THE PROBLEM OF ORIGINS

- A late eighteenth-century innovation
- Arises from a series of changes:
  - Legal
  - Therapeutic
  - Professional
  - Philosophical
LEGAL ORIGINS OF PSYCHIATRY

• The Insanity Defence: ‘Non Compos Mentis’
• Long history: Henry Bracton (C12th) and Edward Coke (17th)
• Rise of medico-psychiatric expertise
• Trials of Earl Ferrers (1760) and James Hadfield (1800)
Shirley Ferrers (1720-60)  
4th Earl of Leicester

- 1760 Ferrers accused of murdering his steward.
- Conducts his own defence in House of Lords
- Brings in John Monro, Keeper of Bethlem as expert witness
JAMES HADFIELD

- 15 May 1800, Hadfield attempted assassination of King George III
- Thomas Erskine (defence lawyer) calls Alexander Crichton (the Keeper of Bethlem) - argues delusion
- Trial stopped by Lord Chief Justice Kenyon
- 1800 Criminal Lunatics Act - ‘not guilty but insane’
ASYLUMS: A NEW THERAPY
William Tuke (1732-1822)

- Tuke criticises the use of physical restraints
- Advocates ‘moral treatment’
- Cultivation of correct ideas and habits
- Indebted to philosophy of John Locke (1632-1704)
- Draws from Battie, Chiarugi and Pinel
William Battie, *Treatise on Insanity* (1758)
Vincenzo Chiarugi, *Della Pazzia* (1793-94)
Philippe Pinel, *Traite médico-philosophique sur l’aliénation mental ou la manie* (1801)
Philosophical Precursors

Medical Cartesianism
Breaking the Body to Liberate the Mind
John Locke (1632-1704)
Essay concerning Human Understanding (1690)
-- advocates an ‘empiricist psychology’
York Retreat: Symbolic Example

- Asylum moves from being a repository to become a site of therapeutic intervention
- Success of the Retreat throws the failings of its medical competitors into sharp relief
- Samuel Tuke, Description of the Retreat (1813)
Brislington House, Bristol (1806)
Political Impact

- 1806 Gloucestershire Magistrate, Sir George Onesiphorus Paul begins campaign for county asylum system
- 1806 Select Committee - dominated by Samuel Romily (1757-1818) and William Wilberforce (1759-1833)
- 1808 Wynn’s Act - gives counties the right to raise rates for asylum building.
- Voluntary (or enabling) legislation with sporadic uptake
NEW ASYLUMS

Nottingham (1811); Bedford (1812); Norwich (1814); Lancaster (1815); Stafford (1818); Wakefield (1818); Lincoln (1820); Bodmin (1820); Gloucester (1823); Middlesex (1827); Suffolk (1829); 1832 Dorset (1832); Kent (1833); Devon (1845)
NEW LEGISLATIVE FRAMEWORK

• 1815 Select Committee into the Treatment of Lunatics
• 1819 Small Act
• 1827 Select Committee on the Conditions of Metropolitan Madhouses
• 1828 County Asylum Act sets up Commissioners in Lunacy
• 1834 Poor Law Amendment Act
• 1838 Ireland Dangerous Lunatics Act
• 1840 Insane Prisoners Act
• 1842 Lunatic Asylums Act
• 1842 Poor Law Directive
A NATIONAL FRAMEWORK

- Lord Ashley campaigns for uniform system of inspection
- 1842 Lunatic Asylums Act sets up 20 member Lunacy Commission
- National survey undertaken
- 1844 Report recommends national asylum system and permanent inspectorate.
1845 Lunatics Act

- A masterpiece of state regulation.
- Every English and Welsh Country compelled to provide public care for lunatics.
- Permanent inspectorate established with powers to every asylum record.
- Gradual surrender of local practice to state control.
State Regulated Lunacy

- 1853 Lunatics Registration Act [Lunatics Care and Treatment Act]: inspection regime extended to include Bethlem and the Pauper Lunatics in Workhouse System.
- 1862 Lunatics Law Amendment Act - inspection regime extended to include single lunatics detained in private residences.
- 1874 Four shillings subsidy (Grant in Aid)
- 1890 Lunacy Act - Legal constraints on admission
# The Increase in Lunacy

<table>
<thead>
<tr>
<th>Date</th>
<th>Asylums</th>
<th>Patients</th>
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<tbody>
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<td>1827</td>
<td>9</td>
<td>1046</td>
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<td>66</td>
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<td>77</td>
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## The increase in lunacy

<table>
<thead>
<tr>
<th>Year</th>
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<th>Per 1000</th>
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<tr>
<td>1859</td>
<td>31,400</td>
<td>1.6</td>
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<tr>
<td>1869</td>
<td>46,700</td>
<td>2.17</td>
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<tr>
<td>1879</td>
<td>61,600</td>
<td>2.44</td>
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<td>1889</td>
<td>75,600</td>
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<tr>
<td>1899</td>
<td>95,600</td>
<td>3.03</td>
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<td>1909</td>
<td>128,200</td>
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</table>
THE GROWTH OF THE ASYLUMS

COMPETING EXPLANATIONS

1. Enlightenment humanitarianism
2. New forms of policing and state control
3. The rise of a market economy
4. Emergence of new epidemic diseases
Psychiatric Pessimism

• Rise of degenerationist ideas
• B. A. Morel first articulates theory in 1857
• Finds its most outspoken advocate in Henry Maudsley
• 1879 Pathology of Mind
• Social Organism
• Lunatics as ‘toxic’ cells poisoning the body politic.
SEX, RACE AND HYSTERIA
Psychiatrists are ‘the priests of the body and the guardians of the moral and physical qualities of the race’

Thomas Clouston

*The Hygiene of Mind*

(1912)
Kraepelin and Freud

1856-1926

1856-1939
POVERTY AND PROMISE
THERAPEUTIC NIHILISM

• Psychiatry is ‘the Cinderella of medicine and the sciences’, Hubert Bond, 1915.

• High populations and low cures
  • 140,166 patients in UK asylums in 1914.
  • 143,000 (1903) to 366,000 asylum patients in US
  • Recovery rates fall from 40% (1870s) to 30% (1920s).

• Situation exacerbated by World War One
• 1922 Montagu Lomax, *The Experiences of an Asylum Doctor*
Shell-shock

• First noted in the winter of 1914.
• 7-10% BEF officers demonstrate forms of breakdown.
• 80,000 treated in RAMC centres
• 30,000 evacuated
• 200,000 pensions for war neuroses
Shellshock and Human Nature

Breaks down model of illness – the mentally ill no longer seen as a breed apart - rise of the clinics
Promotes the new psychodynamic understanding of human nature and the idea of male vulnerability
THERAPEUTIC OPTIMISM

- 1913 Mental Deficiency Act establishes Board of Control
- Post war establishment of psychiatric clinics
- 1924 Maudsley – Teaching School of University of London
- 1924-26 Royal Commission on Lunacy and Mental Disorder
- 1930 Mental Treatment Act: Voluntary Treatment
Psychiatric Modernism

• Kraepelin and the rise of a common nosology
• 1906 Wassermann Test
• 1913 Kraft Ebing, Noguchi and the identification of the infective agent in general paresis of the insane.
• The theory of focal sepsis.
• Henry Cotton (Trenton, New Jersey) and Thomas Chilvers Graves (Birmingham)
NEUROSYPHILIS: TREATMENTS

• 1910 Paul Ehrlich announces development of Salvarsan 606
• 1929 Penicillin discovered.
• Successful against neurosyphilis in 1944.
MALARIAL FEVER THERAPY

• Julius Wagner Jauregg (1857-1940)
• June 1917 cures syphilitic Austrian actor.
• 1927 Nobel Prize
SLEEP THERAPIES

• 1897 Neil McLeod Bromide sleep therapy.
• 1904 Veronal (Bayer) and the new barbituates
• 1912 Luminal (phenobarbitone)
• 1920 Jakob Klaesi – somnifen analysis
• 1953 Ewen Cameron – ‘psychic driving’
INSULIN COMA THERAPY

- 1922 Discovery of insulin
- 1933-34 Taken up by Manfred Sakel
- Hypoglaseemic coma leads to reconstruction of personality
- 1936 Taken up in UK
- 1939 Widespread across UK
SHOCK THERAPIES

• Ladislas von Meduna (1896-1954)
• Theory of biological antagonism
• 1934 Cardiazol treatment for schizophrenia
• 1938 Electro convulsive therapy
• Ugo Cerletti (1877-1963) and Lucio Bini (1908-64)
Egas Moniz and Leucotomy

Precursors: Claye Shaw and Harrison Cripps use brain surgery on GPI

Egas Moniz (1874-1955)

1935-36 experiments with surgical interventions on the frontal lobes.
Leucotomy and Lobotomy


UK: Wylie McKissock (1906-1994) St. Georges

1947 promote trans-orbital lobotomy
World War II
Re-organizing Psychiatry

- Fears of mass breakdown in Blitz
- New structure under National Health Service
- New methods of treatment
- Crumbling infrastructure
- 1954 population peaks - 151,400
- 1954-57 Percy Commission
The Discovery of the Anti-Psychotics

• 1954 Rhone Poulenc launch chlorpromazine
• Henri Laborit, Jean Delay and Pierre Deniker pioneer use.
• Marketed in US as thorazine by Smith Kline.
• Marketed in UK as largactil by May and Baker
• Revolutionize the culture of the mental hospital.

• Emergence of ‘depot treatments’

• Dangerous side effects

• Problems of long term use: ‘tardive dyskinesia’
The Anti-Depressant Era

- 1936 Benzedrine (Smith Kline)
- 1946 Dextedrine (Smith Kline)
- 1950 Meth-amphetamine - ‘Methedrine’ (Wellcome)
- 1957 Work of Ronald Kuhn and colleagues in Switzerland leads to development of imipramine and new generation of tricyclic drugs
why is this woman tired?

She may be tired for either of two reasons:

- because she is physically overworked. If this is the case, you prescribe rest, because rest is the only cure for this kind of physical tiredness.
- because she is mentally "done in". Many of your patients—particularly housewives—are crushed under a load of dull, routine duties that leave them in a state of mental and emotional fatigue. For these patients, you may find Dexedrine* an ideal prescription. Dexedrine* will give them a feeling of energy and well-being, renewing their interest in life and living.

Dexedrine* (dextro-amphetamine sulfate, S.K.F.) is available as tablets, elixir, and Spansole* capsules (sustained release capsules, S.K.F.) and is manufactured by Smith, Kline & French Laboratories, Philadelphia.

THE END OF THE ASYLUM
1961: PSYCHIATRY BESIEGED
Enoch Powell (1918-1998)

- Minister for Health (1960-63)
- March 1961: Intention to close all mental hospitals
- 1962 Hospital Plan
- Replace asylums with acute general hospital units
Goffman, Asylums; Laing, The Divided Self, Szasz, The Myth of Mental Illness
PSYCHIATRY IS KILLING YOUR CHILDREN

STOP PSYCHIATRIC DRUGS
TURN KIDS INTO KILLERS
The Significance of Clinical Psychology

Aubrey Lewis

Hans Eysenck

The rise of questionnaire methods and rating scales break down the barriers around mental illness
1983 MENTAL HEALTH ACT

- Limits definition of mental illness
- Not sexual deviance, alcoholism or drugs
- Six month treatment orders
- Restricts ECT and psychosurgery
THE END OF THE ASYLUM

- Decreasing numbers of inpatients
- 143,000 (1954); 103,000 (1970), 45,1000 (1992)
- 75% of Britain’s asylums close down
- Swamped by 1980s property boom
1995 Mental Health, Patients and Communities Acts

- 1988 Griffiths Report criticises government provision of mental health care
- 1992 Deaths of Jonathan Zito and Ben Silcock
- Compulsory treatment orders
- Supervised discharge
- From cure and care to regulation of risk
Psychiatry outside the Asylum

- Benzodiazepines reach record levels in 1970’s.
- 1980 DSM III and the explosion of the anxiety disorders
- SSRIs find new niche
- Peter Kramer - 1993 *Listening to Prozac* “better than well”
A FAILED EXPERIMENT