

# Madness to Mental Illness

A history of the Royal College  
of Psychiatrists

Thomas Bewley

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# Contents

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*A series of 22 plates begins opposite page 70.*

Tables, boxes, plates and online archives	iv
Foreword	vii
Preface	viii
Acknowledgements	ix
Introduction	1
1. Historical background 1780–1840	4
2. Association of Medical Officers of Asylums and Hospitals for the Insane 1841–1865	10
3. The Medico–Psychological Association The early years (1866–1900)	23
4. The Medico–Psychological Association The later years (1901–1925)	41
5. The Royal Medico–Psychological Association 1926–1967	50
6. The Royal Medico–Psychological Association 1968–1972	61
7. The Royal College of Psychiatrists 1972–2005	71
8. Treasurers and finances of the College and its antecedents 1841–2001	85
9. Development of specialties	96
10. Association and College research and the College Research Unit	103
11. Education and training of nurses	109
12. Doctors and medical students. Education, training and examination	122
13. Journals and other College publications	130
14. The library and information service	140
15. Premises	145
Epilogue	151
Index	153

# Tables, boxes, plates and online archives

---

<i>Tables</i>		
8.1	The early accounts of the Association	86
13.1	From <i>Asylum Journal</i> to the <i>British Journal of Psychiatry</i>	131
 <i>Boxes</i>		
1.1	Public asylums opened between 1812 and 1841	7
3.1	Tables for compiling asylum statistics	39
 <i>Plates (section begins opposite p. 70)</i>		
1.	Lettsom House	I
2.	Chandos House	I
3.	17 Belgrave Square	II
4.	William Tuke	III
5.	Forbes Winslow	III
6.	Samuel Hitch	IV
7.	Robert Gardiner Hill	IV
8.	Conolly Norman	V
9.	Sir John Bucknill	V
10.	7th Earl of Shaftesbury	VI
11.	Daniel Hack Tuke	VI
12.	Henry Maudsley	VII
13.	T. S. Clouston	VIII
14.	Emil Kraepelin	VIII
15.	John Conolly	IX
16.	Wagner von Jauregg	X
17.	Sigmund Freud	X
18.	Frederick Mott	XI
19.	Edward Mapother	XII
20.	Sir James Chrichton Browne	XIII
21.	Aubrey Lewis	XIV
22.	Martin Roth	XV

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 LIST OF ONLINE ARCHIVES
 

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*Online archives*

## People

1. William Tuke (1732–1822)
2. Robert Gardiner Hill (1811–1878)
3. John Conolly (1794–1866) (non-restraint)
4. Samuel Hitch (1800–1881) (founder of the Association)
5. Shaftesbury, (1801–1885) (Anthony Ashley-Cooper, Seventh earl of Shaftesbury, with his diary on his 50th birthday)
6. John Bucknill (1817–1897) (first editor of the Journal)
7. Daniel Hack Tuke (1817–1895)
8. Sir James Crichton-Browne (1840–1938) (The Wakefield Triangle)
9. Thomas Smith Clouston (1840–1915)
10. Conolly Norman (1852–1908)
11. Henry Maudsley (1835–1918)
12. Frederick Mott (1853–1926)
13. Edward Mapother (1881–1940)
14. Aubrey Lewis (1900–1975)
15. Alexander Walk (1901–1982)
16. Martin Roth (1917–2006)

## Important legal cases of the 19th century

17. James Hadfield
18. Edward Oxford (law and insanity)
19. Daniel McNaughten (The McNaughten Rules)

## Asylum practice

20. Patients' views
21. Kilkenny and Ballinasloe district asylums
22. The penultimate medical superintendent (Dr J. E. S. Lloyd, 1901–1971)
23. Asylum dance
24. Asylum rules
  - a. Cardiff 1919
  - b. London 1966
25. Association and College committees/structures
  - a. Divisions
  - b. Specialties
    - i. Standing committees and sections
    - ii. Forensic

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MADNESS TO MENTAL ILLNESS

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- iii. Learning disability
  - iv. Psychotherapy
  - v. Child psychiatry
  - vi. Old age psychiatry
  - vii. Substance misuse
- c. The College Research Unit today
- 26. Psychiatric Stereotypes, Thomas Bewley's presidential lecture
- Other archives
- 27. Question paper
  - a. Nursing examination (1894)
  - b. Gaskell Medal (1897)
- 28. Association and College rules and charters
- 29. Chairmen and presidents
- 30. Other officers
- 31. Presidential lectures (with dates and places of all annual general meetings)
- 32. Obituaries (with advice on how to read them)
- 33. Lectures and lecturers
- 34. Honorary Members and Fellows
- 35. Honorary Corresponding Members
- 36. Prizes and prize winners
- 37. Fellowships and scholarships
- 38. Other miscellaneous awards
- 39. Some personal reflections on the future of psychiatry and how psychiatrists differ from other doctors, by Dr Thomas Bewley

# Foreword

Sheila Hollins

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Dr Thomas Bewley has written an account of psychiatry in Britain which covers the past two hundred years and investigates the many changes from asylum care to the psychiatry practised today. He has taken a wide view of all aspects of the profession and sees value in an integrated psychological and biological approach to treating people with mental illnesses. He has concentrated on the major organisations responsible for the care of people with mental disorders and has shown how different branches of the profession (learning disability psychiatry, child psychiatry, psychotherapy, forensic psychiatry and addictions psychiatry) have developed. Academic developments in teaching and research are also covered. Other changes mentioned in the book include the relationship that psychiatrists have with patients or service users and those caring for them, both their families and those in other professions.

Although this book has been written for psychiatrists there is much in it that should be of interest to all those who are involved in any way with people with mental ill health. Earlier theories about mental illnesses are covered, as well as the treatments that, partly because of the development of scientific methods of evaluation of therapies, have been abandoned. For example we know now that some treatments work for a limited number of people, but there are also placebo effects; it is essential to know which are most effective.

The moral from this book is that society must care better for all those disadvantaged by mental disorders, as well as endeavouring to find new and better methods of treatment. Dr Bewley surmises that these will be likely to include social care, access to work, occupational and other therapies as well as advances in medical and psychological treatments. All those concerned with and about people with mental illness could learn something from this fascinating exploration of the history of psychiatry.

## Preface

*Some books are to be tasted, others to be swallowed, and some few to be chewed and digested.*

Francis Bacon

When I was invited in 1996 to write an account of the College's history there was no official history of it or its forerunners. There was much information in the College archives and in its journal (the *British Journal of Psychiatry*, previously the *Journal of Mental Science*). I intended to write a short book, mainly of interest to College members, which I hoped might also be useful for a wider readership. It provides an account of the changes in psychiatric practice in the UK over 200 years with the development of an association which became a Royal College. I have brought together the quintessence of the changes (warts and all) with the history of the organisation most involved with the mentally ill. The College's charter notes that its objects and purposes are to 'advance the science and practice of psychiatry, further public education therein and promote study and research work in psychiatry.' This book could, therefore, further public education.

There are many people who might have some interest in such an account: patients and their families, friends and carers; and others concerned about mental health issues, for example physicians, general practitioners, community nurses, psychologists, psychoanalysts, probation officers, lawyers and the police. All of these should have some interest in a history of the care, and at times control, of the mentally ill.

I started by drafting a full account of everything that might be relevant, which meant I had too much information for a short book. I consigned much of this material to appendices (online archives) available on the College website ([www.rcpsych.ac.uk/historyarchives](http://www.rcpsych.ac.uk/historyarchives)).

At the end of some chapters I note articles and books that I have very much relied upon and would recommend for further reading. I hope this will encourage the readers to extract as much, or as little, as they need, whether they decide to taste, swallow or chew and digest. The online archives include accounts written by other authors and addressing issues covered in the book, but in greater detail, with references to sources where further information is available.

T. B.



# Acknowledgements

*A novice copies but a master craftsman steals.*

*Michaelangelo*

There is little original in this book and I have relied heavily on various sources. I found much valuable information in the two volumes of the *150 Years of British Psychiatry* (eds G. Berrios & H. Freeman). The late Alexander Walk had trawled the College archives for articles about the Medico–Psychological Association in the 19th century and I used his material to research this book. I have relied very heavily on Trevor Turner, E. H. Renvoise, William Parry Jones and Henry Rollin, and I am heavily indebted to all of them.

Those providing me with further specialised information about the College and its forerunners included Fiona Subotsky, who helped me shorten and edit what I had drafted and also wrote an account of College finances. Margaret Harcourt Williams dredged the archives for me and also wrote an account of the College premises. Other appendices about the College divisions and specialties were provided by many people. For example, Allan Tait had written an excellent account of the Scottish Division which I shamelessly plundered to use as an example of divisional activities.

I was much helped by those who looked at and improved drafts of individual chapters and appendices. These included David Goldberg, Alan Beveridge, John Gunn, John Wing, Peter Rohde, Peter Noble, Dinesh Bhugra, Richard Williams, Robert Buglass, Michael Crowe, Stirling Moorey, Frank Margison, Anton Obholzer, Eammon Fottrell, Tom Arie, Brice Pitt, Fiona Subotsky, Tony Cox, Lionel Hersov, Ilana Crome, Hamid Ghodse, Andrew Johns, Joan Bicknell, Alan Heaton Ward, Ben Sacks, Yvonne Wiley, David Tait, Marcus Webb and Chris Freeman.

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MADNESS TO MENTAL ILLNESS

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A first draft for the book was read by three anonymous referees as well as Stephen Lock, Henry Rollin, Jim Birley and Elizabeth Shore. Their comments were extremely helpful. Finally I would also like to thank those who supported me generously over a very long time: Vanessa Cameron, Margaret Harcourt Williams, Susie Stewart, Mary Ayres and some members of my family, including Beulah, Susan and Henry Bewley.

# Introduction

*They pour medicines of which they know little into patients of whom they know less to treat conditions of which they know nothing at all.*

Voltaire

## Two hundred years of psychiatry in Britain

In Great Britain and Ireland the history of psychiatry is bound up with the history of one organisation – the Medico-Psychological Association, which started in 1841 as an association of medical officers of asylums and hospitals. Since its inception it has reflected and influenced the way in which psychiatric disorders have been perceived and managed in the UK.

In the early 19th century, evangelicalism played a major part in English lunacy reform and in changes towards a more rational and humane legislation concerning people with mental illness. It helped to form the basis of ‘moral treatment’ (a psychological approach), which was a critical concept in the process of transition to the modern era. This alternative approach to insanity postulated that physicians, by their moral example, would appeal to the ‘human spirit’ present in patients despite madness, and the asylum regime would guide their troubled minds back to sanity. This ‘moral’ view was held mostly by minorities such as Quakers, Unitarians and other dissenters. Anthony Ashley-Cooper, 7th Earl of Shaftesbury, was a major figure in this movement in 19th-century Britain. He was a layman who, for the greater part of his life, was heavily involved in ensuring that the mentally ill were cared for humanely and with kindness in the hope that, after being rescued from neglect, squalor or imprisonment, they would respond to good food, clean air and education. He was a supporter of those doctors who favoured moral treatment rather than restraint.<sup>1</sup> The principles of the moral treatment were noble, but sociologists argue that actual practice could be morally inadequate and characterised by cruelty and neglect.<sup>2</sup> Their view was that the humanitarianism of the asylum, the effectiveness of psychological medicine and the validity of ‘community care’ as a non-institutional treatment alternative were myths. Psychiatrists were in it to look after themselves.

1 Online archive 5. Shaftesbury.  
2 Scull, A. (1993) *The Most Solitary of Afflictions*. Yale University Press.

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## MADNESS TO MENTAL ILLNESS

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In documenting the history of the College, original accounts of events are included where possible. Thus nearly two centuries of activity are covered, with accounts of major changes in the work of psychiatrists and in the institutions involved. Doctors often failed to understand the mentally ill. Voltaire's cynical view of medicine applies equally to all branches and specialties, but psychiatrists were regarded as no better, and sometimes worse than other doctors. The 'warts and all' view of the profession adopted in this book includes some useless treatments, foolish views and other shortcomings. However, there have been improvements, though not always as significant as may have been hoped for. It would not be possible to chart the transition of the Association into the College without at the same time explaining changes in the practice of psychiatry. Therefore, where relevant, most chapters contain a short account of the state of the mentally ill at a given period, and how they were dealt with by society as a whole and by the medical profession. This includes the remedies and the methods of care or of detention available at the time and also some of the theories and hypothetical models of treatment.

The Association of Medical Officers of Asylums and Hospitals for the Insane was established in 1841, but the building of public asylums had started a century earlier. During the 19th century there was a marked increase in the numbers of asylums and patients admitted. Previously, those with severe mental illness who could not be looked after by their families were either admitted to private mental hospitals or were contained in prisons or workhouses. An important role of the early asylum movement was to transfer the mentally ill from prisons and madhouses to mental hospitals, and in the earliest days of the Association, there was great optimism that treating patients early and humanely would enable them to recover. The membership of the Association was initially restricted to medical officers who worked in asylums. They intended to meet once a year, but in the early years meetings were not always held regularly. A major change followed the Association's decision to produce its own journal in 1853. This was followed by changing the name in 1865 to the Medico-Psychological Association (MPA), a title it retained for the next 60 years, until in 1926 it acquired the royal charter and became the Royal Medico-Psychological Association (RMPA). There were no changes in its functioning till 1971, when a new charter was granted thus establishing the Royal College of Psychiatrists.

Since 1841, there have been major advancements in the methods of treatment available to the mentally ill. By the late 19th century the initial optimism that the ability to treat patients early in new asylums would lead to better outcomes had changed gradually to a realisation that some people were not responsive to any treatment and that there was a growing number of patients with severe long-term illnesses who required continuing care. For half a century a pessimistic view of what could be achieved prevailed and there was a tendency to see asylums as repositories for chronically ill patients. Before the Second World War there were few specific treatments. One major advancement occurred in the treatment of cerebral syphilis (General

Paralysis of the Insane, GPI) – this devastating and fatal illness responded to malarial treatment. Furthermore, electroconvulsive therapy (ECT) was introduced just before the Second World War and in the 1950s a range of new drugs became available. Antidepressants and other antipsychotic drugs, which could modify some of the symptoms of schizophrenia and other major illnesses, were developed. Some treatments came in vogue for a time but were subsequently discarded. The idea that mental illness was caused by bacterial infections ('focal sepsis') was one such; insulin coma therapy for schizophrenia was another. Psychosurgery, crude and uncertain operations, was also a form of treatment and was used indiscriminately in the 1940s and 1950s in people with severe mental illness.

In the 20th century there were significant changes in psychiatry. The first was the development in England of a more scientific approach to the subject, exemplified by the establishment of the Maudsley Hospital and the Institute of Psychiatry. The endeavours of Henry Maudsley, Frederick Mott, Edward Mapother and Aubrey Lewis led to a core of better trained psychiatrists, with knowledgeable junior members of the profession who were instrumental in the change from a tired Association to an active College. Evidence-based medicine, particularly the development of the randomised controlled trial, has led in psychiatry, as in all other branches of medicine, to a better understanding of treatments and allowed us to see which are the most effective. Another major change worldwide has been a move away from asylums to the siting of psychiatric units in general hospitals, with hostels for the chronically ill in the community. Some problems remain the same today as they were two hundred years ago; the most intractable is the continuing care of those who do not get better. There has always been a tendency to underestimate the difficulties of looking after those most severely and chronically ill.

## Further reading

Scull, A. (1993) *The Most Solitary of Afflictions*. Yale University Press.