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Sketches from the history of psychiatry

The history of the Scottish Division*

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It was not until 1869 that an identifiable, if not formally constituted Scottish Division appeared; a Division of what had begun as an 'Association of Medical Officers of Asylums and Hospitals for the Insane', and which by then had become 'The Medico-Psychological Association'; the change of title implying a wider appeal to prospective members.

In the beginning, in 1841, the letter widely circulated by Dr Samuel Hitch of Gloucester was sent to seven Scottish asylums. He had four answers: from Montrose, Edinburgh, Glasgow, and Dumfries. Each respondent was prepared to join an Association, but was unable to attend the inaugural meeting – a geographical theme which was to recur.

As we know, the early meetings of the Association in England in the 1840s and 1850s were irregular, and there is little trace of Scottish interest; although there was apparently correspondence in 1842, concerning the diet of patients in Dundee, which may argue an early and benevolent interest in hospital conditions.

The annual meeting in London, 1854, received a letter from Dr Macintosh of Glasgow, suggesting the formation of a branch Association in Scotland, and this was approved unanimously, but not implemented. However, in the following year, again in London, an Honorary Secretary for Scotland was appointed, in the person of Dr W. A. F. Browne of Crichton Royal, only recently established and publicised as "the finest institution of its kind in Europe". In general, it is likely that Scottish asylums were rather better than elsewhere, a fact – or opinion – of which our forefathers were well aware.

What Dr Browne's duties and responsibilities as Scottish Secretary were remains obscure. One may nevertheless note that Browne became the first President of the re-named Medico-Psychological Association in 1866.

In 1858 the first annual meeting of the fledgling Association to be held in Scotland took place in Edinburgh in "the great hall of the Royal College of Physicians". The meeting was a splendid affair, under the Presidency of Dr John Conolly. Apart from the professional proceedings, there was a grand ball in Morningside, hosted by Dr David Skae, and attended by some 300 patients. Our members not only took part in the dance but some indeed contributed an occasional song. The only discordant note – or the only other discordant note – in the record was that at the Association's dinner there was expressed considerable dissatisfaction at the quality of the wine. Despite this unmannerly criticism Dr Skae, whom Frank Fish described as the father of Edinburgh psychiatry, became the first Scottish psychiatrist to be President of the early Association in 1863.

In September 1869 Dr John Batty Tuke of Cupar (later to be knighted as a politician) announced that, "it is the wish of the members of the Medico-Psychological Association resident in Scotland and the North of England to hold a meeting at Edinburgh ... for the purpose of organising a Branch Association on the same basis as the one now working in London." This re-introduction of Dr Macintosh's proposal was it seems finally stimulated by the preceding 1868 meeting in London, when it was proposed that regular quarterly rather than annual meetings be held, and that two of these take place in Scotland or the North.

In due time, on 28 November 1869, the Edinburgh meeting was held, and it was minuted that those present "resolve themselves into a branch association, always under the Medico-Psychological Association, with a view to having special meetings of those members who reside in Scotland and the north of England, and others who may choose to attend." You will note that there was no xenophobia involved, although there was some comment about the problem of travelling "several hundred miles, merely to hear a paper read in London", with the implication that the prize was not worth the chase.

Such a resolution had, of course, to be acceptable to the Association, and the then President was consulted as to its legitimacy and propriety. Whether by happy coincidence or careful planning, it so happened that the President was Dr Thomas Laycock, Professor of the Practice of Physic at Edinburgh University, and he naturally assured the members that the plan was indeed permissible. In fact, he seems to have somewhat anticipated the decision, attending in that

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year the Lord Advocate concerning mentally defective criminals, and leading a deputation from "the Scotch Branch of the Association".

At any rate a second, largely scientific, meeting was held in Glasgow the following spring, April 1876; and in August of that year Dr Clouston obtained, in London, further approval of "North of Humber" meetings.

I shall say little about the structure of the Division over the ensuing century. The number and vigour of its meetings varied over the years, with secretaries recording their traditional complaints. Even in the 1900s one may quote, "It is always a great difficulty getting papers for the meeting", and the plaintive, "I have not received replies to my postcard from a great number of members". By the turn of the century meetings were more frequently held in asylums, rather than centrally. This was to be recurrently advocated; even as late as 1932 the then Dr David Henderson moved that future meetings should be held "in varying parts of the country, and that these meetings be of a whole day nature, so that adequate time is provided for the discussion of both business and scientific subjects". This was unanimously carried.

As far as the quality of the membership is concerned, a recent English comment described the old Association as "essentially a club for mental hospital superintendents". In the beginning, of course, there were few others, but as junior staff became more plentiful they played a larger part in at least attendance at meetings. Certainly in my junior years we were encouraged to attend and participate; and more distantly there are references to the need for such encouragement, to press District Boards to cover expenses, and so on. As a more light-hearted reference to such encouragement, in 1926 a distinguished psychiatrist refused nomination as Chairman of the Division, proposing instead that the "Chairman should be an Assistant Medical Officer" and indeed that he be "chosen by the votes of the Assistant Medical Officers". This incitement to unrest among the labouring classes was very properly ignored.

Before considering the Division's various functions, some comment may be made about the events leading up to the transformation, in 1971, of the Royal Association into a Royal College. There was much debate about this in the 1960s. One body of opinion in the Association was happy with the existing status: externally there was opposition to increasing the number of Royal Colleges; and within the Association there was a senior English group which sought a solution by becoming a faculty within the Royal College of Physicians of London. Curiously, a century before there was a proposal that the Association move to the umbrella of another London medical society, a move which Henry Maudsley described as "suicidal". Had this 1960s proposal been successful, one may speculate about what would have happened to the Scottish Division, or the Irish for that matter. To become part of a London College would have been unacceptable; and to-day we might have been celebrating 20 years of an independent Scottish Association, conceivably with some linkage with our own Royal Colleges.

One sidelight on the establishment of our College has another faint relation to the events of 1869, when we tried to cater for "North of Humber" members. I recollect a suggestion from some North of England members that a College, if established, should be located somewhere more central than London – in the ancient and lovely city of York. To a Scot this was a tempting and romantic suggestion, but of course the metropolis is where influence – and money – reside.

The second part of this paper concerns how well or ill the Division carried out its announced functions, that is, the advancement of knowledge of mental illness, and improving the treatment and care of the afflicted. In pursuing these aims the Division, a small body, was sometimes able to act formally under its own flag; but often individual members grouped together, and the intentions were realised through larger and much more influential bodies, the established Colleges and the Universities. It is probably true that in Scotland psychiatry, represented by the Division and its members, had a closer relationship with mainstream medicine and the academic world, than some other parts of Britain.

To consider first the promotion of knowledge in education and research, the importance of undergraduate education was early recognised. At the 1869 meeting, where so much happened, there was a recommendation that wards be provided in the new Edinburgh Royal Infirmary "for teaching purposes". This did not succeed, and was watered down to a resolution addressed to Universities and the General Medical Council that teaching in insanity, and examination thereon, should be imperative in any medical curriculum. It was only in 1888 that the GMC suggested this was desirable, and five years later it was made compulsory.

Postgraduate education by the Division, pending the much later establishment of academic training courses, was carried out mainly by the presentation and discussion of cases and investigations. These were not always entirely unsophisticated. In 1871 a paper appeared on the 'Relative Effects of Single Doses of Tincture of Hyoscyamus, Bromide and Potassium, and Chloral'. By 1914 another, on 'Gram-negative Diplococci in Dementia Praecox', reported a controlled investigation, with 18 schizophrenic patients and 18 others. This showed no difference, but from the author's comments he was aware of host variation.

The Division and its members, over a number of years, also sponsored investigation of this type.

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In 1896 the Central Pathological Laboratory was founded, located in Bristo Place, Edinburgh, supervised by Special Board, elected by the Superintendents, with a view to conduct research, examine pathological material, and so on. This institution, under slightly different titles, with slightly different arrangements, was to continue for several decades, with some duplication elsewhere – as in the West of Scotland Neuropsychiatric Institute. In the Laboratory's research, and in its publications, there was some concentration on brain pathology, on infections, on theories of auto-intoxication, and on vaccines.

As well as studies of that kind, the Division, like the parent Association, recurrently tried to mount general enquires of its membership. In 1895 Dr George Robertson suggested a Committee on Collective Investigation: to propose subjects, to circulate these for criticism, to render uniform the methods of inquiry, and so on. The first enquiry was to be on Statistics and Types of Epileptic Insanity. However, it was not until these last few years that collaborative studies, from member groups in the Division, have abundantly flourished on, for example, first episode schizophrenia, or the condition of long-stay patients.

Again it is only since the War that, following if not indeed out-doing our parent body, Scottish special interest sections and groups have been established, in research, child psychiatry, mental deficiency, forensic psychiatry, psychotherapy, old age, and now rehabilitation and management. So we have tried to educate ourselves and, of course, many of these sections have also had to concern themselves with medico-political matters.

There have been to my knowledge no break-away bodies from the Division. However, self-education in distinct groups has appeared at least twice. The Scottish Psychiatric Club, or the Junior Psychiatric Club, existed before and for a short time after the War. Here members read papers, criticised and discussed in the cause of mutual edification. Another comment described it as "a nursery for immature ideas and effusions". In more recent times, the Scottish Psychiatric Research Society, a multidisciplinary group, was a valuable contributor to scientific knowledge.

Finally, one may consider the question of examination. The Association itself had with varying success attempted to establish a Certificate, then a Diploma, in Psychological Medicine. By the 1940s, however, there was a plethora of Diplomas in Psychiatry, from Universities and Royal Colleges in England and Ireland as well as in Scotland. I recollect endless discussions in my peer group as to which Diploma would seem most impressive in a curriculum vitae, or more pragmatically which would be easiest to obtain. Surely one of the strongest arguments for a Royal College was to establish a Membership examination of adequate standing; certainly to those of us who would examine rather than have to sit it.

The other aim of the Division, that of improving the care and treatment of the mentally ill, was in the forefront of the minds of our distant predecessors. Dr Richard Poole of Montrose, one of the four respondents to Dr Hitch, was already a writer of memoranda in the cause of poor lunatics; he has been described as a man of "tempestuous evangelism". Parenthetically he was the first, and for all I know, the only member of the Association to have had a previous record of imprisonment in the Calton jail. I hasten to add that this was the result of a generous and trusting nature, in that he had stood surety for one of his sons, and the matter was resolved.

Apart from the writing of memoranda, however, the Scottish members of the Association were very soon involved in direct representations to official bodies, on behalf of their patients. In the middle 1850s there was a Governmental enquiry into the care and legal status of lunatics in Scotland to which distinguished collegues like Skae and Browne gave evidence; and the 1857 Lunacy (Scotland) Act, which established the Board of Control, was only the first of many statutory proposals and measures to whose ideas and drafting our members gave detailed comment and criticism. Thereafter we provided a fairly constant stream of suggestions, advice and proposals regarding services the mentally ill.

The advent of the National Health Service meant an enormous expansion of the Division's medico-political role, in both responding to Governmental consultation papers and developing our own increasingly detailed suggestions and plans. In 1969 a memorandum on the 'Development of Area Mental Health Services in Scotland' was composed; in 1971 a memoranda on 'Doctors in an Integrated Health Service'; and in 1973 an 80-page detailed, uninvited and widely circulated statement on 'The Future of Psychiatric Services in Scotland'. This was but the beginning, and since then there has been a multitude of working groups and subcommittees, sometimes Division based, sometimes Governmentally sponsored with invited or nominated members from the Division. Dr Robin McCreadie has recently pointed out the considerable burden this places on our committee members, and others. Scotland, with its own distinctive law, its own Health Department, its many statutory and voluntary institutions of entirely Scottish character, probably requires as much consultation with and input from the Division, as England; and these duties are discharged with very limited secretarial services and administrative back-up – an unsatisfactory situation.

How successful has the Division been in these activities? At times, perhaps there may be a certain disheartenment or cynicism. In the 1920s a Chairman, possibly known to be unduly forthright, wrote, "I am

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disgusted with the clerical impositions of bureaucratic control and panic legislation, which only serves to distract us from our legitimate sphere of influence as physicians". In the 1930s, a disgruntled secretary wrote, concerning one submission, "I am quite sure it will receive the usual attention of the Board, which after all means nothing."

Such unhappiness is not wholly justified. One advantage of being a small country is that it is easier to get to know officials, administrators, lawyers, and even politicians; and with mutual recognition a true dialogue becomes more possible and productive. At any rate, it does seem that in Scotland over the last 40 years we have to some extent avoided the unduly enthusiastic application of some national aberrations.

Before leaving what may be described as patient protection, we were in the past not uninterested in self-protection. There was ultimately a rather good superannuation scheme in the Scottish hospitals, but I cannot resist quoting a submission, in 1887, to no less a dignitary than the Secretary of State for Scotland, the Marquess of Lothian – "That the cure and welfare of the Insane being, as in your Lordship's opinion, the main point at issue, it is necessary to attract efficient and energetic officials in the prime of life to a service which is in many ways repellent and arduous; and it is equally necessary that due facilities should be given for their retirement from active service when their full power of work has become exhausted". A suitable plea for those consultants in all branches of medicine now seeking early retirement.

Outside bodies include those of our professional collaborators. The Association, beginning with the publication of the 1880s handbook for attendants, went on to establish full three-year training, examination and professional qualification in both mental illness and mental deficiency nursing. In this task Scottish members often played a major role, and the Division joined our nurses in the prolonged and somewhat disputatious negotiations which led, in fairly recent times, to the take-over of training and certification by the General Nursing Council. How liberal we were, in the past, regarding the conditions of nursing service is a little less clear. Apart from the industrial troubles following the Great War, one notes that there was in 1911 a proposal in England to limit by statute the inordinately long hours of nurses and attendants; we recorded our view that this suggestion was "opposed to the proper nursing spirit"; in defence, we later drew up our own recommendations.

Psychiatric social workers became, very early, most valued colleagues in Scotland; although not before, in 1935, a notion that "social workers are unnecessary" was very narrowly defeated. In the same vein, we now have close collaborative links with clinical psychologists; but in 1920, reacting to the possible establishment of the British Psychological Society in Scotland, the comment was made that there would be difficulty in making this a success, as "after all the ground covered by such a Society is much the same as that pertaining to the M-PA and as a matter of fact no-one is more interested in psychotherapeutics than medical men who are specialists in mental diseases, and are already members of the M-PA".

Scotland has produced more Presidents of the National Association than its population warranted. Some, like Skae and Browne and Clouston, have been referred to; one cannot list all the intervening occupants of the Presidential chair, but perhaps refer to the four post-war Presidents, all remarkable men. Sir David Henderson has already been cited. It may be that his abiding memory is that of a teacher, most evident to the world outside Edinburgh by the standard text-book he wrote, with R.D. Gillespie, and carried forward by Sir Ivor Batchelor.

There were three others, all from the West: Dr P. K. McCowan, Dr Angus MacNiven, and Professor Ferguson Rodger. I had the curious privilege of serving under all three. They were men of many talents, yet each perhaps emphasised some remarkable single attribute; Peter McCowan as a far-seeing administrator and formidable medical politican, Fergus Rodger as both an ardent supporter and a keen critic of the wider fields of psychiatric interest, and Angus MacNiven who perhaps settled for being, to my mind, the finest clinician I have ever met.

Within the Division itself, there have been many capable and devoted Chairmen and Secretaries. It might seem invidious to mention recent names. Nevertheless, in terms of enhancing the Division's activities and reputation, and its influence in Scotland, two names stand out, in my memory, of colleagues sadly and unexpectedly no longer with us. It may be obvious that I refer to Jim Affleck and Gerald Timbury.

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