

the moon's phase affects behaviour remains a persistent superstition. Recent studies (Little *et al*, 1987; Durm *et al*, 1986) have failed to demonstrate any relationship between lunar phase and disruptive behaviour in mental hospitals. It has been argued that historically, when such beliefs were most prevalent, the moon may have had a greater effect on behaviour, since in the absence of domestic and street lighting, its significance as a photic stimulus would have been greater (Campbell & Beets, 1978). No published studies have included data from such historical periods.

Using escapes from Bethlem Hospital between 1690 and 1790 as episodes of disruptive behaviour among confined 'lunatics', I examined the relationship between them and lunar phase. Examination of the registers of admission to the curable wards at Bethlem between 1690 and 1790 revealed 120 escapes whose data were recorded. Wherever possible, minutes of the meetings of the Court of Governors of Bethlem and Bridewell were used to confirm dates of individual escapes. Using tables of new and full moons for the period, each of the escapes was allocated to a particular day of the synodic lunar cycle (the period between full moons; 29.5 days). The distribution of escape frequency throughout the lunar cycle was tested for departure from randomness using the Pearson Chi-squared test. There was no significant relationship between escape and phase of the moon, escapes were distributed randomly throughout the lunar cycle. Bethlem Hospital at this time, despite major structural imperfections in the building and its walls, was a secure establishment from which escape was a rare and difficult event.

Contemporary studies of psychiatric hospital absconders have shown that they are predominantly male, young, compulsorily admitted, and have a discharge diagnosis of schizophrenia (Tomison, 1989). Successful 18th century escapees might then, as today, have been some of the most disturbed patients; their escape dates thus pinpointing periods of acute lunacy. Escape might also have been an indirect index of psychiatric disturbance: while the mad-house keepers were occupied restraining the most disturbed, the way might be clearer for others to make their escape. John Haslam noted in 1809: "It is an odd opinion and continues still to prevail, that maniacs are influenced by the changes of the moon". Haslam was keen to debunk the notion of planetary re-gency, and kept himself, for a period of two years, a register of behaviour of patients at Bethlem from which he found no evidence of lunar influence. He reported that, rather than the inmates, it was staff who were: "so much under the dominion of this planet . . . that, without waiting for any display of increased turbulence on the part

of the patient, he had bound, chained, flogged, and deprived these miserable people of food, according as he discovered the moon's age by the almanack" (Haslam, 1809). It is depressing to discover that almost a century and a half later, in 1936, a visitor to an insane asylum in the West Indies was told by one of the guards that the patients were easy to handle, except at the time of the full moon "when special precautions have to be taken in order to restrain them" (Oliven, 1943). Indeed, lunar beliefs still remain prevalent among those caring for the mentally ill; 74% of nurses working in one psychiatric setting believed that the moon affects mental illness (Rotton & Kelly, 1985). Continued widespread belief in the effect of the moon on psychiatric patients shows the potency of prejudice and ill-founded beliefs in their care.

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Admission decisions in an adolescent unit

DEAR SIRS

Inter-agency functioning is highlighted by the account of the professionals' difficulty around a suicide-threatening adolescent in a Manchester headteacher's office given by Dr Sutton and by the comments of Drs Modell and Kaplan, and Messrs

Russell and Burrows (*Psychiatric Bulletin*, April 1989, 13, 193–196).

Dr Modell writes of the “tension and confusion between general practitioner, hospital doctor and social worker” . . . and the other commentators advocate a meeting and assessment involving all these people as well as teachers and family.

Norris Hansell (1967), a protégé of another Manchester man Gerald Caplan, described “screening linking planning conferences” to bring together all the professionals involved with a person considered to be at risk of institutionalisation, including even bringing in judges by telephone.

We advocated (1973) such a meeting of professionals before admission decisions were made and we continue to practise this.

If professionals get together in this way it seems more likely that the multi-disciplinary action will be one which each will be prepared to support.

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Elizabeth Gaskell

DEAR SIRS

I am indebted to Dr Digby Tantam (*Psychiatric Bulletin*, April 1989, 13, 186–188) for re-awakening my long-standing interest in the redoubtable Gaskell family, and in particular in Samuel Gaskell's sister-in-law, Mrs Elizabeth Cleghorn Gaskell, novelist and biographer.

She was, in fact, closely related to other members of the medical profession. Her uncle, Dr Peter Holland, a respected and successful GP in Knutsford, gave her away at her wedding there in 1832. It is more than likely that Mr Gibson, the doctor in *Wives and Daughters*, was modelled on Uncle Peter. His son, in turn, was the distinguished and fashionable Sir Henry Holland, Queen Victoria's and Prince Albert's personal physician.

But of greater importance to the medical historian are the glimpses she gives in her novels of the socio-economic diseases of the period of which she writes. Life is cheap. Alcoholism and prostitution are rife. Cholera and typhus are commonplace. Women die in childbirth. And she reveals in harrowing detail the prevalence of opium addiction. John Barton, the father of Mary Barton in her novel of that name, is portrayed as a man so bitterly humiliated by his abject failure in all departments of his life that he degenerates into the quintessential opium addict. But even more haunting is the intense pathos of her description of the relationship between opium and the grinding poverty and near-starvation of the underprivileged.

“Many a penny that would have gone little way enough in oatmeal or potatoes, bought opium to still the hungry little ones, and make them forget their uneasiness in heavy troubled sleep”, she writes of the Manchester she knew in her day-to-day work as the wife of a Unitarian minister.

On an entirely different note, may I respectfully point out that the correct name of the organisation which Dr Samuel Gaskell helped to found in 1841 was The Association of Medical Officers of Asylums and Hospitals for the Insane, renamed in 1865 The Medico-Psychological Association. It was not until 1926 that a Royal Charter of Incorporation entitled it to style itself The Royal Medico-Psychological Association.

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