

Sketches from the history of psychiatry

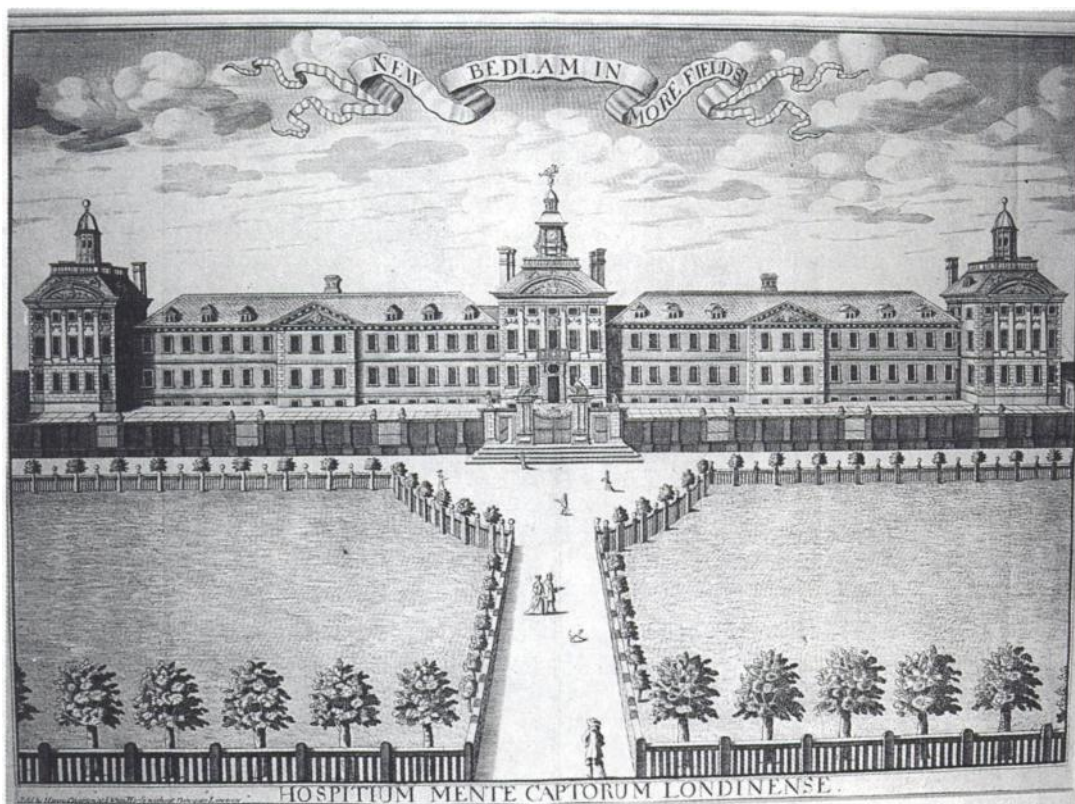
Psychiatric referral letters from the 17th century

ROBERT HOWARD, Registrar, The Maudsley Hospital, Denmark Hill, London SE5 8AZ;
HANS FOERSTL, Researcher, Section of Old Age Psychiatry, Institute of Psychiatry,
London SE5 8AF

The 17th century saw the transfer of Bethlem from its original monastic site to more spacious accommodation at Moorfields in 1676, the development of an organised admissions system, and the establishment of an admissions register in 1683. The register contains often no more than the patients' names and the dates of their admission and discharge. Examinations of the admission register for the period 1684–1700 however, reveals 20 cases in which the entry is a

copy of a warrant for admission in the form of a letter from the referring authority.

Admission to Bethlem was only for patients considered curable by the hospital governors; the hospital maintained its right to admit and discharge cases as it saw fit wherever, or whoever, they had come from. This must have caused some problems since the referrals in these letters came from four sources of high authority; the Board of Green Cloth (a limb



The Moorfields Bethlem as it appeared at the end of the 17th century

of the Privy Council responsible for the financial affairs of the Royal Household, and which functioned as a court with jurisdiction within 12 miles of the sovereign's residence) (12 cases), the Paymaster General (one case), the Lord Mayor (who appears to have been acting as Chief Magistrate for The City) (three cases), and the Office for Sick and Wounded Seamen in Whitehall (four cases).

Before the establishment of an admission register there is only a single reported document that can be considered a letter of referral of a patient, or patients, to the hospital. In 1630, the Privy Council of Charles the First wrote to the Justices of the Peace of the City of Westminster requesting the urgent referral of three troublesome potential patients thus:

Whereas there are certaine persons who run up and downe the streets and doe much harme, being either distracted or els conterfeites, and therefore not to be suffered to have their libertise to range, as now they doe; of which persons one is called King Robert, another Doctor Owen, and the third Mistris Vaughan: we doe hereby will and require you to see them all sent to Bedlam, there to be kept, ordered and looked unto, to which purpose wee sende you herewith a warrant directed to the Master and Matrone of Bedlam, for the receiving of them. (Nicholas, 1834).

After 1683 the Board of Green Cloth was responsible for most of the referrals made by letter to the hospital. The form of the letters is standard, the offence precipitating referral where specified usually involves violence or over-enthusiasm in one of the royal palaces. Sadly, little information about the patients' mental state is included; they are usually described as "disordered" or "distracted". The following are two examples of Green Cloth referral letters.

Gentlemen

By his Majestyes expresse Command wee herewith send you the Body of Captaine White Who yesterday being Sunday the seventeenth instant August did intrude himselfe into his Majestyes Castle and Pallaces of Windsor and without any provocation in a Violent and rude Manner did Assault one George Huthwaite one of the Poore Knights, and Committed severall high misdemeanours. And finding him to be a Person much discomposed and disordered in his Braine: and having heretofore wounded Captaine Hull the Governour of the Poor Knights, and apprehending that he may doe other Mischiefes. For prevention whereof wee desire that you will receive him into the Hospitall of Bethlehem there to be treated in such a manner as is most fitt and usuall for Persons in his Condition for which you shall have the usuall allowance from us. Thus not doubting of your compliance herein wee rest Gentlemen Your very loving Friends.

Board of Greencloathe at Windsor Castle 18th August 1684.

A second Green Cloth letter reveals that referrals could have political motivation; the manic Jacobite pamphleteer Richard Stafford was removed to Bethlem at a time when fears of conspiracy and rebellion were rife.

Gentlemen

Wee herewith send you the Body of Richard Stafford, who is Distracted, and hath been very troublesome to their Majesties Court at Kensington, By Dispersing Books and Pamphletts full of Enthusiasme and Seditiion. Wee desire that you will receive him into your Hospital of Bethlem, and to Treat Him in such manner, as is usual for Persons in his Condition, For which the Treasurer of the said Hospital shall receive the usual Allowance payable by this board; We also desire that he may not be Discharged upon any Sollicitation whatsoever, untill wee be acquainted therewith. Wee Remaine.

Gentlemen Your Loving Friends.

Board of Greencloth November 4th 1691.

It was most unusual for the hospital to be denied autonomy in the maner or timing of a patient's discharge, and the final request contained in the letter reflects just how politically embarrassing and dangerous Stafford's pamphleteering and "enthusiasme" must have appeared. As unusual was the eventual discharge request from the Lord Chancellor, also inserted in the admissions register:

Gentlemen

Whitehall June 21st 1692

The Queen would have you discharge Mr Richard Stafford out of Bethlem and deliver him into the hands of his father.

I am your Humble Servant,
Nottingham

A letter from the Magistrates Petty Sessions Court typifies the style of referral that such courts or the Lord Mayor in his capacity as a magistrate made thus:

Saturday ye 2nd February 1683,

Whereas upon an examination of Judith Pelham this Present Day we doe find her to be a distracted person. Wee doe therefore recommend her to you desiring you to receive her in to your Hospital. And we will order and appoint Ye Churchwardens of Ye Parish of St Andrews Holbourne for this time being and successively for time to come to make you Payment and Satisfaction requisite for her maintenance during her continuance in ye said Hospital. Dated at Petty Sessions this 2nd day of February anno RR domini nostri CAR Secundi Dei gratia Angliai etc. 36th.

A final source of referral letters was the Office for Sick and Wounded Seamen who would sometimes include requests that the patient be restored to health so as to return to active service as quickly as possible. Here is a typical example which illustrates the use of Bethlem as a "secondary referral" centre; the patient

having already been examined at St Thomas's Hospital:

Worthy Gentlemen Whitehall 6th September 1692
Being certified by the Governors of St Thomas Hospital that the bearer hereof Thomas Marshall belonging to their Majesties Ship the suffolk, is in a condition more proper for yours than their Entertainment. We pray to you to take such care of him as is requisite that if possible he may be returned into a capacity of serving their Majesties and his Country again. We earnestly recommend him to you not doubting your compliance.

We are Gentlemen Your most Humble Servants.
Office For Sick and Wounded Seamen Whitehall.

The continuous register of admissions to Bethlem that began in 1683 is unique, but contains little information about individual patients until the early 19th

century. The collection of 20 referral letters from the last two decades of the 17th century that are included in the register represent (to our knowledge) the first of their kind. Although they supply only sketches of the sort of behaviour that could lead to admission, the letters give valuable insights into the attitudes of the period to the mentally disturbed and the perceived function of Bethlem in dealing with them.

Reference

NICHOLAS, H. (1834) Acts of the Privy Council, London.

(The complete Admissions Registers from 1683 are kept in the Bethlem Archives. The invaluable assistance of the Archivist Patricia Allderidge is gratefully acknowledged.)

Psychiatric Bulletin (1991), 15, 274–275

Trainees' forum

Ode to the Code

RAY TRAVERS, Registrar in Forensic Psychiatry, Scott Clinic, Rainhill Hospital, Prescott, Merseyside L35 4PQ

The Mental Health Act Code of Practice has recently been published. Its introduction has been discreet, low-key and virtually unnoticed. Yet in a quiet and determined way it points out the direction that all professionals involved in the care of mentally disordered people must now anticipate. It has a smart, blue cover and is eminently 'user-friendly'. Its contents will make it essential reading. Indeed it would not be an exaggeration to suggest that it might soon be any ambitious lawyer's pocket *vade mecum* as he prepares his case. Its arrival has been anticipated since 1983. There have been a few miscarriages on the way which probably explains why its mother finally consented to artificial insemination techniques and conceived of her Code without formal consultation with its potential fathers.

The overall tone is firmly based on the dignity due to any mentally ill person when faced with the caring professionals at any stage in his illness and not simply when formal admission is being considered. In fact the spirit of the broad principles outlined in the intro-

duction would make America's founding fathers proud since they are based on basic human rights. However, these values are not caused by grandiose, optimistic delusions and the authors do not have impaired reality testing. Here I am referring to the preface, a brief, stark paragraph on a big empty page just after the contents list. It has that unmistakable, ubiquitous scent of Eau de No Money, and we are reminded that all this is subject to funding.

The Code provides guidance but will it have clout? It is advisory not mandatory. The Mental Health Act does not impose a legal duty to comply with the Code but failure to follow the Code could be referred to in evidence in legal proceedings.

An act or omission in contravention of the Code will not be unlawful but may be negligent if it establishes an allegation of breach of duty of care. So the 'take-home' message is that you can presume that 'reasonable care' is demonstrated by compliance with the Code. Implementing it will demand enormous effort and multidisciplinary co-operation. It will be