

Introduction

The appearance of this 1938 report for the Rockefeller Foundation by Aubrey Lewis will – at last – satisfy a period of prolonged interest in the report and its contents among historians of medicine and psychiatry in particular. It will also open up a number of new perspectives on the European medical world in the years immediately before the Second World War.

The first of these is the centrality of the financial power and the policy decision making of the Rockefeller Foundation. The involvement of the Rockefeller in granting funds both to institutions – such as the Maudsley Hospital in south London – and to individuals within it are right at the heart of Lewis's journey and the report he made. He had to see for himself how things were going in European psychiatry and how the Maudsley compared. He also needed American patronage. What kinds of medicine and specifically what kinds of psychiatry would the Rockefeller Foundation approve? Did its policymakers have models in mind – Johns Hopkins in Baltimore for example – which it hoped grant applicants would imitate, thereby transplanting certain medical practices into different national contexts? And would one of the aims of that transplantation be the reduction of such national differences, thereby generating a world-wide medicine that was as close to homogeneity and uniformity as possible? And what would be the politics of those decisions? Might some approved medical systems – such as a full-scale social psychiatry – actually replace politics, substituting instead the politics of health, with the Rockefeller as a mighty global contender? Katherine Angel has a more specific task to perform in her essay in this *Medical History* supplement than answering these large questions, but she captures in fine detail the various debates and decisions that got under way and the participants in those events. Her essay also conveys something of the richness of the Rockefeller archive itself and the rewards to be gained by visiting it.

Secondly, the publication of this edition contributes to another story that has preoccupied medical historians, who have again been waiting for news that has been some time in coming: the history of the Maudsley Hospital. It would be an exaggeration to say that the history of the Maudsley has been shrouded in mystery but it is most striking how a place of such importance and influence, however small its beginnings and how relatively recent its full blossoming, has not received full historical attention. The essay by Edgar Jones is a notable attempt to begin the telling of the Maudsley story from the 1920s onwards, based on original research and providing an invaluable historical context.

A third and final perspective and a very illuminating one is to be able to see the *making* as well as the financing of a medical specialism in a world already on the edge of conflict (what had already happened in Germany guaranteed that Lewis, an

Australian born Jew, would not visit there while on his European tour). The question was straightforward and up for grabs: what was psychiatry of the kind that the Maudsley might want to represent actually to be? Somehow, as it turned out, a difficult path had to be trod. On the one side there were psychology and psychoanalysis; no doubt diverting in general educated culture but of no practical assistance in cases of serious mental illness. (Edward Mapother as well as Aubrey Lewis were both hostile to the Tavistock Clinic in London). But on the other side lay the lure of radical organicist interventions – insulin coma, ECT, leucotomy and the rest. Here, one of the prized goals of the Maudsley practitioners – the long case history – could be forfeit. There was a task to be done – get on with it. This clinical impatience (and its attendant dangers for the lives of patients) was equally dangerous. The early history of the hospital was entirely to do with negotiating this Scylla and Charybdis.

In the period covered in this report and in the essays provided with it, the actual sums granted by the Rockefeller were not large and were usually dependent on the arrival of approved (and émigré) individuals. But the journeys made across the Atlantic (Lewis had been at Hopkins in 1926 on a Rockefeller fellowship) and the endless correspondence that came with those are testimony enough. And what Lewis saw in Europe, what he approved and – more often than not – disapproved are all part of the negotiation as to the foundations of a proper medical specialism and medical practice. This is a truly international story.

The essayists have provided their own acknowledgements. We wish to recognise the generosity of the Lewis family, which was crucial to the project, and so thanks go to Dr Naomi Cream, Dr Gilbert Lewis and Dr Julian Lewis; thanks go to the Maudsley Hospital and to the Institute of Psychiatry library for providing facilities; to the Rockefeller Foundation Archive for helping Katherine Angel when she was there as well as giving permission to quote from the archive. No historian works in a vacuum and there are two individuals who were models of enthusiasm and practical assistance: Volker Roelcke and Peter Voswinckel then both at the University of Lübeck. When we were preparing the biographical register of as many European psychiatrists as possible, they gave a great deal of biographical information which they, especially Peter, had accumulated. Jean-Christophe Coffin in Paris also helped with some of the dates. As readers will note, the biographical register does nonetheless contain some missing dates: we can only apologise for those. In the interests of time and after Herculean labours, it was decided to call a halt to searching and to send the edition to press.

I personally wish to thank Caroline Tonson-Rye for impeccable editorial suggestions and guidance, with the deadline always in sight. Through the good offices of Tony David and Edgar Jones, the Psychiatry Research Trust contributed generously to expense costs. And finally a most heartfelt vote of thanks goes to both Professor Hal Cook, director of the Wellcome Trust Centre at University College London and to the Centre's administrator Alan Shiel. Without their support and their financial wizardry, the outcome would have been simple: the Lewis report of 1938 would never have been properly historically contextualised, edited or published.

Michael Neve,
The Wellcome Trust Centre for the History of Medicine at UCL