

The Scottish Society of the History of Medicine

similar problems yet so different in so many other ways from each other, are making towards the betterment of their people's health.

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Numerous official papers were also consulted in the preparation of this article.

THE SIXTY-SEVENTH ORDINARY MEETING

This meeting was held in the Crichton Royal Hospital, Dumfries, on 5 June 1971. Papers were read by Dr. Allan C. Tait, Physician Superintendent of the Hospital and Dr. R. A. Robinson, Consultant Psychiatrist. Dr. Tait spoke on:

HISTORY OF CRICHTON ROYAL

I am not expert in medical history; like any other consultant, I know only something about my own specialty, and about my own hospital. Encouragement may be drawn, however, from the fact that the history of this hospital reflects much of the history of psychiatry in the last 150 years. It is not unnatural for a psychiatrist to be more interested in people in history rather than in the processes of history itself; so this paper will be anecdotal rather than conceptual, and informal in its approach.

At the turn of the eighteenth and nineteenth centuries, the care and treatment of the insane were in general abysmal. Those unfortunates whose illness made them disturbed and violent were often confined in prison-like circumstances, with the brutality which is generated by fear. Those whose illness rendered them fatuous rather than furious, in terms of one eighteenth-century classification, were left to die neglected, or, if they were lucky, accommodated in poorhouses or segments of small general hospitals; the community, as a whole, cared little. Earlier in the eighteenth century in fact, the citizens of Dumfriesshire hit on the superficially ingenious stratagem of escorting lunatics northwards, and gently propelling them across the Ayrshire border. This policy was rendered nugatory by the identical cunning of our southern friends in Cumberland.

I will not dwell on these unhappy circumstances. As always, there were some people—doctors and laymen—who were conscious of such abuses of human rights and dignity; and some of these lived in, or had connexions with, Dumfriesshire. They were responsible, directly or indirectly, for the foundation of this hospital in 1839. To them I shall later return. But while doctors are no doubt important, hospitals exist for patients; so the first person to mention, by name, is the first patient to enter the doors of Crichton Royal, on 3 June 1839.

Mary Candlish, aged thirty, was a pauper, taken from the North Block of Dumfries Royal Infirmary—'where little appears known' of her—and we have here her case record, written by the first Superintendent, Dr. W. A. F. Browne. From another set of his records we can identify his scheme of clinical examination: it covered, under

ten headings, such matters as social history, genetic history, presentation and apparent precipitants, mental and physical symptoms, and so on; a quite remarkable framework for its time, and as it was developed a source for some of the most meaningful and elegant case records I have ever read.

Browne describes the development of her illness, starting with delusions of a jealous nature. 'A good-looking young women sat in the adjoining Pew at Church to whom her husband handed his snuff box once or twice during services'. The development of further delusions is noted—that her husband is dead, that she is possessed of the devil, that she is 'not worthy of being on earth or kindly treated'. She is auditorily hallucinated—'constantly addressed by an evil spirit who prompts her to evil thoughts and to destroy herself'. She tries to run away, and 'has manifested a disposition to self-destruction'. Indeed, on one occasion, she escaped, and 'proceeded directly towards the river and was saved from drowning by the interference of a passer by'. I can quote only a sample of his clinical findings, but a final point of interest is that 'the head has been shaved, is small but not very obviously of vicious formation'; a reference of course to the phrenology which in his Edinburgh days had helped to turn his attention to psychiatry.

Mary was treated by a sedative mixture of vin. opii, and by prolonged warm baths in an attempt to re-establish her menstruation, which had deserted her in her illness. Over the years she improved, her progress being 'very gradual almost insensible', and she went on to complete recovery. Her friends were amazed at this, and by implication a little uncertain about accepting her; they 'found it difficult to convince themselves that after so long a continuance of aberration and so wide a deviation from sound sense and natural character—the mind could return to the ancient and regular channels'. Browne was aware also of the dangers of hospitalization—'The woman had become so active, so intelligent and so useful that it was a positive loss to the Institution to be deprived of her services . . . the light of reason rendered her almost good looking'. She was discharged in 1844, and follow-up confirmed her recovery.

Here, then, we have a case of endogenous depression, or melancholia, running its course to remission, and annotated throughout with precision and insight. Many of Browne's case records could still be used as perfectly recognizable teaching material; and could indeed be advantageously so used, as demonstrating the natural history of psychoses which our junior colleagues, in these days of potent treatments, often fail to comprehend.

This was our first patient. We may now consider who established the hospital, and how and why they established it.

At the end of the eighteenth century, the British Empire was beginning its true expansion; and in turn scientific knowledge and thought were entering on the vast flowering which was to come in the nineteenth century. The prospects for young men of high intelligence and great determination were, perhaps for the first time in our history, almost limitless. The county of Dumfries had some such men.

In 1782, Andrew Halliday was born in a nearby village. His father was bankrupt, and Andrew began work on a farm at the age of nine. By the time he was twenty-four, he had contrived to graduate in medicine, from Edinburgh. He went into the Army,

servicing in the Peninsular War: after the battle of Waterloo he became personal physician to William IV: he wrote books on the history of the Houses of Guelph and of Hanover, and was knighted: he ran military hospitals in the West Indies; he retired to Dumfries, and died in 1839. He sounds like a political doctor, which is perhaps not a compliment. Yet all his life he had one compelling interest. He was not a psychiatrist, but he had a deep, compassionate and constant concern for the welfare of the mentally sick. In later years he wrote 'Accident brought me acquainted with some of the horrors of the prison-houses of insanity at an early period of my life, and when I had only commenced my medical studies. The impression made upon my mind by the scenes I then witnessed can never be obliterated; and my labours shall never cease while one alone remains to be corrected'.

To this end he visited all over Britain: he wrote pamphlets and books: he gave evidence to Parliamentary inquiries: he never gave up. It would be ridiculous to imagine that his views were not fully communicated to his neighbour and our founder, Mrs. Elizabeth Crichton, who later appointed him our first Consulting Physician. We may therefore look on Sir Andrew Halliday as perhaps the progenitor of the intellectual climate which led to our foundation.

On the commercial side, one may note that some of the pioneers of trade in the Far East had or later acquired connections with our county, connexions indeed which still exist.

One man, Dr. James Crichton, combined within himself the personalities of a doctor and of an entrepreneur. James Crichton was born, the son of the Provost, in Sanquhar in 1765. His wife, Elizabeth Crichton, later described him as 'a poor youth who engaged in honest industry'; but she was from the landed gentry, and in fact Dr. Crichton was of what we would now call middle-class origins. It was a common name in these parts, the name borne by the Admirable Crichton of the fourteenth century. Two of his more distant kinsman, incidentally—Sir Alexander and Sir Archibald Crichton—contrived to be successive physicians to the Emperor of Russia.

James Crichton qualified in medicine, and went to India. He became personal physician to the Governor-General, Lord Mornington, Marquis of Wellesley, the friend of Pitt and the elder brother of the Duke of Wellington. Dr. Crichton also engaged himself in trade, in India and China, and we shall show you his volume of Chinese maps which no doubt was used in his various enterprises. In 1808, at the age of forty-three, he returned to Dumfries, and two years later married Elizabeth Grierson of Lag. She was a descendant of the famous persecutor of the Covenanters, if one remembers *Redgauntlet*: to round the social picture, and as an aside, Andrew Halliday was an intimate friend of Walter Scott. James Crichton bought the estate of Friar's Carse, the home of the Riddells, who sponsored and then perhaps denied Robert Burns, and he died, a country gentleman of fortune, in 1823.

But he was much more than that. We do not know surely how much knowledge he had of mental illness, although he was certainly concerned as a student, and he left some money to, *inter alia*, the Lunatic Asylum at Edinburgh. We do know that he was deeply interested in charity, and that he trusted his remarkable wife. There were no children, and after providing for her he left the bulk of his fortune to be expended on some charitable object, at her entire discretion, subject only to the majority endorse-

ment of his trustees. Mrs. Crichton was therefore left with some £100,000 to lay out on whatever reasonable cause her mind and heart dictated.

Her first desire was to establish a fifth University in Scotland. At this time, one must remember, the North of England was also poorly served in higher education; and had a University in Dumfries been founded, I have little doubt it would ultimately have been successful. Her scheme was prepared by 1829, but was in the end refused Government approval, largely because of lobbying by the four existing universities in Scotland, which had vacant places, and were short of money, and feared that students would be attracted to a new competitor. A few years ago, when the establishment of further universities was being considered, the commission concerned visited Dumfries; and although, as you know, Stirling was chosen, I do not believe we were too far out of the running. Maybe, had we been chosen, the site would have been around here, but this completion of time's circle was not to be.

The university being thus rejected, Mrs. Crichton decided—not necessarily inconsequentially—that a proper second choice would be a lunatic asylum, and to this, from the record in their Sederunt Book, the trustees agreed on 1 October 1833. The proposal was unwelcome to some of the local townsmen, but Mrs. Crichton and her trustees were not of a temper to be deterred by rabble-rousers. In June 1835, the foundation stone was laid, and the 160 workmen were given meat pies, biscuits, two quarts of ale and three glasses of whisky each; not unnaturally, some became 'a good deal top-heavy', in the words of a local newspaper, and later there was rioting and fighting in the town.

Mrs. Crichton, as the building proceeded, began to canvass her friends and acquaintances about its first director. W. A. F. Browne was a Stirling man, born in 1805 and soon bereaved of his Army officer father. Brought up by a grandfather, he qualified from Edinburgh in 1826, being much influenced by George and Dr. Andrew Combe, the Edinburgh phrenologists. In 1828 he set out on a Continental tour, studying under Esquirol, whom he greatly respected. After some time in general practice, he was successful in 1834 in being appointed Superintendent to the Montrose Royal Asylum. (It is of interest to note that the foundation of Montrose in 1781 was largely the work of another formidable Scotswoman, Susan Carnegie, of whom an excellent biography, in limited edition, was published in 1966 by Dr. Alexander Cormack.) Browne's intelligence, vigour and moral fervour were soon reflected in his book *What Asylums Were, Are and Ought to be* (1837). His crusading zeal was not concerned merely with righting abuses, but with fiercely argued positive policies of classification, exercise, employment, occupation and recreation. To many his ideas must have seemed impossibly unreal: but he was soon to have the opportunity of translating his vision into practical form.

Mrs. Crichton was given a copy of his book, studied it, and in March 1838 set out in her yellow and black coach to pay an unannounced visit to Montrose. She was shown round by the doubtless astonished Browne: lunched with him and his wife; and in the afternoon offered him the post of Resident Medical Officer of her new hospital, which he there and then accepted. For nearly twenty years thereafter they worked together in harmony, for she was by no means an inactive patroness, discussing policies, and both visiting patients and entertaining parties of them in her home.

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It is difficult for a psychiatrist to speak of William Alexander Francis Browne in terms other than those of adulation; which my dictionary tells me means servile homage, a definition I am quite happy to accept. He was that rarest of men, one who combined thought and action. The burden of his book was epitomised in this quotation—‘The whole secret of the new system . . . may be summed up in the two words, kindness and occupation’: and to the realization of these two words he vigorously applied himself.

Crichton Royal opened in 1839, with some 120 beds, designed partly for paying patients, but with accommodation ample enough to receive the local and other poor. For a hundred years thereafter it continued this honourable policy, ploughing all its excess receipts—and the remains of the original bequest—into expanding the hospital and developing its curative resources, until we ended with well over a thousand beds supported by facilities rarely rivalled. Even at our inception the press was kind enough to say that the Institution ‘surpassed everything of the kind that has yet been established in Europe’. In using the hospital, Browne wasted no time. In his second report, for 1840–41, he proudly listed that his patients had—apart from medical treatment—physical exercise, carriage drives through the countryside, worked in the gardens, the stables, at cobbling, tailoring, dressmaking, laundering and cooking: engaged in reading, writing, translating, painting and music-making; had indoor and outdoor games, lectures, readings, concerts, visited the Dumfries Theatre, and kept animal pets of various kinds.

Most venerable hospitals like to have a list of ‘firsts’—whether British, European or world. In February 1840, a Patients’ Ball was held in honour of Queen Victoria’s wedding, a fine piece of timing where no doubt the indignation of the prudish was inhibited by their patriotism. In 1842 the patients were writing for the local press; and in turn a local resident, attending our Hallowe’en Dance, wrote of his ‘difficulty in distinguishing the sane from the insane: astonishment and delight at the revolution: exhilaration at the happiness which prevailed around; and gratitude to the bounteous and benevolent administration by which such wonders had been effected’. On Twelfth Night 1843, the patients staged, acted and musically supported a farce called ‘Raising the Wind’, and there are many subsequent playbills and concert programmes in our records. In December 1844, the patients edited, composed, printed and published the first issue of ‘The New Moon’, a highly literate magazine which was to continue for many decades. By October 1854, Browne was giving a course of thirty lectures on mental diseases and their management to the attendants: six years before Florence Nightingale began at St. Thomas’s.

Like all good Physician Superintendents, Browne was not only an excellent clinician but also keen on plumbing. He had greatly alarmed the good citizens of Montrose by lighting that hospital with dangerous gas, and when he came to Dumfries—guided only by general notions of hygiene—he had constructed at the highest point of the hospital a series of sand filter beds from which water gravitated to service tanks. His prescience was rewarded in 1848, when a tragic outbreak of cholera killed 430 townspeople; his patients were spared.

His work was of course noted, and his fame spread. In 1846 he was offered Morning-side in Edinburgh at a salary of £500 with private practice. This he rejected, and the

Trustees later rewarded his loyalty by raising his salary from £450 to £600, and soon to £700. At this time, by the way, attendants were paid some £20 a year. When I noted this, and remembered what nursing sisters are now paid, and recollected that in these days tax was 7*d.* in the pound and surtax of course not invented, I began idly to work out a reasonable salary for myself, in order to maintain such a laudable differential. I think the sum came out at several hundred thousand pounds; and on reflection I felt it unlikely that my Regional Board would accede to such a request, however equitable.

Browne left us in 1857, and Mrs. Crichton died in 1862. If one reads Browne's character correctly—and I think one can—the only inducement for him to leave Crichton Royal would be the opportunity of doing greater good. This came with the Lunacy (Scotland) Act of that year, which transformed the care of patients and the administration of asylums: as one result of the Act two Medical Commissioners were to be appointed, with extensive powers of superintendence and direction, and such an opportunity could not honourably be declined; he therefore joined Dr. James Coxe in the discharge of these duties. In their course, he naturally re-visited his old hospital, and did not hesitate to criticize as well as commend various aspects of its current management. In 1870 he retired, blinded by glaucoma, and spent the last fifteen years of his life, still active, near Dumfries. Many of his writings, in fact, were the product of this later period: we have reprints of articles on the whole range of psychiatric theory and practice—from neuropathology to the nature of dreams, from forensic psychiatry to the disturbed behaviour of children. His obituaries reflected his talents—one talked of 'a long and ardent life, laden with the trophies of brilliant powers usefully employed'. But more to the point, for our present paper, was the comment 'He made himself the personal friend of the patients, who were sent to him from all parts and classes, and devoted his life to their welfare'.

Such was the early history of this hospital. I have drawn much, or indeed most, of my material from Dr. Charles Easterbrook's *Chronicle of Crichton Royal*. Easterbrook retired early in 1937, after twenty-nine years as Physician Superintendent, and devoted some three years to completing his massive history of the hospital. It includes historical accounts and appendices but the bulk of the work is a fascinating record, year by year, of the Annual Reports, arranged in an orderly progression, but not without comment and opinion. (The foreword was written by Browne's son, Sir James Crichton-Browne, the doyen of British physicians, a well-known essayist, and then—at the age of ninety-six—in full command of his memory and intellect.)

One can only, in conclusion, pick from the later records two or three items which catch one's fancy, largely in terms of the *déjà vu* phenomenon. Today we hear much, perhaps correctly, of the adverse effects of pay and private beds on the National Health Service; in 1859 we were morosely criticized from the opposite side, for using private funds to extend pauper accommodation! In 1883 we had holiday houses at Moffat and Portpatrick, later at Kirkmichael, and in 1895 at Friar's Carse itself. It may be recollected that it was at Friar's Carse that the famous drinking competition was held which is described in Burns' *The Whistle*, and some of the furniture from that occasion still adorns our Board Room.

1883 was notable also for the comment 'The open-door system is still further

developed', and for the cryptic record that 'the hitherto separate "Entertainment Fund" Bank Account operated in the name of the Medical Superintendent is closed', an obviously retrograde step which naturally I deplore.

In 1884 Dr. Rutherford began an experiment whereby chronic female patients lived in a house without attendants, requisitioning their own supplies, and doing their own cooking, cleaning and mending; but in 1888 one of these patients died—not surprisingly—and the voice of authority forced the abandonment of this progressive measure. Very recently we had the same experience, when two 'hostel' wards ran without night nursing for some years, until departmental reaction to a fire in distant England forced us to re-staff them.

The Crichton Memorial Church dominates the centre of our hospital. Its cost was estimated in 1890 at £5,000, which rose to £12,500, and then £15,000, by the time it was begun in 1892. We were faced with strikes for more money, combined with complaints from the town that our high wages were drawing off settled labour; and the building was ultimately completed in 1897, years behind schedule, and at a final cost of £30,000. Those who have been concerned with hospital planning will find this story only too familiar.

The nearly final word is to comment on the hospital's teaching and scientific record. In 1909 the Directors established three Fellowships in Clinical Neurology and Psychiatry, in Pathology and Chemistry, and in Pathology and Bacteriology. These posts were, however, irregularly filled and it was Dr. P. K. McCowan—Easterbrook's successor—who expanded our research facilities. Dr. McCowan was—and is, I am glad to say—a man of many capacities, who revolutionized the treatment of our patients, by vigorously encouraging the early use of the new therapies which began to appear just before the Second World War. He was also, and this is not a common virtue, a man sufficiently secure to bring to his hospital colleagues of capacity and renown. In the period of his governance were established Departments of Clinical and Psychological Research, under Mayer-Gross and Raven; and these distinguished men helped to begin a new era in the work of the hospital.

In 1948, we entered the National Health Service. By retaining our private and amenity beds, we have kept something of our wider function. The rest is a matter of current affairs rather than history.

Dr. Tait's paper was followed by that of Dr. Robinson who discussed:

THE EVOLUTION OF GERIATRIC PSYCHIATRY

The recognition that insanity was due not to supernatural influences, but to disease of the brain was the major psychiatric discovery of the Greeks. That the contribution of psychodynamics to the problems of old age was also appreciated is apparent from Plato's famous dialogue between Cephalus and Socrates. 'The truth is . . . that these regrets, and also the complaints . . . are to be attributed to the same cause, which is not old age, but men's characters and tempers; for he who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition,