

HoPSIG NEWS and NOTES

The newsletter of the Royal College of Psychiatrists' History of Psychiatry Special Interest Group

Issue 4, Spring 2017



Editorial

We are delighted to announce the winner of the first HoPSIG Newsletter Essay Prize aimed to encourage psychiatric trainees and medical students to investigate and write about the history of psychiatry.

We received ten high quality submissions on a wide range of topics. The judges thoroughly enjoyed reading all the entries, learned much from them, and had a very tough time deciding on the winner and runners up.

Congratulations to:

Winner: Andrew Howe, 'The creation of the padded room' (see below)

Runners up: Eilis Kempley, 'Drawing the boundary: mescaline hallucinations in artists'. Darren Bell, 'From gulags to psychiatric wards'. (These will be published in a later newsletter.)

And many thanks to Howard Ryland for organising this.

The Creation of the Padded Room

Andrew Howe

The 'padded room or cell' is infamous as a symbol of the negative side of psychiatry, which today we mainly see in horror or thriller films. A recent example is the film 'The Padded Room' released in September 2016, which portrays the worsening of the mental health of a comic book villain, The Joker, and shows the padded room as a distressing, inescapable place that worsens mental health.

In contrast to its current perception, the padded room was created as part of the 'non-restraint movement' which led to mentally unwell patients being released from their physical restraints and treated more humanely. The credit for the country-wide adoption of non-restraint is given to John Conolly who was superintendent at Hanwell Asylum, London, from 1839. This article examines the events that led up to Conolly's changes at Hanwell, focussing on the creation of the padded room and how it was used in treatment.

Before the non-restraint movement

Prior to the non-restraint movement, many mentally unwell patients were kept in chains or other mechanical restraints. The plight of those who were seen as high risk was even less humane. In John Conolly's book *The Treatment of the Insane without Mechanical Restraints* (1856) the treatment of one such patient was described: the patient was undressed and manacled to a floor covered in straw. The straw itself irritated her skin but she could not get up due to her manacles. She was given medication that caused 'sickness and purging' and left for 12 hours. Only after that time was any attention paid to her personal care and then without dignity.

A time of change

A turning point in the care of the mentally ill in the United Kingdom came in 1774 when the Madhouse Act was passed. The act stated that all institutions would now have to have a licence. Failure to do so would result in a fine of £500 (equivalent to roughly £75,500 today). They were also to be subject to inspection.



William Norris restrained by chains at the neck and ankles in Bethlem hospital, London. Coloured etching by G. Arnald, 1815. (Wellcome Images Library)

Later, public awareness of mental illness increased with the acknowledged deterioration in the mental state of King George III from 1788. In 1814 an inspection of the Bethlem Hospital brought to light the case of one of their patients, James Norris. We learn from a letter to the governors by Dr John Haslam in 1818 that Norris was admitted to Bethlem on the 1st of February 1800 and found to be 'incurable' one year later. During his admission he stabbed two attendants and remained intermittently violent. Manacles were placed around his hands but due to the unique anatomy of his upper limbs he was able to release himself from the manacles and use them as a weapon. By June 1804 a submission was put to the governors of the asylum to use an 'apparatus of iron'. The case was reported in the press and gained wide attention. Haslam commented that 'perhaps no instance of disease has ever made a more forcible impression on the public mind than the case of James Norris'.² Six politicians visited him before he was eventually freed from the apparatus in 1814. The plight of psychiatric patients in Britain was now at the forefront of public and political consciousness.

In 1831 a new asylum opened at Hanwell, Middlesex. The superintendent position was given to William Charles Ellis who had recently written an open letter to parliament concerning the state of mental health institutions in the country. Ellis aimed to reduce the use of restraints and engage his patients in occupational tasks such as baking. He believed that this approach was successful because

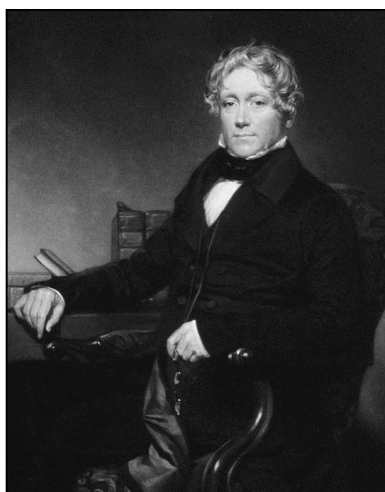
of his staff recruitment strategy which focused on their character and a high ratio of staff to patients. Ellis was forced to resign in 1838 when the magistrates directed an increase in the number of patients in the Asylum. He was succeeded one year later by John Conolly.

John Conolly

John Conolly was born in Market Rushton in Lincolnshire in 1794. He took up medicine and graduated from Edinburgh University. His interest in mental health was evident at this stage as he chose insanity as the subject of his dissertation. As his career progressed he obtained a professorship and also wrote a book - *Indications of Insanity* (1830). He then moved back to the Midlands and became an inspector for the county asylums. In 1839 he visited the Lincoln Asylum, a small asylum with 130 patients. The superintendent, Robert Gardiner Hill, had completely abolished mechanical restraint of patients. Conolly himself became the superintendent of Hanwell Asylum in the same year and adopted the non-restraint system immediately. This move attracted much more public attention than it had at the Lincoln Asylum, perhaps because Hanwell was much larger.

This complete abolition of restraints still left the problem of how to manage patients who were an acute risk to themselves or others. Conolly commented that in certain situations temporary physical restraint had to be used. He suggested that this was only appropriate when 'some sudden impulse requires such immediate interposition for a few minutes'. If a patient remained distressed, then they were either taken to another room and offered a distraction or taken to one of the 'airing courts' and allowed to walk around alone. If this failed to calm the patient, they would be placed in the padded seclusion room. The padded room was therefore a treatment of last resort. It was only used 'when the patient cannot be at large with benefit to himself, or with safety to others...seclusion gives him the benefit of continued tranquillity, by removing at once every cause of excitement.'

The padded room at Hanwell Asylum was described in detail by Conolly: The floor and the walls above the reach of the patient were all lined with 'thick soft padding' made from coconut fibre. There was no furniture apart from pillows and the window was guarded by a blind. Clothing and bedding were made of thick material so that they could not be torn and made into ligatures.



John Conolly, painting by an unknown artist

Conolly tells us that asylums in Northampton, Glasgow, Lancaster, Gloucester and Stafford all followed suit. Within 12 years of his use of the non-restraint system at Hanwell, the idea was being adopted country-wide. The idea of the padded cell was not well received by all, however. A physician, William Williamson, wrote in his 1864 book *Thoughts on Insanity and its causes and on the management of the insane* that if he were a commissioner for an asylum, and the superintendent made frequent use of the seclusion room, Williamson would think him 'not qualified'. He went on to describe seclusion itself as 'in a great majority of cases, worse than negative'. He suggested instead that patients should be walked around in shackles to exhaust them if they were violent.

Notwithstanding its critics, the 'padded room' was a common feature of the asylums from the 1850s onwards. As time progressed new pharmacological treatments started to offer better outcomes for patients and the use of padded rooms decreased; treatment of many people moved to the community and asylums started to close, following government policy. After just over 100 years of use, the padded rooms were closed along with the asylums they were housed in. However, the need for seclusion has not gone away and the current (non-padded) Seclusion Rooms in our hospitals have the same function. Those who have worked on wards where there are seclusion rooms may note the similarities in John Conolly's descriptions of the reasons and aims of seclusion.

Today, 'padded rooms' are seen as examples of the folly of a bygone era of psychiatry. However, the original need for them came from ideas of non-

restraint and more humane care. Our current seclusion practices are not too far removed from Conolly's ideas but are a careful response to an identified risk of significant harm to others. The 'padded room' can be seen as an illustration of how we judge the past with the ideas of the present and how this can misinform. 150 years from now, our current practices may well come under similar scrutiny.

References

1. Conolly, J. *The Treatment of the Insane without Mechanical Restraints*. London: Smith, Elder and Co., 1856.
2. Haslam, J. *A letter to the governors of Bethlem Hospital containing an account of their management of that institution for the last twenty years ... with a ... narrative of the confinement of James Norris ... Part 1*. 1818.

<http://wellcomelibrary.org/item/b21928575#?c=0&m=0&s=0&cv=0&z=-1.3042%2C-0.0944%2C3.6085%2C1.8885>

Archives Update

Francis Maunze, Archivist

Archives Catalogue

The Archives Department now has an online catalogue: <https://catalogues.rcpsych.ac.uk/>. The creation of the catalogue is an ongoing exercise. If you fail to find the information you want, please contact the Archivist: archives@rcpsych.ac.uk.

Archives Repository

The archives repository was fitted with new mobile shelves which have increased the storage capacity threefold. The additional space will be used to house archives currently stored in off-site storage, and for any future collection development requirements.

Collection Development

The revised Archives Collection Development Policy allows the Archives to collect personal papers of past Officers, Fellows and Members. The papers should substantially supplement and complement existing institutional records. Contact the Archivist for information on how to make a donation to the Archives.

**We welcome submissions to the newsletter,
which should be e-mailed to
francis.maunze@rcpsych.ac.uk (see website).**

A Manchester Miscellany, November 2016

Claire Hilton

A great day at the first HoPSIG full day conference, attended by 40 people. It was informative and thought provoking (abstracts and biographies of speakers [here](#)). Some brave historians spoke on their potentially controversial research. Val Harrington spoke on the 'strongly medicalised service ethos' at Withington Hospital psychiatric unit in South Manchester and the internal tensions that led to its decline, and Tommy Dickinson spoke on aversion therapy used to 'treat' gay men. The speakers coped with robust and sometimes heated disagreements about their research from local psychiatrists, all ably umpired by Dave Jolley in the chair. The issues raised lend themselves to developing a future Witness Seminar.



Eric Northey spoke eloquently about his use of archival research to create historical drama, and joined forces with Archivist, Kathryn Newman to bring us a hands-on archive display about Whittingham and Prestwich mental hospitals, aka, 'asylums'. Tiny photographs of patients found in their clinical records were evocative when blown up life-size, bringing home the reality of lives in these institutions.



Wellcome Library Wikimedian Alice White informed us about writing for Wikipedia at an excellent extra workshop the following day. There was much praise for the caterer Melissa Dorfman, assisted by her daughter Chloe, with their excellent spread of home-prepared bagels, sandwiches, pastries, luxury biscuits and other edible delights. Graham Ash demonstrated his meticulous organisational skills for the event, Carsten Timmerman generously invited us to use the seminar room in the University of Manchester Centre for the History of Science, Technology and Medicine, and Susan Ash took photographs.



BE SURE TO COME TO THE HoPSIG SESSION

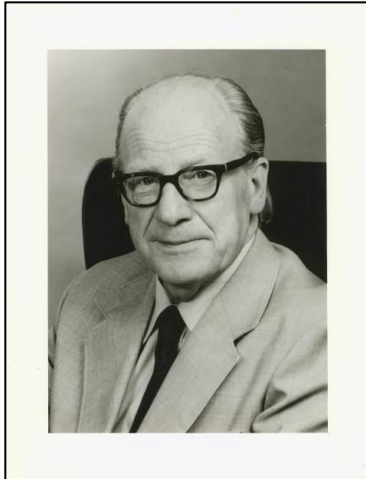
Whistle-blowers: Is it still 'Speak out, and get out'?

at the RCPsych International Congress in Edinburgh, Tuesday 27 June 2017, 16.45-18.00.

The Early Years of the POP Club

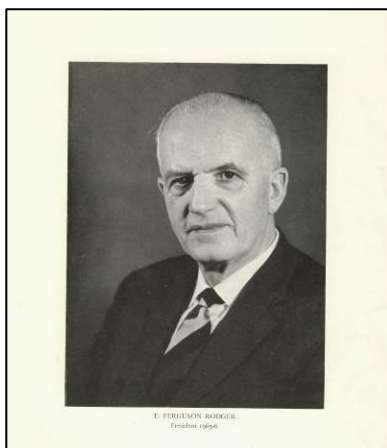
R. H. S. Mindham
r.h.s.mindham@gmail.com

In January 1967 Sir Dennis Hill convened a meeting of professors of psychiatry which took place at the Great Northern Hotel, King's Cross, London.

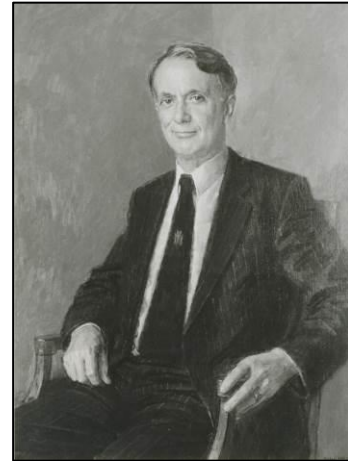


Sir Denis Hill

At the meeting he proposed the formation of an association of professors of psychiatry which would be concerned with the development of academic psychiatry, of research and of the teaching of psychiatry to undergraduates. The fifteen professors of psychiatry present agreed with his proposal unanimously. Heads of department would automatically be invited to join and others would be invited subject to election. Thomas Ferguson Rodger was appointed Chairman and Kenneth Rawnsley Honorary Secretary.

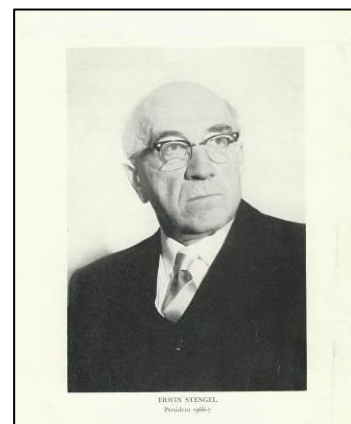


Thomas Ferguson Rodger



Kenneth Rawnsley

The second meeting of the association was held in Sheffield when the name 'Professors of Psychiatry in the British Isles Club' was adopted. This cumbersome title soon became the 'POP Club' in every day parlance but the point had been made that this was an association of professors of psychiatry from the whole of the British Isles. At the third meeting of the Club, Erwin Stengel, who had recently retired from his post in Sheffield, resigned from the Club and thereby established the convention that as members retired they resigned from the Club.



Erwin Stengel

In subsequent meetings the Club discussed, among many other topics : the teaching of behavioural sciences to undergraduate medical students; the establishment of the Royal College of Psychiatrists; the examinations for membership of the proposed college; the Merrison report on Medical Education; clinical psychology and its relationship with

psychiatry; the structure and functions of the Joint Committee on Higher Psychiatric Training; and the place and teaching of psychotherapy and psychoanalysis in psychiatry including the desirability of encouraging psychotherapists to work in the provinces.

However, things were changing in academic psychiatry; at the meeting held at Saint George's Hospital in 1975 no fewer than nine new members were introduced to the Club. Later in the same year a psychiatric branch of the Association of Clinical Professors was formed within the Club to represent the interests of academic psychiatry among the clinical disciplines. This group came to be regarded as the 'political wing' of the POP Club and had an important role in discussing such matters as terms and conditions of service of academic staff and the recognition of their training. Members who worked in London generally served as our representatives. I was introduced to the Club by my predecessor in Leeds, Max Hamilton, at a meeting held in Leeds in July 1977.



Max Hamilton

I became Honorary Secretary to the Club in July 1980 at its 27th meeting, in succession to Ken Rawnsley, and served in this capacity until the 46th meeting in November 1990.

The Club had adopted the practice of holding its meetings on the last day of Royal Medico-Psychological Association / College meetings twice a year. Then the College had its winter quarterly meeting in London and the summer meeting elsewhere in the British Isles and we followed this pattern. There were many memorable meetings. The Club invited the host, or his nominee, to speak on a matter of his own choice; some of these addresses concerned the pressing topics of the day but others were more adventurous. At the meeting in

Manchester in 1986 David Goldberg discussed the future of psychiatry and in his view it was not promising. He foresaw a declining role for psychiatrists in the planning and provision of services; the death of the multidisciplinary team; the deputation of patient care to less and less skilled personnel; and '...to private hospitals springing up like poisonous toad stools in the wood planted by Aneurin Bevan'. His talk was prophetic. At the meeting at Bart's in 1987 hosted by Anthony Clare, Michael Shepherd, a known sceptic, reviewed the prospects for academic psychiatry : the recommendations of the Goodenough report¹ on medical education to establish postgraduate centres of academic psychiatry around the UK had been ignored; measures to counter the limitations of the DPM, 'the damnable DPM outlook', flourished then flagged with the introduction of the MRCPsych; the Institute of Psychiatry, the front runner in the development of academic psychiatry in the UK, 'got bigger but not better' and there was uncertainty about its future direction. His remarks provoked a vigorous response. At the Royal Free in October 1989 Tony Wakeling reviewed current approaches to undergraduate medical teaching. He felt that education had been sacrificed to expediency in yielding to pressures from clinicians to teach their own subjects ignoring the needs of the population served. We should revert to the primary aims of teaching; a combination of education and training in a setting of research following the recommendations of Flexner.² His fundamental and questioning presentation was concluded to acclamation. The Club had neglected to hold a meeting in Ireland but in April 1990 this was rectified when a meeting was held in Galway at the invitation of Tom Fahy. Appropriate to the setting, John Gunn introduced a discussion on the teaching of mental health legislation. The British Isles then consisted of four Legislatures each with its own laws. On that occasion we had a guest from Florida, David Sheehan, who informed us that in the USA mental health legislation was different in all States of the Union making it necessary to undertake teaching state by state. Difficulties in the British Isles seemed minor by comparison.

At the 39th meeting of the Club held in Leicester in April 1987 I gave a brief review of the history of the Club since its foundation. The records showed that the concerns of members working in undergraduate schools had been the focus of interest. Neil Kessel, the only current member of the Club who had been present at the first meeting at the Great Northern Hotel, commented on the role of the Club during the

20 years of its existence. He saw the Club as being important in countering the major influence in academic psychiatry of the Institute of Psychiatry and the Bethlem Royal and Maudsley Hospitals. The Club had also served to inform its membership of policy in organisations such as the MRC, the DHSS and the new Royal College of Psychiatrists. He saw the Club as having become less strictly psychiatric and as having '...functioned as the sixth form of the Association of University Teachers of Psychiatry' !

I enjoyed my decade as Honorary Secretary of the Club but was heavily reliant upon the support of my secretary. The members included people of great eminence and experience. There were those who had written definitive papers; the authors of standard textbooks; members of MRC committees; members of the Standing Medical Advisory Committee of the Department of Health; members of the GMC; Fellows of the Royal Society and Knights of the Realm. This environment was intimidating to new members of the Club but very informative. At a more mundane level there were warnings of problems in diverse parts of the British Isles and how these had unfolded. Sometimes this intelligence led to representations to central bodies. However, in this setting of higher medical politics, it would be wrong to play down the importance of the social aspects of the Club in providing a forum for discussion among fellow academics. When I was first appointed Honorary Secretary in 1980 Sir Ivor Batchelor, who had just retired, wrote to me resigning from the Club; he saw the association primarily as a dining club in which colleagues from a professional group enjoyed the company of their peers. I think he was right about the role of the Club in his time; perhaps it compensated for the 'loneliness of office'. However, when I retired from the post of Honorary Secretary in 1990 the Club was changing rapidly with a much enlarged membership due to the expansion within schools, to the establishment of new medical schools, and to the development of the psychiatric specialities. The character and roles of the Club in the future were becoming less clear.

I am grateful to Mrs Ray Hanning who prepared the Minutes of Pop Club Meetings for the decade 1980-90 upon which this account is largely based.

I am grateful also to Francis Maunze for retrieving photographs of some former members of the POP Club from the College Archives.

References

1. Goodenough Committee, [1944], *Report on the Training of Doctors*, {summary}, BMJ 2 [4539], 121-123.
2. Flexner, A, [1910], *Medical Education in the United States and Canada. A Report of the Carnegie Foundation for the Advancement of Teaching*. New York City, Carnegie Foundation for the Advancement of Teaching. Bulletin No. 4.

Louis Wain, Cat Artist, 1860-1939

Andrew Howe



Photograph Portrait of Louis Wain, date unknown, from 'The Book of the Cat' by Frances Simpson

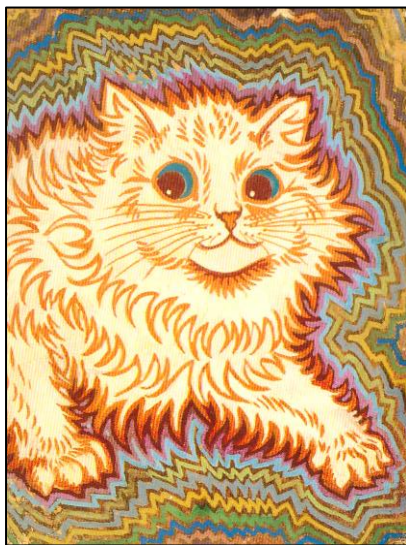
On my first trip to the Bethlem Hospital Museum, I was drawn to a series of postcards depicting wide-eyed cats in a psychedelic style. Unsure of their mental health connection I turned one over to find the artist: Louis Wain.

Wain was born in 1860 in London. His childhood is remarkable for him having a cleft lip and not going to school until age 10. When he did eventually go he often played truant. He eventually settled on art as his career, studying and teaching at a London art school. He was twenty when his father died and had to find the means to support his mother and five sisters. He left teaching to become a freelance artist, drawing animals and country scenes for a range of journals. When he was 23 years old, he married his sister's governess, who was 10 years his senior, which would have been unusual at this time. Unfortunately, his wife was diagnosed with breast cancer and died shortly after their marriage. While

she was unwell she found solace in their pet cat, Peter. Wain himself drew many pictures of Peter and was encouraged to have them published. The success of these drawings inspired him and he produced pictures of cats almost exclusively for a period of over 30 years.

His anthropomorphised cats were popular and widely published. Sadly, despite his reputation, he never knew financial stability from his work due to supporting his family, financial mismanagement and making poor deals with publishing companies.

It seems that his behaviour and mental health deteriorated over time and by 1924 (when he was 64 years old) he was behaving erratically and at times was violent. He was admitted to a pauper ward at Springfield Hospital in South London. He was well known and his admission was eventually publicised. Interventions by his friend H.G.Wells and subsequently the Prime Minister saw him transferred to Bethlem and then Napsbury hospital. He remained there for the last 15 years of his life and died on the 4th July 1939.



Picture of a cat by Louis Wain, year unknown, copy of a postcard available at the Bethlem Museum

The pictures he created towards the end of his life are generally noted for their abstract nature, especially when compared to his earlier work. It has been said that this points to his deteriorating mental state and supports a diagnosis of schizophrenia. This link was the reason for the initial psychiatric interest in Wain's paintings. However, because there is no evidence to support diminished painting and drawing skills, schizophrenia is an unlikely diagnosis. Aiden McGennis (1999) suggested that

Wain may have had Asperger's syndrome.¹ This suggestion came not from his art but descriptions of his character. He was reportedly a very withdrawn man who disliked change. He also showed obsessional traits, such as only drawing cats. A professor of child and adolescent psychiatry, Michael Fitzgerald, supported the diagnoses of Asperger's.² This diagnosis does not fully explain why he was suddenly admitted in the latter part of his life however. Alternative differentials could include an obsessive compulsive disorder or an abnormal grief reaction following his wife's death. An abnormal grief reaction could explain his preoccupation with cats given the chronology and significance of Peter when his wife was dying. To complicate the analyses, Wain never dated his works which makes finding a true correlation between his mental health and his work difficult. Many artists change their styles as time progresses which provides an equally valid alternative explanation for the observed changes. Wain also continued to produce works in more naturalistic styles and even ceramics in the cubist style along with his more well-known pictures.

Making a retrospective diagnosis is challenging and one medical historian claims doing so is 'little more than a game, with ill-defined rules and little academic credibility'.³ Regardless of diagnosis, Wain's creations are now intertwined with the history of psychiatry. They can serve as a reminder of the creative potential of patients. When we see art therapy or pet therapy taking place, we are reminded of Louis Wain and his cats.

Further Reading/Watching

Rodney Dale, *Louis Wain: the Man Who Drew Cats*. Kimber, 1968 (revised, Chris Beetles Limited, 2001)

Louis Wain Exhibition, Bethlem Archive and Museum, SLaM, gallery talk by David O'Flynn, consultant psychiatrist.

https://www.youtube.com/watch?v=KTwbTgX_imE

References

1. McGennis, Aidan. "Louis Wain: his life, his art and his mental illness". *Irish Journal of Psychological Medicine* 16/1 (1999): 27
2. Fitzgerald, Michael. "Louis Wain and Asperger's Syndrome". *Irish Journal of Psychological Medicine* 19/3 (2002): 101
3. Elmer, Peter (2004). *The healing arts: health, disease and society in Europe, 1500-1800*. Manchester: Manchester University Press. p. xv. ISBN 0-7190-6734-0.

The Devon County Pauper Lunatic Asylum

Claire Hilton

The [Devon County Pauper Lunatic Asylum](#) (later Exe Vale Hospital) opened in 1845. It was designed by Devon-born architect Charles Fowler (1792 – 1867), more famous for designing Covent Garden Market in London. John Charles Bucknill (1817-97), a pioneering psychiatrist influenced by the work of John Connolly at Hanwell Asylum, was the first medical superintendent (1844-62). Bucknill was also first editor of the *Asylum Journal*, founded in 1853, now the *British Journal of Psychiatry*.

Today, the luxury housing estate occupying the former asylum is called [Devington Park](#). The name gives no clue as to the former use of the building.

Visiting the hospital

We identified the hospital on an old Ordnance Survey map (Sheet 176 – Exeter, 1960). It showed a gatehouse, a long driveway and the hospital church on the right when going towards the main building. We suspected that the ‘Cemy’ marked on the map was the hospital cemetery.



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National Library of Scotland,
<http://maps.nls.uk/index.html>

We wandered round the building, pondering about why its shape bore no resemblance to that of the hospital on the map. A model of the hospital displayed in the entrance hall of the former administration block illustrates this.



Model of original asylum

For comparison, I have enlarged the map (below) and orientated it to the same position as the picture above.

The answer was obvious when we thought about it: the more modern building extensions were demolished, leaving only the elegant original asylum.



The hospital chapel (now a school) was added in 1877. It has some eye-catching stone ornamentation.



The cemetery

Many asylums had their own cemeteries. Patients who died as paupers were often buried without gravestones, although graves might be identified by small numbered metal markers. One enters this asylum cemetery (the size of a football pitch), through the lych-gate and finds only half a dozen scattered gravestones.

The lych-gate had a ‘coffin table’, a raised stone platform in the middle of the steps on which a coffin could be placed before it was taken into the cemetery.



Lychgate coffin-table

Be careful if you visit, the ground in the cemetery is extremely uneven.

***Dracula* and the Medico-Psychological Association**

Fiona Subotsky

In pursuit of my 'Dracula' researches I recently visited Dublin, and tracked down the memorial plaque to Dr Conolly Norman in St Patrick's Cathedral.



Author and cathedral guide

So what is the connection?

For those who may have forgotten (or never known), important features of Bram Stoker's novel *Dracula* are an asylum and its doctors. While the fictional events are located in England, Bram Stoker was a Dubliner, and his brother Thornley was an eminent surgeon who consulted to the two most important asylums in Dublin. One of these, the Richmond Hospital, was under the superintendence of Dr Conolly Norman.

Conolly Norman studied medicine at Trinity College, Dublin, the Carmichael School of Medicine, and the House of Industry Hospitals. He received the licences of the King & Queen's College of Physicians in Ireland and the Royal College of Surgeons in Ireland in 1874, becoming FRCSI in 1878 and FRCPI in 1880. He worked under Dr George Savage at the Bethlem Hospital in London for two years. He became a member of the Medico-Psychological Association in 1880, and was elected its President in 1894, having been the Irish Secretary from 1887. He was co-editor of the *Journal of Mental Science* from 1895 to 1907.

William Thornley Stoker considered himself to be the oldest and dearest friend of Conolly Norman, and was indeed proposed by the latter for membership of the Medico-Psychological Association, whose meetings in Ireland he occasionally attended. In one of his papers, Conolly Norman writes that Thornley Stoker kindly took charge of one of his private patients (an obsessional) while he was on holiday. In another, about sexual hallucinations in cocaineism, he mentions that Thornley Stoker first drew his attention to this phenomenon. In another, that Thornley Stoker had referred to him a case of general paralysis of the insane.

In *Dracula* the eccentric lunatic Renfield was subject to trephination by the doctors when he lost consciousness after an assault by the Count. We know Thornley advised Bram on this, and there are great similarities with a Richmond patient known as O'Rourke, on whom Thornley successfully operated following a head injury, which he reported in the *Annals of Surgery* of 1888, and cited in his Medical Directory entries.

While I have not yet come across any case report in the *Journal of Mental Science* much resembling Renfield's inclination to gobble insects, spiders and birds, who knows what might be in the Richmond Hospital's archives?

Book Review

Ings, S. (2016) *Stalin and the Scientists: a history of triumph and tragedy 1905-1953*, Faber and Faber, London, ISBN 978-0-571-29007-9, £20

George Ikkos

Written by the Arts Editor of the *New Scientist*, this book took me a little while to get into, mainly because of the unfamiliarity of many names and some of the subject matter, but soon turned into a page-turner. Increasingly as I read, I found it 'un-put-downable'.

Focusing on half a century of Russian science (1905-1953), the author reaches deeper back into late 19th century Imperial Russian Science and ventures briefly beyond the death of Stalin in 1953. This includes reference to the world-wide campaign against the political abuse of psychiatry in the Soviet Union which led to the temporary expulsion of Russia's psychiatrists from the World Psychiatric Association in the 1980s. The book, therefore, should be of great interest to anyone who cares about the place of psychiatry (and science in general) in society.

The history of science in Russia is star-studded, both during the late Imperial period and during the Soviet era. During the early Bolshevik years, there was profound commitment and investment in education and science, in the firm belief that they were key ingredients to the emergence of the 'new man' and 'new society'. The leap in literacy in the first two decades of the Soviet Union is both unprecedented and wholly admirable. It is important to remember that in the 1920-30s, during that global recession, and even in the late 1950s with the first cosmonaut, the Russian Gagarin, being launched into space and causing panic to the US administration, it was not at all certain that Western science and economics would prevail.

Though Western advantages had indeed become clear for all to see by the 1970s, even the collapse of the Soviet Union in the late 1980s was an unexpected event. Yet the seeds of defeat had been sown earlier, both in science and generally. Paradoxically, it was in part the relentless production of a broad educated middle-class in the USSR that allowed Josef Stalin (1878-1953) to

repeatedly and recklessly purge scientific institutions and scientists, condemned as 'bourgeois specialists' and often tortured, exiled and murdered. Stalin could afford to do this because the next generation of educated young were emigrating from the countryside to cities and were rewarded with vacated and newly created jobs, until their turn came too!

It was not really until the mid-1930s that Stalin began to exert his increasingly malign influence on science, particularly with his support for the infamous charlatan, the agronomist Pavel Lysenko (dates unknown!), with whom he shared a belief in Lamarckian mechanisms of inheritance, wrongly conceiving these to be more in line with Marxist principles. This, of course, had catastrophic results for food production in Russia, contributing to famines related deaths.

One of the new things I learned from this book is that Stalin was a keen gardener, indeed it was the only form of exercise that he took! This, and the pressing need to compete effectively with the Americans with respect to nuclear weapons, may explain why he left Physics untouched, with the result that the Soviet Union achieved and Russia continues to achieve excellence in this field; also, that physics institutes served as refuges for what we would recognise in the west as orthodox genetics. The biochemist Nikolai Oparin (1894-1980) and physicist Andrei Sakharov (1921-1989) are among the best-known names among Russia's scientists, the first because of his materialist theories of origin of life, the latter because of his human rights record, but there are others too.

In our field the towering figure is Ivan Pavlov (1849-1936), the great physiologist of the conditioned reflex and much more. His world-wide fame protected him from the Bolsheviks, despite his decidedly aristocratic outlook and not entirely likeable character. His influence was not entirely benign, as he too was inclined towards Lamarckian views of inheritance and favoured rather simplistic explanations of mind, based on increasingly complex reflexes. He had great arguments with the 8 years younger Vladimir Bekhterev (1857-1927), a great physician and neurologist, who took a much looser conception of reflex, yet who also tried to build a theory of mind on reflex. Bekhterev, though younger, died before Pavlov and, though they had fallen out and had stopped talking by this time, the older man confessed his intellectual gratitude to their disputes. Amongst his achievements,

Bekhterev described Ankylosing Spondylitis or 'Bekhterev's disease' (more frequently spelled in English as Bechterew's disease).

From the psychological point of view, interesting figures are Sabina Spielrein (1885-1942), Alexander Luria (1902-1977) and Lev Semyonovich Vygotsky (1896-1934). Both Spielrein and Luria were psychoanalysts and Luria published a book entitled *The Nature of Human Conflicts*. By 1940, psychoanalysis was condemned as decadent and bourgeois and publications banished completely, which together with an exaggerated emphasis on reflex mechanisms retarded the progress of Russian psychiatry for many years. Fortunately, Luria eventually found his way into war inflicted brain injury and neuropsychology and published the first two masterpieces of popular neuroscience, *The Man with a Shattered World* and *The Mind of a Mnemonist*, as well as making many other contributions, including his early appreciation that the brain constantly works as a whole.

Both Luria and Vygotsky worked with nursery age children, illiterate peasants and newly educated women. They developed subtle views of mind, giving due weight to environment, culture and learning as well as brain, which in my view remain in advance of what passes for modern neuroscience and preached even by some of today's psychiatric leaders. Vygotsky was also the author of *The Historical Meaning of the Crisis in Psychology* and the wonderful *Thought and Language*.

In the last two paragraphs of his book, Ing writes:

There was, I believe, something piteously unavoidable, something admirably human, about the way the Soviet Union faced a world of scarcity and poverty, and tried to light up its land with the fitful glow of science. For all the terrors, follies and crimes of that time, I believe this has also been a story of courage, imagination and even genius.

I fear we will not acquit ourselves nearly so well.

100 years after the Bolshevik revolution, 25 years after the demise of the Soviet Union and as ominous clouds gather on both sides of the Atlantic and beyond, read it and make up your own mind.

Picture Quiz 2: Answer

What has this cat to do with mental illness?



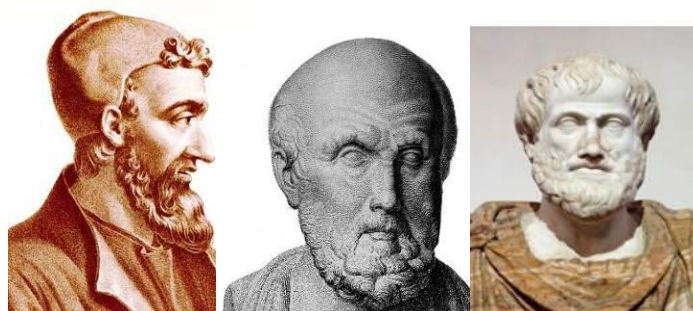
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Congratulations to Dr Andrew Howe and Prof Harry Zeitlin for their correct answers

Louis Wain (1860-1939) was an artist who specialised in cats – in many styles – Andrew tells you more about him on page 7.

Picture Quiz 3.

(With thanks to Prof Harry Zeitlin for the idea.)



1

2

3

- Who are these three gentlemen?
- When did they live?
- What did they say about mental health and mental illness?

Answers and suggestions for future picture quizzes to claire.hilton6@gmail.com by 30 April 2017