

# HoPSIG NEWS and NOTES

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

Issue 2, Spring 2016

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### Editorial

Welcome to the second issue of our newsletter. We have information on mental hospitals of the past in Glasgow, Kent and Epsom, another holiday visit, and learn about 'mattoids'. Please continue to send your contributions to: [fmaunze@rcpsych.ac.uk](mailto:fmaunze@rcpsych.ac.uk).

#### **Coming Joint Event: RSM Psychiatry Section and HoPSIG**

#### **Mind Madness and Melancholia: Ideas and Institutions in the History of Psychiatry from Classical Antiquity to the Present**

Tuesday 10 May 2016, Royal Society of  
Medicine, 1 Wimpole St, London, W1G 0AE  
[Please see RSM website for programme and  
booking](#)

### **Archivist Update**

The College Archivist is involved in retrospective cataloguing of the archives collection. The target is to have an online catalogue by the end of the year. This will increase access to the collection which contains information on the history of the College.

The Archivist will have the old paper newsletters of Faculties, Sections, Divisions and Special Interest Groups digitised. These newsletters, rich in clinical and research information, will be added to the online catalogue.

### **William Stark and the Glasgow Asylum of 1810 Richard Mindham**

William Stark was a Scottish architect who worked at the beginning of the nineteenth century. In his design for the Glasgow Asylum he demonstrated a capacity to bring together the clinical requirements of the hospital with the latest thinking in architecture to produce a building which was influential in the design and in the planning of later hospitals.

#### **Stark's Earlier Works**

William Stark was born in Dunfermline, Scotland in 1770, the son of a manufacturer. The details of his training in architecture are unknown but his elder sister married a Glasgow architect, John Craig, designer of Faculty Hall for the Royal Faculty of Physicians and Surgeons of Glasgow, a classical building of 1791 in St Enoch's Square, and it is likely that he received his professional training in his brother-in-law's office. He is known to have visited St Petersburg in 1798 in connection with an architectural commission, and would have seen there the many classical buildings erected by Peter the Great.<sup>1</sup>

His first major assignment was to design the building to house the collection donated to the University of Glasgow by William Hunter. The building of 1804 was in the classical style and formed the eastern part of the group of buildings around the Old College of 1606.<sup>2</sup> (These buildings

including the Museum were demolished for railway developments in the 1880s.) In 1807-8 he designed Saint George's Tron Church, Buchanan Street, Glasgow, in the Baroque style, creating a building which forms a focal point in the centre of the city to this day, although the interior has lost some of its character.



**St George's Tron Church**

In 1810-11 he designed the new Court House overlooking the River Clyde and Glasgow Green; one of the first buildings in Britain to be built in the Greek Revival style.<sup>3</sup> In these works he demonstrated a familiarity and command of a wide architectural vocabulary which contributed to his appointment as architect to the new asylum. Sir Walter Scott testified to his abilities: '... a young man of exquisite taste who must rise very high in his profession'.<sup>4</sup>

### **Taking the Brief**

On his appointment Stark approached his task in a systematic way by consulting a wide range of individuals who had experience of dealing with the mentally ill. He also visited some of the few mental hospitals then in existence in Britain which included those at Montrose, Liverpool, Manchester and York.<sup>5</sup> Most of these were in the style of country houses and did not offer complete architectural solutions to the needs of the mentally ill. He refers to 'asylums of the metropolis' in his report of 1807 but gives no more details. The authorities of Bethlem Royal Hospital were in the process of designing a new hospital for a site at St George's Fields, Lambeth to replace the hospital at Moorfields. This, the third building occupied by Bethlem Hospital, was built between 1812 and 1815 and unlike the Moorfields hospital its design can have had little influence on Stark's work in Glasgow. He may also have seen the second Saint Luke's Hospital, rebuilt by George Dance junior

1782-9, which replaced the hospital designed by his father. In its layout this hospital was very like Hooke's Bethlem.

The York County Lunatic Asylum, later Bootham Park Hospital, had been established through public subscription in 1774-7 and was designed by the local architect John Carr in the style of a grand country house. The conduct of the hospital was in some respects unsatisfactory and this led The Society of Friends of York to establish their own hospital, The Retreat. This was designed by John Bevens and built between 1794 and 1796; it was small, accommodating just over fifty patients, with a central administrative block and wings for male and female patients on either side. Samuel Tuke, the grandson of the founding chairman, William Tuke, prepared a report on the work of The Retreat in its first decade; he recorded Stark's visit and his comments in the report published in 1813.<sup>5</sup> While the architecture of the hospital was unremarkable the approach to patient care used there came to be known around the world.

Stark clearly recognised the merits of these principles when he presented his recommendations for the building of an asylum to a meeting of the public in Glasgow in 1807:

It is a government of humanity and of consummate skill, and requires no aid from the arm of violence, or exertions of brutal force.

His aim in planning the hospital in Glasgow was to avoid the seclusion of patients and to provide a setting for:

A system of arrangement of a very minute and apparently complicated kind, united to great ease and simplicity of management: a superintendence unusually active and efficient, which follows and watches every motion of the patient, while it ensures to him a more than ordinary degree of individual liberty, of exemption from restraint and bondage, of personal security, of ease, and enjoyment.

He felt that this approach would provide a setting which would reduce the level of disturbance both in the ward and in the individual patient:

the patient will soon perceive that he is secure during good behaviour; and an incentive to order and good conduct will be created which will have a powerful and better effect upon his mind than examples of severity, or the terrors excited by a harsh and degrading system of punishment.<sup>6</sup>

### The Process of Design

In designing the Glasgow Asylum Stark fell under several important architectural influences of which one of the most important was the concept of the 'panopticon' described by the philosopher Jeremy Bentham. Bentham proposed that hospitals for the insane and other institutions where the inmates were to be kept under observation be designed in such a way that the inmates and their attendants could be observed by senior staff without themselves being seen.<sup>7</sup> Bentham believed that the good conduct of institutions would lead to them working more efficiently; in this case to the greater well-being of patients and in prisons to the reform of prisoners. The panopticon principle had been used on a small scale by James Bevan for the Lunatic House at Guy's Hospital of 1797, but no large hospitals had been built in the UK on this plan.<sup>8</sup>

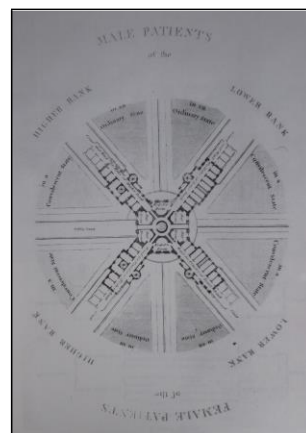
Stark's hospital was in the form of a cross and of three stories; the wards radiated from the centre of the building. In the design of the individual wards Stark employed the model, first used by Robert Hooke in the second Bethlem Hospital at Moorfields, London of the 'gallery ward'. In this layout Hooke combined the monastic layout of individual cells with a broad gallery. The gallery ward provided individual rooms for patients, and combined them with a wide corridor which served both as a space for recreation and a corridor for moving around the hospital. This arrangement was clearly illustrated by Hogarth in his painting of Bethlem, 'The Madhouse', in his series 'A Rake's Progress', of 1733-4. However in Stark's hospital there was both heating and glazing of the windows.



**Hogarth's Bedlam**

In that part of the wards nearest to the centre of the cross there were day rooms for each ward, a

provision not made by Hooke at Bethlem, as well as rooms for staff. At the very centre was a raised area on each floor which allowed observation of the main gallery of each ward. The centre of the cross was roofed by an elegant dome which accommodated the chapel. There was a secure airing court for each ward. Building began in 1810 and was completed in 1811.



**Stark's Glasgow Asylum Plan**

A contemporary account praises the architect's work:

By correctly proportioning the wards of the central buildings, by surmounting these with an attic, and by crowning the centre with a magnificent dome, he has imparted to this edifice a character which blends elegance with dignity, and will secure to it a place among the most eminent works of art.<sup>9</sup>



**Glasgow Asylum, 1810**

### Stark's Legacy

In his design for the Glasgow Asylum Stark went far beyond Bevan's plans for the small Lunatic House at Guy's. He applied the principle of the panopticon to a much larger building, accommodating 126 patients as compared with 24 at Guy's and providing accommodation on three main floors with segregation of patients according to sex, social class and degree of insanity. In his plans Stark developed a model for the design of hospitals for the insane which had not existed before, using earlier practice in some respects,



heeding current views on the care of the insane, utilising his earlier architectural experience, adopting Bentham's idea of the panopticon and bringing the elements together in a coherent form. In some respects Stark anticipated the Chicago architect Louis Sullivan's dictum of 1870 - 'form follows function'.

Stark used the same principles in an H-shaped building at the Liff Hospital, Dundee (1812-1820) and at the Gloucester Asylum (1813-23) designed with J Collingwood. A similar approach was used by Foulston for the Cornwall County Asylum at Bodmin (1818) and by Watson and Pritchett, advised by Samuel Tuke, in the West Riding of Yorkshire Asylum at Wakefield (1814-8). Stark's influence was also seen in the design of the Murray Royal Hospital, Perth (1822-7) and the Crichton Royal Hospital Dumfries (1835-9) both by William Burn. Fowler, architect of the Devon County Asylum (1842-5), used a variant of the model.<sup>10</sup>

Problems with the panopticon design soon emerged: the arrangement of the wings of buildings to allow observation from the centre allowed dirt, noise and infection to spread between the blocks and did not easily facilitate the separation of patients according to their clinical needs or extensions to the hospital. The Glasgow Asylum soon became too small and was replaced in 1843 by a new building at Gartnavel to the west of the city designed by a prominent local architect, Charles Wilson, but not using the model of the panopticon.<sup>11</sup> Stark's building became an orphanage until it was demolished in 1908.

In spite of losing popularity as a plan for mental hospitals the panopticon continued to be extensively used in the design of prisons and in due course for a type of building which Bentham had never considered, the public library. Although, in adopting the model of the panopticon, Stark chose a plan which was to have a limited life in the design of mental hospitals, his approach to their design has been of lasting value.

Stark died in 1813 at the age of 43. At the time of his death Sir Walter Scott said of him: '...more genius has died than is left behind among the collected universality of Scottish architects.'

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*I am grateful to the Royal College of Physicians and Surgeons of Glasgow for the use of their library and to the library staff for their kind assistance.*

## Puzzle Picture 2



What could these be? Suggestions to  
[claire.hilton@nhs.net](mailto:claire.hilton@nhs.net)

## A PATIENT EXPERIENCE

### The Polish Mental Hospital in Dartford Mary Mills

Mabledon Hospital was the Polish mental hospital in Dartford, but there were also many English patients there who are never mentioned in the very brief histories on the web. It is an experience I have hardly ever mentioned to anyone, but it's over 50 years ago and very recently I learned of the death of one of 'The Group' – the bunch of other patients with whom we were supposed to interact. Abortively, I tried to contact others, but we are all now very old. I found an obituary of our psychiatrist, Harry Rose, and thought perhaps I should write down these now hazy memories. It seems a bit daft to describe a mental hospital as a crazy place, but Mabledon was a bit different.

#### The Hospital

So, Mabledon Hospital: what was it like? There are some well documented histories on the web about how, after the Second World War, the refugee Polish community found itself at Mabledon Park near Tonbridge and then moved to the site near Dartford under the charismatic Dr. Bram (whom I never met). The site comprised a series of huts on slopes below what had been the Southern Hospital, which can be seen as you go down the M2, heading towards London near the M25 junction; it is currently under consideration as the site for a crematorium. The Southern Hospital was vast, bleak, stark and deserted and stood in the woods above us. It was a mothballed facility for the fever epidemic which never came. It is now under the motorway, although there may be ruins still up in the woods. There was a huge and spooky water tower.

The huts ran in three lines down the hillside: two lines contained wards, offices, and some staff housing; the third line was deserted apart from a shifting population of homeless Polish aristocrats, lonely ex-patients and visiting lovers, who found breaking and entering preferable to a night in the hedge under an umbrella. Occasionally a figure would appear dramatically at the top of the steps – cloak, top boots and a riding whip. Beyond the two lines was a straggle of facilities buildings where Polish patients were building a theatre and a church, and were reputed to have a distillery using apples stolen from local orchards. There were

more woods and a pathway down to the village at Lanes End where there was a shop and a pub, which has recently closed. A longer walk would take you to an ancient church and the Darent. We could wander where we liked, and did.

#### The Poles

I have always said that when they came from Tonbridge the Poles must have quite arbitrarily divided themselves into staff and patients. Among the staff were some heroic drinkers. Many of the men had been in the air force and shattered by the experience; we also learned to identify those who had survived the camps. There was amongst them a sort of hidden hierarchy which depended, regardless of whether patient or staff, on who they had been before the war. There were many aristocrats; the wonderful gardens, the basis of a now beautiful site, were due to the Head Gardener, an actual royal prince. There were also people who had been leading politicians and intellectuals. They were all extremely right wing. There was much talk of the Government in Exile, of discussions at the Daquise, the Polish restaurant in South Kensington where apparently they met; there was a Polish language newspaper and frequent visits of the deli-van with sensational Polish cheesecake. They all spoke to and about each other using the patronymic, something I never hear from the young Poles I meet today. There was signage in Polish everywhere and for decoration on the walls those craft cut paper designs which we put under cakes and call 'doileys'. There were visits from Polish films and Polish entertainers – all good people from here and from Poland who wanted to help their compatriots. There was too among the Poles a common assumption that we have all have suffered whoever we were and whoever we have now become.

The food then was basically Polish – wonderful herb soups but with a spam fritter tendency. In bed with flu for a fortnight two of us were fed spam fritters twice a day. When Dr. Rose came to see how we were, we wept to him with hunger and despair – and that one evening we had chicken with salad and cream. There was entertainment every night, in addition to the Polish blonde lady cabaret singers and Polish films. We always had a big weekly feature film - *3.10 to Yuma*, *HMS Defiant*, *The Greengage Summer*. We had weekly dances – one of The Group was a keen folk dancer who could do all this traditional Cossack stuff The high spot of the evening was the polka.

## The English patients

The English patients could roughly be divided into three groups: first, there was a small and shifting population of Hampstead Artists who were all Dr Bram's patients and came via The Tavistock. They were all exotic dressers and on the whole kept to themselves and their Art. Second, there was a turnover of NHS patients from South London – mainly women with depression. They no doubt had expected to come into a hospital conducted with some form of regularity – or maybe to a sort of prison – and most of them were horrified at the turmoil, eccentricity and foreignness of Mabledon. As it was not the sort of experience they were expecting they discharged themselves as quickly as they could. Then there was The Group – which is where I ended up, an innocent young woman from a traditional North Kent town. We were all Dr Rose's patients, and we understood there was a similar set-up at Warlingham Park. We were all young(ish) – including one tragic case of unidentified Tourette's Syndrome. We were supposed to sit around all day and talk about our feelings and we had all heard of R. D. Laing, although, thinking about it, I'm not sure how. In practice we had a twice weekly group session presided over either by Dr Wanda Piłsudska (daughter of the ex-Polish leader) or Dr Rose (with whom we were all deeply in love). In contrast with what I have read since about the goings-on at Kingsley Hall, we were all very disciplined, respectable and polite.

The rest of the time we were supposed to do 'occupational therapy' accompanied by our permanent therapist. In the summer this was 'gardening' which meant that we collected some shears and a hoe between the ten or so of us, and then sat on the grass in the sunshine for the rest of the day. The gardener, the Prince, used to pass by and forgive us for not doing anything. In the terrible winter of 1963 we made a huge tapestry hanging for the church with the story of the Prodigal Son (does it still exist, has someone got it somewhere?). Indoor occupational therapy was in the pottery room and one of us was eventually to take up teaching pottery for a living. I still have two of some bizarre pottery figures which stood in hundreds round the walls, kangaroos with their throats cut, all the same.

I don't know what our therapist was supposed to talk to us about but largely it was the dodgier end of near eastern mystics – I have never since heard anyone mention George Ivanovich Gurdjieff and

his sidekick P.D. Ouspensky, but this was a master class. We did sometimes move on to the Tibetans and – much more respectably – the Hindu holy books and sagas. It was all very interesting. Also, we all went off home, or somewhere, at weekends, so people came back with all sorts of interesting stuff they had picked up. I remember seeing the first issues of *Private Eye*, and early copies of Mary McCarthy's *The Group* – bought more for the name than anything else. A whole revelation came with 78 rpms smuggled from the US. On the radio were silly little boy bands, including the Beatles, but we listened to Howlin' Wolf, Miles Davis and John Coltrane. I wish I could remember the name of the lad who had all those records. We went through the Cuban missile crisis and the death of Kennedy – but I honestly remember more that we sniggered at the downfall of Profumo. At Christmas we put on a panto, 'Alice in Wonderland', and we were heavily into all sorts of symbolism in the script. I can't remember what it was but it seemed important at the time.

I think, for me, it was meeting people who were a bit unconventional: everyone in the place was deeply unconventional. There were women there who had had lovers who we had actually heard of! People in my home town didn't own up to that sort of thing. There were all sorts of lifestyles. It really was an education. In time we all went our separate ways and I have no idea what happened to most of us but many must be dead.

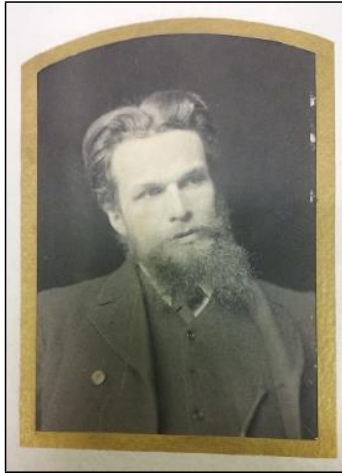
I realise now that Harry Rose was an amazing and interesting man – Scottish, logical, plain speaking, enormously intelligent. I have always shied away from saying how much I liked him because – well – I know your relationship with your psychiatrist is not a natural one. But we knew then that he had somehow fostered the amazing set-up we were in and that must have taken courage and an unconventional spirit. For many years I used to see him in my street when he parked near one of his clinics, and he always stopped to chat. So – too late – this is probably 'thank you'.

Our therapist, I was told, went off to Findhorn and an alternative life style. Many of the Poles returned to Poland, among them Piłsudska.

It doesn't seem right to say that I enjoyed being a patient in a mental hospital, but it was OK, it really was.

## Havelock Ellis and the Mattoids

Fiona Subotsky



Havelock Ellis

While ‘mattoid’ sounds like some form of extra-terrestrial being, it was actually a diagnostic term developed by Cesare Lombroso (1835 – 1909), approximately translating from the Italian as ‘near-mad’ or ‘mad-like’. Henry Havelock Ellis (1859-1939), better known now for his writings on sexuality, contributed frequently to the *Journal of Mental Science* retailing information on European psychiatric thought. In the course of reviewing Lombroso’s ‘L’Uomo Delinquente’ of 1889 Ellis noted that:

The ‘mattoids’ are related to idiots on one side, and to monomaniacs on the other, but they have well marked characters of their own. They are rarely women...[and] are rarely youthful...They are frequently clerks, doctors, or priests, rarely soldiers or country people. They often display notable ability in practical life, but they show, also, an exaggerated laboriousness in matters external to their profession...a laboriousness like that of genius, without showing any corresponding results.

Their altruism is often very highly developed, and they publish a great number of books of no value... They possess also a very exaggerated belief in their own merits, which comes out more in their books than in their daily life. The ‘mattoid’ attaches himself to all that is new; ‘every new sect, every new science has some mattoid among its followers.’ He appears to be by no means unlike what the Americans call a ‘crank’.<sup>1</sup>

One such case was described by another Italian, Ardu:

Giuseppe Vall . . . belongs to San Maurizio, is 44 years of age, and unmarried, parents healthy, without either nervous disease or alcoholism. At the age of 12, in church, he had a vision of St. Bernard, and religious ideas came to him with, later on, ideas of reform... But he has written a great number of what he calls ‘problems’ on all sorts of social subjects...He carries with him an enormous portfolio of writings, and when asked respecting his ideas he at once begins to read one of the ‘problems’ in which he has settled social questions.

In conclusion Ardu remarks that Vall

... is the type of the congenital mattoid. His graphomania is well marked. Characteristic also is the use of alliteration, the tendency to rhythm, the fondness for special words and phrases, and the use of symbols and allegorical figures. An important point which differentiates the mattoid from the man of genius is his inconclusiveness.<sup>2</sup>

In 1893 Ellis reviewed the notorious *Entartung* (‘Degeneration’) by the German Max Nordau. This time he can in no way agree:

Max Nordau...seems to have saturated himself with the methods and results of modern morbid psychologists from Morel to Lombroso, and has thus been led to the conclusion that the literature and art of the present day may be summed up in the one word which gives the title to his book ‘degeneration’. Not a single recent artist or writer (not being an alienist) is alluded to in this book except to be dismissed as a victim of mental derangement. The works of Millais, Rossetti (who belongs to the group of imbeciles), Swinburne (Magnan’s dégénéré) Verlaine (folie circulaire), Tolstoi, Whitman (moral insanity), Wagner, etc., have all ‘psychic stigmata’ of degeneration as understood by Morel.

Despite Nordau’s dedicatory letter to Lombroso, Ellis doubted if he would approve, as the former had his own ideas about ‘Genius’, and was not even very enthusiastic about the theory of ‘degeneration.’ Ellis concluded that

such examination of the author’s ‘psychic stigmata’ as we have been able to make leads us to believe that he [Nordau] is probably what the ‘dear master’ [Lombroso] would call a ‘mattoid’.<sup>3</sup>

### References

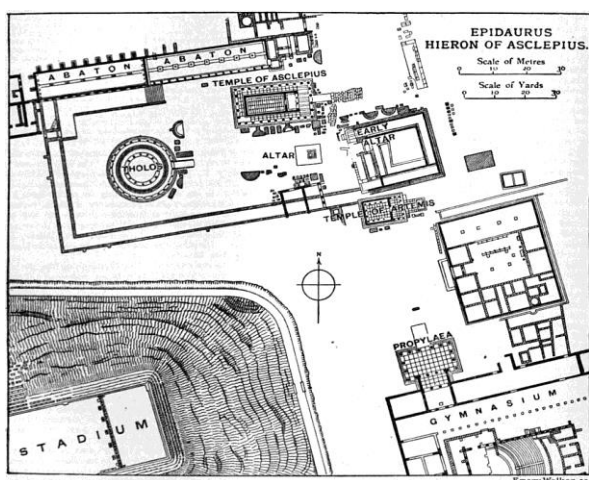
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## ON HOLIDAY IN...Epidaurus Greece

### Jane Mounty

I have been visiting the Peloponnese since the early 90s and have been several times to the Sanctuary of Epidaurus. My friend Angie's family from the nearby village of Ligourio were one of 15 families who donated land to the Greek government for excavation and restoration of the sanctuary. In return a major road connecting Ligourio with the municipality of Nafplion was provided, together with fire protection of the sanctuary and neighbouring olive groves. Restoration of the sanctuary continues slowly but the theatre was soon brought back into use and ancient Greek plays are performed there every weekend in July and August.



Layout of the sanctuary at Epidaurus

### Who was Asclepius?

Asclepius was the son of Apollo, the God of the Sun, and Coronis, a Greek princess and was therefore not a full god but a demi-god. He was mentored by Chiron the centaur who taught him medicine. He had many children including Hygieia goddess of health and Panacea goddess of universal remedies. One legend was that Asclepius could bring the dead back to life. This deprived Hades, the God of Death, of business, so his brother Zeus killed Asclepius using his thunderbolt. Asclepius was later resurrected by Zeus to appease Apollo but in return Asclepius was never again to revive the dead without the prior agreement of Zeus.

### Asclepius and healing

Epidaurus was the most important healing centre in the ancient world and Asclepius was particularly worshipped there because he was believed to have

been born nearby on Mt. Tithion. Other important sanctuaries in Asclepius' name were in Athens, on the island of Kos, and at Pergamon. Hippocrates, the father of western medicine, who was born on the island of Kos in 460 BC, was described by Plato as an Asclepiad or follower of Asclepius.

The site at Epidaurus contained a large Doric temple with two altars next to it (used for animal sacrifice) and a columned building, the Abaton. While pilgrims and patients slept in the Abaton, Asclepius appeared in their dreams offering advice and remedies, and when they awoke they reported on their dreams to the resident priests.



Healing at the Sanctuary

There was also a temple dedicated to Artemis, goddess of childbirth and protector of young women, who also specialised in the treatment of women's diseases. The Tholos, a circular building next to the temple of Asclepius, housed a subterranean labyrinth perhaps containing snakes. Snakes symbolized regeneration in Classical Greece as they lived both above and below ground and renewed themselves by shedding their skins.

Legend tells us that whilst working inside the Abaton, Asclepius noticed a snake climbing up his staff which he killed. He then noticed a second snake biting the first snake which was revived. Thus he discovered that snakes could be used for the treatment and recovery of patients. In another myth, Asclepius witnessed a snake draining a severely infected foot sore, resulting in cure. Some legends say Asclepius himself transformed into a snake whilst working. The word Asclepius may be made up from the roots of the two Greek words 'askalavos': snake, or lizard, and 'ipios', which means 'calm' (Plutarch 2.845). So, Asclepius, is 'the snake that brings calm'.



Dogs freely roamed the sanctuary. Visitors with flesh wounds would allow them to lick the wounds as it was believed dog saliva had curative powers. As well as a healthy diet and the taking of fresh mineral waters, patients were given medicaments and even underwent surgical treatment as evidenced by scalpels, lancets and other instruments found at the site. Thankful patients left votive offerings depicting the body part which had been cured.

Epidaurus was also the site of the pan-Hellenic Asklepieia festival, founded in the 5th century BC and held every four years, to celebrate theatre, sport, and music in honour of Asclepius. The site had a 14,000 seat theatre. According to Aristotle's *Poetics*, 'fear and pity evoked in the audience by the Greek Tragedies could result in catharsis' allowing the audience to be purged of their own fears and laughter evoked by the Comedies may have been similarly therapeutic.

### Today

Asclepius' staff and snake can be seen on the College escutcheon, together with butterflies signifying the psyche; two other snakes are 'supporters'. Snake venom, such as that of Vipera Berus, native to Greece and sacred at the sanctuary of Epidaurus, is known to have therapeutic benefits with haemotoxic, neurotoxic and pain relieving effects.

### References

<http://biologybiozine.com/making-medicine-from-snake-venom/2081>  
[https://en.wikipedia.org/wiki/Snake\\_venom](https://en.wikipedia.org/wiki/Snake_venom)  
<https://en.wikipedia.org/wiki/Asclepius>  
<http://www.diaforetiko.gr/wp-content/uploads/2013/05/%CF%80%CF%89%CF%81%CE%B9%CE%B1%CF%83.jpg>

The Archivist is also appealing to members to donate towards the Adopt-a-Book scheme. The scheme is aimed at conserving the College's antiquarian book collection.

Further information can be obtained from the [Archivist](#) or <http://www.rcpsych.ac.uk/usefulresources/thecollegearchives/adoptabook.aspx>

## CORRESPONDENCE

### The Epsom Cluster: Request for Memories Peter Reed

My name is Peter Reed and I am a volunteer with the [Epsom & Ewell Local & Family History Centre](#). We are interested in the history of the five hospitals that at one time made up the largest collection of mental health treatment centres in Europe - the Epsom Cluster.

It all started in 1896 when the London County Council bought a rundown 1060 acre estate 15 miles from London. The original plan was to build six large hospitals, each to hold two thousand patients. To keep costs down the hospitals were designed to be largely self-sufficient with many patients receiving vocational therapy by working on the estate farms to provide milk and food, or in one of the various on-site workshops - we know patients worked in clothing, carpentry, mattress and footwear units as well as doing some of the cooking, laundry and domestic duties.

In the end only five hospitals were built: Horton, Long Grove, Manor, St Ebba's and West Park. Until the introduction of the NHS, these only catered for patients from the London boroughs and not the local community.



An aerial view of Horton

At one point the thousands of cluster patients plus the hundreds of nursing, auxiliary, domestic and maintenance staff totalled more than the other residents of Epsom. Someone has rightly said that this was health care on an industrial scale.

Over the decades the cluster treated many hundreds of thousands of patients and as part of our larger remit, our volunteers reply to numerous and varied enquiries about former patients and staff, their living conditions and treatments.

We are particularly keen to add some recollections of people's experiences (both staff and patients) to our website and to our offline archives. So I am hoping that some of your members, who worked in the above hospitals, would be willing to donate their recollections to our collection.

Our knowledge of the various treatments/therapies that were used in the cluster is sadly lacking. Any articles written about these in simple everyday language would be welcomed. (We of course realise the need to maintain patient confidentiality.)

We work closely with the local museum and between us we have many images of the buildings that made up the Epsom Cluster. Unfortunately we have few internal views and even fewer showing staff and/or patients. So please get in touch if you need or can supply images of, or information on, the Epsom Cluster.

Perhaps your readers can help to identify what treatments the patients in this rare image are undergoing:-



**Horton Mental Hospital: electro-therapy 1939**

Were they being treated for a physical or a mental ailment? We think that the light therapy may have been a treatment for rickets but what treatment was the patient with her limbs in electrified containers receiving? Was the patient lying under a blanket just keeping warm or was some form of electro-therapy taking place under the blanket cradle?

We have several web pages that may be of general interest to members of your group:

<http://www.epsomandewellhistoryexplorer.org.uk/HospitalCluster.html>

<http://www.epsomandewellhistoryexplorer.org.uk/Horton1907.pdf>

<http://www.epsomandewellhistoryexplorer.org.uk/Mott.html>

<http://www.epsomandewellhistoryexplorer.org.uk/RollinHR.html>

<http://www.epsomandewellhistoryexplorer.org.uk/CulpinM.html>

<http://www.epsomandewellhistoryexplorer.org.uk/LongGrovePsychiatrists.html>

<http://www.epsomandewellhistoryexplorer.org.uk/ShellShock.html>

<http://www.epsomandewellhistoryexplorer.org.uk/HortonRailway.html>

<http://www.epsomandewellhistoryexplorer.org.uk/HortonCemetery.html>

<http://www.epsomandewellhistoryexplorer.org.uk/HortonCemeteryBurialsA.html>

(Although we try hard to get things right I would not be surprised if we have got a few things wrong so are very open to corrections, suggestions, etc. ) We know that Epsom had some private asylums before the Cluster was even thought of, for example The Standard, 22 October 1839, carried this advertisement: -

Mental Imbecility. Mr Stilwell, Surgeon, Epsom, Surrey, who has for many years been accustomed to the care and treatment of Mental Disorders, has a vacancy in his house for a Gentleman or Lady, whose state of mind precludes more general intercourse with the world; his late inmate having been restored to the blessing of health both bodily and mental. The success that has followed Mr Stilwell's plan of treatment and personal superintendence in such cases makes him bold to hope that equally fortunate results would occur to any individual placed under his care.

And read about [Dr Reichardt](#) and the *Strange story of a private asylum*. Of course many of the local mentally ill poor would have ended up in the local workhouse with the local parish only paying for asylum care in the worst cases.

By the way the Archivists in Sutton recently found an interesting photo of Dr Pearn who was a Medical Officer at Horton, see:

<https://pastonglass.wordpress.com/2015/10/20/dr-pearn-knight-of-the-horton-asylum/>

## BOOK REVIEW

### *Madness in Civilization* George Ikkos

Andrew Scull, *Madness in Civilization: a Cultural History of Insanity from the Bible to Freud, from Madhouse to Modern Medicine* (2015) Thames and Hudson. ISBN 978-0-500-25212-3

According to the publisher, Andrew Scull, Distinguished Professor of Sociology and Science Studies at the University of California, 'takes the reader from antiquity to today, painting a vivid and often harrowing portrait of the different ways that cultures around the world have interpreted the seemingly irrational, psychotic and insane'.

128 illustrations are included, many unfamiliar. Some are deeply disturbing: for instance, a photograph of a joyful staff party at Hadamar psychiatric hospital in Germany taken during the early 1940s when these same staff were systematically killing epileptic, mentally ill and intellectually disabled people who had been labelled as 'useless eaters' by the Nazis. 80-100,000 are estimated to have been exterminated, but many psychiatrists involved were able to continue practising after the war.

Other pictures are surprising, such as a colour plate of the once vibrant Battle Creek Sanitarium in Michigan USA in all the splendour of its 15 floors, which went into receivership in the Great Depression. Included also are a number of beautiful prints depicting the mentally ill, including some of the many that Esquirol used to illustrate his *Des Maladies Mentales* (1838).

Although Scull states clearly from the outset that mental illness is not a myth he has dedicated his career to researching and publishing critical histories of psychiatry. Readers can decide for themselves whether such publications are anti-psychiatry or anti-bad-psychiatric-practice. Importantly, in his *Madhouse: A Tragic Tale of Megalomania and Modern Medicine* (2005) he exposed the monstrous American psychiatrist Henry Cotton (1876-1933) who, on the dubious premise that mental illness is caused by germs, travelled the country removing tonsils, teeth and in other ways mutilating patients whose 'cavities' might harbour the origins of madness. This and other stories are rightly included and Scull makes

the point that Cotton was not an oddity but a star of his generation, in Germany as well as the USA. When his practice was investigated, the resulting critical report was shelved by no less a figure than Adolf Meyer.

A key focus of the book is on how madness is not only treated by but also influences different cultures in the portrayal of madness in literature, arts and the movies. For instance, Morel's theory of 'degeneration' was central to the conception, structure and execution of Emile Zola's twenty-novel cycle *Les Rougon-Macquart*. Such influence is not just literary but every-day, well beyond the asylum or consultation room and so psychiatry is inherently a deeply social ideological discipline. For example, he reminds us of the time that psychiatrists deemed that homosexuality was a mental illness and the impact this had on the everyday lives of many people. He also, justly in my view, cautions against the simplistic claims of today's reductionist psychiatrists who advertise that depression is simply a chemical imbalance or who expect to find a full explanation of madness or psychosis in biology.

However, Scull's criticisms are sometimes taken to an extreme or simply academically unfair. For example, Scull tells of the history of ECT, including its abuse, and suggests that its use remains controversial, ignoring the fact that ECT is effective and sometimes life-saving, and he does not discuss sources which oppose his own views. His account of the history of psychoanalysis underestimates the enduring significance of psychodynamic thinking in today's practice of psychiatry including its contribution to hypotheses in the development of neuroscience. The lack of reference to the single most important work on psychopathology - Carl Jaspers' *General Psychopathology* (1913) throws a shadow over any attempt to illuminate and understand the nature and meaning of mental symptoms and mental illness.

In conclusion, although *Madness and Civilization* is a wide ranging and well written book, it is also partial. It provides many telling insights but, from a clinician's perspective, it is only incompletely informed. Such caveats notwithstanding, I would recommend it as reading for psychiatrists as it will help keep us on our toes and avoid some of the pitfalls of our predecessors.

