

# News and Notes

Issue 17, Autumn 2023



**Editors:**

**Mutahira Qureshi  
John Hall  
Allan Beveridge  
John Mason  
&  
Nicol Ferrier**



**Newsletter of the RCPsych's History of Psychiatry  
Special Interest Group (HoPSIG)**

# Contents

Page

## EDITORIAL

Nicol Ferrier 3

## REPORTS

Chair's Report Graham Ash 8

Historian in Residence update: April-September 2023 Claire Hilton 10

Archives Report Francis Maunze 13

Report on Witness Seminar: History of Primary Care Mental Health in England 1948-2019 John Hall 14

**'We are not Alone: Legacies of Eugenics' is now online and on YouTube** Marius Turda 16

## ARTICLES

John Hughlings Jackson and Thomas Laycock: Brain and Mind. Laycock's influence on British Neuropsychiatry Edward H. Reynolds 18

William A. Hammond: Explaining the Modern Mind Susan-Mary Grant 23

A 'Preventive Psychiatry': Social Psychiatry Then and Now Matt Smith 29

Teaching psychiatrists about the History of Psychiatry Chaitanya Haldipur 33

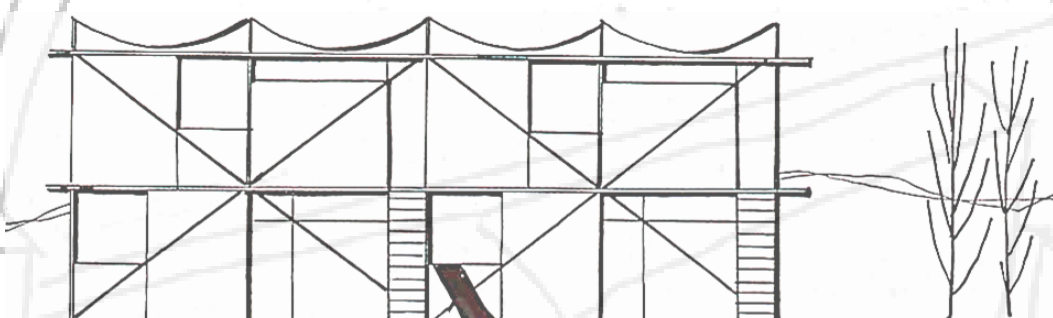
Translating *Chez Les Fous* Stephen Wilson 36

Alasdair Gray's *Lanark*: A Window on Psychiatry and Psychosomatic Medicine in 1950s Glasgow Allan Beveridge 40

## BOOKS

Witches, Devils and War-Woolfes: The Supernatural in the RCPsych Rare Books Collection Fiona Watson 46

**Events of Interest** 51



# Editorial

Nicol Ferrier

Welcome to the Autumn 2023 edition of the HoPSIG Newsletter. In this edition there are six high quality articles which we hope you will find enjoyable, informative and stimulating. We have two fascinating accounts of links between Psychiatry and Neurology in the C19 and two looking at the interface between literature and psychiatry, both fruitful fields for further exploration. Following Allan Beveridge's stimulating editorial on teaching History of Psychiatry in the last edition, there is a rather more downbeat but thought-provoking account of attempting to do so in the US. Further observations on this topic in different settings would be welcome. Finally, Matt Smith gives a personal reflection on the history of Social Psychiatry in the US along with some stimulating thoughts for the future.

Articles in the Newsletter are best thought of as tasters for topics. Authors have included their contact details and would be happy to receive observations or questions. We are also happy to receive correspondence on issues highlighted in our articles and keen to publish these. We are always keen to receive ideas for future articles either in outline or draft form. Contributions from trainees would be particularly welcome. Trainees who have published with us have found it rewarding and the review process a positive experience.

This edition also includes several reports of HoPSIG's many and varied activities and their authors would be happy to field any queries. Please also look out for the announcements of meetings in this edition. The Newsletter is keen to publicise events of potential interest to our members but do let us know with plenty of notice.

There are no book reviews in this edition but Fiona Watson, the College Librarian, has compiled a list of rare books in the College Library around the theme of the supernatural. It a splendid, indeed scrumptious, account! Thankfully there are several book reviews on the stocks for the Spring edition. The Newsletter is always pleased to receive these, so if you read an

interesting new book of potential relevance to the History of Psychiatry, then why not pen a brief review and send it in?

Finally, some thanks. Thanks to our reviewers whose unheralded work and expertise is essential to keeping the quality of the material high. I'd especially like to thank the editorial team (Mutahira Qureshi, John Mason, Allan Beveridge and John Hall) for all their help and efforts.

## Caption Competition

Spotted in a London store by a member:



Early entry: That's where those British Museum items went!

Entries by email to Nicol Ferrier ([i.n.ferrier@ncl.ac.uk](mailto:i.n.ferrier@ncl.ac.uk)). The winning entry will be published in the next edition.



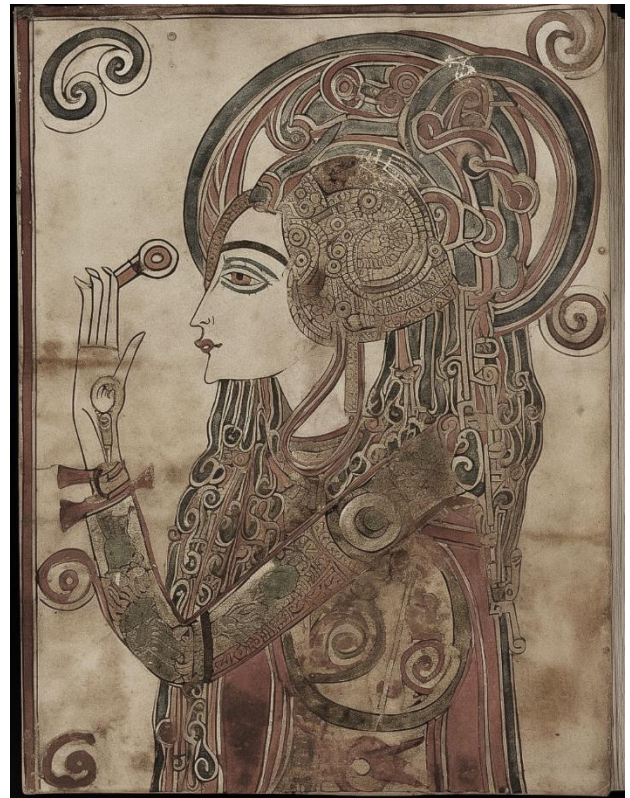
# A note on the artwork in this issue

Mutahira Qureshi

Duality is at the heart of this issue of *N&N*: organic-non-organic, social-biological, fiction-non-fiction, natural-supernatural, human-AI, and ultimately, the most relevant to psychiatry being the brain and the mind. Hence it was only too appropriate to begin this issue with Descartes famous illustration of mind-body dualism depicting visual signals passed on by the optic nerves to the epiphysis in the brain and from there to the immaterial spirit.

However, I have superimposed the Cretan labyrinth on top of this rather decisive (scientific) schematic to embrace the soul of the articles presented in this issue: absolute positions never, upon reflection, remain absolute absolutely. And yet, if they were never absolute, then what changes?

The artwork in this issue is based on mathematically inspired works, impossible objects, optical illusions, double-meaning images, surrealist architecture, and anamorphisms invoking René Magritte, M. C. Escher, and the lush imagination of Marco Polo in Italo Calvino's *Invisible Cities*. I am incredibly honoured to include generous contributions (most in the form of lovely email replies when I sought permission to use their works) from celebrated contemporary artists such as István Orosz, Yona Friedman, and Gérard DuBois. I have arranged them as such that they form a narrative of their own. The deserted labyrinthine structures slowly come to be populated, surreal and bizarre sentience, until in its own impossible convolution, and amalgamation, everything celebrates. "With cities, it is as with dreams: everything imaginable can be dreamed (...) Cities, like dreams, are made of desires and fears, even if the thread of their discourse is secret, their rules are absurd, their perspectives deceitful, and everything conceals something else." (Italo Calvino, *Invisible Cities*)



Artists who have generously contributed, are enumerated as follows, in order of appearance.

## Cover image:

Drawing from René Descartes' (1596-1650) in "Treatise of Man" depicting the function of the pineal gland, in the public domain due to expiration of copyright following 70 years of the artist's demise, [Wikimedia Commons](#)

A Cretan labyrinth consisting of circle segments, donated to the Public Domain by artist Linus Wolf, [Wikimedia Commons](#)

[Yona Friedman](#) Hungarian-born French architect, urban planner and designer; best known for his conceptual "spatial cities" floating in the air, "like balloons" rising out of but having as little contact as possible with the ground. Friedman is sadly now deceased (2020) however has made a lasting donation of his work being reproduced with attribution. For full portfolio of the visionary artists along with details of terms of reprint, please visit his official website [here](#). Some sketches of his spatial cities are featured on the Contents page, and pages 9 and 14.

[Andrei Kovalev's Midlibrary](#), a text-to-image AI platform using Midjourney AI (the same AI program that was used to generate

*Théâtre D'opéra Spatial* by Matthew Allen that went on to [win at the Colorado State Fair 2022](#)). [While AI cannot hold copyright](#) (yet) in the ruling of a landmark case in the US this year; however readers can rest assured that the two pieces featured in this issue have been reproduced with permission from Andrei Kovalev (who has also extremely generously offered "to create some images specifically for [the] next issue" (!)). The full library can be accessed [here](#).

On previous page: Book of Kells page depicting Martian Queen --stylize 65 --v 5.2, recoloured

Page 7: The wise serpent knows the secret infinite stairs. Brutalist doomed deserted industrial city. Solar flares. Model: Stable Diffusion/ Width: 1024/ Height: 768/ Seed: 431097448

[István Orosz](#) Hungarian painter, printmaker, graphic designer, and animated film director; and perhaps the neo-Escher. Famous for mathematically complex and cerebral masterpieces many of which (including the Mobius Tower featured here) are owned in private collections. Themes of the natural sciences, especially of geometry and optics, and the way the beholder's hypothetical expectations influence the visual and empirical perception of spatial constructions appear in most of his works. He often uses OYTISZ, or Utisz, (pronounced: outis) (No one) as a pseudonym. In response to my email he told me that he would be "extremely honoured" to have his work shown to "psychiatrists and doctors of UK". (Ah no, Mr Orosz, the honour is ours and ours only). A limited corpus of the artist's work can be found on his official website [here](#). In this issue:

Next page: Triumphal Arch II

Page 15: The Window Paradox

Page 50: The Mobius Tower

[Tanya P. Johnson](#) a visual artist based in the Slokan Valley, British Columbia and part time in Cape Town, South Africa. In this issue we include two of her sketches from the *Wisdom Engines: Technologies for Evolution and Happiness* (2020-) series. *Wisdom Engines* are "vector maps of perception, boundlessness, and prana/life force. They explore the elasticity of time and

space, the relationship between frequency and image, (...)the metaphorical and ephemeral horizon line that holds together and separates states of consciousness, the hypnagogic line crossed as one falls asleep, or even as one passes from life into death". Artist's [website](#) and Instagram:

@tanyapixart

Page 17: Morning Call. Technology of (a) mantra, a vector

Page 52: The Seven Brains of Spinal Coherence

[Gérard DuBois](#) well decorated French illustrator, winner of Hamilton King Award in 2017; with work featuring in The New York Times, The Wall Street Journal, Time magazine, GQ, Rolling Stone, The New Yorker, The Washington Post, Le Monde, The Guardian, Scientific American, and Stanford Medical (to name a few!). Mr DuBois was one of the first to respond to my email when I wrote to him and came back with a lovely reply letting me know I could go ahead with using his work. Full portfolio can be found [here](#).

In this issue we feature works from DuBois's Folio 1 on pages 22, 28, 35, and 39.

[Monument Valley](#) is an award-winning puzzle game developed and published by Ustwo Games in 2014 and includes optical illusions and impossible geometry referred to as "sacred geometry" in-game wherein the player's goal is to manipulate the illusions and guide the solitary princess through the labyrinths. Since its publication the game has won multiple awards for its design and art ushering in a new era of artistic game designing. On page 32 screenshot from Appendix viii *Nocturne*, Monument Valley Panoramic Edition, reproduced from Press kit on the [official website](#) courtesy Ustwo.

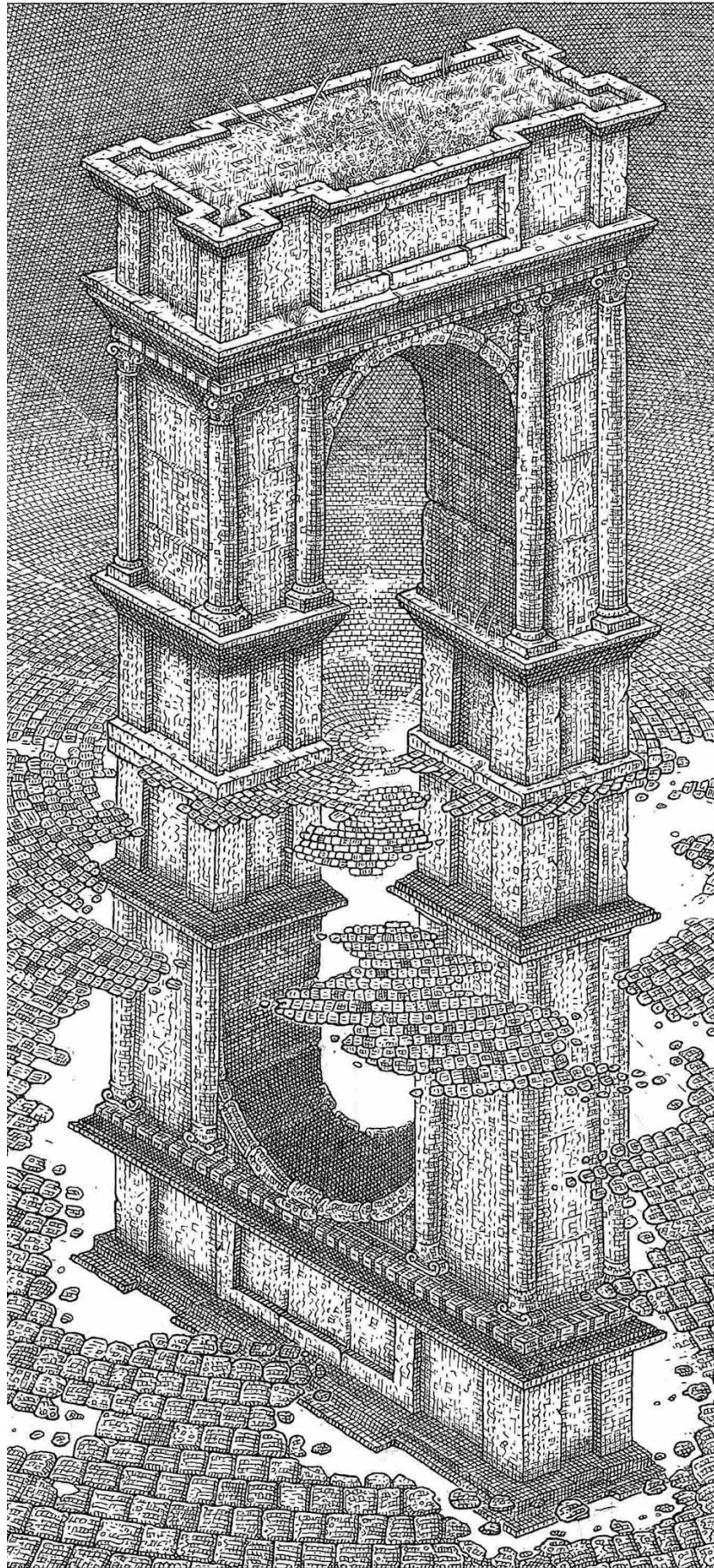
[Gerald Stehr](#) French Painter and writer, known for his *Journey into Rorschach*, a free reinterpretation of the inkblot tests developed in 1921 by the psychiatrist and psychoanalyst Hermann Rorschach. His first series, *In the province of Labordie* (following his own brief hospitalization in La Borde clinic, a psychiatric hospital) was published by Éditions du Paradoxe. Stehr has kindly permitted use of his work with full attribution on his website which can be accessed [here](#).



In this issue, one plate from 144 plates that form his *The Metamorphoses of the Void*, features on page 44

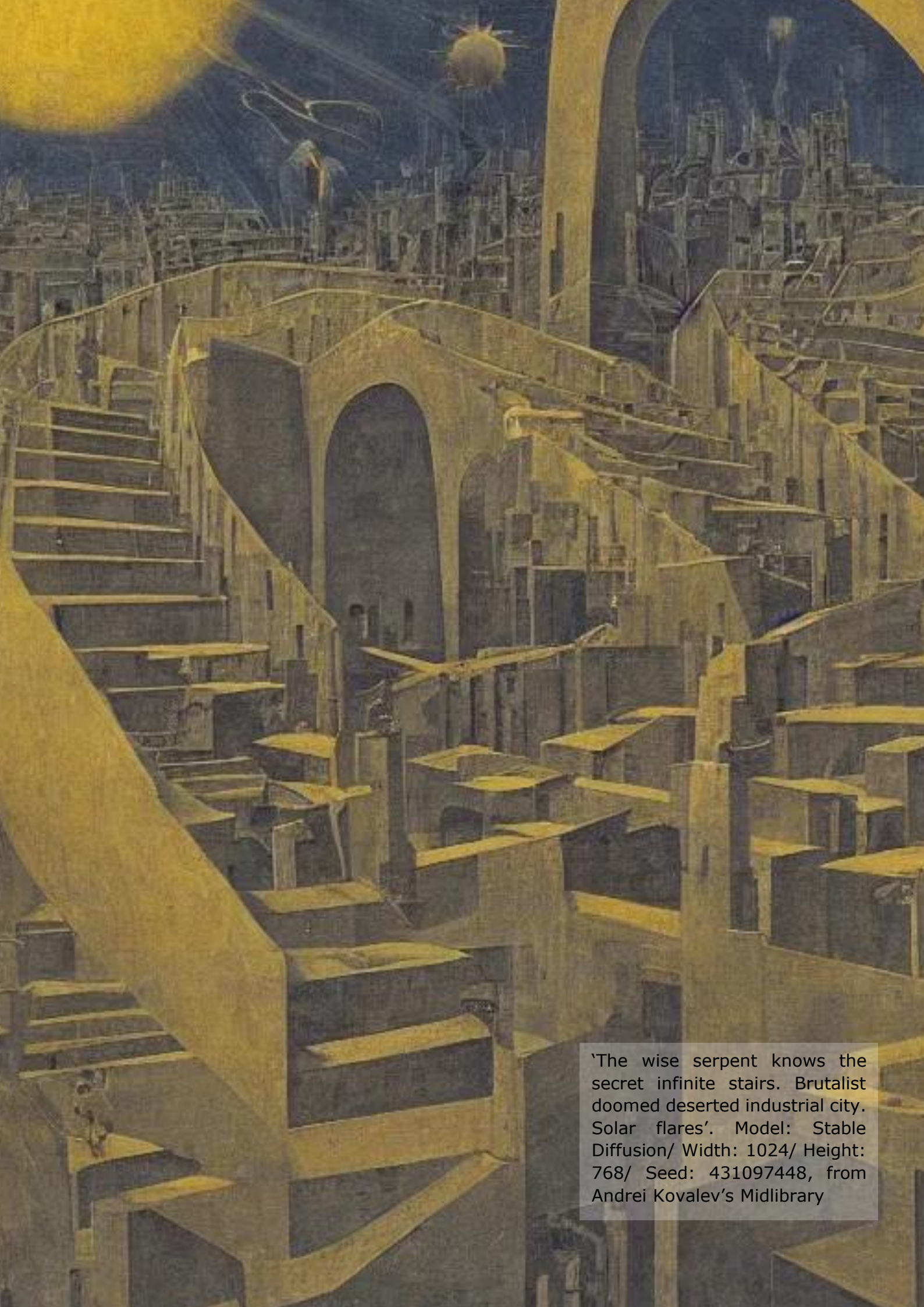
**Andi Best** freelance award-winning young designer and illustrator based in South East London. I stumbled on Best's *Menagerie* (which is featured on page 45) purely serendipitously when searching for isometric images similar to the stylization in Monument Valley. I instantly fell in love with the *Menagerie* which seemed to be the missing piece I needed to complete the narrative: "a distorted geometric landscape littered with illustrated natural life". To fully explore Best's work please visit website [here](#).

I hope that you will enjoy this issue as much as I have enjoyed putting it together. This issue marks my five years of being involved in the newsletter's editing team; a role in which I have grown with the passing years. I remember my first ever meeting with Claire Hilton (which was also an interview of sorts to fill this post), and while I do not remember many details, I do remember her asking me what I would do more with the Newsletter. I recall replying I will add more art. In this issue Claire Hilton also takes a bow and writes her valedictory HiR report. So perhaps in coming a full circle, this is a homage to that conversation, and to her for taking me on for this role.



'Triumphal Arch II' by István Orosz





'The wise serpent knows the secret infinite stairs. Brutalist doomed deserted industrial city. Solar flares'. Model: Stable Diffusion/ Width: 1024/ Height: 768/ Seed: 431097448, from Andrei Kovalev's Midlibrary

# HoPSIG Chair's report – Autumn 2023

Graham Ash

Although it may be apocryphal to talk of living in interesting times, we still seem to be doing so. The post-pandemic state of mental health continues to merit public concern, the mental health of children and adolescents, the continuing excessive use of out-of-area placements, and allegedly unsafe, even abusive care environments remain in the media, amongst other problematic issues. The continuing NHS industrial action nevertheless seems to be having the greatest impact on the daily lives of clinicians and I hope that all members of HoPSIG have been able to remain resilient and well. It would be reassuring if we had research evidence that engagement in historical activities helps to maintain our resilience and wellbeing, perhaps a topic for the future, but I hope that this is a reasonable expectation.

Many of you will know that Fiona Subotsky celebrated a Special birthday earlier this year. Fiona is a former Honorary Treasurer of the College and was one of the Founder members of HoPSIG and the first Honorary Archivist at RCPsych as well as being the author of the unique book, *Dracula for Doctors*. I am sure that you will join me in sending her Many Congratulations!

At the College, Paul Rees, Chief Executive Officer and Calum Mercer, Director of Finance and Operations will both be moving on to new roles. I would like to say a Big thank you to both for their tremendous support for HoPSIG's activities and I'm sure that you will also all wish to join me in wishing them well for the future.

It was good to meet everyone who came to our Drop-in session at IC2023 in Liverpool in July. I would like to thank Catriona Grant for her very able support and can only say that

the hour passed very quickly and productively and provided much needed networking opportunities.

Our next conference organised by Peter Carpenter and hosted by the London Metropolitan Archives will be on Friday 20th October and promises to be extremely interesting day. We have an exciting programme which includes treatments and recreation in asylums and Freud, together with opportunities to look behind the scenes at the LMA and to hear about psychiatry according to the BBC 1945-70. I hope to see you there!

Looking further ahead, the forthcoming centenary of the birth of the prominent Italian psychiatrist Franco Basaglia has been brought to our attention by Tommaso Squeri at Kings College School of Medicine. We hope to hold an online commemorative event in March 2024 which will reflect on Basaglia's remarkable work and international legacies. We expect our rescheduled joint conference with the RSM Section of Hypnosis will take place shortly after in April 2024.

We recently had a very productive meeting with Gavin Miller, Reader in Medical Humanities at the University of Glasgow and David Foreman editor of the Cultural Reflections section of BJPsych Bulletin around developing an exhibition on 'Celebrity, Media and Psychiatrists!' Our proposed exhibition will highlight historical case studies of psychiatrists' engagement with the media, some having actively sought celebrity status. Gavin curated the successful physical and online exhibitions 'Penguins on the Mind' (2022). His exhibition uses the history of Penguin titles on psychology, psychiatry and psychotherapy published between 1940–1980 to constructively reflect on the opportunities and risks for professionals engaging with the media. We hope to build on his work and will be discussing our proposal with the Exhibitions Group in October.

A new essay competition is in the pipeline for 2024. Dr Fiona Subotsky has proposed the topic, 'Women and Psychiatry in History'.



We would like to encourage broad interpretations and we will be seeking entries that are historical, historical fiction, creative or poetic in form.

The Historian in Residence and Honorary Archivist roles will be advertised in this edition of the Newsletter. Please do contact Claire Hilton or myself for an informal discussion.

Finally, thanks again to everyone involved in the executive and newsletter and I hope to see many of you on 20th October at our LMA event.

Best wishes,

Graham Ash, Chair of HoPSIG

## Next issue

Please send your articles, reviews, photos, ideas, requests for information etc by

**31 March 2024**

to

[nicol.ferrier@newcastle.ac](mailto:nicol.ferrier@newcastle.ac.uk)

[.uk](mailto:nicol.ferrier@newcastle.ac.uk)

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

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

## Check out our old newsletters at

<https://www.rcpsych.ac.uk/members/special-interest-groups/history-of-psychiatry/newsletters>



From 'Spatial Cities' by Yona Friedman

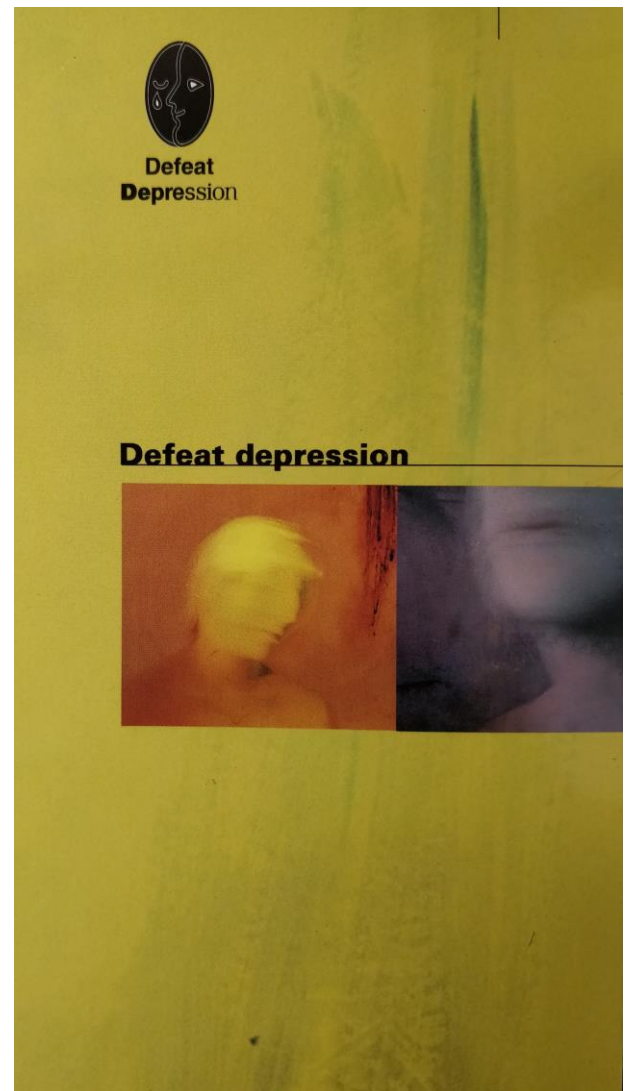
# Historian in Residence update: April-September 2023

Claire Hilton

[claire.hilton6@gmail.com](mailto:claire.hilton6@gmail.com)

It is hard to believe that five years has passed since I was appointed RCPsych Historian in Residence, a new ½ day a week, voluntary post, and that this is my valedictory report. That the College is currently advertising the post suggests that the role has been of some use. It has also been enormous fun. I've had new opportunities, including being interviewed for television (A House Through Time and Agatha Christie: Lucy Worsley on the Mystery Queen), and doing some work behind the scenes in the media, such as advising on the psychiatric content of the script for "Call the Midwife". Queries have arrived from numerous countries, including Australia, New Zealand, Malawi, Germany, Luxembourg, and the USA, and from people of different backgrounds: historians, social scientists, students, health care professionals, RCPsych staff, genealogists, and heritage groups such as the Friends of Horton Cemetery, who are doing amazing work. I'm very grateful to the HoPSIG executive, and to Francis Maunze and Fiona Watson for advice, collaboration and encouragement throughout the entire 5-year term.

Recently, queries arriving in my in-box have included some on occupational therapy in the 1930s at Whitchurch Hospital, Cardiff; psychiatry and the media in the UK from the Second World War until the 1970s (have a look at The Hurt Mind 1957); and the Defeat Depression Campaign by the RCPsych and RCGP in the 1990s.



**Defeat Depression, Department of Health 1993 (cover)**

For many queries I can only give pointers and suggestions, such as one asking about "changing demographics of psychiatrists in Britain since the 1970s, especially in terms of race and gender." The RCPsych Censuses, which began in 2004, are important, but there is less information before that, and, like other historical records, data were collected to answer questions at the time, not with the aims of historians in mind. Most of the censuses do not mention ethnicity (the 2006 one does), but since data were collected through Trusts, rather than from individuals, the absence of ethnicity may be appropriate.

To coincide with the 75th anniversary of the NHS, I worked with the RCPsych Press Office for their blog Through the decades: A deep dive through 75 years of NHS history, and



their timeline, The evolution of mental health services and psychiatry within the NHS. The timeline included a couple of pictures which may not have been used in RCPsych historical publications before. In particular, I was very pleased that it included Dr Sam Robinson who established a “comprehensive” old age psychiatry service at Crichton Royal Hospital, Dumfries around 1958, with outpatient and inpatient assessment, long-stay, community and domiciliary aspects. The Crichton model was new and it became widely adopted across the whole of Britain and further afield. If you would like to know more of the Crichton Royal old age story in Sam’s own words, a witness seminar transcript, *The Development of Old Age Psychiatry in Britain, 1960 to 1989*, recorded in 2008, is now on the College Archives webpage.

Genealogical conundrums are always fascinating. Giving a clinical and historical view, based on patchy notes and in the context of the time when they were created can be a challenge, but being able to help a family with puzzling questions about their ancestors is rewarding.

### **Annie’s story**

Annie, of “weak intellect since birth”, appeared to be of short stature in adulthood, compared to her mother and other family members as seen on a family wedding photograph, raising questions of a genetic disorder.

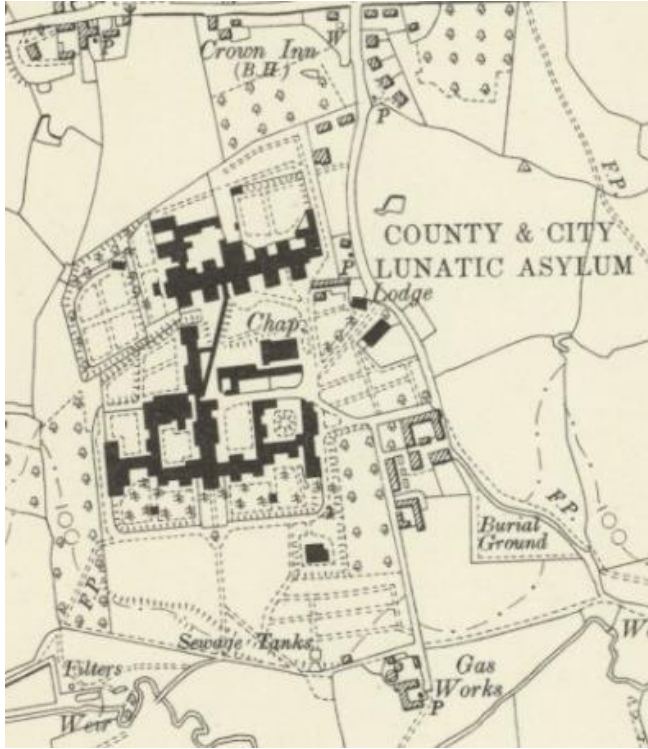


**Wedding photograph: Annie and her mother Sarah (courtesy of Julia Bynorth)**

She was admitted to Worcester County and City Lunatic Asylum (its official name) in 1921 when she was 28 years old. The admission may have been precipitated both by a change in her mental state and employment demands on the family making it difficult for them to support Annie, and there was unlikely to have been any specialist advice available from community services to help them in their task. Annie’s father described her as having “delusions”, accompanied with a change in behaviour, including declining standards of personal care, for about 6 months. At that time, the word “delusions” was used very loosely, especially by the public, but Annie’s father had been an asylum “attendant” earlier in his life and may well have been using the term with precision.

Within the family, stories about Annie having violent behaviours before admission have passed through the generations, although there is no mention of them in her father’s letter to the asylum about her, or in her admission notes. The embellishments seem not to have been used in order to emphasise the need for admission but began later. Annie’s parents may have felt guilty about not supporting her at home: exaggerating reports of her difficulties may have encouraged others to be sympathetic and supportive to them in their plight. Alternatively, stories of violence may have

reflected harmful stereotypes of how “mad” people were thought to behave. Annie stayed in the asylum for 16 years. She was buried in its burial ground, marked on the map of the asylum estate.



[Worcestershire XXXIII.SW, 1905](#) Re-use: [CC-BY \(NLS\)](#)

Another genealogical query was about Florence, a patient in Claybury Mental Hospital. One question was: why was she, from a middle-class family, described as a pauper patient? The answer is a technicality: Poor Law Boards of Guardians means tested patients admitted under the Lunacy Act 1890, to determine how much they would contribute towards the patient’s maintenance: if the patient required any “top-up” from the Guardians, they were classed as paupers, even if the Guardians paid just a tiny fraction of the fees. Not only did the term “lunacy” carry stigma, but so did the label “pauper”.

The project to create in depth, art-gallery style labels to accompany the RCPsych presidents’ portraits has continued, and within the next few months you should be able to access summaries of the interviews of sitters and artists, about the dynamics of creating the portraits. The full oral-history

recordings and transcripts have been deposited in the College archives.

I hope the above gives you a flavour of some of the recent projects. I’m looking forward to finding out who is appointed as my successor and wish them every success and enjoyment in the role.

### **Acknowledgement:**

I’m very grateful to Julia Bynorth for letting me tell Annie’s story and reproduce her photograph.



# Archives Report

Francis Maunze

RCPsych Archivist

## Recent activities

The College Archives collaborated with Dr Claire Hilton the Historian in Residence and other teams in the teams in the College to develop website content to celebrate the [75<sup>th</sup> anniversary of the NHS](#). The content includes a visual timeline of key milestones in psychiatry / mental health, and a blog post – [Through the decades: A deep dive through 75 years of NHS history](#) .

The Archives also provided the Policy team with records needed for the College's UK Covid-19 Inquiry response. These are records that the Archives collected from the College website during the pandemic. They include guidance documents for psychiatrists, information resources from the Mental Health Improvement Networks, information for clinicians and the public, and updates. The Archives will soon create an online catalogue of this collection.

The Archives website now has content for three [witness seminars](#) namely, Psychiatric hospitals in the UK in the 1960s; History of primary care mental health in England 1948 – 2019, and Development of old age psychiatry in Britain 1960 – 1989

## Early membership records

The College is a membership body, hence records documenting membership details such as names, gender, qualifications, addresses, and returns form an important part of our archives collection. This collection consists of year books, membership cards, and databases. [Yearbooks](#) are the earliest records we have in the holdings that contains this information, and they can be accessed on the online archives catalogue. They date back to the first predecessor body of the College, the Association of Medical Officers of Asylums and Hospitals for the Insane. The first yearbook was published in

the Asylum Journal on [2 July 1855](#) . It contained the names of officers and ordinary members for the year 1854-55. Subsequent yearbooks were published in the *Journal of Mental Science*.

With time, the amount of information contained in the year books increased. For instance, in [1900](#), in addition to names of officers and ordinary members, names of members of Council, and committees such as Parliamentary and Educational, past chairmen and presidents, and honorary and corresponding members were also included. From the [1930s](#) onwards an honours roll with names of the Gaskell and Bronze medals winners, information about the Certificate in Psychological Medicine, the Certificate of Proficiency in Mental Nursing, the Nursing Medal and the Nursing Badge were also added. The amount of information contained in yearbooks continued to increase with time until 1965 when the Royal Medico Psychological Association stopped publishing them.

The yearbooks were replaced by lists that were distributed to subscribers, and eventually from the early 1980s by databases.

## Early Scottish Division records (1869-1971)

The earliest [Scottish Division archives](#) created during the time of the Royal Medico Psychological Association can be accessed from the University of Edinburgh Library where they are being managed as part of the Lothian Health Services Archive. The Collection comprise minutes of the Executive Committee meetings 1869-1939, outgoing correspondence 1913-1935, incoming correspondence 1923-1934, Extracts from RMPA Scottish Division Meetings 1869-1971, and General correspondence 1934-1948. The archives of the [Division from 1967-2012](#) can be accessed from the College Archives at 21 Prescott Street, London. Access to the archives is by appointment with the [Archivist](#).

# Witness Seminar: History of Primary Care Mental Health in England 1948- 2019.

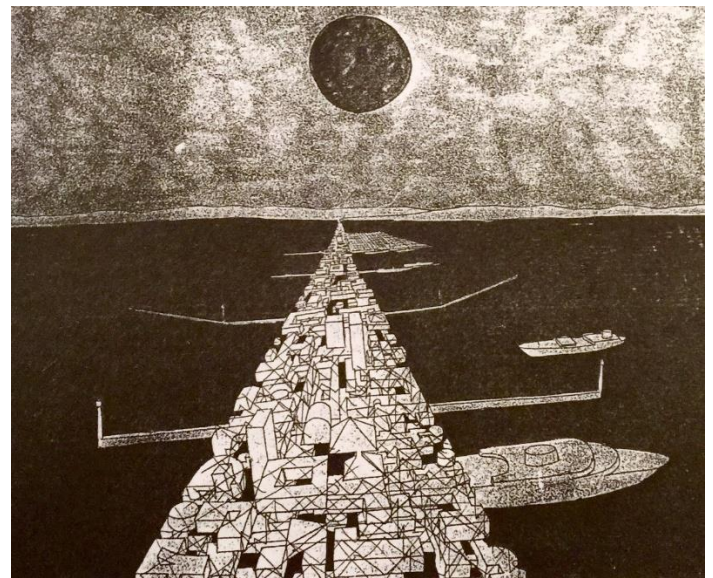
John Hall

Witness seminars are oral histories, where those who experienced an event or historical period share their first-person accounts of it. A witness seminar was held on the 17<sup>th</sup> of June 2022, to bring together key participants in the development of primary care mental health in England over the last 70 years, facilitating reminiscence and the discussion of lived experiences.

A summary of the main themes has already been published in the HoPSIG *News and Notes* last December (pages 17-19) The full transcript has now been completed, produced by the witness seminar conveners and editors (Alan Cohen, Andre Tylee, Lydia Thurston, and John Hall) and is available on the website of the College under "Witness Seminars" (freely available to members and non members of the College). The web link is: [Witness seminar - History of primary care mental health in England 1948-2019 \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/about-us/library-and-archives/archives/witness-seminars/witness-seminar-history-of-primary-care-mental-health-in-england-1948-2019), and it is also available as a PDF which includes the transcript from the event (PDF). This becomes an important historical reference document, and a valuable resource to anybody studying the history of mental health in primary care in the future.

See also the two other witness seminars on the website: *Development of Old Age Psychiatry in Britain 1960-1989* (<https://www.rcpsych.ac.uk/about-us/library-and-archives/archives/witness-seminars/witness-seminar-development-of-old-age-psychiatry-in-britain-1960-1989>); and *Psychiatric Hospitals in the UK in the 1960s* ([https://www.rcpsych.ac.uk/about-](https://www.rcpsych.ac.uk/about-us/library-and-archives/archives/witness-seminars/witness-seminar-psychiatric-hospitals-in-the-uk-in-the-1960s)

[us/library-and-archives/archives/witness-seminars/witness-seminar-psychiatric-hospitals-in-the-uk-in-the-1960s](https://www.rcpsych.ac.uk/about-us/library-and-archives/archives/witness-seminars/witness-seminar-psychiatric-hospitals-in-the-uk-in-the-1960s)). HoPSIG would welcome proposals for seminars on other topics.



From 'Spatial Cities' by Yona Friedman





'The Window Paradox', by István Orosz





The exhibition 'We are not Alone: Legacies of Eugenics', curated by Professor Marius Turda, opened on 21 September 2021 at the Wiener Holocaust Library in London to mark a century since the influential Second International Eugenics Congress was organised at the American Museum of Natural History in New York. Since then, the exhibition has travelled to Romania (Municipal Museum of Bucharest; Ethnographic Museum of Transylvania; Central Library of the "Lucian Blaga" University of Sibiu), Poland (University of Warsaw), Sweden (Södertörn University and Romanian Cultural Institute), USA (Harvard University's Center for Health and Human Rights, Boston University's Center on Forced Displacement, Countway Library of Medicine, Harvard Medical School). In London, it has been displayed at the Royal College of Psychiatrists and the UCL's Institute of Education (throughout 2022) and it featured at the The Royal College of Psychiatrists International Congress in Liverpool in July 2023 and at the British Society for the History of Medicine in Cardiff in September 2023.

A full coverage of the exhibition and other events it generated here:

<https://confront-eugenics.org/news/>

A short film about the contents and the aims of the exhibition, explained by Professor Marius Turda, was produced by Nathan Williams (History Hit) and is now available on:

<https://www.youtube.com/watch?v=MiqOazjei-Q&t=28s>

## "We Are Not Alone" Legacies of Eugenics

Eugenics aims to 'improve' the genetic 'quality' of the human population through the control of reproduction and, at its extremes, through the elimination of those considered by eugenicists to be 'inferior'.

Eugenics developed initially in Britain and the United States in the nineteenth century, but it became a globally influential movement by the 1920s. Eugenicists targeted people belonging to religious, ethnic, and sexual minorities, and those living with disabilities, leading to their institutional confinement and sterilization. In Nazi Germany, eugenic ideas of race improvement contributed directly to mass murder and the Holocaust.

This exhibition explores the origins, history and destructive legacies of eugenics, drawing upon the research of Professor Marius Turda. Today, eugenic thinking continues to see certain groups of people as less deserving of rights and respect, and forced sterilization remains an issue of public concern.

Continued education about and engagement with the history of eugenics, as well as its public condemnation, are essential components of our efforts to understand a hidden and tenebrous past, while at the same time, continuing work towards a fair and just society.

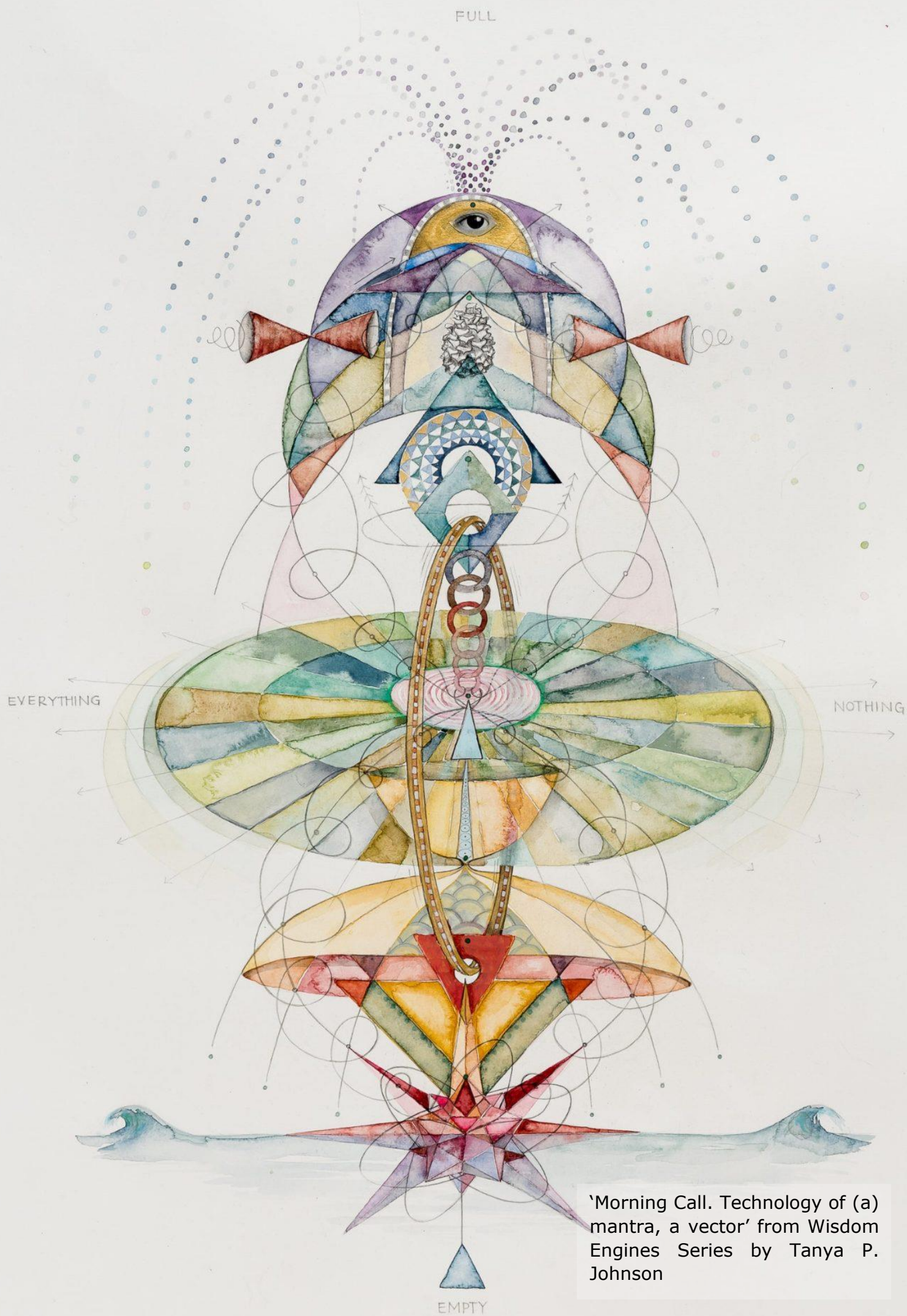


The Wiener  
Holocaust Library

OXFORD  
BROOKES  
UNIVERSITY







# John Hughlings Jackson and Thomas Laycock: brain and mind.

## Laycock's influence on British neuropsychiatry

E.H. Reynolds, MD FRCP FRCPsych

Former Consultant Neurologist to the Maudsley and Kings College Hospitals, London, UK  
Past President International League Against Epilepsy

Address for correspondence:  
[reynolds@buckles.u-net.com](mailto:reynolds@buckles.u-net.com)

The place of the Yorkshireman John Hughlings Jackson (1835-1911) (figure 1) in the history of neurology is well documented, so much so that he has been described as the father of British neurology by Critchley and Critchley (1998). As physician to the newly established (1860) National Hospital for the Paralysed and Epileptic, and at the older London Hospital, he wrote extensively on the anatomical and physiological approach to neurological diseases, cortical localisation, epilepsy and the nature of the epileptic discharge, aphasia, paralysis and disorders of movement, neuro-ophthalmology, the brain as a sensorimotor machine, evolutionary neurophysiology and dissolution in neurological disease, and finally his doctrine of concomitance of the relationship of brain to mind (York and Steinberg 2006).

### Thomas Laycock and his influence on Jackson

The influence of Thomas Laycock (1812-1876) (figure 2), also a Yorkshireman, on neurology is much less well recorded or appreciated, although as Jackson's teacher at the York Medical School from 1852-1855 he introduced him to neurology and greatly influenced his approach to brain function and diseases of the nervous system, especially through Laycock's theory of the reflex functions of the brain, which he presented to the British Association for the Advancement of Science in York in 1844.

Laycock studied medicine at University College London (1833-1835), followed by a session at La Pitié in Paris, where he absorbed the French clinical-anatomical-physiological-pathological method, which he later imparted to Jackson. He also graduated MD at Gottingen in 1839 before returning to York as Lecturer in Medicine. Unlike the philosopher physician Jackson he was fluent in French and German and took a scientific approach to medicine, becoming Statistical Secretary to the British Association for the Advancement of Science from 1844.

In 1855/1856 Jackson and Laycock headed in opposite directions from York. Jackson proceeded to London to complete his medical studies and later to develop his neurological career. Laycock successfully applied for the Chair of the Practice of Physic in Edinburgh, the first Englishman to be appointed to the most prestigious Chair in Medicine in the UK at that time. In addition to his teaching duties Laycock wrote widely on general medicine, including infectious diseases and public health, but from the beginning his overriding interest was always in nervous and mental diseases. His 1840 book, 'An Essay on Hysteria', was noted and commended by Charcot. In 1851 he translated 'A Dissertation on the Functions of the Nervous System' by G. Prochaska from Latin into English. In 1860 he published his magnum opus, 'Mind and Brain' in 2 volumes. Based on his encyclopaedic knowledge of the scientific, medical and



philosophical literature Laycock took an evolutionary view of brain and mind and of dissolution in disease. He viewed mental diseases as diseases of brain, based on continuity between physical, vital and mental energies. He advocated the study of medical psychology in health and insanity as fundamental to medicine, society and culture.

Accordingly, in 1859 Laycock established the first-ever University course on medical psychology and mental diseases, for which he was additionally appointed Lecturer in Medical Psychology and Mental Diseases. Earlier in 1856 he had been appointed a Fellow of the Royal Society of Edinburgh and Physician to the Queen in Scotland. In 1868 he was elected President of the Medico-Psychological Association, giving his Presidential address in York to which Jackson travelled from London (Reynolds 2020).

### **Jackson's brain/mind theory - Sensorimotor machine and concomitance**

Influenced by Laycock, especially his theory of the reflex functions of the brain, Jackson continued to search for fundamental principles of nervous action. Building on Laycock's theory he developed his own theory in the 1870s and 1880s that the brain is exclusively a sensorimotor machine associated with his doctrine of brain/mind concomitance. He viewed the central nervous system as made up of processes of increasing degrees of complexity representing impressions and movements. The whole nervous system was 'a



Figure 1: John Hughlings Jackson (1835-1911). Public domain

sensorimotor machine, a co-ordinating system from top to bottom'. Furthermore brain and mental states are intrinsically different, occur in parallel and have no causal interaction between them. There is no physiology of the mind any more than there is a psychology of the nervous system. Thus:

'States of consciousness (or synonymously states of mind) are utterly different from nervous states of the highest centres; the two things occur together, for every mental state there being a correlative nervous state; although the two things occur in parallelism there is no interference of one with the other' (Jackson 1887).

Curiously, Jackson does not acknowledge Laycock in his own evolutionary approach to brain and mind, including dissolution in neurological disease, but instead he cites the evolutionary philosopher, Herbert Spencer (1820-1903) (Reynolds 2020).

### **Laycock's brain/mind theory. Continuity and unconscious cerebration**

In the meanwhile, however, Laycock had developed a very different concept of the relations between brain and mind. Although both saw the brain and mind as the highest point of evolutionary development, Laycock concluded from his theory that although much of human behaviour was reflex, automatic and involuntary, some was conscious and voluntary. Thus, he opened the door to what he called 'unconscious cerebration'. Furthermore, unlike Jackson he separated 'mind' from 'consciousness'. For Laycock consciousness was conscious awareness. Mind he described as an agency in man distinct from matter and organisation but dependent on organisation, i.e. the brain, for the due display of its effects. Mind originates motion or wills, perceives the qualities of matter, compares the perceptions, and thinks. Finite minds could not perceive matter without force (energy). Finite minds transfer force. The brain is adapted; the mind is the force that adapts to ends. All mental states are reflections in our consciousness of the vital laws and forces. Mental science is linked to physics through biology and the laws of life.

Jackson on the other hand considered consciousness and mind to be synonymous terms. He never defined 'mind', although he considered the brain and perhaps the whole body to be 'the organ of mind'. He struggled with the concept of unconscious states of mind which he considered a contradiction and rejected. Whereas Laycock envisaged higher centres in the brain serving instincts, feelings, knowledge and reason, Jackson claimed that it was impossible to locate mental function because the nervous system is exclusively sensorimotor. Although mental disease may be present, he viewed

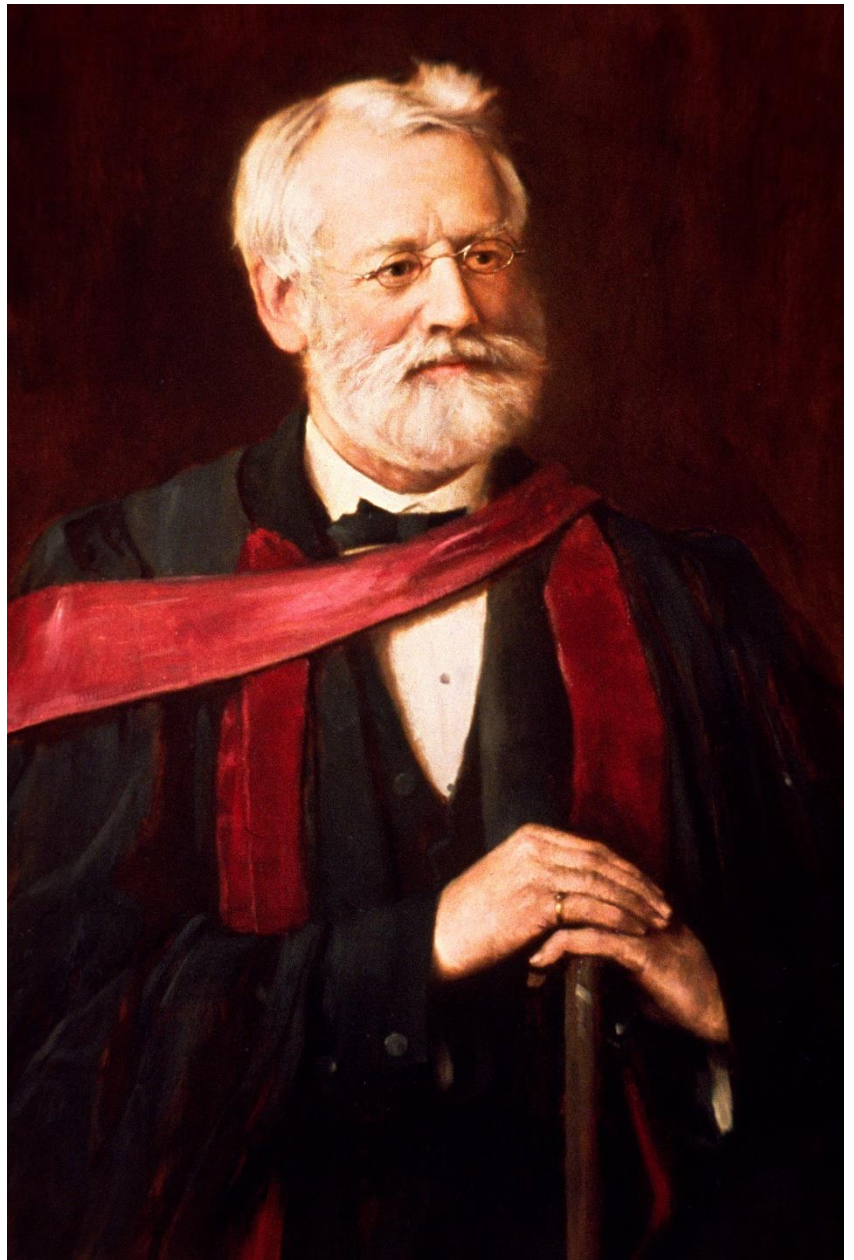


Figure 2: Thomas Laycock (1812-1876). Reprinted by kind permission of the Royal College of Physicians of Edinburgh.

its nature as beyond the purview of medical science (Reynolds 2020).

### **Laycock's influence on British neuropsychiatry**

Laycock's teaching courses on Medical Psychology and Mental Diseases were his most popular, contributing to a new generation of neurologists and Asylum superintendents, some very distinguished and who acknowledge their debt to him.

Among the neurologists were Sir David Ferrier and Sir Byrom Bramwell in



Edinburgh, along with Hughlings Jackson and Sir Jonathon Hutchinson in York. Among the Alienists, later called psychiatrists, were Sir Thomas Clouston and Sir James Crichton-Browne. As a new superintendent of the Edinburgh Asylum the young Thomas Clouston facilitated and contributed to the teaching course of Laycock who he greatly respected. After the death of Laycock in 1876 Clouston was appointed Lecturer in Mental Diseases in 1879 and went on to develop Edinburgh psychiatry for which he was later knighted.

James Crichton-Browne was first in Laycock's class and was soon appointed superintendent of the West Riding Lunatic Asylum in Wakefield from 1866 to 1876. Influenced by Laycock's teaching of the need for scientific study of insanity, he transformed Wakefield into the leading Asylum in Victorian Britain by introducing scientific research and teaching in addition to its humanitarian care (Rollin and Reynolds 2018). He established laboratory space for pathological, physiological and histological brain research for his own research staff, including Herbert Major and William Bevan Lewis, who both later succeeded him as superintendent, and also prominent external medical researchers, notably David Ferrier, now at Kings College London and Thomas Clifford Allbutt, senior physician at the nearby Leeds Medical school, who later went on to become Regius Professor of Medicine at Cambridge as well as a Commissioner for Lunacy. Crichton-Browne also initiated and edited the now famous Annual Reports of the West Riding Lunatic Asylum between 1871 and 1876 to which leading British neurologists and alienists contributed, including Hughlings Jackson, David Ferrier and John C. Bucknill. Together with his colleague Allbutt in Leeds Crichton-Browne was the first to establish teaching courses on brain and mental diseases for medical students from 1868 onwards. This eventually led to the first UK University Professor of Mental Diseases or Psychiatry at Leeds in 1908, the first holder being William Bevan Lewis from Wakefield.

When Crichton-Browne left Wakefield in 1876 to become Lord Chancellor's Visitor in London publication of the Annual West Riding Reports ceased but he then initiated in 1878 the journal 'Brain' edited by himself, Hughlings Jackson, Ferrier and Bucknill, and which is now the longest established and most prestigious neurological journal in this or any other country. Laycock had therefore taught 3 of the founding editors of Brain.

Influenced by Laycock's teachings a new scientific approach to Mental Diseases spread southwards from the Leeds-Wakefield axis to Cambridge, London and beyond, assisted by other Yorkshire influences, including the earlier new moral approach to care initiated by the Tuke family at The Retreat in York, as well as by Henry Maudsley in London after his initial experience at Wakefield (Rollin and Reynolds 2018).

Interestingly, in Hunter and Macalpine's classic 'Three Hundred Years of Psychiatry 1535-1860' (1963) the last chapter is about Laycock and includes extracts from his own classic 2 volume 'Mind and Brain'. This is a fitting acknowledgment of Laycock's work and his subsequent influence.

## Conclusions

Laycock was the primary and most significant influence on Jackson's interests and approach to diseases of the nervous system. Jackson's view of the brain as an exclusively sensorimotor machine and his doctrine of concomitance of brain and mind were founded on Laycock's theory of the reflex actions of the brain. Laycock, however, moved on, separated mind from consciousness and viewed his reflex theory as opening the door to unconscious and conscious brain activity, both of which Jackson rejected. Laycock considered mind to be causally linked to the brain through physics and biology and urged the study of mind in health and insanity through medical

science. Laycock's brain/mind concepts are nearer to current concepts than those of Jackson and he would have approved of the modern neuroscientific approach to mental illness which he first promoted. For many reasons, Jackson is rightly respected as a seminal influence on neurology. Laycock, however, is a rather neglected figure, although his views of brain, mind and disease are nearer to our modern concepts than those of Jackson. In Edinburgh and York Laycock taught a distinguished generation of neurologists and psychiatrists who profoundly influenced the development of neurology and psychiatry in Britain in the second half of the nineteenth century. If Jackson is the father of British neurology, Laycock has some claim to be considered father of British Neuropsychiatry.

## **References**

- Critchley M, Critchley EA. John Hughlings Jackson. Father of English Neurology. Oxford: Oxford University Press, 1998
- Hunter R, Macalpine I. Three Hundred Years of Psychiatry 1535-1860. London: Oxford University Press, 1860
- Jackson JH. Remarks on evolution and dissolution of the nervous system. J Ment Sci 1887; 23: 25-48
- Laycock T. Mind and Brain. Vols 1 and 2. Edinburgh: Sutherland and Knox, 1860
- Laycock T. Reflex, automatic, and unconscious cerebration. A history and a criticism. J Ment Sci 1876; 21: 477-498
- Reynolds EH. John Hughlings Jackson and Thomas Laycock: Brain and Mind. Brain 2020; 143: 711-714
- Rollin HR, Reynolds EH. Yorkshire's Influence on the understanding and treatment of mental diseases in Victorian Britain: The golden triangle of York, Wakefield and Leeds. J Hist. Neurosci 2018; 27: 72-84
- York GK, Steinberg DA. An Introduction to the Life and Work of John Hughlings Jackson with a Catalogue Raisonné of his Writings. Medical History, supplement No. 26. London: The Wellcome Trust Centre for the History of Medicine, 2006

## **Statement**

This article is based on the study by Reynolds E.H. John Hughlings Jackson and Thomas Laycock: Brain and Mind. Brain 2020; 143: 711-714



From Gérard DuBois's Folio 1



# William A. Hammond: explaining the modern mind

S-M Grant

School of History, Classics, and  
Archaeology

Newcastle University

Susan-Mary Grant is Professor of American History at Newcastle University and author of *A Concise History of the United States of America* (CUP 2012) and *Oliver Wendell Holmes, Jr.: Civil War Soldier, Supreme Court Justice* (Routledge 2015). She is a Fellow of the Massachusetts Historical Society. [Susan-mary.grant@ncl.ac.uk](mailto:Susan-mary.grant@ncl.ac.uk)

'It is widely acknowledged that William Alexander Hammond (1828-1900) changed the course of military medical care' during America's civil war (1861-65), Cara Lescott *et.al.* have recently argued, going on to note, however, that 'his early influence on the development of clinical Neurology is often overlooked' (Lescott *et.al.* 2021). This may in part be because most works on Hammond tend to create a distinction between these aspects of his career: first, the military surgeon who did so much to establish a functioning battlefield ambulance system, improve military hospital hygiene, and limit the often deadly panoply of drugs that civil war soldiers received, and, second, the post war neurologist, co-founder of the American Neurological Association (1874), and author of, among other works, the highly influential *A Treatise on Diseases of the Nervous System* (1871). This unhelpful division hinders our appreciation both of Hammond's central role in the development of neurology as a distinct specialism and the

reasons why this is often downplayed or, at worst, entirely dismissed.

Hammond had been a military surgeon almost from the start, working in New Mexico and later Kansas until 1860, when he accepted the post of Professor of Anatomy and Physiology at the University of Maryland Medical School. With the outbreak of war the following year, he was appointed assistant surgeon in the Union Army, and was swiftly elevated, in 1862, to Surgeon General of the Army Medical Department. His early military medical experience really set the tone for a career devoted to clinical research as well as to private practice, and to a range of resultant publications, beginning, in 1852, with a clinical trial on the treatment of scurvy in the army that produced a paper in 1853, and ending, the year before his death, with a commentary on venereal diseases in the army. Hammond's many scientific publications were accompanied by a series of novels some of which, such as *Robert Severne* (1867) and *Doctor Grattan* (1885), loosely fictionalised (and romanticised) contemporary real-life cases of insanity and its legal repercussions for popular audiences. In addition to this vast literary and scientific output, Hammond founded the *Quarterly Journal of Psychological Medicine and Medical Jurisprudence* in 1867, a journal that, one contemporary reviewer enthused, 'fills an important gap in medical literature' (*The American Naturalist*, 1:12, 1868).

Despite Hammond's largely positive reputation prior to and for much of the Civil War, his experience as Surgeon General was fraught and ended, apparently ignominiously, when he had made the decision to remove calomel and antimony from the Union Army's standard Supply Table (Flannery 2017: 137-8; Blustein 1991: 84-5). In this decision he was effectively taking sides in a therapeutic battle fought between the sectarian (homeopathic) and regular (allopathic) approaches that had long divided America's medical communities (Flannery 1999; Grant 2014). But with the allopathic approach gradually gaining the upper hand over the course of the conflict, it was a decision that cost him his job; court-

martialled on trumped-up charges, he was dismissed from Union service.

Yet this experience, so far from representing the nadir of a hitherto promising career afforded Hammond the necessary traction to navigate successfully a medical milieu defined by frequently bitter clinical and personal conflicts that were, in essence, clashing claims for self and status within a developing profession that had not yet established its political, public, or professional credentials. The court-martial specifically, and the Civil War generally, formed the backdrop to Hammond's turbulent career, prompted the vigorous, indeed, often vitriolic disputes, he sustained with other medical professionals and, ultimately, dictated his somewhat troubled reputation within medical science.



FIG 1 Photograph of William A. Hammond as Surgeon General of the Union Army, Matthew Brady (1860-1865). Courtesy of Library of Congress Prints and Photographs Division, LC-DIG-cwpb-05202 (digital file from original neg.) LC-B8172-1558 (b&w film neg.)

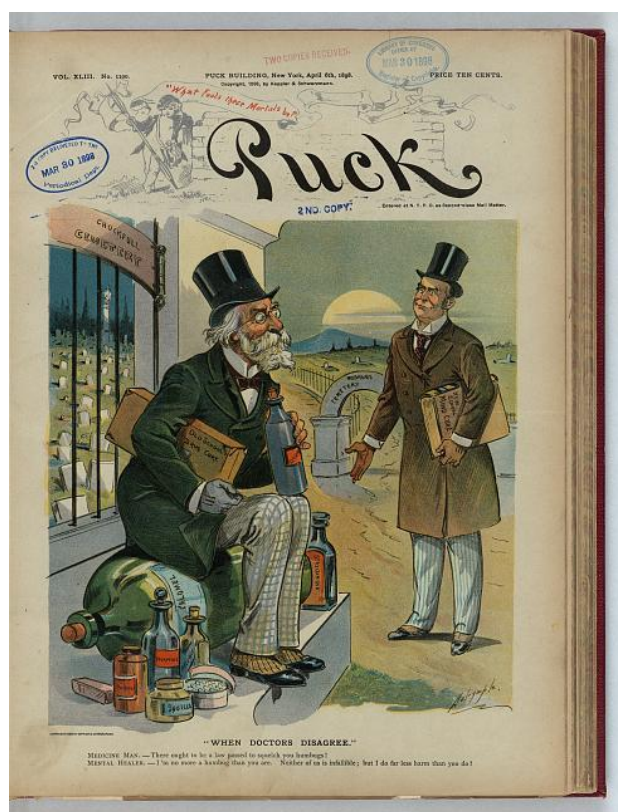
Hammond's was not the only career defined by America's internecine conflict. The war

had raised several questions that informed the emerging field of the neurological sciences. Some of these could be traced directly to the conflict and its emotional and psychological impact. Nerve injuries, in particular, were of particular interest to fellow neurologist Silas Weir Mitchell, with whom Hammond had earlier worked on the effects of snake venom on the body. Hammond later, in his capacity as Surgeon General, supported Mitchell's research by authorising the establishment of Turner's Lane, the famous Philadelphia hospital that became America's first centre for neurological research (Freemon 1993: 137-9). Other questions relating to the emerging field of neurology, very broadly defined in a nineteenth-century context, related more vaguely to the post-war growth, and accompanying pressures of modern America. This was where George M. Beard came in, with his then hugely popular but now much-derided concept of neurasthenia. Finally, one of the questions that the Civil War rendered more pressing had long been of interest to Hammond but became especially so in light of his own court-martial experience: medical jurisprudence (Lande 2003: 196).

All of these men, Mitchell, Beard, and Hammond were, in effect, seeking to draw out of the chaos of a post-war world several specialist approaches to medical science that would secure clearer diagnoses for patients and, in the process, their own reputations. This was not simply a self-serving impulse. As Hammond advised a group of medical students, you 'cannot afford to set yourselves above the world and to be utterly regardless of the demands of society.' They should be prepared, he urged them, to 'sacrifice something on the altar of expediency' so long as they took care to 'preserve your love for science' (quoted Blustein 1991: 1).

This was sound advice. Whilst the allopathic approach to medical care had emerged as professionally dominant from the Civil War, doctors still faced competition from a range of alternative healers as well as from patients themselves, long used to the idea of self-help. Uncontrolled by any governmental

regulations, the American medical community of the later nineteenth century comprised a motley mass of the skilled and those who, as Bonnie Blustein put it, 'knew little and probably cared less' (Blustein 1991: 10). Establishing specialist credibility in such an environment was always going to be an uphill struggle, and not the least of the causes of Hammond's sometimes questionable reputation today represents an echo of contemporary suspicions of the move away from the flexible etiological and therapeutic approaches that had informed most family physicians' practical work up to that point. This process was well underway in Europe by the later 1860s, but relatively new to the United States and, consequently, 'professionally somewhat suspect' (Blustein 1991: 10).



**FIG 2** Cartoon that shows the 'old' vs. 'new' medical approaches. Caption: 'Medicine Man There ought to be a law passed to squelch you humbugs! / Mental Healer I'm no more a humbug than you are. Neither of us is infallible; but I do far less harm than you do!'

**Description:** Print shows an elderly physician holding a box labelled "Old School Drug Cure" sitting with bottles of various drugs labelled "Opium, Strychnine, Calomel, Morphine, Arsenic, Poisons, [and] Squills" in front of a crowded "Chockful Cemetery", and a younger man standing in the street, holding a large book labelled "New School Mind Cure" with a sparsely populated cemetery labelled "No drugs Cemetery" behind him.

Puck Magazine, 43: 1100, (1898 April 6), courtesy Library of Congress Prints and Photographs Division, LC-DIG-ppmsca-28689 (digital file from original print).

At the same time, the Civil War was productive of a wider public demographic forced, over the course of the conflict, to accept the attentions of unfamiliar doctors in locations other than the domestic environment. The shift from the familiar, family physician's visit to the impersonal office consultation was, arguably, not as problematic for war veterans, or indeed immigrants, in short, a population in flux, as it may have seemed to some. In this respect the post-war nature of late-nineteenth century America should not be, but frequently is, overlooked in any assessment of those factors that facilitated the move toward a specialist medical approach. Similarly, the broad range of conditions and symptoms that Hammond sought to bring together under the banner of neurology, whilst nowhere near as all-encompassing as Beard's diagnosis of neurasthenia, nevertheless shared some of its characteristics.

Writing in *The Galaxy* in 1868, the year before Beard published his theories on nervous exhaustion, Hammond asserted that Americans were 'pre-eminently an emotional people...we work our brains and nerves as no other nation has worked them since the world began,' he boasted. 'It is therefore no strange thing that insanity and nervous affections are more common in the United States than in any other country' (quoted in Blustein 1979: 176-7). A decade later, he sought to align his claims for cerebral hyperaemia, the first stage, in his view, of cerebral congestion, with the increasingly dominant diagnosis of neurasthenia. The symptoms of cerebral hyperaemia, he explained, included 'pain in the head, vertigo, an inability to speak, or at least imperfection of articulation...noises in the ears, flashes of light before the eyes, and occasionally for a short time double vision.' Irregular heartbeat and numbness were also common, as were hallucinations and, above all, insomnia (Hammond 1895 (1878) 19-20). Although worrying for patients, such



symptoms were, Hammond reassured them, simply the natural 'outgrowth...of that restless spirit of enterprise and struggle for wealth so characteristic of the American people' (Hammond 1895 (1878): 5). Such affirmations of American industry may have met the needs of a growing population whose lives had, for many different reasons, been turned upside down. But it did not meet with the approval of many colleagues, both at home and abroad.

There were two main, medical critiques directed at Hammond. The first was scientific. Many colleagues simply did not accept Hammond's medical arguments or his claims to have identified new conditions. Cornelius F. Buckley, who had been in charge of Haydock Lodge Asylum in England, was scathing about any claims that American people's brains were 'so much more strained than those of other nations.' If anything, he argued, 'the proportion of insane to population is a little less in these States than in the civilized nations of Europe' (Buckley 1882: 110). On Hammond's more specific claims surrounding cerebral hyperaemia he was even more blunt, arguing that Hammond had failed to provide 'a single pathological fact' to uphold his assertions about the condition. Such symptoms as Hammond identified, Buckley was convinced, could 'be found in any form of malady producing grave constitutional disturbance no matter from what cause arising.' To assert that these were, in fact, "'characteristic" of an entirely new order of things, which on this basis alone he moulds into a new and distinctive name' was simply untenable (Buckley 1882: 53-4).

The second line of criticism evolved from the first, and attacked Hammond's claims to expert knowledge in the treatment of the insane, whether before the law or in an asylum. The heated, and widely disseminated, exchange between him and Eugene Grissom, superintendent of the North Carolina State Asylum, saw Grissom attack Hammond as 'a moral monster whose baleful eyes glare with delusive light; whose bowels are but bags of gold, to feed which, spider-like, he casts his loathsome arms

about a helpless prey.' The existence of 'false experts,' Grissom averred, 'who impose upon the courts and the public mind their presumption for learning and their ignorance for discovery' was a subject 'too solemn for ridicule, too momentous for trifling or jest' (Grissom, 1878: 35). Hammond, in turn, suggested that Grissom's attacks on him were the result of 'mania.' He also saw fit to remind the North Carolinian that during the Civil War, Hammond had permitted anaesthetics to pass through the lines, the better to treat Confederate troops, who were his enemies at that point. Hammond, in short, asserted not just medical but moral superiority in this particular fight (Hammond 1878: 1, 6).

Not the least of the issues that contemporaries, and some scholars since, had with Hammond was the fine line that he walked, and arguably overstepped, between 'the entrepreneurial and the scientific' (Blustein 1991: 206). It was a virtuous, or vicious circle, depending on whose side you took. Hammond and his fellow neurologists enjoyed a degree of public status, certainly. Called upon to deliver their vigorously asserted expertise on matters medical, legal, and social, they seemed hardly to be out of the press. And with a high profile came high profits. Hammond was a wealthy man, worth, at the height of his career, some \$50,000 a year (Blustein 1979: 172; Lande 2003: 196-7). Contemporaries such as Grissom, and indeed modern scholars like Gregory Lande cast aspersions here, but Hammond was unapologetic. The idea of a physician providing his services in the form of an 'honorarium,' rather than a professional fee was, in his view, a 'chivalric theory,' and deserved to go 'the way of many other chivalric ideas.' But as the nineteenth century drew to a close, Hammond still regarded his professional skills as undervalued. Whilst he appreciated gratitude, this hardly recompensed for a surgeon's skill. 'Gratitude is an evanescent emotion,' he observed, 'and the medical account presented months after the service has been rendered is too often regarded like

a bill for a dinner eaten long ago' (Hammond 1984: 667).

Gratitude, however, was in short supply for Hammond. Despite all he had done to pave the way for the development of neurology, his diagnosis of cerebral hyperaemia proved less popular than Beard's neurasthenia, whilst his therapeutics were supplanted by Weir Mitchell's famous 'rest cure' (Blustein 1991: 182). By the closing years of the century, and Hammond's life, younger colleagues, the somewhat ungrateful 'heirs of his own neurological tradition,' dismissed his approach as outdated, and Hammond himself as close to a quack (Blustein 1986: 51). A clear case, arguably, of a prophet without honour in his own profession.

### Conclusion:

William A. Hammond was, and has to be approached as a man of his times and of his nation. And nineteenth century America was a nation in flux, in matters medical and social. The Civil War had given the allopathic, or regular branch of medicine a boost, but that in itself failed to address the psychological and physical issues facing a population, and a profession for whom traditional values, traditional therapeutics, were giving way in the face of a modernising nation, struggling both with the challenges that a recent war had produced and the urbanisation, immigration, and industrialisation that the future promised. Historian Robert Wiebe famously defined the era as one driven by the search for order (Wiebe 1967). And Hammond, in his fundamental belief that the answer to many of the most pressing social and medical questions of his day lay in the mind sought to impose just such an order on both the professional and the public appreciation of neurology as the road map to medical modernity. Unpopular with many of his peers, Hammond was nevertheless extremely popular with his patients, and arguably did more than any of his contemporaries to popularise neurology as a discrete discipline; more so, perhaps, than

his friend and colleague Weir Mitchell, whose more restrained approach earned him, and not Hammond, the title of the 'father of neurology.'

### **Bibliography**

Blustein, Bonnie Ellen. 1979. 'New York Neurologists and the Specialization of American Medicine,' *Bulletin of the History of Medicine*, 53:2, 170-183.

Blustein, Bonnie Ellen. 1986. 'The Brief Career of "Cerebral Hyperaemia": William A. Hammond and His Insomniac Patients, 1854-90,' *The Journal of the History of Medicine and Allied Sciences*, 41, 2451.

Blustein, Bonnie Ellen. 1991. *Preserve Your Love for Science: Life of William A. Hammond, American Neurologist*. New York: Cambridge University Press.

Buckley, Cornelius F. 1882. *Cerebral Hyperaemia; Does it Exist? A Consideration of Some Views of Dr. William A. Hammond*. New York: G.P. Putnam's Sons.

Flannery, Michael A. 1999. 'Another House Divided: Union Medical Service and Sectarians During the Civil War,' *Journal of the History of Medicine and Allied Sciences*, 54 (October) 479-510.

Flannery, Michael A. 2017. *Civil War Pharmacy*. Second Edition. Carbondale: Southern Illinois University Press.

Freemon, Frank R. 1993. 'The first neurological research centre: Turner's Lane Hospital during the Civil War,' *Journal of the History of the Neurosciences*, 2:2 135-142.

Grant, Susan-Mary. 2014. "'Mortal in this season": Union Surgeons and the Narrative of Medical Modernisation in the American Civil War,'



*Social History of Medicine*, 27:4 (November) 689-707.

Grissom, Eugene. 1878. 'True and False Experts,' *American Journal of Insanity*, 35 (July): 1-36.

Hammond, William A. 1878. *A Second Open Letter to Dr. Eugene Grissom*. New York: Trow's Printing Company.

Hammond, William A. 1894. 'What Should a Doctor be Paid?' *North American Review*, 158 (451, June) 660-667.

Hammond, William A. 1895 (1878). *Cerebral Hyperaemia: The Result of Mental Strain or Emotional, The So-Called Nervous Prostration or Neurasthenia*. Second Edition. Washington: Brentanos.

Lande, R. Gregory. 2003. *Madness, Malingering and Malfeasance: The Transformation of Psychiatry and the Law in the Civil War Era*. Washington, D.C.: Brassey's Inc.

Lescott, Cara et.al. 2021. 'The contributions of William A. Hammond (1828-1900) to Civil War medicine & modern neurology,' *Clinical Neurology and Neurosurgery*, 208:

<https://doi.org/10.1016/j.clineuro.2021.106867>

Wiebe, Robert H. 1967. *The Search for Order, 1877-1920*. New York: Hill and Wang.



From Gérard DuBois's Folio 1. As per artist's description "honoured to illustrate a poem by the great and only one Jodorowsky; for the second issue of Les Arts Dessinés".

# A 'preventive psychiatry': Social Psychiatry then and now

Matt Smith

Matthew Smith is Professor of Health History at the University of Strathclyde's Centre for Health and Healthcare. In addition to *The First Resort*, his books include *Another Person's Poison: A History of Food Allergy*, *Hyperactive: The Controversial History of ADHD* and *An Alternative History of Hyperactivity: Food Additives and the Feingold Diet*.

Correspondence: [m.smith@strath.ac.uk](mailto:m.smith@strath.ac.uk)

In July 2023, I was asked to give a talk to the Edmonton YMCA where, in the spring of 1999, I had started my first 'real' job. As I contemplated what I should talk about, it occurred to me that virtually every history project I had worked on since leaving the YMCA had been inspired by my two short years working there with - what we called at the time - the 'troubled youth' of Edmonton, Alberta.

To a degree, this was not much of an epiphany. My first historical research, on the history of ADHD, stemmed directly from my work at the YMCA. One of my roles was to help kids who had dropped out of school to access provincial government funding to help them to return to the classroom. Part of the grant application process was to pre-screen these young people for psychiatric disorders. Chief among these was ADHD, with which many of my clients ended up being diagnosed. To a degree, I did not mind participating in this diagnostic process.

An ADHD diagnosis acted as a kind of 'get out of jail free' card in the grants system. If one of my clients skipped school and ran the risk of losing their funding, an ADHD diagnosis gave them some second chances. It could literally keep many of them off the streets. But eventually, I became curious about the disorder, why it had emerged and what it represented about children, childhood and modern notions of mental disorder. This curiosity ultimately led to a PhD and two monographs.<sup>1</sup>

What I realised preparing for my YMCA talk, however, was that my most recent book, *The First Resort: The History of Social Psychiatry in the United States*, also related closely to me time at the Y and the kids I was trying to help.<sup>2</sup> Our focus on singling out kids who had the symptoms of ADHD, namely, hyperactivity, impulsivity, inattention, defiance and aggression, and then interpreting these symptoms as being essentially neurological in nature reflected the dominance of biological psychiatry at the time. Although we knew all about the social problems faced by our young clients, including addictions, violence, racism, family breakdown, criminal activity and prostitution, they were never emphasised as being particularly important in affecting their mental health. In a way, *The First Resort* is my way of making some reparations for taking part in a system that did not stress the social determinants of mental health enough.

Social psychiatry has been defined in different ways over the years. In the UK, it has often been linked to therapeutic communities and the idea that effective psychiatric treatment had to take into account the social environment in which the patient lived.<sup>3</sup> But in the United States, the focus of my work, social psychiatry emerged in the middle of the twentieth century as an approach to psychiatric epidemiology that

---

<sup>1</sup> Matthew Smith, *An Alternative History of ADHD: Food Additives and the Feingold Diet* (New Brunswick, NJ: Rutgers University Press, 2011); Matthew Smith, *Hyperactive: The Controversial History of ADHD* (London: Reaktion, 2012).

<sup>2</sup> Matthew Smith, *The First Resort: The History of Social Psychiatry in the United States* (New York: Columbia University Press, 2023).

<sup>3</sup> Maxwell Jones, *Social Psychiatry: A Study of Therapeutic Communities* (London: Tavistock, 1952).



combined the insights of psychiatrists with that of social scientists, chiefly sociologists and anthropologists, in order to understand the factors that contributed to mental illness. The ultimate goal of social psychiatry for many social psychiatrists was to prevent mental illness altogether.<sup>4</sup> It is a measure of the ambition of the social psychiatrists of this era that when they used the phrase prevention of mental illness, their goal was the prevention of all mental disorders.

In *The First Resort*, I explain how social psychiatry had roots in the mental hygiene and child guidance movements of the first half of the twentieth century, in early social scientific research on mental health (and the reciprocal interest of psychiatrists the social sciences) and in the work of military psychiatrists during the Second World War and their focus on environment in which mental disorders emerge.<sup>5</sup> I explore in depth the four most influential social psychiatry studies, which cemented the link between mental illness and socioeconomic factors during the middle of the twentieth century. These studies of Chicago, New Haven, Connecticut, Manhattan and Stirling County, Nova Scotia demonstrated that poverty, inequality, social isolation and community disintegration were all linked to poor mental health.

I also traced what impact these studies had on mental health policy and practice. On the one hand, social psychiatry had tremendous political influence during the 1950s and 1960s, as President Kennedy's 1963 'Special Message to the Congress on Mental Illness and Mental Retardation' indicated.<sup>6</sup> This speech, which had social psychiatry running right through it, helped to catalyse psychiatric deinstitutionalisation and the emergence of the community mental health

movement. But, on the other hand, neither social psychiatry nor community mental health led to the type of 'preventive psychiatry' that many had hoped for. There were many reasons for this failure.



John F Kennedy signs the Community Mental Health Act in 1963.  
From Wikipedia

To a degree, social psychiatrists were themselves to blame. Many of the psychiatrist and social scientists who led social psychiatry projects were hesitant to articulate bold policy pronouncements based on their findings. This was partly because they assumed that they wanted to accrue more evidence over time via subsequent studies – which did not occur – and partly because they saw themselves as academics, not activists. There were some exceptions, such as psychiatrist Matthew Dumont, who called for radical progressive change, including a 'redistribution of the wealth and resources of this country on a scale that has never been imagined'.<sup>7</sup> But most social psychiatry studies were forged during the era of McCarthyism and 'Red Scare' of the late 1940s and 1950s when being suspected of having left-leaning views could end one's

<sup>4</sup> Thomas A.C. Rennie, 'Social Psychiatry: A Definition', *International Journal of Social Psychiatry* 1 (1955), 5-13.

<sup>5</sup> Kathleen W Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, MA: Harvard University Press, 1999); Roy R Grinker and John P Spiegel, *Men Under Stress* (Philadelphia: Blakiston, 1945); Hans Pols and

Stephanie Oak, 'War and Military Mental Health', *American Journal of Public Health* 97 (2007), 2132-42.

<sup>6</sup> <https://www.jfklibrary.org/asset-viewer/archives/JFKPOF/052/JFKPOF-052-012>

<sup>7</sup> Matthew P. Dumont, *The Absurd Healer: A Personal Account of a Community Psychiatrist's Involvement with the City as Patient* (New York: Science House, 1968), 80.

career. It is not surprising that most social psychiatrists were reluctant to speak out.

Even by the 1960s, when the majority of social psychiatry projects were coming to fruition, few US politicians and policy makers were willing to make the connection that social psychiatric research implied: that if they were really serious about preventing mental illness, they had to take bold steps to eliminate or drastically reduce socioeconomic inequalities. Their emphasis instead was to educate the poor on how to improve themselves, rather than to improve their material circumstances. As the title of Mical Raz's important book on race, psychiatry and the 'War on Poverty' indicates, the longstanding idea that there was something 'wrong' with the poor remained entrenched.<sup>8</sup>

By 1980, social psychiatry had been eclipsed by a return to biological psychiatry, and a focus on neurology, genetics and psychopharmacology. In turn, psychiatrists and policy makers turned their attention to the mental health of individuals (and the brains of individuals in particular), rather than population mental health, which had been central to social psychiatry. Investment in community mental health had also decreased, meaning that many people who had been 'deinstitutionalised' were now homeless. Even the term 'social psychiatry' seemed to fade from collective memory. Whenever I give talks on social psychiatry to mental health professionals in the United States, for example, I ask if anyone in the audience is familiar with the term. The answer is always 'no'. The same is

generally true of UK audiences, though the use of the term here tends to be associated with therapeutic communities.

That does not mean that the ideas behind social psychiatry have faded away. Perhaps re-branded as the 'social determinants of mental health', mental health workers are increasingly aware of the impact socioeconomic factors have on mental



Illustration created by live-event illustrator and graphic recorder Katie Chappell (2021), <http://www.katiechappell.com> Permission granted by Katie Chappell.

health.  
The

financial crunch of the late 2000s, a decade of austerity and the Covid pandemic have provided repeated reminders of how we ignore the social context in which mental illness exists at our peril. But are we any more willing to do anything about it?

In *The First Resort* and elsewhere I have argued that the implementation of a Universal Basic Income (UBI) could be the foundation of a new, preventive approach to mental illness that could finally stem the rising tide of mental illness threatening to overwhelm the NHS and other health services. UBI could directly counter the poverty, inequality, social isolation and community disintegration that social

<sup>8</sup> Mical Raz, *What's Wrong with the Poor? Psychiatry, Race, and the War on Poverty*

(Chapel Hill: University of North Carolina Press, 2013).



psychiatrists associated with mental illness. But UBI is only one idea, albeit a radical one. What is required more generally is a new mindset when it comes to mental health, one that not only recognises the social determinants of mental health, but also – and more importantly – emphasises the need to do something about them. It is a mindset that acknowledges that in order to prevent mental illness, we need to reach for political – as well as psychiatric – solutions.

---



Screenshot from Appendix viii *Nocturne*, Monument Valley: Panoramic Edition. (2022). PC [game].

# Teaching psychiatrists about the History of Psychiatry

Chaitanya Haldipur

Chaitanya Haldipur is Professor Emeritus, Department of Psychiatry; Upstate Medical University; Syracuse; New York 13210; USA.

Email: [haldipuc@upstate.edu](mailto:haldipuc@upstate.edu)

A people without history

Is not redeemed from time, for history is a pattern

Of timeless moments.

T.S. Eliot<sup>1</sup>

"You want to add history of psychiatry'. He paused midsentence and through exhaled cigar smoke he added 'OK". His "OK" was barely audible; but that was enough for me and served as an imprimatur for what I had planned in my new role as an assistant to the director of our graduate education program.

This happened about 50 years ago. I had just arrived from the UK as a newly minted member of the Royal College of Psychiatrists, a tyro in academia, with little experience in developing a curriculum for post graduate training in psychiatry. The draft proposal had all the important aspects of training such as nosology of psychiatric disorders, psychopharmacology and so on; I had added history of psychiatry as an afterthought, somewhat inadvertently, as if to burnish my credential as a new member of the faculty who could bring new ideas and revitalize the educational programs. And now that the addition of history had received a special mention from the Chair, I had to

undertake with some trepidation, adding it to the curriculum.

Was there a textbook I could recommend? Was there a consensus on what every person certified as a psychiatrist ought to know about the history of psychiatry – a core curriculum? How did other academic departments handle this area of study? And, above all, was there even an agreement about the need to include the history of psychiatry in training?

I turned to senior colleagues in the department for suggestions. No one seemed to be interested even in thinking about these matters. One colleague who had been an examiner in the viva voce section of the board certification examination told me that when a candidate had answered all the questions pertaining to the diagnosis and treatment he would throw in a question about history. His favorite: "Who was the first psychiatrist to win the Nobel prize?" (Answer: Julius Wagner-Jauregg in 1927 for treatment of neurosyphilis with malaria inoculation). That was about as far he ventured into teaching the field's history.

But surely, the study of history might be useful to practitioners? Here in the United States, medical students learn about the infamous Tuskegee experiment in which African-American patients were denied adequate treatment of syphilis in order to study the effects of the disease. The Nobel awarded research into using malaria inoculation as treatment for syphilis, referred to earlier, was also conducted without proper patient consent. Relatedly, should we also not talk about lobotomies in psychiatry? Thousands of patients were subjected to this irreversible treatment which was deemed a panacea for a number of mental illnesses. Is there a lesson to be gleaned from that history?

In my new role as a faculty member and as an assistant director of training I met with first year house officers and medical students assigned to psychiatry service at 8 am every morning. The students talked about patients they had seen in the emergency service the night before. After a



discussion about the patients, we moved on to other matters – usually a discussion about the diagnosis or treatment of the presenting problem. Once every week participants were given a journal article to read and summarize for the group. I took every opportunity during the session to discuss historical origins of diagnoses of Schizophrenia or Dementia and on occasions to wax poetic about Pinel, Tuke or Alzheimer.

Alas, I noticed that their eyes would glaze over as I launched into my soliloquy on historical figures. Once, a student stopped me as I was leaving the classroom after the morning session and asked plaintively: "Is this on the test?". It soon dawned on me that for the house officer who had been up all-night taking care of an agitated patient listening to my monologue early in the morning on 18<sup>th</sup> century psychiatric treatments might have sounded totally irrelevant – perhaps even annoying. In response, I vented my frustration by reminding them of the famous Santayana quote: Those who forget their history are doomed to repeat it. It did not work. I had to find ways of making the study of history relevant to their work and help them be better healers.

Can the study of history help us in our work with our patients as house officers, registrars or as consultants? From the very first day we enter wards as medical students we learn to write anamnesis about our patients' problems. We listen to patients' narratives of the history of presenting problems and based on the narrative we arrive at a diagnosis and a treatment plan. In other words, obtaining a good history makes a difference between successful and unsuccessful outcome of treatment.

In 1973 Humphrey Richardson<sup>2</sup> published an article "The historical approach to the theory of diagnosis" in the British Journal of Psychiatry based on the writings of the eminent historian R.G. Collingwood. Richardson makes a distinction between scientific and historical methods of arriving at a diagnosis and advocates use of the

latter." To a scientist an event is an event; for a historian it is action". Most anamneses consist of bullet points about the presenting problem, its history, past medical problems and so on. What is missing is the narrative of what the patient did in response to the life event whether medical or traumatic event such as a divorce or the death of a loved one. Richardson, like Collingwood, would argue that the historical method is the only one by which we can know the mind of another. This article sheds light on how historians can help us be good healers. If I were to be asked to submit an article as required reading in history of psychiatry this would be this Richardson's paper. The British Journal of Psychiatry, in the years past, had a section examining classic books or papers. Alas, they no longer do. Might someone volunteer to introduce this 50 years old paper to modern readers?

Let me now return to the questions I raised at the beginning about whether the study of history should be mandatory? Yes, I do believe that a modicum of knowledge of history should be required for those aspiring to be psychiatrists. My recommendation of a textbook would be: "Madness: A brief history" by Roy Porter<sup>3</sup>. It is an eminently readable short book. There should be no excuse for trainees not to be able to read the book in three or four years as house officers. Another book which brings history down to earth in psychiatric wards is: "A history of Clinical Psychiatry: The origin and history of psychiatric disorders"<sup>4</sup> by Berrios and Porter. The book is expensive and not many libraries own a copy. Nevertheless, it is worth recommending the book to our trainees while urging libraries to own it. The book reminds us as we are working with patients of how some concepts developed in psychiatry and how our knowledge evolved over the years.

Readers might want to know if I succeeded in getting students more interested in history. Not really. Of course, I am aware that others have succeeded where I failed. Might they wish to share the secret of their success? Now I enjoy my retirement and indulge in my passion of studying – well you

guessed it- history of psychiatry and love to advocate for the importance of studying history.

## **References**

- 1.Eliot TS (1963) *Collected Poems 1909-1962*; London: Faber & Faber.p.222.
- 2.Richrdson H (1973) The historical Approach to the theory of diagnosis *Brit.J.Psychiatr.* 122:245-50.
3. Porter R (2002) *Madness: A brief history*. Oxford: Oxford University Press.
- 4.Berrios G & Porter R (1995) *A history of clinical psychiatry: the origin and history of psychiatric disorders*. London: The Athalon press.



From Gérard DuBois's Folio 1.



# Translating *Chez Les Fous*

Stephen Wilson

Stephen Wilson is a psychiatrist who has lived and worked in Oxford, UK, since the early 1970s. He was a consultant at both Littlemore and Warneford Hospitals and Hon. Senior Clinical Lecturer in the University Department of Psychiatry. He is the author of several books, articles and papers.

## Introduction

I give a brief account here of my experience in translating *Chez Les Fous (With The Mad)*, a work by Albert Londres, a journalist who travelled across France in the 1920's, observing the quality of mental health care.<sup>1</sup> He gained access to institutions and encountered both staff and patients. He also reported his findings in a series of newspaper articles and concluded that the mental health legislation then in force was not based on the idea of care and cure for people suffering from a mental illness, but on the fear those people inspired in society. The majority, he thought, were unnecessarily confined. Thus, he wrote "The Spartans seized their deformed children and threw them off a high cliff. We're doing something like this with our insane. Perhaps it's a little more refined. We take away their life without giving them their death. They should be helped out of their misfortune, they're punished for having fallen into it." <sup>2</sup>

## Translating the text

I started translating from French to English for pleasure and to improve my command of the language, in the hope that it would stop grandchildren, domiciled in France, giggling when I tried to communicate in the local

vernacular. (Wasn't it de Gaulle who said he had to learn English in order to understand Churchill speaking French?). I realised that if I wanted to publish, the texts would need to be previously untranslated and in the public domain, and this usually means more than 70 years following the death of an author. But ascertaining the exact copyright status of a book can be a complex business, as rules differ from country to country. For example, in France, if an author has been officially declared to have died for his or her country, to be "Mort pour la France", an extra 30 years are added to the tally.

*Chez Les Fous* ticked all my boxes. Originally based on a series of newspaper articles appearing in *Le Petit Parisien* (Londres had persuaded his reluctant editor, Elie-Joseph Bois, to cover the story) it was published in book form in 1925. Written for the general public in an ironic, engaging style with many quaint illustrations, it is a quirky book on a serious subject not without relevance to current practice as large numbers of the mentally ill are still in prison, patients are still restrained or isolated and society still stigmatises them. A minutely observed little gem from the history of psychiatry, it was previously unavailable in English.

## Albert Londres

Londres (Figure 1) was a popular writer in his time, credited with pioneering investigative journalism. His sympathies lay with the wretched of the world, misfits, outcasts, unfortunates, victims of social injustice, colonialism and governmental maladministration. He rejected the hypocrisy of self-satisfied bourgeois morality, which was content to sweep unpleasant truths, far off colonial cruelties, social deprivation, and the horrors of war, under the carpet. In his short life he bore witness to the Balkan Wars, the First World War and the Sino-Japanese War. His dispatches, concerning

---

<sup>1</sup> *Chez les Fous (With The Mad)* by Albert Londres, Trans. Stephen Wilson. Independently published by Oxford: Lamad Vav Press (originally published in French in 1925, Albin Michel). Available online and from several bookstores.

2022. 272pp. £12.24(hb). ISBN 9798426589728, £9.08 (pb). ISBN 9798427362078

<sup>2</sup> Londres Albert, (2022) *With The Mad* (trans. S. Wilson) p. 259.

revolution in Russia, the plight of East European Jews and their emigration to Mandatory Palestine, French penal colonies in Africa and the exploitation of prostitutes in Buenos Aires, produced record sales for his employers. His view of his calling is best summarised in his own words:

Je demeure convaincu qu'un journaliste n'est pas un enfant de chœur et que son rôle ne consiste pas à précéder les processions la main plongée dans une corbeille de pétales de roses. Notre métier n'est pas de faire plaisir, non plus de faire du tort, il est de porter la plume dans la plaie.

I remain convinced that a journalist isn't a choirboy, and his role doesn't consist in leading processions with his hand plunged in a basket of rose petals. Our professional duty is not to give pleasure, nor to do harm, it is to dip our pen into the wound.<sup>3</sup>

He could have added, having first injected an anaesthetic syringe full of ironic humour.

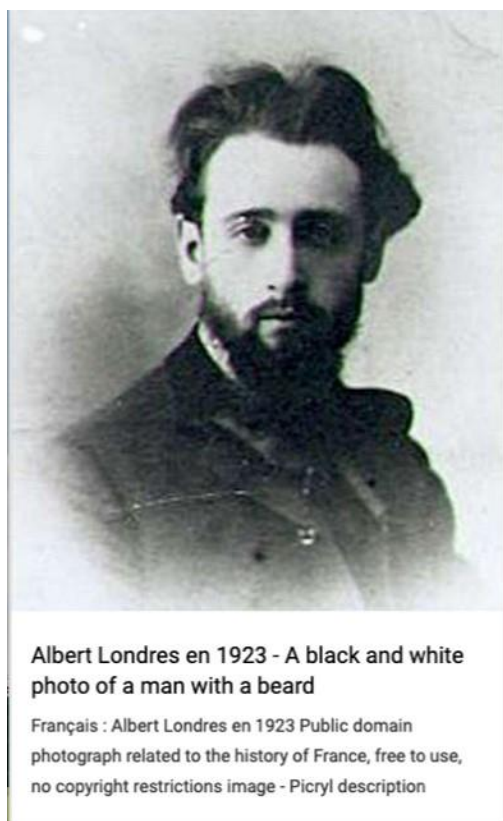


Fig 1 Albert Londres c 1923

Traversing the country, he managed to gain access to a variety of institutions housing the mentally ill, sometimes using subterfuge, often against official resistance. Much of what he observed is both poignant and shocking. I translated the title as "With the Mad", because it indicates that Londres was both among the mad and "on their side". He paints a convincing picture of the state of mental health care and the book is both an exposé and a wakeup call to the French authorities.

Albert Londres died on the 16th May 1932, at the age of 47, in horrendous circumstances. He had spent three months in China covering the second Sino-Japanese war, whose opening shots were fired in the autumn of 1931. He filed his last reports for the newspaper, *Le Journal*, in February and March and then boarded the French liner *Georges Philippar* in Shanghai. She was on the return leg of her maiden voyage from Marseilles to Yokohama.

When the ship reached the Gulf of Aden, fire broke out and she sank. Londres was last seen alive trying to escape through a porthole in a cabin where he was trapped. A hose had been lowered from the deck above to help him, but he was unable to grasp it. He is thought to have either fallen into the sea or back into the burning cabin. The cause of the fire was never definitively established but it is widely thought to have been due to a combination of faulty electrical plant and highly inflammable woodwork.

But when did Londres's friend and the illustrator of his books, Georges Ruquayrol, die? I needed to find out to establish whether I could use his work. It seems there is no central death register in France, but deaths are recorded locally by region of birth. I contacted the municipal archives at Villefranche-sur-Saône and was rewarded with an immediate response from the archivist, Christèle del Campo. The register of births for 1885 showed a marginal reference confirming that Ruquayrol died in

<sup>3</sup> Londres Albert, (2008) *Terre d'Ebène: La traite des Noirs*, ARLEA, (Originally published by

Albin Michel 1929)



Lyon on 13 March 1950. His illustrations had entered the public domain, just!

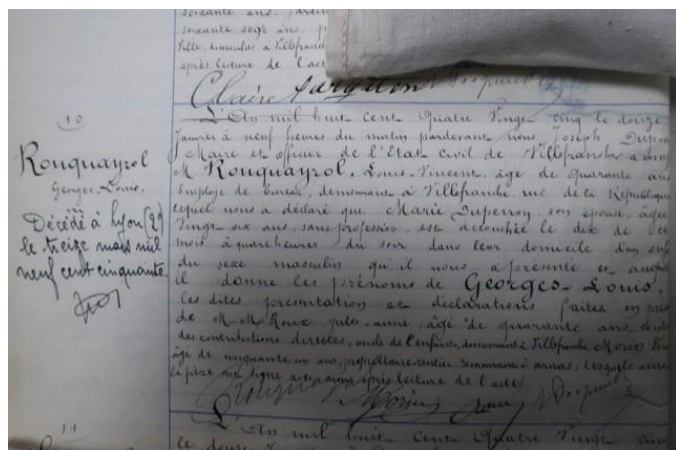


Fig 2 Georges Ruquayrol's Death Record

I soon saw that to make the book accessible, I would have to provide an introduction putting it into context, and that I needed to research the references and allusions I didn't understand. For example, de Clérambault, a name familiar to many psychiatrists, eponymously associated with the first description of 'erotomania' was mentioned. Evidently Londres knew him, but what did he mean when he wrote, "We had put the world to rights in the past, on the quays of Salonika in heroic times"?<sup>4</sup> I discovered, Londres was a war correspondent for *Le Petit Journal* in 1915, reporting on the Salonika campaign, a conflict between Anglo-French forces sent to provide military assistance to the Serbs who had been attacked by German, Austro-Hungarian and Bulgarian armies. G.G. de Clérambault was wounded in combat and hospitalised in Salonika where Londres encountered him. *Mademoiselle Suzanne*, to whom one of the chapters in *Chez Les Fous* is devoted, is an example of de Clérambault's syndrome.



Fig 3. Mademoiselle Suzanne.

Then there were some particularly tricky bits of translation that I needed to discuss with native French speakers. One example in a chapter entitled "Making a Mockery of Pinel", concerns Londres's visit to the disturbed mens' quarters of an asylum. He observes two characters, apparently inseparable, united by a fraternal affection, and writes:

Deux autres se tiennent par la main, un grand qui est habillé, un petit qui est tout nu. Le petit est goitreux du ventre. Sa tête arrive au coude du grand. C'est Bastos et Cul-Bas.

At first, I thought "Bastos et Cul-Bas" must refer to some well-known characters either real or fictional, especially as they were in capitals, like "Laurel and Hardy" or the children's television series "Big and Small". I had read the beautiful biographical study *Albert Londres: La Plume Et La Plaie*<sup>5</sup> and contacted the author, Benoît Heimermann, who was kind enough to give me his thoughts. He was convinced that this was not a reference or allusion to any well-known couple. He suggested this was just an example of Londres's idiosyncratic, racy style or maybe a nickname given by carers

<sup>4</sup> Londres Albert, (2022) *With The Mad* (trans. S. Wilson) p.6.

<sup>5</sup> Benoît Heimermann, *Albert Londres: La Plume Et La Plaie*, Éditions Paulsen, Paris, 2020

or other inmates. My Larousse dictionary gave me “*Arg. Balle d’arme à feu*” [*Slang. Firearm bullet*] for Bastos, so I settled for:

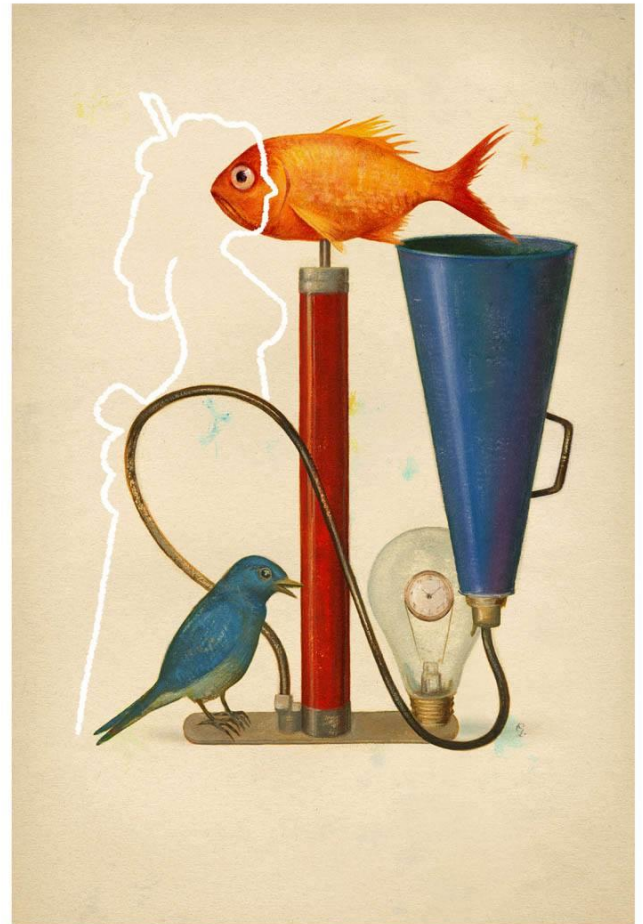
Two others are holding hands, a big one who’s dressed, and a little one who’s completely naked. The little one has a distended stomach. His head comes up to the big one’s elbow. They’re Big shot and Short-arse.

## Conclusions

In 1925 mentally ill patients in France were referred to as “the alienated” and the word “alienist” was still in common use as a synonym for psychiatrist. Londres had little time for the majority of these doctors whose pretensions to scientific authority he punctures. He indicates in all sorts of ways his view that there is little to distinguish them from their patients. Given his highly ironic style and profound sympathy for the mentally ill, one might almost take that for a compliment! However, he is not entirely dismissive of their efforts. In his newspaper column he concluded that most attempts at “arbitrary treatment”, i.e., attempts to label people as mad and remove them from their community for nefarious reasons, were thwarted by the conscience of the asylum doctors. And he singles out one or two whom he met for lavish praise, most notably Dr Maurice Dide in Toulouse, who was to become a betrayed hero of the French resistance during the Second World War and died in Buchenwald, and Dr Eduard Toulouse, psychiatrist, journalist and director of the literary magazine *Demain*.

Londres highlighted what he perceived as the unnecessary but entirely legal confinement of most of the asylum inmates. Of 80,000 detainees, he believed 50,000 could have been released without danger to themselves or others. His journalist’s eye captures the underlife of asylums, the unofficial culture that exists and flourishes, especially at night. He anticipates the critique of “total” institutions mounted by

the American sociologist, Erving Goffman in the 1960s.<sup>6</sup> It is difficult to be sure how much (if any) fictional embroidery he may have employed but, overall, he paints a convincing and damning picture, albeit in a somewhat picaresque style.



Poster for Michel Laubu's play, *Une Carmen en Turakie*, after Georges Bizet, at Théâtre des Célestins. 2015; from Gérard DuBois's Folio 1.

<sup>6</sup> Goffman, E. (1961) *Asylums*, Doubleday, New

York; and Penguin, Harmondsworth (1968)



# Alasdair Gray's *Lanark*: a window on psychiatry and psychosomatic medicine in 1950s Glasgow

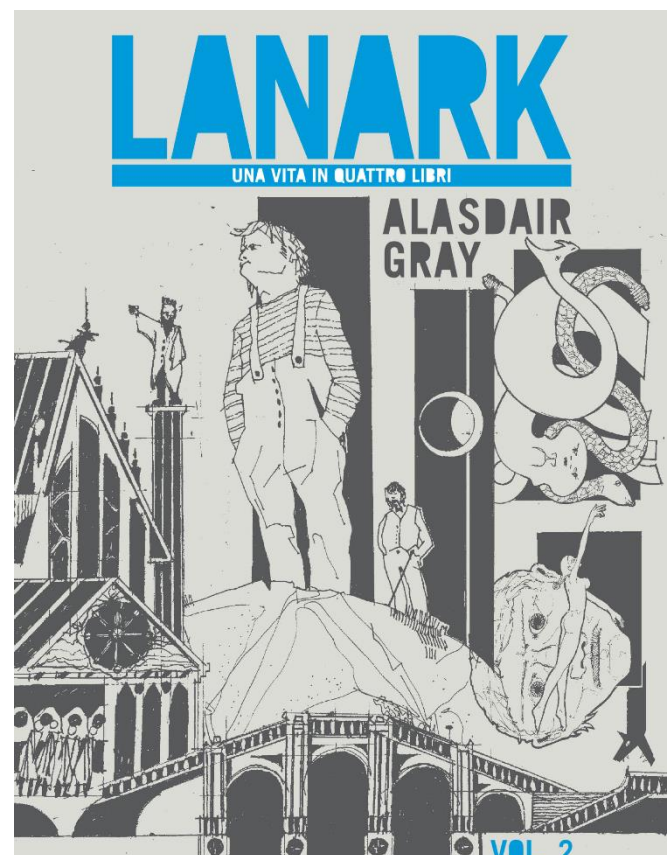
Allan Beveridge

The ground-breaking 1981 novel, *Lanark* by the great Scottish polymath, Alasdair Gray is a many-layered account of a young man's descent into madness<sup>1</sup>. Set in 1950s Glasgow, it charts the life story of Duncan Thaw, a student at Glasgow School of Art. Gray drew on his own autobiography, as well as literary representations of mental disturbance by such writers as James Hogg, Dostoyevsky and Celine. He also drew on the work of Freud, Jung and Wilhelm Reich. In this short article, I will focus on those aspects of the novel relating to the history of psychiatry.

As well as archival material and the secondary literature, fiction can also provide insights into psychiatry's past, though one has to be careful how it is used. The novelist, after all, is not aiming to write a treatise on the history of psychiatry and has other considerations such as plot, drama and creating compelling characters. Nevertheless, the novel can convey the emotional texture of past times and the particular experience of individuals. *Hard Cash* by Charles Reade looked at the 'trade in lunacy' in the private madhouses of Victorian England. *Regeneration* by Pat Barker examined the work of Dr William Rivers with shell shock patients at Craiglockhart Hospital in Edinburgh during the First World War, while *The Sanity Inspectors* by Friedrich Deich portrayed psychiatry in Nazi Germany. Melissa

Dickson<sup>2</sup> has recently argued for the important role imaginative literature can play in studying the history of psychiatry. Both literature and psychiatry are concerned with the inner world of individuals, their emotional and mental states, and with the question of identity. Dickson maintains that literature can demonstrate how different societies at different times have constructed and understood notions of selfhood and mental illness.

Alasdair Gray's *Lanark* reflects the psychological theories of the mid-20<sup>th</sup> century, and, in particular, the perspective of Glasgow physicians and psychiatrists, who favoured a psychosomatic approach to illness<sup>3</sup>. Duncan Thaw, like the author, suffers from asthma and eczema, conditions which Glasgow doctors believed to have a strong psychological component. In the novel we see his encounters with physicians and his reaction to them.



The title page of Book Two of *Lanark* by Alasdair Gray, courtesy Safarà Press

An early pioneer of the psychosomatic approach was James L. Halliday, who felt that society caused many of its citizens psychological stress which led to physical illness<sup>4 5</sup>. Halliday was a Glasgow physician,

who in 1948 published *Psychosocial Medicine*<sup>6</sup>, in which he combined his experience in Public Health with Freudian theory to analyse health trends in society<sup>7</sup>. He claimed that statistics showed physical health was improving, but that psychological ill-health was rising. He outlined a picture of what he called the 'sick society'. The increasing application of science to the physical environment had brought about major changes in the structure of society. Halliday contended that before the Industrial Revolution children were allowed to emotionally develop at their own pace, but from the 1870s onwards they were now subjected to an ordered regime of toilet-training and feeding by the clock, combined with the fussy over-protection of their parents. This and the decline of religious faith, which gave a sense of purpose to life, had led to the increase in mental problems amongst the population.

Cameron MacDonald, who was a Consultant Physician at Gartnavel General Hospital, was a founder of the Glasgow Psychosomatic Society, where physicians, general practitioners and psychiatrists met to exchange knowledge<sup>8</sup>. Both he and Halliday had trained in psychotherapy, believing that this was an important skill for a doctor to possess. Nowadays, it is extremely rare for physicians to undergo training in psychotherapy. Dr David Kisson examined the relation between personality and malignant lung disease, whilst the Edinburgh Professor Cairns Aitken, a Glasgow graduate, whose mother had died of a severe asthmatic attack, conducted research on the link between asthma and stress<sup>9</sup>.

Psychiatrists were also interested in psychosomatic medicine. Ferguson Rodger, who was Professor of Psychiatry at Glasgow in the 1950s corresponded with Halliday and was an advocate of this approach<sup>10</sup>. Rodger also believed in the importance of dreams and used a modified psychoanalytic dream analysis to treat patients with physical symptoms in which psychological factors were implicated. RD Laing<sup>11</sup>, whom Gray knew, was another Glasgow psychiatrist who stressed the role of psychological factors in

the origins of physical illness. He and Gray discussed this in relation to asthma<sup>12</sup>.

As well as their interest in psychosomatic medicine, many Glasgow psychiatrists adopted a psychodynamic approach which they linked to an understanding of the social context of the patient's life. According to Dr Isobel Hunter-Brown, who worked at Gartnavel Royal Mental Hospital during this period, the key to the Glasgow approach to mental illness is to be found in the pages of Henderson and Gillespie's *Textbook of Psychiatry*<sup>13</sup>. David Henderson was a Superintendent of Gartnavel between 1921 and 1932, before taking up a similar post at the Royal Edinburgh Hospital<sup>14</sup>. RD Gillespie was a colleague of Henderson's in Glasgow. Henderson and Gillespie saw mental illness in terms of the social problems of everyday life. Disturbed relations or family discord could contribute to psychological disturbance. Further, it was held that mental illness should be understood in terms of the individual, and that symptoms had little meaning if considered apart from the specific context in which the patient experienced them.

### **Lanark**

Gray's magnum opus, *Lanark* is a complex novel. It consists of four books and includes an intervention from the 'Author', who may or may not be Gray, and who comments on the novel. It also includes an 'Index of Plagiarisms', in which Gray playfully cites the enormous range of books, both literary and psychological, that influenced the writing of *Lanark*. There is also a 'Prologue', that, confusingly, comes near the end of the book. Such literary games have led some critics to label the novel 'postmodern', but Gray, himself, rejected this, pointing out that writers as far back as Laurence Sterne in the 18<sup>th</sup> century, had experimented with the form of the novel and he was influenced by this, not contemporary cultural theory. To add to the complexity of the book, it incorporates illustrations by Gray, in which he alludes to iconic images from Western art, thus adding another layer of meaning to the text.



*Lanark* is divided into two narratives, one which tells the story in a realistic fashion of Duncan Thaw, and a second, fantastic story which relates the adventures of Lanark and which mirrors Thaw's narrative. In the parallel story, Thaw appears as a character called Lanark, who lives in a hellish city called Unthank. Lanark's fantasy journey can be read as a metaphorical commentary on Thaw's life, but also as a critique of society and the psychological damage it can wreak on its citizens.

The Thaw narrative recounts the early life of Duncan. He is portrayed as an imaginative young boy, kicking against the limitations of a school system seemingly designed to crush originality and creativity. We follow him to Glasgow Art School and his attempts to be a great artist in the face of the conforming nature of the institution which is more interested in making him employable than encouraging his talent. Along the way we see his unsuccessful attempts to find love and the narrative ends with the failure of his attempt to paint a giant mural in a church and his seeming suicide.

### **Duncan and the doctors**

Duncan suffers from recurrent bouts of asthma, and Gray explores the possible psychosexual origins of the condition, or rather the clinical theories of the period in which Thaw's narrative is set. Duncan is examined by a doctor. The clinician observes:

"Mm. I suppose you know that your kind of asthma is partly a psychological illness."

"Yes".

"You do a lot of reading don't you?"

"Yes." (p.186)

Here the doctor seems to be implying that reading can be bad for your health. There was certainly a view, from the Victorian age onwards, that immersion in imaginative literature could undermine mental stability.<sup>15</sup> The doctor continues:

"Do you abuse yourself?"

"Certainly, if I've been stupid in public."

"No no. I mean, do you masturbate?"

Thaw's face went red. He stared down at the quilt.

"Yes".

"How often?"

"Four or five times a week."

"Mm. That's quite often. It's not widely agreed yet, but there is evidence that nervous diseases are aggravated by masturbation. The inmates of lunatic asylums, for instance, masturbate very often indeed. I would try to cut it out if I were you". (p.186)

The doctor links masturbation to nervous disease. This was a common belief amongst Victorian alienists who constructed such diagnostic categories as 'Masturbational Insanity'<sup>16</sup>. The Edinburgh asylum doctor, David Skae incorporated the category into his classification of mental disorders<sup>17</sup>. These notions lingered on into the twentieth century. The link between asthma and psychological problems was long held by clinicians in Glasgow during this period. Gray recalls that RD Laing was interested in the subject and had told him he was glad Gray had written *Lanark*: 'because it had accurately described the link between asthma and guilty feelings about masturbation. He said he had wanted to write about that, but could not, and now need not because I had done it'<sup>18</sup>. In this formulation masturbation does not directly cause asthma; rather it is the guilt which the activity engenders which leads to breathing difficulties.

In an autobiographical account, Gray discusses his own asthma and looks at other possible causes of it:

Some psychologists think asthma starts with struggles to draw breath while screaming hopelessly for a mother's attention, in a state of rage and horror. I was five when the first asthma attack came and the longest of them were after her death in 1952, so there may be truth

in that Freudian theory, though Mum never neglected me.<sup>19</sup>

As well as asthma, Duncan also suffers from eczema. His skin problems have parallels with characters in the *Lanark* narrative who develop a scaly skin condition called 'dragonhide'. In an interview Gray was asked if diseases in *Lanark* are 'creative maladies'. He agreed, adding they were 'metaphors for bad mental states, like the tortures in Dante's *Inferno*'.<sup>20</sup> In the novel's 'Index of Plagiarisms', Gray playfully describes his influences in writing *Lanark*. He refers to Wilhelm Reich and claims that 'dragonhide' relates to the 'muscular constriction Reich calls "armouring"' (p.496). Reich held that a person's posture reflected their inner, psychological state, and he stated that repressing sexual urges led to mental problems. In the novel, a character called 'The Author' makes an appearance. He remarks that the Thaw narrative 'shows a man dying because he is bad at loving' whilst the *Lanark* narrative 'shows civilization collapsing for the same reason' (p484). Like Halliday, Gray portrays society as causing its citizens psychological harm. Henderson and Gillespie had also stressed the role of social factors in the creation of mental distress.

When Duncan is next in hospital, he is seen by the Professor, who observes: 'There may be a psychological factor – the illness first appeared at the age of six, when the family was split by war.' (p.300) He asks Duncan: 'Are you a nervous type'. The Professor notes that Duncan is artistic and suggests he sees a psychiatrist. Here creativity is being associated with mental instability. The Professor adds: 'I know you're not bonkers, but a few talks about family, sex, money and so on can cut down feelings which might interfere with the more straightforward treatments.' (p.300) Evidently the Professor sees Duncan's condition in psychosomatic terms.

Duncan sees a psychiatrist who tells him that he might experience several unexpected emotions towards him, but that he will not be offended. Clearly the psychiatrist is

adopting a psychoanalytic approach and is alluding to the concept of transference where the patient projects his unresolved feelings about his parents and significant others onto the psychiatrist. However in meetings, the psychiatrist mainly says 'Why' or 'Tell me more about that'. Duncan feels no emotion towards him. In fact, he felt 'flat, like an actor whose performance has been neither applauded nor booed.' (p.302) The psychiatrist is adopting the psychoanalytic model of being a blank canvas on to which the patient projects his fantasies. For Duncan, who craves attention and the approval of others, this is disconcerting.

Duncan remains in the hospital for some time and the Professor eventually says to him that he has: 'adapted' to hospital life. He has reverted to an infantile state in which suffering and being regularly fed feel actually safer than health. The Professor is making an insightful observation: Duncan has adopted the sick role in order to avoid life. However Duncan is very angry and discharges himself. The Professor's intervention has actually had a positive outcome. Duncan has abandoned the sick role to re-enter the world.

Later, Duncan has a psychotic breakdown which ends in his apparent suicide, though whether he has actually done so or not remains ambiguous. His breakdown is anticipated by a dream in which the delusional themes of his psychosis are enacted. Freud had, of course, stressed the importance of dreams, and, under his influence, Ferguson Rodger and Cameron MacDonald had done so too.

### Concluding Remarks

If we read Gray's *Lanark* in the context of the history of psychiatry, it can be seen as providing the patient's perspective: what it feels like to suffer from psychosomatic illness and to experience psychological therapy. His novel captures a particular period in the history of psychiatry in Glasgow, when psychodynamic ideas and notions of the psychosomatic origins of



illness were prevalent, and, because it is based on his personal experience, it carries the stamp of authenticity.

<sup>1</sup> Gray A, (1981) *Lanark*. Edinburgh: Canongate.

<sup>2</sup> Dickson M, (2022) Experiments in Life: Literature's Contribution to the History of Psychiatry. In Chris Millard and Jennifer Wallis (eds) *Sources in the History of Psychiatry, from 1800 to the Present*, pp. 101-115. London: Routledge.

<sup>3</sup> Bond M, (1985) Scottish Contributions to the Development of Hypnosis and Psychosomatic Medicine. In *Modern Trends in Hypnosis*. David Waxman, Prem C Misra, Michael Gibson and M Anthony Basker eds. pp. 3-14. New York: Plenum Press.

<sup>4</sup> Hayward R, (2009) Enduring Emotions: James L Halliday and the Invention of the Psychosocial. *Isis*. **100** (4). 827-38.

<sup>5</sup> Hull A, (2012) 'Glasgow's sick society'? James Halliday, Psychosocial Medicine and Medical Holism in Britain c. 1920-48. *History of the Human Sciences*. **25** (5). 73-90.

<sup>6</sup> Halliday JL, (1947) *Psychosocial Medicine: A Study of the Sick Society*. London: Heinemann.

<sup>7</sup> Brown JAC, (1964) *Freud and the Post-Freudians*. Harmondsworth: Penguin.

<sup>8</sup> Brebner H, (2003) Obituary of Cameron MacDonald. *British Medical Journal*. **327**. 1291.

<sup>9</sup> Ritson B, Aitken R, (2018) Obituary of Cairns Aitken. *The Scotsman*. 24<sup>th</sup> April 2018.

<sup>10</sup> Phelan S, (2017) Reconstructing the Eclectic Psychiatry of Thomas Ferguson Rodger. *History of Psychiatry*. **28** (1) 87-100.

<sup>11</sup> Beveridge A, (2011) *Portrait of the Psychiatrist as a Young Man. The Early Writing and Work of R.D. Laing, 1927-1960*. Oxford: Oxford University Press.

<sup>12</sup> Gray A, (2014) Of RD Laing. In. Alasdair Gray. *Of Me and Others*. pp. 205-7 Glasgow: Cargo Publishing.

<sup>13</sup> Hunter-Brown I, (2007) *R.D. Laing and Psychodynamic Psychiatry in 1950s Glasgow: A Reappraisal*. London: Free Association Books, London.

<sup>14</sup> Morison H, (2017) Henderson and Meyer in Correspondence: A Transatlantic History of Dynamic Psychiatry, *History of Psychiatry*. **28** (1) 72-86.

<sup>15</sup> Porter R, (1999) Reading. A Health Warning. In *Medicine, Mortality and the BookTrade*. R Myers and M Harris eds. pp. 131-152. Folkestone: St Paul's Biographies.

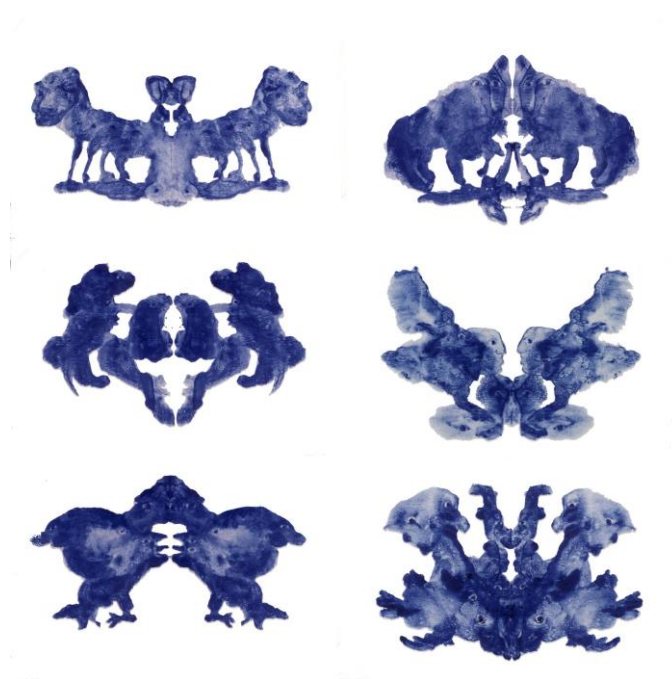
<sup>16</sup> Hare EH, (1962) Masturbatory insanity: the history of an idea. *Journal of Mental Science*. **108** 2-25.

<sup>17</sup> Beveridge A, (1991) Thomas Clouston and the Edinburgh School of Psychiatry. In *150 Years of British Psychiatry 1841-1991*. German Berrios & Hugh Freeman eds. pp. 359-88. London: Gaskell.

<sup>18</sup> Gray A. *Of Me and Others*, pp. 205-7.

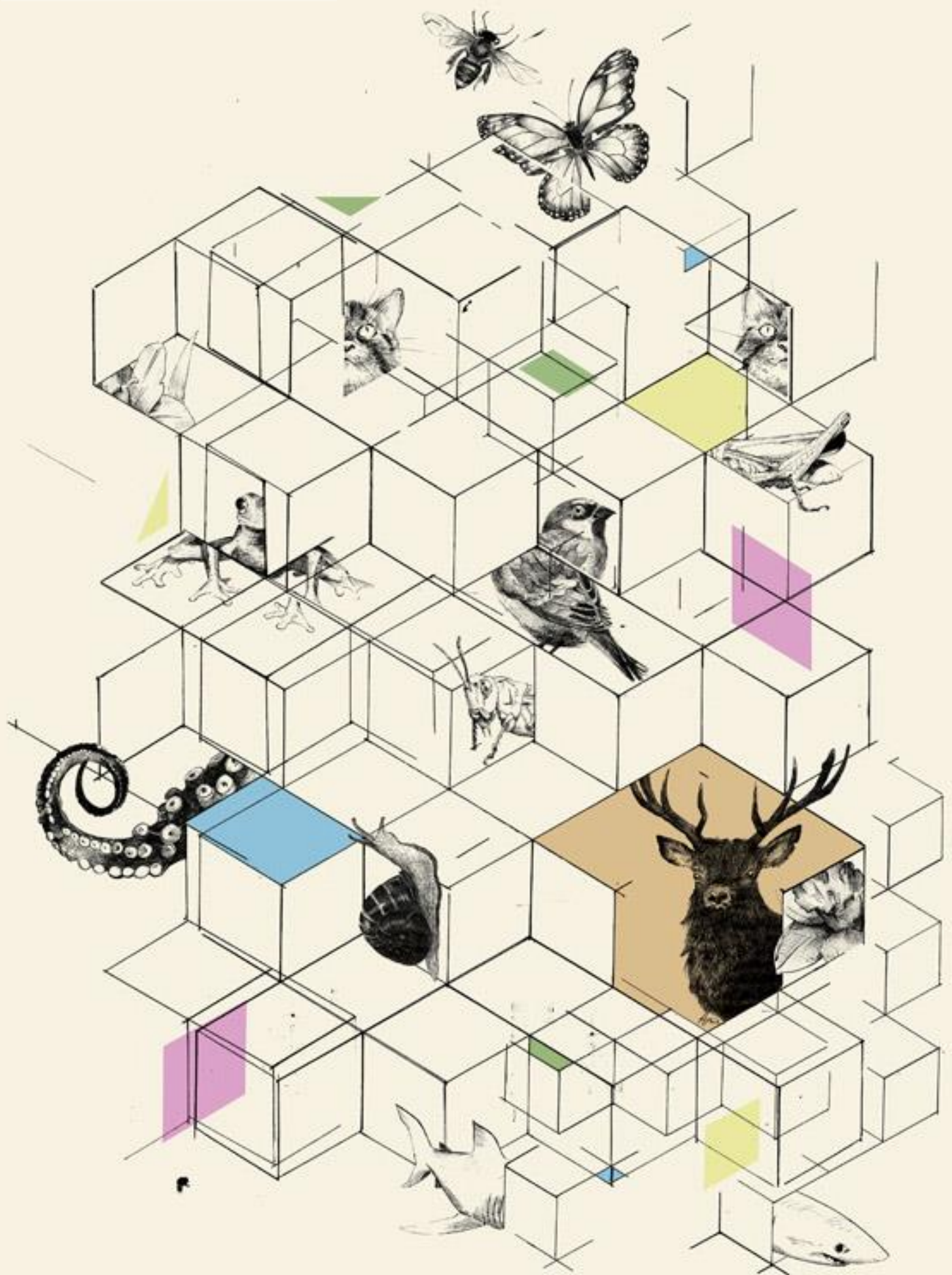
<sup>19</sup> Gray A, (2010) *A Life in Pictures*. Edinburgh: Canongate Books. p.1.

<sup>20</sup> Axelrod M, (1995) A Conversation with Alasdair Gray by Mark Axelrod. *The Review of Contemporary Fiction*, Summer. **15** 2.



one plate from *The Metamorphoses of the Void* by Gerald Stehr

'Menagerie' by Andi Best





# Witches, Devils and War-Woolfes: the Supernatural in the RCPsych Rare Books Collection

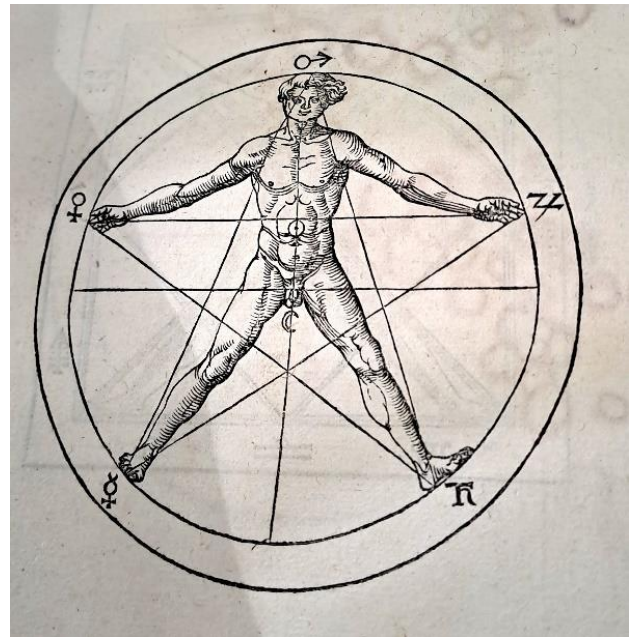
Fiona Watson

Librarian RCPsych

One of the most popular books in the College's rare books collection is Reginald Scot's seminal *Discovery of Witchcraft* or, to give it its full title:

*The discoverie of witchcraft, wherein the lewde dealing of witches and witchmongers is notablíe detected, the knavery of coiorers, the impietie of inchantors, the follie os soothsaiers, the impudent falshood of cousenors, the infidelitie of atheists, the pestilent practices of pythonists, the curositie of figurecasters, the vanitie of dreamers, the beggarlie art of Alcumyftrie, the abomination of idolatrie, the horrible art of poisoning, the vertue and power of naturall magike, and all the conueiances of legierdemaine and iuggling are edeciphered: and many other things opened, which haue long lien hidden, howbeit verie necessarie to be knowne. Hereunto is added a treatise upon the nature and substance of spirits and diuels.*

It is easy to see why it captures the imagination and it is not the only book in the collection on the supernatural. Since the nights are drawing in and this issue will likely be published around Halloween I thought it might not be a bad time to offer an overview of some of these books.



## ***De Occulta Philosophia*** (WM51 AGR)

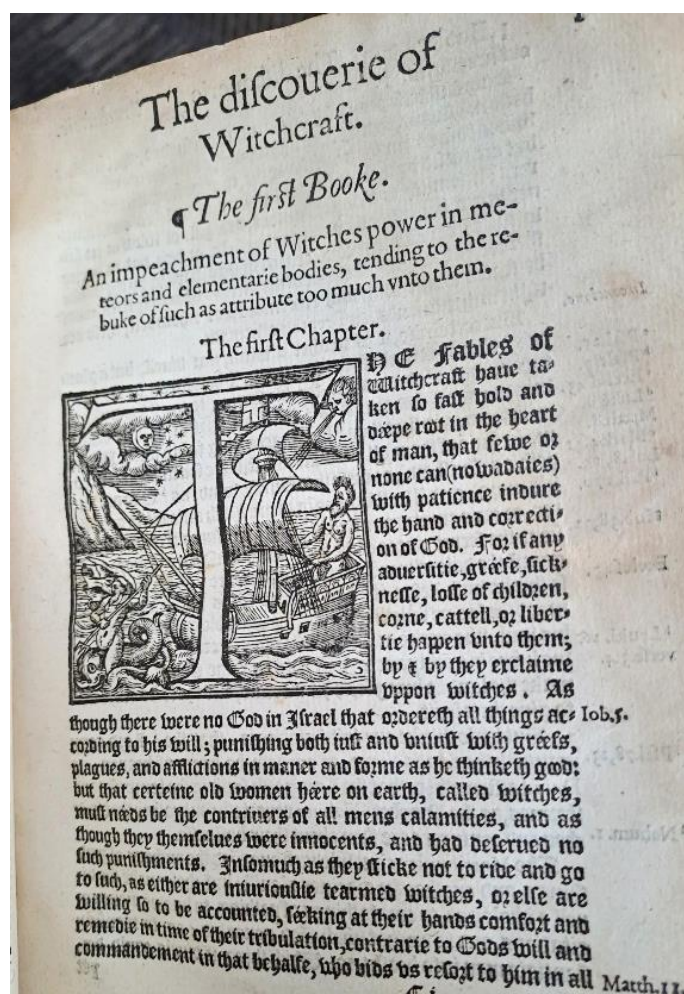
Moving chronologically the first book I'd like to highlight is *De Occulta Philosophia libri tres*, kicking off our journey in 1553 as Mary I takes the throne in England. Written by Heinrich Cornelius Agrippa von Nettesheim a Renaissance polymath born in Cologne, the books discuss astrology, Kabbalah, numerology and angels. It is a lovely book with an early binding. To someone without any Latin it is inspiring and frustrating to browse; full of symbols, diagrams and annotations that beg to be deciphered. Luckily a later edition in translation can be read here: [threebooksoccult.pdf \(msu.edu\)](http://threebooksoccult.pdf(msu.edu))

## ***Discovery of Witchcraft*** (Y3.C SCO)

Next comes Reginald Scot's work in 1584 and is a 'discovery' in the sense that it aims to dispel the superstitions of its readers and prevent the persecution of people believed to be witches. The book begins by lamenting that so much power is credited to witches and reminding the reader that it is God that decides what challenges and sorrows people will face in their life.

Scot goes on to point out that one type of people who are often said to be witches are "women which be commonly old, lame, blearie-eied, pale, fowle and full of

wrinkles...they are doting, scolds, mad...so firme and stedfast in their opinions...[one]...would easile believe they were true indeed."



In his view these women (some of who we might now identify as vulnerable persons), who have often been targeted by witch hunters are not witches, even if they believe themselves to be so.

In regard to the relationship between mental health and the supernatural Scot tells us that "witchcraft and inchantment is the cloke of ignorance: whereas indeed evill humours and not strange words, witches or spirits are the causes of such diseases".

### ***Daemonologie: in forme of a dialogue*** (Y3.C JAM)

Our next book is from 1603, written by James VI and I in part as a response and rebuttal to the *Discovery of Witchcraft*. It

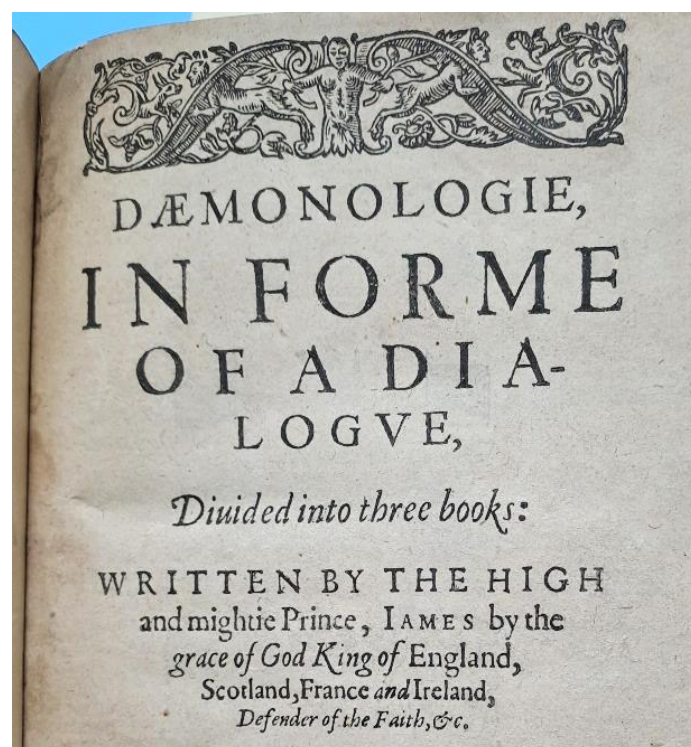
dubs spirits and demons as entirely real and very dangerous. James even mentions Scot's "damnable opinion" in his note to the reader. It ends on the exact opposite message, arguing strenuously for witches to be put to death.

Among the supernatural beings he mentions are witches, necromancers, incubi, succubi, spectres and revenants. However, when we come to werewolves we see James draw a line between the supernatural and morbid. *Daemonologie* is constructed as a dialogue and when the enquirer asks:

Are not our war-woolfes one sort of these spirits also, that hauntes and troubles some houses or dwelling places?

The expert replies:

"If any such thing hath beene, I take it to have proceeded but of a natural superabundance of Melancholie, which as we reade, that it hath made some thinke themselves Pitchers, and some horses"



### ***Anatomy of Melancholy*** (J3.4 BUR)

From 1621 we have Robert Burton's famous *Anatomy of Melancholy*. This book can at



times seem far more modern than one expects, discussing the influence of sleep, exercise, music and green spaces on melancholy. However, there still remains a belief in the supernatural with a whole section on "the nature of spirits, bad Angels, or Devils, and how they cause melancholy." The *Anatomy* tells us that "the devil being a slender incomprehensible spirit, can easily insinuate and wind himself into human bodies, and, cunningly couched in our bowels, vitiate our health, terrify our souls with fearful dreams, and shake our mind with furies."

However, we do start to see here more of interrogation of the mechanism by which the Devil or the supernatural affects people. Burton says the Devil "moves the phantasy by mediation of the humours; although many physicians are of the opinion, that the devil can alter the mind and produce this disease of himself." It is clear that the exact relationship between the influence of the Devil and the theory of the humours was a point of contention at the time. Burton also references Agrippa and Lavater as being persuaded that melancholy "invites the devil to it, wheresoever it is an extremity, and, of all other, melancholy persons are most subject to diabolical temptations and illusions." He mentions a case of a woman possessed, who when the Devil was driven out vomited up a great quantity of black bile.

He also includes a section plainly titled: "Of witches and magicians, how they cause melancholy." In this he calls witches: "instruments of the Devil" and references James' *Daemonologie* as a source. Perhaps also pulling from James he too distinguishes between the influences of the supernatural and the mundane in regard to werewolves: "lycanthopia...or Wolf-madness, when men run howling about graves and fields in the night, and will not be persuaded but that they are wolves, or some such beast. Aetius and Paulus call it a kind of melancholy; but I should rather refer to it as madness."

Other causes of melancholy are fear, imagination and emotion. The College

Library has a lovely copy of Lavater's *De spectris, lemuriibus et magnis atque insolitis fragoribus, variisque praesagitionibus, quae plerunque obitum hominum, magnas clades, mutationesque imperiorum praecedunt*, only 13x7cm. Burton references Lavater saying he "imputes the greatest cause of spectrums, and the like apparitions, to fear, which, above all other passions begets the strongest imagination." After all "what will not a fearful man conceive of in the dark?" Something to remember after any ill advised horror film screenings around this Halloween.

**A treatise  
of dreams  
& visions  
(WM461  
TRY)**

The last book of the 17<sup>th</sup> century, from 1689 is *A treatise of dreams & visions wherein the causes, natures and uses of nocturnal*

*representations, and the communications both of good and evil angels, as also departed souls, to mankind, are theosophically unfolded; that is... To which is added, a Discourse of the causes, natures and cure of phrensie, madness or distraction.* This is a fascinating combination, as with the books before it discusses the supernatural but Thomas Tryon has decided a discrete section on mental disorder is appropriate. He explains this by saying there is "an affinity between dreams and madness,





so that the understanding of one will somewhat illustrate the other."

***An essay towards a theory of apparitions*** (WM148 FER)

There is a gap in the collection for the 18th century and we must skip forward to 1813. Here we well and truly are in the age of the Enlightenment. John Ferriar is of the opinion that we should interrogate tales of apparitions in order to "ascertain their exact relation to the state of the brain and of the external senses." While Tryon in 1689 believed that departed souls frequently did communicate their desires to the living, Ferriar argues that "when the brain is partially irritated the patient fancies that he sees spiders crawling over his bed-clothes...if the disease increases, he imagines that person who are dead, or absent, flit round his bed."

He believes that "the appearance of a ghost [should] be regarded in its true light, as a symptom of bodily distemper" and argues for a reduction in stigma so that treatment can be more easily provided and accepted by people suffering such symptoms.

***Natural Magic*** (WLM892 BRE)

This attitude is echoed in David Brewster's 1832 *Letters on natural magic, addressed to Sir Walter Scott*, which aims to take instances of 'magic' such as 'apparition of a deceased friend sitting in an easy chair' or ventriloquism and explain them through science. It is notable however that in all our earlier books the supernatural was indistinguishable from religion and religion still features in Brewster's work. He takes care to say that modern science can be viewed as "one vast miracle," which will only increase how one "admire(s) and adore(s) its author" and inspire and prepare the mind of the reader for "its final triumph."

***Natural Causes and Supernatural Seemings*** (WLM500 MAU)

We will finish with Henry Maudsley in 1897. Religion is still a consideration but the perspective has changed from our earlier authors. Maudsley points out that "the ecstasy in which a person is rapt *out of himself* by divine action has all the outward and visible characters of the ecstasy in which he is *beside himself* through morbid action." No one is "nowadays eager to discover a divine meaning in the incoherence of delirium"

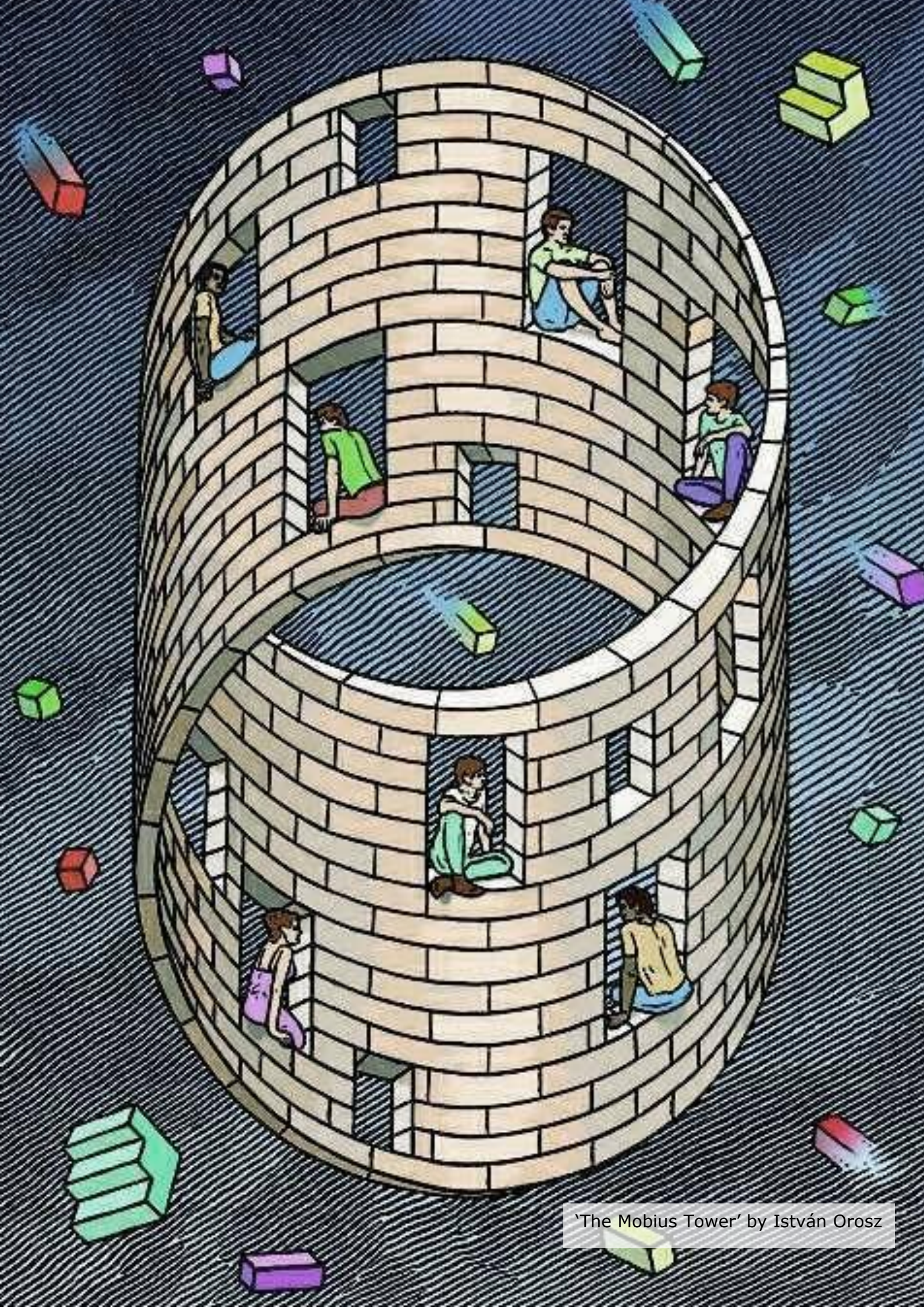
It is wonderful to have the opportunity to trace the development of opinions through the collection and I would encourage anyone with an interest in rare books to book an appointment and enjoy spending some time browsing through these fabulous pieces of history.

[infoservices@rcpsych.ac.uk](mailto:infoservices@rcpsych.ac.uk)

All images taken and provided by Fiona Watson.

---





'The Mobius Tower' by István Orosz



# Future Events of interest to HoPSIG

## Members at Manchester Medical Society Psychiatry

Manchester Medical Society (MMS) was formed in 1834, and has provided educational events, discussion, and debate on a range of topics relevant to medical practice across a range of specialties over the decades. It now attracts attendees from across the North West of England. Students, trainees and consultants are all welcome.

MMS is sub-divided into a range of sections based on medical specialism, although members are welcome to attend each other's seminars. The Psychiatry Section has a strong tradition of attracting world class speakers on a range of topics. One of the real strengths of the Psychiatry Section's programme is the opportunity to deliver sessions on cutting edge research complimented by medical humanities contributions, including history of psychiatry themes. This eclecticism offers a balanced approach, and sessions are eligible for CPD. Since the pandemic the winter meetings, held in November and February are on zoom, the autumn and spring meetings are face to face at the University of Manchester MANDEC centre, easily accessible from the centre of Manchester.

The next meeting, on 7th February 2024, 2.00pm-4.30pm, online, is on the theme of in-patient care, past, present, and future. Historian of the College Dr Claire Hilton will be presenting on 'Shaping Patients' Experiences in 1920s English Public Mental Hospitals'. Dr Afshan Khawaja, Consultant Psychiatrist in acute admission services will offer a view from the current state of in-patient services, and Professor Joy Duxbury OBE, Manchester Metropolitan University will offer thoughts from her work on future service provision. Final details will be available in the next few weeks on the MMS website <https://mms.org.uk/sections/psychiatry.aspx>

Our face-to-face meeting on 8th May 2024, 2.00pm-4.30pm is on the theme of Literature and Psychiatry. It is also an opportunity for students and trainees to showcase their work in our annual poster presentation. Professor Clark Lawlor, Northumbria University, will be talking about literary and historical aspects from his work on 'From Melancholia to Prozac' and Professor Femi Oyeboode, Birmingham University, will talk on 'The Poetry of Disquiet'. Final details of this seminar will be circulated in January.'

Sessions are free to attend for members and students. Non-member fees are £20.00 for online events and £50.00 for face to face. Refreshments and displays of interest are provided at face-to-face meetings.

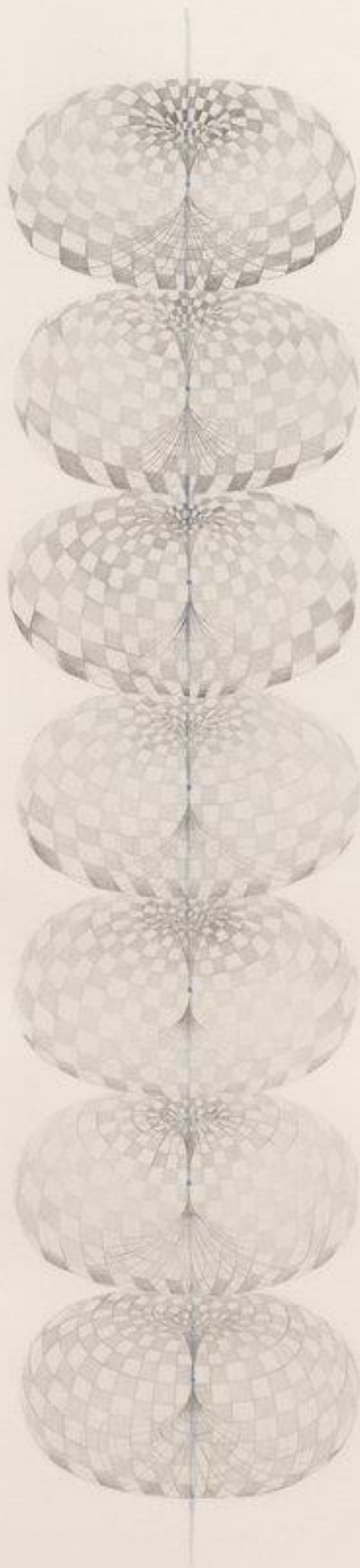
Anyone interested in learning more about the work of MMS, future events in the Psychiatry Section and forthcoming meetings please get in touch with either [jane.whittaker-4@postgradmanchester.ac.uk](mailto:jane.whittaker-4@postgradmanchester.ac.uk) or [admin@mm.s.org.uk](mailto:admin@mm.s.org.uk)

## Psychiatry and the Arts in Nineteenth-Century Britain Network

The third symposium of the AHRC-funded Psychiatry and the Arts in Nineteenth-Century Britain Network will take place online, on 21 March 2024. The Network aims to draw together scholars working on different aspects of the history of the intersection between the arts and psychiatry, chiefly in the content of nineteenth-century British mental health care. It also seeks to open conversations and identify synergies between scholars of history and practitioners in the creative arts, healthcare and heritage sectors. Further details, including collaborative projects and future events, can be found on our website:

<https://fass.open.ac.uk/research/projects/PAN>. For additional information, to submit a paper or to attend the symposium, please contact Dr Rosemary Golding via [PAN@open.ac.uk](mailto:PAN@open.ac.uk)





'The Seven Brains of Spinal Coherence' from Wisdom Engines Series by Tanya P. Johnson