A MUSEUM OF PSYCHIATRY

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On 24 September 1975, at Stanley Royd Hospital, Wakefield, Professor Sir Martin Roth formally opened a Museum devoted to psychiatric history—an event so far unique in British psychiatry. The creation of the Museum was the outcome of two years of planning and work by the Yorkshire and Humberside Museum Service, the hospital staff and the first curator, Mr A. L. Ashworth.

A few years ago the hospital staff were asked to advise on the disposal of some old documents and other historical material which had accumulated in the hospital. Much of this material had found a transitory home in Mr Ashworth's office, for at that time he was the Hospital Secretary and was about to retire after serving the hospital for thirty years. Without difficulty the staff reached the decision that it was their clear duty to the future to preserve what remained of historical interest in the hospital. The advice of the Yorkshire and Humberside Museum Service was sought, and a few months later, on his retirement, Mr Ashworth began the task of assembling the material. He did not, however, stop short at collecting the various items that lay around the hospital, for he took upon himself two other major tasks. The first was the construction, from the original plans, of a detailed scale model of the hospital as it was in 1818, the year of its opening. The second, and greater task, was to write the history of the hospital, of its construction, development, and its personalities, from its opening up to the year 1933. On both of these self-appointed projects he worked with devotion and meticulous attention to detail until their completion in time for the opening ceremony.

The pharmaceutical firm of E. R. Squibb and Sons, known with gratitude for their services to the history of medicine, were invited to look at Mr Ashworth's work. Prominent members of that company who did so were Dr Daniel, Mr T. Macadam and Mr P. R. Hurren. With alacrity and characteristic enthusiasm they undertook the publication of the history in a most attractive format.* This history is not so much a mere catalogue of events in the 150 years of the hospital's existence as a series of illuminating vignettes describing hospital life and its personalities in the past; as such it is therefore a contribution of a high order to the history of British psychiatry itself.

Stanley Royd Hospital, in view of its antiquity and fame as a centre which attracted to its service many people prominent in psychiatric history, is a most suitable site for the establishment of a Museum. Originally the West Riding Pauper Lunatic Asylum, it was opened in 1818 and was in fact the sixth county asylum to be established after the Act of 1808, those preceding it being Bedford and Nottingham (1812), Norwich (1814), Lancaster (1816) and Stafford which opened one month earlier than Wakefield. In 1815, Samuel Tuke, of the York Retreat published his *Practical Hints on the Construction & Economy of Pauper Lunatic Asylums*; it was in accordance with the Hints and with detailed instructions from Tuke to the architects that the asylum was built at Wakefield.

The first director was Dr (later Sir William) Ellis, who left Wakefield in 1831 to take up the appointment as first director to the Hanwell Asylum in Middlesex. Wakefield was fortunate in securing as its first Director a man of deep and humane concern for the plight of the mentally ill. He understood the value of both occupational and industrial therapy, gave patients increased freedom, was the first to initiate some provision for their after-care, and held advanced views on the importance of good mental nursing.

Fifty years later it was in Wakefield that Dr (later Sir James) Crichton-Browne gathered around him an eminent team of doctors and researchers including David Ferrier and Hughlings Jackson; he corresponded with Charles Darwin and supplied material for Darwin's work *The Expression of the Emotions in Men and Animals*. Dr Henry Maudsley commenced his study of psychiatry at the hospital, and it was there too that W. S. Gilbert first acted in one of his own plays. Dr Shaw Bolton, a later Superintendent at Wakefield, became the first in England to hold a University Chair in Psychiatry. Space precludes the mention of others whose distinguished careers contributed greatly to psychiatry.

At the luncheon which preceded the opening ceremony, Mr F. Phipps welcomed the guests on behalf of the Area Health Authority and paid tribute to all who had worked and contributed to the establishment of the museum. Sir Martin Roth spoke of the twin dangers of both underestimating past achievement and of overstating it. For many decades

* *Stanley Royd Hospital, 150 Years: A History*. The cost of this booklet, including postage, is 70p and proceeds will go to the Museum fund. Cheques should be made payable to the Wakefield Area Health Authority.

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any progress in the care of the mentally ill had been hampered by the persistence of outworn ideas and useless 'remedies', even though those who used them had ceased to believe in their efficacy. Knowledge of the nature of mental illness was so deficient that causation was often couched in terms of moral defect such as intemperance and onanism. When these failed, almost any notion could be attributed as the cause of the individual's illness, and in one American hospital 'metaphysical hair-splitting' had been entered in the Register as the cause of admission. In the Wakefield Register, lost for a possible cause, the exasperated entry had been recorded 'Cause—none—but some of friends deranged'. The nineteenth century was an age of great energy and boundless belief in scientific progress, yet in the absence of any clear application of the science of the age to their subject the alienists had developed the concept of moral treatment; and aware of the values of occupation, entertainment and an ordered way of life they laid the foundation of much that was of lasting value. Crichton Browne, in his Wakefield Asylum Reports, had said 'A few kind and well chosen words, a little judicious firmness, a hope suggested, a fear allayed or a new line of thought pointed out, are sometimes as beneficial as poppy or mandragora': a wise approach, the lesson of which could still be considered today.

Following Sir Martin's address, Mr John Goodchild, Archivist to the Wakefield Metropolitan District, gave a lively account of some colourful characters who had been intimately connected with the hospital in its early days, and Mr A. L. Ashworth then thanked all who had encouraged and supported him in this task of establishing the museum.

Sir Martin then proceeded with the guests to the Museum where he unveiled a plaque and declared the Museum open.

It is to be hoped that this event will encourage other hospitals to preserve historical material. The collection at Wakefield is not large, and much is missing, but several friends, notably Professor Brandon, have kindly loaned part of their personal collection. Others may be encouraged to do the same, or at least inform Mr Ashworth, the curator, of the whereabouts of material, so that in time a catalogue of immense value to the future historian may be built up.

The Museum will now be open on every Wednesday, but any visitor coming from a distance is advised to first contact the curator at Stanley Royd Hospital, Aberford Road, Wakefield, Yorkshire. Mr Ashworth will render any extra assistance that he is able.

PSYCHIATRY IN THE 1870s

Syphilis and Insanity—So near . . . !

(from the *Journal of Mental Science*, 1875)

Syphilitic Insanity. Morisonian Lecture by the late David Skae, edited by T. S. Clouston (April 1875, pp. 2 ff.).

The first purely mental symptom that makes its appearance—and it is almost invariable in all cases of syphilitic insanity—is depression of mind and hypochondriacal fears. The patient has a morbid fear as to the effects of the syphilitic infection: he thinks he is going to die, and there is a loss of energy and originating power of mind. . . . This depression of mind may continue for some time, and then pass away, having been the only mental symptom present, especially if the syphilis is cured; in other cases it remains, and other psychical affections appear. The patient begins to lose his memory, and his mind gets impaired generally, the mental condition gradually getting worse, and passing into a deep dementia, without the occurrence of any other symptom. This was the course of the disease in 34 of Dr Willer's 77 cases. In another six this steady downward course of the patient was broken by attacks of maniacal, melancholic, or delirious violence. The rapidly progressive mental weakening is very often associated with progressive motor paralysis of the extremities. Some such cases in their physical and mental symptoms simulate general paralysis very closely, but the previous occurrence of the constitutional symptoms of syphilis, the absence of delusions of grandeur, the usual youth of the patient, and, above all, to the practised eye, the absence of the true general paralytic want of coordination of the muscles, sufficiently distinguish the two diseases. After the dementia has existed for some time the case may be regarded as hopeless, and the prospects of the patient's living long are fortunately small.

Such is a typical form of the malady, but who that knows the protean symptoms of constitutional syphilis would expect all the cases of syphilitic insanity to be alike? Before they reach the goal of confirmed dementia, whither they all strongly tend, and where nine out of ten that have not been cured in the early stage terminate very quickly, the minority, as they

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