

# Records, Retrospects and Researches\*

## A Handful of Hospital Histories

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While sociologists and sociologically-minded historians cast a baleful eye over the global history of mental treatment in the last two centuries, others—consultants, administrators or psychologists, present or past members of psychiatric hospital staffs—prove willing to devote much toil to the writing of detailed, often scholarly and always affectionate accounts of the origins and development of their own respective institutions, produced either spontaneously or on the occasion of some centenary or even bicentenary celebration. For the most part these appear in brochure form, but in a few instances they reach the dimension of full-size hardbacks. An attempt will be made here to review briefly a number of such publications which have appeared in recent years, including one whose authors have chosen to deal with establishments long-since defunct and forgotten, rather than with their own flourishing one.

The hospital movement of the late eighteenth century produced several charitable or semi-charitable asylums for the mentally ill, and in Scotland the first of these was the Montrose Asylum, now Sunnyside Royal Hospital, opened in 1881 'through the benevolence and indefatigable exertions of Mrs Susan Carnegie'.

*A Sunnyside Chronicle*, written for the bicentenary by Dr A. S. Presly, the Principal Psychologist, covers its two hundred years both chronologically and by subjects. The brochure of 55 pages is attractively got up, and there is a wealth of illustrations, with photocopies of old diagnostic tables, diet scales, wage schedules, theatrical playbills and similar by-gones, and pictures of every aspect of asylum life. The hospital is not on its original site and we are shown the striking contrast between the rather humble first building and its stately Victorian successor at Sunnyside, also the later domestic-style villas.

Dr Keddie's article published in the June issue (*Bulletin*, June 1982, 6, 98–102) presents a more detailed account of Montrose's earlier years, including the memorable four-year Superintendency of Dr W. A. F. Browne. Here he wrote his fighting book, *What Asylums Were, Are and Ought to Be*, before going on to apply his advanced views, as far as possible, at the newly opened Crichton Royal in 1839. The Crichton, too, owed its foundation to a woman, Mrs Elizabeth Crichton, whose decision it was to apply her deceased husband's munificent legacy to this purpose. The history of its first 98 years is enshrined in the monumental *Chronicle of Crichton Royal* by Dr C. C. Easterbrook, Physician Superintendent from 1908 to 1937.

\*This is the last article that Dr Walk wrote for the *Bulletin*. His obituary appears on page 207.

The unique arrangement of this great work takes each year separately and, as with a tomography, gives a complete picture of the hospital for that year—not only events but innumerable static particulars as well. It constitutes probably the most valuable source of information there is for the working of a mental hospital over the years without resorting to original documents. Now Mr George Turner, retired Hospital Secretary, has performed the astonishing feat of producing a new *Chronicle of Crichton Royal 1937–71*. (After that year the hospital administration was amalgamated with that of the local general hospitals.) In spite of Mr Turner's disclaimer, the work, a volume of over 280 pages of close type, certainly compares with Easterbrook's, following the same format, with the same meticulous attention to detail. Moreover, Dr A. C. Tait, the hospital's last Physician Superintendent, contributes an engrossing continuous narrative of the clinical and research work for which the Crichton, under the late Dr P. K. McCowan, especially after he had been joined by Professor Mayer-Gross as Director of Research, continues to be noted.

*Murray Royal Hospital, Perth: 1827–1977* commemorates another of Scotland's 'Royals', this time a sesquicentennial. Like the Crichton, it owes its foundation to a legacy, the founder, James Murray, having devoted to it the fortune bequeathed to him by a half-brother drowned at sea with his family while returning from India. The two institutions were built by the same architect, William Burn. Here too we find a trace of the influence of W. A. F. Browne on Scottish psychiatry, in the shape of a 'Browne Hall' named after him, though his only direct contact with the asylum must have been in his later capacity as Commissioner. The last 50 years of the Murray's history are lucidly chronicled by Dr Harry Stacker, but for the preceding hundred he has had the happy idea of reprinting the centenary history written in a more ample style by the late Dr W. D. Chambers, to whose achievements he pays tribute, as well as to those of Dr A. R. Urquhart from 1879 onwards, especially in the matter of mental nurse training.

It must be very rare for the history of a county mental hospital to be the subject of a full-size book, but this has been achieved for the former Cornwall Asylum, now St Lawrence's Hospital, thanks to the tireless and devoted work of Dr C. T. Andrews of Truro, who was formerly visiting physician to the hospital, in a volume of some 275 pages under the title *The Dark Awakening*. Published in 1978 and written by a practised author, this is based on a meticulous study of original sources—Committee minutes, Commissioners' reports, local newspapers, etc—the work presents a very complete picture of the state of affairs in this old and for

long undistinguished institution. Dr Andrews' history goes back to a period long before the asylum was thought of, when there was near Bodmin a hospital for lepers dedicated to St Lawrence. The greater part of the asylum's own period of existence is dealt with in subject chapters, some with rather ominous titles such as 'Controlling the Patients', but the last 70 years are covered in two chapters of continuous narrative showing the emergence of the hospital from comparative stagnation to become a centre of well-organized psychiatric services. A pleasing feature is the last chapter of reminiscences by a number of long-service members of the staff.

Stanley Royd Hospital, Wakefield, built as the first West Riding Asylum, has a prominent and honoured place in the history of British psychiatry. It is two years older than St Lawrence's, dating back to 1818, and so its sesquicentenary occurred in 1968, but a more outstanding event was the opening in 1975 of its delightful Psychiatric Museum, the creation in every detail of Mr A. L. Ashworth, the hospital's retired Secretary. The elegant booklet, *Stanley Royd Hospital—A History*, is also Mr Ashworth's work. Here are recorded Samuel Tuke's participation in the planning of the asylum, the pioneering ideas of William Ellis in the fields of occupation therapy, mental nursing and after-care, and the great days of Wakefield as a research centre under Crichton-Browne (W. A. F. Browne's son), Bevan Lewis and Shaw Bolton. These are all commemorated in biographical sketches, and the booklet is enlivened by a number of portraits and other well-chosen illustrations.

In 1881, Dr Ellis transferred to the newly (and very belatedly) opened Middlesex Asylum at Hanwell, now St Bernard's Hospital. Made famous some years later by John Conolly's reforms, Hanwell was, when I worked there nearly 60 years ago, something of a Cinderella in the LCC's mental hospital service, and I can recall my first introduction to a basement male ward where a row of dying GPI patients lay on wooden-framed water-beds. But there was hope, for we had there some enterprising and even inspiring senior doctors who were not afraid to be among the first in the country to make use of malarial therapy. St Bernard's has not produced a brochure for its 1981 sesquicentenary, but the *Bulletin* has received a press handout and a short historical summary. Its transformation has been remarkable; it now has the advantage of a District General Hospital built in its grounds, and the literature describes and illustrates a project for a new social centre resembling the colourful and lively central square of some new town rather than anything connected with an institution.

Mapperley Hospital, Nottingham, is a comparative youngster, though it is the direct offspring, by fission, of the oldest of all county asylums, dating from 1811. *Mapperley Hospital Centenary, 1880–1898* explains how the three constituents, County, Borough and Voluntary Subscribers came to separate and are represented by Saxondale, Mapperley and The Coppice respectively. This booklet differs from the

others reviewed here in having been compiled by a WEA class whose students were past and present members of the hospital staff. This is an excellent publication, concise and informative, though the illustrations are not as clear as one might wish. Rightly the emphasis is on the achievements of Mapperley under the late Dr Duncan Macmillan (who is the subject of an affectionate memoir) and since his death. He was, of course, the great pioneer of a comprehensive mental health service built up, even before nationalization, by a close liaison with the local authority. Mapperley has continued to flourish, and this history records the hospital's relation to the University's academic department of psychiatry.

Interest in the history of private asylums has grown since the publication ten years ago of Dr Parry-Jones' *The Trade in Lunacy*. Under the auspices of the East Yorkshire Local History Society, the Bickfords, J. A. R. and M. E.—an ideal partnership of psychiatrist and librarian—brought out in 1976 their study of *The Private Lunatic Asylums of the East Riding* in a booklet of some 60 pages. Fourteen establishments are described, some ephemeral, some that had a fairly long life; some conducted by doctors of repute, others by laymen with no other source of income. None survived into the present century and none achieved notoriety for ill-treatment or scandalously defective conditions, though, of course, they did not escape criticism by the Commissioners. Perhaps the only one to find its way into more general histories is the Sculcopters Retreat at Hull, where we meet William Ellis before his appointment to Wakefield. The authors' conclusion is that in these houses 'the patient was regarded as a sick person and his progress towards recovery was encouraged', and they believed that 'the erection of the enormous Victorian public asylums', like Dr Bickford's own, 'made the lot of the confined mentally ill infinitely worse'. This is a work of considerable scholarship based on a wide study of original sources.

*The Old Manor Hospital, Salisbury* has been written by Mrs Gertrude Smith, a social worker attached to the hospital, in an attractively easy and popular style. The hospital, originally Fisherton House, is the only example of a licensed house taken over by the NHS and now functioning as a public psychiatric hospital. This was due to its sheer size—over 600 patients, including a large proportion of the former 'rate-aided', for whom no other accommodation could be found in 1954, when the proprietors decided on closure. Situated as it is close to the centre of Salisbury, the hospital has been well placed to develop its services, and has been especially active in placing its convalescent patients in supervised lodgings. Fisherton House was at one time used as an auxiliary criminal lunatic asylum, and later was well known as a receptacle to which surplus patients were sent from London and elsewhere while new county asylums were being built or older ones enlarged. Mrs Smith's 74-page booklet provides interesting sidelights on asylum life at various periods, and the reader can become happily

engrossed in the 'descent of the Manor' from its original owners, the Finch family, onwards.

Historical publications from mental handicap hospitals have not been numerous, and so it is a pleasure to welcome Dr Jancar's *Research at Stoke Park, 1930–1980*, a supplement to the two editions of *Stoke Park Studies*, first collected by R. J. A. Berry in 1933. The scope of the booklet, however, gives the impressive list of research articles and reports which have emanated from the group. There are, besides, chapters on the lives of the founders, the Rev H. N.

Burden and the two Mrs Burdens, and of the two outstanding research directors, R. J. A. Berry and R. M. Norman, a full history of the Stoke Park group of hospitals and of the Burden Institute, and some delightful illustrated notes on the various manor houses dotted around Bristol which constitute the group. As Professor Joan Bicknell says in the Foreword: 'Much that is commonplace now was first discovered at Stoke Park and the Institute . . . and the continuation of the enthusiasm and high standard of work is in no small part due to Dr Jancar's own contribution.'

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## *A Clinical Attachment in Rehabilitation*

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Rehabilitation is a subject of topical interest in psychiatry and the Royal College of Psychiatrists has laid down guidelines of practice in its publication *Psychiatric Rehabilitation in the 1980s*. More detailed advice is given in Wing and Morris's (1981) practical manual for people involved in this work. Morgan and Cheadle (1981) make the point that consultants appointed to posts with a special interest in and responsibility for rehabilitation often have no special knowledge of or experience in the field and have to learn as they go along. This was the case with me when I took up my post in March 1978. Having learnt something from colleagues, from my reading and from my own experience, I thought that I needed to look elsewhere and see at first hand what experts in the sphere were doing. I was granted six weeks' study leave in the Spring of 1981 and arranged to spend five weeks at the Maudsley Hospital and a week at Southampton. I also visited Montrose for the Scottish Division's meeting on rehabilitation.

The work of Douglas Bennett, John Wing and others at the Maudsley and Institute of Psychiatry in rehabilitation, social psychiatry and community care is well known and it was most interesting to see things at first hand. The set-up is (or was—see below) based on the Day Hospital which from the outside is an unimpressive and dingy Victorian building. The inside resembles a warren with rooms at many different levels and would seem to be far from ideal. In practice it lends itself quite well to the organization of work for patients in that small working groups are created with high levels of staff-patient interaction. This is a most impressive aspect of the Day Hospital, industrial and clerical work being organized at different levels of difficulty and speed to suit the abilities and needs of each patient at a particular time. Individuals are assessed in great detail by doctors, nurses, social workers, occupational therapists and psychologists and the multidisciplinary approach is seen to work effectively in practice. This involves a considerable amount of time in

assessing patients, pooling information, discussing the abilities, disabilities and needs of each person, planning a programme in considerable detail and monitoring subsequent progress.

Some patients progress from the Day Hospital next door to the Vocational Resettlement Unit (VRU) which is a realistic work environment akin to an Employment Rehabilitation Centre (ERC) on site where the expectations and requirements are more rigorous than those of the Day Hospital. The VRU is not staffed by psychiatric professionals and is special in providing assessment, treatment and long-term sheltered work for a small number all in the same unit under the same roof. A selected few graduate to a nearby sheltered factory (CRA Manufacturing) involved in the production of bathroom, toilet and kitchen fittings. Some people eventually find open employment and others end up attending Local Authority Day Centres.

Most of the patients at the Day Hospital have their own accommodation and a small number have been found housing by the Windsor Walk Housing Association, a charity formed in 1970 by psychiatrists, social workers, solicitors, architects and other interested parties. A few attend from in-patient wards.

I had naively anticipated that Maudsley patients would be less disabled than those from my own mental hospital, but this was hardly the case. A considerable number had severe chronic impairments and a proportion had florid symptoms of illness. Many had multiple handicaps such as physical disability and underlying personality disorder, compounded by social problems as well as mental illness. A large number of patients attended the Day Hospital for depot injections, but I formed the impression that the proportion of patients prescribed oral neuroleptic drugs alone was higher than in my own hospital and that depot preparations were used less frequently.

I was surprised that patients were expected to attend