Medico-Psychologists, Maudsley and The Maudsley*

By ALEXANDER WALK

Four circumstances—in addition to my own limitations as a historian—have determined my choice of subject for this evening. Last November this Institute celebrated its Jubilee—that is, the 50th anniversary of the recognition of the Maudsley Hospital as a School of the University of London. In the following month the one-time Medico-Psychological Association, which owed its very name to a suggestion by Henry Maudsley, and has now developed into the Royal College of Psychiatrists, moved into its new headquarters in Belgrave Square. Since then we have had to mourn the death of Sir Aubrey Lewis, one of whose outstanding contributions to the Association, and to psychiatric history, was his Maudsley Lecture of 1951, devoted to the work and influence of Henry Maudsley.† Moreover, the early ’70s are the centenary years of Maudsley’s period of office as the senior editor of the Journal of Mental Science, now the British Journal of Psychiatry, with which I myself have long been associated. So it seemed that it might be appropriate for me to tell you something about the history of the Association, about Maudsley’s relations with it, and about the various ideas, proposals and actions which eventually led to the foundation of this Hospital and Institute. In doing this I hope to furnish a few footnotes, as it were, to Sir Aubrey’s Maudsley and Mapother Lectures, and these will be my personal tribute to one whom so many of us have held in affectionate admiration.

When Henry Maudsley was born in 1835, two major influences on his future career were already prominent. His first introduction to psychiatry was to be at Wakefield Asylum, now Stanley Royd Hospital, and this was a County Asylum founded by avowed admirers of the York Retreat and where it was intended to apply the humanitarian principles of the Retreat on a large scale. Here the Medical Director, Dr (afterwards Sir William) Ellis, had been able to pioneer many innovations such as the employment of patients in industrial work and in individual occupations; he gave the more stable increased freedom and enlisted the sympathy and help of local residents. He was the first to advocate and to take practical steps towards the after-care of discharged patients, and he expressed the highest hopes and ideals for the future of mental nursing. Among other things, Ellis asserted the claim to independence of the Medical Director, as being the specialist on mental disorders, against the rival pretensions of the visiting general physician, and here the controversy foreshadowed a much later one which was to be an integral part of the pre-history of the Maudsley Hospital.

The other major influence was that of John Conolly, Maudsley’s future father-in-law, who a few years earlier had published his Indications of Insanity. There is in the library of this Institute a copy annotated by the author in his own hand, and in these notes he says among other things that in any future edition the last chapter—Chapter XI—might be omitted. But to us it is this chapter that is of the greatest interest, for it sets out in a few words what is really a scheme for a National Mental Health Service. Every asylum, he says, should be the property of the State and all the officers should be appointed by the Secretary of State. Medical officers and keepers should be ready at all times to attend to insane patients at their own houses, and as soon as signs of insanity appeared there should be an immediate visit by a medical officer. Every asylum should be a school of instruction for students and for keepers, and

* The third Squibb History of Psychiatry Oration, delivered at the Institute of Psychiatry, 17 July 1975.
† Sir Hubert Bond’s Maudsley Lecture of 1931 was entitled ‘Maudsley—Testimonied in his own Bringings-forth’. Unfortunately this was never published, and its contents are unknown.
medical practitioners of the district would be medical associates of the asylum and become accustomed to attend to insane patients. Patients out of the asylum would be the majority, and so better arrangements might be made for the smaller number in the public asylums or 'central houses of reception'.

When a few years later Conolly became Resident Physician to Hanwell Asylum, no such reforms had been initiated, and instead of being able to treat patients at the very outset of their illness he was on the contrary overwhelmed with chronic cases who had been retained in workhouses by Poor-Law officials who considered troublesomeness rather than curability to be the proper criterion for transfer to the asylum. Meanwhile he established his reputation as the leader of the 'non-restraint' movement. In the small world of English psychiatry of the time the years 1840 and 1841 looked as though they were to be remembered chiefly as years of dissension and controversy between those practising the new 'system'—as they called it—and their opponents. Reading the correspondence in the Lancet during those years I have been led to wonder whether the term 'non restraint' was being applied to a style of journalism rather than to a mode of treatment.

Yet, in that same year 1841 a few courageous men made their successful attempt to join into one Association doctors who seemed to be showing so much disunity. Prominent among these were two who bore the prophetic name of Samuel—Samuel Hitch and Samuel Gaskell—and a few words about each of these may serve to show how progressive were those founder-fathers in their ideas and practices.

Samuel Hitch was Resident Physician at the Gloucester Asylum, which as Horton Road Hospital has recently celebrated its 150th anniversary and at that time was a 'mixed' asylum for both private and county patients. Besides having the highest recovery rate in the country, he was the first to grant trial leave to convalescent patients, and he countenanced voluntary admission to the extent that—as the Commissioners put it—'ten or twelve pauper lunatics appear to have ingress and egress from the asylum at all times at their own discretion'—both practices heavily frowned on by the Commissioners and the latter suppressed for many years. He employed a female nurse in a male refractory ward, and he created a small self-governing unit for the patients who worked in the gardens, who enjoyed almost unlimited freedom. And lastly he encouraged young doctors and students and 'young ladies of education' to come into the asylum and join in social gatherings with the private patients and his own family.

The name of Gaskell is familiar to those of you who may have competed for the Gaskell Medal and Prize of the College—as many of the staff of the Maudsley Hospital have done from its inception—or who may be thinking of competing. Samuel Gaskell had his first psychiatric experience at the Manchester Lunatic Asylum, at that time still in its cramped and unwholesome quarters in the centre of the city before its removal to Cheadle, where Maudsley was to be its superintendent. In 1840 Gaskell became Resident Superintendent of Lancaster Asylum and here he virtually revolutionized the living conditions of both patients and nursing staff. He not only did away with restraints but gave active encouragement to mutual assistance among the patients. He became specially interested in the idiot children who at that time were admitted to the asylum, and placed some of them in the individual care of adult women patients; and his description of what was being done for the mentally defective in Paris was the starting point of the movement which led to the foundation of Earlswood and other institutions for the mentally defective in this country. Later, in 1860, when he had been a Commissioner for some years he wrote the short article entitled 'On the want of better provision for the labouring and middle classes when attacked or threatened with insanity', in which he advocated voluntary admission of 'mild, transient, incipient and convalescent cases' to a new class of houses specially provided for the purpose. Besides what I have just said about Samuel Hitch's practice, the case for voluntary admission had in fact been forcibly argued thirty years earlier by Matthew Allen, better remembered, if at all, for his connection with John Clare and with Tennyson. But Gaskell had
some success here, for voluntary admission to licensed houses and to registered hospitals, though not to public asylums was legalized within a very few years.

So the body known for its first fifteen years as ‘The Association of Medical Officers of Asylums and Hospitals for the Insane’—the oldest society of its kind in the world—came into being and made a good start with its first Annual Meeting in Nottingham. Besides the official minutes we possess an account of this meeting by a foreign observer, who has much praise for the way it was conducted—the careful scrutiny of the institution and the detailed discussion of its features, the absence of ‘misplaced vanity or professional jealousy’ and the members’ resolve to try out every suggested means of treatment before the next meeting. The original impetus seems to have been lost after the first two or three years; the revival came in the early 1850s with the increase in membership consequent on the building of many new county asylums under legislation which made this mandatory. Regular meetings were now held, a permanent Presidency was instituted, and above all the Association undertook the publication of a Journal. And although this made the most modest start under the unpretentious title of The Asylum Journal, yet in the ‘Prospectus’ prefaced to the very first number its editor, Dr (afterwards Sir John) Bucknill, was asserting the claim of psychiatry to be a specialty, and the need for the psychiatric physician to undergo ‘a second education’ because—as he put it—‘in the psychical mode of cure the vehicle, as it were, in which the medicine is administered is the person of the physician himself’. Within a very few years he had added the words of Mental Science to the original title, then dropped the Asylum prefix and changed the format to something more suitable for a scientific periodical. He planned to deal with ‘mental science in its practical, that is in its sociological point of view’ and to cover ‘mental physiology and pathology with their vast range of inquiry into all things which tend to cause mental disease or preserve mental health’. And this he achieved, to the extent that so discerning a critic as Sir Aubrey Lewis could say that, reading these early volumes, he had become convinced that in the Association there was as much capacity and erudition as might be found now—that is in 1950—in a much larger circle of our members, and perhaps more vitality; and, also in 1950, our then President-Elect, going through these volumes in search of ideas for his Address, was struck by the ferocity and outspokenness of the early editors, whom he described as wielding flails and scorpions. It was this Journal to which Maudsley sent his first essays and which he himself later edited.

Maudsley joined the Association in 1858, when he had completed his first experience of asylum work at Wakefield. Officially the ‘house surgeon’, he was in fact locum superintendent. Thus in psychiatry he was entirely self-taught, but he must have assimilated some of the Ellis tradition; and he was so highly esteemed that it was the permanent Superintendent who took office after his departure, J. D. Cleaton, afterwards a Commissioner, who recommended him to the Committee of the Manchester Lunatic Hospital, by then happily removed to Cheadle, of which he was given the charge at the age of 24.

During these first years of his membership of the Association Maudsley must have read the memorable Addresses given by successive Presidents of outstanding personality—Conolly, Sir Charles Hastings and Bucknill, the discussions and comments on the Report of the Select Committee of 1859, perhaps the Report itself and the evidence presented to it, and the review of Arlidge’s book On the State of Lunacy, and he must have become aware of the anxieties and frustrations expressed by his colleagues; in fact the high hopes of curative treatment with which the asylums had been founded were being dissipated, first by seemingly immovable obstacles to early treatment, and then by the inordinate growth of the asylums and the utter inadequacy of means for the study and care of individual patients. Removal of the stigma of pauperization and authority to admit voluntary patients were two of the reforms demanded by the Association and reiterated by their Presidents.

Then Maudsley, writing from Cheadle, began to contribute to the Journal that series of philosophical and psychological articles most of which have been fully summarized and evaluated by
Sir Aubrey, beginning in 1860 with his 'Correlation of mental and physical force'. In his autobiographical note, however, Maudsley recalled that it was his article on the life and infirmities of Edgar Allen Poe that excited most attention and made him favourably known. In this article, only mentioned in passing by Sir Aubrey, are seen some of Maudsley's most characteristic approaches—his compassion towards 'the feeble being struggling in the midst of the irresistible, grasping painfully after development in unfavorable circumstances'; his scorn for 'the censorious and complacent in their stuccoed villas' whom he stigmatized as 'the stuccoed man'; and, on the other hand, his doomwatching preoccupation with degradation and degeneracy, where he asserts that the poor children that might have been born to the drunken Poe and his cousin wife would assuredly have been blind or deaf, strumous, epileptic or mad.

Having thus made himself known both for his literary works and for his achievements at Cheadle, Maudsley, in his own words 'became restless and threw himself on to London'. He arrived almost as a young man seeking his fortune, for in 1862 he was living in what must have been modest quarters in Camden Town. But in 1864 he was appointed as one of the two physicians to the West London Hospital, another example of how much brilliance and reputation, rather than experience, were valued in those mid-Victorian times.

Now it so happened that in 1862 John Bucknill was appointed Lord Chancellor's Visitor in Lunacy and thereupon resigned his office as Editor of the Journal. As his successor he recommended Lockhart Robertson, the Association's General Secretary; Robertson was the superintendent of what was then the Sussex County Asylum at Haywards Heath, and a prolific contributor to the Journal. He was duly elected, and immediately announced that Maudsley had promised his cooperation; and in the following year the matter was regularized by Maudsley's election as joint Editor with Robertson. To succeed Robertson as Secretary, the 1862 meeting elected Harrington Tuke, who owned and superintended a licensed house, the Manor House at Chiswick—incidentally he was in no way related to the Tukes of the York Retreat—and who was married to the elder of John Conolly's daughters. These details have to be given because of the part Tuke played in Maudsley's later history.

At this 1862 meeting both Conolly and Maudsley were present, and Conolly took the opportunity to express the hope that the Journal would advance a cause dear to him, namely the need for schools for clinical instruction in the nature and treatment of mental maladies, and the need for this study to be 'placed in that rank which it ought to have among the departments of medical science'. He also wished the Journal to give attention to 'a larger intercourse with our foreign brethren, a more intimate knowledge of what is doing'. Undoubtedly Maudsley took these pleas to heart; we shall see presently what he did about the first, but the second he responded to at once, for from 1863 onwards the Journal included a bulky section at first called 'Report on the Progress of Psychological Medicine' and later 'Psychological Retrospect', which consisted of abstracts of psychiatric literature from the leading countries. Maudsley was already a favourite of Conolly's, and not long afterwards he married Conolly's younger daughter, Ann. Then, shortly before Conolly's death in 1866 he took over the running of Lawn House at Hanwell, which had been Conolly's residence since he had left the great asylum nearby, and which was also a tiny licensed house accommodating no more than six ladies. This became his home for many years, and in 1911 he showed his abiding filial piety by presenting to the local council part of the grounds, to be known as Conolly Dell, together with a fountain commemorating the work of his predecessor there.

As one of the Editors, Maudsley now took an increasing part in the affairs of the Association. Almost his first intervention in one of its debates concerned the future of Bethlem Hospital, many years later to be closely linked to his own creation. The problem was this. On the one hand there was a demand for the establishment, to serve the London area, of a 'middle class' hospital, similar to those in the provinces such as Coton Hill or the Retreat, catering for those above the pauper level but unable to afford the fees of licensed houses, and it was suggested
that Bethlem should become that hospital. On the other hand it was generally felt that the building in St. George's Road was now outdated and unsuitable for its new role, and that the hospital ought to be removed to a country site perhaps 8 or 10 miles away. An offer for the old site had in fact been made by the Governors of St. Thomas's Hospital which was about to be displaced from its home in the Borough; but the two institutions had been unable to agree on terms, and the Bethlem Governors were inclined to let their hospital stay where it was. At the meeting the merits of town and country were being argued, as well as the hope that under new conditions Bethlem might become a place of instruction in mental disorders. Maudsley's contribution to the discussion was in total and startling contrast to his views and actions of forty years later. The irony of it demands that I should quote his actual words: 'Can a hospital for mental diseases in a large town be a hospital for that purpose? Does it not rather become a prison? Are not intercourse with nature and employment absolutely necessary? We should not be discussing whether patients should be confined in a large town. A “hospital” for mental diseases so situated is surely miscalled.'

We may, however, think that the Governors' decision against removal was all to the good, since when the union with the Maudsley Hospital eventually took place Bethlem was able to bring to the marriage a set of modern and well-planned buildings instead of what might have been erected in the 1860s. But, apart from this, Bethlem did go some way towards meeting the general demand—it became a hospital for the 'educated classes', established a country branch and agreed to take a small number of post-graduate pupils. Then, in 1865, Maudsley made a fresh approach to the problem of clinical instruction in mental disorders, through the Medical Committee of the University of London Convocation, and it was resolved that a certificate of a course of instruction should be required for the final M.B. and that the examination should embrace the subject of insanity. Yet the G.M.C. did not make this very modest requirement compulsory until 1885.

In the same year, 1865, Maudsley gave the Association the name by which it was to be known for over a century. It was at his suggestion that the name 'Medico-Psychological Association' was adopted. True, this must have been in imitation of the French 'Société Médico-Psychologique'; it was good, nevertheless, to have a title indicating the spread of psychiatry beyond the bounds of institutional care. In fact membership was now opened to all doctors sufficiently interested to want to join; and some members wished to go further, admitting lawyers and other laymen and forming a society embracing all persons concerned with the welfare of the mentally ill. Maudsley opposed this vigorously and upheld the medical character of the Association; and so the matter was decided.

In 1870 a new threat arose to the very existence of the M.P.A.; this was the proposal by the Royal Medical and Chirurgical Society that all the existing London medical societies should amalgamate with it and lose their identity. Maudsley spoke powerfully against this, and once more helped to preserve the Association as an independent body able to undertake activities which would have been impossible for a mere Section of a medical academy. I should add that a similar crisis arose, many years later, still within Maudsley's lifetime, when the Royal Society of Medicine was formed; by this time the M.P.A.'s scope was nationwide and the decision was easier.

Maudsley was by now the senior Editor of the Journal; as a sample of the contents I will anticipate a little and take the issue for July 1875. Professor Thomas Laycock of Edinburgh writes on 'Organic Laws of Personal and Ancestral Memory'; a set of Morisonian Lectures, begun by David Skae and continued by Clouston follows; then we have Hughlings Jackson on Syphilitic Affections of the Nervous System; and an instalment of a study of the Morbid Psychology of Criminals by David Nicholson, soon to be superintendent of Broadmoor; numerous clinical notes and case reports, and the Psychological Retrospect already mentioned; and lastly those verbatim reports of Association meetings that are so precious for the understanding of our predecessors' thoughts and attitudes.
So back to 1871 and Maudsley's Presidency of the M.P.A. His inaugural Address has been touched on by Sir Aubrey in the context of the pithy criticism it received from Clouston—that Maudsley had pronounced it useless to give eugenic advice, useless to send a patient to an asylum and useless to administer sedative drugs; and to this Maudsley had replied by admitting to scepticism, but in the good sense of examining and looking to things. He had in fact looked most carefully, as far as the knowledge of his time would allow, into the perplexities of genetic counselling; and he had spoken discriminatingly about the indications for admitting patients or for refraining from doing so—thus, referring to young patients whose insanity he wrongly believed to be caused by masturbation, he rightly asserted that in asylums they sank into a hopeless state and that the one thing wanted for them was 'some intelligent and judicious person of higher education and position than an attendant who will take a genuine interest in them and gain their confidence'. And as to attendants, though he did not go so far as to propose a training scheme, he was perhaps the first to suggest that the M.P.A. might do something towards raising their status by organizing an office for the keeping of a register of those who had proved their merit.

Maudsley ceased to be Editor of the Journal in circumstances which certainly reflect the dissensions and strife in matters of belief which were so acute in the Victorian age, but from which the small world of psychiatry was generally free. It will be remembered that Maudsley and Harrington Tuke were related by their marriages to John Conolly's daughters. Tuke was now no longer the General Secretary of the Association and had passed the Presidential Chair. At the Annual Meeting in 1877, when the re-election of the Editors was proposed, he rose to announce that Maudsley would shortly be resigning and moved that Dr Bucknill should be recalled as Editor; and he went on to say that certain doctrines were being taught in the Journal which were repugnant to him and others and against which he felt bound to protest. The ensuing discussion did not touch on these tenets and doctrines, and eventually Maudsley was re-elected, though he stated that he did in fact intend to resign before long, and he did so the following year. It seems possible that Harrington Tuke had put pressure on him privately and would have attacked him more openly had he resisted.

I have been at pains to discover what there was in Maudsley's writings in the Journal—as distinct from his books—that could cause such hostility. Clearly Harrington Tuke was a man with strong religious convictions; in his Presidential Address he had welcomed the opening to patients, by the appointment of chaplains, of 'that refuge in which the most miserable may hope for solace'; in no branch of medicine was religious consolation more necessary than in the treatment of mental depression. There is in fact very little to be found in Maudsley's articles that would contradict this; but two passages might be cited. First, from the article on Swedenborg, written in 1869, 'It is true that the wrath, the folly, the madness of men are made to praise Him whom sun and moon, winter and summer . . . and the holy and humble bless and magnify, but whom systems of theology and the prophets thereof have so often dishonoured'. Second, from the Presidential Address: 'Morbidity has hitherto been the exclusive possession of religion. But so-called moral laws are laws of nature and must come within the scope of scientific study. Has not there been more practical morality in certain scientific discoveries and their application than in half humanity's creeds?' But both these passages were written several years before 1877, so the puzzle remains as to what finally caused Harrington Tuke to lose patience.

After Maudsley's resignation, the Journal was continued under the editorship of Clouston, Daniel Hack Tuke (who was of the Retreat family, being the son of Samuel Tuke and great-grandson of William Tuke—but we shall meet with yet another unrelated Tuke before long) and George Savage of Bethlem. A few landmarks in the history of the M.P.A. up to the foundation of the Maudsley Hospital might be conveniently mentioned here. After 1885, when, as I have said, a reluctant G.M.C. was persuaded to make some knowledge of mental disorder compulsory, the Association initiated
a 'Certificate in Psychological Medicine'—the M.P.C.—an elementary forerunner of the D.P.M. and the M.R.C.Psych. Next the training of mental nurses was taken in hand, and lectures and examinations for the M.P.A.'s nursing certificate were introduced—the first nursing qualification to be organized on a national scale—and this was followed by prolonged and eventually successful efforts to have mental nurses included in any scheme for state registration. I will come presently to some other aspects of its activities, and will only add here that in 1892, after having been advised that a petition for a Charter would not be well received, the Association applied to the Home Office for permission to use the prefix 'Royal', but this too was refused. As is well known, both ambitions were achieved in 1926.

Maudsley himself continued to attend and speak at meetings of the M.P.A., and one noteworthy speech of his was in 1887 in a discussion on a proposed Lunacy Acts Amendment Bill, which in modified form eventually became the Lunacy Act of 1890. He denounced the Bill in the strongest terms; it proceeded, he said, entirely upon the incarceration point of view and made the treatment of acute and recent cases impossible. He urged that there should be 'some simpler forms to suit fresh cases' and that only after six months or so should all the proposed restrictions be brought in. The reluctance to certify and admit to asylums brought about by the recent agitation had, he said, led to increased cruelty and neglect towards patients kept at home. Such fears were voiced by others, even after the modified Bill had become law; still, one must remember that the changes applied only to private patients, the provisions for the vast majority still officially called paupers being virtually the same as before.

Mysteriously, however, Maudsley's name disappears from the list of members of the M.P.A. after 1890, and he never rejoined, nor, as might be expected, was he ever elected an Honorary Member. He may possibly have refused this, and perhaps other honours, in his desire for a secluded life. Yet he continued to contribute articles to the Journal of Mental Science; two on 'Optimism and pessimism' and on 'Materialism and spiritualism' were published in 1917, the year before his death, and one was published posthumously in 1919—thus his writings for our Journal cover a span of 60 years. This last group of articles, coming so close together, and followed by his bequest to the M.P.A. seem to me to have been a gesture of reconciliation, if ever one was needed.

I come now to the great constructive act by which Henry Maudsley is today best remembered—the 'living organism', as Sir Aubrey Lewis called it, which he created to be his heir. Sir Aubrey thought that the genesis of the project lay in Maudsley's concern, in the 1860s, with early treatment and in his discussions with Baron Mundy and Crichton-Browne, but here I am compelled to differ. As I have already shown, nothing was further from Maudsley's mind than the creation or the retention of a hospital for mental disorders in London, and what he actually advocated for many years was the treatment of early or mild cases in private houses, or in villas in the grounds or neighbourhood of asylums—a policy which was in fact successfully carried out by George Mould, who succeeded him at Cheadle. The credit for first proposing what we would now call a Maudsley-type hospital should instead go to Dr J. G. Davey, who had been one of the two so-called superintendents at Colney Hatch; in 1867 he was the proprietor of a licensed house near Bristol, but he had not lost his interest in the mental health problems of London, and at a meeting of the M.P.A. he read a paper entitled 'On the insane poor of Middlesex'. With much eloquence he contended that poverty was at the root of mental disorder in these classes, and that reformed and progressive legislation would before long so greatly diminish poverty that insanity too would decline. The great asylums should be regarded as places for mere protection and care, and what was needed for London was 'a hospital for the insane poor, one of the most approved construction and embracing all the means essential to the relief and cure of the disordered mind'. It must not contain more than 250 beds, otherwise it would be no hospital. He added that he had proposed this to the Committee of Colney Hatch as far back as 1851 and had been met with laughter and impatience.
In the discussion that followed a complementary proposal was put forward—I believe for the first time—by Dr Belgrave, formerly of the Lincolnshire Asylum and now a consultant in London. 'In this large metropolis,' he said, 'there is no institution where the poor may in their incipient condition apply to receive advice or relief. I suggest that some of us should establish a dispensary or hospital for diseases of the brain or nervous system.' Dr Bucknill approved of both Davey's and Belgrave's proposals; but Dr Henry Monro was taken aback by this entirely new idea and asked in a puzzled way whether the out-patients were insane or persons you suspect of going insane, and how could you get such patients to come up for treatment?

Maudsley was not present at this meeting, but as one of the Editors he must have read Davey's paper and the discussion, and may have retained some memory of these suggestions in later years. In the meanwhile nothing was done to give effect to them, and the 'hospital' idea remained dormant for a decade or more. But in the 1880s it came to life again, now in a more diffuse form and in more than one context. This can best be illustrated by examples. Thus, in 1885 and 1886 Dr Strahan of the Northampton County Asylum (now St Crispin) published two articles on the necessity for hospital treatment of the curable insane; what he was advocating was the establishment of small hospitals of 30 or more beds in connection with each asylum; each hospital would have a physician solely in charge and would admit only curable cases; it would be in the asylum system but not of it. A different approach was that exemplified by Sir W. W. Gordon J.P.'s letter to the Lancet in 1882; here the recommendation was for Receiving or Reception Houses in each county 'to which all lunatics should be sent until each case had developed itself'. Much attention was given to a successful experiment in Australia, the Reception House run by Dr Manning in Sydney; he described its working to the M.P.A. in 1887 and it was generally agreed that as a combined observation ward and short-term treatment centre it was decidedly superior to the English poor-law infirmary wards. Again, reports of the work of the psychiatric unit at the Charité Hospital in Berlin raised hopes of some similar venture in this country; but in general the teaching and other voluntary hospitals were uncooperative.

Thus twenty or more years of dissatisfaction with the asylum system were now crystallizing into a demand—a general clamour, Strahan called it—for 'hospital treatment' in one form or another. Undoubtedly this trend was much influenced by the growing prestige of the teaching hospitals and by the prevailing somewhat euphoric view of the progress of medical science. It was from one of the teaching hospitals that the next move came—and a very controversial move it proved to be; but it seems to have been heralded by the provocative action of a psychiatrist of repute.

You will remember that I promised to introduce yet a third family of Tukes, unconnected with the others, and I now bring forward the name of Dr, afterwards Sir John, Batty Tuke. In the early 1870s, as medical superintendent of the Fife and Kinross Asylum (now Stratheden Hospital) he had worked out an open-door system which had spread in modified form to a number of other Scottish asylums. He was now the proprietor of a private asylum near Edinburgh, and had been elected to Parliament. Early in 1889 he published an article in the Nineteenth Century entitled 'Lunatics as patients, not prisoners', in which all the defects of the existing asylums were exposed, and the need for a specifically medical approach was strongly urged. Now it so happened that almost at the same time the newly-formed London County Council was holding its first meetings; one of its members was Mr Brudenell Carter, who at the time was ophthalmic surgeon to St George's Hospital but who had previously shown interest in nervous disorders, particularly hysteria. On 11 April, taking his cue from Batty Tuke, he moved 'That a Committee be appointed to inquire and report on the advantages which might be expected from the establishment, as a complement to the asylum system, of a hospital with a visiting medical staff for the study and curative treatment of insanity'. Thus existing asylums were to be complemented or supplemented, but not in any way improved or reformed. Not unnaturally
another member proposed as an amendment that there should be a report on the asylums as a whole, with recommendations 'with the view to securing more thorough medical attention to each individual case as well as the most modern and advanced methods of treatment'. Had the two proposals been combined much good might have resulted; but Brudenell Carter had his way and the Committee, over which of course he presided, duly reported in accordance with his wishes.

It may be worthwhile to examine this Committee's proceedings and report a little more closely. Their witnesses included numerous neurologists and the Presidents of the two Royal Colleges, but only two psychiatrists of standing, Batty Tuke and Crichton-Browne. We can only regret that Maudsley was not called and that his views at that particular time can never be known. The Council's own medical superintendents were not called, but a questionnaire was sent to superintendents all over the country, so worded that they could either approve, which the majority did, or offer somewhat feeble objections. The report dwelt at length on the well-known defects of asylums—their unwieldy size, superintendents burdened with non-medical duties and assisted by inexperienced juniors, lack of contact with general medicine and so on; but for these crying needs the Committee proposed no remedies. Instead, they reasoned as follows: in recent years there had been great advances in medical science and in surgery, and particularly in the understanding of brain function; these advances had emanated from the great general hospitals; therefore if physicians (mainly neurologists) and surgeons on the staffs of these hospitals were appointed to treat the insane in a special hospital they would be able not only to find the cause of each patient's disorder but also to treat the case by means of remedies already known to them. The logical fallacies were obvious to at least one distinguished physician, Clifford Allbutt, who also pointed out that the visiting doctors would only be able to give a very small part of their time to the proposed hospital and moreover that no cure had yet been found for many of the grosser brain diseases which these physicians already treated. But the discussion was vitiated by irrelevant arguments about the merits of moral versus medicinal treatment. Its low level can be judged from a passage in the report depicting an imaginary case of melancholia caused by liver disease; moral treatment might eventually result in improvement, but the general physician would cure the depression instantly by means of a dose of calomel.

After causing much controversy and resentment the project came to nothing. The Council decided that such a scheme would be of national rather than of local interest, and that it could take no action on it. Probably the decision was influenced by the question of cost; the population of London was still rising and the Council was advised that new asylums would be needed before long; they were indeed built and were of the same inordinate size which the report had so severely condemned.

Meanwhile, in 1889, the Presidential Chair of the M.P.A. was occupied by one of its wisest and most devoted councillors, Hayes Newington of Ticehurst House. In his Address, after a spirited defence of the best asylums, some of which, he said, attracted large classes of medical students, he gave a clear-sighted analysis of the hospital question. He distinguished two kinds of hospital, both desirable. The first was the county hospital for curable patients, to be built in connection with each asylum, though not adjacent and preferably out of sight; it was to be fully equipped and staffed and curability was to be the criterion for admission. A few years later, as Chairman of the East Sussex Asylums Committee he was able to incorporate such a hospital in the plans for Hellingly Asylum. In fact 'hospital villas' so-called became a regular feature of asylums from about this time, though for the most part they failed to serve the intended purpose because it became a matter of routine to pass all admissions through them without any selection being made.

The second kind of hospital envisaged by Hayes Newington he called the 'educational hospital'—an institution intended primarily for teaching and research, to be established close to a medical school, with up to 250 patients carefully selected for the purpose of instruction. He wished the medical staff to be mainly psychiatric, but with some visiting general
physicians. In fact, Newington gave a detailed description of a Maudsley-type hospital and, even more prophetically, a profile of its ideal chief psychiatrist which might have been modelled on the man who in due time actually filled this role, Edward Mapother.

Newington's scheme, though much nearer to what was eventually achieved, stood no more chance than Brudenell Carter's of being put into effect at the time. But the London County Council, while building its 2,000-bedded asylums such as Bexley and Horton, did not lose sight of other possibilities in the mental health field. The appointment in 1895 of Frederick Mott as pathologist and Mott's achievements at Claybury have been fully documented in Prof. Alfred Meyer's article in the British Journal of Psychiatry. In 1899, possibly stimulated by Mott, the L.C.C. revived the 'Receiving Houses' idea of the '80s; the Lunacy Commissioners and the London Poor Law Guardians were favourable, and the Council promoted a Bill empowering it to provide such houses. The Council may have been influenced in their action by the success of the psychiatric wards operated by Dr John Carswell in one of the Glasgow hospitals. There patients were visited in their homes and classified as suitable for either the local asylum or the special wards, and if the latter they were admitted without formality for short-term treatment. However, in the proposed London Receiving Houses compulsory detention was envisaged and this gave rise to some criticism.

But this scheme too was frustrated, this time by the dilatoriness of parliamentary procedure. The Council's Bill was introduced in successive sessions, but made no progress. In 1902 it was turned into a public Bill and given Government support, but still remained crowded out. The Liberal victory in the 1906 election made no difference; the Bill passed the House of Lords but the Commons could not find the time for it. Meanwhile the Radnor Commission on the Care of the Feeble Minded had had its terms of reference extended to the whole field of mental health, and so at last, after seven years of effort the Council decided not to proceed with the Bill, but to await the report of this Royal Commission instead.

It was at this point that Mott's writings became decisive. Hitherto he had pinned his hopes on the realization of the L.C.C.'s scheme. His plea, in the preface to the 1903 volume of his Archives of Neurology for means of intercepting uncertifiable cases of incipient and acute insanity was, of course, in accordance with views now widely prevalent and which had, as we have seen, been put into effect by Carswell and others. In the 1907 volume he put the emphasis rather on the psychoneuroses, on 'neurasthenia, psychasthenia, obsession, mild impulsive mania, hysteria and hypochondria'; this too reflected prevailing trends and interests. A shining example of what could be done on a small scale by voluntary effort had been provided two years earlier by Dr Helen Boyle at Brighton, in what afterwards became the Lady Chichester Hospital; her models had been Carswell and the German clinics, Berlin, Munich and Göttingen. Mott's hopes, after similar visits to Germany, were more ambitious; continuing his 1907 article he wrote: 'The L.C.C. scheme for Receiving Houses would probably include the establishment of an acute hospital, to which a clinic might with advantage be attached. If suitable post-graduate training in medical psychology and neuropathology were established the universities etc. might be induced to establish diplomas on the lines of the D.P.H.' As we have seen, however, the L.C.C. abandoned its scheme even as Mott was writing.

It was now that Maudsley intervened with the offer of a munificent gift which would enable the desired hospital to be built. Sir Aubrey Lewis in his Mapother Lecture attributes Maudsley's initiative to his having read and welcomed Mott's pronouncement; I believe that in addition it must have been borne in on Maudsley that without outside help no progress would be made.

Maudsley's offer was reported to the L.C.C., at first anonymously, early in 1908, and the subsequent planning negotiations, delays and eventual completion of the project have been well described elsewhere.

A hospital was being created—a mental hospital, for it was under this hitherto unknown title—'A Mental Hospital—its aims and uses'
—that Maudsley wrote an article at Mott's request in the 1909 volume of the *Archives of Neurology and Psychiatry*. To extract precise aims and uses from this article is not easy, as they are wrapped up, as it were, in an essay on the nature of insanity—just as, many years earlier, Maudsley’s obituary notice of Conolly was wrapped up in an essay on obituary notices. The emphasis is throughout on insanity—neuroses are not mentioned—and as far as medical students are concerned what they chiefly needed was to be taught how to write ‘a good and sufficient certificate of insanity.’ But, rising above such old-fashioned trivialities, Maudsley indicates possible lines of pathological, social and genetic research; he lays great stress on close touch with the medical work and thought of general hospitals, on ‘the attendance of many persons, physicians and students, stimulating one another by constant intercourse’, and on the ‘surrounding atmosphere of sanity’ from which the insane patient could hardly fail to benefit. And he had not overlooked the needs of the asylums in which the great majority of patients would continue to be treated—he hoped that his mental hospital would supply a succession of trained medical men imbued with the scientific spirit available to take office in county asylums; and also that it might be a training ground for nurses who would afterwards go into service in large asylums, fitted with ‘a sense of responsibility to patients as mental beings’.

In an editorial in the *Journal of Mental Science* for 1908 the M.P.A. gave the project its warmest approval. The atmosphere was now quite different from what it had been twenty years earlier, and the new hospital was welcomed as fulfilling one of the Association’s own aims, since for years it had campaigned for facilities for early treatment, for the creation of psychiatric clinics and for financial support for research. The only criticism made in the *Journal* was that the proposed ‘metropolitan Mental Hospital’ ought not to be completely independent, but should be closely worked with one of the great teaching hospitals. In any case there was no doubt that it should take its name from its founder and should be called ‘The Maudsley Mental Hospital’.

Unknown to the writer, and to Maudsley himself, the Radnor Commission in that same year had recommended that all asylums should be renamed ‘mental hospitals’, and at Cardiff City the title was at once adopted by Dr Edwin Goodall. The L.C.C. followed in 1918, and so the Maudsley Hospital escaped the stigma which soon attached itself to the adjective ‘mental’ as it had to the well-meant title of ‘asylum’ a hundred years earlier.

In fact much had been done for the asylums since they had been so pointedly ignored in the Brudenell Carter report. Those newly built by the L.C.C. were better planned, better equipped and better staffed. Mott’s hope that examining bodies might institute a D.P.M. was being realized, largely through the efforts of the M.P.A., and the Association was engaged in framing proposals designed to improve the conditions of service and raise the status of asylum medical officers. Even before this an outstanding medical superintendent like Hubert Bond was able, as Sir Aubrey has reminded us, to attract to his hospital, Long Grove, a brilliant team, including Bernard Hart, Henry Devine, Ernest Jones, and the most junior, Edward Mapother, who was to be the Maudsley Hospital’s first chief. Thus it came about that when the hospital at last opened it was staffed primarily by asylum-trained psychiatrists, Mapother himself, Petrie, Dawson and others, together with a number of clinical assistants, many of whom achieved great distinction elsewhere.

As is well-known, Henry Maudsley lived to see the erection of his hospital, but not its opening. He died in 1918, before the end of the war which in a prophetic posthumous article, scorning ‘fatuous humanitarian optimism’ he had seen as the forerunner of future conflicts. By his will he made a further bequest for the benefit of his hospital, and another to the Medico-Psychological Association to be used for any purpose they might think fit. And the Association decided that the name of Maudsley should henceforth be bound to it by means of an Annual Lecture. There was at first some hesitation about the form this should take: whether each lecturer should deliver both a popular and a scientific Lecture, or whether it
should be popular and scientific in alternate years. Now the custom is for the Lecturer in alternate years to be a psychiatrist or a person of distinction from another specialty or profession. And assuredly one of the finest of these Lectures has been the one dealing with the work of Henry Maudsley, to which I have been endeavouring to supply some footnotes.

As I have said, in doing so I wish to pay my tribute to the Lecturer, Sir Aubrey Lewis, and so I will ask you to allow me to end with some words of his instead of with a peroration of my own. These words referred to Maudsley and to Mapother, but I believe they could justly be applied to Lewis himself. He said: 'I recognize that in each generation there are men of rare gifts, severe in self-discipline, with strong and consistent purpose, who, in psychiatry as in other fields, accomplish much good and leave behind a lasting memorial.'

* Professor Gelder, in his tribute to Sir Aubrey Lewis published in this issue has also chosen to conclude with a quotation from Sir Aubrey's Maudsley Lecture. I was not aware of this at the time—A.W.

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