

# News and Notes



## History of Psychiatry Special Interest Group Newsletter

Issue 7, Autumn 2018

Eds. Lydia Thurston and Claire Hilton



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HoPSIG

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# Editorial

Lydia Thurston, Co-editor

Welcome to the Autumn 2018 edition of *News and Notes*. It's been a busy summer for HoPSIG. In June we hosted a session at the RCPsych International Congress in Birmingham. Our speakers were Claire Hilton, Helen Killaspy and Thomas Craig, all of whom presented talks encompassed by our session title, 'The myths of deinstitutionalisation'. Thanks to all of you who attended, there was a great turnout and we have eagerly submitted our proposal for next year's Congress. We also worked with the Royal Society of Medicine on their conference on Kraepelin, and some of us were privileged to unwrap various archives which have recently returned to the College from off-site storage. We are participating in planning ways to enliven the RCPsych foyer, and our proposal for a Historian in Residence post for the College is advertised [here](#).

We have also just heard that the College will be funding the Archives Department project to hold a witness seminar ([see 'What is a witness seminar?'](#)) in late 2019. ***Did you work in a psychiatric hospital in the 1960s? If so, please let Claire Hilton [claire.hilton6@gmail.com](mailto:claire.hilton6@gmail.com) or Francis Maunze [francis.maunze@rcpsych.ac.uk](mailto:francis.maunze@rcpsych.ac.uk), with the name of the hospital. We would love to hear from you if you would like to participate in the seminar.***

We have had a lot of fun putting this issue together. We hope you enjoy reading our runners' up submissions to last year's memoir competition, by Deepa Parry-Gupta and Hugh Jolly. Richard Mindham has written about Sir Clifford Allbutt, inspired by his correct answer to last edition's quiz. David Jolley reflects on the concept of 'work as therapy', reminiscing on how this was practised at St Wulstan's hospital in Worcestershire. He is keen for anyone who is interested in researching St Wulstan's history to get in touch with him.

Our College archivist, Francis Maunze, provides us with an update from the archives and puts out a request for more information on two wooden RCPsych crests which have recently been retrieved from off-site storage. Please get in touch with us if you know anything about their provenance. Claire

Hilton also reveals two more treasures from the archives in the form of portraits of Freud and Wagner-Jauregg.

This issue also contains a review of two podcasts chosen from an online series produced by Rab Houston, Professor of Modern History at the University of St Andrews, as well as a review of *The Dark Threads* by Jean Davison, a fascinating autobiography describing the experience of psychiatric care in West Yorkshire in the late 1960s. Indeed, this whole newsletter has a Yorkshire thread running through it.

Upcoming dates to put in your diaries include a half-day workshop at the Royal College on Wednesday 20 March 2019. We'd also like to bring your attention to the British Society for the History of Medicine (BSHM) 2019 congress in Bristol next September. One of the themes is the history of mental illness and disability, and the call for abstracts is in January 2019. Keep an eye on our events page or the BSHM website (<https://bsh.org.uk>) for more details. Don't forget to send in the picture quiz answers, by 30 November 2018.

Lastly, please write for us! Tell us about any history projects you are doing (we know that some of you *are* busy recording, filming and analysing our past); write a review on any relevant history books, films, websites etc; or send us pictures and articles about history of psychiatry events, ideas or activities. The copy date for the next issue is 31 January 2019. We look forward to hearing from you. Please send your submissions and quiz answers to [claire.hilton6@gmail.com](mailto:claire.hilton6@gmail.com).

## Article

### **Sir Clifford Allbutt: physician, educator and Commissioner in Lunacy**

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Sir Clifford Allbutt was one of the most distinguished physicians to work in Yorkshire. His life and career gives a glimpse of very different eras in medical practice, medical education, research, and in the life-styles of successful doctors. He was a physician who had a sustained interest in the care of the mentally ill and promoted teaching on their care to undergraduate medical students.

Clifford Allbutt's father was the Vicar of Dewsbury and he was born in the vicarage there in 1836. He had many medical relatives and his family was acquainted with the intellectual circles of the West Riding of Yorkshire. He was initially educated privately, but at fourteen went to Saint Peter's School, York. His education emphasized the classics, modern languages, and mathematics but was weak in the sciences. He entered Gonville & Caius College Cambridge, initially reading classics, but switched to the recently established natural sciences tripos, graduating BA in 1859. He attended St George's Hospital, London, then at Hyde Park Corner, graduating MB BChir in 1861. As was the custom in those days he travelled to Europe where he observed the practices of Duchenne, Charcot, Trousseau and Raynaud among others.<sup>1</sup>

In 1861 he returned to Yorkshire and began practice as a physician. In 1862 he was appointed physician to the Leeds House of Recovery; in 1864 assistant physician to the General Infirmary at Leeds and elected to the

Council of the Leeds School of Medicine; and in 1874 physician to the General Infirmary. He lived in Virginia Cottage which later became part of the student residence Lyddon Hall and is now a part of the University campus.

After almost thirty years in Leeds, in 1889 he was appointed Commissioner in Lunacy which is thought to have arisen through his friendship with Sir James Crichton-Browne, superintendent of the West Riding Asylum for Pauper Lunatics at Wakefield, his work at the asylum as a medical consultant and as a member of the Committee of Management.<sup>2 3</sup> He also served on the Building Committee for the third West Riding Pauper Lunatic Asylum at Menston which opened in 1888. He has been seen as part of a 'Golden Triad' of influences in the development of psychiatry in Britain in the mid-nineteenth century. These influences were: the Retreat at York in demonstrating the benefits of 'moral therapy'; the work of Crichton-Browne at the West Riding Asylum at Wakefield in integrating clinical practice, training of personnel, research into mental illness and studies of brain function; and Allbutt himself in promoting the integration of the management of mental illness into medical practice at large and the teaching of clinical and theoretical aspects of mental illness to students in the Leeds School of Medicine.<sup>4</sup> When he moved to London, he established a consulting practice alongside his asylum work.

In 1890 Allbutt gave evidence to the Committee set up by the London County Council to enquire into the desirability of setting up a 'hospital' for mentally ill people which would parallel the changes in acute hospitals for the physically ill in introducing facilities to investigate and treat patients in a

<sup>1</sup>Anning ST, [1980] *The History of Medicine in Leeds*. Leeds, WS Maney & Son, Limited. pp 188-9.

<sup>2</sup> Mindham RHS, [2013] The West Riding of Yorkshire Pauper Lunatic Asylum at Wakefield. *Friends of the College Archives Newsletter*, [RCPsych], 10: 2-4.

<sup>3</sup> Ashworth AL, [1975] *Stanley Royd Hospital. One Hundred and Fifty Years. A History*. Wakefield, Wakefield Area Health Authority.

<sup>4</sup> Rollin HR, Reynolds EH, [2018] Yorkshire's influence on the understanding and treatment of mental illness in Victorian Britain: The golden triad of York, Wakefield and Leeds. *Journal of the History of the Neurosciences* 27: 72-84.

multidisciplinary setting.<sup>5</sup> <sup>6</sup> Advances in the treatment of physical illness arising from scientific studies had not extended to the treatment of mental illness. He spoke in favour of such a development: *'It is, I think, very desirable that a hospital should be established for the study and curative treatment of insanity.'* He reported to the Committee that students of medicine in the Yorkshire College, a part of the federal Victoria University, received instruction in mental diseases. Teaching was by a combination of lectures and visits to the West Riding Asylum at Wakefield.

To considerable surprise, in 1892 he was appointed Regius Professor of Physic at Cambridge and subsequently re-joined his old college. At the time of his appointment the discipline of medicine was not well established in the University of Cambridge, nor was there a close relationship between the hospitals and the university. Indeed the rôle of the Regius Professor, apart from giving occasional lectures, was unclear. For many years the medical staff of Addenbrooke's Hospital refused to offer him an appointment or clinical facilities possibly because they resented the appointment of an outsider. It was eight years after his appointment as Regius Professor that he was elected physician to the hospital.

Allbutt was essentially a clinician. He was however influential in the development of medical education, the integration of science into medical training and practice, the provision of laboratories in hospitals, and the development of research in clinical medicine including the establishment of academic clinical units. He emphasised the need for doctors to be broadly educated as well as learning the practical aspects of medical practice. He drew the important distinction between medical education and medical training. He made major contributions to clinical medicine which included the recognition of essential hypertension, the development of the clinical thermometer and the use of the ophthalmoscope in general medical practice. He demonstrated the

usefulness of the ophthalmoscope in the examination of patients in the asylums of the West Riding.<sup>7</sup> He wrote several medical textbooks which summarised established knowledge, included his own wide experience. He wrote extensively on the history of medicine.

Allbutt delivered many named lectures, served on numerous committees, travelled the world as an elder statesman of British medicine, served on the new Medical Research Council, and was acquainted with prominent members of the profession throughout the English-speaking world and beyond. Civil distinctions including appointment as Deputy Lieutenant of the West Riding, honorary degrees and prestigious appointments were bestowed upon him and he made a substantial fortune from his medical practice. Accounts speak of the breadth of his accomplishments, his kindly manner, his dignified bearing, his elegant style of dress and his eloquence in delivering lectures and addresses.<sup>8</sup> His appointment as a Commissioner in Lunacy shows the kind of individuals chosen for this appointment rather than the requirement of particular expertise.

He died in 1925 having enjoyed good health for most of his life. Sir James Crichton-Browne spoke at the unveiling of a plaque to his memory in Cambridge. Maybe his longevity reflected his abstention from tobacco and his moderate use of alcohol. He was a man before his time in many respects and recognised the need for the care of the mentally ill to be advanced.

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

<sup>5</sup> Burdett HC, [1891], *Hospitals and Asylums of the World. Their origin, history, construction, administration, management and legislation*. Volume II. Appendix 1, pp.159-242. London, J & A Churchill, the Scientific Press.

<sup>6</sup> Carter, R Brudenell, (Chairman) *Report of the Committee of the London County Council on a Hospital for the Insane*. 30 January 1890.

<sup>7</sup> Anning ST, Walls WKJ, [1982] *A History of the Leeds School of Medicine. One and a half Centuries 1831-1981*. Leeds University Press. p 67.

<sup>8</sup> Bearn AG, [2007] *Sir Clifford Allbutt. Scholar and Physician*. London, Royal College of Physicians.



# Article

## Work as therapy: a reminder from the fields of Worcestershire

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Dawn Brooker has created a vibrant and proactive department of [Dementia Studies at the University of Worcester](#). Its success has been based on a preparedness to embrace a range of interests and approaches and to generate involvement from people of all walks and interests, including historians.

Near Worcester, the former [Powick](#) psychiatric hospital, innovative at some times and controversial at others, played a big part in sharing with a bewildered and unbelieving wider world of the 1960s, the [conditions in which patients lived out their lives](#).

Listening to a history of psychiatry talk in Worcester, I found myself reflecting on the smaller [St Wulstan's Hospital](#). Its Medical Superintendent, Dr Morgan, came to Manchester during the 1970s to describe his work amongst patients with long-term mental disorders, who had spent many years in hospital. Like Manfred Bleuler (1903-94), who had shared details of his formative years with an audience at the Maudsley Hospital, Morgan lived as part of the community which was the hospital and grew close to the resident patients and their families, gaining a special understanding and empathy for their condition and circumstances.

Dr Morgan and his nursing colleague AJ Cheadle wrote a series of papers about life at St Wulstan's and its successes based on the enlightened use of work and other engaging activities in unlocking people's potential from the grip of psychosis and institutionalisation<sup>1, 2, 3, 4</sup>. Despite this powerful evidence of the effectiveness of their regime, St Wulstan's and much of its learning was to be swept away in the enthusiasm for care in the community and the [determination to close all mental hospitals](#)

I had been impressed, when working as a visiting medical student to Severalls Hospital

near Colchester, in 1967, by the programme of graded work, established by the Physician Superintendent Dr Russell Barton, to counter the effects of institutionalisation<sup>5</sup>. Later I was to see the complex of sheltered work opportunities created in Bristol by Donal Early<sup>6</sup>. At Cheadle Royal Hospital, where I took on patients from 1975, Dr Bill Wadsworth founded a company where patients worked as part of their therapy and produced paper hats and other items for Christmas and party celebrations<sup>7</sup>.

There is an international acceptance that involvement in work is good for everyone and most particularly for people with continuing symptoms of serious mental illness<sup>8</sup>. Sadly this wisdom seems to have been forgotten or maliciously ignored, though some would say it was misguided<sup>9</sup>.

In a recent study of the characteristics and circumstances of patients admitted to psychiatric wards or supported by community mental health teams in Greater Manchester, we find that very few of either group are employed<sup>10</sup>.

The Chief Medical Officer Professor Dame Sally Davies drew attention to the importance of work for mental health, and to the low employment rate amongst people with chronic psychotic conditions, in her Annual Report 2013<sup>11</sup>. Chapter 10 (pp 157-178) of that report addresses the evidence for work as therapy and urges that work status be recognised as essential to a mental health profile.

Memories now closeted in a beautiful Worcestershire nature reserve may serve as reminders and guides to bring back something good which has been lost.

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Former medical superintendent's house at Powick



Plaque on 'The Crown', the local pub

## Article

### Thomas Laycock (1812-1876): Medicine, Mind and Mental Diseases

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Thomas Laycock

(Permission of the Royal College of Physicians of Edinburgh)

### Introduction

Among the extraordinary group of Yorkshire-born or based physicians who advanced our understanding and treatment of mental diseases in 19<sup>th</sup> century Britain — Daniel Hack Tuke (1827-95), Henry Maudsley (1835-1918), John Hughlings Jackson (1835-1911), Thomas Clifford Allbutt (1836-1925), James Crichton Browne (1840-1937), and Thomas Laycock (1812-76) — Laycock was the most influential and pioneering of that era, but the least recognised or acknowledged in our own time. Laycock, the senior of the group, exerted his influence through educating the others, and through his own remarkable achievements, which I will outline.

### Early career: York

Thomas Laycock was born in 1812 in Wetherby, the son of a Wesleyan minister. At the age of 15 he was apprenticed to a

surgeon, Mr. John Spence of Bedale, before proceeding to London to study medicine at University College from 1833-1835, including a session at La Pitié in Paris in 1834 under Jacques Lisfranc and Alfred-Armand-Louis-Marie Velpeau. He returned as resident medical officer to York County Hospital from 1836-39. He then travelled to Gottingen in Germany where he graduated MD *summa cum laude* before returning as a general practitioner to York. In 1842 he was appointed a licentiate of the Royal College of Physicians in London and, in the same year, physician to York Dispensary. In 1844 he became statistical secretary to the British Association for the Advancement of Science and in 1845 lecturer in the Theory and Practice of Medicine at the York School of Medicine.

### **Early publications**

From early in his career Laycock wrote prolifically on all aspects of medicine, including public health and forensic medicine, as well as the application of statistics, but his most abiding interest was in the nervous system and its relationship to psychological phenomena. In 1840 he published two books, *A Treatise on the Nervous Diseases of Women* and *An Essay on Hysteria*, both later appreciated by his younger colleague, Jean-Martin Charcot (1825-93), in Paris. In 1851 he translated, for the Sydenham Society, JA Unger's *The Principles of Physiology* from German and Georg Prochaska's *A Dissertation on the Functions of the Nervous System* from Latin, both of which reflected his interest in psychophysiology and mental diseases.

### **The reflex functions of the brain**

In 1844 Laycock presented, at the British Association for the Advancement of Science meeting in York, his original theory, based on his own and other clinical observations, that 'the brain, although the organ of consciousness, was subject to the laws of reflex action, and in this respect it did not differ from the other ganglia of the nervous system'. Hitherto the concept of reflex action at spinal cord level had been developed by Robert Whytt (1714-66), Georg Prochaska (1749-1820) and Marshall Hall (1790-1857) and others, based on experimental studies in lower species.

Laycock's application of this theory to the brain was revolutionary and opened the door to 'unconscious cerebration' and a new

approach to the emerging relationship between brain and mind, previously largely the province of philosophers and theologians. His theory also opened the door to psychodynamic mental function through which Freud and others, but not Laycock, later passed. Throughout, Laycock makes it clear that his approach opened the way to an understanding of insanity, examples of which he had already described in his two 1840 books.

### **Professor of medicine in Edinburgh**

In 1855 Laycock successfully applied for the chair of the Practice of Physic in Edinburgh. He was the first Englishman to hold this post, the most prestigious chair of medicine in the UK. Barfoot (1995) described this remarkable and unlikely achievement, but no comprehensive biography has been written about Laycock himself.

In those days university professors were not appointed by an academic committee, but by the Provost and Town Council of the City of Edinburgh, all 33 of them. It was therefore a political as well as a professional process. He was up against two strong Edinburgh candidates, John Hughes Bennett (1812-75) and Alexander Wood (1817-84), as well as Scottish and religious tradition. In the first round of voting Laycock was one vote behind Wood, and Bennett was eliminated. In the final vote, Laycock on 17 was just ahead of Wood on 15, with one abstention. Although he only just succeeded, in retrospect he was clearly the best candidate. It seems he was not well received by some of his Scottish colleagues, who resented his appointment.

### **Teaching: Medical psychology and mental diseases**

In Edinburgh, Laycock was responsible for the formal teaching of general medicine to medical students, a syllabus which took two years for the students to complete. His unique achievement, however, was to initiate informally in 1859 the first ever university course on medical psychology and mental diseases. He defined medical psychology as 'The science of the relations of the body and mind of man'. He considered it the highest division of that group of sciences which deal with life and its phenomena. He added: 'It must ultimately be required in the interests of society and of all students seeking general culture or entering the learned professions. No such science is possible except by the



observation and study of morbid mental states'. He insisted that the intelligent observation of mental disease must constitute the chief, if not the best, foundation of any system of mental science.

Naturally Laycock was anxious for his students to have asylum experience, but this was initially refused at the Edinburgh Asylum and so he took them to a private asylum at Musselbrough. By all accounts, his teaching of this, his most passionate subject, was the most popular with students, many of whom became asylum medical officers or superintendents or neurological physicians. In Edinburgh the first lecturer in mental diseases was only appointed in 1879, three years after Laycock's death. The first chair in psychiatry in that university was not until 1919.

### **Mind and brain**

In 1860, five years after arriving in Edinburgh, Laycock published his *magnum opus*, *Mind and Brain*, in two volumes. Its subtitle, 'The correlation of consciousness and organisation: with their applications to philosophy, zoology, physiology, mental pathology and the practice of medicine', indicates that it was more than a discourse on mind and brain, although that was the central theme. He had worked on it for over 20 years, mostly in York, its origins being found in his 1840 books. Laycock's knowledge of all the sciences and philosophies of his day, especially as they related to life, organisation, the nervous system, consciousness and mind was encyclopaedic. He took an evolutionary view of the universe, matter, 'force' (energy), life and nervous systems, before Darwin published *On the Origin of Species* (1859) but without Darwin's theory of natural selection: brain and mind were the highest achievements of evolution just as mental science was the highest science. Mental science was linked to physics through biology and the laws of life. Space permits discussion of only a few of Laycock's observations, concepts and speculations.

Laycock saw the brain as that which had been adapted by evolution, and mind as that which is now adapting the planet and therefore evolution, a view which seems plausible today and has been more recently promoted by others (such as Pierre Teilhard de Chardin, Brian Cox and Colin Renfrew) without acknowledging Laycock. He claimed to have

been the first to separate mind from consciousness: 'In 1837 — it was the general opinion in this country that mind and consciousness were identical. This doctrine I controverted'. For Laycock consciousness was awareness.

He was very dismissive of metaphysical speculations about the mind. He defined mind variously as follows: 'An agency in man distinct from matter and organisation, but dependent on organisation (the brain) for the due display of its effects'; 'That which originates motion or wills; perceives the quality of matter; compares the perceptions; thinks'; 'Finite minds could not perceive matter without force (energy)'; 'Finite minds transfer force'; 'The mind of man cannot act apart from and independent of the body'; 'All mental states are reflections in our consciousness of the vital laws and forces'.

Finally, Laycock was teleological in his conception of a universal law of unity, design or adaptation to ends. He stated: 'So called design is only the mode in which the phenomena of creation are presented to our consciousness. There may be no designer. Nor is the human mind the measure or criterion of all things. It is finite in its powers and can only conceive, not comprehend, the infinite'.

### **Family, further honours, and death**

In 1848 Laycock married Anne Lockwood of Easingwold in Yorkshire. They had a son, George, who eventually trained in medicine in Edinburgh, and a daughter, Beatrice, later Mrs. Shirley Boyd, who presented Laycock's collection of papers to the Royal College of Physicians of Edinburgh.

In Edinburgh, Laycock had less time for clinical practice than in York and was mainly consulted about nervous diseases. In 1855 he was elected Fellow of the Royal College of Physicians of Edinburgh and in 1856 Fellow of the Royal Society of Edinburgh. Later he was appointed Physician in Ordinary to the Queen in Scotland. In 1869 he was elected President of the Medico-Psychological Association. He gave his Presidential Address to the Annual Meeting held that year in York, to which we know Hughlings Jackson travelled from London.

In 1866 Laycock had his left leg amputated for a destructive arthritis of his knee joint, possibly tuberculous, as he died of pulmonary

tuberculosis in 1876, in Edinburgh, after a 5-month illness.

### Conclusions

Laycock's election in 1855, as a young physician from Yorkshire, and the first Englishman to adorn the most prestigious chair of medicine, in Edinburgh, was an astonishing achievement; it reflected a growing awareness of his contributions in York to public health and general medicine, especially nervous diseases, as well as his erudition and insights. His theory of the reflex functions of the brain opened a new chapter in understanding human behaviour and mental diseases, including 'unconscious cerebration' and, later, psychodynamic mental function. His evolutionary and psychophysiological approach to mental function was at odds with the prevailing metaphysical theories. By establishing the first university course on medical psychology and mental diseases he insisted on the hitherto neglected medical study of insanity, not only for the benefit of patients but also for culture and society more generally. He inspired a generation of asylum medical officers and neurological physicians, among them Sir James Crichton Browne, Sir Byrom Bramwell, Sir Thomas Clouston, Sir Thomas Lauder Brunton, Sir David Ferrier, John Hughlings Jackson and Sir Jonathon Hutchinson, the last two in York. They all acknowledged their debt to Laycock either personally or more indirectly in the content of their publications. It seems that he who sows the seed is perhaps less appreciated than those who bear the fruit.

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## Memoir

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Memoirs of a psychiatrist: my memoirs are very much in process, many memories to call upon and many yet to make. Although it is mostly individual patients and their stories that have made the most impact on my career, I am going to mainly focus on places and *their* impact.

I'll begin in the early 19<sup>th</sup> century with Richard Scott who worked as a gardener at Fulbourn Asylum in Cambridgeshire and lived there in this family. He worked at Fulbourn as would his son and grandson, George Scott. Many years later the great granddaughter of George Scott embarked on her career in psychiatry as a rather overwhelmed medical student. I too was based at Fulbourn but knew nothing of the coincidences of my family connections. I was introduced to psychiatric history taking and to the mysterious and confusing DSMIII and ICD9. Psychiatry was not, I decided, for me.

I held on to this view until the end of house jobs when I began to review what I really wanted from my future career.

I found myself on a psychiatry SHO rotation in Sussex. Before my first post began, I thought I would get some experience by doing a two-week locum.

I was expecting a quiet backwater ward where I could dip my toes in the water of psychiatry. I was given a large bunch of keys to the locked ward at the Maudsley Hospital and was fully immersed into acute psychiatry. It was to be the best of starts, for that two weeks, my supervisor was Professor Kerwin and my opposite number was a vastly experienced SHO (or so it seemed to me) who was taking Part I of the MRCPsych exam. Instead of resenting the rather clueless locum, she gave me lots of support and advice and introduced me to Sims' *Symptoms of the Mind*. A number of patients from this time are still clear in my mind.

A few years later found me in West Yorkshire and starting a post based at High Royds Hospital, an old asylum out on the Yorkshire moors. It was here that I had the good fortune to meet the *actual* Professor Sims who

would tell us of his own experiences as a junior doctor at High Royds when all the wards were open and full of patients. He would talk about nights on call in this packed asylum.

When I worked there, many of the wards were long closed and walking around the hospital at night was an unsettling experience. Perhaps I am not being over fanciful when I say the sufferings of the past had soaked into the walls. Having said that, I was also aware that were I confined to an asylum for years, or even for life, perhaps a place situated in enormous grounds opening onto the moors might give me some escape and respite. It has been with sadness that I heard, some years later, that High Royds closed.

The grounds of a hospital – the gardens in Fulbourn and at High Royds, seemed important.

I then had the opportunity to spend a few weeks at The Retreat in York, a hospital founded with more compassionate values, by the Rowntree family. Again, there were beautiful grounds where patients and staff could wander. There were quiet spots where you could sit and watch baby rabbits near (but not too near!) your feet. I watched them getting braver and daring to get closer to me and further from their mothers. However, it was a strange situation for them and in a moment, they would flee back to safety.

Amongst the long grass were the simple gravestones of the Rowntree family. This was an asylum, a place where healing was possible. I learned a little about some of the principles that governed it and was able to sit in on a meeting in which patients contributed to choosing the new Hospital Director.

I will stay in the North as I recall another two weeks spent, this time, in a forensic hospital for patients who had learning disabilities. Whilst I was there, I learned a great deal from the amazing staff but also had a chance to look back in time and think about the experience that one young patient had near the beginning of the twentieth century.

I had to write a patient summary for a very elderly patient who died whilst I was there. Following procedure, I looked for 'date of admission'. I searched back through volumes of notes. Clearly the admitting doctor had failed to document the date and reasons for his most recent admission. All I could find was

a date on which a 14 year old boy had been admitted. He was described as being 'sullen and uncooperative' and the description of his parents was blunt. It turned out that this was his date of admission, that this 14 year old boy had spent his life in that hospital. There was no documented evidence of any pathology when he was admitted.

Move with me down to Bristol, where I spent time at a nursing home, reviewing medication and making sense of life times of admissions to asylums until the patients were discharged to the Community, institutionalised and disabled.

Whilst there were some patients who clearly had struggled with a life time of mental illness, most began as young women, admitted with a 'hysterical' reaction to an event. They were to spend their lives in an asylum on ever increasing doses of medication and ECT.

I recall one in particular, whose notes described how as a young woman, she witnessed a man being brought into her home 'in a bleeding and dreadful condition'. She too became 'hysterical' and was admitted to hospital.

I should point out, as I write these memories, that I did also see patients who benefited from psychiatric admission and thoughtful prescribing. There are just some who stay lodged in your memory.

Staying with Bristol and with memories, I recall Blackberry Hill Hospital with wards to which elderly patients were admitted. The planning of the location of these wards had not taken account of patients' memories. Many elderly people who lived locally, remembered this hospital as the Workhouse. When confused, it could seem to them that they had been sent to the Workhouse to die. Many years later, I found myself in North Wales working on an adolescent inpatient unit. This was based in a rather beautiful but ramshackle detached house near the coast.

It was clearly not a building designed for its purpose. An enormous amount of time and effort was put into developing a purpose built inpatient unit. Everything was designed with care, from the stained-glass ceiling panels to the names of the wards which needed to sound good whether in Welsh or English. Eventually we moved in. What did the young people think of this beautiful new space? 'It's

like a fucking hospital' one said, very disgruntled.

More recently I've become interested in how we can make our clinics more 'autism friendly'. I'm still drawn to the idea of gardens and quiet outdoor spaces. Maybe my many greats grandfather does have something to teach me.



Fulbourn, in 2013

## Memoir

**Hugh Jolly,** Retired Forensic Psychiatrist, Sydney, Australia

I suppose it was inevitable. My father passed through the Edinburgh medical school in the 1930s: my grandfather and two great-uncles did likewise around the turn of the 20<sup>th</sup> Century. Growing up as a GP's son in an English county town, well protected from the real world, I knew nothing beyond medicine. So, mid 1960s, I entered the world of my ancestors, and walked the same hallowed quadrangles and corridors. The place was steeped in history.

It was also a hotbed of innovative psychiatric thought, teaching and practice. The anthropology of Morris Carstairs, psychodynamics of Henry Walton and science of John Smythies commingled with Ian Oswald's EEGs and the lecturer who linked dysfunctional potty training with alcoholism.

Young minds bubbled with enthusiasm, and many career decisions were made.

Much earlier, at prep school I had excelled in history and Latin, traced Hannibal's elephants across the Alps on maps, and knew of the Carthaginian campaigns against Rome, both on Italian and African soil. Despite his evident peculiarities, the master concerned captivated his young charge. Outside teaching, he would read stories to the 12-year-olds in the senior dormitory, just before 'lights out': an introduction to PG Wodehouse's anthology of golfing stories *The Clicking of Cuthbert* initiated a lifelong interest in the history of golf.

Moving on to life's next training ground, secondary education, the quest for admission to medical training struck a fork in the road. One path was marked 'science', the second 'arts', the latter a blind alley in the search for the world of medicine. Ongoing, the 14-year-old carried physics as a burden comparable to the mythical Atlas. Latin survived one more year: it was deemed appropriate to assist with medical nomenclature.

Learning science was no fun, nor were the pre-clinical years of my course. But introduced to patients, there was a 'lightbulb moment' best described as 'taking a history'. It was learning the art of giving an anxious and distressed stranger the time and confidence to describe their experiences, present and past. Life changed. Not only did the course become pleasurable, but my golf improved. To the intense relief of all, I graduated.

One half of my residency year was spent as house officer on Ward 3 of the Royal Infirmary, the only locked ward in the hospital, whose primary role was the admission and treatment of overdoses, both deliberate and accidental. The mandate included management of loosely termed 'incidental deliria', homosexuals, and prisoners from city jails. It was an ideal place for a putative psychiatrist. Where else, on a busy weekend evening, would be found five unconscious barbiturate overdoses in a side room, very sick, supported on Bird respirators, a ward full of patients coming to terms with still being alive, and a naked woman swinging from the internal ward doorway, trying to attract attention? Lessons in clinical life were impossible to avoid.



I had earlier joined the military as a senior student, in part to achieve financial independence from home, and been commissioned in the RAF. I was accepted for postgraduate training in psychiatry at a small military district hospital outside Swindon. Teaching and experience was first class, including the Oxford Membership course: but how many of my peers would have been sent abroad, as junior registrars, to retrieve a patient who had survived a cavernous sinus thrombosis and afterwards developed signs of 'severe anxiety'. In fact, the patient had developed an acute paranoid psychosis, a very rare but recognised complication. My job was to negotiate his repatriation, seek nursing support from the UK, and escort him home under heavy sedation. That was fine, until we encountered one of the bumpiest landings I have ever experienced, and he woke up mid-way 'knowing' that the conspiracy against him was real! I learned later he had progressed well, when both affective and cognitive components of his illness were treated. Around the same time, I was medical officer on a detachment to Pisa, when an aircraft accident resulted in the deaths of a British Hercules crew and many Italian paratroopers. The two communities expressed their grief in totally different style, the Italians voluble and overemotional, the Brits quiet and controlled, using alcohol to sedate. It was my first experience of clashing transcultural reactions; more lessons in life were learned.

But what really stirred my interest in the forensic world was a case of alleged shoplifting involving events at two supermarkets, a case which I was assigned during senior registrar training. The accused had sustained a head injury when he fell into a concrete drain after a good night out. Next morning, he went shopping with his wife, when two events occurred, about 20 minutes apart. He had no memory whatsoever of the behaviours alleged, experiencing a post-traumatic amnesia of significantly longer than 12 hours.

The question of 'capacity to form an intent' arose, as did (inevitably) the possibility of the automatism defence. With the support and advice of my senior colleagues, I gave evidence in the witness box regarding this vexed entity, for the defence. Predictably, the Crown Prosecutor was unsympathetic; an

excellent introduction for the future! To the surprise of all, the jury arrived at a verdict of 'not guilty' on the first charge, 'guilty' of the second.

From that time on, I remained fascinated by co-morbid presentations of socially unacceptable behaviour when ordinarily decent, law-abiding citizens acted out under huge personal stress, or in the setting of diagnosable but untreated psychiatric disorder. It was always the homicides which grabbed the headlines, but the community good (and professional satisfaction) which so often flowed from a diversionary program ordered by a stern but empathic magistrate or judge was inestimable. Pitting wits with hostile judge, prosecutor, media and courtroom dynamic was often worthwhile, but never equal to the feelings consequent upon observing a petty offender respond to treatment, re-gain health, and both personal and community respect.

But forensic psychiatry is essentially a subspecialty for the young and intrepid. There comes a time when personal stress levels preparing for court equal, perhaps surpass, the levels of anxiety experienced by one's clientele. The writing is on the wall; other, more tranquil pastures beckon. When my coronary arteries began to narrow, it was time to look around. A long-standing interest in the relationship between medicine and law, touching upon 'legal policy', sparked further questions. I found myself researching and commencing a thesis (in an arts faculty) on the subject of 'Nervous Shock'. Sadly, that project did not come to fruition, a significant intrusion being a cardiac arrest on the golf course – well, it was a bad shot, but not *that* bad.

Resuscitated – there was a cardiologist out for evening golf practice, and a defibrillator in the clubhouse – I underwent coronary artery grafting a week later. (Memo to colleagues: after such experiences, do not return to work too early. Double the time you first thought of.) Fortunately, my brain was not full of holes like a Swiss cheese, but I was 'different' for quite a while. I wasn't capable of the necessary academic application, and unwilling to risk my established professional reputation, so retirement called. That was 10 years ago.

On the anniversary, just a few days ago, I stopped to reflect and review. My interests in

history have been rekindled. Firstly, during my academic encounter, I had encountered the 1880s Victorian legal case of *Coultas*<sup>1</sup>, involving the near destruction of a 'horse and buggy' negligently allowed to cross a railway line just ahead of an oncoming train. There was no physical collision or contact, simply terror inflicted; Mrs Coultas sustained severe shock and suffered a miscarriage. The case 'got up' in the Victorian Supreme Court, and would have been the first 'pure' nervous shock recorded in legal history, had it not been overturned by the Privy Council in London. Of course, 'policy' issues were cited (the 'floodgates' concern is another story). Ironically, winning the case locally set back the cause of 'pure' psychiatric injury in Australia for over 50 years.

We come full circle, almost. Researching forensic history in Australia I encountered the ANU (*Australian National University*) website Trove, an absolute phantasmagoria of information flowing from digitised newspapers covering 150 years. In an idle moment, I learned it was possible to trace the early history of club golf in this country in the most minute and entertaining detail: so, the 'pig in mud' syndrome has set in, an incurable ailment. The television has been banished.

The penultimate thought belongs to my father: once explaining why he seldom attended the cinema, he responded 'there are better stories in an evening surgery'. He was right, of course. My teenage doubts and continuing quest have ended with the certain knowledge that the career decision to pursue medicine rather than history was correct, despite the siren call of temptress Trove.

## Reference

1. *Victorian Railways Commission v. Coultas*. [1888] 13 AC 222

# Archives and artefacts

## College Archives Update, Francis Maunze, Archivist

The Archives recently received a donation of personal papers of Professor Philip Seager (1926-2011) who was the Director of the NHS Health Advisory Service, 1987-91<sup>1</sup>. The Archives welcomes donations of personal papers since they supplement and compliment the current collection of mainly institutional records.

The Archives in collaboration with HoPSIG will be holding a witness seminar<sup>2</sup> next year. It is hoped that the seminar will generate interest in the establishment of an oral history programme for the College.

1. Alec Jenner and Gethin Morgan, 2012. Professor Phil Seager. *BJPsych Bulletin*, 36; 276-277

2. What is a witness seminar? The History of Modern Biomedicine, Queen Mary University of London,  
<http://www.histmodbiomed.org/article/what-is-a-witness-seminar.html>

## We need your help!

### College crest: when and where and for what purpose?

Two wooden RCPsych crests were among the archives retrieved from off-site storage in 2018.

The picture below shows one propped on a chair, which gives an idea of size. Below that is a close-up of a signature which looks like 'Gledhill 78', and another on the back of the crest giving details of the company which made it, TR Blurton.



Please contact

[francis.maunze@rcpsych.ac.uk](mailto:francis.maunze@rcpsych.ac.uk) if you can tell us more!

## In the College Archives ...

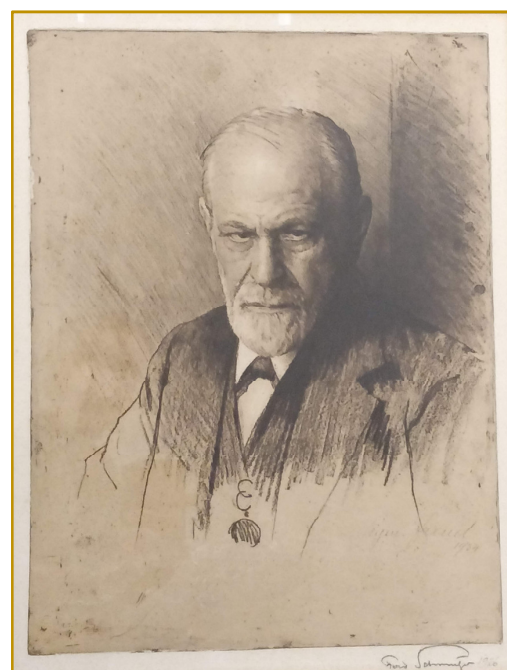
### Bubble wrapped: Sigmund Freud and Julius Wagner-Jauregg

Claire Hilton

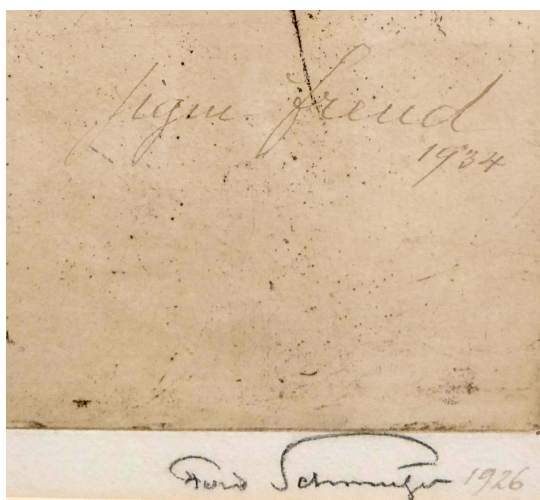
For many years, due to lack of space in the RCPsych Belgrave Square building, many archives were stored off-site. Some only returned to College premises in February 2018, allowing us to peel back the bubble wrap protecting them, to reveal some fascinating portraits. Among them were two almost life-size printed engravings. One was of Sigmund Freud (1856-1938) and the other of Julius Wagner-Jauregg (1857-1940).

#### Freud's portrait

Ferdinand Schmutzer (1870-1928) photographed many of Vienna's high society, including Freud, Albert Einstein, Richard Strauss, Ludwig Wittgenstein, Arthur Schnitzler as well as the Emperors. From some photographs, Schmutzer also created engravings and prints. Freud signed this one and dated it, 1934. The artist's signature is dated 1926. The most likely origin of the two dates is that the original photograph was taken in 1926, and Freud added his signature when he gave it as a gift in 1934.







### Wagner-Jauregg's portrait

The other picture, of Julius Wagner-Jauregg is not dated, but is inscribed:

'Herrn Dr Erwin Stengel

Zur Erinnerung an langjährige gemeinsame Arbeit

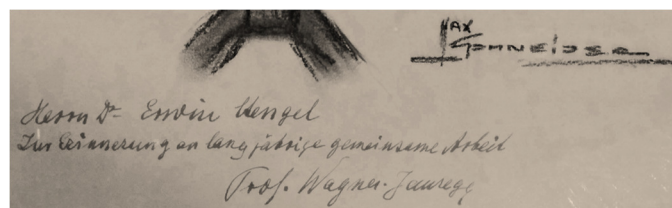
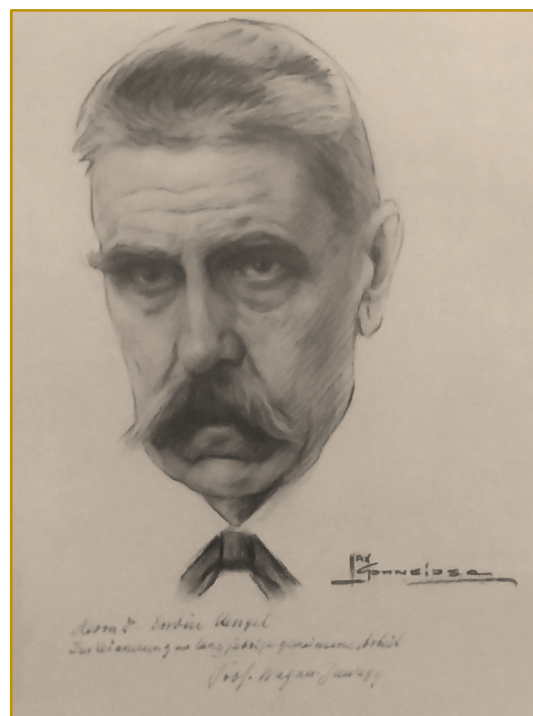
Prof Wagner-Jauregg'

The middle line translates: 'In remembrance of many years of working together'

Wagner-Jauregg was a controversial figure in psychiatry. In a biographical sketch, Lilly Shaw and Robert Shaw noted that his politics and personal attitudes were 'hardly laudable, and some might say even unsavoury', and although his degree of support for Nazi doctrines was uncertain, he backed many of their eugenics policies. He came into conflict with Freud over treatment of soldiers with 'shell-shock': Freud recommended a psychoanalytic approach, and Wagner-Jauregg a physical one which included using electrotherapy and the straight jacket.<sup>1</sup> Wagner-Jauregg received the Nobel Prize in 1927 for devising malaria inoculation treatment for General Paralysis of the Insane (GPI, syphilitic insanity). Malaria inoculation was highly dangerous, but GPI was otherwise inevitably fatal.

Several German speakers have commented that the name of the artist, Max Gomneisser (or perhaps Gonneisser, or Gomneissa) did not sound German. I have searched Austrian and UK, art and medical, databases to identify him, without success, and consequently wonder if it is a pen name. Wagner-Jauregg worked on treating syphilis, and I could not but wonder if perhaps the name was a pun on **Neisseria Gonorrhoeae**, the bacterium causing gonorrhoea. In German it was

abridged to 'Gon. Neisser'<sup>2</sup>, the 'Gonococcus of Neisser', after Albert Neisser (1855-1915) who identified it and whose later research included syphilis.



### Erwin Stengel (1902-1973)

Wagner-Jauregg had warmly inscribed his picture for Erwin Stengel, a Jewish Viennese psychiatrist, who fled to England in 1938 as a refugee. Stengel became professor of psychiatry in Sheffield. He was particularly well known for his work on suicide,<sup>3</sup> and his book *Suicide and Attempted Suicide* was published as a Pelican in 1964.<sup>4</sup> Klaus Bergmann<sup>5</sup> was Stengel's junior doctor in the early 1960s, and in an oral history interview in 2004, he recalled:

It was a unit that had great regard for psychoanalytic principles, because Stengel was an analyst, he was also a very distinguished neuropsychiatrist, and he was also an epidemiologist. ... He was also quite terrifying at times. He could be very severe and harsh, especially if he was going away. Being Mr Suicide, he would get frightened



while he was away all his patients would jump out the window like lemmings, thereby discrediting him at all international conferences. ... He was a very fine clinician, and although he knew people like Freud, he'd worked for Wagner-Jauregg, he had done tissue slices for Von Economo, he had an analysis from Schilder, who was perhaps his father figure because Schilder was [also] a neuropsychiatrist interested in localising higher brain deficit, like agnosias of various sorts.

Freud probably gave his portrait to Stengel when a young doctor in Vienna. The pictures of Freud and Wagner-Jauregg have identical frames, and Stengel bequeathed the pair to the College.<sup>6</sup>

I'd be delighted if anyone can correct my speculations and shed light on the identity of the artist who created Wagner-Jauregg's portrait, or has any other information about the pictures.

#### Acknowledgements

I'm grateful to Bryony Davies, Freud Museum London, [www.freud.org.uk](http://www.freud.org.uk), for her advice, Dr Fides Schreur who translated the inscription, and Francis Maunze, RCPsych Archivist, for checking archival sources.

#### References

<sup>1</sup> LBZL Shaw, RA Shaw, 'The pre-*Anschluss* Vienna School of Medicine – the physicians: Sigmund Freud (1856–1939), Julius Wagner-Jauregg (1857–1940) and Karel Wenckebach (1864–1940)', *J. Medical Biography* 2016, 24; 158–168.

<sup>2</sup> J Jundell, 'Reinzüchtung des Gon. Neisser in zwei Fällen gon. Metastase. *Arch. f. Derm. u. Syph.*, Bd. 39, p. 195', as cited in: Harry Culver, 'A study of experimental gonococcal infection in animals', *J. Urology* 1918, 2, 353–368.

<sup>3</sup> FA Jenner, 'Erwin Stengel. A personal memoir', 436–44. In: Berrios G E and Freeman H, *150 Years of British Psychiatry 1841–1991*. Gaskell. 1991.

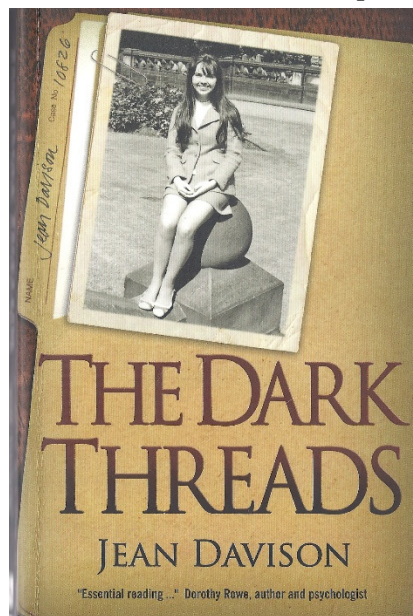
<sup>4</sup> Erwin Stengel, *Suicide and Attempted Suicide*. Penguin Books, 1964.

<sup>5</sup> Klaus Bergmann, interviewed by CH, 2004.

<sup>6</sup> Policy Index, EFCC 16/80,39 (Apr), 1980. RCPsych Archives

## Book review

**Book: *The Dark Threads* by Jean Davison (Accent Press Ltd, 2009, £7.99. ISBN: 9781906373597)**



**Reviewer: R.H.S.Mindham, Emeritus Professor of Psychiatry, The University of Leeds**

This autobiography describes the experience of psychiatric care in the West Riding of Yorkshire by a young woman and the effects it had on her subsequent life. It makes for uncomfortable reading.

Jean Davison came from an impoverished working-class background in Bradford. Her father and brother were bus conductors; her mother a conductress. Home life was disrupted by serious quarrels between them. She was a bright child with consistently good reports of her school work. Her family saw her academic ambitions as pretentious; at school her academic peers saw her as socially inferior. She left school at 15 without taking public examinations, even though she was regarded as fully capable of doing so, and embarked on series of stultifying jobs.

In her teens she developed intense preoccupations with the meaning and purpose of life, the existence of God, her place in society and her prospects for the future. These were accompanied by episodes of depression, tearfulness, phobias, and social withdrawal. She asked her GP if she could be

referred to a psychiatrist. Within the course of a few weeks she had been admitted to High Royds Hospital, Menston, Ilkley and treated first with drugs and then with ECT; both produced many unwanted-effects.

From her account, at no time during the first few months of care was her case fully assessed, or referral to a social worker made. Quotations from her hospital notes suggest that reviews of her case were limited in scope. Her account shows a lack of structure in the hospital regimen, little coordination and cooperation between the disciplines, a host of supposedly therapeutic activities conducted by junior staff, and a mixing of patients with widely differing problems. The day hospital showed a similar lack of organisation. However, during this period there were many examples of individual kindness both from members of staff and fellow patients.

After two years she decided that the diagnosis of mental illness was wrong and determined to stop her medication. She moved to a YWCA hostel, and with social support, gradually improved but only after many crises. Throughout this period, she kept diaries and notes. In later life she married, worked in several jobs and successfully undertook higher education. She had become highly critical of psychiatrists, of their methods of working and of their preoccupation with diagnosis, drug treatments and ECT. She felt that she had not been properly consulted about her care, the diagnostic labels attached to her were wrong, staff had been overbearing and her treatment had been ineffective, deleterious and irrational. Her ordeal lasted from 1968 to 1974.

This is the recollection and testimony of one person but the situations she describes carry conviction. The failure to deliver a professional service at a time when standards were thought to be improving is shocking. This book is relevant to the provision of mental health services today as many of the problems described are not easily or quickly resolved. The author is to be congratulated on her courage and skill in bringing her experiences to general attention. One hopes for improvements in the planning, conduct and delivery of services in the future.

## Book Review

**Subjectivity, Freedom and Michel Foucault's History of Psychiatry: A book review / essay / reflection on:**

**Pinkard, T. (2017) *Does History Make Sense? Hegel on the Historical Shapes of Justice*, Harvard University Press**

Reviewer: George Ikkos, FRSA, Hon. FRCPsych

Hon. Archivist RCPsych and Lead Consultation Liaison Psychiatrist, Royal National Orthopaedic Hospital,  
[Ikkos@doctors.org.uk](mailto:Ikkos@doctors.org.uk)

'Philosophy is its own time  
comprehended in thoughts'

GWF Hegel,

Preface, *Elements of the Philosophy of Right*

### Introduction

Georg Wilhelm Friedrich Hegel (Stuttgart 1770 - Berlin 1831) was a towering figure in philosophy. Pinkard (1), a widely respected US Hegel scholar, concedes that reception of Hegel's philosophy of history has fared badly over time. In part, this is because it shares in the misogyny and racism of the Europe of his time (1). Pinkard asks, 'is there anything to Hegel's philosophy of history other than its 'historical' interest?', and answers (p.3):

I shall argue that there is, and it has to do with what Hegel means by saying that it is 'freedom' taken as 'infinite' - a statement which on its surface is anything but clear - and that this view follows from Hegel's social conception of subjectivity.

This statement is central to the discussion in this review.

In an English-speaking world dominated by 'analytical philosophy', Hegel's 'absolute idealism' versus Anglo-Saxon empiricism and the difficulties of translation from German, combined with Bertrand Russell's dismissive assessment in his influential *History of Western Philosophy* (2), has made Hegel a

marginal, forbidding or denigrated figure for those not interested in what has come to be referred to as 'continental philosophy'. Against this, Pinkard presents Hegel's key formulations about 'spirit', 'idea' ('infinite' or not), 'ends' ('finite', 'infinite' and 'adequate'), 'reconciliation', 'legitimation', 'being', 'essence', 'concept', 'identity', etc., in admirably lucid and persuasive English. I found Pinkard's book a helpful introduction to Hegel as well as to the philosophy of history.

For example, Pinkard elucidates Hegel's 'spirit' as 'social human mindedness' (p.39). According to Hegel, this spirit manifests itself in the dominant 'idea' and institutions of each era and thus takes different 'shapes' during history. Indeed, Hegel is credited with first conceiving history as characterised by eras. It is a task of the historian to study and help make sense of these. Importantly, each era is motivated by different ideas of ethics and develops changeable 'shapes of justice'. In classical Greece, the dominant idea was 'beauty' in accordance to nature, and during the Roman Empire it was 'power' in the service of empire building. In Rome, therefore, the word 'virtus' (i.e. virtue) was derived from 'vir', which meant 'manliness', reflecting the then dominant idea of ethics as linked to the possession and exercise of power.

According to Hegel, Roman focus on the idea of 'power' and the exclusion of those that did not share in it or were oppressed, led to the spread of 'nihilism' (i.e. lack of belief in moral values and a sense that life is meaningless). The reaction to this was peoples' retreat into the 'cultivation of the inner self' associated with the philosophies of Scepticism, Stoicism and Epicureanism and social withdrawal. Nihilism was transcended by Christianity, which offered hope and equality to all before God, but not before each other, nor necessarily in this world. During Hegel's time, the French revolution (1789), ushered in a new era. This new era was predicated on universal equality on earth ('liberté, égalité, fraternité'). Combined with the German peoples' love of freedom, Hegel argued, universal equality found expression in the laws and institutions of the German state of his time. Pinkard explains, however, that Hegel did not see this as the pre-determined, perfect or final 'destination' of history. There is 'freedom' in history.

## Human nature and history

Hegel does not seem to have considered the impact of natural phenomena, e.g. epidemics or ecological changes, on human history. However, Pinkard considers that his 'absolute idealism' is firmly rooted in naturalism. Pinkard explains (p.39):

The animal acts in light of the demands of its genus. Much of what, for example, rabbits do is what they do because they are rabbits. They act in accordance with their genus, they act intelligently, perhaps set plans of a sort, even do something like making choices, but they do not do it self-consciously. Humans act in accordance with their genus, but those actions are self-conscious. The genus of rational animals is, as Hegel puts it, the genus that is aware of itself as a genus.

Pinkard argues therefore that Hegel roots history in human nature, including its subjectivity:

The lion hunts, and the human may likewise also hunt. However, human subjects also desire a reconciled world, one that makes sense to them and in which they have some justifiable standing. They are what they are by falling under an order of thoughts, which they fall under by virtue of bringing themselves under it.

Subjectivity is not bound to finite natural objects and events that we see and touch around us but transcends them in 'the order of thoughts', including, for example, with ideas of god, future, eternity, infinity etc. Subjectivity and spirit are 'infinite', and this offers the possibility of freedom. They provide the foundations for human action and the framework for understanding history. Our choices are not predetermined; we can influence events and change history. Each era will understand and judge history in the spirit of the times: 'beauty' in accordance to nature during Classical Greek times, 'power' in the service of empire building during Roman times and 'freedom' in the service of equality and brotherhood in the Europe of Hegel's times. There is no absolute moral standpoint nor a single correct reading of history; its understanding evolves together with the different 'shapes of justice' formed along the way.

Subjectivity, according to Hegel, is desire. By this he means that it makes us aware of, and drives us forward, in the search for what we lack. In his view, a natural human desire is for 'recognition' of our standing in relation to others. Where subjective desires collide, one may prevail over another through the exercise of power, in what Hegel characterises as a 'master and slave dialectic'; a contest. Hegel does not object to the exercise of power. However, how the 'legitimacy' of power will be judged will depend on the 'unfolding of the human spirit', through the evolution of 'shapes of justice' in history. Whilst the exercise of power is unavoidable, not all power enjoys legitimacy. History is certainly not limited to an account of the facts: that could be called 'chronicling'. Arguably, all historians work in the light of certain ideals which illuminate their approach to their area of study. In this sense, one may be tempted to label the discipline as 'idealist'. However, Hegel's 'absolute idealism' contrasts with the idealism of Immanuel Kant (1724-1804), which aims to judge history from an imagined ideal 'cosmopolitan' future. Kant aspired to a factual, rational and objective discipline of history, 'The view from nowhere', as it has been dubbed (3). Hegel argued that history is always done from the shifting points of subjectivity; the subjectivity of the historian and the subjectivity of the people and period being studied. There is no determinate eternal objective point of view, though he does not espouse the license of arbitrariness in any way.

### **Michel Foucault's *History of Psychiatry* and the 'shapes of justice'**

Turning to the history of psychiatry, Michel Foucault was one of the influential harbingers of the 'new age' of 'community psychiatry'. He was writing when the young baby-boomer generation was demographically flooding western societies. This was a time when these societies were engaged in near mortal combat with communism for the future of humanity, and a time of Christian/social democratic ideas of social solidarity and all sorts of challenges to 'the establishment'. Foucault's *History of Madness* (4) may be seen, in part, as an illustration of Hegel's philosophy of history, though it is not suggested that he set out to offer such an illustration (5). *History of Madness* was a ground-breaking, radical, difficult to read and controversial classic.

Written originally in French and published in 1961, it suffered in its initial translation and editing, and was sharply criticised by Anglo-Saxon historians (6). Foucault responded in kind and, to my mind, got the better of his critics (7). It was published definitively and in full in English only 45 years later. Bracken (8) offers a very succinct and fair assessment for psychiatrists. Restricted to a few sentences, one can only caricature its rich content, which in turns is lucid, scholarly, surprising, complex and obscure.

A main thesis of Foucault appears to be that although there has been a tradition of recognising mental illness in medicine and law since classical antiquity, this tradition played no significant part in psychiatry's professional history until the 'Age of Reason' (in the 17th and 18th centuries). He argued that during this period European societies (his evidence refers mainly to France but also England) undertook a 'great confinement' of 'unreason' (i.e. the poor, prostitutes, homosexuals, criminals and the mad) in institutions. These, late in this period and during the 19th century, evolved into what became recognised as the psychiatric asylums.

*History of Madness* seems to me infused with a Hegelian outlook, in the sense that what Foucault has attempted to capture is the spirit of an 'age' and its consequences, specifically in relation to the history of psychiatry. Furthermore, written in the emerging spirit of his own age, he questioned how psychiatry had evolved. Importantly, Foucault identified with the subjectivity of those confined under the label of 'unreason' and wrote with great moral fervour to denounce what he saw as a 'master and slave' dialectic at the heart of the new medical specialty and what he judged to be psychiatrists' illegitimate domination over peoples' lives. In doing so, he specifically attempted to open the possibilities of freedom for those he saw as unjustly subjugated. Before him, histories of psychiatry were written from the point of view of doctors from an ostensibly objective point of view, confident in the inevitable progress of their specialty. Now, no longer!

### **Conclusion**

The west having defeated communism, millennials have emerged in a very different world from Foucault's generation. They are better educated, and the western world is richer, globally wired and sanctions gay



relationships; but also, in turmoil, characterised by gross social inequalities and marred by constant personal and geopolitical insecurity. Older people comprise a greater proportion of the population than previously, and the impact of this on the young is currently under debate. Social liberalism and democracy have given way to a mixture of libertarianism (for the fortunate, intelligent and rich) and authoritarianism and debts (for the rest). It is fair to say too, that the ideals of community psychiatry have been found wanting in practice and a new era of meta-community psychiatry and mental health may have begun to emerge (9,10). Foucault, along with baby-boomers, globalisation and community psychiatry will therefore be judged in the spirit of this new generation. What this judgment will turn out to be remains to be seen.

Historians, as well as shedding light into the past, help bring into sharper focus our present circumstances and give a glimpse into what our freedom could make our ethical future. As Foucault's *History of Madness* illustrates, Hegel's idea of history as 'freedom taken as infinite' is relevant to the social history of psychiatry too. Not all psychiatrists and mental health professionals have an interest in the history of psychiatry, even fewer in the philosophy of history of psychiatry. If they read Pinkard, however, they may find they might do or, at least, they ought to.

#### Acknowledgment

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## Podcast Review

### [A History of Psychiatry Podcast Series](#)

**Rab Houston, University of St Andrews**

Reviewer: Julian Laverty, FY1, Oxford Health NHS Foundation Trust

Rab Houston, Professor of Modern History at the University of St Andrews, has produced a series of podcasts about psychiatry in Britain during the past five hundred years. There are forty-four podcasts in the first series and I have selected two which were of interest to me to discuss and review.

#### [Madness, Witchcraft, and Religion](#)

The first podcast that caught my eye was 'Madness, Witchcraft, and Religion'. I expected this podcast to cover the varied ways in which we used to (mis)treat not only those who suffered from mental illness but also those who were unlucky enough to be classed as witches. I was not mistaken in this regard, but I was also intrigued to hear Houston suggest that the popularly held belief, that 'witchcraft' and other such labels were used to mean 'madness', may be unfounded.

Houston mentions *Malleus Maleficarum* (1486), a witch-finding manual famously referred to by psychoanalyst Gregory Zilboorg (1890-1959) as an 'excellent textbook of clinical psychiatry', specifically if the word 'witch' were substituted for 'patient' and the word 'devil' removed. Zilboorg seemed to suggest that witch-hunters identified people with mental illnesses, and that it was common to mistake one for the other, the religious fervour of the time perhaps influencing their

perceptions. Houston disagrees with Zilboorg, and mentions that 'historians gasp in dismay and horror', that main-stream psychiatric textbooks still mention Zilboorg's views.

As he delves deeper into the distinction between possession, madness and witchcraft, Houston suggests that people in medieval times could recognise that witches were not 'mad', but believed that they chose to use a dark power to their own 'devious and devilish' ends. In Houston's words, the people were not 'stupid' but merely lived in a different era and drew the boundaries of madness in slightly different places.

The podcast concludes with the interesting topic of historically commonplace religious practices which in today's Western world would probably be considered pathological, namely: self-flagellation (self-harm designed to show devotion to God) and religious fasting or 'anorexia mirabilis' (religious fasting primarily by young women which sometimes resulted in death). Houston suggests that these were quite common, distinct from deliberate self-harm and anorexia nervosa as we know them today, and, crucially, 'in tune with the religious norms of their age'.

The podcast delivers its point well and I found Houston's perspective refreshing: he shows a respect for the common folk of the past and a slight disdain for the way we, as clinicians, undervalue their perspective. It certainly presents some robust challenges about what has become popular thought.

## **Film**

In a later podcast, simply titled 'Film', Houston looks at the history of psychiatry in film, poised to delve into the rich variety of cinematic representations of psychiatry throughout the broad history of cinema. This is an ambitious task for a 13-minute podcast: our historical podcaster only manages to address three films and spends the vast majority of his time (perhaps predictably) discussing *The Madness of King George* (1994). Some background to George III is provided, but most interestingly, the podcast addresses the recent change in opinion about his diagnosis, from acute porphyria to manic depression (bipolar affective disorder).

The first of the other two films is *The Cabinet of Dr. Caligari* (1920), which is mentioned very briefly as an early filmic depiction of a horror-psychiatrist. It is a film which very few

people today have seen. More time is spent on the acclaimed and widely viewed *One Flew Over the Cuckoo's Nest* (1975), which no conversation on psychiatric cinema could ever dare to neglect. Houston places this film in context by mentioning some of the key influences on the author, Ken Kesey. He mostly speaks about the original book rather than the film itself, but this is reasonable as the book's themes translate to the film closely enough.

As a film lover I found myself slightly disappointed that so few films were mentioned from the wealth of available cinema, and that Houston has focused entirely on films representing the darker side of psychiatry, although this may present a more dramatic theme for horror stories and authoritarian critiques. To conclude the podcast, Houston mentions recent television documentaries in which celebrities, notably Stephen Fry, have spoken openly about their experiences of mental illness. He discusses the influence that public figures with mental health problems have, particularly with respect to King George III, on our collective understanding of mental illness.

In summary, whilst a little light in terms of films, Houston does place psychiatry in the context of recent film literature, but he is hugely limited by the available time and manages only a glancing blow to the surface of psychiatric cinema.

## **Conclusions**

In conclusion, I enjoyed these podcasts. They covered a wide variety of topics throughout the history of psychiatry and even though I sampled only two of the forty-four available in series one (and series two is even larger), I found that I learnt something intriguing and engaging from each. They are compact, at around ten to fourteen minutes each, and so are accessible and easily digestible. With such a deep variety of podcasts to choose from they could consistently provide a short knowledge injection to a lunch break, commute or an evening run, especially if you are intrigued by psychiatry and its history, or just the history of medicine more broadly.

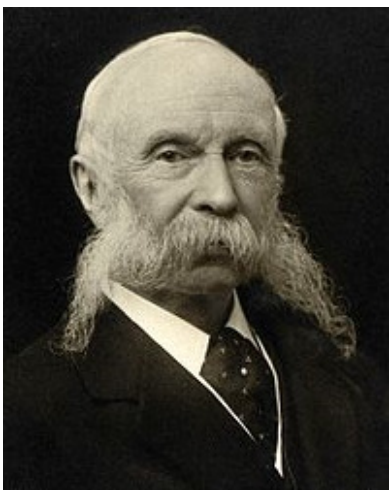
# Picture Quizzes

## Quiz 5 answer

Question: *Who are these two 19th century collaborators on mental diseases and where did they collaborate?*



Sir Thomas Clifford Allbutt (1836-1925): a distinguished physician from Yorkshire and later Professor of Medicine in Cambridge. (Reproduced with permission of the Master and Fellows of Gonville and Caius College, Cambridge)



Sir James Crichton-Browne (1840-1938), Director of the West Riding Lunatic Asylum, Wakefield from 1866 to 1876.

Between them, Allbutt and Crichton-Browne established the Leeds-Wakefield axis for teaching and research in mental diseases. Both were knighted by Queen Victoria. Both were Commissioners in Lunacy.

## Reference

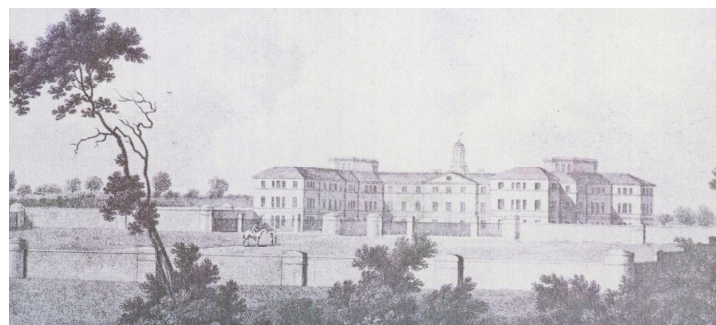
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Many thanks to Professor RHS Mindham for sending in his answer, and for providing questions and illustrations for the next quiz.

## Picture quiz 6



Acknowledgement: Wellcome Collection; CC BY licence.



Acknowledgement: RCPsych Archives

**Question: Where are these two buildings and what do they have in common?**

Answers to [claire.hilton6@gmail.com](mailto:claire.hilton6@gmail.com), by 30 November 2018

## Dates for your diary

**30 November 2018: Quiz answers**

**31 January 2019: Newsletter submissions**

**20 March 2019: Half-day history of psychiatry workshop, RCPsych**

**Witness Seminar: Late 2019, date to be confirmed**