrow. Perhaps this longing will lead you to God, Homeland and Love".[10]

The illustration represents various aspects of Korczak's legacy:

(a) Green and yellow are the colours of King Matt's flag i.e. golden clover on green background
(b) The triangle stands for a pyramid denoting long-lasting and universal values
(c) circle underscores the lifecycle and the fundamental role played by childhood in the later course of adulthood
(d) Images: (centre) *Janusz Korczak and the children*, memorial at Yad Vashem by Berthold Werner: Public Domain, https://commons.wikimedia.org/w/index.php?curid=5580455;
(top) Boy in the Warsaw Ghetto, Imperial War Museum, https://www.iwm.org.uk/collections/item/object/205395074 non-commercial license;
(Right) Anon. USHMM (Photo #65010) (courtesy of Międzynarodowe Stowarzyszenie im. Janusza Korczaka), Public Domain https://commons.wikimedia.org/w/index.php?curid=112343;
(Left) The orphanage, 1940-41. From Ministerstwo Wyznań Religijnych i Oświecenia Publicznego, Warszawa 1929, Public Domain, https://commons.wikimedia.org/w/index.php?curid=38088158

Legacy for 21st century medicine

Notwithstanding the wide-reaching admiration for Korczak's altruism, valour and boundless love for children, his physician's legacy seems to be less conspicuous. Nonetheless, Korczak was successful in defining some key tenets of 21st century medical thinking. Primarily, the realization that a happy and healthy childhood is an excellent stress-buffering strategy and the ultimate prerequisite for thriving in adulthood. In addition to regular medical monitoring, well-adjusted nutritional plans, carefully thought-out work and play balance, adequate rest and personal/environmental hygiene, Korczak advocated harmonious development in the realms of physical growth, of the dream/imaginary world and of the cognitive acumen. Proponents of personalized medicine could find interest in Korczak's tailored therapeutic and educational approaches based on individual diets and anthropometric characteristics. His growth charts and mental health data, meticulously compiled over a 30-year period, could be of interest to developmental scientists. For medical ethicists and policy makers, Korczak emphasized the unconditional precedence assigned to quality of life even in the face of its short expectancy.

Educator of young people

Korczak did not shy away from tackling difficult themes including death, eroticism, sexual orientation and antisocial behaviours. His message is distilled in the novel entitled *King Matt the First*[11] narrating the adventures of a seven-year-old boy who inherits his father's throne in an imaginary kingdom. What is initially perceived as a sinecure quickly turns into a thankless and eventually tragic endeavour entailing an unbearable yoke of responsibility, as Matt discovers that real kinghood is the one over his own impulses and emotions, that benevolent decisions could lead to unwanted consequences, and that happiness for all is an unattainable yet populistic slogan. Aleksandr Solzhenitsyn could have thought about Korczak in lamenting that "young people have lost one of their most important preceptors - the family doctor...who can start an obscure sort of conversation, both embarrassing and interesting, and then, without any prompting, were to guess all of his or her most important and difficult questions and answer them himself....Surely this would not only guard them against making mistakes, against giving in to bad urges, against harming their bodies. Mightn't it also cleanse and correct their whole view of the world?".[12]

Literature is a cure for human soul

Korczak clearly saw the cross-fertilizing relationship between medicine and literature. According to him, "the role of an author is not just to analyse, but to cure the human soul, like [Anton] Chekhov who was also a physician".[9] In fact, Korczak seems to resemble so many Chekhovian protagonists such as Astrov, a dreamer planting new forests and the pronouncer of the famous monologue "Everything should be beautiful in a person, his face, clothes, soul and thoughts".[13] Korczak and Chekhov alike believed that literature can prevent and treat psychological trauma. In the novel *Obelis*k by Vasil Bykov[14] an elementary school teacher at a remote Byelorussian village reads *War and Peace* to let the kindness, compassion and inspiration of Leo Tolstoy's prose soothe and heal the students' souls by instilling confidence in the inevitability of eventual justice and in the enormous potential hidden in the human spirit. The teacher repeats Korczak's deed by handing himself over to the Gestapo to be executed together with his pupils, albeit he assists with the escape of one of them. As a student who was taught by Korczak put it, "…it was part of his nature. He wouldn't understand why we are making so much of it today".[15]

Psychotherapy according to Korczak

Korczak understood his children very well. He improved the medical community's ability to communicate with children by depicting with unerring precision how their thought processes are expressed by language. Korczak invented a type of psychotherapy aimed at improving parenting abilities, which is arguably the most important function for an individual and for families and society as a whole. According to Korczak, a spiteful word, inconsiderate behaviour or an unjust punishment could underlie incurable emotional wounds. Korczak's declaration of children's rights[15] proclaiming that children, as unique and thoughtful individuals, should

be granted all the inalienable privileges of adults, is now incorporated in the United Nations' Convention on the Rights of the Child.[16]

Importantly, Korczak eschewed an appearance of moralization. Two weeks prior to death, his diary entry states: "I don't know what I should say to the [world's] children by way of farewell. I should want to make clear to them only this: that the road is theirs to choose, freely." Korczak's belief that those who choose the "wrong" road by being cruel and unfair with only "one percent of humanity" left in them[1] are still worthy of help and compassion, resonates with psychiatrists and psychotherapists who strive to find meaning and purpose even in the most fragmented and chaotic mental states. After all, a few percent of Korczak is needed for everyone to feel human, and especially so for those entrusted with the care and happiness of other people.

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Stop press!

Sort it out but don't throw it out!

Francis Maunze, College Archivist

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Guy's Hospital, London, 1721-2021: a reluctant pioneer in general hospital psychiatry

RHS Mindham

In 2021 Guy's Hospital celebrates the three hundredth anniversary of its foundation.[1] Thomas Guy was a Governor of St Thomas' Hospital and intended his hospital to supplement the services provided by St Thomas'. At the time, Saint Thomas' Hospital was situated near the southern approach to London Bridge, a site it had occupied for hundreds of years. Guy's bequest was unusual in two important respects. First, he was the sole benefactor having made a substantial fortune from publishing and from investments in overseas trade. Second, he specified in his bequest that the chronically ill and the insane would be accommodated in the new hospital which were categories of patients excluded from St Thomas' Hospital. His intentions are clearly recorded in the inscription on his memorial in the chapel of Guy's Hospital. [Figs.1&2.] Thomas Dance, a

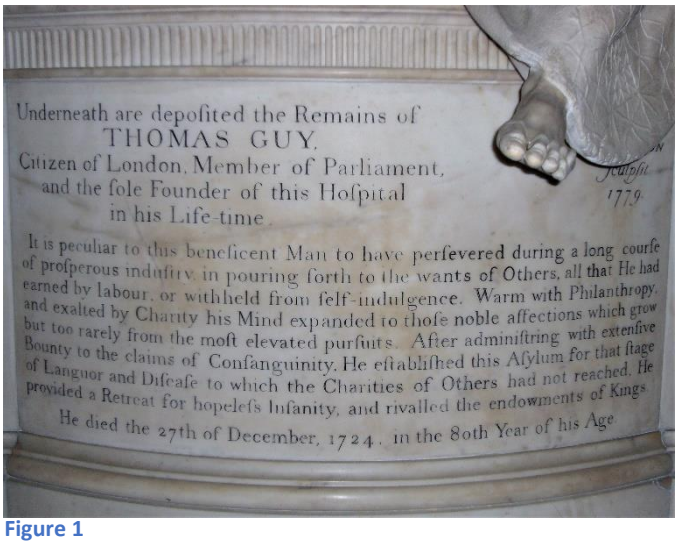

Figure 1


Figure 2

master-builder and surveyor, was appointed to design and build the hospital on a site in Bermondsey just across the road from St Thomas' Hospital.[2]

Guy's Hospital was opened on 6th January 1725 only a few days after the death of its founder on 27th December 1724.[3] The building was based on two courtyards with a colonnade passing between them. The ground floor of the courtyards were arcaded providing a covered area where patients could walk sheltered from the weather. This layout, derived from religious buildings, can be seen in Oxbridge colleges and in medieval hospitals of which, in former times, St. Bartholomew's and St. Thomas' were examples. Later, wings were added to the north; the east wing, which accommodated the Treasurer's House, was completed in 1741 and the west wing, which accommodated the chapel, in 1777.[4] [Fig 3.]

The drawing shows how Dance envisaged the hospital with the wings completed. In 1788 the arcades were enclosed and glazed to provide additional accommodation. Very few examples of courtyard hospitals remain.

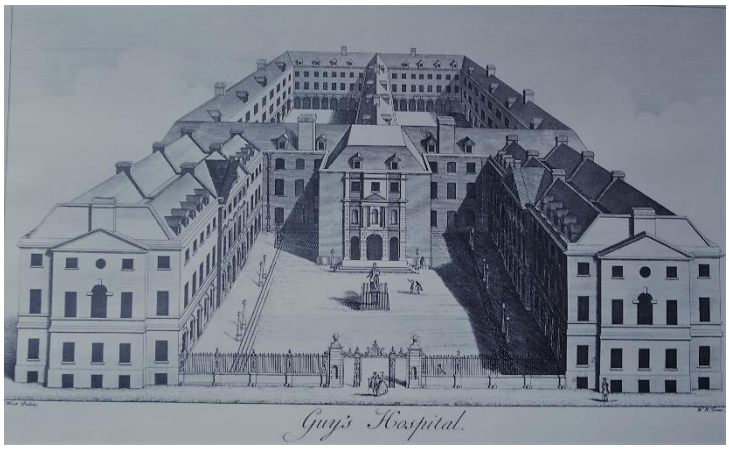

Figure 3

Innovation: The Lunatic House

Accommodation for the insane was initially provided in a temporary building to the south of the main building, but towards the end of the century the Governors engaged the architect James Bevans to design a building specifically for the care of the insane.[5] The Lunatic House, completed in 1797, was the first hospital building in the British Isles to be designed on the panopticon principle proposed by the philosopher Jeremy Bentham in 1787.[6] From Matron's office in the centre of the building, work in the two wards could be observed by senior staff without the observer being seen. [Fig.4.] Keepers were appointed for male and female patients.

The hospital developed a wide range of medical work, staff took students on their own account and the hospital gradually became more independent of St Thomas' Hospital. In 1826 this was fully recognised by the establishment of an independent medical school. As a part of this process the hospital had come to regard itself as a general hospital and in 1859 the Governors obtained an Act of Parliament which allowed them to deviate from the Founder's wishes and cease to provide for the care of the insane. The Lunatic House, renamed the "Clinical Wards", was used for other purposes until its demolition in 1919. The hospital appointed its first consultant in psychological medicine, Dr John Dickson, in 1869.[7] During this period, William Gull, a physician to the hospital, was, in 1868, the first doctor to use the term anorexia nervosa to describe a series of patients he was treating for a condition of self-starvation.[8]

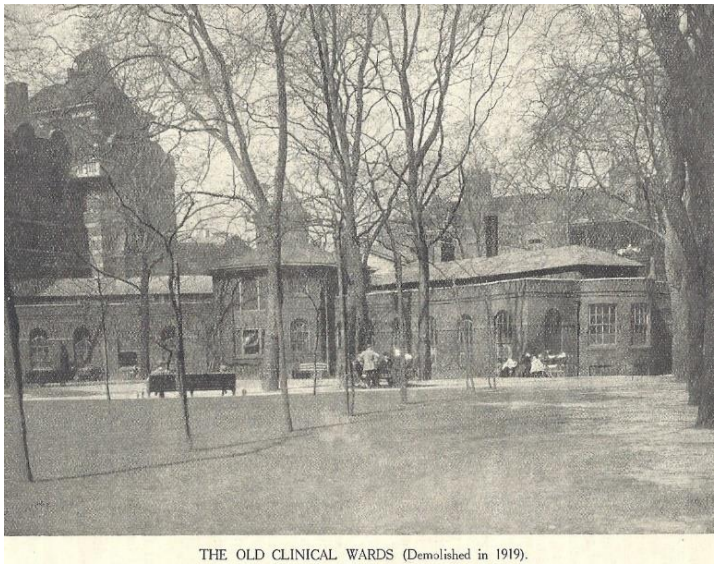

Figure 4: The Lunatic House, from the Jubilee Edition of the *Guy's Hospital Gazette* of 1936.[18] With permission of the Editor.

Into the twentieth century

In the twentieth century many distinguished psychiatrists worked at the hospital. RD Gillespie, a Glasgow graduate who had worked at the Phipps Clinic, Johns Hopkins Hospital, Baltimore, USA, was, in 1926, appointed physician in psychological medicine. He was co-author with DK Henderson of the standard textbook of psychiatry which adopted the approach to clinical practice developed by Adolf Meyer, Head of the Phipps Clinic, [1913-41].[9,10] The book became a standard text on the Meyerian approach to psychiatric practice. It was read around the world and was translated into several languages. Felix Brown, First Assistant to Gillespie who had also worked at the Phipps Clinic, in 1936 wrote the seminal paper: "The bodily complaint, a study of

hypochondriasis"; producing some clarity on a difficult topic.[11]

The York Clinic

The York Trust received funds from an anonymous donor, given out of regard for the work of Dr Gillespie, which allowed it to sponsor the building of the York Clinic, an inpatient unit for psychiatric patients.[12] The building, in the modern style designed by Murray Easton, was completed in 1944. Initially this was used mainly for the treatment of service personnel, with Air Commodore RD Gillespie in charge, but in 1948 it was incorporated into the hospital and took both private and NHS patients.[13] Gillespie died by suicide in 1945. The York Clinic, in addition to services in general psychiatry and child and adolescent psychiatry, offered specialist services for eating disorders, assessment for psycho-surgery, and tertiary referrals, but did not accept detained patients. It also served as the base for a liaison service to the hospital. The York Clinic enjoyed many of the advantages of being situated in a general hospital which were commended in the Report of the Committee of the London County Council on a Hospital for the Insane over fifty years before.[14,15]

David Stafford-Clark, a consultant in psychological medicine to the hospital from 1954 to 1974, became the representative of the discipline of psychiatry to the public. He presented a programme on BBC radio, the "Silver Lining". He was the first BBC television psychiatrist and wrote a very successful book explaining psychiatry to the general public, *Psychiatry Toda*y.[16] John Fleminger, a consultant in psychological medicine 1955-1983, in the same era as Stafford-Clark, conducted research on ECT, laterality in the brain and on the psychological effects of cortico-steroid drugs[17]. Gerard Vaughan, was consultant physician in child and adolescent psychiatry and Director of the Bloomfield Clinic from 1958 until 1979. In 1970 he became a Member of Parliament and rose to become Minister of State for Health in the Thatcher Government. James Watson was appointed Foundation Professor of Psychiatry at Guy's in 1974. He emphasised the need for interdisciplinary approaches to mental illness and established university qualifications which were available to a range of disciplines. He was particularly interested in psychotherapy for groups, couples and sexual disorders. His own research was in these areas as well as in community care. TK Jamieson-Craig, Professor of Social and Community Psychiatry at the United Medical and Dental School, led a major programme of research into social aspects of psychiatry and the treatment of psychosis by psychological methods. The York Clinic closed in 1997.

Perhaps the most important influence of all was the presence of a substantial psychiatric service in the hospital itself as it demonstrated to medical students that the practice of psychiatry was an integral part of medical practice. This provision can be traced directly to the hospital's founder, Thomas Guy, who recognised the need three hundred years ago.

I am grateful to the staff of the library of the Royal Society of Medicine for their assistance in the preparation of this article.

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The development of Forward Psychiatry on the Western Front (1914-1918) and its continued use

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This article seeks to lay out a brief history of the development and efficacy of forward psychiatry, a method developed in the First World War in response to the shellshock epidemic. It has been employed in conflicts ever since. It is based on the following principles (PIE):

- Proximity – treatment as close to the frontline as possible
- Immediacy – treatment as soon as symptoms present themselves
- Expectancy of recovery – encouraging the patient's belief in recovery

It is therefore not, in itself, a therapy, but rather the means by which various therapies were found to work most successfully: it is the metaphorical syringe rather than the drug. The approach was designed to preserve manpower by returning men to the front, and avoid economic burden by preventing the discharge and pensioning of soldiers.

The First World War

The medical world was faced with a challenging task in military medicine: to treat men whose injuries were invisible and their aetiology contentious. Such was the confusion and controversy around shellshock that the British military did not initially see the point in treating it. Even when they did, they did not think it wise to treat men at the front, believing this would encourage the onset of neuroses.[1]

In May 1916, CS Myers was appointed to the position of consultant psychologist to the British Expeditionary Force. Myers encouraged the use of psychotherapy in treating shellshock (a bold move considering that traditional psychiatric and neurological therapies were so "brutally materialistic"[2]) and, in November 1916, proposed the establishment of forward treatment areas for British troops.[3] This movement of psychiatry towards the frontlines occurred in tandem with the advancement of medicine and surgery in that direction, as a far better return to unit rate (RTU) was attained when men were treated closer to their units: the RTU rate for shell-shocked patients treated in base hospitals in France was 30-40% whilst only 3-4% when treated in England.[4]

At the end of 1916, four British Advanced Neurological Centres were set up[3] just 10 miles behind the frontline[4] for cases referred by a Medical Officer (MO) from a Casualty Clearing Station (CCS) or other forward areas. Before the establishment of these neurological centres, most men were treated by MOs themselves, the majority of whom had no training or experience in psychiatry. Within the advanced neurological centres, men received not only treatment but also training including drill and route marches.[2] This maintained the air of army discipline and comradeship during a patient's treatment. Captain CB Farrar (a chief psychiatrist to the Canadian Army) believed this prevented the patient from feeling isolated and maintained his status as part of the army machine.[5] It meant "treatment could be reduced in time from months or weeks to days or hours."[6] Soldiers were encouraged to expect that they would get better and re-join their comrades, especially as others were recovering from similar conditions around them. In contrast, when a soldier was sent home or to the rear, he was likely to be surrounded by "sympathisers" who reinforced his condition by providing "a positive demand which the ideogenic factor of the patent's illness continues faithfully to supply."[5]

Myers also instructed medics to use the term Not Yet Diagnosed (Nervous)/NYDN as opposed to shellshock.[2] He believed that this label would be far less detrimental to patients who might fall into despair upon being diagnosed with the dreaded shellshock. This

diagnosis, therefore, aimed to encourage the patient's belief that he would recover from an impermanent neurosis rather than suffer from a chronic condition.[7]

By the end of the war a three echelon system of forward psychiatry had emerged:

1. The CCS where men with mild neuroses could be treated by a MO.
2. An advanced neurological centre a few miles behind the frontline. Recovered men were either sent for further rest and training at a convalescent camp before returning to their unit, or to a re-allocation centre to be assigned to a labour company.
3. A special base hospital where patients were sent in times of overcapacity or for further treatment. From here men were sent to a re-allocation centre or evacuated.[1]

Medics of the American Army reported in 1919 that 60-70% of patients arriving at advanced neurological stations had been able to return to their units after an average of 10-14 days' treatment.[8]

The Second World War

Implementation of forward psychiatry by the British and Americans in the Second World War (WW2) was belated[9] and they failed to draw on the lessons learned in the First World War[10]: "...None of us had any appreciation of the magnitude of psychiatric problems that would occur in the combat zone... None of us realised the great number of acute anxiety states... that would need immediate psychiatric help in the combat zone until after the [American] invasion of North Africa [1942]."[11] Forward psychiatry was employed earlier by the Canadian, Australian and New Zealand armies: advanced centres were set up when and where they were needed, and rest, simple behaviour therapy[9] and discussion were routinely used therapeutically with success[11]: "The psychiatric interview was the main therapeutic weapon."[12]

In the summer of 1943, "corps exhaustion centres" ("exhaustion" implying that men would recover naturally with rest and recuperation[13]) were set up in the CCSs of the British Eighth Army and 56-70% of men treated there were claimed to have been returned to fighting units.[4] Men spent only 2.5 days on average in these establishments where they washed, shaved, were given hot drinks and rested.[11] Those in need of more intensive treatment were referred to advanced psychiatric centres.[14] The formation of these exhaustion centres both reduced the number of exhaustion cases evacuated home and drastically improved the RTU rate of neurotic soldiers.[11]

Efficacy

The true value of forward psychiatry is difficult to appraise for both world wars due to the questionable reliability of figures reported by psychiatrists eager to prove their salt. The few relapse rates actually recorded indicate that almost half of the men returned to units broke down once more,[11] yet "in spite of an appreciable relapse rate, it can be stated that over the entire [Normandy, WW2] campaign about one third of all exhaustion cases treated eventually remained at full duties."[11]

Treatment of war neuroses also put psychiatrists in a very different situation to that of treating civilian neuroses. Firstly, mental illness posed a huge threat to the livelihood of a civilian, whereas a soldier stood to gain from it. Secondly, if cured, the patient would be returned to the front where he was likely to be maimed or killed[15]: "The physicians had to play a role somewhat like that of a machine gun behind the frontline, that of driving back those who fled. Certainly, this was the intent of the war administration."[4] As the First World War Italian corps consultants Alberti and Antonini testified, they would have sent far fewer men back to the front if they had been acting only upon their medical knowledge and beliefs.[16]

The treatment of individual soldiers with forward psychiatry was therefore not for their personal benefit and many soldiers suffered the effects of war after the battle itself was over. Measurements of the long-term efficacy of forward psychiatry were not made after the wars, as civilian medical services did not follow up soldiers. However, in February 1921, 65,000 men were claiming pensions for neuroses and neurasthenia and, by March 1939, this number had risen to 120,000.[15] A similar pattern was seen after the relative success of forward psychiatry in the Vietnam

War which was followed by breakdown en masse,[17] highlighting the need for follow-up care.

Present Day

The modern system of forward psychiatry within the British Army relies upon self-referral and monitoring of men by their officers.[4] Combat Stress Control (CSC) teams operate as autonomous, mobile psychiatric detachments, operating as far forward as possible whilst maintaining assets in the rear. The US Army also updated the PIE method to the "BICEPS" doctrine:

- Brevity of treatment
- Immediacy
- Centrality of place of treatment to maintain a military atmosphere and to allow a rapid return to unit[18]
- Expectancy of recovery, emphasising that the soldier is experiencing a normal reaction to an abnormal situation
- Proximity
- Simplicity of treatment, meaning cheap therapies of short duration[9] which provide reassurance, rest, replenishment of primary needs and restoration of confidence through purposeful activities.[18]

Conclusion

Forward psychiatry alone is an insufficient treatment for war neuroses but has a role in the short-term by enabling the return of soldiers to the front to continue as combatants. As Jones and Wessely point out, however, the only way to decrease the incidence of war neuroses is to decrease duration and intensity of conflict.[4]

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ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

NOTICE.—Those MEMBERS of the ASSOCIATION who have not paid their *Subscription* for the present year, ending the 24th of June next, are requested to forward the same to me without delay.

The Subscription has been received from the following Members:

ALLEN, DR., Abergavenny, Monmouthshire
BOYD, DR., Wilts, Somersetshire
BROWNE, DR., Dumfries, Scotland
BUCKNILL, DR., Exminster, Devonshire
CAMPBELL, DR., Brentwood, Essex
CORBELLIS, DR., Wakefield, Yorkshire
CORNWALL, JAMES, ESQ., Fairford, Gloucestershire
DAVEY, DR., Northwoods, Gloucestershire
GREEN, THOS., ESQ., Borough Asylum for the Insane, Birmingham
HITCHMAN, DR., Mickleover, Derbyshire
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KIRKMAN, DR., Melton, Suffolk
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WILLIAMS, CALEB, ESQ., York
WILLIAMS, DR. LLOYD, Denbigh, South Wales
WILLIAMS, DR. W. W. Gloucester, Gloucestershire

NEW MEMBER.—DR. TUKE, of the Retreat, York.

THE ANNUAL MEETING OF THE ASSOCIATION will take place at the FREEMASONS TAVERN, Great Queen Street, Lincoln's Inn Fields, on *Thursday, the 22nd day of June*, at 2 P.M.

W. W. WILLIAMS, *Secretary.*

Appointments.

HAMPSHIRE LUNATIC ASYLUM.—T. F. Wingett, M.D. Superintendent of the Dundee Royal Asylum, has just been elected the Superintendent of this Asylum.

COUNTY LUNATIC ASYLUM, GLOUCESTER. — The Rev. Herbert Haines, M.A., Second Master of the College School, Gloucester, has recently been elected Chaplain to this Asylum.

KING and QUEEN'S COLLEGE of PHYSICIANS IN IRELAND.—SUGDEN'S PRIZE ESSAYS.—At a Meeting of the College held on Monday, April 10, 1854, the first prize of £25 was awarded to JOHN CHARLES BUCKNILL, M.D., Medical Superintendent of the Devon County Lunatic Asylum, as the author of the best, and the second prize of £15 to Dr. JOSEPH WILLIAM WILLIAMS, 3, Harcourt-street, Dublin, as the author of the second best Essay on the following subject:—Unsoundness of Mind in relation to the question of Responsibility for Criminal Acts.

WM. ED. STEELE, M.B., *Registrar.*

ROYAL HOSPITAL of BETHLEM —WANTED, a MATRON. Candidates must not be under 30, nor above 45 years of age, and must be unmarried, or widows unencumbered with families. The person elected will be required to devote the whole of her time to the service of the Hospital; other qualifications being equal, preference will be given to a person having experience in the treatment of the insane. The salary will be £150 per annum, with apartments in the Hospital partly furnished, and without rations, also an annual allowance of coals, not exceeding ten tons, and a limited supply of gas. All applications and testimonials must be accompanied by answers to a printed form, which, with a copy of the duties, may be obtained at my office here, and such applications must be forwarded to me on or before Saturday, the 20th of May next.

B. WELTON, *Clerk.*

Bridewell Hospital, New Bridge-street, Blackfriars, April 25, 1854.

All communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of June next.*

Published by SAMUEL HIGHLEY, of 32, Fleet Street, in the Parish of Saint Dunstan-in-the-West, in the City of London, at No. 32, Fleet Street aforesaid; and Printed by WILLIAM AND HENRY POLLARD, of No. 86, North Street, in the Parish of Saint Kerrian, in the City of Exeter. Monday, May 15, 1854.

Association of Medical Officers of Asylums and Hospitals for the Insane. *The Asylum Journal*. 1854;1(5):80

We would like to draw readers' attention to the matron advert which excludes married women, and is explicitly ageist!

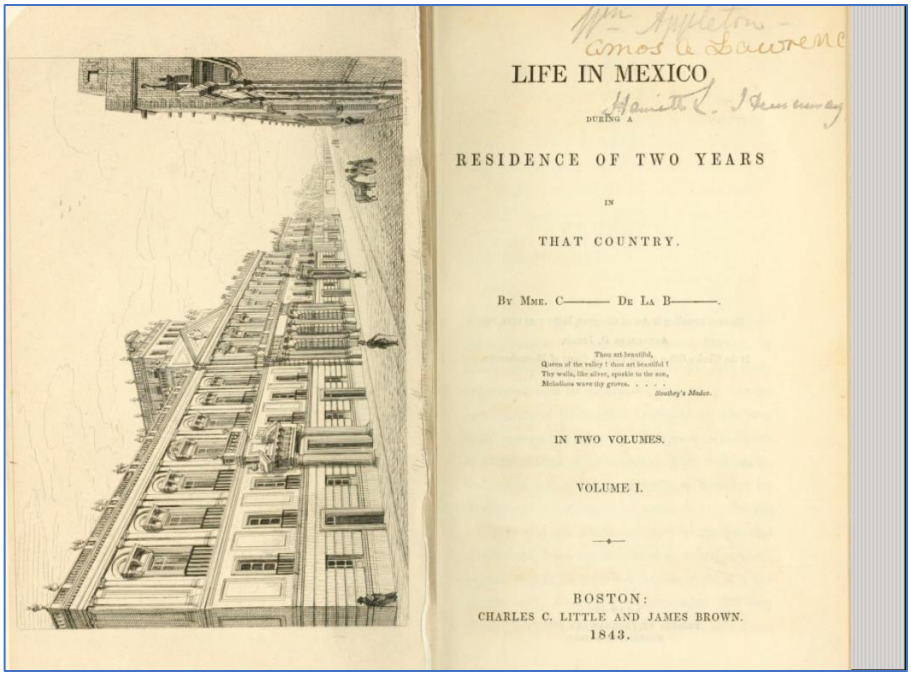
One can also appreciate how small the Association was at its inception (assuming that not many were behind with their subscription fee). List of members includes Dr Davey of Northwoods, Gloucestershire, who also makes an appearance in Peter Carpenter's article (page 20)

Note a "new member" Dr Tuke. We cannot be sure which Dr Tuke, but one member of the dynasty features in Rob Freudenthal's article (page 17). If any of our readers know which Dr Tuke is mentioned in this journal, please do let us know

BOOK REVIEWS

Psychiatry in Post-colonial Mexico: *Life in Mexico, During a Residence of Two Years in that Country* by Madame Calderon de la Barca (Frances Erskine Inglis)

RHS Mindham


LIFE IN MEXICO

DURING A

RESIDENCE OF TWO YEARS

IN

THAT COUNTRY.

By Mme. C—— De La B——.

IN TWO VOLUMES.

VOLUME I.

BOSTON:
CHARLES C. LITTLE AND JAMES BROWN.
1843.

https://archive.org/details/lifeinmexicoduri01cald/page/n7/mode/2up

Frances Erskine Inglis was born in Edinburgh in 1804 into a prosperous middle-class family with aristocratic connections. In her late twenties she emigrated to the USA where she established schools for girls; first in Boston, then in Staten Island and finally in Baltimore. In 1838 she married a Spanish diplomat who, in 1839, was appointed the first Spanish Ambassador to Mexico following the revolution. She recorded her impressions of the country in a series of detailed letters to friends in the USA, who included William Hickling Prescott, an historian who had written about Mexico. The letters were subsequently published in the form of a diary with a preface by Prescott. She described their journey to Mexico and their travels in the country, displaying a sense of acute observation of the country and its people. She was well informed, observant, and had a command of French and Spanish as well as a taste for music and an ability to perform on the harp and the piano. She commented particularly on the grandeur of the scenery, the diversity of flowers and fruits, the different races represented and the remains of houses, churches and public buildings from the colonial period. She was observant of social hierarchies which were largely determined by race and wealth. After her husband's death she was created Marquesa de Calderon de la Barca. She died in 1882.

As a high-ranking visitor to the country she was able to see many institutions not open to the general visitor; these included a prison and an asylum. She had not visited such places before, and her first impressions are vividly recounted. The prison was divided into two sections; one each for women and men. In the female section the prisoners were separated into those of higher or lower class but the crimes for which they were imprisoned were much the same; murdering their husbands was common. The act was generally attributed to a moment of jealousy during intoxication but without premeditation. There was rarely evidence of persisting guilt. The author's early impression of the population of Mexico was of friendliness and amiability but she had noted that jealousy and a sense of honour could quickly lead to violence. Among the women of the lower class some were engaged in baking large quantities of tortillas for feeding fellow prisoners.

In the section of the prison for men the visitor was impressed to see several hundred prisoners mixed together irrespective of their crimes and totally unoccupied. She commented that they "must leave this place wholly contaminated and hardened by bad

example and vicious conversation." Inmates of the prison were to be seen daily in chains cleaning and repairing the streets of the city. It was unexpected that in a country where summary execution was common that many of the prisoners had committed murder. There was however a cell off the chapel where condemned prisoners were held for three days prior to execution to allow a priest to receive their confessions.

The author also visited San Hipólito, a dissolved convent in San Cosme, which had been converted for use as an asylum for insane men. She was impressed by the beauty of the buildings and the gardens which created an atmosphere of unexpected tranquillity. As she passed through the building there were patients showing manifestations of disturbance. One noisy over-active man proclaimed: "Do you know who I am? I am the Deliverer of Guatemala!" Another constantly embraced a pillar claiming that he was "making sugar." In the courtyard there were inmates engaged in a variety of mysterious private activities. She was most impressed with the scale of the kitchen and the quality of the food which was being prepared. In the dining-hall about a hundred inmates ate quietly together with a few exceptions. She was informed that the most frequent causes of incarceration were problems in love and drinking; the former carried a bad outlook but the intoxicated recovered.

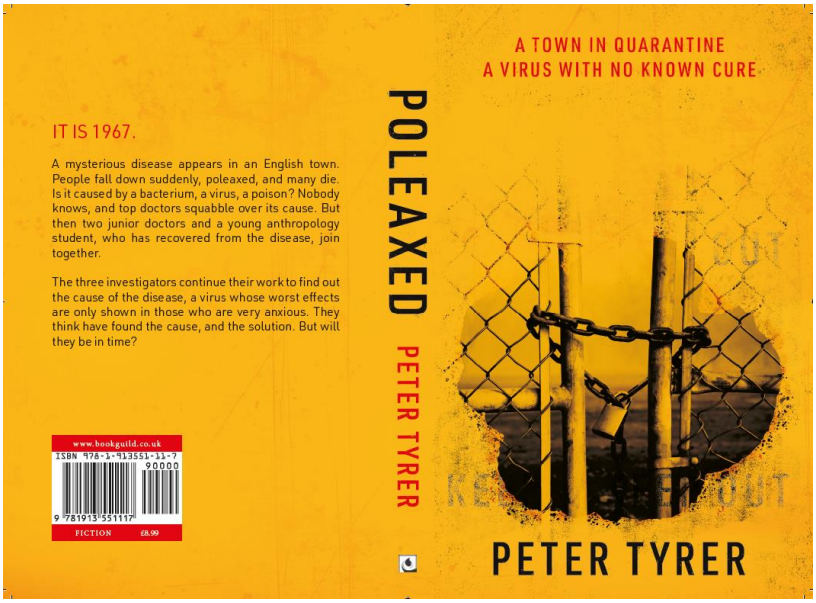
The Director showed her the stores which held clothing, straight waistcoats and medication and the office which held the morbid details of admissions, discharges and deaths. Finally, she saw single cells where disturbed patients were held in solitude. The most striking was the Cuarto Negro, ("Black Room") a special cell for the most disturbed subjects. This was round with no windows and only a slit for ventilation and food supplies. The floor was covered with straw and the walls lined by soft stuffed cushions. This cell was used to contain violently disturbed patients for a few days prior to their transfer to another place, food and water being thrust through the narrow aperture.

As she left the asylum she had a good view of the city. Adjacent to the asylum was a barracks. Soldiers were loitering in the grounds, poorly dressed and ill disciplined. She commented: "…the soldiers as observed, are more dangerous madmen than those who are confined" and went on: "They were as dirty-looking a set of military heroes as one could wish to see." Perhaps she recognised that institutions of different kinds have common features. Her comments may have been, in some respects harsh, but more generally she expressed compassion for the unfortunate people she had seen. She was a truly remarkable observer.

Reference: Calderon de la Barca. F. (2007) *Life in Mexico*. Cirencester, Echo Library

Poleaxed by Peter Tyrer (The Book Guild, 2020)

Claire Hilton



A great read, written by a talented colleague, who so far, is better known for his writing on the science of psychiatry than creative fiction. Its theme, the control of a potential epidemic is too topical perhaps for today, but Tyrer wrote it before COVID-19. Set in the 1960s, names of various medical colleagues are thinly disguised which adds to the fun of reading it, in particular the monocle wearing chief medical officer Sir George Gribbins, a.k.a. Sir George Godber and the psychiatrist

Dr Malcolm Loader, perhaps the real Professor Malcolm Lader.

There were so many unexpected twists in this story, it would be a spoiler to tell you. But there was also a depth of understanding which I am sure was based on many experiences as a psychiatrist. Thought provoking aspects include psychiatrists' relationships with their medical colleagues and their patients, valuing the patients' words, being honest and open to ideas offered by junior doctors. It encompasses honesty and anxiety, anger and tragedy, professional modesty, medical hierarchies and mental health stereotypes. It is a book leading to the question of where to from here? It is worth dwelling on the words of one of the survivors of Poleaxe: "Enterprise flourishes in adversity".

Civilian Lunatic Asylums During the First World War: A Study of Austerity on London's Fringe

by Claire Hilton, (Palgrave Macmillan, 2021)

Dr Victoria L. Whitford, Academic Foundation Doctor

"The padded cells in an asylum are the most dreadful places imaginable; and the sounds which emanate from them, customarily, are hideous…" wrote James Scott, a patient who spent four years in an asylum. This is one of many insights we gain into patients' lives in Claire Hilton's meticulously researched history, "Civilian Lunatic Asylums during the First World Ward – a study of austerity on London's fringe".

So far much attention has been paid to military psychiatry during the First World War, with a focus on shell shock. Civilians in the asylums, however, have largely been forgotten. As Hilton notes, soldiers returning from the Front were "Britain's finest blood", unlike the mentally ill civilians, who were regarded as "degenerate".

Hilton's book is a unique, in-depth exploration of civilian asylums during this period.

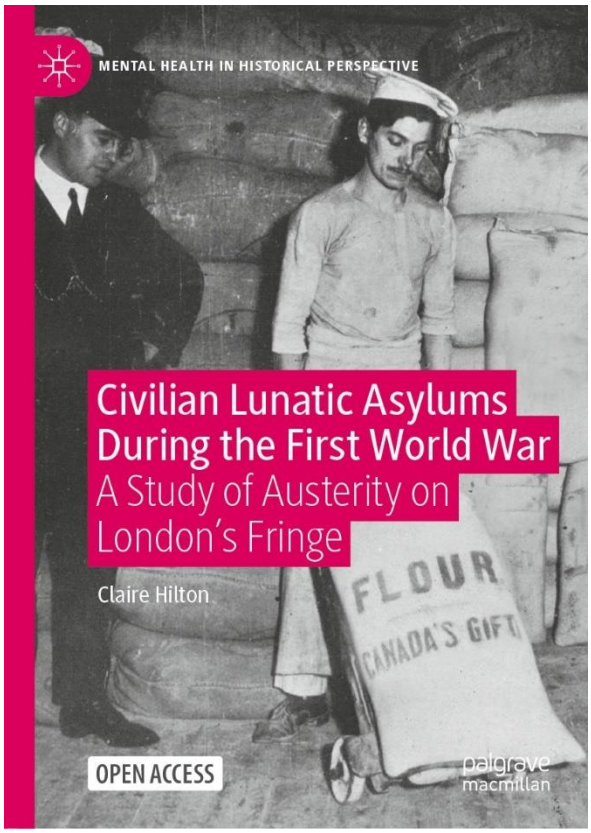
The result is a fascinating insight into this hitherto unexamined aspect of the First World War.

Hilton, historian in residence at the Royal College of Psychiatrists, spent several years researching and writing this book. Her approach to the history of the "pauper lunatic" – the mentally ill patient destined for the asylum rather than the workhouse – is a thematic one. With each chapter, Hilton presents a detailed view into the lives of patients, their illnesses and treatments, the clinicians caring for them, and the institutions shaping their confinement. All this is richly illustrated with primary source material from diaries, asylum records, letters from patients and asylum staff and photographs, together with Hilton's own considered and nuanced analysis.

Hilton's work is a reminder to be grateful that we live and practise psychiatry in the twenty-first century. Once "certified" under the Lunacy Act 1890, asylum patients could be detained for long stretches of time, perhaps for their whole life. Asylums were overcrowded, unhygienic and chronically understaffed. One medical officer was responsible for the care of hundreds of patients - a statistic that would make today's psychiatry trainees shudder. Understanding of pathophysiology was nascent, so patients with "general paralysis of the insane" (end-stage brain syphilis) or "mania" (delirium, due perhaps to advanced tuberculosis) were treated in asylums, with predictably poor outcomes. Death rates were high, and climbed as the Great War continued.

Yet life in the asylums was not all bad. Large asylums such as Colney Hatch and Claybury in London had their own gardens, farms and

workshops, fuel supplies and in one case, their own railway station. Many patients worked, whether in the fields, laundries or kitchens, a practice that, according to Hilton, many found therapeutic. They even contributed to the war effort when 4000 shell casings were manufactured at Claybury in 1915. Back on the ward, the environment aimed to be "pleasant and homely" in keeping with the idea of "moral treatment", the idea that patients should be treated with fresh air, good nutrition and compassion. The Board of Control, the paternalistic institution that oversaw asylums, encouraged patients to go on mass group walks with staff; staff should be ready to start a game with patients "such as skittles, quoits, bowls or badminton".



Hilton's book is a superb academic history rather than a work of narrative non-fiction. The First World War provides more of a backdrop than a timeline. The characters are empathically drawn, such as that of Charles Mercier, a psychiatrist and reformer, and of many patients, such as Edith B, a patient with a psychotic illness who (according to her doctor) "believes she is the Virgin Mary and that the archangel has visited her". There is no shortage of drama: addressing the subject of staff behaviour, Hilton writes that when Nurse Hammond, called out her colleagues for stealing patients' milk, "Nurse Hammond's room was ransacked, she was assaulted on a dark corridor and ducked into a bath of cold water."

The First World War, as a time of austerity, deeply affected civilian asylums. Hilton tells us that with fuel shortages, the wards in some London asylums were only heated at night if temperatures fell below freezing. Rations were meagre, and the quality of the food was poor. Then as now, mental health came second to physical health. The status accorded soldiers versus civilians exacerbated such disparities; mentally ill soldiers returning from the Western Front were given better food and clothing than their civilian counterparts in the asylums.

There are clear parallels with today's era of budget cuts: as a doctor new to psychiatry, I can't help but compare the tired furniture and canteen chicken-and-chips at Tower Hamlets Mental Health Centre, a hospital which tries its best, with the shiny newness and vegan fare at the Royal London Hospital.

The coronavirus pandemic provides another striking similarity, as Hilton mentions. Throughout the First World War, asylums were ravaged by outbreaks of dysentery, tuberculosis and then Spanish 'flu, just as COVID-19 has swept through today's mental health hospitals. Infection control measures are, fortunately, much better today; in 1914-18, asylum patients sometimes shared a bed with another patient, and donned hospital-issue pyjamas worn by a different patient the night before.

Hilton writes: "Despite the many problems of the asylums, we must remember much care and many kindnesses". Hilton's sensitive historiography should also be appreciated, as this is not a book of condemnation or praise, but a thoughtful exploration and careful interpretation of civilian asylum life during a critical period in history.

Dates for your diary etc

Future Archives Competition

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Write about psychiatry today for historians of the future

Closing date: 30 April 2021

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

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Next issue

Your articles, reviews, photos, ideas, requests for information etc please, by **31 July 2021** **to** claire.hilton6@gmail.com

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