

MORE ANNUAL MEETINGS RECALLED

2. One Hundred Years Ago

The year 1877 has a notable place in the history of psychiatry, or rather of mental health policy, in 19th century England. Then as now, though in a different context, anxieties and suspicions were being voiced about the 'liberty of the subject' and 'illegal detention', and a tightening up rather than a liberalization of what were then the 'Lunacy Laws' was being called for; and so, early in the year, a Select Committee of the House of Commons was appointed to review the law and hear evidence of alleged abuses. This was the Committee which caused the aged Lord Shaftesbury, Chairman of the Lunacy Commissioners, so much apprehension when his turn came to appear before it; the entry in his diary beginning 'My hour of trial is near . . . half a century has been devoted to the cause of lunatics' has often been quoted. By 2 August, when the Annual Meeting of the Medico-Psychological Association was held, much of the evidence submitted had been published, though the Committee's Report was still to come.

As might be expected, this problem of lunacy legislation dominated the meeting. But we must first look at the state of the Association at the time and at the proceedings of the business session.

The Association had been in existence for 35 years and numbered about 350 members. Its income for the year was some £764, of which £118 was derived from sales of the *Journal*; and the production of the *Journal* cost the Association £306. The remaining expenses were almost negligible and the Treasurer was left with a handsome surplus of £397.

Quarterly Meetings had been started a few years previously, and meetings—technically 'Quarterly'—were also being held in Scotland, the forerunners of the Scottish and other Divisions formed later on. The Annual Meeting was held in London more often than was the custom in later years, and the place of meeting was usually at the Royal College of Physicians. In 1877 the Council met at 10.30 am and the general meeting was at 11 am; there were no Standing or Special Committees. There were about 60 members present at the meeting.

The outgoing President was W. H. Paresy, of the Warwick County Asylum, Hatton. His character and achievements were well described by the late Dr. E. S. Stern in the *Journal* in 1961*.

The new President was a more prominent figure

in British psychiatry. George Fielding Blandford, educated at Rugby, Oxford and St. George's Hospital, had been associated with A. J. Sutherland at St. Luke's and was now well established as a West End consultant, physician to some of the best private asylums in London, lecturer on psychological medicine at his old medical school and author of a standard textbook, *Insanity and its Treatment*. He was 48 at the time of his Presidency and lived to be 82, dying in 1911.

Procedure at the time required that the new President should be installed at the outset of the meeting, and that the members should then go on to the election of Officers, including in the first place the President-Elect.

It is impossible to deduce from the published minutes just how a single nomination for the Presidency was initiated—perhaps it was done during the half-hour meeting of Council. At any rate a name was proposed and seconded and accepted unanimously, and this time it was that of a member even younger than Blandford and destined to even greater longevity, for James Crichton-Browne was then 37, and as Sir James, the Grand Old Man of medicine and exponent of the Grand Old Manner, he reached the age of 98 in the year before the Second World War. In 1877 he had been Medical Superintendent of the West Riding Asylum at Wakefield (now Stanley Royd Hospital) for several years and had already made it a centre for research into cerebral function.

The General Secretary, Rhys Williams of Bethlem, and the Treasurer, J. H. Paul of Camberwell House, were re-elected without discussion, but when it came to the Editors of the *Journal* there was opposition, and dissensions within the Association stood revealed.

The Editors at the time were Henry Maudsley, then a consultant with rooms in Hanover Square, and Thomas Clouston, Physician-Superintendent of Edinburgh Royal Hospital, and the opposition came from Harrington Tuke, who had a private asylum at Chiswick and was related to Maudsley by marriage.

I have referred to this incident in a previous article,* but for completeness sake and because it gives a good idea of how our predecessors argued a case, it is worth summarizing again. Tuke (no

* STERN, E. S. (1961) Three notable 19th century psychiatrists of Warwickshire. *Journal of Mental Science*, 107, 187.

* WALK, A. (1976). Medico-psychologists, Maudsley and The Maudsley. *British Journal of Psychiatry*, 128, 19.

relation to the Tukes of The Retreat) objected to 'certain doctrines, certain tenets, taught in the *Journal* which are repugnant to me and to some others here and do not represent the views of the majority', and he proposed that John Bucknill, the *Journal's* original Editor, should be recalled, with Clouston continuing to act with him.

Arguments turned on whether Maudsley had in fact expressed a wish to retire; and Clouston announced that if the meeting decided against Maudsley he would resign too—but it appeared that his real objection was to acting as junior to Bucknill. The latter was himself present but said not a word. No one asked what the repugnant doctrines were or sought to discuss them. Someone proposed four Editors, but Maudsley said that even two were one too many. In the end the Editors were re-elected, but Maudsley did in fact retire in the following year.

Then there was the question of using some of the Association's surplus funds for acquiring a room in London and forming the nucleus of a library. Would this be fair to provincial members? Would it be possible to have a circulating library? A committee was duly appointed, though it was evident that the Association's means were not nearly sufficient in spite of the surplus; and in fact the Association was still without a home of its own fifty years later.

Still at the morning session, members turned to the proceedings of the Select Committee. Some of them, it appeared, had already given individual evidence, and there was a feeling that the Association should do something collectively. Again a committee was appointed, but its terms of reference were vague —'to take such steps as may seem desirable in respect of the forthcoming report etc.' Certainly no evidence was presented on behalf of the Association, nor is there any mention of the activities of the committee at the 1878 Annual Meeting. Altogether it would seem that in those days the Association did not show anything like the assiduity in making its voice heard that we have become accustomed to in this century. However, the officers probably kept in touch through Dr Lush, the proprietor of Fisherton House (now The Old Manor Hospital), who was M.P. for Salisbury and who was elected President for 1879.

Whether or not the members had expected that the afternoon session would also be given up to lunacy legislation and the Select Committee, this was in fact the subject of Blandford's Presidential Address. Blandford sketched the history of the various Acts that had been passed since 1774, the futile pseudo-system of entrusting the protection of asylum patients to the College of Physicians, the appointment

of the Commissioners and the numerous attempts to strengthen safeguards and stop up loopholes, attempts which had earlier been enacted or were now being proposed. It is when he comes to give his opinions on these enactments and proposals that his words sound topical and are worth quoting:

'If I were asked what was the greatest advance made for the safety of the subject I would say that it was the obligation that the medical men signing the certificates should state the "facts indicating insanity" observed by themselves . . . If a certificate is subjected to inspection . . . it is not difficult for skilled officials to [if necessary] demand further proof of unsoundness of mind'.

Readers may be reminded that in our evidence to the Percy Commission in 1954 we asked that doctors signing recommendations should be required to give not only 'facts indicating insanity' but also clear reasons why compulsory rather than informal treatment was necessary; but this was all swept away by the 1959 Act and the way it was implemented.

Blandford went on to comment on the ill-considered and unpractical suggestions that had been put to the Select Committee by would-be reformers, who he suspected had axes to grind: 'It is curious how the recommendations of such individuals tally with their respective positions and wants. One person thinks that no lunacy doctor should sign; another complains that the bulk of medical men signing have no knowledge of lunacy.' Like many of his generation, and even of later ones, Blandford stressed the importance of 'early treatment', which was equated with early admission to an asylum, without taking into account how limited were the means of treatment, or how fallacious were the statistics on which this belief was based. He praised those enlightened people who had the interests of the insane at heart and 'who give us the credit for wishing to cure those committed to our care, which every medical man in the land is thought worthy of except the lunacy doctor'. He did not foresee that a hundred years later this suspicion and unbelief would continue to attach to the specialty and indeed would prove justified in some countries and under some regimes.

In those days it was not the custom to leave the Presidential Address undiscussed, and so, after the vote of thanks, members gave their opinions as to what ought to be done. Daniel Hack Tuke (William Tuke's great-grandson) stressed the immense importance of publicity in asylums and of supervision by a central authority. Clouston, speaking for Scotland, thought that all suspicions could be allayed by introducing a judicial order for all admissions; but Maudsley and Bucknill pointed out that in Scotland

there was provision for voluntary treatment, and also that the Scottish Sheriff was a very different kind of person from the English J.P.

Again readers may like to be reminded of what in fact were the findings and recommendations of this famous Select Committee when these were published later. In the first place they found that 'assuming that the strongest cases against the present system were brought before them, allegations of *mala fides* or of serious abuses were not substantiated'. They did, however, propose some additional safeguards—e.g. the order for admission to be made only by a near relative or some responsible person; a report to the Commissioners a month after admission and re-certification after three years, and others. They did not recommend a magistrate's order for private patients; this was already required for paupers. No action was taken on the Report at the time, but the legalists persisted, and the magistrate's order was eventually introduced in the Lunacy Act of 1889 and the consolidating Act of 1890.

The meeting had time for one more paper; this was by T. L. Rogers of Rainhill. It was entitled 'On the best means to provide for the care of lunatics and imbeciles, with special reference to the reports of the Charity Organization Society'. He was, in fact, dealing with a well-worn theme—the accumulation of patients of the 'demented and imbecile class' to the exclusion of recent cases requiring immediate medical attention; but also with something new—the proposals of the C.O.S. for nationwide state provision for the 'feeble-minded'.

The discussion turned mainly on the already well-ventilated question of whether asylums could be relieved to any great extent by 'boarding out' patients with 'cottagers', and the example was quoted of Duckworth Williams's success in placing several

hundred patients in this form of community care in Sussex; but, as usual, it was felt that this was impracticable in heavily populated areas. Very little was said about the mentally handicapped, but they were certainly included in the resolution that was passed:

'That this meeting cordially concurs in the resolution of the Committee of the C.O.S. that the arrangement which has been made for idiots, imbeciles and harmless lunatics in the Metropolitan Asylums District is applicable to the rest of England, namely that they should be removed from workhouses and county asylums to separate asylums, and that young persons of the first two classes should be suitably educated and trained.'

In other words the model to be followed was that of the Metropolitan Asylums Board—the 'imbecile schools' at Darenth and the huge remote cheaply built 'receptacles' at Caterham and Leavesden. But evidence of the failure of the cheap chronic asylum policy was already at hand. In this same year, 1877, Middlesex County opened its third asylum (after Hanwell and Colney Hatch) at Banstead, designed for the cheap housing of chronics on the M.A.B. plan. The arrangement had to be abandoned within five years and Banstead became an all-purpose asylum, for which its buildings were entirely unsuitable.

However, my object here has been to convey the contents and perhaps something of the flavour of a meeting of psychiatrists a hundred years ago rather than to describe the 'state of lunacy' at the time. And so I will conclude with an expression of gratitude to the then members for not holding an Annual Dinner after their meeting; even a summary of the speeches would have put too great a strain on the reader's patience.

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