

MEMORY LANE

A Plea for the Insane by Lionel Weatherly

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SUMMARY

In *A Plea for the Insane* (1918), Lionel Weatherly outlined the inadequacies of the Lunacy Act 1890 and of asylum care in England and Wales, and proposed solutions and ways to bring about improvements. It took courage to persist, but Weatherly was undeterred by controversy or criticism. This article reflects on his book and its context and timing at the end of the First World War, and considers whether we may be inspired to confront current healthcare crises with the same sort of passion and fervour as he did.

KEYWORDS

History of psychiatry; Lunacy Act 1890; asylum reform; public education; Royal College of Psychiatrists' values.

Psychiatrist Lionel Weatherly's *A Plea for the Insane* was published in 1918 (Weatherly 1918). It explained why the 'obnoxious' (p. 47) Lunacy Act of 1890, a 'pernicious Act drafted by God only knows whom' (p. 63), should be abolished. Removing the mandatory legal requirement for medical and judicial 'certification' of lunacy prior to admission would facilitate more flexible access to psychiatric treatment earlier in the course of a mental disorder, hopefully resulting in better outcomes. It would also reduce red tape and excessive administrative work for medical staff, which would give them more time for their patients. Weatherly also spelled out why the standard of care in 'asylums' (as they were known officially) required improvement and how to achieve it: 'we must get at the public and they must agitate' to influence the officials. Those officials spanned the breadth of asylum administration: in central government there was 'a crocodile and a python' (p. 74), and local management committees generally preferred to minimise financial outlay rather than provide higher standards of care. 'Damn such economy,' wrote Weatherly (p. 83).

For many years, Lionel Weatherly (1852–1940) was proprietor and medical superintendent of the private mental hospital Bailbrook House, in the English city of Bath. He was acutely aware of the challenges faced in the public asylums, despite not

having a senior role in one. An obituary sums up his approach: 'He had expressed a wish that his epitaph should run: he tried to be a friend to the insane' (Anon 1940). Regarding making improvements, Weatherly built on the ideals of earlier generations of individuals and organisations, both within and outside the medical profession, who had campaigned for improvements in mental healthcare during the 19th century. Without them, there would not have been therapeutic, organisational and building innovations which aimed to improve care and treatment. Into the 20th century, a report of the Medico-Psychological Association's Committee on the Status of British Psychiatry and of Medical Officers covered similar ground, but published just weeks before war was declared, any intention of taking it forward was halted abruptly (Medico-Psychological Association 1914).

Weatherly was one of the first to write on a technical psychiatric matter intending for it to be intelligible and informative to both lay and professional readers. Some of his colleagues, such as Dr Gilbert Mould, had no intention of even trying to explain such things to a lay audience. Mould (1920) wrote: 'the ignorance of the general public about insanity is so profound, that one might as well discuss the fourth dimension of space with an agricultural labourer'. The messages in *A Plea for the Insane* were well received although the style of Weatherly's writing left much to be desired: 'perhaps the strength of his feelings [...] produces in places a certain want of that scientific poise which would be expected,' wrote Dr Henry Devine (1919), who reviewed the book for the *Journal of Mental Science*.

Timing, context and outcome

At the end of the First World War, *A Plea for the Insane* was timely. During the war, sympathy for mentally traumatised, 'shell-shocked' soldiers provided a window of opportunity of public and professional receptivity concerning the nature of mental disorders, the benefits of early treatment and of using psychological and occupational therapies, and the advantages of avoiding the additional stigma of certification. Smith & Pear (1917: p. xiii) in their 'simple and non-technical exposition'

about shell shock, placed it in the clinical, emotional and political context of the time. Shell shock, they wrote, was not new but an example of ‘nervous breakdown’ which people had experienced before the war, and it would ‘not disappear miraculously with the coming of peace’. They continued:

‘The war has forced upon this country a rational and humane method of caring for and treating mental disorder among its soldiers. Are these signs of progress merely temporary? Are such successful measures to be limited to the duration of the war, and to be restricted to the army? Germany has applied them for years to the alleviation of suffering among her civilian population, with a success which has made her famous [...]. Can we be content to treat our sufferers with less sympathy, insight and common-sense than Germany?’ (Smith 1917: pp. xiv–xv)

Suggesting that German humanity was greater than British was like the proverbial showing of a red rag to a bull. As Smith & Pear feared, sympathy and support for shell-shocked soldiers did decline into the 1920s (Robinson 2021). Nevertheless, alongside other societal changes, such as women’s suffrage, establishing the Ministry of Health, raising the school leaving age and having trade unions represent workers, there was broader interest in population well-being, including about mental illness. New campaign groups were formed, such as the National Council for Lunacy Reform.

Weatherly worked with other campaigners aiming to improve mental healthcare. He supported Dr Montagu Lomax (1921), whose allegations of abusive practices led to a Ministry of Health (1922) inquiry. The Royal Commission on Lunacy and Mental Disorder followed: appointed in 1924, it reported 2 years later (Royal Commission on Lunacy and Mental Disorder 1926). This led to the Mental Treatment Act 1930. The new Act gave ‘power’ to local authorities to fund and develop a more liberal and patient-focused approach, such as out-patient clinics, ‘voluntary’ admission and ‘after-care’. Unfortunately, the ‘power’ was permissive rather than mandatory.

Reflections

Weatherly was undeterred by controversy or criticism. Like Smith & Pear, he also advocated learning from psychiatric practice in Germany (e.g. Weatherly 1918: p. 217). He also wrote enthusiastically, without a taint of the sexism characteristic of many of his male colleagues at the time, about the pioneering work of Dr Helen Boyle, who provided ‘excellent’ psychiatric care for ‘early nervous and mental cases among the poor’ at the Lady Chichester Hospital, Sussex (p. 108). Weatherly had guts, and although he reflected that he may have been ‘too fearlessly out-spoken’ (p. 15),

nevertheless, ‘I shall keep on “kicking,” [drawing on Acts of the Apostles 26:14] in the fervent hope that, though some harm may come to me, some progress may yet be made to those more altruistic reforms which I and others have advocated’ (Weatherly 1919: p. 32). He kicked persistently with an almost religious zeal to reform the asylums and asylum law. In 1930, in a letter to the Board of Control, the central government department with responsibility for mental institutions in England and Wales, he wrote: ‘I feel sure you will not mind if I bombard you at any time’ with questions. Evidently, from the Board’s internal memos, they did mind (Board of Control 1930). However, that was not to the extent to which they objected to other doctors writing for a lay audience on the need for ‘lunacy reform’: when Dr Sarah^a White wrote ‘The living dead’ in a women’s magazine, the Board (1920) sought advice from the Director of Public Prosecutions as to whether they should take legal proceedings against her.

Weatherly’s approach – both angry criticism and persistence to try to improve – reminds me of the words attributed to St Augustine of Hippo (354–430 CE): ‘Hope has two beautiful daughters. Their names are Anger and Courage; anger at the way things are, and courage to see that they do not remain the way they are’. Many people take on one attribute, but fewer embody both, as Weatherly did and demonstrated in *Plea for the Insane*. His descriptions of ‘those in authority bound by the fetters of deplorable red tape’ (Weatherly 1918: p. 32) who let down mentally unwell patients were brimming with anger. It took courage to explain, repeatedly and publicly, the consequences of existing practices and to propose remedies. He also maintained hope: ‘It may be we are on the very brink of some startling remedy for all classes of mental ailments. Let us hope it may be so’ (p. 62).

What, apart from optimism, persistence, hope and the courage to do what is morally and ethically right in the interests of our patients, can we learn from Lionel Weatherly and *A Plea for the Insane*? Writing directly for a public readership was innovative at the time. He showed respect for other people, regardless of their nationality or gender, learning from and collaborating with them in the interests of patients. He also sought excellence rather than mediocrity for his patients. He exemplified the values of today’s Royal College of Psychiatrists: courage, innovation, respect, collaboration, learning and excellence, with the acronym CIRCLE (Royal College of Psychiatrists 2023). We do not live in Weatherly’s time or face the problems he did, but we may be inspired to confront current healthcare crises based on his principles and with a similar degree of passion and fervour.

a. In some sources, ‘Sara’.

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Declaration of interest

None.

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