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Edward Mapother (1881–1940)

Edward Mapother was the most influential psychiatrist in the first half of the Twentieth Century and introduced thought and science into psychiatry. Academic psychiatry in Britain today is founded almost totally on the developments first introduced by him as Director of the Maudsley Hospital. He started the Postgraduate Medical School of London University (the precursor of the Institute of Psychiatry). He resigned in 1939 and died (aged 59) in 1940 from asthma and pulmonary fibrosis. Because of his premature death and the war (1939–1946) he has not received the credit, nor the honours that were his due. The continuation of his work by his successor has currently overshadowed his memory. Sir Aubrey Lewis was clearly indebted to Mapother as is shown by his Maudsley lecture which I have summarised in this online archive.

Edward Mapother though born in Dublin in July 1881 moved to London when he was seven. He attended University College and Hospital. His father had been President of the Royal College of Surgeons in Ireland and a Professor of Anatomy who moved to private practice in London. Mapother initially intended to follow his father's career as a surgeon and distinguished himself as a student at University College and University College Hospital. He had been awarded two scholarships and he obtained honours in anatomy and Materia Medica and medals in Pathology and Medicine. He qualified in 1903 and obtained his M.D. in 1908. He had been a houseman at Queen's Square under R Russell. He probably did not intend to make Psychiatry his career even when he went to Long Grove Hospital as he continued working for his Primary Fellowship. He obtained this in 1909 and his F.R.C.S. in 1910. He took the D.P.M. later (which led to an increase of £50 a year in his salary). Long Grove had been opened by the London City Council (LCC) as a new Mental Hospital in 1907 with the best plans and facilities that could be devised. Hubert Bond was the ablest and most enlightened of the Medical Superintendents in the Council's service, surrounded by an exceptional group of assistants, the most brilliant of them was Bernard Hart (who had been Mapother's senior by two years at University

College Hospital). Mapother first went to Long Grove as locum tenens and found an intellectual climate which was more like that of a University than of a mental hospital. He joined the regular staff in 1908.

Mapother's father had died in 1908. He had been a man of great energy and public spirit. He wrote a number of books on Public Health, was surgeon to two hospitals, and had concerned himself particularly with medical education and the fitness of the Dublin hospitals to teach pathology and other branches of medicine. In 1868 he had published a book on the Medical Profession and Medical Education which had won him the Carmichael Prize. It contained the following passage on mental hospitals: 'In the three kingdoms there are 261 of the profession directly concerned with the treatment of insanity, and it is surprising that so little attention is paid to the subject in the Schools. In Ireland no lectureship on the subject exists, but a few pupils attend one of the public asylums'. Later in the book he returned to this theme: 'The importance of the study of lunacy in asylums may be again dwelt on. In a School of Medicine there should be a Chair of Psychology, normal and abnormal. The profession is not gaining respect in this department, for a late Lord Chancellor and other legal authorities in England viewed as absurd the idea that medical men were better judges of the matter than other people'.

Before the First World War psychiatrists were generally seen as backward and inert, the ignorance of up to date medical knowledge on the part of many medical asylum medical officers was deplorable; research was trifling, text books were inadequate, treatment was not conducive to recovery. Other countries had faced the problem of mental diseases in a better manner. Though Mapother had initially aimed at a surgical career he switched to

psychiatry, possibly influenced by the ambience at Long Grove with Bond and the other staff. He may also have been influenced to some extent by his public-spirited, tough-minded, progressive father. There were more than surface similarities between the two in their attitude to perennial medical topics. Quotations from the father's writings evoke memories of the son's pointed expression of uncompromising opinion. 'Instances of superstition and credulity in medical matter have afforded matter for volumes – in fact they have been rich carcasses on which the worms of quackery have fattened'. 'Every hospital and dispensary attendant, still more readily every practitioner in fashionable life, can call to mind cases in which patients believed themselves cured by inert medicines'. 'People will believe in medical absurdities who will reason soundly on aught else in nature, and there seems no folly so ridiculous that it will not find minds ready to adopt it'. 'Public opinion, stimulated by the statements and addresses of many famous medical men, is gradually tending to the belief that hospitals are injudicious and old-fashioned institutions, and that a well organised system of home treatment is more calculated to aid the sick and at a lesser expense ... This problem should be set at rest by the collection of reliable statistics and other data on the subject'. In spite of being engaged in much medico-political controversy 'because', as he said, 'of the rebellious spirit that is within me', this upright, outspoken man won much respect, and set a pattern for his son.

In 1908 Long Grove Asylum would have had much to commend itself to a young doctor with high standards. Hubert Bond was strongly in favour of classification according to behaviour; the minimum of locked doors; shrubberies instead of walls and fences; half-way homes for convalescent patients; abandonment of 'seclusion'; and other salutary 'modern' methods. In the open-minded and questioning company of his fellow Assistant

Medical Officers, Mapother may have found what his own mental disposition and his father's example attracted him to. It was by no means a wholly critical approach: their chief line of interest was the relation of mental illness to philosophy and psychology, and especially to the novel findings and theories of Janet and Freud. Although the neuroses were still regarded as lying in the province of the neurologist, the Long Grove group of psychiatrists had acquired, through reading and untutored experiment, a familiarity with the problems of neurotic behaviour that equipped them to deal with the disorders of that nature brought to the surface in the First World War.

Mapother joined the Army in 1914. He worked as a surgeon in France, Mesopotamia, and then in India where his surgical work was handicapped by sciatica, following dysentery. He was brought home in the spring of 1917 and sent to Maghull, the training centre for treatment of neurosis in soldiers. He was then put in charge of two hospitals which formed the 'neurological wing' of a large general hospital. For nearly a year he was responsible for equipping these two hospitals, organising the daily routines, and maintaining discipline: 700 men passed through the hospitals. This experience stood him in good stead later on. He was demobilized in March 1919, and four months later was put in charge of the Maudsley Hospital, then occupied by the Ministry of Pensions. When the Ministry of Pensions vacated the Maudsley Mapother was appointed Medical Superintendent of the new unit. He had prepared himself by visiting early in 1922 many active European centres: Munich, Burghölzli, Cologne, Amsterdam, Utrecht and others. When the hospital was formally opened in 1923, Mapother stressed that 'it is the first institution of the kind to be founded in Great Britain on the lines of the neurological and

psychiatric clinics of the Continent and America, designed for the combined treatment and investigation of organic nerve diseases, neuroses, and incipient psychoses’.

Mapother’s energetic preparations, and especially his timely approach to general practitioners, ensured a lively start for the new hospital: during the first year 452 persons were treated as in-patients and 560 as out-patients. Besides four whole-time doctors on the staff, there were 11 unpaid clinical assistants, and in his first annual report Mapother made an interesting comment. He wrote that in psychotherapy as in physical treatment

‘it is the function of such a hospital as the Maudsley to encourage an unprejudiced trial of every form of treatment offering a reasonable prospect of benefit rather than harm ... I am extremely glad that among those who have acted as clinical assistants there was a considerable proportion of definite adherents of psycho-analysis. Though I find myself incapable of accepting all the alleged facts of any school of psycho-analysis, or the concepts proposed to resume them, yet there is no doubt of the great advance which the intensive methods introduced by these schools have made in our understanding of cases’.

Though his views about some features of psycho-analysis came to be expressed in later years with some acerbity, qualified and discriminating respect remained his lasting attitude.

There was a steady expansion of the Hospital’s work. This included provision for more patients (they numbered 200 by 1935 plus an extra 35 in a ward of King’s College Hospital). New buildings were set up: a large out-patient department (1936); a Villa to house disturbed patients (1932); children’s block (1937); a wing for private patients (1938). Most of the burden for planning these extensions rested on Mapother, in conjunction with the Council architect. He had a clear grasp of what he wanted and how it could be achieved. By the time war was declared in 1939 the number of beds, apart

from the ward in King's College Hospital, had risen to 290. The medical staff had increased to 15, and the nursing staff to 143. Out-patient services had been instituted by the Maudsley staff from 1932 at three of the Council's general hospitals in North London; 1500 psychiatric patients were seen there per annum, in addition to those (over three thousand) seen at the Maudsley itself.

One of his most cherished projects was the creation of a neurological or neuropsychiatric unit at the Maudsley. From 1934 onwards he made unremitting efforts to turn it into a reality. At first he saw it as forming a liaison between King's College Hospital and the Maudsley and as a corollary to his belief that the future of psychiatry in this country depended essentially on its development as a branch of neurological science (though not as the clinical province of the neurologist). He approached Dr Alan Gregg to ask if the Rockefeller Foundation would provide the funds for the necessary premises; the response was discouraging. Undaunted, Mapother considered putting up the money himself, as an anonymous donor.

In 1937 the Council's architect put forward a scheme for the proposed Unit – a four storey building housing 100 patients, which would cost £80,000 to put up. Mapother therefore broached the matter again with Alan Gregg. The response was more positive this time. He was told that the Rockefeller foundation might make a substantial endowment (say £200 000) for research and teaching at the Maudsley provided that a comparable sum was obtained from a British source. Mapother then asked whether if the LCC provided £100 000 for the neuropsychiatry building and £20 000 a year for its maintenance this would meet the stipulation of a matching grant. The reply was

encouraging, though no promise was made on behalf of the Foundation. The Finance Committee in February 1939 said they doubted whether the proposal should be proceeded with unless there was a promise of Government assistance. That was its death-knell in that form.

The academic standing of the Maudsley meant a great deal to Mapother. He was determined that the Maudsley should be recognized as one of its Schools of London University, and a diploma instituted for post-graduates. In 1924 the Maudsley received this status, on the understanding that the Advisory Board would consist of representatives of the teachers as well as of the Hospital Subcommittee. The Council having given the required assurances the next step was to ask the University to establish Chairs, of which the first incumbents would be Mapother and Golla and in November 1936 the title of Professor was conferred on the two men, and their duties, inter alia, were ‘to organize a department of clinical research’. Mapother seized the opportunity to advance his proposals for reorganising the medical staff of the Maudsley on lines which combined, as he put it, ‘features of the Post-Graduate Hospital, Hammersmith, with others found at Voluntary Hospitals which undertake teaching of a special branch of medicine (such as the National Hospital, Queen Square)’. When the question of a professorship had been put before the Clerk of the Council, Sir George Gater, he had asked what would be the ultimate probable effect of the proposals upon the staffing of the Hospital. This was an opening for Mapother, to put the case for enlargement. The furtherance of research had from the outset been a main purpose of the Hospital. Maudsley left an additional £10 000 in his will specifically to this end. For some years this was the only fund on which investigators could draw for apparatus and any other expenses. Clinical research had to

be done in the scanty spare time of the hospital staff. Central funds were negligible. In 1914 the Government made a grant of £1600 to cover psychiatric research for the whole country for that year. It is therefore remarkable how much was in fact accomplished in the Hospital and in the Laboratory during Mapother's 10 years after the opening of the Maudsley.

Mapother had approached the Commonwealth Fund of America and in 1931 the Fund created two whole time research fellowships at the Hospital and the Laboratory. This grant was renewed for four years. The holder of one of the fellowships in 1934 was Mayer-Gross who had had to leave Germany. The persecutions in that country led the Rockefeller Foundation to provide personal grants for evicted German scholars and in the years 1934–35 Mayer-Gross and Erich Gurrmann were supported in this way. But this was a small instalment of what Mapother had long wanted. In 1930, when he spent two months in the United States, he had called on the Rockefeller Foundation to ask about the possibility of their endowing research at the Maudsley and the Central Pathological Laboratory. The matter was referred to Alan Gregg, who came to London and discussed the general proposal, particularly Mapother's view that 'the great lack of the Maudsley is research by real specialists in a number of subjects contributory to psychiatry, for example biochemistry, psychology, genetics.' Mapother then formally submitted to the Foundation a considered appeal for endowment of an Institute. This was an ambitious, detailed statement persuasively argued in an extensive document – almost a book. In effect it requested funds to provide for a Clinical Director-Professor and six senior workers in the fields of genetics; endocrinology; morbid anatomy; experimental psychology; infection, (e.g. encephalitis) and metabolism. Mapother made incidental

pungent observations. Thus with endocrinology he bracketed sexual processes: ‘however limited his taste for pornography, no psychiatrist can doubt the vast influence of sexual processes in relation to “functional” nervous disorder’. The appeal to the Rockefeller Foundation was submitted in March 1931. It was an inauspicious time, after some months they had to postpone any action on it because of the continuing economic crisis. That was in December 1931. Mapother took the matter up again after a decent interval and in a warmer financial climate, with the result that for three years, from 1935 to 1938, the Foundation provided the salaries of five senior research workers, two of whom worked in the Hospital, and three in the Laboratory. In 1938 they undertook to provide £25 000 for the ensuing 5 years, and the grant holders were thus assured of continuous support during the War. If it had not been for the Rockefeller subvention important developments in psychology would not have been possible, and the research programme built up in previous years would have been in jeopardy.

Mapother’s first papers (1911–1914) had a strong neurological bent: they were concerned with such topics as mental symptoms in choreiform disorders, aphasia in general paralysis, and intrathecal treatment of this disease: they contained few original observations. But in 1922 he published a paper of very different tenor. It was a study in psycho-pathology, reporting in detail how fantasies of childhood and adolescence had later provided the content of a young woman’s schizophrenic delusions. He drew attention to the ‘wealth of meaning which, without any far-fetched interpretations or assumptions, lay behind the apparently disconnected symptoms’. And he added: ‘In practically all properly investigated cases of insanity, it is found that it is the result of the summation of multiple causes, effective in combination, though inadequate singly. It is

this that renders all controversy between extremists of the physiogenic and psychogenic schools so futile'. While expressing dissent from some psychoanalytic tenets, Mapother asserted that 'the time is past for crying that Freud's findings as to the contents of the neuroses and psychoses are horrid ... and for substituting witticism for criticism'. Nevertheless he allowed himself in subsequent years to combine the two, on occasion.

When the Hospital had been open for ten years, Mapother reviewed its situation and needs in a memorandum for the Council, a document of some 15,000 words, skilfully presented, and realistic. The picture of achievement was compelling: a bold building programme was being carried through, extended services were being provided, and the Hospital had grown steadily in reputation and status. But it had been uphill work, sometimes carried out only by hand-to-mouth expedients. Mapother decided that it was now advisable to outline a considered policy for the next decade. His aim was that the Hospital and Laboratory should 'become the central resort of all psychiatrists of the British Commonwealth, and of such other English-speaking psychiatrists as come to Europe for study. Jointly the Hospital and Laboratory should carry on such functions as are performed for German psychiatry by the Clinic and Forschungsanstalt in Munich'. He recognised that the staff of the Maudsley was not yet equipped to teach at this level 'the point is that such teachers should be created.' To this end the functions hitherto exercised by the Medical Superintendent should be divided between a medical administrator and a clinical director: the latter should have University status as Professor. The staff structure in other respects should cease to conform to the pyramidal pattern familiar in mental hospitals and should be assimilated to that of the teaching hospitals 'in respect of their

best features’. There was a simplicity about the mental hospitals model for the Maudsley ‘which is found to be fatal to the complexity of its functions’.

In 1936 his essential proposals for reorganization were made public in the Medical Superintendent’s Report covering the previous four years. After that they germinated for a couple of years. In the autumn of 1938 they were formally submitted to the LCC Subcommittee, where discussion turned mainly on two matters: should the next Medical Superintendent be allowed to engage in private practice, and what should be the relationship of the Medical Superintendent to the Clinical Director-Professor. There was strong opposition to private practice, and hesitation about making the relation of Superintendent to Professor a diarchy of equals, with defined spheres of duty and authority. Most of the other details of staff reorganization were accepted by the Subcommittee: they concerned some twenty doctors of varying seniority; six of them to be part-time psychotherapists.

Among the disputed staff appointments were those designed entirely for psychotherapy. Here was an apparent conflict between Mapother’s actions and his beliefs. He made provision for psychotherapy, while doubting the theoretical basis on which it rested in its most developed form, i.e. psychoanalysis. A concise statement of his attitude was put forward in 1932. ‘The Maudsley Hospital has always stood, as its founder did, for the conception which may be termed the “continuity” of all forms of mental disorder and for the compatibility of treatment within one building of all grades of it. In speaking of the “continuity” of mental disorder, one means that this is a collective term for a medley of different anomalous reactions, and that the ratio in which these various anomalies are

inter-mixed even in a single case is infinitely variable and so is the possible intensity of each anomaly ... The vogue of such artificial simplicities as classification into “neuroses” and “psychoses” is dying out; so is belief in the view that clinical pictures can be isolated and given a descriptive label to which one can relate with any useful constancy a general causation, treatment and course, without the balanced considerations of a multitude of individual factors ...

There is no doubt that mental stress is the commonest single factor that can be identified in ‘functional’ cases. There is equally little doubt that in most of these psychotherapy, however empirical, is the chief active contribution to recovery which is possible ... Personally I feel that if psychothology is to rise like other branches of biology from the anecdotal to the scientific level, and if psychotherapy is to become rational and to define its limitations, then uncontrolled clinical findings must clearly be supplemented by observations as to the effect of standard experiences under experimental conditions capable of repetition.’

The last paper Mapother wrote was an appreciation of Freud’s work for the Memorial Meeting of the R.S.M. held shortly after Freud’s death. In it he acclaimed Freud’s genius for ‘fertility in hypothesis and the penetration with which he discerned analogies and connotations where they had never before been explicitly noted ... He brought to psychology and psychiatry more of the imagination of the great artist than of the stolid objectivity and rigid logic of the scientist ...’

Another tenet to which he adhered was in regard to the agents of progress. ‘I hold that properly critical research will never come from those who are in practice or bound for it. The only hope for the sort of dispassionate long-term research which psychiatry needs is the creation of teams of investigators guaranteed careers, with rewards comparable to those which similar abilities would command if otherwise marketed. Most of the members of such teams should not primarily be psychiatrists at all, but real experts in various branches of science, who have brought its technique to the service of psychiatry and then received enough training in this to enable them to see its problems ... Then we should get progress, not pot-boiling’.

Mapother died prematurely aged 59 one year after he retired because of ill health (asthma and pulmonary fibrosis). His ashes were scattered in the grounds of the Maudsley Hospital. He had no children and left a bequest of £10 000 for two research studentships. Psychiatry in this country is very much in his debt for introducing thought and science, and for his development of a university department. His successor, Sir Aubrey Lewis, was fortunate to be able to build on the foundations he had laid.

References

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